



RIGHT TO PLAY
PROTECT. EDUCATE. EMPOWER.

Creating Safe Education for Refugee Children in Lebanon: Responding to COVID-19 pandemic Project Evaluation Report

Right To Play – International
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Acronyms

FGD	Focus Group Discussion
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RTP	Right to Play
PSS	Psycho-social Support
KII	Key Informant Interview
MHPSS	Mental Health Psychosocial Support

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Executive Summary

Right to Play (RTP) is a global organization committed to improving the lives of children and youth affected by conflict, disease and poverty. Established in 2000, Right to Play has pioneered unique play-based approach to learning and development which focuses on quality education, life skills, health, gender equality, child protection and building peaceful communities.

The Refugee Education in Emergencies as a response to COVID-19 project is implemented in Right to Play Lebanon in Bekaa and North governates, to improve access to children and youth to safe and supportive environments and improve the overall psychosocial wellbeing of targeted children and youth. The project focuses on rehabilitating WASH material to seven different organizations (schools/centers) that are situated in Bekaa and North areas, provide hygiene kits (for centers and household) that include material to be used for hygiene and prevention purposes to five organizations, train 18 coaches/facilitators/teachers on play-based PSS content in order to conduct PSS sessions to targeted children and youth. Sessions' content and activities were based on the Psychosocial Wellbeing Through Play Games Manual developed by RTP.

The total reach of the project is around 3,250 individuals benefiting from the projects' main aims and objectives. This evaluation report aims to assess the extent to which the project contributed to its outputs and outcomes, the extent to which the project improved access to safe and supportive environments for targeted children and youth, and the extent to which the project improved the overall psychosocial wellbeing of targeted children and youth. A mixed method of both quantitative and qualitative data is used to measure findings.

The program was able to successfully ensure an improved access to safe facilities and learning environment among the children and youth between 6 and 14 years old. The received hygiene kits were highly useful and were beneficial for the beneficiaries. There was also an improvement in the access to a supportive learning environment among the children given that an improvement in the psychosocial skills of the children and youths was noted. Results also pointed that the training that the coaches/facilitators received regarding PFA, PSS and PBL approaches succeeded in improving the coaches' knowledge and skills in these domains. This was translated into the positive outcomes that the youths experienced. Recommendations obtained from the participant groups on how to improve the program were documented.

Introduction

Desk Review

Covid-19 – Context of Lebanon

China witnessed the emergence of a novel respiratory virus in December 2019, identified as the Coronavirus Disease 2019 (COVID-19). The virus witnessed a rapid widespread from China to other Asian and European countries and many countries around the globe, causing acute public health concerns ¹. In March 2020, the World Health Organization announced COVID-19 as a global pandemic ².

In the context of Lebanon, the first reported case of COVID-19 was reported on February 21st, 2020. The government was able to contain the disease for almost 5 months by engaging in massive testing for suspects, initiating a national curfew, and forcing a lockdown on its citizens. On August 4, 2020, Beirut witnessed one of the most intense explosions in history. Hospitals were filling up with hundreds of injured citizens and health care workers were pushed to their full capacity in an attempt to contain the crisis the country was facing ³.

The country was facing a deteriorating socioeconomic situation, a pandemic, and an aftermath of an explosion that caused destruction to houses, schools, roads, hospitals, infrastructure, and businesses. This situation can lead to unfavorable effects on people's overall mental health, COVID-19 risk perception levels, awareness on preventive measures, and abidance by health guidelines.

¹ Li, Z, Ge, J, Yang, M, et al. (2020b) Vicarious traumatization in the general public, members, and non-members of medical teams aiding in COVID-19 control. *Brain, Behavior, and Immunity* 88: 916–919.

² WHO (2020) Coronavirus disease (COVID-19) pandemic. Available at: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

³ Hashim, H. T., Uakkas, S., Reda, A., Ramadhan, M. A., & Al Mostafa, M. Y. (2021). Beirut explosion effects on COVID-19 situation in Lebanon. *Disaster Medicine and Public Health Preparedness*, 1-2.

Research on the effect of the pandemic on education and the psychosocial wellbeing of children and youth residing in Lebanon is still in its infancy. It is vital to collect data on the effect of the lockdown and remote modality of teaching and learning on the children and youth's psychosocial wellbeing. It is also important to reflect on the readiness of different organizations located in Lebanon that are struggling with harsh socioeconomic conditions for welcoming children and youth back to learning. The outbreak of the pandemic requires preventive measures and high levels of hygiene from schools and centers in order to be able to receive big numbers of youth and children.

The current project aims to assess the conditions and readiness of a number of schools and centers located in the Bekaa and North area in terms of readiness, cleanliness, and safe measures. Enhancement and rehabilitation of the conditions and schools and its relation to the psychosocial wellbeing of staff and students will posit findings on the conditions and needs of certain organizations in Lebanon.

Psychosocial Support (PSS)

Mental health is now perceived as being of great importance to the individual's overall health. Who defines mental health as including "... subjective well-being, perceived self-efficacy, competence, autonomy, self-actualization of one's intellectual and emotional potential, and intergenerational dependence"⁴. Awareness on the psychosocial wellbeing factor in the overall mental health is on the rise among humanitarian actors. Different conceptual frameworks focus on a diversity of resource domains that are affected in times of conflicts (e.g. wars, natural disasters, epidemics, famine...) such as human capacity, social ecology, local values and culture, and material and physical environments⁵.

Psychosocial support has been increasingly recognized as an essential need to emergency response and crisis management. PSS plays a vital role when dealing with humanitarian emergencies that exacerbate distress, social suffering, and long-term problems among individuals⁶.

Since the 1980's, there has been a good deal of focus and research on the development of mental health and psychosocial support (MHPSS) programs that address psychosocial and well-being needs of communities affected by conflict or crisis⁷. The Inter-Agency Standing Committee (IASC) standards define MHPSS as 'any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder'⁸. One study shows that community-based MHPSS interventions increases solidarity and encourages participants to share their common experiences. Engagement and sharing of experiences plays a vital role in the treatment of negative elements due to conflict-related experiences⁹.

Play-based PSS Games Manual

The Psychosocial Wellbeing Through Play manual is a games manual developed by RTP that includes a collection of previous and new play-based resources and activities. The manual includes 116 play-

⁴ WHO. 2001. *The World Health Report 2001, Mental Health: New Understanding, New Hope*. Geneva: World Health Organization.

⁵ Fiona Samuels, Nicola Jones, Bassam Abu Hamad, Psychosocial support for adolescent girls in post-conflict settings: beyond a health systems approach, *Health Policy and Planning*, Volume 32, Issue suppl_5, December 2017, Pages v40–v51

⁶ Trinidad, A. C., & Protacio-De Castro, E. (2020). The institutionalization of mental health and psychosocial support in emergencies in Indonesia. *International Journal of Disaster Risk Reduction*, 51, 101918.

⁷ Alford, C. C., & Otake, Y. (2021). Participants' experiences of engagement in community-centred mental health and psychosocial support programmes in conflict-affected communities within sub-saharan africa: A qualitative systematic review. *BMJ Global Health*, 6(12)

⁸ IASC guidelines on mental health and psychosocial support in emergency settings. Inter-Agency standing Committee (IASC)

⁹ Betancourt TS, Meyers-O'hki MSE, Charrow MAP. Interventions for children affected by war: an ecological perspective on psychosocial support and mental health care. *Harv Rev Psychiatry* 2013; 21: 70.

based activities that promote learning and growth and at the same time fun, effective, safe, and tailored for different age groups.

The manual is designed to equip users with a holistic experience on how to lead the activities, provide instruction, lead creative and free play, master diverse forms of play, and address different developmental milestones with different abilities. Each activity component includes key learning, goals, material needed, number of children required, opening discussions, and more detailed instructions. A specified section addresses adaptation of the activities into different cultural contexts to ensure a wide scope of users.

The main theme of the manual is teaching life skills for psychosocial wellbeing through play-based activities. The targeted three focus areas are: myself, my social relations with others, and my role in the community. Each focus area includes a sub-set of skills that are embedded in different activities. The 'Myself' area supports children to recognize and develop different aspects of the self through focus on self-awareness, self-esteem and self-confidence, managing emotions, working memory, creativity, and attention and concentration. The 'My Social Relations with Others' area supports children to interact with others through focus on communication, collaboration, respect for similarities and differences, empathy, and managing negative interactions. The 'My Role in the Community' area supports children to understand the environments that they live in and to influence these environments through focus on accountability, sense of belonging, goal-setting, responsible decision making, and agency and self-efficacy.

The main key element of this program is to allow children develop skills through games and play-based learning by providing them with a holistic experience that focuses on joy, hope, and critical reflection.

Project Objectives and Reach

The Refugee Education in Emergencies is a project conducted with RTP as a response to COVID-19 pandemic. The objective of the project is to improve access to safe and supportive environments for children returning to school after the pandemic. The main targets of the project are rehabilitating a number of schools and educational centers, distributing hygiene kits to children and youth, training coaches/teachers on play-based PSS learning, and implementing PSS sessions with children and youth.

Total Reach: 3,250 individuals

➤ Rehabilitation

Objective: improve access to safe and supportive environments by focusing on WASH facilities (WC, sinks, plumbing...), fixing schools' kitchen and playgrounds, providing access to people with special needs at entrances, painting of walls and doors, installations of LCD projectors, providing electrical works and more depending the site evaluation in each location.

Reach: Rehabilitation in North and Bekaa targeted 7 organizations (schools/centers) situated in different areas in the north (Figures 1 & 2). The process of rehabilitation involved site visit, evaluation, site evaluation report, and implementation.

Total Reach: 2,422 individuals

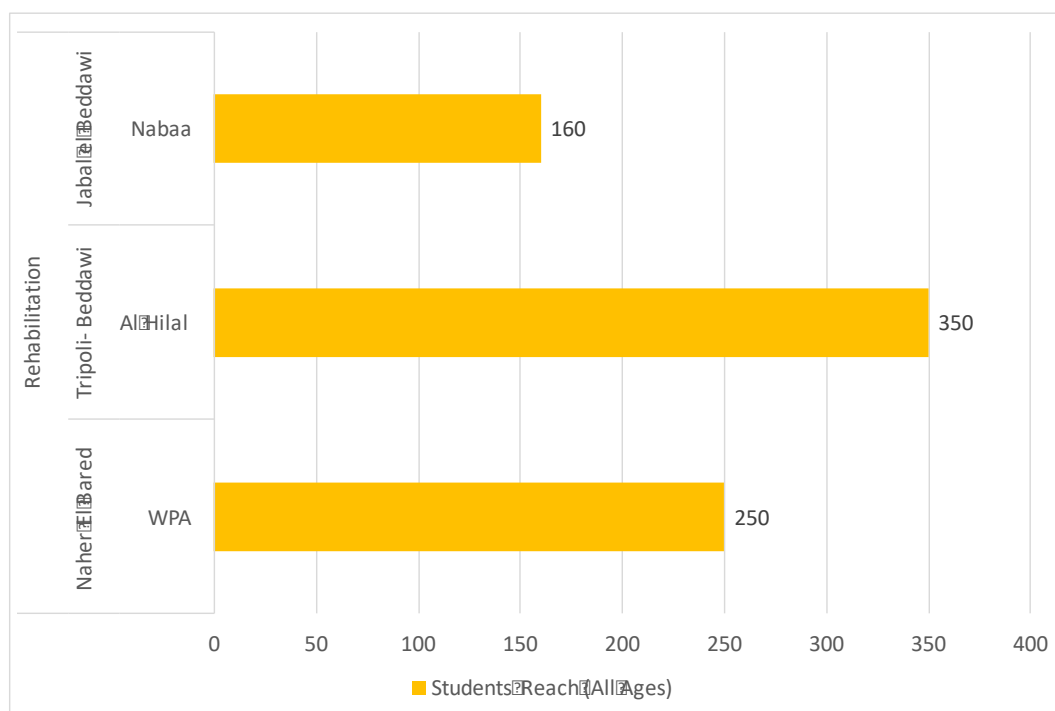


Figure 1. Project Reach – North area

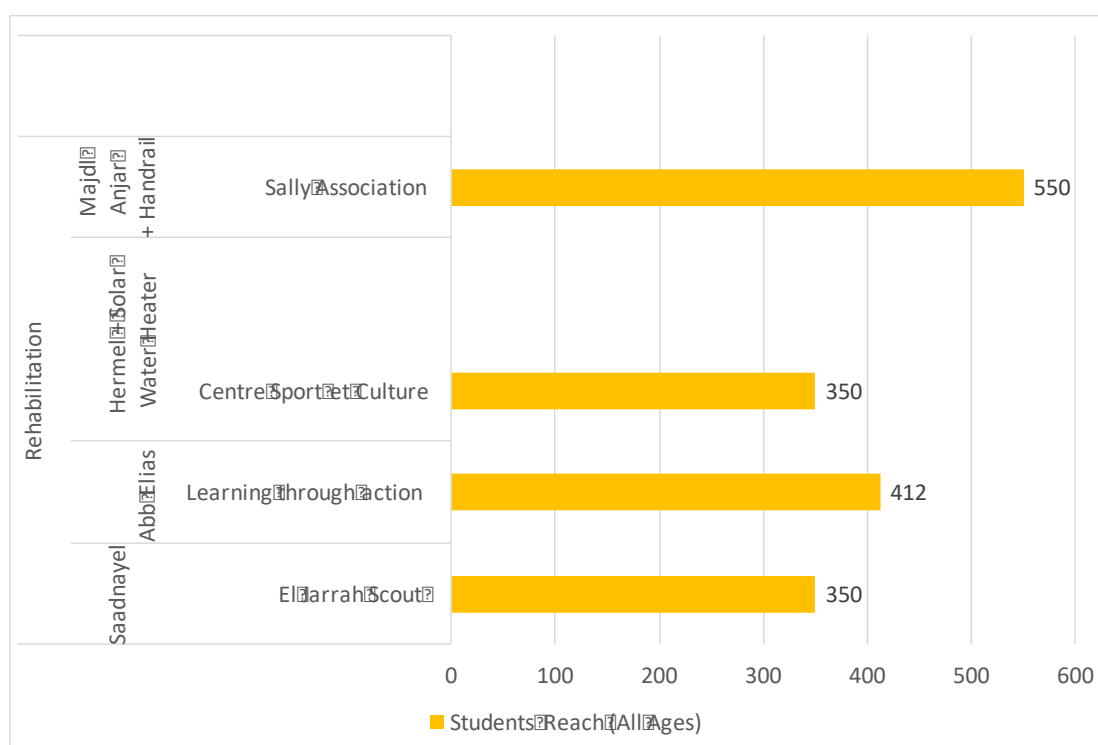


Figure 2. Project Reach – Bekaa area

➤ Hygiene Kits

Objective: promote access to safety environments and raise awareness on COVID-19.

Reach: Five organizations received hygiene kits that are dedicated for centers including posters related to COVID-19. Household hygiene kits were distributed among families; kits include multiple things that assist families in maintaining preventive and safety measures during the pandemic.

Posters included awareness on COVID-19 and promoted prevention by:

- Encouraging individuals to wear face masks
- Promoting social distancing (at least 1.5 meters)
- Providing knowledge on onset of symptoms and early detection (fever, headache, coughing)
- Encouraging frequent hand washing and providing explicit instructions on the process

Total Reach: 655 Kits

- Center Kits: 5
- Household Kits: 650

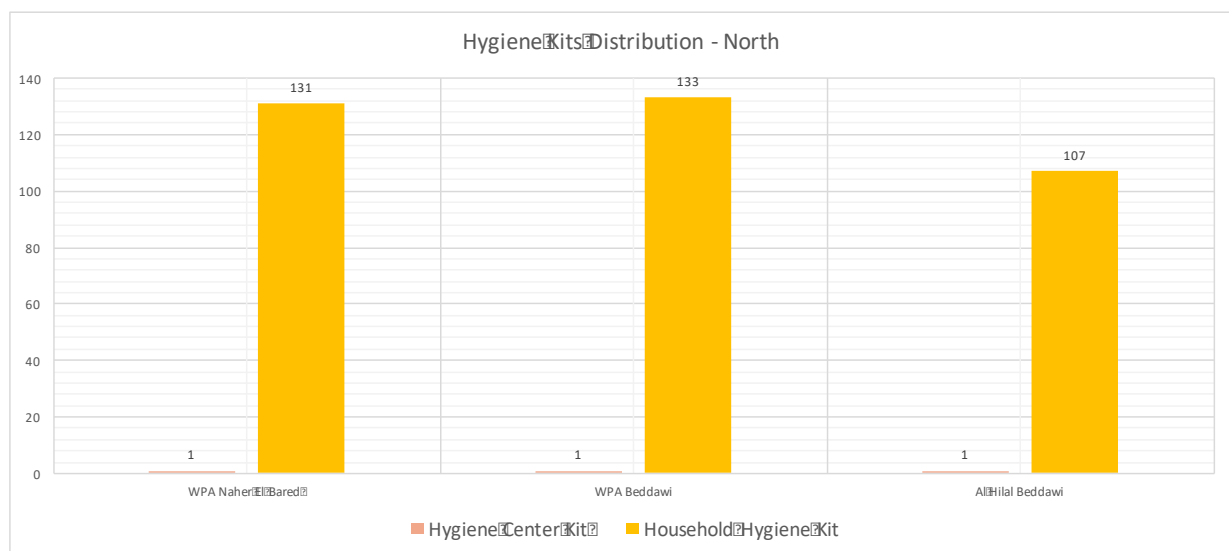


Figure 3. Project Reach – Hygiene Kits Distribution

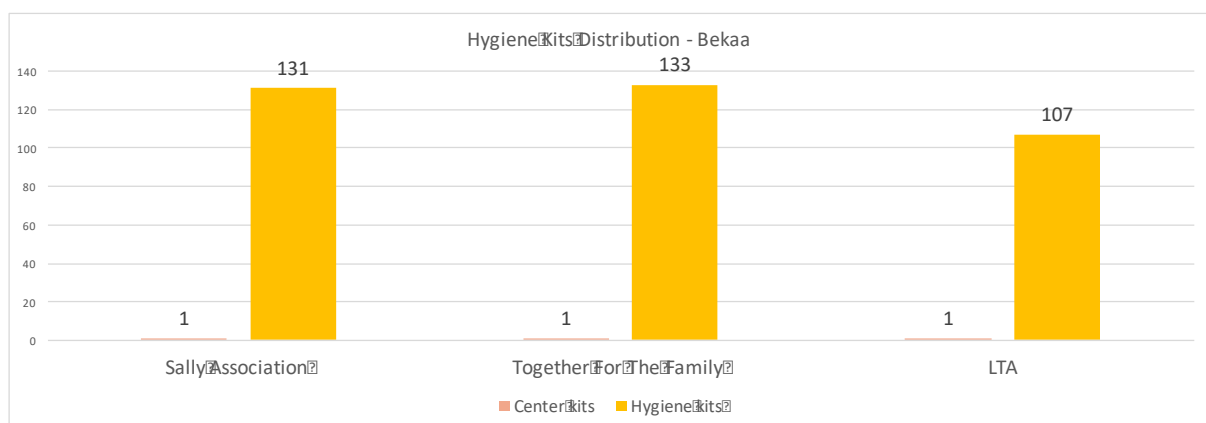


Figure 4. Project Reach – Hygiene Kits Distribution

Hygiene Kit (School/Center)		
Item	Description	Quantity
3-Ply Medical Face Mask	Box of 50 pcs	8
Toilet Paper	Eco family size pack of 16 pcs	20
Paper Towels	For hand drying in toilet; Eco family size pack of 20 rolls	20
5 Floor Mops		2
Mop for WC Floor	Pack of 3	5
Sponges	Dishwashing sponge; pack of 5	2
Plastic Bucket	2 Small and 2 medium sizes for toilet cleaning	4
Cleaning brush for WC or toilet	Small WC brush	6
Rubber Gloves for Cleaning	Medium size; pack of 12	5
Trash Bin	2 medium and 2 large trash bins	4
Garbage Bag	10 medium and 10 large sizes for toilet trash cans	20
Liquid Soap	Gallon of 4L	24
Eau de Javel	Gallon of 4L	24
Antiseptic (Dettol)	All Surfaces Antiseptic-Gallon of 4L	24
Alcohol Spray (70%)	Alcohol for human use-1L	48
Hand Sanitizer	To be placed at entrance of common areas; 1L	48
Floor Detergent	Soap for floor and surfaces; 6 Gallon of 3L	24

Table 1. Hygiene Kit for Schools/Centers

650 Hygiene Kits (Household- HH)		
Item	Description	Quantity
3-Ply Medical Face Mask	Box of 50 pcs	3
Mop for WC Floor	Pack of 2	1
Sponges	Dishwashing sponge; pack of 5	1
Cleaning brush for WC or toilet	Small WC brush	1
Toothbrush	Medium softness; pack of 5	1
Toothpaste	Medium tube	2
Eau de Javel	Gallon of 4L	2
Alcohol Spray (70%)	Alcohol for human use-1L	2
Floor Detergent	Soap for floor and surfaces; 6 Gallon of 3L	2
Hair and Body Soap	Family pack; 1L	1
Carton Box	Box to fit all the kit	1

Table 2. Hygiene Kit for Households

Extra Items for HH Kits (To be distributed to families with girls above 13 years old)		
Item	Description	Quantity
Hygiene Pads	Day; pack of 20	393
Hygiene Pads	Night; pack of 22	393

Table 3. Extra Items to Hygiene Kits for Households

➤ Play-based Psychosocial Support

Objectives:

- Improve overall psychosocial wellbeing of targeted children and youth.
- Train coaches/teachers/facilitators on play-based PSS learning
- Conduct and implement activities selected from the Psychosocial Wellbeing Through Play Games Manual developed by RTP

Reach: Coaches/teachers/facilitators from five different organizations in North and Bekaa areas were trained on the PSS content and evaluated on their skills using a pre and post assessment. Students and youth attending these five organizations received sessions on play-based PSS (Figures 5 & 6).

Total Reach: 252 individuals

- Coaches: 18
- Children and Youth: 234

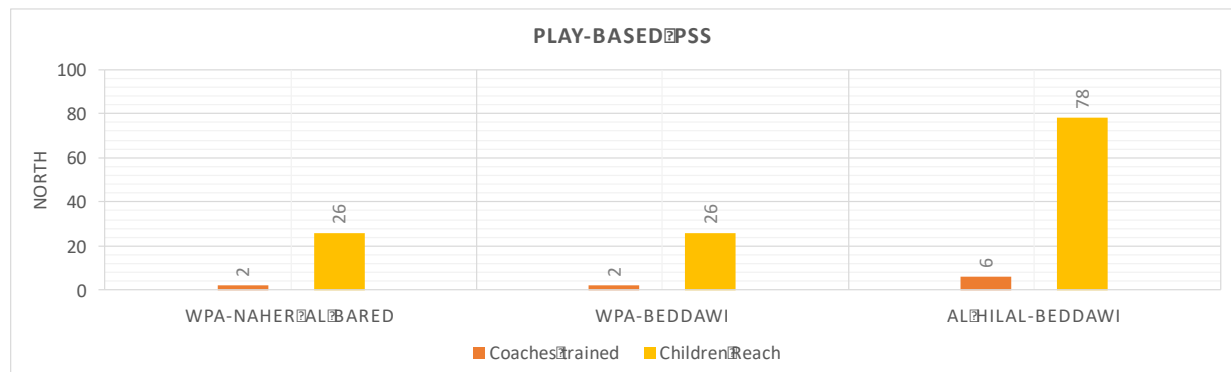


Figure 5. Project Reach – Play-Based PSS – North

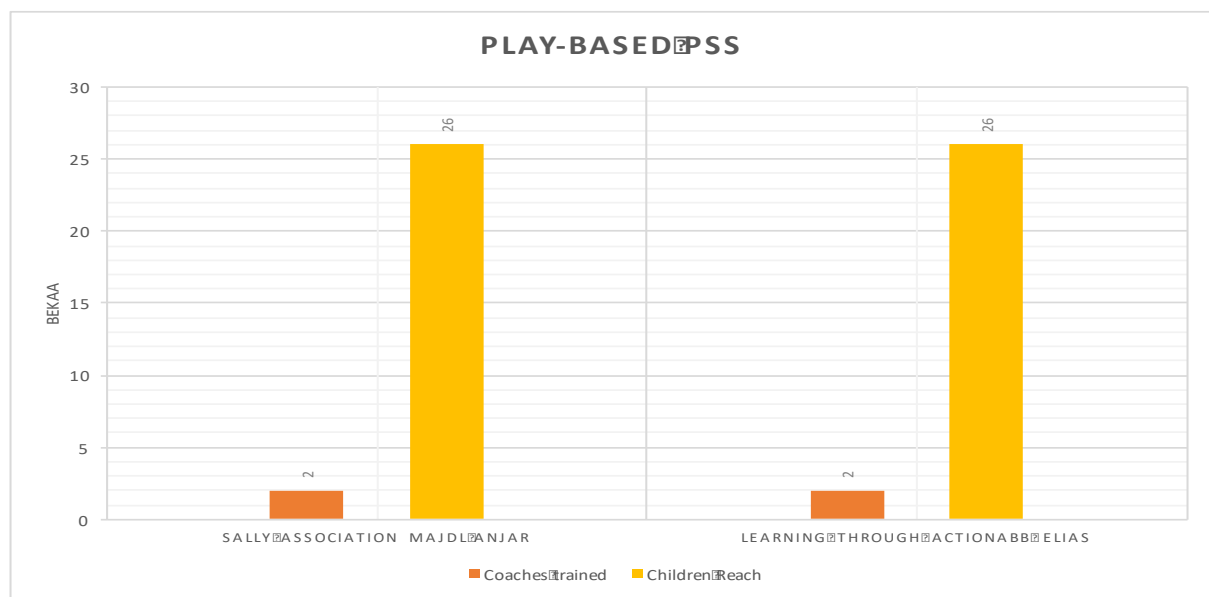


Figure 6. Project Reach – Play-Based PSS – Bekaa

Purpose of the evaluation study

The conducted evaluation study aimed at assessing:

- The extent to which the project contributed to its outputs and outcomes
- The extent to which the project improved access to safe and supportive environments for targeted children and youth

- The extent to which the project improved the overall psychosocial wellbeing of targeted children and youth

Evaluation Design and Methodology

A mixed methodology approach of quantitative and qualitative methods was used in the conducted evaluation.

Tools and sample characteristics

Quantitative tools

1. **Children and Youth survey [Items from ISELA- International Social and Emotional Learning Assessment and Child and Youth Resilience Measure (CYRM)]** were self-administered to a randomly chosen groups of children upon availability on field, at pre-intervention (before they started sessions), and post intervention (after they finished their last session).
60 children and youths participated in the baseline surveys, out of which 31.1% were males and 68.9% were females, and 23.3% whose age ranged between 6-9 years old and 75% between 10-14 years old. As for post-intervention, 60 children and youths participated in the surveys. 46.9% were males and 53.1% were females. As for percentage of age groups, 38.2% were between 6-9 and 61.2% were between 10-14.
2. **Pre- and post-training assessment tool** was administered to all --- coaches before and completion of the first training.

Qualitative tools

3. **FGDs with coaches/facilitators:** 1 FGD was conducted with 5 coaches [4 females and 1 male] from both areas Bekaa/North and Beirut online through zoom.
4. **Semi-structured interviews with parents:** The semi-structured interviews with parents were divided into two parts.
 - Semi-structured interviews were conducted with 15 randomly selected parents to investigate whether children and youths psychosocial levels skills improved following the training.
 - **8 random calls** were also collected for evaluating the received hygiene kits.
5. **Key Informant Interviews (KIIs) with administrators:** -2 KIIs were conducted with 2 center administrators.

Data analysis

In order to measure the improvement and change in the development level of social and emotional skills of the youths, percentage and mean descriptive of youths' responses at each assessment point were calculated. Additional analyses investigating the differences in the mean scores between the pre and post-tests were calculated using the dependent sample t-tests (t). Independent sample t-

tests (t) were further implemented to examine whether the level of the social and emotional skills differed across gender and age. All statistical analyses were performed using SPSS.

Regarding qualitative analysis, thematic analysis was used to code for the emerging themes. The analysis was done manually. Preliminary codes were generated after completing the open coding phase. Codes were then grouped into broader categories based on similarities, and themes were generated based on emerging patterns.

Ethical considerations and limitations

Participation in this study was voluntary. Parents of the youths were informed verbally of the use of pre and post-tests with their children. Children were also presented with an assent form in order to attain their approval on participating in the pre and post-tests. Oral consent from parents to participate in semi-structured interviews was sought through the phone. Oral consent was also obtained when conducting focus groups with the facilitators and semi-structured interviews with the partners. All participants were informed of their rights to withdraw anytime they want, privacy of information and answers, and confidentiality measures were ensured. No names were mentioned in any documentation forms.

Findings

Survey Results

Social and emotional skills and Resilience - Pre and Post Intervention

At the beginning and at the end of the play- based PSS sessions, the level of children and youths' social and emotional skills as measured by items selected from ISELA and Resilience as measured by items selected from "Child and Youth Resilience Measure (CYRM)" were recorded. This was done in order to investigate and note if any improvement in the resilience levels as well as the social and emotional skills took place following the children and youth's enrollment in the program.

Resilience

Regarding resilience, an increase in the resilience levels of the children and youth was noted; the overall mean score for resilience was higher at the end of the program ($M=2.12$, $SD=.65$) compared to the beginning of the program ($M=1.83$, $SD=.56$). The difference was significant, $t(58)=-2.013$, $p=.000$. More specifically, an increase in the resilience levels was noted based on a considerable higher average mean recorded for the following items: (1) ability to cooperate around people (2) knowing where to go in the community to seek help (3) the feeling of belonging to the center (4) becoming aware of one's own strengths (5) importance of helping out in the community (6) development of skills that are useful in later life (7) enjoying family's tradition. No significant differences for the mean resilience scores were found across age and gender.

Resilience Items – Pre & Post results	<i>Mean Score (M, SD)</i>	
	Pre (M, SD)	Post (M, SD)
I cooperate with people around me	1.89 (.33)	2.34 (.12)
I know how to behave in different social situations	1.12(.11)	1.20 (.56)
I am proud of my community	2.00 (.54)	2.12 (.55)

I know where to go in my community to seek help	1.98(.38)	2.12 (.22)
I feel I belong at my Center	1.51(.69)	1.85 (.70)
I am treated fairly in my community	1.65 (.13)	1.72 (.14)
I am aware of my own strengths	1.44 (.78)	2.44 (.25)
I think it is important to help out in my community	1.92 (.25)	2.51 (.66)
I have opportunities to develop skills that will be useful later in life (like job skills and skills to care for others)	1.49 (.36)	2.23 (.23)
I enjoy my family's traditions	1.40 (.12)	1.97 (.33)
I enjoy my community's tradition	1.65 (.54)	1.66 (.53)

Table 4. Pre and Post Resilience scores

Social and Emotional Life Skills

There was an increase in the percentage of items related to psychosocial life skills. There was a higher percentage of children and youth who responded “yes” to talking to anyone at home when sad, asking for help when having a problem with a friend, when working on something difficult, recognizing when someone is feeling sad, talking to adults other than parents when you are sad, asking adults and parents for help when facing with a problem with a friend or working on something difficult for the post test scores. Additionally, there was a higher percentage of correct responses as recorded in the post test results when children and youths were instructed to indicate how the child was feeling in the photo presented in the exercises, what can be done to calm oneself and others when feeling sad and upset and what how to act properly if a child takes away one's toy. No significant differences for the mean social and emotional life skill scores were found across age and gender.

ISELA Items – Pre & Post results	<i>Response Percentages to “YES”</i>	
	Pre (%)	Post (%)
Do you talk to anyone at home when you are sad?	63.5	77.5
Do you ask anyone at home for help when you have a problem with a friend?	60	82
When working on something difficult, do you ask anyone at home for help?	67.4	77
Do you know when someone in your home is feeling sad?	83.1	91.5
Do you talk to any of your friends when you are sad?	54.1	62.5
When having a problem with a child, do you go to any of your friends for help?	59.5	52.2
When working on something difficult, do you ask any of your friends for help?	55.5	61.9
Do you know when your best friend is feeling sad?	68.1	73.8
Do you talk to any adult other than your parents when you are sad?	66.8	73.1

Ask adult other than parents for help when having a problem with a friend?	76.9	83.2
An adult other than parents for help when working on something difficult?	42.9	56.7
	Response Percentages to "Incorrect"	
How do you think this child is feeling right now?	43.5	66.5
A thing you do to help yourself calm down when you are angry or upset?	71.4	89.2
What would you do to help her feel better?	63.9	79.3
Child completed 1 st drawing or was still drawing at the end of 60 seconds	76	98.2
Child completed 2 nd drawing OR was still drawing at the end of 60 seconds	87.9	90.3
Child completed 3 rd drawing OR was still drawing at the end of 60 seconds	69.7	92.7
Child completed 4 th drawing OR was still drawing at the end of 60 seconds	75	87.7
What would you do when "availability of one toy & presence of others"?	88.5	80.7
Is there anything else you would do?	54	59
What would you do "when another child takes away your toy"?	51.9	65.8
Is there anything else you would do?	31	48

Table 5. Differences in the percentages of the ISELA items between pre and post

Training Evaluation of Coaches

Coaches were evaluated on their knowledge and skills pre and post receiving the training. Coaches had to rate themselves as either Excellent, Good, Average, or poor on a set of presented skills and knowledge areas before attending the training and afterwards. On average, results indicated that coaches in both Bekaa and North Area experienced an improvement on all knowledge and skill categories. For coaches in Bekaa, average pretest score was 11.56% compared to a considerably higher average posttest score of 72.69%. As for coaches in the North, a higher average posttest score of 42.60 % was obtained in comparison to the pretest average score of 22.60%. The table below shows a more detailed improvement in the coaches' self-perceived knowledge and skills.

To investigate whether change in the average scores between the pre and posttests was statistically significant, dependent sample t-tests were performed. Results indicated that change and improvement in coaches' knowledge and skills prior and post training intervention was significant for both group of coaches in Bekaa ($t(22) = -12.183, p = .000$) and North ($t(22) = -12.183, p = .000$).

Item Categories	Bekaa		North	
	Pretest (%)	Posttest (%)	Pretest (%)	Posttest (%)
Your ability to communicate with children and young people	22	56	30	60
Your ability to lead a group while participating in an RTP activity	11	89	40	40
Your ability to provide corrections (constructive criticism)	0	67	40	70
Your ability to present a session in front of a group of people	44	78	20	30

Familiarity with the safety procedures that must be followed	67	100	70	80
The ability to include people with special needs in RTP activities	22	56	40	30
Ability to contribute to improving the personality of the child/youth	11	56	10	30
knowledge of characteristics and capabilities of different age groups	0	56	20	40
Apply social ethics (equality, respect, teamwork) during activity	56	89	50	60
Ability to adjust as appropriate in the study material and resources	22	56	0	60
Your knowledge of life skills components	0	67	10	40
Ability to combine life skills & psychosocial support into one activity	0	56	20	20
Your knowledge of RCA	0	100	20	60
The difference between the skills and recipes of the activator	0	78	20	50
Your knowledge about PFA	0	78	0	20
Objectives of providing psychological first aid	0	33	10	30
Principles of work in psychological first aid	0	67	0	20
My knowledge of the indicators of abuse	11	89	30	40
My knowledge of the Five Principles of Child Protection	0	67	10	60
Your knowledge about child protection	0	89	40	60
My knowledge of the importance of PSS	0	100	10	20
Knowing how and when to provide psychosocial support	0	56	10	20
My knowledge of risk factors affecting children's well-being	0	78	20	40

Table 6. Differences in the Pre –Post percentages for items measuring Coaches improvement following Training

Semi-structured Interviews with Parents

Semi-structured interviews were conducted with 15 randomly selected mothers to collect data on how they perceived their children's psychosocial life skills changed post program intervention.

The qualitative thematic analysis yielded the emergence of five themes related to the improvement of psychosocial life skills for the participants following the play-based PSS intervention: (1) Self-esteem, (2) Problem solving skills, (3) Social engagement, (4) Age-appropriate responsibility, and (5) Setting goal and realistic plan. All parents reported that they witnessed positive changes in their children after they attended the program.

➤ Self-esteem

A considerable increase in the self-esteem was observed for the children and youths. Parents indicated that the self-esteem was mostly noticeable in the way their children gained the strength to stand for themselves and present their needs to others without the hesitation that was observed before. The have become more courageous in asking questions, requesting explanations. The increased self-esteem was mainly reflected in the improved communications with others. The have

developed an increased awareness of their rights. “My daughter started to ask for things in more confidence, as if she knows what her right is. Once at school, with utmost confidence she voiced concern over the reduced duration of the break session; a thing she would have never done before.”

➤ Problem solving skills

Parents also reported that their children have developed new skills to overcome and to solve any arising problems or difficulties. Children and youths developed an awareness that they can deal with problems in a healthier way by asking for help and advice from adults. For instance, one mother reported: “my daughter who was suffering from being an outcast among her classmates in class, approached the teacher and asked for help and advice on how she can stop this behavior that she is experiencing from her classmates. She even started to share some solution ideas with the teacher and collaborate with her on finding a solution. But prior to attending the training, my daughter would repress her emotions and keep the disturbance coming from her friends for herself.”

There was a considerable improvement in the way the children and youth respond and react to arising disputes or problematic incidents whereby children and youths became more open to discuss the incident and share new ideas that were not present prior to attending the training. One parent noticed an expansion in her child’s thinking abilities and imagination and openness to new ideas; this was noticed for her two sons, each from different age groups, [6-9] and [10-14], respectively. Most of the parents also reported that their children acquired new skills on how to solve problems that they face. For instance, some parents reported that their children will face any dispute with aggressiveness but now they would approach the problem in a healthier way such as seeking help from adults, like teacher or neighbor.

➤ Social engagement

Almost all parents observed a general change in their children after they attended the training. Specifically, they noticed a change in the interaction and communication with others and specifically peers. Most of the parents pointed that improvement in the interaction among the children and youth. At first, most of the children didn’t play together; they would not listen to each other, they would interact aggressively with each other’s, and solve their disputes with physical aggression like hitting. The children were mostly seen as not possessing the right skills to engage a proper reaction for any arising disputes. Following the attendance of the PSS play-based sessions, almost all parents witnessed an improvement and a considerable change was documented. Increased harmony was formulated in the interaction among the children and youths. Youths started to engage in more peaceful discussions with peers, and reflected an increased understanding of others; as such, aggressive play was considerably observed to have diminished. More positive interaction and healthier communications emerged.

Almost all parents reported that they witnessed their children exhibiting improved interpersonal interactions. One parent emphasized how her child became more expressive and eager to share to share about what was happening with him at the school.

“I remember when my two sons were telling me about a problem that arose between their peer at school and the teacher, they stated to role play how one should properly act in such situations.”

Almost all parents indicated that their children exhibited an increased understanding of other's emotions and how to better treat others.

"Yes, both of my sons after attending the training became more understanding of other's emotions; they became more aware when someone is sad and better able to recognize this emotion."

➤ Age-appropriate responsibility

Children and youths developed awareness of their strengths and weaknesses. They developed a sense of responsibility towards those who are younger than them. They would provide advices and recommendations on how to act properly and subside from aggressive physical behavior when faced with conflicts and disputes with their peers. Children and youths were also observed to have become more interactive with others and their sense of antagonism and feelings of isolation considerably decreased. Their acceptance of others was also documented following the training; the mixture of two nationalities in the children and youths acquired the skill on how to properly express their emotions.

One mother reported: "The training had a huge impact on my daughter. She developed an increased awareness of her cousin's special needs case and acquired an increased understanding on how to treat him."

➤ Setting goal and realistic plan

A number of parents reported that their children started to set realistic plans on how to achieve their future goals regarding their career. They have become enthusiastic towards future career role to undertake and prospects. One mother reported: "After attending the sessions, my daughter decided to become a teacher and every day she role-played a teacher and would apply all the activities that she acquired from the sessions at home with her younger siblings."

Focus Group with Facilitators/ Coaches

The focus group included coaches from both Bekaa/ North and Beirut so as to ensure diversity and a more entrenching discussion arising from the differential experiences of both areas.

➤ Interactivity of the youths with the sessions

One of challenges that the coaches faced were related to the ability to calm the children and youths especially in activities that required attention and focus. Most of the youths were not able to concentrate given the country unrest that they lived through like Beirut Blast, economic crisis and Pandemic. The sessions that were most challenging were the RCA because the activities required focus and attention and active listening. The activities also had to be related to children's real life incidences and experiences. So it was difficult to get the message through in a situation where the youths were not able to focus. There were age differences among those who were 10-11 and 13-14. Those who were between 13 and 14 were more likely to exhibit focused behavior and were more

willing to concentrate and listen. However, those whose ages are between 10-11 were more interested in activities that included more physical activity. Also, the activities that included writing and emotion expression were more applicable and more implemented by those in bigger age groups. Also, there were gender differences in those activities with girls being more likely to exhibit obedience and attentiveness in comparison to boys.

➤ Timing of the sessions

All facilitators also indicated that the duration of the sessions was not enough. The duration of the sessions was short and needed more time to be able to deliver the message. One facilitator indicated that she would try to incorporate a lot of physical games to attract the attention of the participants. Even if mild activities like jumping. One facilitator also indicated that children wanted the sessions to continue especially that they had formed good relationships with their peers and found new friends. Some of the learners indicated that especially for children who live in conflicting areas, they need more time and more activities to benefit from the sessions and express their emotions. Another facilitator also specified that 45 minutes per session and an overall of 16 sessions was not sufficient to achieve the goals, and the sessions need to be not less than 1 hour.

➤ Content

The content of the sessions included in depth and large amount of information. Large topics were presented that needed more in depth explanations. One facilitator indicated that the sessions seemed more as introductory, because more time and more delving in the subject was needed. Children between ages 6 and 9 faced difficulty in understanding concepts in activities that included more abstract notions such as the need to take decisions. However, facilitators reported that with constant follow-up and revisions, they were able to secure the understanding of the youths regarding these concepts.

➤ Distribution of Youth across games

Regarding division of children and youths among groups, some facilitators expressed that including an additional number of youths would have been more feasible for implementing the physical activities.

KII with managers of organizations (schools/centers)

The KII included managers of organizations from Beirut to generate information on their feedback on the rehabilitation process.

➤ Contribution of outcomes

All managers of organization reported that outcomes were reached successfully. Managers reported that all of the items on the checklist were taken into consideration, fixed or implemented, and repaired. Some organizations received additional repairs as they were found needed along the process.

Managers reported great content with the work and the rehabilitation process as both their needs and expectations were met.

➤ Communication with stakeholders

Managers reported that communication with contractors and representatives of the project from RTP was very smooth. Contractors who were responsible of the rehabilitation process were viewed as cooperative, understanding, and very professional.

Questions, inquiries, and suggestions, were well received, discussed, and taken into consideration from the responsible stakeholders.

The flexibility of the communication between both parties allowed the work to be smooth and go as planned.

➤ Efficiency and time management

In terms of time and efficiency, managers found that the allocated time to address the whole framework of the suggested plan was suitable.

➤ Influence of rehabilitation on staff and students

Managers reported that improving WASH facilities saved the students and attendees a lot of time since the toilets are now good to use. One manager reported that the availability of working and clean toilets provided him a lot of ease since he used to experience worry when children went back and forth to their houses to use the toilets.

Managers also reported that the cleanliness of walls, playgrounds, kitchens, and halls is encouraging for kids. Their centers were full on the same day they opened the registration as parents were encouraging each other to enroll their kids in the programs.

It was reported that adding more colors to the walls provided positive energy and excitement to the kids.

Staff/teachers/coaches exhibited excitement as LCD projectors made the learning process much easier and more interesting.

➤ Reflection on the organization pre and post rehabilitation

When asked to compare between the centers, before and after the rehabilitation process, all organization managers reported great joy and satisfaction with how the centers turned out to be. They claimed that they used to work and conduct activities in very poor and difficult conditions that affected both the staff and students in a negative way.

Lack of cleanliness, organization, hygiene, and water leakage made it very difficult for staff and students to feel comfortable and encouraged for the teaching and learning process.

Rehabilitation to playgrounds and halls allowed managers to receive a larger number of kids due to the availability of a larger and safer space.

Managers reported a lot of appreciation to RTP for offering them an opportunity to enjoy the teaching and learning process despite the dire situation the educational sector is facing in Lebanon.

Quotes from staff and managers of organizations

It was a very positive experience. All the staff are very happy because the rehabilitation made their lives at work a lot easier."

"I can finally say that I have a center now. Before the rehabilitation, the center was not presentable and now it looks amazing!"

"We did not want the project to end. RTP changed our lives and opened new opportunities for growth."

"The PSS training that we received is an eye-opener. We are now able to detect and deal with obstacles the children are facing in a more professional manner."

Distribution of Hygiene kits - Parents

All parents reported that the hygiene kits were very useful. The COVID awareness booklet was considerably helpful in allowing the beneficiaries (parents and youths) to recognize COVID-19 related symptoms as well as gain an increased awareness and knowledge on how to prevent the spread of COVID-19. The brochure also allowed the beneficiaries to uptake a change in their preventive behaviors towards COVID-19. Some parents reported that their children as well as they themselves started to wear masks more frequently and avoided any close contact when greeting others (no hand shaking and no kissing). The application of COVID-19 preventive behaviors decreased considerably as the COVID-19 precautions have locally and globally eased. As for the items that were received, parents who mentioned they remembered the following items: masks, sanitizer, scented cleaning detergent, and shampoo and tooth brush.

Conclusion

All in all, based on the obtained results, the program was able to successfully ensure an improved access to safe facilities and learning environment among the children and youths between 6 and 14 years old. The received hygiene kits were highly useful and were beneficial for the beneficiaries. There was also an improvement in the access to a supportive learning environment among the children given that an improvement in the psychosocial skills of the children and youths was noted. Results also pointed that the training that the coaches/facilitators received regarding PFA, PSS and PBL approaches succeeded in improving the coaches' knowledge and skills in these domains. This was translated into the positive outcomes that the youths experienced.

Recommendations

A number of recommendations were suggested by different groups as categorized below:

Facilitator/Coaches recommendations:

- Increase the period of the project, change the length of the sessions to more than an hour and increase the number of sessions per week.
- An additional number of youths would have been more feasible for implementing the physical activities. Larger number of youths and children.

Parents' recommendations:

- Have groups of similar ages be grouped together and not include any of the youths from different age groups in the group.
- Be more inclusive of children with disabilities

- The need to extend the program, lengthen the sessions and provide a continuity to the program in order to ensure that the skills remain consolidated and ensure sustainability of the positive program effect.
- The need to provide transportation for youths especially in winter time.

Evaluator's recommendations:

- Given that children between ages 6 and 9 faced difficulty in understanding concepts in activities that included more abstract notions such as the need to take decisions and what future career roles to take, activities can incorporate activities that translate the abstract concepts into physical activities such as role play or drawing concepts [career roles – decisions] on a board.
- Providing techniques for the coaches to facilitate the smooth transition for the youths to accept and adapt to the collaboration with new peers since the start.

Annexes

Annex 1- Pre-post training assessment tool

Annex 2- ISELA (minimized)

Annex 3- FGD with coaches/facilitators

Objective: To generate information on the coaches/facilitators feedback on the content of the play-based PSS activities, implementation process, challenges, and recommendations.

Questions:

- 1- What challenges did you face while implementing the activities?
- 2- Was the PSS content age appropriate?
- 3- Was the PSS content relevant to the participants?
- 4- Did you see any changes within the participants regarding the three main focus areas: self, peers, and community?
- 5- In what part of the program were the participants most interactive?
- 6- In what part of the program were the participants least interactive?
- 7- Was the allocated time for the program sufficient to address all targeted objectives?
- 8- Were the group sizes and distribution appropriate?
- 9- Do you have any suggestions and recommendations for the future?
- 10- Do you think the learned objectives will allude to consistent outcomes? If yes, Why? If not, what do you suggest? (e.g. Do you think you need to conduct follow-up meetings with parents? Do you think you need to conduct further evaluation to ensure success of outcomes?)

Annex 4- KII with managers of schools/centers

Objective: To generate information on the rehabilitation process in terms of efficiency, effectiveness on both staff and children and youth, outcomes, benefits, and recommendations.

Questions:

- 1- Was the scope of work done by the contractor and his team in alignment with the checklist provided in the site evaluation report?
- 2- How do you evaluate the communication and cooperation with the contractor and the team among the different stages of the rehabilitation process: evaluation, implementation, and finalization?
- 3- Was the rehabilitation process efficient in terms of time management?
- 4- How do you reflect on the condition of the school/center pre and post intervention?
- 5- How did/would the rehabilitation process affect the staff working in the school/center?
- 6- How did/would the rehabilitation process affect the children and youth attending the school/center?
- 7- What is the relation between the rehabilitation process and the psychosocial well-being of the children and youth?
- 8- Do you have any comments on the rehabilitation process?
- 9- Do you have any recommendations for similar future projects?

Annex 5- Semi-structured interviews with parents of children and youth – play-based PSS program

Objective: To generate information on the parents' feedback on the psycho-social well-being of their children after receiving the play-based PSS program in terms of evidence comprehension, understanding, reflection, changed behavior, and application of taught life skills among their children.

Questions:

- 1- Did you see any general changes in your child after receiving the program?
- 2- Did you see any changes regarding your child's self-confidence level?
- 3- Did your child become more aware of his own strengths and limitations?
- 4- Does your child find a way around obstacles that arise?
- 5- Does your child ask for help appropriately?
- 6- Does your child solve problems successfully?
- 7- Does your child interact appropriately with peers, relatives, and family members?
- 8- Does your child communicate effectively?
- 9- Does your child show sensitivity to others' needs and feelings?
- 10- Does your child exhibit a sense of understanding and acceptance to people from different backgrounds and cultures?
- 11- Does your child feel accepted in a community of different backgrounds and cultures?
- 12- Does your child carry out age-appropriate tasks without being told? In other words, does he show age-appropriate leadership?
- 13- Does your child hold responsibility for own behavior and manage consequences that arise?
- 14- Does your child have the ability to identify a goal and set a realistic plan to achieve it?

Annex 6- Semi-structured interviews with parents of children and youth – hygiene kits

Objective: To ensure that parents received the kits and that all items were included and to generate information from parents on their feedback

Questions:

- 1- Was the kit useful?
- 2- What were the items that you received?
- 3- Was the information in the brochures helpful when it comes to recognizing COVID-19 related symptoms?
- 4- Did the brochure contribute to increasing your awareness/knowledge on how to prevent the spread of COVID-19?
- 5- Did the brochure contribute to changes in your behavior to prevent COVID-19 by taking various preventive measures (not shaking hands, kissing, wearing the mask, keeping a safe distance)?