



RIGHT TO PLAY
PROTECT. EDUCATE. EMPOWER.

Music for Emergencies (M4E)

Quasi-experimental Evaluation Design

Final Report

June 2023

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List of acronyms and abbreviations

CYRM	Child and Youth Resilience Measure
CTPS	Critical thinking, problem-solving
FGD	Focus Group Discussion
KEQ	Key Evaluation Question
KII	Key Informant Interview
LCRP	Lebanon Crisis Response Plan
M4E	Music for Emergencies
MoSA	Ministry of Social Affairs
PSS	Psychosocial Support
PWDs	People with disabilities
RCT	Randomized Controlled Trial
RTP	Right To Play
ToC	Theory of Change

Executive Summary

Background to Music for Emergencies

Music for Emergencies was implemented in Lebanon by Right To Play and through collaboration with community partners, including local community organizations, community centres and Social Development Centres from the Ministry of Social Affairs. This was implemented as part of the LEGO Foundation's Building Back Better program (January 2022 – June 2023). The program supports different Right To Play interventions on education, health and well-being. The program is composed of six different pilot interventions, each with a specific timeline, results framework, and MEL approach. In Lebanon, the program had a focus on testing and generating evidence on different PSS resources. Music for Emergencies (M4E) was one of the interventions piloted in Lebanon as part of this program.

Music for Emergencies (M4E) was launched and implemented as part of the BBB program. Since the economic crisis hit Lebanon in 2019, followed by the Beirut blast in 2020, there has been an increasing need to develop a resource addressing the psychosocial well-being of children affected by these multiple crises. With a focus on both creating an impact and generating evidence, this pilot aims at improving the psychosocial well-being, resilience, and life skills of children between 6 and 12 years old. Right To Play is implementing the M4E project in community centres (informal education centres) across three regions of Lebanon (Beirut, North, and South governorates). The project was piloted among a group of 1872 child participants (844 male and 1028 female) and 92 adult supporters (28 male and 64 female), with three Right To Play field facilitators.

Evaluation design and methods

This report summarizes evaluation findings for the M4E pilot through a comparison of baseline and endline data. The evaluation of this pilot involved 17 community centres out of the 24 reached by the project, located in Beirut, and North and South governorates. The study included 258 children randomly selected into the intervention group (composed of the first Cohort to be reached by the project) and 254 children randomly selected from the control group (the second Cohort, only reached after the lifetime of the evaluation).

This evaluation focused on project design and emerging results, assessing its relevance, coherence, effectiveness, efficiency, impact, and sustainability, and leading a participatory review of its Theory of Change. It was informed by quantitative data through a child survey employing the CYRM tool, and qualitative data through interviews with Right To Play headquarters staff, program officers and field facilitators in Lebanon, representatives from partner organizations, music session observations, as well as focus group discussions (FGDs) with children and parents.

Key findings

Relevance

The M4E project was designed to be a psychosocial support (PSS) intervention for refugee children and children exposed to the Beirut blast and other trauma. The project aims to support children to strengthen life skills and resilience through music.

Its design was found to be **relevant** to the context of continued socio-economic deterioration that increasingly characterizes Lebanon, as reported by headquarters staff and local program officers and field facilitators. Findings from the implementation show that great effort has been put in place to provide children with *safe spaces* as an alternative to the increasingly discriminatory and violent environment that surrounds them. Children show interest in participation in Right To Play activities and a sense of security and freedom of expression within the centres. Parents are reportedly more aware of the positive impact that Right To Play programs (and similar programs) can have on participants, thanks to the positive changes witnessed in their children. They also reported being more able to appreciate the importance of providing children with life skills and resilience skills.

Coherence

The M4E program builds, in an **internally coherent** way, on the strong experience of Right To Play in Lebanon, whose previous projects tested the use of music to foster children's well-being and social awareness. M4E represents the third phase of a series of music interventions first launched in 2018 by Right To Play in Lebanon as "Music for Development", then followed by "Music for Social Change". After the economic crisis hit Lebanon in 2019, followed by the Beirut blast in 2020, there was an increasing need to develop a resource to address the psychosocial well-being of children who affected by multiple crises. From these premises, "Music for Emergencies" was launched. M4E is not the only project focusing on PSS in the communities Right To Play is working with. However, it is **externally coherent** with the identified needs of the population and complementary to other interventions delivered by other organizations. It also stands out for its unique approach based on the use of music to improve children's resilience and life skills. This uniqueness is perceived by interviewees as the element that ensures there is no duplication or overlapping with other interventions.

Effectiveness

The baseline established values against which **effectiveness** was assessed at endline. As per their own feedback, the training provided to field facilitators on the topic of life skills and music was adequate and sufficient to ensure an effective transfer of skills to the coaches identified by the project. The training material – Right To Play's manual based on evidence of how music fosters life skills and provides psychosocial support to children who have experienced adverse

or traumatic situations – was also deemed particularly useful by field facilitators to support coaches who carried on the sessions with children.

It was reported that children's regular attendance at the project can be influenced by external causes (such as the availability of and access to transportation, conflicting school or family schedules). Despite this, the quality of participation is ensured by coaches' preparation and ability to bond with the children.

Parents' engagement, although deemed necessary to reach the project goal, was not pursued through structured activities. At baseline, parents did not perceive PSS to be their children's most urgent need. At endline, parents gave more importance to PSS, and displayed increased support for M4E, thanks to the improvements they observed among their children. As a result, parents expressed greater appreciation for the activities offered to their children.

The evaluation has gathered data on children's resilience (through the self-reported survey "Child and Youth Resilience Measure") and life skills (through FGDs). At both baseline and endline, the CYRM assessment found that children from both intervention and control groups show an elevated level of resilience, without significant differences on average.

Despite this, some variation among different groups was observed. At baseline, among 10 to 13-year-olds, children in the control group scored significantly lower on caregiver/relational resilience compared to children in the intervention group (medium effect size). Among 5 to 9-year-old children, girls scored significantly higher on caregiver/relational resilience compared to boys, while among 10 to 13-year-old children, boys scored significantly higher on personal resilience compared to girls.

In terms of changes from baseline to endline, the data suggest that M4E's effects varied by age, nationality, and area of residence of the participating children. For instance, on average, Syrian 5 to 9-year-old children in the intervention group saw a slight increase in their ratings of personal resilience from baseline to endline, whereas the scores of children in the control group decreased. This result, however, could be biased by the limitations of the tool, such as social desirability bias. It is also possible that children had already strengthened their resilience prior to the project, due to their continuous exposure to the multilayered socio-economic crisis in Lebanon. Although quantifiable data on exposure to stressors were not collected in the design phase, there is academic evidence showing that children and families adapt to the conditions in their environment¹. Thus, the high scores on the CYRM could reflect a positive adaptation of children to their surroundings. The involvement of all children in other activities offered in the centres by other NGOs could also explain their existing high levels of resilience.

Finally, it is worth noting that the element of resilience appeared to be slightly isolated from all the other components of the project, even in the design and review of the Theory of Change.

¹ <https://www.cambridge.org/core/journals/development-and-psychopathology/article/abs/hidden-talents-in-harsh-environments/E5955348146CE5EE527AE225B1817628>.

The project, from the definition of objectives and results to the design and implementation of activities, appeared to be more clearly and purposefully oriented towards targeting life skills rather than resilience. Although resilience appears to be less explicitly targeted by the project implementation compared to the life skills component, it was still considered important for both the project's ToC and log frame. A more in-depth ToC design at the outset of future projects may be useful to analyze the pathways to change in more detail².

Baseline FGDs showed that children faced difficulties in communication, self-management and management of emotions. Both in the intervention and control groups, and across regions, ages and gender, children showed a scarce ability to actively listen to each other and often considered aggressive and violent behaviours as a normal and acceptable way not only to settle disputes, but also to display their emotions. This was particularly frequent in Beirut, where the use of aggressive behaviours seemed to be children's preferred way of communicating and resolving conflicts. These could be the consequences of the increasingly violent and disrupted environment that children are exposed to in their everyday life.

The endline FGDs revealed general improvements in many of the life skills assessed, for both children in the intervention and in the control group (such as communication skills and respecting speaking turns). This improvement in both groups may be related to external factors such as school attendance and participation in other programs. However, children who participated in M4E showed greater improvements in self-expression and management of their emotions compared to children from the control group. Moreover, parents of children from the intervention group highlighted how participating in M4E increased their children's self-confidence. It is also important to mention positive changes observed in the behaviour of children in the intervention group during the research process compared to baseline, particularly in Beirut³.

² When exposed to stress, conflict or other socio-economic hardship, people and communities may try to strengthen systems of social support such as kinship social nets (i.e., caregiving and in-kind help from consanguineous or non-consanguineous others). Thus, it would be important to better contextualize resilience in the communities in Lebanon and to include social-ecological indicators of resilience (e.g., feelings of belonging to one's community, social support available in the extended social network). There could be also a need for future research to characterize the experienced adverse circumstances and how they predict resilient developmental pathways of children. For further suggestions on other tools to assess children's changes, please refer to section [4.2.3 Recommendations](#).

³ In addition to assessing children's life skills, the focus groups at baseline revealed that the children from Beirut, and especially the children in the intervention group, showed poor attention and interaction skills with peers and were often prone to violent behaviour, which sometimes occurred even during the focus group discussions themselves. At endline, no similar episodes occurred, and the children were much better able to interact with each other and with the enumerator, showing important changes compared to the behaviour observed at the beginning of the study.

Efficiency

Although the short duration of the pilot initially raised some concerns, M4E was found to be **time-efficient**: FGDs revealed that promising evidence of the effectiveness of this intervention among program children could be registered after only three months of activities.

Emerging signs of impact

Although it is early to comment on impact due to the length of the intervention, the evaluation found **emerging signs of positive impact** on children's self-esteem and perception of the future. Children from the intervention group showed clearer self-perceptions and ambitions compared to the control group, and their parents also noted their more positive attitude towards the future following participation in the M4E program.

Sustainability

The project's strategy to build the capacity of coaches from participating communities is key to guaranteeing **sustainability** over time. Moreover, as reported by the Right To Play staff interviewed, other crucial elements for the long-term sustainability of the project are the involvement of the Ministry of Social Affairs, together with the availability of financial support by donors.

Conclusions, Lessons Learned and Recommendations

Due to the nature of the pilot intervention, this evaluation identified two sets of conclusions, recommendations and lessons learned. One is in relation to the Music for Emergencies (M4E) implementation, identifying lessons to consider for future application of the resource. The other relates to lessons learned from the research process, for consideration in future studies focusing on psychosocial support (PSS), resilience and life skills. Both are outlined below.

M4E Implementation

Conclusions

- The project appears to have been carefully designed and adapted to the needs of its target population. The music resource's flexibility appeared to be a key added value to quickly adapt previous iterations of the project to a new age group and context.
- While the quantitative analysis did not find evidence of statistically significant differences between intervention and control group overall, qualitative research points to observable differences in children's self-esteem, self-expression and management of emotional skills after participating in the project. Noticeable improvements were seen among children who were originally faring worse than others in areas including respect and communication, turn-taking and teamwork.

- The project has raised strong interest from community partners, caregivers and government stakeholders - namely, MoSA. Despite interest for a continuation of music-based activities, it is too early to comment on concrete plans to scale-up or continue the intervention.

Lessons Learned

- M4E has correctly identified needs in targeted communities, and the suggested approach proved promising in terms of effectiveness and time-efficiency. Although implemented in a context where children are exposed to a variety of interventions, the program stands out for the uniqueness and innovation traits of its music-based approach.
- As would be expected, the evaluation found indications of greater change in the areas more strongly tackled by the project's content. It should however be noted that baseline values – and subsequent changes observed – in life skills varied across geographical areas and community centres. It is possible that the different levels of life skills observed across groups of children is correlated with the diverse socio-economic backgrounds reached by the project. Some gender dynamics also emerged – with boys more prone to aggressive behaviour at endline. Such dynamics could be further explored and targeted by future projects and studies.
- Research pointed to important trends not anticipated by the project activities. First, an increasing normalization of violence in children's communities emerged strongly in the research. Second, although the project did not explicitly include gender-specific objectives, some gender dynamics and patterns emerged, including more marked aggressive behaviour from boys, and girls expressing a preference for girl-only spaces. Finally, parents expressed preferences for activities taking place in the summer period, and for more dynamic activities for their children to take part in. It is possible that these preferences could impact children's attendance, although this will need to be triangulated with attendance data once it becomes available.

Recommendations

- For future iterations, the Learning Partner recommends ensuring that Right To Play and its partners actively engage with caregivers to ensure their buy-in for project activities. In particular, this should be done in areas where parents are more concerned about the socio-cultural and religious appropriateness of the contents delivered by the M4E project.
- This suggests the need for continuous feedback and adaptation of the project activities to emerging needs and specific contexts, together with a more detailed context analysis at project outset. It may be more feasible and to the point, in future iterations, to focus

on improving life skills rather than more broadly targeting “resilience”, which has proven to be a very difficult concept to measure, not so univocally defined, and determined by many external and contextual factors that are outside the project’s control.

- Right To Play could explore the need for more gender-specific activities, such as clubs for only boys and girls, and consider adjusting activities to address topics around the violence children are exposed to. More broadly, RTP should consider carrying out gender and context analyses during the project design phase, and take into consideration feedback around timing and type of activities when designing further iterations of the project, or planning additional engagement with caregivers.

Research process

Conclusions

- **One of the main features of the evaluation has been its participatory and collaborative nature, which supported learning and iteration within the research process.** Right To Play staff in Lebanon and in Global teams were involved in all stages of the evaluation, from design to implementation to reporting, and actively took part in the review of all frameworks and tools. The highly participatory nature of the evaluation supported the review of tools and approaches, particularly where baseline findings indicated challenges in interpreting the CYRM results (see below).
- **The evaluation process highlighted some of the challenges in measuring resilience, and led to questions around its relevance within the project’s aims and Theory of Change, in comparison to the life skills explicitly targeted by the project.** Although the CYRM survey was administered following guidelines appropriate for the specific age group targeted by the project, the survey results did not make it possible to capture a very nuanced picture of children’s resilience. An additional challenge was posed by the difficulty of establishing a control group which would not take part in activities similar to those provided by M4E.
- **Qualitative data collection with various respondents, including children, allowed the evaluation to provide a more comprehensive scenario of M4E’s effectiveness.** As highlighted in the previous section, this points to promising changes in the different life skills targeted by the project. However, it should be noted that life skills have not been assessed with quantifiable measures, but are based on a qualitative assessment.

Lessons Learned

- **The participatory nature of the MEL process allowed for the evaluation to configure itself as a *learning exercise*.** Here, staff involved in the day-to-day operations of the project were able to share their views and perspectives, helping the Learning Partner

shape the evaluation activities around what was measurable and feasible considering contextual factors and challenges. This type of partnership allowed the Learning Partner to design highly relevant and contextualized data collection tools. The involvement of Right To Play coaches as enumerators also proved beneficial in building confidence of respondents towards data collectors, particularly when it came to the more in-depth qualitative discussions.

- **The evaluation highlighted some of the trade-offs to consider when planning the use of the CYRM tool to measure resilience, and the importance of high-quality qualitative research to provide further nuance to research findings.** The use of a simplified CYRM version can make it more understandable for younger children, but risks limiting the variability of answers. Moreover, the use of one-to-one administration of the survey, while guaranteeing the individuality of answers, could compromise their authenticity.
- **Even where changes were observed, it was difficult to determine the contribution of the M4E intervention,** due to exposure to similar interventions among the control group children. This is frequently the case in the Lebanese context, where children (including the ones in the control group) are exposed to several interventions potentially contributing to the same goals. In the case of M4E, all children participated in other recreational activities offered by the centres.

Recommendations

- **The participatory approach to MEL increased project ownership and engagement of project managers and field staff ensured the intervention was tailored to local needs, context, and capacity, and ultimately contributed to better data collection processes and data quality.** It is therefore recommended to adopt this approach in future iterations of the project, and in similar learning-driven interventions. Co-creation of both research tools, such as the gamified data collection tools, and project logframe and Theory of Change led to greater ownership by project staff, and promoted a view of project design and implementation as being iterative and adaptive processes that can continuously generate learning.
- **Due to the challenges encountered in interpreting findings from the CYRM survey (which employ an age-appropriate three-value Likert scale),** the Learning Partner would recommend testing the use of a five-value Likert scale for future studies. In case of distribution of the survey to young children (aged 6-10 years old), it would be important to ensure that they are able to understand differences in nuance by spending more time or using simple examples to explain differences in answer options. Future iterations of the M4E project can also consider the use of tools which further integrate the life skills targeted by the project, such as the ISELA assessment.

- **Due to the frequent challenges in identifying a clear control group in the context of Lebanon, it is important that evaluation designs include strategies to help ensure a robust assessment of the project's contribution.** This includes specific questions on the added value of M4E (or the intervention of interest) compared to others, and ensuring a more in-depth understanding of the different activities taking place in the project areas. A diverse range of stakeholders can also offer an important complement to the information shared by the project participants.

1 Project background

1.1 Background and context

Right To Play 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 a play-based approach to learning and development that focuses on quality education, life skills, health, gender equality, child protection and building peaceful communities.

Its mission is to support children through play-based methods, leveraging play's power to improve their lives.

Today, the work of Right to Play revolves around three different primary areas:

1. **Education, using play to improve learning outcomes.** Right To Play usually develops activities to improve children's literacy and numeracy skills, mainly targeting primary-school pupils, but also teenagers, youth (such as in several projects in Lebanon) or children in pre-primary education.
2. **Gender-sensitive programming.** Right to Play initiatives apply a gender-sensitive approach through training (all coaches are trained on implementing gender-inclusive sessions to ensure activities and language are appropriate to context and unbiased), implementation (where mixed groups are encouraged to enhance diversity and build acceptance of boy-girl friendships), and advocacy sessions (when children are taught about advocacy and are encouraged to identify community issues they face, and coaches may lead detailed sessions on GBV or other particular topics that may require a more specific gender-responsive training). Some projects are more directly gender-focused and include behavioural change on gender-based violence and child marriage as the explicit project goal.
3. **Health, well-being, and PSS.** Emerging during KII's with staff members, this is a new area for the organization, which has deeper and stronger experience in the education sector. The projects in health range from sexual and reproductive health, particularly in sub-Saharan Africa, to psychosocial support (PSS).

The Building Back Better program (January 2022 – June 2023), supported by the LEGO Foundation, is enabling Right To Play to strengthen the impact of Learning Through Play (LtP) amongst parents, caregivers, teachers, children and Ministries of Education. Right To Play aims to do so by developing, piloting and scaling up five open-sourced global LtP resources across five countries where Right To Play is active. The program is also piloting an integrated technical assistance model to the Ministry of Basic and Senior Secondary Education in Sierra Leone.

The resources piloted or scaled up in the project include: 1) P.O.W.E.R, a collection of 120 games to foster collaborative play; 2) PACT, a child-centred play-based resource to promote

psychosocial wellbeing among children affected by adversity; 3) Music for Emergencies, a package of games to teach children technical music skills as a way to enhance socio-emotional and resilience skills; 4) Move to Improve, a resource that focuses on the link between cognitive processes and psychomotor skills through the use of play; and 5) Play to Grow, a parenting education resource that supports the delivery of at-home learning for pre-primary children through the use of play.

Music for Emergencies (M4E) is one of the interventions being tested in Lebanon. M4E is a scale-up of a series of music-based interventions in Lebanon which have been piloted by Right To Play in several iterations since 2018. The M4E pilot aims to build on existing experiences and strengthen the evidence base on the effectiveness of music-based approaches to strengthen children's resilience and life skills.

The first project implementing music-based programming in Lebanon was Music for Development, implemented in 2018. The intervention used music as a tool to build social cohesion in communities, improve the organizational and life skills of adolescents, as well as to empower them to become leaders of positive change in their communities. A total of 291 adolescents participated in the project.

The second project, piloted in 2020, was Music for Social Change. This project was aimed at strengthening vulnerable and at-risk adolescents' psychosocial and life skills. The project had a specific focus on empowering young people to become agents of change in their communities. It used music to advocate and raise awareness about social issues and encouraged young people to carry out tangible youth-led initiatives that aimed to promote social change in their communities. The project reached 258 adolescents and worked to further empower young people who had taken part in previous music-based programming to become leaders in their communities for new participating groups.

Third, Music for Emergencies (M4E) was launched and implemented as part of the BBB program. Since the economic crisis hit Lebanon in 2019, followed by the Beirut blast in 2020, there has been an increasing need to develop a resource addressing the psychosocial well-being of children affected by these multiple crises. With a focus on both creating an impact and generating evidence, this pilot aims at improving the psychosocial well-being, resilience, and life skills of children between 6 and 12 years old. Right To Play is implementing the M4E project in community centres (informal education centres) across three regions of Lebanon (Beirut, North, and South governorates). The project was piloted among a group of 1872 child participants (844 male and 1028 female) and 92 adult supporters (28 male and 64 female), with three Right To Play field facilitators.

2 Evaluation methodology

2.1 Overview of evaluation design

As further outlined in [Annex 1](#), the evaluation applied a quasi-experimental design based on the project's staggered implementation approach. The intervention group was formed by a first group of children to take part in the M4E intervention ('Cohort 1'). A second group of children who would take part in the intervention after the duration of the evaluation ('Cohort 2') were included in the study as the comparison group. The evaluation employs a Theory-based approach which is centred on mapping and revising the pilot's Theory of Change to draw inferences as to whether, and how, the intervention contributed to observed results.

2.2 ToC design and review

Two Theory of Change workshops helped to inform the evaluation's design.

The first workshop, carried out at the Inception stage, aimed to foster shared understanding about the expected goals of the M4E pilot, refining the project's measurement indicators and defining the measurement strategy for the evaluation.

The second was conceived as a refinement of the metrics developed during the first workshop and was based on the evidence collected at baseline.

The ToC workshops and review allowed the evaluation team to refine the definition of activities and results based on findings from implementation. For further details and a visualization of the Theory of Change, please refer to [Annex 2](#).

2.3 Data Collection

This evaluation drew on robust qualitative and quantitative data collection and analysis, as defined by the logical framework.

Table 1: Overview of data collection tools

Data type	Data Collection Tool	Participants at baseline	Participants at endline
Quantitative	Child survey (CYRM)	537	512
Qualitative	FGD children	69	55
	FGD parent	18	16
	Music Session Observation	70	50
	Key informant interview	10	8

The Learning Partner gathered quantitative data from an intervention and a comparison group of children through a PSS survey based on the CYRM tool. The endline survey reached 512 children out of the 537 initially reached at baseline and the total of 2463 children reached by the project.

Qualitative data collection included a desk review, in-depth interviews with Right To Play staff, music session observations, and FGDs with children (from the control and intervention groups) and parents of children participating in the M4E project. Triangulation of data from these different sources, vetted with a thorough data quality assurance process⁴, allowed the Learning Partner to identify emerging evidence of the contribution of M4E activities to the expected outcomes.

In terms of respondents, baseline data collection involved 537 children, 15 Right To Play staff members and 18 parents and caregivers. Endline data collection reached 512 children, 16 parents, 12 members of Right To Play personnel and two members of the local community (the Director of the Social Development Centre under the Ministry of Social Affairs and the Director of a local organization).

2.3.1 Quantitative data collection: CYRM survey

The quantitative component of the study was composed of a child survey aiming to measure changes in resilience among participating children. The *Child and Youth Resilience Measure*, or CYRM, is a self-reported measure of resilience used by researchers and practitioners worldwide. It assesses children's level of resilience, defined as the capacity of individuals to find psychological, social, cultural and physical resources that sustain their well-being.

As requested by Right To Play, the Learning Partner selected CYRM as the tool for the quantitative data collection. This measure has been adapted for the purposes of this evaluation into versions suitable for younger children (aged 5-9 years) and older age groups/youth (10-13 years), with questions that differed slightly between different age groups⁵.

As planned, endline CYRM surveys were administered by Right To Play coaches under the supervision of enumerators contracted by the Learning Partner. Enumerators provided the

⁴ The purpose of data quality assurance, monitoring and systematization is to provide Right To Play with useful data to inform the decision-making process, i.e. data that adequately meets the standards of Validity (data clearly and adequately represent the intended result), Integrity (data have safeguards to minimize the risk of transcription error or data manipulation), Precision (data have a sufficient level of detail to permit management decision making), Reliability (data reflect consistent data collection processes and analysis methods over time), and Timeliness (data are available at a useful frequency and are current).

⁵ For more details about the process of contextualization of this tool, please refer to the *Quantitative data collection: CYRM survey* section of the *Baseline Report*. For further information about the CYRM tool, please refer to the following link: <https://cyrm.resilienceresearch.org/>

necessary technical support to coaches (such as translation, clarifications on the questionnaires, use of tablets and the re-phrasing of questions, if needed). The questionnaire was encoded into a Kobo survey providing three options (each on a three-point Likert scale) for each question. Responses were visualized as glasses of water (empty, half-full and full) to make the survey more accessible to children.

Table 2 -- Quantitative Data Collection Overview (Baseline and Endline)

Target and location			Targeted groups	# participants (Baseline)	# participants (Endline)
Quantitative data collection	CYRM survey	Children - Beirut and Mount Lebanon	5-13 years old (intervention)	121	119
			5-13 years old (control)	102	96
		Children - North	5-13 years old (intervention)	65	62
			5-13 years old (control)	45	43
		Children - South	5-13 years old (intervention)	84	77
			5-13 years old (control)	120	115
Total				537	512

The CYRM survey assessed both the individual and caregiver/relational resilience of children. The first relates to behaviours, thoughts and actions that promote personal well-being and mental health. The latter explores the characteristics associated with children's important relationships built with either a primary caregiver or another family member.

At baseline, the Learning Partner administered the survey to 537 children out of the total sample of 594 (90% sample coverage ratio)⁶ because they were unable to attend the research activities⁷. The baseline sample was still representative of different nationalities and reported an equal gender distribution⁸. At endline, the Learning Partner administered CYRM questionnaires to 512 children out of the 537 children reached in baseline data collection (95% coverage ratio of the baseline target group). The high retention rate ensured robust power for the quantitative analysis of M4E's impact.

⁶ The contextualized survey was administered to a sample of 537 children, sampled from a total population of 1302 children (with a confidence level of 99% and a margin of error of 4.28%). The sampling has been performed by COSV applying internal non-probability sampling criteria, aimed at covering the widest range of sub-groups of the targeted population. This led to a proper representation of the different nationalities, genders, and areas of intervention. For further details, please refer to the [Baseline Fieldwork Completion Report](#).

⁷ This variation was due to the absence of part of the sample population, for reasons such as sickness, children's reallocation to other areas, and logistical challenges. For further details, please refer to the [Baseline Fieldwork Completion Report](#).

⁸ For further details about the baseline sample disaggregation, please refer to [Annex 1, Sample Design](#) section.

Table 1 - Endline CYRM data collected, disaggregated by location, gender, and research groups

Locations	Endline CYRMs disaggregated by intervention vs. control and by gender			
	Intervention		Control	
	Male	Female	Male	Female
Beirut and Mount Lebanon	49	70	41	55
North	34	28	14	29
South	41	36	61	54
Total	124	134	116	138

Despite dropouts from the research activities⁹, intervention and control groups maintained an almost equal demographic distribution and composition of the disaggregation sub-categories.

Table 2 - CYRM comparison between baseline and endline

Item	# of administered CYRMs	5–9-year-old children	10–13-year-old children
Baseline	537	296	241
Endline	512	266	246

No relevant variations have been recorded in the distribution of participants (both intervention and control group) across the areas of intervention, as shown in [Table 5](#).

Table 3 – Composition of baseline and endline control and intervention groups across the areas of intervention

Area	Baseline Phase		Endline Phase	
	Control	Intervention	Control	Intervention
Beirut & Mount Lebanon	102 (45.70%)	121 (54.30%)	96 (44.65%)	119 (55.35%)
North	45 (40.90%)	65 (59.10%)	43 (40.95%)	62 (59.05%)
South	120 (58.80%)	84 (41.20%)	115 (59.90%)	77 (40.10%)

⁹ For further details on the children who dropped out, please refer to [Annex 1, Sample Design](#) section.

2.3.2 Qualitative data collection: focus group discussions, key informant interviews and music session observations

Quantitative data collection was complemented by qualitative research with a diverse set of respondents, each providing a distinct perspective on the project aims, activities and results.

As further outlined in [Table 6](#), qualitative research was carried out through focus group discussions (FGDs) and interviews with children (both from the intervention and control group), caregivers (from intervention group only), as well as Right To Play staff, coaches and partners.

Table 4 - Qualitative Data Collection Overview (Baseline and Endline)

		Target and location	Quantity	Targeted groups	# participants (Baseline)	# participants (Endline)	Notes
Qualitative data collection	Focus group discussions	Children - Beirut	4	5-9 years old	25	21	Two FGDs with intervention groups and two with control groups.
		Children - South	4	5-9 years old	22	19	Two FGDs with intervention groups and two with control groups.
		Children - North	4	10-13 years old	22	15	Two FGDs with intervention groups and two with control groups.
		Parents	3	Parents	18	16	One FGD per area with parents of children of intervention groups only.
	Key informant interviews	Right To Play program staff	1	RTP program staff	3	3	Program manager, project manager, MEAL officer.
		Right To Play program coaches	1	RTP field facilitators	3	3	One field facilitator per area.
		Right To Play staff HQ	4	Right To Play staff HQ	4	/	These interviews were conducted online by the Learn More team. They were planned only for baseline data collection.

		Partner community organizations	2	Partner organizations	/	2	Interviews were planned only for endline data collection.
	Music session observations	Right To Play program coaches	5	RTP program coaches, children participating in music sessions	1 coach ~ 13 children (each)	1 coach, 9 children (each)	Two observations for the Southern areas and Beirut, and one observation for the Northern areas.

2.3.2.1 Focus group discussions

FGDs were co-led by enumerators contracted by the Learning Partner and Right To Play field facilitators and coaches. The role of Right To Play staff (both field facilitators and coaches) was to support the enumerators to facilitate FGDs while fostering a friendlier and safer environment for participants.

Baseline FGDs with parents and caregivers of children belonging to the intervention group were aimed at collecting background information about the context where children live and exploring parents' perceptions of their children's well-being (project's relevance). In the endline evaluation, they were also crucial to assess parents' perception of the pilot's effectiveness and impact on their children.

Baseline FGDs with children (intervention and control) aimed to investigate children's perceptions of their contexts and tried to establish a baseline of the life skills targeted by the M4E project. In the endline, FGDs aimed to assess changes in children's perceptions of their context and in their life skills – including any noticeable changes between intervention and control groups.

Ahead of the endline research, important changes were made to the FGD guidelines. Based on the feedback received after the Baseline Phase, the Learning Partner and Right To Play developed a more interactive approach to the FGDs with children. This included the gamification of questions, with icebreakers and playful activities to attract children's attention. Questions were simplified and made more child-friendly to make the tool more suitable for the age group. To maintain a solid and sound methodological approach, the revised FGDs Topic Guides were co-designed by Right To Play, COSV and Learn More staff during a one-day workshop held in Beirut on November 11, 2022¹⁰. This innovative approach led to increased participation of the children interviewed as part of the evaluation.

¹⁰ For further details, please refer to section [3.2.3 Endline Data Collector Training Report](#).

2.3.2.2 Key Informant Interviews

The Learning Partner carried out in-person interviews with Right To Play staff and representatives of two partner organizations. This included Right To Play Field Facilitators, Right To Play Program Officers and two community organizations that Right To Play partnered with for the delivery of this project - namely, the Director of the Social Development Centre under the Ministry of Social Affairs and the Director of a local organization. The Learning Partner also carried out online interviews with staff members from global headquarters.

As outlined in the Evaluation and Research Framework (please refer to [Annex 5](#)), interviews with Right To Play Program Officers and Coaches aimed at assessing the pilot's Relevance and Coherence, whose baseline values were established through high-level consultations with Right To Play's headquarters personnel. Endline interviews with Right To Play's Program Officers and Field Facilitators were also crucial to assess the project's Effectiveness and Impact, while the endline involvement of partner organizations served to gather an external perspective on Coherence and Sustainability.

2.3.2.3 Music session observations

The purpose of this activity, led by Learning Partner enumerators and the Local Evaluation Coordinator, was to understand the nature, content and delivery of the music sessions. It entailed observing several elements such as the level of participation and engagement of attendees, the venue, activities delivered and coaches' ability to lead the session.

A deployment plan to carry out observations was set in coordination with Right To Play, targeting five centres (one in the Northern area, two in Beirut and two in the Southern area).

As outlined in the Technical Proposal, the Learning Partner planned to carry out up to nine music session observations for the whole evaluation. To better observe the delivery of all the relevant components of the music sessions, the Learning Partner decided to deliver a revised number of ten observations, equally distributed between baseline and endline. To provide insightful and relevant data for comparison, the endline session observations involved four of the five coaches observed at baseline. The fifth observation was with a new coach, who replaced the one observed at baseline (South area, SAMA Saida centre).

3 Findings

3.1 Relevance

This criterion aims at assessing how M4E's goals and implementation methods are aligned with participants' and stakeholders' needs. It investigates to what extent project stakeholders view the intervention as useful and valuable.

- **Socio-economic context**

M4E has proven adaptive to changing contexts, responding to the increasingly violent environment in which children live. The project has done so by helping them work together and creating a new sense of community that includes all participants without discrimination.

- **M4E design**

M4E's design proved adaptive and flexible, not only in relation to increasing violence and discrimination faced by children, but also in identifying new needs and including both Lebanese and refugee children. The strong adaptability to the context and flexibility of the M4E booklet are key to ensuring project inclusiveness for children from different contexts and backgrounds.

- **Safe spaces**

Right To Play put great emphasis on creating inclusive and safe spaces where children can express themselves freely and improve their life skills and resilience through different activities. Apart from one location whose management is out of Right To Play's sphere of intervention, all locations were found to be physically safe and friendly for children. The environment created by the coaches was adequate for participants' needs and particularly friendly for children.

- **Children's well being**

M4E proved strongly relevant to children's needs, especially in terms of safety and in addressing children's exposure to normalized violence, including in their households. While at baseline both boys and girls used to rely frequently on hitting and violent behaviours, at endline, when asked how they would behave whenever facing difficulties in their life, children spoke about more adaptive behaviours and more constructive conflict resolution strategies. The increased importance attributed by children to play with friends confirms the relevance of providing safe spaces. Caregivers' level of understanding and support grew over time: by the endline parents better understood the relevance of M4E and reported being satisfied with the pilot's results.

- **Children's relationship with caregivers**

Findings from the CYRM survey and the FGDs overall indicate positive relations of children with their parents and caregivers. However, differences between baseline and endline, control and intervention did not outline a clear enough pattern to identify and isolate a contribution of the project to the improvement of relationships with caregivers.

As per the Evaluation and Research Framework, key evaluation questions (KEQs) from one to seven aimed at evaluating the *Relevance* of the M4E project. The Learning Partner relied on

both key informant interviews with Right To Play staff and FGDs with children and caregivers to answer these questions.

3.1.1 Socio-economic Context

M4E took place in a context increasingly characterized by social and economic deterioration, strongly affecting the psychosocial well-being of both adults and children. For this reason, Right To Play developed a project focusing on offering PSS to children, building on previous experiences in this context. As confirmed by the literature, music-based activities can impact young people's and adults' physical and emotional well-being¹¹, promoting empathy and prosocial behaviour and helping participants to regulate their emotions¹². For this reason, as explained by the interviewees in the baseline assessment, music was chosen as an inclusive tool to reach all participants.

At baseline, all key informants reported a strong deterioration of social-economic conditions in Lebanon, which was precipitated by the COVID-19 pandemic. Since then, the socio-economic situation has not improved. Since 2019, the country has been affected by an economic and financial crisis ranking among the worst economic crises globally since the mid-nineteenth century. GDP per capita dropped by 36.5% between 2019 and 2021, and in July 2022 Lebanon was reclassified by the World Bank as a lower-middle-income country, down from upper-middle-income status. The economic crisis has been further exacerbated by the dual economic impact of the COVID-19 outbreak and the massive Port of Beirut explosion in August 2020.

The social impact of this crisis is very strong. More than half the country's population is already below the poverty line, and the unemployment rate has increased from 11.4% in 2018-19 to 29.6% in 2022. Lebanon has also witnessed a dramatic collapse in basic services, such as public electricity, transport and food supply¹³. It is also important to mention that Lebanon is the country hosting the highest number of refugees per capita worldwide. The Government estimates the presence of approximately 1.5 million Syrian refugees and 12,300 refugees of other nationalities¹⁴, with 90% of Syrian refugees living in extreme poverty.

¹¹ Dingle et. al., *How Do Music Activities Affect Health and Well-Being? A Scoping Review of Studies Examining Psychosocial Mechanisms*, 2021: <https://www.frontiersin.org/articles/10.3389/fpsyg.2021.713818/full>

¹² Wu & Lu, *Musical Training in the Development of Empathy and Prosocial Behaviors*, 2021: <https://www.frontiersin.org/articles/10.3389/fpsyg.2021.661769/full>

¹³ For further details please refer to the following link (last updated in November 2022): <https://www.worldbank.org/en/country/lebanon/overview>

¹⁴ For further information, please refer to the following link: <https://reporting.unhcr.org/document/3919>

As reported in the latest *Protection Monitoring Findings* by UNHCR¹⁵, the average refugee household income, including humanitarian assistance, could cover around half of the SMEB (Survival Minimum Expenditure Basket, which is the minimum amount required for these families to meet their survival needs in the country) in the fourth quarter of 2022 (October to December). This has a strong implication for refugees' basic needs, such as feeding the household, paying rent, affording essential medicine and accessing healthcare.

According to the UNHRC report, 32% of households interviewed¹⁶ reported including school-aged children not attending school, mainly due to financial hardship, while 6% of households reported having at least one child engaged in child labour.

This deteriorating socio-economic situation is affecting the psychosocial well-being and mental health of all people living in Lebanon, particularly those in conditions of economic and social vulnerability.

These challenges were confirmed by the primary research carried out as part of the evaluation. During the baseline data collection, parents included in the FGDs reported a general absence of support and aid for families, who felt alone in bearing the burden of their worsening economic and living conditions. As pointed out by Right To Play Project Officers, parents' stresses and burdens are often transferred to their children, with increasing deterioration of their psychological and behavioural well-being. As reported in the interviews with Right To Play personnel at endline, the socio-economic situation did not improve in the last few months, but has continued to worsen across the country:

"Economic conditions are not changing because the country's conditions are increasingly deteriorating. The dollar exchange rate is constantly rising. Security situation is not comfortable".
RTP Staff, Lebanon (endline data collection)

3.1.2 M4E design

According to stakeholders interviewed as part of the evaluation, M4E's design process helped ensure its relevance to local needs and priorities. As mentioned by Right To Play staff during the Baseline Phase, this pilot was designed locally by the country team to respond specifically to the target communities' needs, gathered through a needs assessment.

¹⁵ UNHCR, *Protection Monitoring Findings Lebanon – 4th Quarter 2022*,
<https://reporting.unhcr.org/document/4316>

¹⁶ A total of 6,813 refugee households were interviewed in the monitoring process.

Previous Right To Play experiences in Lebanon converged into M4E, where music was employed as a tool to foster learning through play and ultimately improve participants' resilience and life skills. As explained by a Right To Play staff member:

"The [goal of the] project is not to teach music as sounds, but to provide access to music technically [...] and teach technical music skills by playing. Each musical game was created to target a certain life skill and deliver it to children. The idea of resilience was that we strengthen children and trainers individually, teaching them many skills. [...] Unfortunately, we can't change everything, but we can give hope and confidence to people and children that they can do something despite all challenges."

RTP Staff, Lebanon (endline data collection)

This design process did not limit the flexibility of the music resource, as implementation can easily be adapted to children's and contextual needs. Namely, the resource can be used either in person or online. Further, the content can be adapted according to different social issues faced in the specific context. The technical music elements can similarly be adapted in terms of availability of materials, resources and level of difficulty. In the case of M4E, games were modified to address PSS themes more explicitly. The ability to adapt the content and modality of the intervention was crucial in responding to the needs of the specific target group reached by M4E, further increasing the relevance of the project.

"The design was continuously modified with different stakeholders. [...] It is flexible and constantly modified as needed, and starting from the pilot were made lots of recommendations about the PSS component. [For example] the booklet was modified and then subsequently applied with children."

RTP Staff, Lebanon (endline data collection)

In the baseline interviews, both parents and Lebanon staff described the context surrounding children as increasingly racist and discriminatory. As confirmed in the endline assessment, to actively respond to this issue, M4E was designed to be an inclusive project, and the adaptability and flexibility of the music resource are key to reaching this inclusiveness.

"This project has reached people residing in displacement camps, people living in cities and others living in mountainous areas and therefore it has an impact on everyone according to their needs. Trainers [come] from different and

varied environments. Thus, the trainer who resides in an environment similar to the one in which the child resides can communicate the information and transmit the content in the best way.”

RTP Staff, Lebanon (endline data collection)

The project’s flexibility and impact-oriented approach allowed field facilitators to identify further needs besides the ones already identified through the initial needs assessment carried out by Right To Play.

“There have been many cases of intervention by associations specializing in major subjects such as harassment, school violence and domestic violence. When we create trust between the child and the coach and between the child and the group, the child talks about the bad things he/she is exposed to. Through the project, these cases can be identified and transferred to competent associations for intervention. The idea is to let the child express him/herself and not prevent him/her from doing so. The project is based on supporting children.”

RTP Staff, Lebanon (endline data collection)

M4E’s inclusive design was meant to also target refugee children specifically. The vulnerability of refugees is perceived as a particularly important issue by the entire community:

“Displaced people from Syria experience a difficult and dire economic situation. [There are several problems such as] many families [living] in the same environment, marginalized child labour, marginalization of girls and boys, and they suffer from psychological problems. [These people experience] no affiliation, no security, no stability, and relationships within the family are unstable [...]. Children drop out of school from stress and difficult conditions.”

Local community organization, Lebanon (endline data collection)

In response, Right To Play emphasized reaching refugee children and targeting their specific needs through M4E activities.

“The goal was to improve the social well-being of children, especially refugee children since it would integrate them and improve their social relations. When a child plays, it is the moment when he/she is separated from the

negative reality and problems he/she is experiencing, and here we can support him/her and give him/her life skills and methods to improve his/her health. Music is a great and important tool to achieve this, by learning how to use music to unload what they suffer and disconnect from the difficult reality they live through. Refugees are more fragile than others because of the difficulties they face on a daily basis in securing their daily needs [...]. One of the most important problems they suffer is the lack of belonging and a sense of community ostracism, as one of the most important objectives of the project is to work towards the community integration of these groups into society.”
RTP Staff, Lebanon (endline data collection)

In the endline assessment, all Right To Play field facilitators confirmed the successful involvement of street children and those from refugee camps, and the ability to involve children from different contexts and nationalities.

The endline consultations confirmed the baseline results and showed that including children of all nationalities and contexts not only supported the project's inclusivity but allowed participants to become more inclusive and combat prejudice. The project was also found to provide refugee children something they strongly need: a stronger sense of belonging.

3.1.3 The concept of *safe space*

Granting children access to a *safe space* is paramount for Right to Play to reach the desired change of improving children's resilience and life skills. For this reason, the Consultancy decided to assess the relevance of M4E also through an evaluation of the emotional and physical space where the music sessions are led.

As also preliminarily revealed in the baseline evaluation, the results of the endline evaluation confirm Right To Play's commitment to creating safe spaces for children, whenever possible.

“The idea of physical security and safety should be very realistic, there are some centres that may not meet sufficient safety conditions, but children go to them anyway. [...] Some areas don't have centres, or the centre is bad, but we know that the children attend these places anyway. The challenges we face are the realistic conditions [of these contexts], and our inability to intervene with everything. [...] On the emotional level, all coaches have been trained on child safeguarding and on the way of approaching children in a proper comfortable way.”
RTP Staff, Lebanon (endline data collection)

In the Baseline Phase, the Consultancy led five music session observations. During those initial assessments, data collectors reported that most places where music sessions are led are physically safe, easily reachable by children and offer separate toilets for boys and girls. Due to physical restrictions outside of Right to Play's control, not all venues were found to be accessible for children with disabilities.

The endline assessment, which included the same five centres and four out of the five coaches who were observed at baseline¹⁷, confirmed the effort made by Right To Play to grant children access to suitable spaces while ensuring their consistent participation in the activities as much as possible. As reported in one of the observations, although weather conditions threatened to limit the activities (it started raining during one of the outdoor sessions), the coach decided to move indoors, personally ensuring that all the children reached the new location and thus avoiding the cancellation of activities.

Almost all locations were found to be physically safe and friendly for children, clean, tidy and with separate toilets. As in the baseline assessment, the only location with lower levels of safety and friendliness for children was found to be the Sama'a centre, in the southern area¹⁸. As explained above, the challenges observed are out of Right To Play's control.

As in the baseline observations, the environment created by the coaches was adequate for participants' needs and particularly friendly for children. Whenever required, children had the same access to learning materials, were all equally involved in the activities, and had the same opportunity to speak and express their opinion. This reflects the project's efforts to grant an inclusive and safe environment for all participants.

3.1.4 Children's well-being

Focus groups with children aimed at exploring M4E relevance to their needs. Discussions started with a focus on understanding how children felt in their communities, what they value and what difficulties they face in their daily life. The Learning Partner also tried to grasp how children perceived their relationship with families, parents or other caregivers, triangulating the CYRM relational resilience results with the FGD findings.

¹⁷ The fifth observation involved a new coach who substituted the one observed during the baseline data collection (South area, SAMA Saida centre).

¹⁸ As reported by the Learning Partner's enumerator leading the music session observation in this location, the centre in the Baisarieh area was a hall in the municipality that did not have toilets for children, and where potential hazards could be spotted, such as exposed screw tips, broken glass and doors, electrical wires.

To grant an easier and more child-friendly experience for participating children, endline FGDs¹⁹ focused more on the *Effectiveness* questions, while those to assess M4E relevance and coherence were made non-mandatory. It is thus important to note that, as not all the children answered the abovementioned questions, there is no complete comparability between baseline and endline answers or between endline answers from the intervention and control group.

At baseline, 6 to 9-year-old children reported that playing and having fun were the activities they liked the most (playing, basketball, football). In the endline assessment, all answers from both control and intervention children aged 6 to 9 registered an increased importance attributed to playing with friends, and girls also referred to spending time with their families. Older children from the intervention group mentioned spending time with their friends, as well. This confirms how relevant it is, in this context, to offer children a safe space where to spend time together.

In addition, at endline, both boys and girls from the intervention group mentioned the centre and the activities carried out there as things they particularly like in their daily life.

Unlike in the baseline evaluation, where only girls reported appreciating activities such as studying, learning and going to school, in the endline evaluation there were no gender patterns in children's preferences for school activities.

At baseline, duties and housework were elements that children did not like, regardless of their age and gender. Younger children referred mostly to housework, while older participants often spoke about family dynamics. At endline, housework activities were reported by boys and girls of all ages, with no distinction between intervention and control groups. Girls from the intervention group also mentioned more complex issues (loneliness, safety issues in the camp) showing an increased self-awareness and deeper understanding of the surrounding environment (please refer to [Annex 6, Table 6](#) for further details).

When asked about the challenges they face, at baseline, children aged 10-13, in particular girls, described difficulties related to social and relational situations. Girls from the northern region often described negative behaviours like bullying and gossiping. In the endline, girls from the intervention group explicitly mentioned safety issues in the camp. Unfortunately, they were not able to provide further details about their perceptions on this.

As underlined in the baseline assessment, violence seems to surround children in their daily life, as many of them often described resorting to violence as a common, normalized, and socially

¹⁹ Please refer to the [2.2.2.1 Focus group discussions](#) section for further details.

acceptable way of dispute settlement with peers. Children from both Beirut and northern areas seemed to be more often in contact with violent surroundings. They showed great familiarity with weapons and referred to episodes within their families that show how possessing and using weapons is normalized behaviour.

In the endline assessment, when asked how they would behave whenever facing difficult things in their life, older children from the intervention group showed relevant improvements²⁰. As shown in *Annex 6, Table 7*, while both boys and girls reported relying frequently on hitting and violent behaviours at baseline, in the endline assessment they revealed more adaptive behaviours and more constructive conflict resolution strategies to deal with difficulties and situations generating discomfort. This trend can be observed more in detail in the *Effectiveness* section.

In the baseline assessment, parents spoke about being worried not only about the increasing violence and discrimination in the country, but also about securing their children's economic stability and education. Parents from the southern region also added that “*children need to feel safe and stable*”.

Right To Play staff reported that it is normal for parents to be more concerned with immediate economic needs rather than their children's psychosocial support and life skills needs. According to them, caregivers' level of engagement was expected to grow over time, thanks to their children's participation in the M4E project. This was confirmed at endline, when parents better understood the relevance of M4E and reported being satisfied with the pilot's results.

“There's nothing that we didn't like, it is enough that they (children) did something they like and burn their energies. Physical and psychological relief for us and our children is more than enough. [...] I deal better with my children after applying at home some rules based on the activities they learned [in the M4E project]. We loved the positive change we found in our children, the safe place and the activities offered to them.”
Parents, Beirut (endline data collection)

“Some of the M4E's goals we observed are to break the child's fear barrier, strengthen his/her personality, unload psychological pressure and discover children's talents by participating in these activities.”
Parents, South area (Endline Data Collection)

²⁰ Please note that, as older children were able to pay attention for a longer time, they were asked a few more questions or details.

3.1.5 Children's relationships with caregivers

To understand children's family environment and whether it supports their psychosocial well-being, the evaluation also aimed to assess participants' perceptions of their relations with families and caregivers. Similarly to questions on children's wellbeing, FGD questions on the participants' relationships with their caregivers were made non-mandatory to ensure a more child-friendly experience in the new format of the focus group discussions. It is thus relevant to note that, as not all the children answered the questions mentioned above, there is no complete comparability between baseline and endline answers.

All children involved in the baseline FGDs described feeling heard by their families, but often decided whether to speak to their parents depending on how busy they were, or the relevance of the topic. This perception was equally reported by younger and older children, with no difference according to gender. Endline data confirms this trend, as most respondents felt that their families listened to them, but that they occasionally do not pay attention to them or satisfy their requests due to more urgent concerns (please refer to [Annex 6, Table 8](#) for further details).

To complement the CYRM results about children's relational resilience (please refer to the [Children's resilience](#) section), the Learning Partner compared the CYRM answers of the FGD participants to their responses in the discussions, so as to triangulate the quantitative and qualitative data. The baseline triangulation showed that children's answers to the CYRM were not as nuanced as those in the FGDs: almost all children reported in the survey that they speak to their parents and that their caregivers know where they are and what they do. The same approach was followed for the endline assessment. As confirmed in the [Effectiveness](#) sections, children's answers remained positive, showing high levels of caregiver resilience. Nevertheless, a few changes can be observed in some groups.

More specifically, in the intervention group from Beirut, all children gave more nuanced answers²¹ to item six (*"If I am hungry, there is enough to eat"*), and girls did the same for answer five (*"My parents/caregivers know a lot about me"*). Boys from the intervention group in Southern areas gave more nuanced answers to item eight (*"I talk to my family about how I feel"*). No relevant changes were observed among the intervention children from the Northern areas.

²¹ Please consider that with the expression "more nuanced" we mean that, compared to baseline, where children mainly answered "yes" to these questions, in the endline children more frequently opted for "sometimes" or "no". However, since we are analyzing the CYRM answers of the FGDs participants, which consisted of only about 5 children each, a detailed statistical analysis of the variations is not appropriate.

As for the control group, boys from the Beirut area showed slight improvements in items eight and 11 (*“My family cares about me when times are hard”*), while boys and girls from the Southern locations showed more nuanced answers respectively in items 11 (boys) and five and six (girls). Children from the northern areas showed opposite changes in item eight: while boys showed some improvements, girls gave more nuanced answers.

It is therefore not possible to identify clear patterns in answers given by children in relation to their relationship with their caregiver. Differences among baseline and endline, control and intervention are too small to identify and isolate a clear contribution of the project to the improvement of relationships with caregivers.

This conclusion confirms the methodological constraints of the quantitative data collection tool, as outlined in section 4. *Limitations* in *Annex 1*. It may also point to the need for targeted activities on this topic, involving parents and caregivers directly.

3.2 Coherence

- **Internal Coherence**

M4E lies within the new PSS strand developed by Right To Play and builds on the organization’s long-standing experience in the Lebanese context. All the different iterations of the Music project (Music for Development, Music for Social Change, and Music for Emergencies) were developed through lesson learning from previous implementations. The Building Back Better Program supported by the LEGO Foundations offers the opportunity to collect more solid evidence for a structured scaling-up process of the M4E pilot, thus allowing Right To Play to further strengthen its internal coherence in future programming.

- **External Coherence**

M4E is not the only project focusing on PSS in the participating communities, but it stands out for its unique approach based on a play-based use of music to improve children’s resilience and life skills. Moreover, different stakeholders appreciate its comprehensive approach that involves both children and parents. This uniqueness is perceived by interviewees as the element that ensures there is no duplication or overlapping with other interventions.

This criterion aims at assessing the compatibility of M4E with other interventions in Lebanon and in this sector. It evaluates both *internal coherence* (the analysis of synergies and interlinkages between M4E and other interventions carried out by Right To Play) and *external coherence* (the study of the consistency of the intervention with other actors’ interventions in the same context).

As per the Evaluation and Research Framework, the KEQs from 8 to 11 aim at evaluating the *Coherence* of the M4E project. Both key informant interviews and focus group discussions were used to assess this criterion.

3.2.1 Internal coherence

As outlined in the *Project Background* section, Right To Play has 20 years of experience in developing play-based activities to support children's learning and development. The organization has also recently developed a strand of projects focusing on PSS for children.

As detailed by one of the baseline interviewees, in the last ten years, Right To Play focused primarily on developing play-based resources and materials to support social cohesion programs around the globe.

Although these programs focused mainly on supporting vulnerable children and creating positive relationships between refugees and host communities, stakeholders reported an increased psychosocial well-being among targeted children.

From this unexpected positive spillover arose Right To Play's interest in designing PSS programs. Their development required not only a more holistic and theoretical approach to well-being project design, but also stronger evidence to assess program effectiveness.

Within this strand of PSS projects is M4E, developed from the previous music-based interventions led in Lebanon (Music for Development and Music for Social Change), and supported by the Building Back Better program.

Evidence on the effectiveness of these previous iterations, although not robust, was encouraging. All pilots have shown some promising (though largely anecdotal) signs of effectiveness. For this reason, as seen also in the high-level key informant interviews led at baseline, generating more evidence about the changes in children's resilience and life skills as a result of these interventions is a crucial aspect of the evaluation. The Building Back Better program allowed Right To Play not only to improve and scale up the activities designed in the previous music interventions, but also to answer an internal need to gather solid evidence on the project's signs of impact.

In this sense, the need to collect data and evaluate the effectiveness of Right To Play's interventions emerged as an essential for internal growth, rather than a demand for external accountability. The LEGO Foundation is thus perceived as a collaborative donor that is supporting Right To Play in the realization of this learning journey.

As outlined in the endline assessment interviews, Right To Play will build on the results outlined in the M4E evaluation to scale and expand this pilot.

"This year, [with the M4E pilot] we started working in Tripoli region for the first time, and this was a prelude to the idea of expansion that already exists, and based on the results of this assessment, the decision will be to expand

further.”

RTP Staff, Lebanon (endline data collection)

This shows how this pilot has a strong internal coherence: the M4E lies within the new PSS strand developed by Right To Play and builds on a strong experience in the Lebanese context. All the different iterations of the Music project (Music for Development, Music for Social Change, and Music for Emergencies) were developed from the learnings of the previous implementations.

The Building Back Better Program supported by the LEGO Foundations offers the opportunity to collect more solid evidence for a structured scaling-up process of this pilot, thus allowing Right To Play to further strengthen its internal coherence in future programming.

3.2.2 External coherence

This sub-section summarizes findings on the consistency of M4E with interventions led by other actors (both governmental and not institutional) in the same context. This includes complementarity, harmonization and coordination with others and the extent to which the intervention is adding value while avoiding duplication of effort.

Right To Play, through the M4E project, among other projects, is interacting both with the Ministry of Social Affairs and with the Lebanon Crisis Response Plan, a group of 126 partner organizations built to assist more than 3.2 million crisis-affected people living in the country²².

In Lebanon, there seems to be a high offer of various leisure activities for children. As explained during the baseline FGDs by all the older participants from the northern areas, they attend different projects and activities both inside and outside the centres, ranging from sports (swimming, football, basketball) to English courses. Only girls from the northern areas, however, reported participating in other psychosocial support programs.

As reported in the endline assessment by representatives of local community organizations, other projects are offering PSS to children, but they lack the playful and child-friendly approach that characterizes M4E, as well as its unique features:

“[The unique features of the M4E project are] dealing with children following a psychological, pedagogical, and educational approach at the same time, and securing a safe and specialized space. [All this is achieved] through music and the

²² For further information, please refer to the following link: <https://lebanon.un.org/en/172232-2022-lebanon-crisis-response-plan-lcrp>

invention of musical instruments.”

Local community organization, Lebanon (endline data collection)

The play-based strategy through music is recognized by different stakeholders as the distinctive element of M4E.

In the baseline assessment, the method of using music to offer children PSS was recognized by all Right To Play staff members as the key element of the uniqueness of this project. It was perceived as a powerful and adaptive tool to reach all participants and support both individuals and the broader community.

Moreover, thanks to music, whenever there was interaction with other actors in the target context, this was not perceived as competitive but as complementary. This is because all other stakeholders lead activities that do not overlap with, but rather complement and strengthen M4E results. This was confirmed in the endline evaluation:

“There are many projects in Lebanon because all projects complement each other. There is no competing project. There are some projects that have activities with children only but not with parents. Other projects, on the contrary, offer activities and programs to parents without [involving] children, but this project has completed the chain and offered activities with both parents and children.”

RTP Field Staff, Lebanon (endline data collection)

It was also reported that another key element of M4E’s uniqueness is its comprehensive approach, directly involving children in the activities while communicating with their parents. The importance of this feature is recognized not only by Right To Play personnel, but also by members of the local community:

“[One of the unique features of the M4E pilot is that it tries to] communicate with parents in order to follow their children based on their individual needs.”

Local community organization, Lebanon (endline data collection)

As highlighted by all interviewees, M4E shows a high level of external coherence: Right To Play is actively partnering with the Ministry of Social Affairs and other organizations to answer the needs of children in Lebanon.

The project’s playful and music-based pedagogical approach to PSS, together with its holistic perspective including both children and parents, are unique features ensuring that M4E does not overlap with, but rather complements, other projects in the target locations.

3.3 Effectiveness

- Coaches’ abilities to lead the M4E

All the field facilitators interviewed reported having improved different abilities, including life skills, such as positive and active communication and adaptability, as well as their musical skills. This allowed them to effectively cascade training to coaches. The endline music session observations confirmed the strong preparation of coaches, who showed abilities to lead interactive sessions and manage groups of children.

- **Children's regular attendance to the M4E project**

Children's perception of the space

All children involved in the M4E project also reported taking part in other activities in the centre. This may help to explain why there are no striking differences in all the life skills targeted by the M4E project between control and intervention groups. All children reported enjoying project activities and hoped to continue being part of the M4E project. Older children from the northern areas mentioned their relationship with the coaches as being particularly important.

The creation of an inclusive space

During music session observations coaches did not show any bias based on gender, nationality, or disability, and they also tried to actively challenge stereotypes, fostering positive and inclusive behaviours among children.

Parents' emphasis on regular attendance

All parents included in FGD discussions showed a deep understanding of the importance of constant attendance to project activities, except for caregivers in the Ashbal Beddaoui camp, who worried that their children could learn values that are contrary to religion and social customs. Parents' cautiousness in allowing their children to participate in M4E activities confirms how important it is for Right To Play to regularly engage with caregivers.

- **Children's improvements in resilience and life skills**

Children's resilience

All children showed high levels of personal and relational resilience at both baseline and endline. No significant changes were seen in CYRM survey responses over time, nor between the intervention and control groups. This could be due to several factors, including exposure of children to other projects with the same goal, desirability bias among the respondents, and deciding to use a narrow CYRM answer scale due to participants' age. This may indicate that CYRM may not be the best tool to measure resilience, but also that the focus of the project may be more on life skills rather than resilience.

Children's life skills

interesting trends emerged from qualitative research. At endline, it was found that, when it comes to **respect and communication**, boys tended to resort to physical violence more often than girls, both in the intervention and in the control group. Intervention girls specifically mentioned harassment, showing a greater ability to identify gender-relevant issues compared to their peers in the control group. In Beirut, girls in the intervention group exhibited more visible improvements in their communication skills compared to the control group. Parents of intervention children from Beirut also reported improvements in children's communication skills.

As for **Respecting the speaking turn and listening to each other**, while most of the children had already demonstrated good listening and turn-taking skills at baseline, boys and girls in the Beirut intervention group struggled to communicate effectively in a group setting. At endline, no management problems were reported in Beirut, and the children themselves suggested implementing rules to respect each other's turns to speak. This suggests that the project was successful in improving communication skills among children who initially faced difficulties in managing group communication.

The endline assessment unveiled greater improvements in **self-expression skills** of the intervention group compared to the control group. Parent confirmed their children's increased abilities in effectively expressing

themselves, their opinion, and emotions. These findings suggest that the M4E project has been effective in improving children's self-expression ability and helped them develop better emotional management skills.

Although no relevant differences were observed in children between in intervention and control groups, gender-related patterns emerged both in the baseline and endline evaluation in relation to **self-confidence**. Intervention children, particularly those from Beirut, demonstrated greater progress compared to their peers. When asked how the M4E project helped their children face the difficulties of their communities, all parents involved in the focus group discussions mentioned self-confidence. All caregivers described their children as less shy and more able to express their needs and recognize and defend their rights.

Intervention group children showed observable improvements in **managing emotions**, in particular children from Beirut. During the baseline FGDs, boys from this area described physical and verbal violence as normal communication tools and beating others as a common way of settling disputes. At endline, participants displayed non-violent strategies to manage anger, and the only violent reaction reported was hitting a wall. Girls, too, showed improvements: at endline none of them reported violent behaviour. Field facilitators observed how children's increased ability to manage emotions is connected to their improved ability in recognising their feelings and emotions.

- **Unexpected positive spillover**

In the endline assessment, parents of children belonging to the intervention group mentioned having observed improvement in some of their children's life skills that were not directly targeted during the activities. Parents from Beirut reported that after participating in M4E, their children were more able to efficiently organize their time and define priorities.

By effectiveness, we mean the extent to which M4E achieved its objectives and results, including differential results across target groups.

According to the Evaluation and Research Framework, KEQs from 12 to 25 aimed at exploring the *Effectiveness* of the M4E project. Both quantitative (CYRM) and qualitative tools (KIs, FGDs and music session observations) were used to assess this criterion.

As outlined in the Logic Model (please refer to [Annex 3](#)) and in the first Theory of Change, M4E's expected outcome is to improve resilience and life skills among children who participate in this music-based intervention.

To reach this goal, Right To Play identified three different outputs:

1. Improve the coaches' capacities to lead M4E sessions.
2. Foster children's regular attendance in M4E project activities.
3. Engage parents and communities to develop children's resilience and life skills.

According to the first Theory of Change visualization, the first output can be achieved by offering coaches appropriate training, together with ongoing psychosocial support sessions and mentoring.

To foster children's regular attendance, Right To Play focuses on the creation of a safe space, defined as being both physically accessible and inclusive.

As outlined in the assumptions of the Theory of Change, parents have limited knowledge of the psychosocial needs of children, and whenever there is awareness of these, they are not a priority. To reach the third output and improve families' support, Right To Play aims at involving parents in the project, effectively communicating the aims and contents of M4E.

Please note that the following section reflects the logical order of the expected outputs. It is structured as follows:

3.3.1 Coaches' abilities to lead the M4E sessions
3.3.2 Children's regular attendance to the M4E project
- Children's perception of the space - The creation of an inclusive space - Parents' emphasis on regular attendance
3.3.3 Children's improvements in resilience and life skills
Children's resilience
<i>Answers on the CYRM items</i> <i>Resilience levels</i> <i>Triangulation with qualitative findings</i>
Children's life skills
<i>Respect and communication</i> <i>Respecting the speaking turn and listening to each other</i> <i>Teamwork</i> <i>Critical thinking, problem-solving (CTPS) and creativity</i> <i>Self-expression</i> <i>Self-confidence</i> <i>Managing emotions</i>
Unexpected positive spillover
3.3.4 Parents' engagement

3.3.1 Coaches' abilities to lead the M4E sessions

As detailed in the first Theory of Change visualization, the first step needed to reach the final desired change is that "coaches working with children are properly trained". KEQ 14, 15 and 16 focused on assessing this feature of the program.

Both at baseline and endline, the evaluation included key informant interviews (KIIs) with field facilitators. Their main role in the M4E implementation is to train the coaches and to directly supervise them in their activities with children.

From the interviews it emerged that the M4E content was easily adjustable to suit the pandemic context and the needs of a younger age group of participants (from 6 to 10 years old).

The training provided was deemed helpful to allow field facilitators to feel more confident in their ability to cascade the training to the coaches. This increased confidence was confirmed in the endline assessment: as in the baseline interviews, all three interviewees reported feeling adequately supported in their training and learning journey, thanks to various opportunities provided by Right To Play to improve their work and self-confidence.

“After the training, we were able to modify the booklet ourselves through our experience in the area on the ground. This helped us [learning] how to take these exercises and how to [do] them and be more technical and appropriate. The training makes us fully ready in the event of any unpredictable event on the ground so as to be fully ready when any response is [needed]. Because of the constant positive support, experiences, listening to us and allowing us to give our opinion and considering our feedback, this has made us able to be leaders on the ground and able to convey the methodology of Right To Play to others. There's nothing more useful.”

RTP Staff, Lebanon (Endline Data Collection)

In the endline interviews, respondents confirmed feeling well prepared to train the coaches who led the music sessions.

The baseline music session observations confirmed the effectiveness of training for both field facilitators and coaches: all five coaches observed were able to manage the learning setting, organize and manage activities with participants, give clear instructions to children, foster positive group dynamics, capture, and maintain children's attention, listen to children and modify activities according to their needs.

The endline music session observations, led with four of the five coaches observed at baseline, confirmed the preparation of coaches, who showed even better abilities to lead interactive sessions and manage their groups.

Another crucial element in achieving the desired change is to improve the life skills of the field facilitators themselves. For this reason, the evaluation includes an assessment of whether the training and learning journey they undertook made field facilitators perceive an improvement in their life skills.

Both at baseline and endline all the field facilitators interviewed reported having improved different abilities: not only life skills, such as positive and active communication and adaptability, but also musical skills.

“Four years ago, I didn't think I would [have the necessary skills to] work in a diverse team because of our education in schools that focused on standard lesson methodology and memorization and did not care about life skills.”

RTP Staff, Lebanon (endline data collection)

3.3.2 Children's regular attendance to the M4E project

As outlined in the Logic Model (please refer to [Annex 3](#)), Right To Play's expected outcomes can be reached by fostering children's regular attendance to M4E project activities. To achieve this, the spaces where the music sessions are led must be safe, inclusive and welcoming.

3.3.2.1 Children's perception of the space

Granting children access to a safe space not only allows the project to reach its desired change but is also a condition that enables children's learning. The evaluation therefore includes an assessment of children's perception of the space.

At baseline, all children from both the intervention and control groups reported that they loved spending time in the centre, where they can play and have fun, study and see their friends. They had already taken part in several activities led by other organizations: the preferred ones were playing sports, such as football or swimming, while the activity *One thousand and one nights*, led by another organization, was often mentioned by children from the northern areas.

The fact that **all children involved in the M4E project also took part in other activities in the centre may help to explain why no striking differences were observed in all the life skills** targeted by the M4E project between children from the control and intervention group (for further details, please refer to section [4.1.1 Conclusions](#)).

Asked why they love spending time in the centre, older boys from the northern region mentioned firstly the strong relationship they had with their coaches, implying they were already familiar with them from previous activities.

In the endline assessment, children from the intervention group were asked which activities they liked about the M4E project. Almost all younger children from Beirut and the South area mentioned the activities around rhythm and beats, while playing musical instruments and learning melodies emerged as the second most preferred activities. Singing was mentioned twice by boys and girls as an activity they did not like.

All children enjoyed the activities and hoped to continue the M4E project.

As in the baseline evaluation, older children from the northern areas mentioned their relationship with the coaches as particularly important. Both boys and girls liked the activities with musical instruments, but boys reported also to preferring sport-related activities. Girls referred to encouraging friends and siblings to participate in the project and revealed that they were not comfortable with having activities that also include boys.

Both boys' preference for more dynamic activities and girls' discomfort with activities including boys were reported by parents as well, as detailed in the [3.3.2.3 Parent's emphasis on regular attendance](#) section.

3.3.2.2 The creation of an inclusive space

As outlined in the Logic Model (please refer to [Annex 3](#)), the creation of inclusive spaces and activities is crucial to reach the second output of M4E, which is fostering children's regular attendance to M4E sessions.

As detailed in the baseline assessment, all project activities were designed to be inclusive for participants, with no distinction based on age, gender or nationality. Inclusivity is actively promoted during the music activities.

"We encourage the presence of boys and girls in the same class to break this stigma of boys alone and girls alone. During games, we divide them into mixed groups to promote partnership between them and make them understand that a boy's role is the same as a girl's role. In case people with special needs are among the participants, we modify the games based on the needs to include them and give them a role to promote the team spirit."

RTP Staff, Lebanon (endline data collection)

During music session observations, coaches did not show any bias based on gender, nationality, or disability, and they also tried to actively challenge stereotypes fostering positive and inclusive behaviours among children.

3.3.2.3 Parents' emphasis on regular attendance

Identified as relevant stakeholders in M4E, caregivers can enable children's regular attendance to the project, allowing them to participate in the activities and bringing them to the centres.

For this reason, the evaluation aimed to assess whether parents of children from the intervention group attributed importance to their children's regular attendance.

At baseline, all parents believed that regular attendance to all the centre's activities was important, although caregivers from the southern region would have preferred more activities

to take place during summer or winter holidays when children have more free time. At endline, all parents included in FGDs showed a deeper understanding of the importance of constant attendance specifically to the M4E project.

“Continuity is necessary to solidify values, know musical instruments and entertain children. Music is a weird thing for us, and we loved it. Because of the positive [effects] we have witnessed, we will make an effort to keep our children in this project and their commitment to it.”

Parents, Beirut (endline data collection)

“Yes, [we think it is important that] children are constantly attending the activities and always come on schedule when the meeting date [is planned] because it is sacred to them. In our view, regular presence is important so that children benefit more and more sustainably.”

Parents, South area (endline data collection)

Despite this, some barriers to attendance remained. Both at baseline and endline, parents referred to logistical obstacles limiting children’s attendance, such as transportation costs, difficulties in reaching the centre or inability to bring their children due to other commitments. In addition, endline data collection showed that parents from both northern and southern areas would prefer leisure activities for children during the summer, when there is no school. However, it has not been possible to date to triangulate this insight with attendance data collected as part of project monitoring efforts.

As for the content of the M4E activities, the only caregivers who in the endline evaluation expressed high concerns were those from the Ashbal Beddaoui camp, in the Northern area. They reported that their children were not immediately interested in the music activities, preferring more active games, such as basketball. This same preference was shared by elder boys from the same area. Although out of Right To Play’s control, they also shared that some children were not comfortable with the location in which the music sessions were held, as it was noisy and not appealing for children. They also expressed concerns about the religious and social appropriateness of the activities included in M4E. Research suggested that caregivers in the Ashbal Beddaoui camp may not have a strong awareness of the importance of participating in these kinds of activities, and that some parents refrained from sending their children as they worried they could learn values that are contrary to religious and social customs.

"For us, we have always encouraged our children to participate in these activities if it is a girl or a boy but within limits"

Parents, North area (endline data collection)

"I asked about the purpose of activities before sending my children, especially if this program contains homosexuality topics, and when I realized that there was no conflict with our values, we no longer had any objection to their participation."

Parents, North area (endline data collection)

Parents' cautiousness in allowing their children to participate in M4E activities confirms the importance for Right To Play to constantly engage with caregivers. This is not only important to improve their understanding of the project, but also to make sure children can continue to strengthen their life skills outside the music sessions.

3.3.3 Children's improvements in resilience and life skills

The effectiveness of music in improving children's life skills and resilience is a key assumption of M4E. This assumption is grounded theoretically in Right To Play's learning-through-play approach; and operationalized through a careful selection of activities designed to improve children's life skills and well-being, grounded in solid pedagogical research. As reported in the baseline interviews involving headquarter personnel, M4E builds on the strong experience of Right To Play in play-based learning approaches, adapting it to the specific Lebanese context, thanks to a strong collaboration between the local and global teams (as detailed in the *Relevance* section).

"The core of all our psychosocial well-being programs goes back to the initial thinking and Theory of Change, and the literature that supports this work is that play enables children to build life skills and these life skills then enable children to feel a sense of well-being. And to be able in what we have done, year after year is to try from a pedagogical perspective and make sure that each of these activities is aligned to a particular specific life skill. So, it's not just a random selection of activities and then you just play. It is identifying these activities that contribute to specific life skills which have been mapped. So, we went back to the literature to say which are the key life skills for children to feel well-being, and [the projects] are based on that. Then we started mapping out the activities that would align with it."

RTP Headquarter Staff (baseline data collection)

As shown in the baseline assessment, Right To Play staff members strongly believe in the effectiveness of music as a learning tool. Field facilitators experience daily how music can be both entertaining and effective, allowing children to improve their life skills while having fun.

To design the M4E curriculum, Right To Play identified the most relevant life skills for children and then created activities targeting those skills through its pedagogical and play-based approach, whose effectiveness is another key assumption of this project.

The next sections illustrate endline findings on children's life skills from quantitative (CYRM survey) and qualitative (FGDs with children and caregivers, interviews with Right To Play personnel) data collection.

3.3.3.1 Children's resilience

As requested by Right To Play, the evaluation applied the Child and Youth Resilience Measure (CYRM) for quantitative data collection. CYRM assesses children's levels of personal and caregiver or relational resilience, defined as the capacity of individuals to find psychological, social, cultural and physical resources that sustain their well-being.

Personal resilience relates to behaviours, thoughts and actions that promote personal well-being and mental health. Relational resilience explores the characteristics associated with the important relationships shared with either a primary caregiver, a partner, or family.

At baseline, CYRM was administered to 537 children, of which 270 were from the intervention group and 267 from the control group. At endline, the same survey was administered to 512 children across the targeted areas of intervention, showing a dropout rate of 4.65% (25 children) compared to baseline. The responses of children who dropped out of the study were discarded from the baseline-endline comparison. Despite this, the total number of children who participated in endline data collection supports a sufficiently powered quantitative analysis.

As detailed in the section [2.3 Data Collection](#), the questionnaire was encoded as a Kobo survey where the three-point Likert scale (response options: "no", "sometimes" and "yes") for each question was visualized as glasses of water (empty, half-full, and full) to make it more understandable to children.

Answers to the CYRM items

As outlined in section [4. Limitations](#) in [Annex 1](#), findings from the analysis of CYRM subscales should be treated with caution.

Although opting for a three-point Likert scale improved children's understanding of the answer options, it reduced the possibility to collect more nuanced answers. Also, children's social desirability bias may have contributed to the high levels of resilience observed in baseline data.

These limitations had an impact on the ability to draw strong conclusions from the analysis of baseline and endline data.

To assess the effectiveness of the M4E program, the Learning Partner focused on changes in the response frequencies of different CYRM items. The analysis also looked at average changes in personal and caregiver or relational resilience scores between the intervention and the control group over time (at baseline and endline) using differences-in-differences analysis (please refer to the *Resilience levels* sub-section below for further details).

In the **baseline assessment**, the 17 CYRM items received overall high levels of endorsement.

To calculate children's total scores, three points were assigned for a "yes" answer (a full glass); two points for "sometimes" (a half-full glass); and one point for no (an empty glass).

The frequency of item responses as well as the average scale scores indicated overall high levels of personal and caregiver/relational resilience. However, some trends were observed around specific domains. Among 5 to 9-year-olds, items belonging to the "personal resilience" domain showed more variability compared to other items. One example is item 12, relating to perceived support from friends during personal challenges. Here, 13.53% of 5 to 9-year-olds answered "no", and 18.42% answered "sometimes". Similar trends were observed among 10 to 13-year-olds. Another noticeable example was item 8 (*"I talk to my family/caregiver(s) about how I feel (for example when I am hurt or sad)"*), with 15.45% of 10 to 13-year-olds answering "no" and 24.39% answering "sometimes".

At **endline**, the analysis focused on changes in response frequencies to different items compared to baseline. Endline results showed some changes in specific items at endline, suggesting that children in the intervention group showed improvements in some areas of personal resilience.

For 5 to 9-year-old children in the intervention group, the results showed that four CYRM items (2, 3, 9, and 16; all measuring personal resilience) had seen an increase in "yes" responses at endline. The largest increase was observed for item 2: *"I would be interested in learning how to read and write."* Specifically, there was a 16.7% increase in the intervention group compared to a 3% increase in the control group. For 10 to 13-year-old children, four CYRM items (2, 3, 7, and 12; all measuring personal resilience) saw a higher number of "yes" responses compared to baseline. The largest increase was found for item 7: *"People like to spend time with me."* In the intervention group, about 16% more children answered "yes" in response to this item at the endline, compared to a decrease of 4.8% among children in the control group.

To better understand if these changes were due to the intervention and to assess statistical significance, a difference-in-difference analysis compared the endline-to-baseline differences between children in the intervention and the control group.

For 5 to 9-year-olds, statistically significant results were found for CYRM items 1, 3, and 10 (please refer to [Table 13](#) for further details). All these items measure personal resilience.

One item indicates an improvement in the intervention group, compared to control. For item 3 (*“Do you know how to behave/act in different situations (such as home, centre, neighbourhood, mini market)?”*), a decrease in “yes” answers was observed among children in the control group (-10.4%) compared to an increase for children in the intervention group (+4.5%).

The other two statistically significant items saw the opposite trend. For item 1 (*“Do you share with people around you?”*), there was an increase in “yes” answers from baseline to endline among children in the control group (+7.9%), whereas a decrease was observed among children in the intervention group (-7.6%). Regarding item 10 (*“Do you feel you fit in with other children?”*), an increase in “yes” answers was observed among children in the control group (+3%) whereas a decrease of 11.3% was observed among children in the intervention group.

Table 5 - Statistically significant results in CYRM items for 5-9 age children

		Control group (Baseline % / Endline %)							Intervention group (Baseline % / Endline %)							Difference- in- Differences
Item #	Sub-scale	No		Sometimes		Yes		Differen- ce*	No		Sometimes		Yes		Differen- ce*	
		B	E	B	E	B	E		B	E	B	E	B	E		
1	PER	Do you share with people around you?														
		10.4%	4.9%	12.8%	6.1%	76.2%	84.1%	7.9%	7.6%	6.3%	5.3%	9.8%	87.1%	79.5%	-7.6%	15.5%
3	PER	Do you know how to behave/act in different situations (such as home, centre, neighborhood, mini market)?														
		6.7%	9.8%	12.8%	16.5%	79.9%	69.5%	-10.4%	11.4%	8.3%	15.9%	10.6%	72%	76.5%	4.5%	14.9%
10	PER	Do you feel you fit in with other children?														
		12.2%	8.5%	14%	10.4%	73.2%	76.2%	3%	13.6%	21.2%	9.1%	9.1%	76.5%	65.2%	-11.3%	14.3

* Endline – baseline (“yes” responses)

For 10 to 13-year-old children, only one item revealed significant difference-in-differences. Specifically, regarding item 7 (“People like to spend time with me”), children in the intervention group, on average, reported an increase of 16% in “yes” answers compared to a decrease (-4.8%) in the control group.

Table 6 - Statistically significant results in CYRM items for 10-13 age children

		Control group							Intervention group							Difference- in- Differences
Item #	Sub-scale	No		Sometimes		Yes		Difference*	No		Sometimes		Yes		Difference*	
		B	E	B	E	B	E		B	E	B	E	B	E		
7	PER	People like to spend time with me														
		4.9%	3.9%	28.2%	27.2%	66%	61.2%	-4.8%	5.1%	0.7%	23.2%	7.2%	71.7%	87.7%	16%	20.8%

* Endline – baseline (“yes” responses)

Resilience levels

Regarding demographic differences in baseline resilience scores, the analysis found that that age was not significantly correlated with resilience scores in either the 5-9 or the 10-13 group.

Among 5 to 9-year-old children, girls scored significantly higher on caregiver/relational resilience compared to boys, while among 10 to 13-year-old children, boys scored significantly higher on personal resilience compared to girls.

Among 5 to 9-year-olds, there were no statistically significant differences in children's resilience scores based on the area of residence. Among 10 to 13-year-olds, children in the South of Lebanon scored significantly higher on caregiver/relational resilience compared to children from Beirut and Mount Lebanon.

We could not infer any causal relationship from these baseline results due to the following potential confounding factors²³:

- Heterogeneity in the distribution of children in control and intervention groups across locations: for instance, in the South of Lebanon children were overrepresented in the control group compared to children in other locations.
- Heterogeneity in the age distribution of children across locations: in the South, there were significantly more 5 to 9-year-olds (62.3% of the total sample of 204 children from the South) compared to the other locations.
- Heterogeneity in the distribution of nationalities across locations: most Lebanese children in this study resided in the south (106 out of the total of 197 Lebanese children). In contrast, most Syrian children (133 out of 158 total) resided in Beirut and Mount Lebanon.

In the baseline assessment, there were no statistically significant differences in CYRM personal resilience scores between children in the intervention and the control group. However, among 10 to 13-year-olds, children in the control group scored significantly lower on caregiver/relational resilience at baseline compared to children in the intervention group (medium effect size).

To compare baseline and endline results, the team analyzed mean changes in personal and caregiver/relational resilience scores from baseline to endline. For this purpose, a series of

²³ In research that investigates a potential cause-and-effect relationship, a confounding factor is an unmeasured third variable that influences both the supposed cause and the supposed effect. It is important to consider potential confounding factors and account for them in research design to ensure the results are valid. If left unchecked, confounding factors can introduce many research biases causing misinterpretation of results.

repeated-measures analysis of variance (ANOVA²⁴) was conducted by age group (5 to 9-year-olds and 10 to 13-year-olds) and disaggregated by sex, area of residence and nationality (Lebanese, Palestinian, and Syrian). The focus of this analysis is to gauge the difference in mean changes in resilience scores from baseline to endline between children in the intervention group and the control group (known as time-by-group interaction).

For 5 to 9-year-olds, the results showed one statistically significant difference in changes in personal resilience scores from baseline to endline ($p = .044$). Specifically, for Syrian 5 to 9-year-old children, on average, children in the intervention group slightly increased in their ratings of personal resilience from baseline ($M = 26.27$) to endline ($M = 26.63$) whereas the scores of children in the control decreased (mean at Baseline = 27.62; mean at Endline = 26.27).

For 10 to 13-year-olds, the results showed two statistically significant effects. First, 10 to 13-year-old children in the intervention group who resided in Beirut or Mount Lebanon reported an increase in personal resilience scores from baseline ($M = 25.29$) to endline ($M = 27.56$), $p = .01$. In contrast, the personal resilience scores of 10 to 13-year-old control group children who resided in Beirut or Mount Lebanon remained relatively stable from baseline ($M = 25.20$) to endline ($M = 25.76$). This change can be attributed to the increase in “yes” answers of intervention group children to CYRM item 7 (see above). Second, 10 to 13-year-old children in the intervention who resided in North Lebanon reported relatively stable caregiver/relational resilience scores at baseline ($M = 20.07$) and endline ($M = 19.85$). In contrast, an increase in caregiver/relational resilience scores from baseline ($M = 18.85$) to endline ($M = 19.85$) was found for 10 to 13-year-old children in the control group who resided in North Lebanon.

None of the other ANOVA models for 5 to 9-year-olds and 10 to 13-year-olds yielded a statistically significant effect.

Qualitative data collection

In the ToC, life skills were included as the intermediate outcome linked to the longer-term outcome of improved resilience. FGDs with children thus focused on them rather than on the measurement of resilience itself (please see to [section 3.3.3.2](#) below). However, parents of children from the intervention group and field officers were asked if they observed changes in how children face difficulties and improvements in their coping mechanisms.

All the interviewees, when asked if they noticed improvements in children’s abilities to cope with stress and challenges, listed different improvements in other life skills, such as communication, self-confidence and self-expression. This confirms how reinforcing other life skills could increase children’s resilience.

²⁴ Analysis of variance (ANOVA) is a tool used to partition the observed variance in a particular variable into components attributable to different sources of variation.

“First, children are able to determine what the problem is or what the challenge is and in the next phase, they are able to talk about this problem. Then, through reflection and brainstorming, an appropriate solution is found to any problem that can be solved.”

RTP Staff, Lebanon (endline data collection)

Parents, too, confirmed their children’s improvement in stress and management of difficulties.

“[M4E] activities have been very helpful [in supporting children] to become more mature and experienced in dealing with difficult situations. They now deal with stress in a more positive way. [...] When my boys made a mistake, they used to immediately cry out of fear. Now they share their mistakes with us and face them. The project helped them perform better in life in general.”

Parents, Beirut (endline data collection)

“Children’s responses towards challenges become calmer and more mature.”

Parents, South area (endline data collection)

3.3.3.2 Children’s life skills

Baseline focus group discussions with children aimed at establishing an initial assessment of their life skills, namely the ones tackled by M4E:

- Respect and communication skills;
- Respecting speaking turns and listening to each other;
- Teamwork;
- Critical thinking, problem-solving (CTPS) and creativity;
- Self-expression;
- Self-confidence; and
- Management of emotions.

At baseline, field facilitators did not have precise expectations on participants’ strengths and weaknesses, as they were aware that children’s life skills can vary for personal and contextual reasons. The baseline assessment revealed that children had more difficulties in situations where potential management of frustration and negative emotions is required. This applied not only to anger management, but also to other scenarios such as waiting for their speaking turn, getting adults to listen to them or communicating discomfort in case of arguments among peers. Although no clear patterns were observed across genders or age groups, children from Beirut and northern areas were found to be more prone to violence and aggressive behaviours.

For the endline assessment, the Consultancy relied on FGDs with children, FGDs with parents and caregivers, and interviews with Right To Play staff.

Respect and communication

The first life skills assessed during the FGDs with children were respect and communication. FGDs included two scenario questions to assess how children would behave if someone said something bad to them, and if they were the ones saying something to a friend. These two scenarios were presented to children from 5 to 9 years old as one question. They were divided into two questions for older children, as more articulated and detailed answers were expected²⁵.

Compared to baseline results, the endline assessment revealed relevant qualitative changes for all children and no striking differences between control and intervention groups. The observed changes seem to partially reverse the location-related pattern identified at baseline, while they seem to point to a gender-related behavioural pattern that did previously emerge.

At baseline, children's tendency to settle disputes violently seemed to be related to their location, with no observed differences between intervention and control groups. At endline, changes observed in both intervention and control children made this location-related behavioural pattern less evident. Indeed, at baseline, children from the Beirut area seemed most likely to use violence to resolve disputes²⁶; some children from the northern area considered aggressive behaviour as one of the options, while children from the southern area did not mention violent reactions. Although children from both intervention and control groups followed this pattern, a slight variation was found among girls in Beirut, where those in the intervention group mentioned resorting to violent behaviour more frequently.

At endline, differences in children's location-related behavioural patterns were less distinct. Both control and intervention groups in Beirut showed observable improvements in respect and communication, as violent conduct was less frequently mentioned. Given the small baseline differences in propensity for violence among intervention and control girls in Beirut, it is still noteworthy that, at endline, girls in the intervention group exhibited more visible improvements in their communication skills (higher availability in adult involvement and a more sensitive approach to peers) compared to those in the control group.

²⁵ Please note that at endline, questions were worded somewhat differently from baseline to guarantee a more effective involvement of children by using a more playful approach (for further details, please refer to section [4.1.2.3 Learning meetings and participatory review of tools](#)). The object of the slander was no longer the respondent himself, but a third party (namely a child shown in a picture). This allowed the evaluation to better assess the children's ability to mitigate the discomfort of others, while partially limiting the ability to assess how participants expressed their personal resentment.

²⁶ In this location, physical and verbal aggression was mentioned at least once in each FGD. Responses ranged from bullying and pulling other children's hair, to punching. For further details, please refer to [Annex 6, Tables 9, 10](#).

Parents of intervention group children from the Beirut area confirmed the improvement in their children's communication skills, in particular when it came to apologising.

"They have become apologetic in the event of their mistake and are dealing better with their peers and society in general. [...] We can see that they became more social, they increased respect for themselves [and they show more] respect for adults and their role."

Parents, Beirut (endline data collection)

In the northern areas, there were no observable differences from the baseline results, as intervention and control group children reported that violence was one option they could resort to, but they also displayed a wide range of behaviours that could be used in the presented scenario.

Children from the southern areas referred to more proactive behavior compared to baseline, which was limited to verbal confrontation in almost all children from both the intervention and control groups. However, boys in the control group also mentioned physical aggression.

Differently from the baseline, where no specific behavioural patterns could be linked to gender, the final assessment showed that boys tended to resort to physical violence more often than girls, both in the intervention and in the control group. While hitting was mentioned as a possible option for settling disputes in five out of the six focus groups with boys, it was only mentioned once out of the five focus groups with girls. When asked what might make a child cry²⁷, intervention group girls from this same area specifically mentioned harassment, showing a greater ability to identify gender-relevant issues compared to peers in the same location.

Respecting the speaking turn and listening to each other

The second area of life skills assessed during the FGDs with children was the ability to respect the speaking turn when talking in a group, and the ability to listen to each other. Children were asked how they would behave when they all wanted to speak at the same time, questioning their ability to listen to everyone, regardless of their previous relationship with the speaker.

No major changes were observed between baseline and endline among either the control or intervention group children. As shown in *Annex 6, Table 11*, most of the children had already demonstrated good listening and turn-taking skills²⁸, and no observable pattern related to gender, age or location was noted either at baseline or at endline.

²⁷ Please refer to note 24 for further details on the scenario question.

²⁸ The respondents' answers varied, but most of them understood the consequences of speaking at the same time (difficulty to listen to what other children are saying, losing concentration). Children were willing to listen to anyone who was speaking, regardless of whether or not they were friends with that person.

Although there were no observable changes between the two groups overall, endline research showed some improvements in intervention group children who initially faced more challenges than their peers in the control group.

During the baseline data collection, both boys and girls in the Beirut intervention group struggled to communicate effectively in a group setting. They frequently interrupted each other, raised their voices to dominate the conversation, and did not respect each other's turn to speak. Similarly, among the girls in the intervention group from the northern region, one participant reported resorting to shouting to grab everyone's attention during group conversations.

At endline, no management problems were reported in Beirut, and the children themselves suggested implementing rules to respect each other's turn to speak. This suggests that the project was successful in improving communication skills among children who initially faced difficulties in managing group communication.

Teamwork

The third skill assessed in the FGDs was teamwork. This was measured through a proxy question asking children about their preference between playing alone or in a team.

Research did not show any observable differences between baseline and endline or control and intervention group. Additionally, no specific patterns related to gender, age or location were noted at baseline or endline. However, this may be due to the appropriateness of the proxy used. Although children did not explain their reasons for preferring to play alone or in a team, their responses suggest that in both the intervention and control groups, during both baseline and endline evaluations, their preferences were more related to the specific activity or game they were engaged in rather than their actual teamwork skills.

It is worth noting that during the baseline FGD with girls from the intervention group in Beirut, an episode of bullying and difficult teamwork relations was reported, while in the endline assessment no such difficulty was witnessed. While this change could indicate an improvement in intervention girls' ability to work together, it should not be used as conclusive evidence about the overall effectiveness of the intervention on children's teamwork skills (please refer to [Annex 6, Table 12](#) for further details).

Critical thinking, problem-solving (CTPS) and creativity

To assess the skills of critical thinking, problem-solving and creativity, the research tools included scenario questions to test children's ability to think outside the box.

In this case as well, using proxies to evaluate complex life skills has shown some trade-offs. Since the baseline proxy question particularly surprised and amused children, to avoid them repeating identical answers during the endline, the Learning Partner and Right To Play team opted to modify the endline proxy scenario. This proved equally effective in identifying

differences in children's answers (particularly evident between control and intervention groups) but made comparing baseline and endline more challenging.

At baseline, children were asked what would happen if the moon were made of cheese. Most children from both intervention and control groups responded that they would eat it, demonstrating their ability to recognize a concrete problem and find creative solutions. Older children from the control group showed a greater ability to make logical connections between different areas of knowledge and levels of thought²⁹, suggesting strong logical reasoning skills. Girls were the only ones who mentioned using the moon's cheese to feed vulnerable people³⁰.

At endline, FGD participants were asked what would happen if children ruled the world. Although many children answered that this scenario would have negative consequences on reality, some patterns can be observed across age and intervention and control groups.

The responses from younger children aged 5 to 9 in the control group were mixed, ranging from a chaotic world with no rules to an ideal world where everyone does what they want.

Younger children from the intervention group give similar answers, which are characterized by a strongly rational view and show less creativity. They also showed a deeper awareness of their abilities and their limits, compared to peers from the control group: *"adults care about little ones and we can't care about ourselves"*, *"not good because we don't have enough experience to take care of ourselves"*. The group of boys from Beirut share particularly conscious answers, stating that *"with the principle of nobody's rule, everyone rules themselves"* (please refer to [Annex 6, Table 13](#) for further details). The control group more often reported a catastrophic scenario, while the intervention group revealed a more positive and creative attitude, suggesting that *"everything changes for the better"* and *"everything is safe for children."*

The group of older children from the northern areas shows an opposite trend, with respondents from the control group more often reporting a catastrophic scenario, while children from the intervention group reveal a more positive and creative attitude, where *"everything changes for the better"* and *"everything is safe for children"*.

This striking difference between the responses of young and older children from the intervention group can be partially explained by the diverse needs for adults' and parents' support according to the respondents' age. Nevertheless, due to the differences between the

²⁹ Older children from the northern areas belonging to the control group showed an ability to make logical connections across different areas of knowledge (*"It would be dark and we cannot see anything anymore"*; *"If the sun shines on the moon, then the cheese would melt and then I can eat it"*), and also across different levels of thought, such as abstract and concrete (*"I wouldn't eat it because my mom's name is Amar [moon]"*).

³⁰ Only girls reported the following answers: *"Give [cheese] to the poor and Syrian people because they cannot find work to be able to buy food"*, *"feed the entire neighborhood"*, *"I would like to wear a space suit, bring the moon to earth, slice it, and give it to needy people"*. From the answer, it also appeared a recognition of a specific group (*"Syrian people"*) as most in need, but it was impossible to say whether this knowledge comes from what children heard in their households or in their community environment.

intervention group children's answers and the lack of comparability between baseline and endline results, it is challenging to pinpoint a distinct effect of the M4E project on the Critical Thinking, Problem-Solving (CTPS) and Creativity skills of the intervention group.

Self-expression

To probe the ability of children to express their needs and thoughts to non-peer audiences (adults, older children and adolescents), respondents were asked how they would behave and whether their interlocutors would consider them too young to talk about that issue.

The endline assessment showed greater improvements in the intervention group compared to the control group. No gender or age-related patterns were observed in either baseline or endline assessments, but at baseline, location-related behavioural patterns were noted, like those observed in respect and communication skills³¹. By the endline, changes observed in both intervention and control children made this location-related pattern less evident.

At baseline, there were no specific patterns across age groups or gender, although children from Beirut showed a trend of recurring aggressive behaviours, as violence seemed to be normalized in their family and community environments³². Moreover, the topic of phone addiction was referred to more frequently by children and parents from Beirut. In the northern regions, older children had mixed responses. Some felt they were not always listened to by their parents, while others reported always being considered mature enough to talk about anything with their families. In the southern areas, children provided emotional answers about how being dismissed as too young would make them feel unwanted, sad or disrespected.

At endline, there were no clear patterns related to age or gender, but the intervention group showed improvements compared to the control group. In the control group, the phrase "*I get upset*" was mentioned in five out of six FGDs, consistent with findings from the baseline (where not being listened to bothered them). Children in the intervention group on the other hand never mentioned this phrase, with some explicitly stating they would not get angry. Emotional reactions were more common among children from the southern areas, with boys feeling lonely when not listened to and girls expressing that they were not listened to by their dads, differing from the baseline where girls felt listened to except for important things.

Parents confirmed their children's increased abilities in expressing themselves, their opinion and emotions.

"Their ability to express themselves improved, [together with] their ability to ask for what they want and their general ability to speak."

³¹ For further details, please refer to the paragraph *Respect and communication skills* above.

³² In baseline research, some girls reported that their families teach them to take revenge in case there are in fights at the centre, and one girl spoke about a picture her brother took her with a gun. Boys from the same location reported that there are no topics they cannot discuss with their fathers or cousins and that they were used to talking with them about weapons and religion.

Parents, Beirut (endline data collection)

“Another thing we've noticed is their ability to express themselves more and more boldly, their shyness to talk to others has decreased, and they're more familiar with what they want.”

Parents, South area (endline data collection)

These findings suggest that the M4E project has been effective in improving children's self-expression. Moreover, the fact that children from the intervention group never mentioned getting upset, while those from the control group did, suggests that the project has helped children develop their skills in managing emotions, as shown in the sub-section below.

As stated by parents, children were able to better express themselves through other improved skills, such as self-awareness and self-confidence (refer to [Annex 6, Table 14](#) for further details).

Self-confidence

To evaluate the level of self-confidence of children, the evaluation included an assessment of self-perceptions by asking all participants to comment on the things they are good at or like about themselves. As it was challenging to measure children's self-confidence solely through proxy questions during the FGDs, parents of children from the intervention group were also asked whether they observed any improvements in this skill.

Although no relevant differences were observed between the intervention and control group, gender-related patterns emerged both in at baseline and endline. As was the case for other skills, intervention group children, particularly those from Beirut, demonstrated greater progress compared to their peers as their baseline life skills were not as strong as those of other children. All parents of children in the intervention group mentioned self-confidence as one of the areas where they witnessed most improvements after their children took part in M4E.

At baseline, there were noticeable patterns across gender and age groups. Boys often mentioned specific sports or physical activities, while girls frequently reported activities related to personal interaction with others³³. Both boys and girls felt confident in their accomplishments regarding school and studying. Only children aged 10 to 13 also mentioned aspects related to their physical appearance.

³³ Many children, regardless of gender, mention studying, drawing or generally playing, but boys often mention activities like racing, football, kick-boxing and mountain climbing, while girls frequently report activities related to personal interaction with other people such as “helping my mom”, “being affectionate and generous”, “I like to advise other people”.

When children were asked at endline about the activities they were good at, boys similarly often mentioned specific sports, physical activities (driving a bike, football, basketball) or video games. Activities related to school and study were mentioned less frequently and mainly by girls (“teaching Arabic”, “I like to help my brothers”). As in the baseline, many children, regardless of gender, mentioned drawing or playing. Activities related to housework and family support were mentioned by both genders.

No relevant differences were observed between the control and intervention groups, but children in the intervention group from Beirut showed great improvements in the capacity to talk together and participate in the FGDs. During the baseline data collection, both FGDs were difficult to manage. The enumerator leading the FGD with girls could not ask this question as he was trying to avoid aggression between children. In the endline data collection, there was no mention of similar problems, and all children were able to answer the question.

When asked how M4E helped their children face the difficulties encountered in their communities, all parents involved in the focus group discussions mentioned self-confidence.

All caregivers described their children as less shy and more able to express their needs and recognize and defend their rights (please refer to [Annex 6, Table 15](#) for further details).

*“Children have become stronger than before and their personality has become bolder, as they have started discussing and debating. The program has strengthened these skills among girls, and this is positive as long as it respects the accepted manners. Particularly for girls, it [is important] to recognize and defend their rights. [...] Children’s rights activities contributed to the empowerment of their personality and motivation to claim their rights and fulfil obligations. Children came to us saying «I want this, and I want that»”.
Parents, North area (endline data collection)*

Managing emotions

To understand whether children can manage their emotions, the research tools included questions asking them to explain how they behave when they are angry.

Both intervention and control groups showed positive changes at endline. However, the intervention group, specifically the boys and girls from Beirut and the girls from the northern areas, demonstrated more noticeable improvements compared to their peers in the control group. This trend was confirmed by children’s parents, who attributed these positive changes to the activities carried out within the M4E project.

No recurrent pattern across different age groups or gender was noted at baseline, but the location-related behavioural pattern emerged strongly (as highlighted above). Although aggressive behaviour was mentioned at least once in each FGD, children from Beirut and

northern areas were more likely to resort to violence, aggressivity and bullying, and showed a lack of effective emotional management skills. Most struggled with managing their aggressiveness, with some reporting they resorted to physical and verbal violence toward family. A few children spoke about positive coping mechanisms such as taking deep breaths, speaking with friends, distracting themselves and not hurting others. In the northern areas, children aged 10 to 13 often used strong language to express their anger towards someone.

Children from the intervention group in Beirut showed greater improvements at endline than those from the control group, although both groups experienced positive changes. During the baseline FGDs, all the boys from this area described physical and verbal violence as normal communication tools, and beating others was a common way of dispute settlement. At endline, intervention children displayed other strategies to manage anger (*"calm me down with activities that will calm me down"*, *"get out and walk till I calm down"*) and the only violent reaction reported was hitting a wall. Differently, boys from the control group showed an increased use of violence against other people: while hitting others was mentioned only once in the baseline assessment, it was mentioned three times in the endline. Intervention group girls from Beirut, too, displayed important improvements. During the baseline assessment, these girls frequently exhibited violent behaviours, and a bullying incident was even reported during the FGD. At endline, no such negative behaviour was reported, indicating substantial progress. Moreover, intervention group girls never mentioned aggressive behaviour, while control group ones, although displaying an improvement from baseline, still mentioned breaking objects against a wall.

In the northern areas, intervention group girls showed greater improvements in their anger management compared to those from the control group. Physical violence toward other people (mentioned twice in the baseline discussions) was no longer mentioned in the intervention group, while it was still present in the girls' control group. Boys from these areas showed some improvement, with no observable differences between the intervention and control groups. Intervention group boys still described violence against other people and objects as one of the possibilities to express their anger, but the frequency of this answer decreased at endline (three times in the baseline, only once in the endline).

No significant baseline to endline changes were observed between the control and intervention groups from the southern area. However, it is worth noting that the children from this area demonstrated better emotional management skills at the baseline compared to their peers.

Both parents and field officers offered relevant insights on children's improved abilities in managing emotions. All parents involved in the FGDs mentioned children's improved ability in managing emotions, in particular negative ones such as anger and grief.

"We have noticed that they are responding less aggressively towards anger, they are not shouting as they used to."

Parents, South area (endline data collection)

Moreover, field facilitators observed how this increased ability of emotion management is strictly connected to children's improved ability in recognizing their feelings and emotions, which allowed them to better understand how to behave when frustrated or angry (please refer to [Annex 6, Table 16](#) for further details).

"Children have reached a stage where they can identify the problem and its causes. [For example, they're now able to] tell the coach that they're edgy because of something, or that they do not like a certain game because they're not the leader. Thus, the child is able to identify the problem and its cause and talk about it."

RTP staff, Lebanon (endline data collection)

Unexpected positive spillover effects

As outlined in the introduction to the section [3.3.3.2. Children's life skills](#), the evaluation focused on the assessment of children's improvement in life skills targeted by M4E activities.

It is important to also mention that in the endline assessment, parents of children in the intervention group mentioned having observed improvement in some of their children's life skills that were not directly targeted during the activities. Parents from Beirut reported that after participating in M4E, their children were more able to efficiently organize their time and define priorities. Also, the issue of children's phone-addiction was reported by different parents across various locations during baseline research. In the endline FGDs, parents from the southern areas reported that this problem had reduced.

"The number of hours my child spent on the phone decreased by a good percentage: my child used the phone all day long, while now that he was involved in the activities, he no longer uses it constantly as he used to."

Parents, South area (endline data collection)

3.3.4 Parents' engagement

As outlined in the assumptions of the Theory of Change, to improve families' support, Right To Play aimed to involve parents in the project and effectively communicate the content and objective of M4E. For this reason, the evaluation sought to understand parents' expectations of their children's participation in M4E.

At baseline, when asked about the most relevant activities that the centres should focus on, parents did not identify PSS as an urgent need for their children. This confirmed the project

assumption that families do not always attribute adequate importance to, or fully recognize the value of PSS activities.

Respondents from the northern regions suggested that projects done in the centre should revolve around both psychological and physical activities such as sports or music, always respecting religious beliefs. Parents from Beirut also mentioned the topic of cultural adaptation and the importance that activities do not challenge local cultural models.

Caregivers from Beirut highlighted the importance of education, which was described as “*a weapon that will let [children] have better opportunities and have a chance to select their career*”. They also stressed the importance of self-confidence as a means for children to defend themselves from bullying. As reported in section [3.1 Relevance](#), parents from southern areas attributed high importance to children’s stability. Respondents agreed on the usefulness of activities targeting children’s management of emotions, and their ability to effectively communicate and create positive relationships with others.

In the endline assessment, all parents showed a deeper understanding and more appreciation for the activities carried out as part of M4E, and caregivers from Beirut were able to list many different activities that supported their children. Parents from the southern areas highly appreciated the project timing, as it offered PSS when their children needed it the most.

As expected by Right To Play staff (please refer to the [Relevance](#) section), the importance that parents attributed to PSS and life skills highly increased.

“Based on the changes that we touched, which were all positive, now we totally think it is important to have programs targeting this kind of activities. [This project] showed us as parents some mistakes that we were inadvertently making, and we are dealing with them better. We have discovered the importance of supporting children and developing their skills and abilities. We had no interest in such projects, but now, after what we saw from [our children’s] positive change, we realized their importance.”

Parents, Beirut (endline data collection)

“Now we realize the importance of these projects and their positive impact on our sons and how they’re enhancing their confidence. We are satisfied with what we observed. [...] Children’s improvement significantly [has an impact] at home too, as the stress that was caused by children’s problems has decreased.”

Parents, Southern Area (endline data collection)

As outlined above, parents from the northern areas recognized the importance of these PSS activities but insist on the need to integrate them with more dynamic sport-based activities.

3.4 Efficiency

M4E's design reflects cost considerations: the choice not to use conventional musical instruments and not to rely on musicians to lead the music sessions shows the importance attributed by the Right To Play team to cost-effectiveness (as well as the importance of ensuring accessibility of activities to all participants).

Although children participated in the project for only three months, it was possible to observe improvements in some life skills. In a relatively short time, Right To Play also achieved other important objectives, including training its coaches, providing secure environments for children, and boosting parental support for the M4E project. For this reason, the project showed the potential to be time-efficient in future iterations.

This criterion assesses M4E's efficiency from both a time and cost perspective. Cost-efficiency evaluates if M4E can reach its goals in the most cost-effective way possible. Time-efficiency assesses if the goals can be reached within the intended timeframe or a timeframe reasonably adjusted to the demands of the evolving context. It is important to note that cost efficiency considerations were collected solely at baseline through interviews with HQ personnel. A more thorough and comprehensive cost-effectiveness analysis would have required a detailed review of the program budget and financial documents, which was agreed by the Learning Partner and Right To Play to be beyond the scope of this evaluation.

As reported in the Evaluation and Research Framework (included in [Annex 4](#)), KEQs 26 and 27 aim at evaluating the Efficiency of the M4E project. To assess this criterion, the Consultancy relied primarily on interviews with Right To Play HQ personnel.

3.4.1 Cost-efficiency

As reported at baseline, a strategy to monitor M4E cost-efficiency has not yet been developed:

"I think the organization is not quite there yet, as it is not something we've been able to prioritize so far. Nevertheless, it's something that Right To Play is definitely interested in further developing in terms of our approach, and it's definitely on the radar of the MEL strategy."

RTP Headquarter staff (baseline data collection)

Although there are no specific requirements to assess M4E's cost-efficiency, the interviewees provided relevant insights on this topic. The choice of implementing M4E and previous projects in Lebanon without using conventional and highly expensive musical instruments can be seen as contributing to the project's cost-efficiency. Children use their own bodies, environmental and background sounds, or musical tools that they build from recycled materials as musical instruments. This also highly supports the scalability of the M4E project, as Right To Play operates in environments where low-cost and local materials are essential.

M4E is cost-efficient also because it relies on facilitators and coaches that do not necessarily have a strong, professional music background, but who understand the implications of producing sound from a pedagogical perspective.

"[...] it was not about bringing in just musicians to work with the children, but it was very much about bringing in people that don't need to have a music background but have the willingness and interest and are excited about learning something new [...]. And then it was on us to really work with them to ensure they're able to do that.

So, from my perspective, [cost-efficiency] is developing and creating really accessible methodologies and tools for people that don't need, you know, strong or any music background, to be able to use music to make a change in the lives of children."

RTP Headquarter staff (baseline data collection)

Besides cost-efficiency, this choice also makes project implementation more accessible and adaptable to different socioeconomic conditions.

3.4.2 Time-efficiency

Time efficiency is a crucial point for this pilot. Its total duration is six months, divided into two cohorts of three months each. At baseline, all Right To Play members were cautious about the likelihood of seeing clear improvements in children's resilience in only three months, although they were all confident about the project's effectiveness.

Endline research showed promising findings relating to intervention group children's improvement in self-expression and management of emotions, compared to the control group. Although it was hard to distinguish changes in self-confidence between the control and intervention groups during the FGDs, parents of intervention group children reported observing improvements in their children's self-confidence after their participation in the M4E project. With regards to other life skills, although no clear differences were observed between the children in the control and intervention groups overall, the final evaluation showed greater improvements in certain skills for some of the children in the intervention group (often children from Beirut), especially in areas where they initially faced more difficulties compared to the control group. These areas include respect and communication, turn-taking, and teamwork. Please refer to sub-section [3.3.3.2 Children's life skills](#) for more details.

It is noteworthy that within the same brief period, Right To Play has succeeded in training its coaches, establishing safe facilities for children, and enhancing parental support for the project. Despite the limited time frame, the promising results in children's life skills and the project's other achievements show that M4E has the potential to be time-efficient in future iterations.

Another interesting perspective emerging from baseline research pointed at repetition as a key pedagogical approach to help children learn. Studying the time-efficiency of M4E in light of Right To Play's methodological approach could mean, as explained:

"Looking at the activities where there is redundancy: Is Right To Play doing it enough? Are some parts repeated too much? What is the {appropriate} level of repetition? What's the frequency? What's the dosage?"
RTP Headquarter staff (baseline data collection)

The fact that the children improved more in some life skills and less in others may be due to the different time spent on certain activities. As confirmed by Right To Play staff, M4E focuses on self-expression, managing emotions, self-confidence (the same areas where more relevant differences were observed between intervention and control group), communication and critical thinking skills. Other life skills are tackled through a lower number of sessions. It is also worth noting that, as indicated by this study, children showed varying levels of competency at baseline, and these variations and behavioural patterns were sometimes associated with children's location and socio-economic backgrounds. This evaluation can therefore be a useful tool for Right To Play to identify which life skills need more reinforcement within the project.

All field facilitators also insisted on the importance of granting continuity and a follow-up to this project so that children's improvements are supported over time. This need was strongly perceived by all stakeholders involved in this evaluation: both parents and local community organizations hoped for a follow-up of the project.

3.5 Emerging signs of impact

At baseline, children seemed to lack perspective and optimism about their future due to the socioeconomic limitations surrounding them. Some of them were also very aware of how this situation of deprivation affected their possibility to achieve their goals in the future.

Endline data collection showed greater changes in children from the intervention group compared to those from the control group. Children from the intervention group seemed to have clearer future goals and ambitions, as confirmed by their parents and by field facilitators.

This criterion aims at assessing M4E's potentially transformative effects. The evaluation aimed to assess the intervention's potential effects that are longer-term or broader in scope than those already captured under the effectiveness criterion. Given the short duration of the M4E pilot, the following section analyzes what could be considered *signs of emerging impact*.

As per the Evaluation and Research Framework, KEQs from 28 to 31 aim at evaluating the *Impact* of the M4E project. Both key informant interviews with Right To Play staff and FGDs with children and caregivers were used to assess this criterion.

As outlined in the Logic Model (please refer to [Annex 3](#) for further details), the expected impact of M4E is that *“improved life skills and resilience make children more hopeful and optimistic, with better projections of themselves in the future”*. The assumption is that children with stronger resilience and life skills are more hopeful and optimistic, and then are more able to see their future positive role in the community.

3.5.1 M4E’s expected impact

Baseline research explored whether caregivers and Right To Play staff expected this project to potentially improve children’s hopefulness, optimism and projection of themselves. Parents’ expectations at baseline varied and on occasion depended on the immediate needs of the family, without considering the added value of PSS support *per se*. Parents from Beirut shared more precise ideas on the kind of activities that would help children in the long term, specifying that they need to learn how to manage peer pressure and negative environments.

At endline, all parents reported having observed higher self-esteem and a more positive attitude toward the future in their children, who had more precise goals they wanted to reach. This confirms what can be observed in the children’s answers (please refer to the following section [3.5.2 Children’s future projection of themselves](#)).

“Children have a higher self-esteem and know they are not inferior to others. All the activities supported the children and their prospects for the future and themselves.”

Parents, Beirut (endline data collection)

“As a result of the encouragement my daughter receives in mathematics, she wants to become a mathematics teacher.”

Parents, Beirut (endline data collection)

“My daughter, for the same reason, wants to be an English teacher. The idea of looking ahead didn't exist, but now we hear it [from children], dream of what they will become in the future.”

Parents, Beirut (endline data collection)

“Yes, the kids are starting to dream and talk about what they want to be when they grow up.”

Parents, North area (endline data collection)

“Obviously, there is a change in their thinking and outlook for the future. They have clearer aspirations, and they have set themselves goals, working and dreaming to achieve them.”

Parents, South area (endline data collection)

At baseline, Field Facilitators and Program Officers placed high expectations on M4E's impact. According to them, this project could improve children's self-confidence and help them make better choices for their future. Program Officers shared the same expectations, as previous evaluations of other Right To Play projects showed an increase in children's self-esteem. As reported by field facilitators, they expected M4E to provide role models for children: by the end of previous projects, many children aspired to become coaches or musicians.

During endline research, all Field Facilitators reported having observed higher self-esteem in participating children. As for children's hope and optimism for the future, some Right To Play members showed more cautiousness, as they were aware that after the end of the project children will still have to face their difficult realities.

3.5.2 Children's future projection of themselves

To identify elements pointing at the M4E's potential impact in the long term, the evaluation tried to assess children's future projection of themselves, whether they feel hopeful and optimistic about their future and what is their level of self-esteem. Given the complexity of these questions, the Learning Partner relied on parents' and field facilitators' answers (please refer to section 3.5.1 *M4E's expected impact* for further details), while children were asked to explain what they would like to be when they grow up.

As reported by Field Facilitators, before the project, children did not always have high self-esteem and were not frequently optimistic about their future. They related this condition to the social, psychological and economic pressure children suffer, and to the lack of support from their families and communities.

"In many cases, they have no hope and no purpose for the future. Children suffer violence everywhere and [...] many suffer from psychological problems among them, whether they are refugees or residents. [There is a] percentage of children who [are able to] value themselves and recognize what they have or what they are [capable of] doing, but for many children that is not the case since they are not surrounded by people who help them acquire the skills to value themselves."

RTP Staff, Lebanon (endline data collection)

At endline, all children displayed an increased ability to detail their professional aspirations and their motivations, but children from the intervention group showed greater improvements in their projections compared to peers from the control group. Gender-related differences observed in baseline were partially reduced: while boys remained the only ones mentioning sport careers, the teaching profession was no longer referred to only by girls.

At baseline, children's aspirations for the future varied depending on their age, gender and location. Girls highlighted the limitations they faced due to socioeconomic factors; they were the only ones who mentioned the teaching profession and more often referred to culinary jobs. Boys were more likely to mention sports-related professions. Technical and medical roles were mentioned by both boys and girls. Particularly relevant was the fact that in Beirut and northern areas both boys and girls mentioned professions connected to the military environment.

In endline research, all children showed improved ability to articulate professional aspirations and motivations. Intervention group children demonstrated a stronger awareness of their strengths and capacities, leading them to provide a more precise definition of their future career ambitions. Three girls from the control group expressed a desire for teaching, but only one girl specified the subject she would like to teach. Girls from the control group also showed more gender stereotypes, such as a girl wanting to become a hairdresser to make ladies beautiful. In the intervention group, all girls who mentioned teaching detailed the subject they would like to teach. Three of them mentioned Maths, challenging early-age stereotypes about girls and STEM disciplines³⁴. One girl referred to English language teaching and clearly expressed how she would like to teach the subject because she felt very good at it. This shows high levels of self-awareness and self-confidence.

Intervention group boys aged 5 to 9, too, were able to give more detailed answers about specific activities that they would like to pursue: when detailing an architect's job, a boy explains that he likes "to repair people's homes, especially those with water or air leaks". It is also relevant to mention that, while at baseline intervention boys in Beirut did not answer this question as they were too distracted, in the endline the enumerator was able to collect this information.

No relevant differences were observed between the 1013 age intervention and control groups. KEQ 30 assessed whether children from the intervention group would like to display the results of their work within the M4E project and share them with their parents or friends. This question was designed as a proxy for children's self-confidence and satisfaction with the results of the M4E project, and to assess children's interest in taking part in a final event without generating expectations for it.

All children expressed, both at baseline and endline, that they would like to display their results to their families and through a final M4E event. Some boys in the 10-13 intervention group expressed they would like to show their achievements not only to parents and friends but also

³⁴ As shown in recent research from the University of Washington, gender stereotypes about interests in STEM disciplines start at the age of six: Master et. al., *Gender stereotypes about interests start early and cause gender disparities in computer science and engineering*, 2021: <https://www.pnas.org/doi/10.1073/pnas.2100030118#tab-contributors>

to the coach. As reported by Program Officers, a final event for the first round of M4E implementation was not planned due to time constraints (see *Annex 6, Table 17*).

3.6 Sustainability

The assessment of this criterion revolved around the interaction with authorities and the opportunity to scale M4E. Right To Play developed a network of partnerships that include both national and local institutions. The strengthened relationship with the Ministry of Social Affairs (MoSA) seems to be promising to ensure greater sustainability to the project. At the time of drafting this report, the partnership with Right To Play and MoSA has become strategic and MoSA has already chosen RTP as a partner for a future project where the music component will be embedded. As for the long-term opportunities for scalability, the adaptability of M4E's resources could allow its dissemination in other countries where Right To Play implements its activities.

According to the OECD, assessing sustainability entails *“an examination of the financial, economic, social, environmental and institutional capacities of the systems needed to sustain net benefits over time. It involves analyses of resilience, risks and potential trade-offs.*

Depending on the timing of the evaluation, this may involve analyzing the actual flow of net benefits or estimating the likelihood of net benefits continuing over the medium and long term³⁵”. Given the early stage of development of this pilot, the Learning Partner considered a complex evaluation of this criterion to be premature. More broad questions were developed, focused on the involvement of local authorities, long-term plans and the project's scalability.

This consideration was reflected in KEQs 32 and 33 of the Evaluation and Research Framework. To assess progress against this criterion, the Learning Partner relied on key informant interviews with Right To Play's HQ personnel and Program Officers, completed by consultations with local community organizations in the endline evaluation.

3.6.1 Support from government authorities

As previously mentioned (please refer to section *3.2 Coherence*), Right To Play reported at baseline that M4E had developed a strong interaction with national authorities, such as the Ministry of Social Affairs and the Lebanon Crisis Response Plan³⁶. Engagement with local authorities has been more challenging. According to endline interviews, Right To Play tried to connect with different municipal authorities of the areas targeted by M4E, but the engagement has not been successful so far³⁷. M4E involves social development centres administered by the Ministry of Social Affairs. The relationship with the Ministry of Social Affairs (MoSA), which started with the previous iteration of the music program, deepened under the Building Back

³⁵ Please refer to the following link for further details: <https://www.oecd-ilibrary.org/sites/543e84ed-en/1/3/4/index.html?itemId=/content/publication/543e84ed-en&csp=535d2f2a848b7727d35502d7f36e4885&itemIGO=oecd&itemContentType=book#section-d1e4964>

³⁶ Please refer to p. 27, *Note 22*, for further details on the Lebanon Crisis Response Plan.

³⁷ Given the complex socio-political situation in Lebanon, government entities were closed or not responsive.

Better Program due to coordination of M4E activities in three different regions, and mutual trust strongly increased. Despite this, it may be too soon to observe changes in MoSA policies.

“There is no evidence that the M4E has influenced governmental policies, but our input with the Ministry of Social Affairs has changed the way it intervenes at the local level. One remarkable thing is that a decision was made by MoSA that the centres should stop working with all organizations except for RTP and this is evidence of adoption and trust. [...] The relationship with the MoSA is fruitful and continuously deepening, and the Focal Point of the Ministry says RTP is one of their most important partners.”
RTP Staff, Lebanon (endline data collection)

Local partners confirmed that, although there have been no changes in governmental policies so far, MoSA showed interest in these programs at the local level due to the positive results observed. Local partners also added that Right To Play approach should be integrated into the school curriculum.

As outlined by Right To Play staff, the strengthening of the relationship with MoSA could positively affect the sustainability of M4E, and in the longer term may promote a formal governmental and national recognition of the M4E approach. At the time of drafting this report, it was reported during discussions with Right To Play team that the partnership with Right To Play and MoSA has become strategic, and that MoSA has already chosen Right To Play as a partner for a future project where the music component will be embedded. However, no concrete plans were shared to date.

3.6.2 Long-term perspective

Baseline interviews with Right To Play HQ's personnel were particularly relevant to understand the long-term expectations around M4E. Future iterations of M4E are closely linked to the results of this evaluation and the evidence that will be produced. As explained above (please refer to section 3.2 *Coherence*), the LEGO Foundation's Building Back Better program aims to assess the effectiveness, scalability and sustainability of M4E, among other pilot interventions. As clearly explained by one of the respondents at baseline:

“Sustainability and scalability are really at the core of this grant, so the main purpose is to understand what works and why, and then use that evidence, particularly in the advocacy area, and seek more funding.”
RTP Headquarter Staff (baseline data collection)

As for the potential growth and expansion of M4E, one of the baseline interviews suggested that the adaptive approach to the music contents of the M4E project stands at the core of any

scalability opportunity. The resources developed for this pilot were described as extremely accessible and flexible, as demonstrated by their rapid adaptation following the Beirut blast:

“We tweaked the manuals a little bit. If we were able to use it, you know, much quicker and in a more effective manner, just three or four days after the explosion happens, it speaks to the ease at which you're able to really contextualize these tools when you are also scaling up to different countries, right? Now there's interest in Jordan and Ethiopia.

It won't look the same, but the basics of it are there, and then you're able to contextualize it in each country based on the needs that are there.”

RTP Headquarter Staff (baseline data collection)

As outlined in section [3.1 Relevance](#), M4E activities were designed to be strongly adaptive to different contexts, to better respond to children’s diverse needs. This adaptability, which is at the core of M4E relevance to the context, confirms the potential of this project to be adapted and scaled up in other contexts, as well. The adaptability of the music content was confirmed at endline by field facilitators (please refer to paragraph [3.3.1 Coaches’ abilities to lead the M4E sessions](#) for further details):

We work in a lot of emergencies and refugee settings, for example, Ethiopia, Uganda, Tanzania, and even countries like Pakistan that are going through climate emergencies at the moment, I think there is a lot of potential for this to be scaled up in other settings where we work with particularly vulnerable populations. Because of how it’s been tested with refugee groups I would say these other countries that I mentioned where we worked with a lot, so for example in Tanzania a lot of work is with Burundian refugees, and some of the work that we’ve been doing, in the previous Covid grant, was really focusing on refugee camps, so I could see a very clear link to what we do there. In Jordan, as well, a lot of work is done with refugees, it’s a different context in the sense that it’s a donor landscape that is similar to Lebanon. There are smaller grants, with a less active donor environment compared to other countries where we work. A lot of our larger programs are focused in East and Southern Africa, so I would expect that could be a potential context.

RTP Headquarter Staff (baseline data collection)

There are several other elements previously discussed indicating the potential sustainability of this project. These include the bottom-up design of all Music iterations and the cost-efficiency of M4E. Moreover, the choice to strengthen the capacities of community coaches, and work through them, is another key component of sustainability. Another aspect of potential

sustainability is one that has been observed in other interventions: one baseline respondent explained how some teenagers who participated in previous iterations of the Music project have now become coaches, "*creating continuity, which is something we focus on because we want them to be able to continue when we leave*".

In addition to the observations mentioned above, is important to underline how both parents and local community organizations hoped for a follow-up of the project (for further details, please refer to section [3.4.2 Time-efficiency](#)). Although too soon to observe for M4E, the community linkages that the pilot is strengthening all increase its potential for future continuity.

4 Conclusions, recommendations and lessons learned

Due to the nature of the pilot intervention, this evaluation identified two sets of conclusions, recommendations and lessons learned. One is in relation to the Music for Emergencies (M4E) implementation, identifying lessons to consider for future application of the resource. The other relates to lessons learned from the research process, for consideration in future studies focusing on psychosocial support (PSS), resilience and life skills. Both are outlined in this section.

4.1 M4E Implementation

4.1.1 Conclusions

The findings from the endline analysis show that the project has been carefully designed and is contextually relevant. The project's activities and Theory of Change were tailored to the needs of its target group. The overall project design was also based on emerging evidence about the positive effects of music in enhancing children's life and psychosocial skills. In an internally coherent way, the M4E project linked Right To Play's global play-based approach to the organization's previous experiences in the Lebanese context. M4E also appears to be coherent with other interventions on the ground, complementing rather than competing with the projects of other NGOs, standing out with its unique approach to music-based programming.

Qualitative research pointed to changes in children's life skills following participation in the project, especially in those life skills most emphasised in the sessions (such as self-expression, managing emotions and self-confidence). Endline research found that children in the intervention group improved more in self-expression and emotional management, the areas where most changes were expected, compared to the control group. Although it was difficult to distinguish any differences in self-confidence between control and intervention groups during focus group discussions (FGDs), parents reported observing improvements in their children's self-expression after they participated in M4E. They also mentioned self-confidence as one of the areas where they witnessed the greatest improvements after their children took part in M4E, describing their children as less shy and more able to express their needs and emotions, and defend their rights. The evaluation found greater improvements for some of the children in the intervention group (often children from Beirut), specifically in areas where they initially faced more difficulties than peers from the control group. These areas include respect and communication, turn-taking and teamwork. Although they were not targeted with specific, structured activities, caregivers' involvement has been effective. Communicating with them at the initial stages ensured buy-in and trust, but it was seeing M4E's results among their children that won Right To Play the parents' support.

The project was also found to be gender-sensitive: coaches were trained to involve girls and boys equally, use gender-sensitive and appropriate language, not to reinforce gender-

discriminatory stereotypes during sessions; boys and girls were granted access and participation to all activities; girls and women's positive roles in society were promoted through non-discriminatory and reinforcing practices and habits. However, the project was not specifically gender-focused, nor did it aim to address any specific gender issue or reach a specific gender equality objective. Although the project did not include any specific gender-related objective, boys and girls responded in diverse ways to some activities and showed different attitudes. For instance, while at baseline no gender patterns were identified in the use of violence, endline data collection revealed that boys are slightly more prone to aggressive behaviours than girls. At endline, some girls from the intervention group also showed the ability to challenge gender stereotypes, as shown by their future ambitions of teaching STEM subjects. Also, girls would prefer girl-only spaces, while boys expressed a preference for more dynamic and sports-based activities. From a MEL standpoint, the project was not aiming at measuring specific gender-related indicators and disaggregated quantitative data did not show strong differences between boys' and girls' levels of resilience and life skills.

Despite the short duration of the pilot, M4E shows promise for time-efficiency in future iterations, and some signs of potential sustainability. After only three months, changes were already observable in some of the life skills targeted and caregiver buy-in increased considerably. The project has shown signs of positive impact on children's self-esteem and perception of the future, as revealed by the FGDs with both parents and children. Elements of the M4E design, such as its adaptability to different contexts and its bottom-up design, as well as some positive experiences seen in previous iterations of similar music-based programs (the ability to retain children and adolescents that become coaches themselves), show promise for future scale-up efforts. All field facilitators insisted on the importance of granting continuity and a follow-up to this project, so that children's improvements can be supported over time. This need was strongly perceived by all stakeholders involved in this evaluation: both parents and local community organizations hoped for a follow-up of the project. The centres and the staff have the capacity, methods, and resources to adopt the program and continue activities on their own. Continuity of the project, however, largely depends on funding. The strengthened relationship with the Ministry of Social Affairs (MoSA) seems to be positive indication of potential sustainability. At the time of drafting this report, MoSA expressed an interest in furthering the partnership with Right To Play for a future project incorporating the music component. It is too early to comment on the feasibility or timelines of this type of project.

4.1.2 Lessons learned

M4E has correctly identified needs in targeted communities, and the suggested approach proved promising in terms of effectiveness and time-efficiency. Although implemented in a context where children are exposed to a variety of interventions, the program stands out for the uniqueness and innovation of its music-based approach, as proved not only by parents' and field facilitators' feedback. It is interesting to note that parents' and broader family buy-in is crucial to children's participation in project activities, and that parents mostly had positive

feedback and experiences with the project at endline, despite not being explicitly targeted by project activities. However, a limited number of parents still voiced some concerns about the project activities. It is also important to note the interest of MoSA to continue its strategic partnership with Right To Play. MoSA is reportedly also planning to include music components in future Ministry-funded interventions, although no funding has been disbursed to date.

The dosage of different life skills sessions seems to be reflected in the changes observed among children. As confirmed by Right To Play staff, M4E focuses on self-expression, managing emotions and self-confidence, and these were the areas where more relevant differences were observed between the intervention and control groups across locations. Other life skills are tackled by a lower number of sessions and showcased fewer changes. This was the case for respect and communication, such as respecting speaking turns and listening to others, teamwork and critical thinking. Moreover, sessions on life skills also differ according to area and community centre. It is possible that some children in certain areas demonstrate higher life skills due to their access and participation in other activities at the centres. It is also worth noting that children showed varying levels of competency at baseline, and these variations and behavioural patterns were sometimes linked to the diverse locations and socio-economic backgrounds of the children. In some cases, such as in Beirut, the children who showcased lower baseline levels of life skills, such as communication, showed large improvements at endline, indicating that the project has been effective in those specific contexts. In contrast with the findings relating to life skills, it proved challenging to measure (or target) resilience, which is a more difficult concept to define and which is determined by numerous external and contextual factors outside the project's control. Additionally, it was found that most of the M4E curriculum targeted specific life skills, rather than resilience.

Research showed important trends in children's behaviours and in their environment, which were not always anticipated by the project. At baseline, a new contextual variable which had not been considered in the first design emerged: the increasing normalization of violence in society has been interiorized by children, especially in Beirut and northern areas. This emerging finding required an adjustment in the project's updated Theory of Change, as shown in the [Annexes](#). Endline data collection also showed gender dynamics which had not previously been considered by the project. For instance, it was found that boys are slightly more prone to aggressive behaviours than girls. Moreover, some girls referred to not being comfortable with having activities that include boys. In addition, consultations with parents highlighted that they have specific preference and needs which may impact attendance; for instance, they would prefer activities to take place during the summer period. Discussions with caregivers from the northern region also reflected their children's preferences for more dynamic activities.

4.1.3 Recommendations

Although parents' engagement is considered necessary to reach the project goals, it was not pursued through structured activities in this iteration of M4E. For future iterations, the Learning Partner recommends ensuring that Right To Play and its partners actively engage with

caregivers to ensure their buy-in for project activities. This should be done in particular in those areas where parents are more concerned about the socio-cultural and religious appropriateness of the contents transmitted by the M4E project (such as the Ashbal Beddaoui camp area). More structured activities could further improve the positive impact on caregivers, thus strengthening M4E's integrated approach by including both children and their parents.

Children's improvements in life skills varied according to different factors, such as M4E activities not focusing equally on all the life skills, children's participation in other initiatives at the centres and children's different baseline levels of different skills. This suggests the need for continuous feedback and adaptation of the project activities to emerging needs and specific contexts, together with a more detailed contexts analysis at project outset. It may be more feasible and to the point, in future iterations, to focus on improving life skills rather than more broadly targeting "resilience", which has proven to be a very difficult concept to measure, not so univocally defined, and determined by many external and contextual factors that are outside the project's control.

Endline data collection showed gender-related patterns in children's behaviour, and also highlighted the heightened exposure to violence in project areas, particularly among boys. It also pointed to the importance of further tailoring project activities. Right To Play could explore the need for more gender-specific activities, such as clubs for only boys and girls, and consider adjusting activities to address topics around the violence children are exposed to. More broadly, RTP should consider carrying out gender and context analyses during the project design phase. Further feedback emerged on the type and timing of activities, highlighting the importance of engagement with the participating communities at the design stage. First, at both baseline and endline, parents from distinct locations reported a strong preference for activities to take place during school holidays. To ensure further participation, Right To Play could consider carrying out its activities during the summer period. A point raised in specific locations was the inclusion of more dynamic activities, especially for boys. Right To Play could consider further integrating active exercises and games in the project's curriculum, to ensure regular attendance to the project. Finally, parents from one location (Ashbal Beddaoui camp) expressed concerns about the sociocultural and religious appropriateness of the content taught in the project. To ensure continuation of activities in this area, Right To Play could either ensure that the contents do not challenge the more conservative needs of this target group, or plan an engagement strategy for parents to open a space for discussion around more sensitive topics.

4.2 Research process

4.2.1 Conclusions

One of the main features of the evaluation has been its participatory and collaborative nature, which supported learning and iteration within the research process. Right To Play staff in Lebanon and in Global teams were involved in all stages of the evaluation, from design to implementation to reporting, and actively took part in the review of all frameworks and tools.

The design of the evaluation included several opportunities for review and discussion sessions, which allowed the evaluation team to respond to emerging insights from the research process. Importantly, Right To Play coaches played a key part in the evaluation process, as they were directly involved in both quantitative and qualitative data collection. As further explained below, one of the most important challenges in the evaluation process was related to the interpretation of the CYRM survey results. The resulting emphasis placed on qualitative research led to several joint sessions to strengthen the qualitative tools and approach, particularly to ensure children would be focused and engaged throughout the duration of qualitative data collection.

The evaluation process highlighted some of the challenges in measuring resilience, and led to questions around its relevance within the project’s aims and Theory of Change, in comparison to the life skills explicitly targeted by the project. Although the CYRM survey was administered following guidelines appropriate for the specific age group targeted by the project, the survey results did not make it possible to capture a very nuanced picture of children’s resilience. This was due to two factors. First, the 3-point scores were easier to understand but captured little variability in the CYRM subscales. Second, it is possible that the one-to-one setting of survey administration, where children were answering directly to an adult, biased their answers towards social acceptance. This seems supported by evidence collected during FGDs, where children expressed a richer diversity of opinions and ideas. Even where changes were observed, it was difficult to determine the contribution of the M4E intervention. This is frequently the case in the Lebanese context, where children (including the ones in the control group) are exposed to several interventions potentially contributing to the same goals. In the case of M4E, all children participated in other recreational activities offered by the centres.

Qualitative data collection with various respondents, including children, allowed the evaluation to provide a more comprehensive scenario of M4E’s effectiveness. As highlighted in the previous section, this points to promising changes in the different life skills targeted by the project. However, it should be noted that life skills have not been assessed with quantifiable measures, but are based on a qualitative assessment. Another limitation is that risk exposure was not measured in the study. In recent literature, resilience has been found to mediate the link between individual differences in risk exposure and developmental outcomes and trajectories. Program effects may depend on individual differences in children’s exposure to developmental and socio-economic risk factors that, in this study, were not observed.

4.2.2 Lessons learned

The participatory nature of the MEL process allowed for the evaluation to configure itself as a learning exercise and supported the perception of M4E as a learning project. Staff involved in the day-to-day operations of the project were able to share their views and perspectives, helping the Learning Partner shape the evaluation activities around what would be measurable and feasible in the face of contextual factors and challenges. This type of partnership allowed the Learning Partner to design highly relevant and contextualized data collection tools. In

addition, implementing a participatory evaluation process at all stages was seen as leading to greater ownership of the evaluation and as considerably improving the data collection process, quality of data collected and analysis. It was also noted how the participatory approach to revising the project logframe and Theory of Change led to greater ownership by project staff, and promoted a view of project design and implementation as being iterative and adaptive processes that can continuously generate learning. Ultimately, the iterative nature of the process allowed both the Learning Partner and Right To Play to appreciate the importance of adapting project activities to complex and rapidly changing environments – such as the crisis context experienced in Lebanon. Organizing ongoing reflections and dissemination of emerging findings allowed Right To Play to reflect on which components of the project were contributing to its goals the most, which unintended positive effects could be included as expected results in the project's design, and what considerations could feed into future project iterations.

The involvement of Right To Play coaches in data collection proved beneficial in building confidence of respondents towards data collectors, ultimately leading to higher quality data being collected and analyzed. To acknowledge and mitigate potential biases, a deliberate decision was made to have trained coaches administer the CYRM to children, rather than relying on external evaluators. This approach aimed to leverage the coaches' familiarity with the children and their specific contexts, enabling them to provide better explanations of the questions and reduce the likelihood of additional biases.

Qualitative data collection methods were more adequate to capture nuances in children's responses and provide a more complete picture of their progresses. This showcases that the CYRM survey may not be the most appropriate tool for data collection, especially with very young children (see below).

The evaluation highlighted some of the trade-offs to consider when planning the use of the CYRM tool to measure resilience, and the importance of high-quality qualitative research to provide further nuance to research findings. The use of a simplified CYRM version can make it more understandable for younger children but risks limiting the variability of answers. Moreover, the use of one-to-one administration of the survey, while guaranteeing the individuality of answers, could compromise their authenticity. The challenges of CYRM data collection and analysis led to the qualitative component of the study taking a more central role than anticipated, and it was particularly important to ensure its quality. Baseline FGDs with children, although successful overall, proved slightly challenging. The most demanding task was maintaining children's interest and focus, as younger children were especially easily distracted. To improve data quality, the Learning Partner and Right To Play jointly reviewed the FGDs for children prior to endline research through two online learning sessions and a one-day in person workshop in Beirut. During the workshop, participants reviewed FGD guidelines incorporating data collectors' feedback, simplifying questions to make them less repetitive and more tailored to the audience, and providing guidelines and examples for gamification of the activities. The

reviewed FGD guidelines allowed the collectors to capture more detailed and reliable data, thus improving the quality of the subsequent analysis.

Even where changes were observed, it was difficult to determine the contribution of the M4E intervention, due to exposure to similar interventions among the control group children. This is frequently the case in the Lebanese context, where children (including the ones in the control group) are exposed to several interventions potentially contributing to the same goals. In the case of M4E, all children participated in other recreational activities offered by the centres.

4.2.3 Recommendations

The participatory approach to MEL increased project ownership and engagement of project managers and field staff, ensured the intervention was tailored to local needs, context and capacity, and ultimately contributed to better data collection processes and data quality. It is therefore recommended to adopt this approach in future iterations of the project, and in similar learning-driven interventions. More specifically, the co-design and gamification of tools to be used for research with children proved highly effective. Right To Play should consider adopting this type of co-design process, involving staff members and community coaches as the standard process for tool design and adaptation. Not only did it result in more effective data collection tools, but it also strengthened the feeling of ownership the project by both staff members and coaches. To limit the risk of bias in data collection, it is always recommended that coaches undergo proper training and that supervision from external evaluators is planned.

Similarly, the development and review of Theories of Change and project logframes can greatly benefit from participatory approaches involving relevant stakeholders working on the project. A participatory approach can help ensure the intervention is tailored to the specific context, improves the likelihood of achieving measurable, realistic results, and supports the revision of these crucial tools based on evidence created by the implementation itself. It is therefore recommended to involve all actors of an intervention in the design process, and to repeat the Theory of Change and logframe review exercises during implementation.

Due to the challenges encountered in interpreting findings from the CYRM survey (which employ an age-appropriate three-value Likert scale), the Learning Partner would recommend testing the use of a five-value Likert scale for future studies. In case of distribution to the survey to young children (aged 6-10 years old), it would be important to make sure that they are able to understand the difference in nuance by spending more time or using simple examples to explain differences in answer options. Since a deeper understanding of CYRM results was reached through a triangulation of quantitative and qualitative data, the Learning Partner suggests ensuring the use of CYRM (and other quantitative surveys) is complemented by qualitative methods in all projects going forward. Moreover, Right To Play could consider testing other measures of resilience and wellbeing in programmes in the future and may wish to consider other tools that could further capture intended improvements in children's life skills. Utilizing a multi-method, multi-informant approach will bolster confidence in the impact

of M4E. In addition to self-reported questionnaires, it is important to consider direct child assessments (such as Save the Children's International Social and Emotional Learning Assessment, ISELA) and reports of parents, caregivers and/or coaches and teachers on children's life skills (such as the Teachers' Observations of Learners' Social and Emotional Learning, TOOLSEL).³⁸ Future research should ask how quantitative data collection tools can be complemented by other methods to understand changes among children following PSS interventions.

Due to the frequent challenges in identifying a clear control group in the context of Lebanon, it is important that evaluation designs include strategies to help ensure a robust assessment of the project's contribution. In qualitative data collection efforts going forward, the Learning Partner would suggest further strengthening FGDs with children and parents in the intervention group to better understand the overall contribution of M4E activities to the project's outcomes, compared to other activities children may take part in. Although it is difficult in the Lebanese context to isolate the contribution of an intervention to a specific outcome, asking parents and older children what they specifically learned from this project that was different from other activities they took part in could support the evaluation's contribution analysis. A more detailed understanding of the different activities taking place in project areas would also be helpful to help interpret evaluation results. Whenever trying to assess complex changes such as improvements in participants' resilience or self-esteem through proxy questions directly asked to children, it is important to complement this information with the feedback of other stakeholders, in case the scenarios or examples used with children do not completely capture relevant improvements.

³⁸ Please see the list of validated measures available in the measurement library curated by the Inter-Agency Network for Education in Emergencies (<https://inee.org/measurement-library>).

Annexes

Annex 1: Detailed Methodology

1.1 Evaluation Design

In light of M4E's experimental nature, the Consultancy's approach to this evaluation has been collaborative, emergent and Theory-based. In the Baseline Phase, data has been analyzed through outcome harvesting aimed at refining M4E's Theory of Change jointly with the Steering Committee. The iteration of the ToC workshop allowed for some adjustments in the definition of activities and results based on findings from implementation.

The Consultancy proposed a *quasi-experimental* approach instead of the requested *RCT – Randomized Control Trial*. Considering the high risk of cross-sample contamination and since the participants from both treatment and control groups had already been selected before the start of the evaluation, the term “randomized” risked being misleading. The non-equivalent comparison group design, which includes both an experimental target and a control group, but where participants are not randomly assigned, seemed to be the best description for this exercise.

The **Theory-Based Approach** of the study is centred on mapping and revising the pilot's Theory of Change to draw inferences as to whether and how the intervention contributed to observed results. This approach has been operationalized through an **Outcome Harvesting approach**.³⁹

Two Theory of Change workshops oriented the Consultancy's evaluation. The first one was carried out during the Inception Phase and was aimed at establishing the expected goals of the M4E pilot and defining the main measurement indicators of the evaluation. The second one was conceived as a refinement of the metrics elaborated during the former and was based on the evidence collected during the baseline data collection.

³⁹ Outcome Harvesting allows evaluators, program managers and staff, and possibly grant makers, to identify, formulate, verify, analyze, and interpret outcomes in programming contexts where relations of cause and effect are not fully understood. It consists of four steps: design the harvest (where the evaluation framework is designed), review documentation and draft outcomes (to identify and draft potential outcomes and how the intervention could contribute to them), engage with informants (to draft outcome descriptions) and analyze and interpret (where the outcome descriptions are discussed through two Theory of Change workshops).

1.2 Project management and fieldwork management

The Consultancy's team is composed of professionals from Learn More and COSV, two organizations with extensive experience collaborating in Lebanon and complementary skillsets. Learn More brings a strong background in evaluating complex educational interventions for leading non-profits. COSV's co-profit business unit provides unparalleled in-country data collection capabilities and know-how in quantitative assessment methods.

Project management was carried out by Learn More, while fieldwork was supervised by COSV (please refer to Section 3 of the Inception Report for further details).

Starting from the agreed Evaluation and Research Framework (please refer to [Annex 4](#) for further details), the Consultancy drafted all the data collection tools, which were vetted by the client and piloted before running all the data collection activities.

1.3 Sample Design

The sample selection was developed from a list of 1374 children targeted by the M4E project and shared by Right To Play. This number was decreased to 1302 after a first screening aimed to select only children included in the predefined age groups. The consultancy, together with Right To Play, decided to exclude children located in the Ein El Helwi camp due to security and safety reasons. Out of those 1302, 594 children were chosen as a total sample of both treatment and control (210 in Beirut, 135 in the North, and 249 in the South). The sample was designed to be representative of different nationalities and equally representative of genders. By applying these criteria, the Consultancy aimed to achieve a confidence level of 99%, with a margin of error of 3.9%⁴⁰.

The actual number of children to whom the CYRM survey was administered during the **baseline** data collection was 537, and two of them were not included in the original sample. This variation was due to the absence of part of the sample population, for reasons such as sickness, children's reallocation to other areas, and logistic challenges. The actual targeted sample was still fairly representative of different nationalities and reported an equal gender distribution, as shown in the table below.

Table 7 - Baseline administered CYRMs disaggregated by locations, gender, and groups

Locations	Baseline CYRMs disaggregated by treatment vs. control and gender			
	Treatment group		Control group	
	Male	Female	Male	Female
Beirut and Mount Lebanon	51	70	45	57

⁴⁰ For further details, please refer to [section 3.1 Demographic differences between the intervention and control groups in the baseline and endline samples](#).

North	37	28	14	31
South	43	41	64	56
Total	131	139	123	144

The confidence level remained at 99%, with a slight change in the margin of error (from 3.9% to 4.28%). For further details about the differences between the selected sample and the one targeted in the Baseline Phase, disaggregated by locations, groups (treatment vs. control) and gender, please refer to the baseline *Fieldwork Completion Report*.

For the Endline Phase, the Consultancy administered CYRM questionnaires to 512 children out of the 537 children reached in the baseline data collection (95% coverage ratio of the baseline target group). This ensured strong comparability with the reported results. Records of children who dropped out of the study were discarded from the baseline-endline comparison. Nevertheless, the total number of targeted children who participated in the Endline data collection supports a sufficiently powered quantitative analysis.

Intervention and control groups maintained an almost equal demographic distribution despite the children who dropped out of the study, keeping a substantially equal composition of the disaggregation sub-categories.

In total, 25 children dropped out from the CYRM survey, disaggregated as follows:

- Gender: 12 males, and 13 females.
- Age group: 12 belonging to the 5-9 age range, and 13 belonging to the 10-13 age range.
- Area: 12 children from the South (almost 50% of the total dropouts), 8 from Beirut and Mount Lebanon (32% of the total dropouts), and 5 from the North (20% of the total dropouts).
- Final dropout rate: 4.65%

The main reason for the drop-out was reportedly the overlapping of school lessons during the hours in which the assessment has been performed in the targeted centers. Other causes for the dropouts are linked to the changing social context. Some children and their families from the Beirut and Southern areas moved to the Bekaa area or to other villages, due to the high cost of living. These locations were not targeted by M4E. Moreover, Syrian families from the Beirut and Northern areas may have returned to Syria.

1.4 Demographic differences between the intervention and control groups in the baseline and endline samples

As previously outlined, the original sample of 594 children was designed to be representative of different nationalities, age groups and genders. Control and intervention subgroups were designed to be the most balanced possible according to the abovementioned criteria.

Figures 1, 2 and 3 below show the disaggregation of control and intervention groups by age, nationality and gender.

Figure 1 - Sample sub-groups disaggregated by age

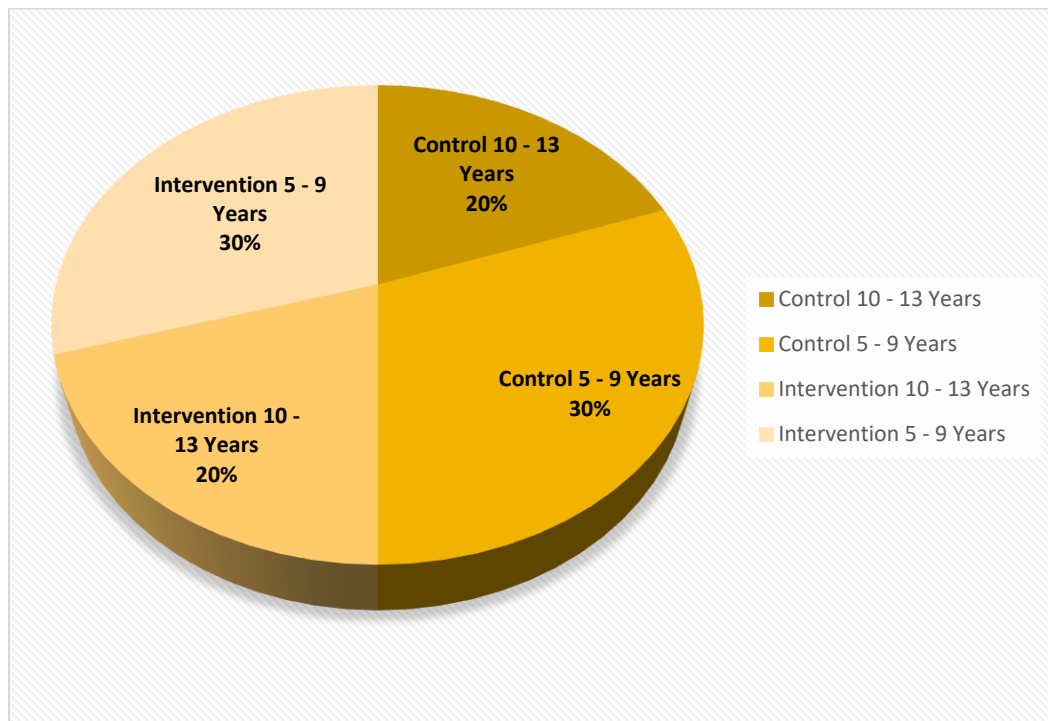


Figure 2 - Figure 1 - Sample sub-groups disaggregated by nationality

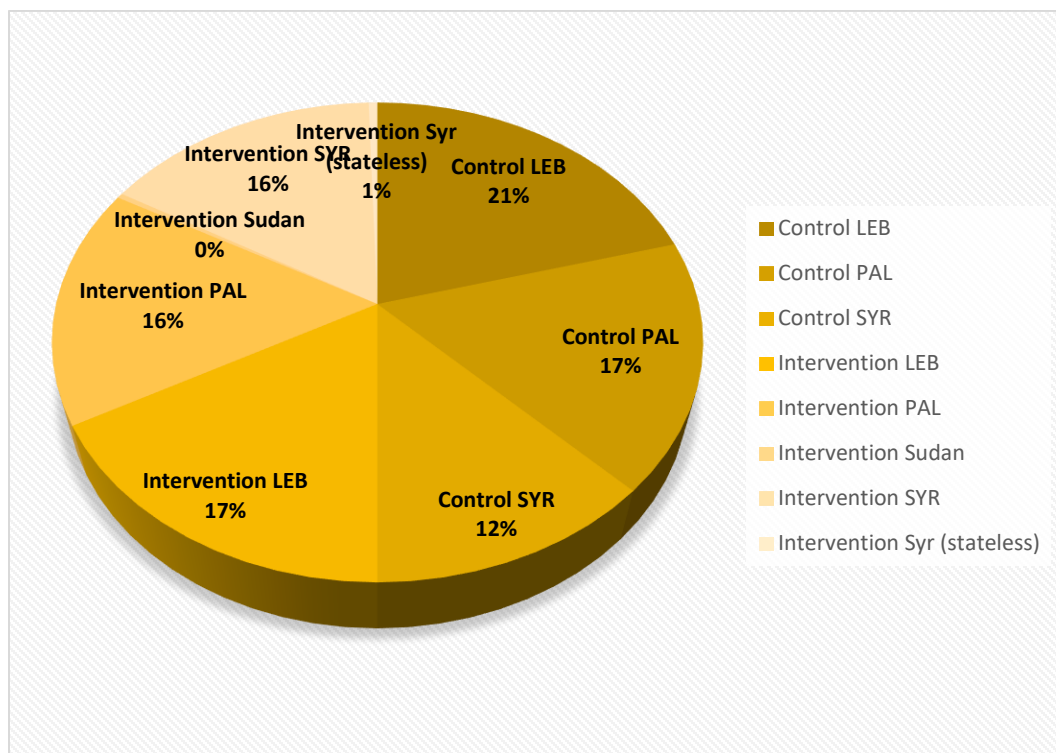
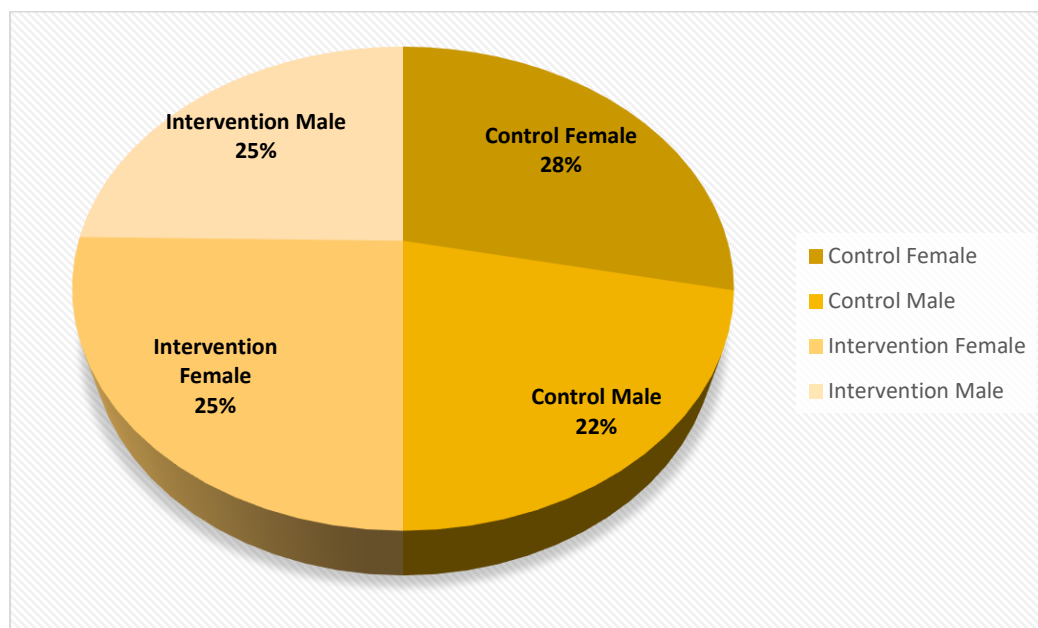


Figure 3 - Sample sub-groups disaggregated by gender



In the group of 537 reached at baseline, sex and age were balanced across the intervention and control groups.

As for the nationalities of children involved, if compared to children of other nationalities, there were more Lebanese children in the control group and Syrian children in the intervention group.

Moreover, there was a significant association between the area of residence and (random) assignment to the intervention or control group: children from Beirut and Mount Lebanon as well as the North of Lebanon were relatively overrepresented in the intervention group compared to children from the South. Also, one of the centers in the South only participated with a control group rather than both an intervention and a control group, to balance the distribution of children's nationality across control and intervention groups.

In the endline sample, sex and age were balanced across the intervention and control groups.

Table 8 - Number of children in the control and intervention group by gender

Sex	BASELINE		ENDLINE	
	Control	Intervention	Control	Intervention
Female	123 (48.4%)	131 (51.6%)	138 (50.74%)	134 (49.26%)
Male	144 (50.9%)	139 (49.1%)	116 (48.33%)	124 (51.67%)

As for the nationalities of children reached, the endline sample's demographic features were similar to the baseline: compared to children of other nationalities, there were noticeably more Lebanese children in the control group and Syrian children in the intervention group.

Table 9 - Number of children in the control and intervention group by nationality

Nationality	BASELINE		ENDLINE	
	Control	Intervention	Control	Intervention
Lebanese	116 (58.9%)	81 (41.1%)	110 (59.78%)	74 (40.22%)
Palestinian	86 (48.6%)	91 (51.4%)	82 (48.24%)	88 (51.76%)
Sudanese	0 (0%)	2 (100%)	0 (0.00%)	2 (100%)
Syrian	65 (41.1%)	93 (58.9%)	62 (40.52%)	91 (59.48%)
Syrian (stateless)	0 (0%)	3 (100%)	0 (0.00%)	3 (100%)

The endline distribution across area of residence was similar to baseline: children from Beirut and Mount Lebanon as well as the North region of Lebanon were relatively overrepresented in the intervention group, whereas children who resided in the South were overrepresented in the control group. This was expected given the overall few children who dropped out and few instances of changes of residence. Female children were relatively overrepresented among the intervention group children in Beirut and Mount Lebanon, whereas male children were overrepresented in the intervention group in North Lebanon.

Table 10 - Number of children in the control and intervention group by area

Area	BASELINE		ENDLINE	
	Control	Intervention	Control	Intervention
Beirut & Mount Lebanon	102 (45.7%)	121 (54.3%)	96 (44.65%)	119 (55.35%)
North	45 (40.9%)	65 (59.1%)	43 (40.95%)	62 (59.05%)
South	120 (58.8%)	84 (41.2%)	115 (59.90%)	77 (40.10%)

1.5 Limitations

Both the quantitative and qualitative data collection tools faced limitations. In accordance with the Consultancy's risk management strategy, Right To Play staff were promptly informed of any potential limitations and involved in the design of mitigation strategies, aimed at reducing data collection risks whenever possible.

1.6 Quantitative data collection

Some limitations have been reported after the implementation of the CYRM tool in the Baseline Phase, namely:

- Opting for a 3-point Likert scale simplified the interaction with the children, as well as their understanding of many questions. Nevertheless, it led to a less nuanced distribution (i.e., lower variability of resilience scores) of the collected answers. The interpretation of the change in CYRM scores therefore required triangulation with qualitative data to be collected from the children, in addition to the reported Likert scale's values.
- Social desirability bias may have affected the children less familiar with the coaches, specifically on education and supporting system-related questions. These questions (in particular the items referring to children's interaction with the community and the concept of fairness) were better explained during the Endline Phase and interpreted into a more child-friendly language.

The Consultancy and Right To Play promptly discussed the comparability and reliability issues related to the CYRM limitations. Although different mitigation strategies were explored (such as opting for a 5-value Likert scale for the endline assessment), the final choice was to maintain the same methodological approach for both the baseline and endline assessments. As showed in the *Children's resilience* subsection, CYRM subscales at baseline and endline have a low reliability and their findings should be then interpreted with caution.

For further details on how to potentially improve the use of the CYRM for future evaluations, please refer to the *Lesson learned* and *Recommendations* sections.

1.7 Qualitative data collection

Neither key informant interviews nor music session observations showed particular limitations.

In the Baseline Phase, FGDs with children, although successful, were slightly challenging. The most demanding task was maintaining children's interest and focus for the entire duration of the focus groups (especially the younger ones), as they were easily bored and distracted. Consequently, in the Endline Phase, the team developed a more gamified approach for FGDs, which proved far more effective.

Another relevant challenge at baseline was the unavailability of adequate spaces for this activity, where children participating in the focus group discussions were separated from others who did not take part in the evaluation. The occasional absence of dedicated spaces brought more difficult interactions with children, who were distracted by the surrounding environment. During the Endline Phase, the evaluation team tried to overcome this challenge with the

resources available. The successful cooperation and coordination with Right To Play staff brought more efficient management of the spaces and the FGDs.

1.8 Research ethical issues and considerations

The Consultancy applied the following ethical principles⁴¹:

- Independence – research team members shall maintain their independence.
- Impartiality – research team members, in the performance of their duties, shall always act with impartiality, objectivity, and professionalism. They shall not act in a way that unjustifiably could lead to actual or perceived preferential treatment for or against individuals, groups, or interests.
- Integrity – research team members shall maintain the highest standards of integrity, including honesty, truthfulness, fairness, and incorruptibility in all matters affecting their official duties.
- Accountability – research team members shall be accountable for the proper discharge of their functions and their decisions and actions. In fulfilling their official duties, they shall submit themselves to scrutiny as required by their position.
- Respect for human rights – research team members shall fully respect the human rights, dignity and worth of all persons and shall act with understanding, tolerance, sensitivity, and respect for diversity and without discrimination of any kind.

The Consultancy applied safeguarding principles when conducting research with vulnerable people or categories of people. This means the team was responsible to ensure everybody working with and for the Consultancy commits to respecting Do No Harm principles.

Vulnerable people or categories of people in research terms are defined as⁴²:

- Infants and children under the age of eighteen who are still in education or aged sixteen if they are not in education.
- People with learning or communication difficulties or serious mental health problems.
- Patients in hospital.
- Individuals under the care of social services.
- People in custody or on probation.
- Individuals engaged in illegal activities such as drug abuse.
- Persons with a condition or illness which is directly being investigated in the evaluation.
- Refugees and social minority groups.

The Consultancy members respected the standards set by Learn More in its Data Protection and Security Policy, Information Security Policy, and Quality Policy and guaranteed all personal and sensitive data were treated according to the GDPR.

⁴¹ For further details, please refer to [Annex 4 – Project Management and Principles](#), included by the Consultancy in the proposal submission documents.

⁴² For further details, please refer to [Annex 4 – Project Management and Principles](#), included by the Consultancy in the proposal submission documents.

Moreover, the Consultancy members followed Right To Play's Code of Conduct, which establishes that:

- LM staff and contractors must avoid developing personal relationships with vulnerable people involved in our projects (beneficiaries or users).
- LM staff and contractors must avoid disclosing personal information

Whenever data collection involved children, parents and caregivers were informed in time and signed caregiver consent were collected before the children's involvement in the data collection process.

The Consultancy, together with all the above-mentioned principles, complied with all the obligations, policies and codes of conduct to which Right To Play adheres.

Annex 2: Theory of Change Visualization

The reviewed Theory of Change of the M4E intervention is as follows:

Impact: resilient children are agents of positive change/capable to enact positive changes in their communities			
Main assumptions			
Resilience means self-awareness + self-management + social awareness. Non-resilient children cannot act positive change in their community. Resilience is achievable through improving life skills and psycho-social well-being.			
Outcome 1: Children are able to deal with their emotions (self-awareness and self-management)			
Assumptions	Limitations & barriers	Stakeholders	Activities
Prolonged exposure to trauma (bombing, internal displacement, poverty) has reduced children's well-being and ability to self-manage. Exposure to normalized violence and access to weapons undermines children's well-being and ability to self-manage Self-awareness and self-management are key to enact positive changes in society.	Families do not address the topic/don't know how to address the topic of self-awareness and self-management. Parents themselves face issues in dealing with self-awareness and self-management. Parents may not be a positive model of dealing with emotions in a healthy way.	Families: high interest, low engagement. <i>(Enablers)</i> Social Development Centers: high interest, high engagement. <i>(Enablers)</i>	Provide detailed feedback to parents on sessions with children.

Outcome 2: Children know their rights and are aware of social issues

Assumptions	Limitations & barriers	Stakeholders	Activities
Children are able to understand rights and social issues. Children have a voice and a right to raise it. Children are citizens with rights. Children can be actors of positive change in society. There is scarce recognition in Lebanon of children's rights and children's voices on social issues. Some topics can be considered against religious beliefs	Families do not address the topic of rights and social issues with children. Few programs are promoting bottom-up advocacy with children.	Families: high interest, low engagement. (<i>Enablers</i>) Social Development Centers: high interest, high engagement. (<i>Enablers</i>)	Design and pilot inclusive, culturally appropriate and gender-sensitive learning materials and methodologies to facilitate discussion on rights and social issues with children.

Output 1. Children have access to safe spaces

Assumptions	Limitations & barriers	Stakeholders	Activities
Lebanon's socio-political situation makes it difficult to guarantee safe learning spaces for children. There are topics that children cannot safely discuss at home, at school or in the community. Learning spaces are not designed to be safe and accessible for all children. Children are exposed to physical barriers, racism and discrimination violence or abuse at school, at home or in community spaces. Centers are places free from the violence happening in the surrounding context. Children have limited access to other spaces free from violence. Project activities are expected to respect the religious beliefs of participants. Social Development Centers put equal effort in including CWD and children with no disabilities. Religious or socio-economic differences among ethnic groups are becoming increasingly important	Mobility: children are not equally free to move outside their area of residence (e.g. stateless children with no IDs cannot move around). Public health rights and access to health services and facilities, especially for vulnerable communities, are not guaranteed. Architectonic and transportation barriers (environment is not inclusive for children with disabilities) Infrastructure of the centers is not suitable for children with disabilities	Social Development Centers: high interest, high engagement. (<i>Enablers</i>) Families: medium to high interest, low engagement. (<i>Enablers</i>) Children: high interest, medium engagement (<i>Enablers</i>). Ministry of Social Affairs (RTP is implementing through their centers) : high interest, high engagement (especially considering that it rarely gives permissions to NGOs, especially when there is no monetary gain involved). (<i>Enabler</i>).	Train coaches to welcome all children with inclusive language, and be respectful of differences in abilities, gender, and status. Train coaches to deal with increasing violent environment surrounding children outside the centers Provide transportation services for children living in hard-to-reach areas. Advocate with MoSA for accessibility of safe learning spaces for children.

in social discourse, leading to discrimination and racism.

Output 2. Children participate in music-based programs that develop their life skills and psycho-social wellbeing

Assumptions	Limitations & barriers	Stakeholders	Actions
Music-based interventions have a positive impact on the psycho-social well-being and life skills of children. There are no music programs with the objective of PSS. PSS interventions need to be continuous to be effective. There is a problem with continuity of interventions due to irregular attendance or high-drop-out rates linked to specific conditions of participants (refugees, children with no IDs, safe return programs). We can see changes in children's skills and wellbeing even after a short iteration of the program.	Schedule of activities not suitable for family and school. Due to an increasing deterioration of social-economic conditions, the program may not be sufficient to improve children's life skills and support their wellbeing in this context.	Families: high interest, low engagement. (<i>Enablers</i>) Coaches: high interest, high engagement. (<i>Enablers</i>)	Consult with families in the Design Phase to ensure schedules are suitable for work and life. Pilot learning material with targeted children including illiterate children, children with disabilities, children with different socio-economic backgrounds, and girls. Pilot the delivery of discussions that address the topic of violence and use of weapons. Consult with families at all stages to reduce the risk of drop-out from the program, if possible. Advocacy activities with the community. Promote music approach as unique, distinctive and highly effective.

Output 3. Coaches working with children are trained in the use of music techniques for life skills and PSS

Assumptions	Limitations & barriers	Stakeholders	Activities
Coaches need to master the fundamentals of psycho-social support and life skills for the program to be effective. Coaches consider RTP training to be effective and sufficient to deliver activities at a high quality Coaches do not have enough incentives to take part in the training and in the activities.	Coaches may need psychosocial support too.	Coaches: high interest, high engagement. (<i>Enablers</i>).	Design training for coaches that includes psycho-social support elements. Design training that includes life skills activities. Provide constant and ongoing follow-up and mentoring activities with coaches. Provide incentives for coaches to participate in the training and the activities of the M4E project (transportation fees).

Annex 3: Logic Model

Qualitative and/or quantitative performance indicator ² (PI)	Source and means of verification (M)	Target ³ (T)		Assumptions and risks
		BASELINE	ENDLINE	
Impact: improved life skills make children more hopeful and optimistic, with better projections of themselves in the future				
% of children feeling more hopeful and optimistic about their future. % of children with a better projection of themselves and their role in the community in the future, with higher self-esteem.	Results from Focus groups with children and learning settings observations. Results from Focus groups and interviews with coaches.		Qualitative evidence demonstrating that participating children are more hopeful and optimistic about their future (treatment vs. control group, and baseline vs. endline). Qualitative evidence demonstrating that children have a better projection of themselves in the future (treatment vs. control, and baseline vs. endline). Qualitative evidence demonstrating a general improvement in children’s hopefulness and optimism as reported by coaches. Qualitative evidence demonstrating that participating children take part in events and campaigns to share their musical products with the community.	Assumptions: Hopeful and optimistic children are more able to see their future positive role in the community. Risks: Prolonged exposure to trauma (bombing, internal displacement, poverty) may reduce children’s hopefulness and optimism.
Outcome: Improved resilience and life skills among participating children				

Qualitative and/or quantitative performance indicator ² (PI)	Source and means of verification (M)	Target ³ (T)		Assumptions and risks
		BASELINE	ENDLINE	
Increase in % of participating children reporting improved resilience and life skills at endline compared to baseline. Increase in % of participating children parents' observing improved resilience and life skills in their children at endline compared to baseline.	Results from CYRM Survey (treatment and comparison). Qualitative data collection (focus group) with children. Qualitative data collection (focus group) with parents. Qualitative data collection (interviews) with coaches.		70% of participating children report improved resilience and show improved life skills. Relative to children in the comparison group, children in the treatment group show a statistically significant increase in resilience (indexed by CYRM scores) at endline compared to baseline. Qualitative evidence demonstrates improved resilience and life skills in children as reported by their parents.	Assumptions: Strong life skills and resilience help children cope with stressful situations. Music-based activities can help children to develop or strengthen their resilience and life skills. Risks: Persistent exposure to trauma makes it harder for children to gain strong resilience and life skills.
Output 1: Improved capacity of coaches to lead music for emergencies sessions				
% of coaches demonstrating an improved understanding of the M4E curriculum. % of coaches reporting improved capacity to lead sessions at the endline. % of coaches reporting improved life skills and self-management.	Pre and post-tests results. Observation of music sessions. Feedback from focus groups. Interviews with coaches.		In post-tests, 75% of coaches give 70% of correct answers about the M4E curriculum by the end of the training. In post-tests, 75% of coaches give 70% correct answers about the life skills section of the curriculum. Qualitative evidence demonstrating improved capacity by coaches to lead sessions during music session observation. Qualitative evidence demonstrating satisfaction with the training as reported by coaches. Qualitative evidence demonstrating improved self-management and life skills by the end of the program as	Assumptions: Coaches need to know the M4E curriculum and how to lead music sessions to be effective. Coaches need to master the fundamentals of PSS and life skills for the program to be effective. Risks: Coaches too may need PSS. Risk of dropout of coaches after receiving the training or upon start of implementation since they do not have strong enough incentives.

Qualitative and/or quantitative performance indicator ² (PI)	Source and means of verification (M)	Target ³ (T)		Assumptions and risks
		BASELINE	ENDLINE	
			reported by coaches during focus groups and interviews.	
Output 2: Children regularly attend the M4E program				
% of children regularly taking part in music sessions. % of parents considering regular attendance of children in the program important. % of children perceiving the sessions as a safe space.	Project attendance data. Qualitative data collection (focus group) with children. Qualitative data collection (focus group) with parents.		70% of children attend % of the total number of music sessions. 40% of participating children with a refugee background attend at least 50% of music sessions. Qualitative evidence demonstrating that parents perceive regular attendance as important. Qualitative evidence demonstrating that participating children perceive the space where the music sessions take place as a safe space. Qualitative evidence demonstrating that children report easy access to the music sessions.	Assumptions: PSS needs of children are not a priority for parents, teachers, and the community. There are some topics that children cannot safely express at home, at school, or in their communities. There are no other music programs aiming at improving the resilience and social agency of children. The COVID-19 pandemic has caused limited access for at-risk children to safe learning spaces. Risks:

Qualitative and/or quantitative performance indicator ² (PI)	Source and means of verification (M)	Target ³ (T)		Assumptions and risks
		BASELINE	ENDLINE	
				Mobility issues for children, in particular for children with a refugee background. Risk of attrition, in particular in terms of household migration.
Output 3: Parents and the community are engaged in developing children's resilience and life skills				
% of parents attributing high importance to their children's participation in further PSS development activities. % of parents participating in the project's outcome-sharing event(s). % of representatives of relevant authorities are aware of this project and taking part in the project's outcome-sharing event(s).	Project's outcome-sharing event(s) attendance data. Parents focus groups attendance data. Interviews with community/local organizations members.		Qualitative evidence demonstrating that parents give high importance to their children participating in further PSS development activities or would recommend it to other family members. 20% of parents take part in the project's outcome-sharing events. At least two relevant community members (local authority or education-related stakeholders) are aware of the M4E project.	Risks: Family and teachers do not consider participation in the program a priority.



Qualitative and/or quantitative performance indicator ² (PI)	Source and means of verification (M)	Target ³ (T)		Assumptions and risks
		BASELINE	ENDLINE	
			At least one relevant authority representative participates in the project's outcome-sharing event(s).	

Annex 4: Evaluation and Research Framework

The first Theory of Change workshop was a highly participatory, grounding exercise, that provided the Consultancy with the main inputs needed to develop an Evaluation Framework complete with Logic Model, Indicators, and Verification Sources.

After translating the Theory of Change into a Logic Model describing measurable impact, outcomes and outputs (please refer to Annex 2 for the Logic Model), a new Evaluation and Research Framework was developed.

It was shaped according to the validated framework provided by the OECD Development Assistance Committee (DAC)⁴³ and it examined the following criteria:

- **Relevance** – the extent to which the intervention objectives and design respond to beneficiaries, country, and partner/institution needs, policies, and priorities.
- **Coherence** – the compatibility of the intervention with other interventions in a country, sector, or institution.
- **Effectiveness** – The extent to which the intervention achieved, or is expected to achieve, its objectives, and its results, including any differential results across groups.
- **Efficiency** – the extent to which the intervention delivers, or is likely to deliver, results in an economic and timely way.
- **Impact** – the extent to which the intervention has generated or is expected to generate significant positive or negative, intended or unintended, higher-level effects.
- **Sustainability** – the extent to which the net benefits of the intervention continue or are likely to continue.

Evaluation criteria	Evaluation questions		Data collection method	Key informants	Baseline	Endline
Relevance	1	B: To what extent does M4E's design adequately respond to children's needs in Lebanon? How so?	Focus groups	Children (treatment and comparison)	x	x
		To what extent does it target the needs of children in vulnerable refugee communities?	Interviews	Family members	x	x
				RtP staff HQ	x	
				RtP Lebanon program officers	x	x
				RtP Lebanon program coaches	x	x
		E: To what extent has M4E adequately responded to children's needs?		Community/local organization members		x

⁴³ For further information please refer to the OECD DAC webpage:

<https://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>

Evaluation criteria	Evaluation questions	Data collection method	Key informants	Baseline	Endline
		CYRM survey	Children	x	x
2	B/E: To what extent is M4E's design relevant to help children improve their life skills and resilience? How?	Interviews	RtP staff HQ	x	
			RtP Lebanon program officers	x	x
			RtP Lebanon program coaches	x	x
3	B: How are resilience and life skills intended and defined in the target context by family members? How does M4E match family members' definitions of resilience and life skills?	Interviews	RtP Lebanon program officers	x	
			RtP Lebanon program coaches	x	
		Focus groups	Family members	x	
4	B: How were children's needs and development priorities identified? Were relevant beneficiaries and stakeholders involved in the process of identifying children's needs? How? E: Did M4E address all the identified needs? Has M4E helped identify further needs? Which ones? To what extent and how have emerging needs been integrated into program iteration?	Interviews	RtP staff HQ	x	
			RtP Lebanon program officers	x	x
			RtP Lebanon program coaches		x
5	B: Does M4E design consider potential different needs of children based on gender, age, socio-economic determinants, and nationality? How? Does M4E consider the inclusion of children with special learning needs or disabilities? How? E: To what extent was the program's implementation modified to be more inclusive? Have these inclusion efforts been successful? How? Which challenges have been faced? Have further different children's needs emerged during M4E? Which ones?	Interviews	RtP staff HQ	x	
			RtP Lebanon program officers	x	x
			RtP Lebanon program coaches		x
6	B: How does the project's design ensure the creation of safe spaces? E: During the implementation, were the	Interviews	RtP staff HQ	x	
			RtP Lebanon program officers	x	x
			RtP Lebanon program coaches		x

Evaluation criteria	Evaluation questions	Data collection method	Key informants	Baseline	Endline
	spaces adapted to be safe for children? If so, how? If not, why?	Classroom Observation	Coaches' and children's interaction	x	x
	7 B: Are there governmental policy priorities addressing children's life skills and resilience development? Is the M4E aligned with them? How so? If not, is M4E aiming at influencing governmental policies, and how? E: Is there any evidence that M4E has influenced to any extent governmental policies? How?	Interviews	RtP staff HQ	x	
			RtP Lebanon program officers	x	x
Coherence	8 B: How does M4E fit in with LEGO Foundation's mission? How does M4E fit in with RtP's broader effort in PSS? Is there any partnership in place? Which are M4E's unique elements within RtP's PSS strategy? How does M4E fit in with RtP's programming in Lebanon and which are its unique elements?	Interviews	RtP staff HQ	x	
			RtP Lebanon program officers	x	
	9 B: How is M4E interacting with any relevant authorities in Lebanon? What level of engagement is there with different authorities? E: Has M4E interacted with the relevant authorities identified at baseline? Has the project interacted with other authorities, or has it deepened the existing relations?	Interviews	RtP staff HQ	x	
			RtP Lebanon program officers	x	x
			RtP Lebanon program coaches		x
	10 B: Is M4E coherent or interrelated with other similar projects in Lebanon? Are they complementary or competing projects? E: Has the interaction with other similar projects changed? How?	Interviews	RtP staff HQ	x	
			RtP Lebanon program officers	x	x
			RtP Lebanon program coaches	x	x
			Community/local organization members		x
	11 B: Does M4E differ from other similar projects in Lebanon? How? E: Has the uniqueness of M4E helped to reach the goal, if compared to similar projects' features?	Interviews	RtP staff HQ	x	
			RtP Lebanon program officers	x	x
			RtP Lebanon program coaches	x	x

Evaluation criteria	Evaluation questions	Data collection method	Key informants	Baseline	Endline
Effectiveness			Community/local organization members		x
		Focus groups	Children (treatment and comparison)	x	x
	12 B: Is music thought to be particularly effective in improving children's life skills and resilience? How? E: Has music helped to improve children's life skills and resilience as expected? How? Were there any unexpected positive outcomes or challenges in using music as a tool to foster children's life skills and resilience?	Interviews	RtP staff HQ	x	
			RtP Lebanon program officers	x	x
			RtP Lebanon program coaches	x	x
		Desk review	Existing literature on the effectiveness of music-based intervention	x	
	13 B: Is M4E expected to be equally effective for boys, girls, children with disabilities, and children of different nationalities? Do you expect some groups of children to receive more or less benefit than others? Why? E: Was M4E equally effective for boys, girls, children with disabilities, and children with different nationalities? Was it less effective for certain groups, and why? If unintended, were mitigation actions effective to reduce this effect?	Interviews	RtP Lebanon program officers	x	x
			RtP Lebanon program coaches	x	x
	14 B/E: To what extent do coaches have the necessary knowledge and skills to lead music sessions aiming at improving children's resilience and life skills?	Pre and post-tests	RtP Lebanon program coaches	x	x
		Music session observations	RtP Lebanon program coaches	x	x

Evaluation criteria	Evaluation questions	Data collection method	Key informants	Baseline	Endline
	15 B: What would help coaches to better lead M4E music sessions? Did the M4E training provide adequate and sufficient knowledge and tools? What are coaches' expectations about ongoing support during M4E implementation? E: Were the knowledge and skills provided by the training adequate and sufficient to lead the music sessions? How can training be improved? Was the expected ongoing support provided? How? Was it sufficient? How could it be improved?	Interviews	RtP Lebanon program coaches	x	x
	16 B: To what extent does the training have unintended positive effects among coaches, such as improved resilience and life skills? How? Does the training have unexpected negative effects? Which ones, and why?	Interviews	RtP Lebanon program coaches	x	x
	17 B/E: Do children regularly attend music sessions? Are there any differences in attendance (gender, nationality)?	Desk review	Project attendance data	x	x
	18 B/E: How do children of different gender, ages and nationalities perceive the place where music sessions are held? To what extent do they consider it a safe space, and why?	Focus groups	E: Children (treatment) (boys/girls)	x	x
	19 B: What are family members' expectations for their children's participation in M4E? Are they aligned with the project's design? E: To what extent have family members' expectations been met? Are they aligned with the project's design?	Focus groups	Family members	x	x
		Desk review	Project documentation	x	x
	20 B/E: Do family members perceive regular attendance to M4E as important? Why?	Focus groups	Family members (women/man)	x	x
	21 B: How does M4E aim to improve children's resilience, as per its TOC? What	Interviews	RtP Lebanon program officers	x	x

Evaluation criteria	Evaluation questions	Data collection method	Key informants	Baseline	Endline
	are the mechanisms for change and how are those reflected in the implementation plans?		RtP Lebanon program coaches	x	x
	22 B/E: Does M4E help children improve their resilience? How? To what extent?	CYRM survey	Children (treatment and comparison)	x	x
		Focus groups	Family members	x	x
			Children (treatment and comparison)	x	x
		Interviews	RtP Lebanon program coaches	x	x
	23 B/E: Does M4E help children improve their life skills? How?	Focus groups	Children (treatment and comparison)	x	x
			Family members	x	x
		Interviews	RtP Lebanon program coaches	x	x
	24 B: Do the community and family members give importance to children's resilience and life skills? Why? E: Has M4E changed the perception of the importance of children's resilience and life skills in family members? And in the broader community? How so?	Interviews	RtP Lebanon program officers	x	x
			RtP Lebanon program coaches	x	x
			Community/local organization members		x
		Focus groups	Family members	x	x
	25 B: Is M4E length and intensiveness appropriate to ensure improvements in children's resilience and life skills? E: Did M4E duration positively or negatively impact the improvement of children's resilience and life skills?	Interviews	RtP staff HQ	x	
			RtP Lebanon program officers	x	x
			RtP Lebanon program coaches	x	x
Efficiency	26 B/E: Is the project cost-efficient?	Interviews	RtP HQ	x	
	27 B: Is the project time-efficient?	Interviews	RtP HQ	x	
Impact	28 B: Do you expect M4E to help children to have better projections of themselves in the future, feel more hopeful and	Focus groups	Family members	x	x
		Interviews	RtP Lebanon program officers	x	x

Evaluation criteria	Evaluation questions	Data collection method	Key informants	Baseline	Endline
	optimistic and with higher self-esteem? How? E: Has M4E helped children have better projections of themselves in the future, feel more hopeful and optimistic and with higher self-esteem?		RtP Lebanon program coaches	x	x
	29 B/E Which are children's future projections of themselves? To what extent do they feel hopeful and optimistic about their future? How can the children's level of self-esteem be best described?	Focus groups	Family members (E) Children (participating and control)	x x	x x
		Interviews	RtP Lebanon program coaches	x	x
	30 B: Do children want to participate in public events to showcase their results and share them with their community? E: Did children participate in a final event? If not, why so?	Focus groups	Children (participating)	x	x
	31 B: Is there any final event planned? E: Has a final event taken place? If not, why so? What were the constraint and obstacles you faced?	Interviews	RtP Lebanon program officers		x
Sustainability	32 E: To what extent has M4E involved local authorities? What has been their reaction to the program activities?	Interviews	RtP Lebanon program coaches		x
			Community/local organization members		x
			RtP Lebanon program officers	x	x
	33 B/E: What longer-term plans are there within the CO and beyond for the M4E intervention beyond the lifetime of this project?	Interviews	RtP HQ	x	x
			RtP Lebanon program coaches	x	x
			community/local organization members		x

Annex 5: Deliverables

From the beginning of the project up to the end of the Endline Phase, the Consultancy has:

- Conducted a comprehensive review of the existing documents relating to M4E, including reports from previous iterations of the pilot, the Build Back Better project's MEL plan, monitoring handbook and Theory of Change.
- Proposed adjustments that will strengthen the measurement framework to assure conceptual validity from the baseline, which will feed into the regular monitoring exercises until the final evaluation.
- Designed and conducted a quasi-experimental study in collaboration with Right To Play and its partners, based on the CYRM survey
- Produced quality outputs (reports and learning workshops), summarized in the table below.

Table 11 - Deliverables

Deliverable	Date	Description
First Theory of Change Workshop	06/24/2022	Review of the project initial ToC, building alignment on assumptions, logic model, objectives, and actions.
Inception Report	08/05/2022	Grounding of Learn More's design of the inclusive evaluation for the Music for Emergencies project.
Data Collectors Training	08/16/2022	Training for all the personnel involved in the data collection process (COSV enumerators and RTP coaches).
Data Collectors Training Report	08/26/2022	Detailed description of the Data Collector Training.
Fieldwork Completion Report	09/28/2022	General description of the baseline data collection process and collection of recommended actions to improve the end-line data collection.
Data Validation Workshops (baseline)	10/28/2022	Sense-making activity about data collected during the Baseline fieldwork with Steering Committee, key stakeholders, project participants and partners.
Second Theory of Change Workshop	10/28/2022	Review of the project ToC in light of evidence from the field data, building alignment on assumptions, logic model, objectives, and actions.
Learning Meetings	09/08/2022 and 09/22/2022	Sharing of experiences and challenges met during the data collection. The first of these two meetings covered the process of gamification; the second meeting revolved around data collectors' feedback about the first data collection.
Baseline Report	16/01/2023	Detailed description of the findings of the baseline data collection, with preliminary lessons learned and recommendations for future improvements.

Data Validation Workshops (endline)	20/02/2023	Sense-making activity about data collected during the endline fieldwork with Steering Committee, key stakeholders, project participants and partners.
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Annex 6. Children's Focus Groups Answers

Table 12 – Children's well-being

Age	Location	Control (C) vs. intervention (I)	Gender – Boys (B); Girls (G)	BASELINE Are there things that you find difficult or that you don't like in your daily life? What kinds of things are the most challenging for you growing up here?	ENDLINE Are there things that you find difficult or that you don't like in your daily life? What kinds of things are the most challenging for you growing up here?
5-9	South	C	B	The things that pose difficulty according to children are falling while playing, and waking up early to go to school. Disliked things include: studying; exams; toys by which children were hurt, and when they face them, children avoid being hurt again. They try to sleep early in order not to struggle with waking up early the next day.	Spread laundry. Take out garbage. Clean the house. Take out garbage. Repetitive orders. Climb to the roof to inspect the water tank's level.
5-9	South	C	G	- "Reading things that are not practised in front of people, so I would ask someone else to do that because I feel awkward". - "I don't like waking up early, in the heat especially with the difficult weather and the power cuts, making it virtually impossible to fall asleep."	- "I'm annoyed that my mom works so much, so I like to help her". - "School, because it's getting harder". - "Housework and helping my people (dishwashing my dishes)". - Death.
5-9	South	I	G	The things they face difficulties with are exams, carrying heavy chairs, and winter because it is cold, playing with the ball at home, going to school early and sleeping early. - "We can't do anything because our parents make us go to bed early and wake up early for school. During winter, we dress up as much as possible and cover ourselves".	- "I don't like loneliness".
5-9	South	I	B	- "Climbing high roofs or other dangerous places (The roof of our building while filling water)". - "Approaching stray dogs". - "Jumping into the deep end of a pool". - "Daily trips to school early in the morning".	- "Daily study, focus and double my effort".

Age	Location	Control (C) vs. intervention (I)	Gender – Boys (B); Girls (G)	BASELINE Are there things that you find difficult or that you don't like in your daily life? What kinds of things are the most challenging for you growing up here?	ENDLINE Are there things that you find difficult or that you don't like in your daily life? What kinds of things are the most challenging for you growing up here?
10-13	North	I	B	- "I am sad and annoyed because I underwent a surgery in my stomach when I was younger". - "My friend annoys me because he wants to know everything." [The coach reported that one of the boy is helping his family because] his father passed away: [the boys explains] why he was late for practice the other day: "I was getting <i>Musabbaha</i> (food) for my mother for lunch".	- "Study for a long time, work, help family, my parents can't meet all my needs".
10-13	North	I	G	- "Society's perception". - "Bullying". - "I always had a teacher after school, this year I had to study on my own, which was difficult because there is no teacher and my parents are not able to help me, so my grades went down a bit". - "The absence of support". - "Separation or losing parents". - "Difficulty in securing the things that I like".	- "Camp is generally not always safe". - "There are problems, bullets, a crazy person who always scares us, we wish we could travel as quickly as possible".

Table 13 – Children's well-being

Age	Location	Control (C) vs. intervention (I)	Gender – Boys (B); Girls (G)	BASELINE What do you do when you face difficult things in your life?	ENDLINE What do you do when you face difficult things in your life?
10-13	North	I	B	- "A friend of mine bullied me so I hit him and a guy came to get me off of him". The respondents said that they would hit the person who attacks them, especially if the person is the one who started it.	- "Tell my parents everything". - "I don't do anything". - "I'm solving my problems on my own".

Age	Location	Control (C) vs. intervention (I)	Gender – Boys (B); Girls (G)	BASELINE What do you do when you face difficult things in your life?	ENDLINE What do you do when you face difficult things in your life?
				Another respondent said that sometimes they're scared to get out of the house because there is a dog that attacks them sometimes. - "If someone hits me or yells at me, I either tell their father, hit them back, or yell at them." Each person has a different way to handle things: hitting, yelling, talking to one of the parents.	
10-13	North	I	G	- "We were abroad, and when we came back, we saw that a lot of things and circumstances have changed". - "If I was bullied, I would hit the person". - "I would confront them and defend myself and ask them not to talk about me anymore". - "I would cry to get it out of my system". - "If the situation occurs with my friend, I would face her".	- "I rely on myself for some things I can do, and [for the] other things I ask for support".

Table 14 – Children's relationships with caregivers

Age	Location	Control (C) vs. intervention (I)	Gender – Boys (B); Girls (G)	BASELINE Do grownups listen to children in your family/community? Are you free to say whatever you want in your family?	ENDLINE Do grownups listen to children in your family/community? Are you free to say whatever you want in your family?
5-9	South	C	B	Yes, they listen to them. [Children referred to not always speak to their parents] in order to avoid being yelled at.	- "Everyone listens to me except my sister, because I'm male". - "Everyone listens to me except my sister, because she's annoying".
5-9	South	C	G	They think that those who are older don't care about what the younger ones say. They do not express their thoughts within the family because they have work to do.	- "They don't listen to me often and when I ask for some money buy sweets they don't give me".
5-9	South	I	G	[Grownups listen to them] depending on the importance of the subject or how busy they are. They are not obligated to do anything in case	- "Yeah, [grownups listen to me]. Sometimes when I talk to my mom, she's on the phone with her mate and doesn't reply to me".

Age	Location	Control (C) vs. intervention (I)	Gender – Boys (B); Girls (G)	BASELINE Do grownups listen to children in your family/community? Are you free to say whatever you want in your family?	ENDLINE Do grownups listen to children in your family/community? Are you free to say whatever you want in your family?
				they're not happy with it - they can express themselves freely.	
5-9	South	I	B	- "Yes, at times, based on importance". - "If my parents are angry, they don't listen to us".	- "Yes, most of the time and as long as they are not talking to other people". - "Not all of the time, and when I know they're busy, I don't come to them [...] until they're done with their concerns". - "When I ask for something they respond to me most of the time, like a gift for my birthday or a particular food".
10-13	North	I	B	- "My mother doesn't believe me when I tell her something, whereas she believes my little brother because he's younger than me". - "I tell my uncle about everything because my mum cannot speak to men". - "I tell my uncles". - "I call my mum". - "I tell my brother everything that happens with me".	- "Yeah, but not always, there are kids who don't listen to us like our parents when they're busy".
10-13	North	I	G	- "I tell my sister or my friend (my cousin)". - "Sometimes parents hear us depending on the circumstances". - "I talk to my mother because my father is at work". - "I feel that I am closer to my father than to my mother, so I talk to him".	- "Yes, but not always by context. My parents listen to me, but not all parents do this."

Table 15 - Respect and communication, 5-9 years old children

Target	Control vs. Intervention	Location	Gender	BASELINE	ENDLINE
				(All children) What do you do when a friend says a bad thing to you? (5-9 y.o.) What do you do when you say something bad to a friend? (Probing respect and communication)	Show a picture of a girl crying. Ask "Why is she crying?" Explain she is crying because someone said something bad to her. What would you do?
5-9	C	B	G	When a dispute arises some prefer not to apologize or prefer to stay away and admit feeling burdened by the relationship. One of the kids mentioned that she exchanged physical violence with one girl. The moderator inspected whether the children can find ways to resolve a dispute and they suggested gifting each other's, visiting each other's, giving each other's cake.	- "I mitigate her and ask her why, because I love people. Looking for the person who made her sad and made them friends again so that the rupture doesn't last between people, I complain to the professor to resolve the dispute".
5-9	C	B	B	Resolving any sort of physical or verbal attack or even a play dispute is directly associated with beating the person however this center had special attention to weapons. Boys proposed specific weapons to beat up each others. The moderator inspected whether the child knows how painful this is and implied that they have experienced it. The moderator later inspected how is this pain reproduced and why aren't the parents included in the picture. The answers focused on how is the conflict evoked and how it will develop and who will interfere from the elderly.	Ask him why he cried, and ask the cause not to repeat it. - "I apologize and give him what makes him stop crying and relieve him". - "Hit the cause of crying because it is the cause of crying to another person and I complain to his people". - "Make them reconcile with each other".
5-9	C	S	B	They tell a person or don't speak to them. They speak with someone in private. - "If we were the ones to say anything bad, they would apologise to the person".	- "Ask him not to do it again, beat him, forgive him, ask him to apologize, complain to my parents, complain to his people".
5-9	C	S	G	They tell adults. They apologise to them.	- "I fight with her and apologize to her some time later, talk to my parents, talk to my abuser and ask him why he did it".
5-9	I	B	B	A live action occurred when a friend calls another names. He considered this a normal reaction because he was beaten by him previously in class. This brought up a discussion on beating others which the children considered as a normal way to joke around. ("If someone attacks me, I try to hold his hand or I punch him or I tell their	- "I mitigate her and try to cheer her up". - "I urge her to stop crying". - "Hit the one who made her sad".

				BASELINE	ENDLINE
Target	Control vs. Intervention	Location	Gender	(All children) What do you do when a friend says a bad thing to you? (5-9 y.o.) What do you do when you say something bad to a friend? (Probing respect and communication)	Show a picture of a girl crying. Ask "Why is she crying?" Explain she is crying because someone said something bad to her. What would you do?
				parents). Other children consider asking about it and the reason behind it. One of the ways to resolve it is to leave it for the days or allow elder people to interfere.	
5-9	I	B	G	- "We pulled each others hair and we tear the papers of each others. She hit my sister". (One of the children said they fight over silly stuff. One girl lost her nerves too). - "We do not like to resolve issues. If we stay fighting its ok". (Discussions on who took whos pencils). They mocked each others. (Another fight arose on who hit who). - "We do not want to stop hitting each others". - "We resolve our problems with violence". One of the children bullied another child and spoke about making her leave. Also the same girl joked about resolving her problems by puncturing the others eyes with pencils.	- "I complain to the teacher". - "We ask her why and tell management". - "We complain to the teacher". - "I don't do anything". - "Mitigate her and bring her a gift to calm down". - "I play with her".
5-9	I	S	G	Speaking with the person in charge or with the parents in case negative words are addressed to them, apologising to one another, and reconciling in case they said negative things to one another.	- "Complain to Mom and Dad". - "Talk to her and tell her to be kind to people". - "Complain to the teacher or to my parents".
5-9	I	S	B	They tell older people Apology Reporting (to parents, brothers, mother)	- "I tell my parents that somebody bothered me". - "I fight with him". - "I don't cry".

Table 16- Respect and communication, 10-13 years old children

Target	Control vs. Intervention	Location	Gender	BASELINE		ENDLINE	
				(All children) What do you do when a friend says a bad thing to you? (Probing respect and communication)	What about if you do or say something bad to a friend? What can you say or do to tell a friend you're sorry? (Probing communication)	Show a picture of a girl crying. Ask: "Why is she crying?" Explain she is crying because someone said something bad to her. What would you do?	What about if you said something bad to her? Then what would you do?
10-13	I	N	B	- "I don't talk to them anymore". - "I tell their mother". - "I hit them". - "A boy was talking bad to me so I told him that I will tell coach Saleh". - "I tell them: <i>God forgives you</i>".	- "I get annoyed when this happens". - "I was annoyed with myself, and my father hit me because I did this". There was a small argument between the children because a similar situation occurred with them. - "I have no problem apologising if it was my mistake".	The reason for crying may be because someone shouted at her, or stopped her from playing. - "If someone says something bad to me, I beat him, or I complain to his or my parents".	Everyone agreed to apologize to the person if he was a close person, and if he didn't, they didn't care, they wouldn't talk to him because if he didn't make a mistake with them, they wouldn't say something "bad" to him.
10-13	I	N	G	One of the girls shared an experience that happened with her: "A friend sent me an inappropriate message via WhatsApp and accused me of incorrect things; then she told that she was angry, so I stopped replying and stopped telling her things that happened with me". - "I would tell her the same things she's saying". - "I block her". - "I don't react". - "I try to find a solution if she is someone who means to me". - "I would've told my mum and she	- "I would calm myself before talking to the person, then I would apologise if it was my mistake". - "I would apologise if it was my mistake, but if it was not, I wouldn't".	Someone might have caused her a nuisance. She fought with her family or friends, or someone beat or harassed her.	- "I try to calm her down and cheer her up if she's my girlfriend, and we talk to solve the problem".

Target	Control vs. Intervention	Location	Gender	BASELINE		ENDLINE	
				(All children) What do you do when a friend says a bad thing to you? (Probing respect and communication)	What about if you do or say something bad to a friend? What can you say or do to tell a friend you're sorry? (Probing communication)	Show a picture of a girl crying. Ask: "Why is she crying?" Explain she is crying because someone said something bad to her. What would you do?	What about if you said something bad to her? Then what would you do?
				would've talked to her".			
10-13	C	N	B	- "I would stop talking to them". - "If they say anything about mothers I would kill them". - "I would tell them the same thing they're telling me". - "I would kill them". - "I would go tell their mother". - "I would tell them the same thing they're telling me".	- "I would apologise to them". Everyone says they're sorry except one child: "I wouldn't apologise if it was their fault". - "If they don't apologise I would kill them". - "If they hit me I would defend myself".	- "I don't do anything, let him go". - "If he says bad words to me, I hit him". - "I talk to him and ask him not to repeat the mistake". - "I hit him no matter what".	- "I don't do anything". - "We talk and we deal with it".
10-13	C	N	G	- "Every time someone does wrong with me, I hit them". One of the girls shared a situation that happened to her with a friend of hers, and she confronted her.	- "I don't apologise because they are the ones who do me wrong". - "I don't talk to them". - "I would apologise". - "Yes and no". - "I mean, for example, if	- "I calm her down". - "If I'm the sad girl, I cry and come home". - "I get upset with my friend". - "I talk to her and tell her I got upset with	- "I try to mitigate and cheer her up". - "I talk to her and tell her I'm sad with her".

Target	Control vs. Intervention	Location	Gender	BASELINE		ENDLINE	
				(All children) What do you do when a friend says a bad thing to you? (Probing respect and communication)	What about if you do or say something bad to a friend? What can you say or do to tell a friend you're sorry? (Probing communication)	Show a picture of a girl crying. Ask: "Why is she crying?" Explain she is crying because someone said something bad to her. What would you do?	What about if you said something bad to her? Then what would you do?
				- "If no one hits me or curses at me, I don't hit them".	- someone says something I didn't say, I don't apologise to them". - "For example, someone said that I was cheating on the exam so they said they're going to tell the teacher, so I yelled at them". - "My mum and their mum were involved in the argument".	- her and why she did it". - "I hit her in the neighbourhood". - "If my friend end the fight and talk to each other again". - "I don't show her I'm angry with her if she's my friend". - "When she tried to talk to me and end the fight, I talk to her". - "Once Razan and I have fought together, we went to our houses but she came to mine to end the fight and found me crying."	

Table 17 - Respecting the speaking turn and listening to one another

Target	Control vs. Intervention	Location	Gender	BASELINE	ENDLINE
				(All children) What happens when we all want to speak at the same time? When is not your turn to speak, do you listen to all the other children, or just to your friends? (Probing on respecting the speaking turn and listening to each other)	What happens when we all want to speak at the same time? When is not your turn to speak, do you listen to all the other children, or just to your friends?
5-9	C	B	G	- “We don't hear each other's but the girls generally communicate peacefully and respect each other's turns”.	- “We must take permission before and wait for our turn to speak so that we don't interrupt each other and understand what is being said”. More respectful. - “We listen to everyone without discrimination because it doesn't matter if she's our friend or not”. - “We have to respect her and take into account her feeling”.
5-9	C	B	B	Children respect each other's turn and do not feel rushed to not listen to each other's. When asked this question the children replied: “We become distracted, we can't hear each other's well...”	- “We did not understand each other and there was noise and we did not focus on what others said”. Permission and role must be requested to speak, either by raising the hand or by the instructor, for example. - “Listen to everyone regardless of whether we know them or not”. - “Just listen to my friends because I love to hear people I know”.
5-9	C	S	B	- “It produces a lot of noise and makes everyone lose concentration”. - “When it is not my turn to speak, I listen to the speaker even if it's a person that I don't know”.	- “We won't hear each other and be a mess”. - “We respect everyone even if we don't know them”.
5-9	C	S	G	Loud noises. They cannot hear one another. Yes, they listen to other children and respect others.	- “We don't understand what's being said, and we have to listen to everyone, regardless of whether they're friends or not”.
5-9	I	B	B	They all wanted to finish the soonest and tell stories about each others which makes interruption higher and some complained about having to wait a lot for their friends to talk. They already interrupted each others and did not let others finish. Also during some	- “We didn't understand what was said”. Noise and chaos. Information was lost. The hand must be raised and the role respected. - “We listen to everyone regardless of whether it's my friend or not”. Don't listen to the new person.

Target	Control vs. Intervention	Location	Gender	BASELINE	ENDLINE
				(All children) What happens when we all want to speak at the same time? When is not your turn to speak, do you listen to all the other children, or just to your friends? (Probing on respecting the speaking turn and listening to each other)	What happens when we all want to speak at the same time? When is not your turn to speak, do you listen to all the other children, or just to your friends?
				questions, we asked the children to stick to their turns, but they couldn't.	
5-9	I	B	G	They all speak in the same time and they interrupt each others. The moderator found it hard to control the turns as well. One of the children suggested to wait until someone finishes to speak but others objected. They also started to yell to cover each others voice.	- "We didn't understand anything because of the noise". - "You should talk by raising the hand". - "There should be a system of role".
5-9	I	S	G	Fights about who will speak first. They will not understand one another. They listen to everyone (strangers and those they know).	- "We don't understand what's being said, and we have to listen to everyone, regardless of whether they're friends or not".
5-9	I	S	B	- "The noise, and the fact that we won't understand one another". - "Listening to everyone, regardless of who is speaking".	- "When we talked together we didn't understand each other and being in a mess we needed to talk respectfully and take permission".
10-13	I	N	B	- "There would be noise and we won't hear one another". - "I listen to everyone, but sometimes when I don't like the conversation, I don't listen". - "I'm bored, when will we finish?" - "I have a curfew until 4 pm".	- "We won't be able to hear and understand something because of the noise". - "The hand must be raised and the role respected".
10-13	I	N	G	- "There would be noise". - "I would get annoyed". - "I would get angry and shout until everyone is silent and I then I would talk".	- "We will not be able to hear each other, and everyone must respect their role in the conversation". - "It's nice to listen to each other respectfully".
10-13	C	N	B	- "We'd be annoyed and no one would understand what the other is saying". - "It's better to divide the roles and each person speaks alone (1-2-3...)". - "I would like to play in a team but without everyone talking all at once".	- "We raise our hands when we want to talk, so we can hear each other, out of respect".

Target	Control vs. Intervention	Location	Gender	BASELINE	ENDLINE
				(All children) What happens when we all want to speak at the same time? When is not your turn to speak, do you listen to all the other children, or just to your friends? (Probing on respecting the speaking turn and listening to each other)	What happens when we all want to speak at the same time? When is not your turn to speak, do you listen to all the other children, or just to your friends?
10-13	C	N	G	- “This is not a good thing and it is annoying”. - “We listen to one another and then we speak”.	- “We talk by raising hands so there's no noise”. - “We can't hear each other if we talk to each other”.

Table 18 – Teamwork

Target	Control vs. Intervention	Location	Gender	BASELINE	ENDLINE
				(All children) Do you prefer to play alone or to take part in a team play? Why? Do you think there are games or situations in which being in a team is better than being alone? Can you give us an example? (Probing teamwork)	Would you rather play music alone or together? Play sports? Cook a meal? Clean a house? Dance? Play video games on a cell phone?
5-9	C	B	G	Some preferred being alone and mostly in groups. Playing in a team allows you to play games you can't play if you were alone but staying alone allows you to have a clearer mind.	Everyone loves hearing music with friends because it's more fun. Everyone loves exercising with friends to compete and share. - “Everyone loves doing housework with friends to help each other, because teamwork is better, distribution of tasks, and because we are tired alone”. Everyone loves dancing with friends because it's more fun and entertaining. Some love playing video games with friends.

Target	Control vs. Intervention	Location	Gender	BASELINE	ENDLINE
				(All children) Do you prefer to play alone or to take part in a team play? Why? Do you think there are games or situations in which being in a team is better than being alone? Can you give us an example? (Probing teamwork)	Would you rather play music alone or together? Play sports? Cook a meal? Clean a house? Dance? Play video games on a cell phone?
5-9	C	B	B	Kids play together and prefer teams for big games. They also have a big group of friends as some mentioned up to 10 friends within their near circle. They attend prayer together, play football games, visit the park, or attend the center together. Two of the children preferred to play alone but the rest preferred being in a team. They also think being in a team makes a person stronger.	Who chose on their own: 1. "Quieter and merge with theme (Music)". 2. "On my own, to focus and not be bothered". 3. "Alone so that I can focus on the game and the least buzz (video games)". 4. "Dancing is not for males". Who chose with their friends: 1. "More fun music with friends". 2. "Sport is more fun and competitive - to see how we play - more beautiful than playing alone". 3. "Video games with the group entertain more and plan together".
5-9	C	S	B	They want to play with their friends to enjoy themselves and root for their team. - "The games we play by ourselves are spinning tops, football juggling (freestyling), and PUBG".	Everyone prefers group play because it's more fun with friends. - "Because the most games are collective and participatory, there will be no competition to play if we are alone".
5-9	C	S	G	- "No, we don't like to play by ourselves, we prefer to play in groups because we don't like being alone". On some rare occasions they prefer to play by themselves.	- "Everyone loves group play because I love my friends and they love me, more fun and joy when we're together".
5-9	I	B	B	Some said they like to play in groups and the others prefers to play alone.	Music: - "On my own, in order not to be criticized". - "With friends more entertaining and enjoying together". Sport: - "With friends more fun and entertaining and there is competition". Cleaning the house:

Target	Control vs. Intervention	Location	Gender	BASELINE	ENDLINE
				(All children) Do you prefer to play alone or to take part in a team play? Why? Do you think there are games or situations in which being in a team is better than being alone? Can you give us an example? (Probing teamwork)	Would you rather play music alone or together? Play sports? Cook a meal? Clean a house? Dance? Play video games on a cell phone?
					- “With friends, faster and more efficient with help and divided tasks”. Video games: - “With friends help plan and compete”.
5-9	I	B	G	Some of them said they don't like to play alone cause it's boring. The rest were to distracted to answer. However in the beginning of the FGD, 4 girls who were cousins showed to be very close and teamed up against a girl. The FGD started by discussing how there is a constant conflict between the two teams. The girls after the FGD was done explained how they dont like to share toys, crayons, or other items. During the FGD, they took each others items and did not share the papers.	Music: - 2 on their own because music needs to calm down. - 3 With mates because it's more fun. Sport: - 1 alone. - 4 With Their More Fun Companions. Dance: - Everyone doesn't like dance. Cleaning the house: - 4 choose with others so they don't get tired. - “I don't have brothers helping me”. - “I don't like to make anyone tired”.
5-9	I	S	G	They prefer to play in groups because they have fun there and they can play by themselves, too.	Everyone with team play because it's more fun and more participatory. - “There is room to talk between us, play to our condition causes boredom and there is no competitiveness”.
5-9	I	S	B	- “Playing with others, listening, learning skills (such as making shots, or other)”. - Playing with friends (in a team) or playing by myself and learning from other”.	- “Everyone loves playing with their mates because it's more fun and we feel like we're not alone and we love helping each other”. - “We play to achieve the goals of the game, making friends strengthens our personality”.
10-13	I	N	B	- “We like to play in a team”. - “I sometimes like to sit alone at home”. - “I like to sit with my mother and tell her what's bothering me”.	Everyone agreed to do activities collectively because it's more fun. - “We feel more entertained”. - “It's not nice to be alone”.

Target	Control vs. Intervention	Location	Gender	BASELINE	ENDLINE
				(All children) Do you prefer to play alone or to take part in a team play? Why? Do you think there are games or situations in which being in a team is better than being alone? Can you give us an example? (Probing teamwork)	Would you rather play music alone or together? Play sports? Cook a meal? Clean a house? Dance? Play video games on a cell phone?
10-13	I	N	G	The majority of girls prefer to play or take part in a team because there will be more opinions and enthusiasm. - "It's better to be in a team".	Everyone loves working with groups. - "Girls sit alone sometimes if we're upset". - "Sometimes I don't like to talk to anyone and I prefer to sit alone".
10-13	C	N	B	- "I would like to play in a team and to divide the roles in order to help one another". - "I sometimes like to play alone: because they always hit me, I'm more comfortable when I'm alone".	All the kids have expressed that they love playing with friends because the game becomes better.
10-13	C	N	G	The game is more fun with a team because there are usually more ideas together. - "The teacher always divides us into teams". - "We share thoughts with one another".	- "I'm more happy playing with my friends". - "I love the team". - "Friends are more fun". - "Not nice to play alone". The girl who chose to stand alone doesn't like playing but dances with her friends.

Table 19 - CTPS and creativity

Target	Control vs. Intervention	Location	Gender	BASELINE	ENDLINE
				(All children) What would happen if the moon was made of cheese? (Probing on CTPS and thinking outside the box)	What would happen if children ruled the world?
5-9	C	B	G	- "I will roast it". - "I will make it picon (cheese)". - "I will ask my mom to put it in a sandwich for me". - "I will put it in the fridge".	1. Work to apply the system correctly and well. 2. Work to reduce wars and disagreements. 3. "I'll do whatever I want and sleep anytime I want". 4. Be much better without adults.
5-9	C	B	B	- "We will eat it". - "We will keep it up for Ramadan month". - "I will cut it in half". - "I will go up and get it to have my lunch".	One participant refused to rule the world and issue laws. The world becomes a better place. Work on Justice. The little ones don't have the experience, and the ruin will take place.

Target	Control vs. Intervention	Location	Gender	BASELINE	ENDLINE
				(All children) What would happen if the moon was made of cheese? (Probing on CTPS and thinking outside the box)	What would happen if children ruled the world?
				- "I will bring a rocket and tie it to a rope and bring it down".	
5-9	C	S	B	- "There are many ways to answer". - "A rocket is launched and we eat it". The child doesn't eat it because his mother's name is Amar (moon). - "It is taken to become a prisoner".	- "The world will be boring". - "It will not be beautiful". - "There will be chaos". - "There are no houses and everything is sabotaged". - "Full of tunnels". - "There will be no food". - "There will be no one raising us, no hospitals and no doctors".
5-9	C	S	G	Astonishment ("my goodness!"). - "We would eat it, wrap it in a pita sandwich and feed the entire neighbourhood".	- "The world will be funny and there will be no sadness". - "We will play all the time". - "We will not let anyone poor". - "Children's crying spreads".
5-9	I	B	B	- "I will send a drone to drop it down and eat it". - "I will bring it back to eat it". - "Only God can bring it down". - "Guys who work in space will work to get it". - "I don't know".	- "Not good because there are tasks that are exclusively for adults". - "Not good because we don't have enough experience to take care of ourselves". - "Not with the principle of nobody's rule". - "Everyone rules themselves".
5-9	I	B	G	They were all laughing and talking and barely heard one of them saying we won't feel hungry anymore.	- "That's not possible, because adults care about little ones and we can't care about ourselves". - "There can be no adults because little ones can't take care of themselves and prepare what they need".
5-9	I	S	G	They will eat it and give it to the poor and to Syrian people because they cannot find work to be able to buy food.	He'll be nicer for the absence of adults. - "Less beautiful because there's no one to care about us". - "I don't want to". - "I love my mother, I don't want her to disappear".
5-9	I	S	B	They eat it. They hand it out. They grill it or eat it in a pita sandwich.	Havoc and destruction ravage the country, become problems, the laws are not smart, children cannot rule the country, the world will be filled with chocolate and sweet.
10-13	I	N	B	- "I don't like cheese". - "I would attack it if it was made of chocolate". - "I would eat it".	The kids would have got everything they wanted. - "We were going to help the needy". - "The world will be a gaming city".

Target	Control vs. Intervention	Location	Gender	BASELINE	ENDLINE
				(All children) What would happen if the moon was made of cheese? (Probing on CTPS and thinking outside the box)	What would happen if children ruled the world?
				- "I like the moon as it is, i don't like to change it". - "I like it to have small round pieces". - "I would eat the cheese". - "I like Picon cheese the most". - "I imagined it as a butterfly, because I like butterflies". - "I don't want the moon to change".	
10-13	I	N	G	- "It would be yellow". - "I don't like cheese, so I wouldn't look at it". - "It would be edible". - "I go to space and eat it". - "Girls would prefer if the moon was made of chocolate".	Everything changes for the better. - "I don't like living without my parents". - "The world will be a place full of games". - "There are a lot of activities". Everything is safe for children.
10-13	C	N	B	- "I see it melting". - "I see it shining". - "It would be dark and we cannot see anything anymore". - "I would love it because i like cheese". - "I like the rain". - "I would put it in a sandwich and eat it".	Everything changes for the worse. Something that's not good. Ruins and chaos.
10-13	C	N	G	- "I don't know how to imagine". - "I would've cut the moon in pieces and sold them to people". - "I got excited about the cheese idea, I imagine it dripping while I'm slicing it". - "I want to make Kaak (bagels)". - "I would like to wear a space suit, bring the moon to earth, slice it, and give it to needy people". - "I said that the moon cannot be sliced". - "I decided to do a project of bringing cheese from the moon, make sandwiches, and sell them". - "I would've eaten all of it because my name is Amar". - "If it gets dark, then the cheese might drip on me".	The world will end. The world will be nicer without people. - "Without what our people order us". - "Our country is an assassin". - "Homeland becomes unbelievable if we are alone". - "I like my parents to be with me".

Target	Control vs. Intervention	Location	Gender	BASELINE	ENDLINE
				(All children) What would happen if the moon was made of cheese? (Probing on CTPS and thinking outside the box)	What would happen if children ruled the world?
				- "If the sun shines on the moon, then the cheese would melt and then I can eat it".	

Table 20 - Self-expression

Target	Control vs. Intervention	Location	Gender	BASELINE	ENDLINE
				6. (All children) What happens when you want to say something, and grownups or other children think you're too young to say what you think? (Probing on Self-expression)	8. What happens if [family and friends] don't want to listen to you because they're busy talking to grown-ups?
5-9	C	B	G	The moderator redirected this question to: "do you feel comfortable conversing with your parents about your likes and dislikes..." Answers were: "They will blame anything and put it on the phone"; "They are always angry"; "I don't tell anyone"; "No they don't listen" (then she changed her mind and said yes they do); "I tell my mom only" etc. (Too much background noise).	- "I'm upset because they didn't answer me". - "I'm a little upset because parents need to appreciate our achievement". - "I'm a little upset because he needs to hear us".
5-9	C	B	B	Fathers of this group take their kids with them shopping and visiting relatives. The boys spend most of the time at the park or with their boy friends. They don't have issues which they think they are too young for. They discuss weapons and religion with their fathers and cousins. They do not comment or interfere outside this interest. One of the children however was intolerant of his friends answer about being "a sheikh" as he said it sarcastically (question n:9) and directly said: "you have to say Astaghfirolah, thats what my dad says".	- "Get upset and lift". - "I don't care about that". - "I'm not bothered about that". - "It bothers me, especially when I know that other parents do".

Target	Control vs. Intervention	Location	Gender	BASELINE	ENDLINE
				6. (All children) What happens when you want to say something, and grownups or other children think you're too young to say what you think? (Probing on Self-expression)	8. What happens if [family and friends] don't want to listen to you because they're busy talking to grown-ups?
5-9	C	S	B	They get sad and sometimes will speak of this to the person, or they would be things that children are told they shouldn't get involved in.	- "I feel lonely, neglected and depressed". - "Enter the room to see our pictures and cry". - "I feel upset, and especially if I want the answer quickly". - "I get angry".
5-9	C	S	G	- "Bothered by the person". - "It's disrespectful". This may perhaps be a sensitive issue that cannot wait.	- "Get upset because they don't care about me". - "When I order some things they don't respond to me, like stationery or others, when I tell them my accomplishments, they don't give the importance".
5-9	I	B	B	It was asked as: "do you feel comfortable telling your parents about big issues" yet it was a bit still obscure. Children refused to tell their own parents unless they wanted to make the fight bigger in case they were complaining about a similar issue to them.	Everyone answered. - "I don't get upset and wait until they're done with their concerns". - "I don't want to interrupt them so they don't lose their focus".
5-9	I	B	G	Parents (specifically moms) do not allow their kids to indulge in problems at the center. They can't freely complain on issues which occur with them. In general, they are taught to take revenge but are not allowed to talk back at their parents. (One of the girls said her friend's parents hit her if she tells them what she wants/does at the center).	- "I wait until they are done". - "We don't get upset".
5-9	I	S	G	Yes they can speak with others, convey the ideas that they want. Parents respond well to their children except in cases where they are busy with important things.	- "Dad never listens to me". - "Dad never listens to me because he's on the phone".
5-9	I	S	B	They feel unwanted by the person, they wouldn't want to annoy them but they would feel like they are not loved, and then	- "Wait till they're done talking to the adult". - "Feel lonely, wait till they're done".

				BASELINE	ENDLINE
Target	Control vs. Intervention	Location	Gender	6. (All children) What happens when you want to say something, and grownups or other children think you're too young to say what you think? (Probing on Self-expression)	8. What happens if [family and friends] don't want to listen to you because they're busy talking to grown-ups?
				requests would be repeated until they are heeded.	
10-13	I	N	B	- "Sometimes, my father doesn't believe me". - "From my family, no".	- "Wait till they're done". - "If they don't listen, I stop talking to them".
10-13	I	N	G	- "Sometimes I say something, so my parents listen, but they don't do anything about it ..." - They say: "this is your opinion". - "My parents listen to me".	- "Put the question back when they're done". - "I don't ask them unless they ask me first".
10-13	C	N	B	- "I would get annoyed but it wouldn't happen". - "Everyone takes our opinion into consideration".	- "I refuse to speak again". Wait for the father to finish his job and talk to him. - "I go back when they're done".
10-13	C	N	G	- "My mum always tells me that I'm young so I don't have to talk or she doesn't listen to me, she makes me feel that I'm really that young". - "My mum doesn't make me feel that I'm young at all". - "My mum tells me that I'm a grown-up now". - "I get annoyed when my mum does that".	- "I get upset with them and sit in my room". - "My father hits us and then apologizes to us". - "I'm not bothered".

Table 21 - Self-confidence

				BASELINE	ENDLINE
Target	Control vs. Intervention	Location	Gender	7. (All children) Tell me something that you're really good at. (Probing Self-confidence)	6. What are you really good at, for example, making tabouleh. (Probing Self-confidence)
5-9	C	B	G	- "Cooking a cake". - "Helping my mom". - "Studying". - "Playing".	- "Teaching Arabic". - "The drawing I'm skilled at drawing from a young age and enticed me from a young age". - "Coloring and playing games".

Target	Control vs. Intervention	Location	Gender	BASELINE	ENDLINE
				7. (All children) Tell me something that you're really good at. (Probing Self-confidence)	6. What are you really good at, for example, making tabouleh. (Probing Self-confidence)
					- "Challenging puzzles".
5-9	C	B	B	Studying. Being intelligent. Schooling. Playing with balls. Playing with cards. Prayer (this was repeated once heard for the first time).	Drawing. Driving a bike because I have a bike. Driving a bike to make acrobatic moves. Video Games. Motorcycle Driving. Video Games.
5-9	C	S	B	Racing. Football and exercise.	- "I once freed a cat at my grandfather's house". - "Took high spelling marks". - "Painted a drawing of a religious figure". - "Played football and scored goals".
5-9	C	S	G	Drawing. Cooking, and offering sweets up.	- "Making desserts with mom". Drawing. Preparing breakfast.
5-9	I	B	B	Children were not at ease and there had been a lot of noise. Many came in and out in addition to being in an open space with audible car movement and parents picking up their children. Sun and heat made both parties uncomfortable. This FGD was not well controlled by the moderator. There had been some active participants who highly influenced the flow of the FGD. Children's communication skills are very timid with high focus on cash, violence, and school. The moderator was also forced to finished earlier for the kids to be able to leave with their parents.	- Shisha: "Where I do it for my father, and I work in a shisha shop". - "Quick cooking (noodles)". - "I help my father's work in the building". Play Football. Playing with Lego.
5-9	I	B	G	Zero capacity to raise this question. The moderator was overwhelmed by trying to avoid aggression between kids.	- "Drawing, where I painted <i>Hello Kitty</i> ". Drawing. - "I love making pizza". Handicrafts. - "I like to help my mom".

Target	Control vs. Intervention	Location	Gender	BASELINE	ENDLINE
				7. (All children) Tell me something that you're really good at. (Probing Self-confidence)	6. What are you really good at, for example, making tabbouleh. (Probing Self-confidence)
5-9	I	S	G	Studying and playing.	Sweets (Sfouf - Lebanese sweet). Tabbouleh (kind of a salad). Drawings.
5-9	I	S	B	Drawing. Writing. Playing football. Tree decoration. Mobile games.	- "Painting and handmade works where I made a cardboard scale".
10-13	I	N	B	Football. Studying. Kick boxing. - "I like adventures". Mountain climbing. - "I like climbing trees and staying up there". - "I liked kindergarten when I was young and I like teachers". - "I like swimming".	- "Know how to play football". - "Fry potatoes with my mother". - "I work as a guest to help my family". - "I love playing". - "I meet my friends".
10-13	I	N	G	Among the qualities that girls like about themselves are: being affectionate and generous ("my height and eyes", "my hair", "my self-confidence"). - "I like studying".	- "I know how to fry eggs, and I like to help my mom with house work". - "I know how to draw, and I like to help my brothers study". - "I love playing with my friends, playing football and basketball".
10-13	C	N	B	- "I like my smile". - "I like my cheeks". - "My hair". - "My heart". - "I like to change my clothes". - "Hygiene". - "I like to laugh". - "I like to grow up". - "I like to laugh".	- "With the custom of cooking". - "Fix cars". - "Play with computer".
10-13	C	N	G	- "I like to advise other people". - "I help people". - "If I want to have fun with someone, I put make-up for them and they'll do the same to me". - "I like to sing". - "I like the colour of my eyes". - "I like to do a braid". - "I like my hair". - "I like to dance".	- "I know how to fry eggs, make dishes, arrange home, help my mother cook". - "I don't want to get married, where I'm afraid my husband will stop me from going out with my friends". - "If my parents force me to marry, I may die or flee to another country".

Table 22 - Managing emotions

Target	Control vs. Intervention	Location	Gender	BASELINE	ENDLINE
				8. (All children) What do you do when you're angry? (Probing on Managing emotions)	9. What do you do when you're angry?
5-9	C	B	G	- "I bump my head to the wall". - "I hit my little sisters". - "I become angry with my parents". - "I hit my mom". - "I sleep". - "I do nothing".	- "I hit the phone against the wall until it breaks". - "Draw and color sad drawings". - "I play on the tablet". - "Calm down". - "I sleep until I calm down". - "Play on mobile phone".
5-9	C	B	B	This question was discussed as scenarios which make a person angry. The children reacted with the following answers: - "I won't be sad". - "I will be sad a little then I will forget about it". - "I will try to fix the cause". - "I won't do anything about it". - "If it was caused by a friend on purpose, I would hit the person".	- "I go to my mother to calm me down". - "Hit the people around me". - "Hit people when they're trying to talk to me". - "Beat myself up if I don't find anyone to beat him". - "Hit the others".
5-9	C	S	B	Hitting. Taking a deep breath, smiling and trying to get a hold of the emotions.	- "Shut myself up until I calm down". - "Walk away to rest". - "No one can talk to me when I'm angry". - "Talk to friends". - "Look at my picture". - "Do nothing".
5-9	C	S	G	Not listening to anyone. Hitting. Breaking glasses.	- "I go out with my friends, or I focus on something else to forget that I'm angry". - "I turn on the telephones, for example, by drawing and doing handwork by drawing an angry face". - "Get out of the house". - "Play with my companions".

Target	Control vs. Intervention	Location	Gender	BASELINE	ENDLINE
				8. (All children) What do you do when you're angry? (Probing on Managing emotions)	9. What do you do when you're angry?
5-9	I	B	B	A lot of the stories told made fun of beating others and considered it a normal way to express their emotions. The question was indirectly asked in several segments as the question or the phrase "<i>being angry</i>" thrilled the participants to brag on their most violent encounters which was not the sole of the discussion. Instead the moderator inquired about actual incidents. Most of the fights held with their friends included physical violence. Physical or verbal violence (mockery, insult, or calling names and bullying) was not solely associated with anger. It was a part of communication and reacting angrily to this depended on many factors like: how close the boys are; why and how the phrases were told; and how strong is the other party. Most of the boys say they will hit who made them angry and mad. One of the boys considered this a normal issue that is forgotten the next day and this was his own way to deal with anger.	- "I don't do anything". - "Hit the wall with my fist". - "Calm myself down with activities that will calm me down". - "Search for the reason in Google". - "Get out and walk till I calm down".
5-9	I	B	G	- "We hit each other, we pull each other's hair". One of the girls was incredibly annoyed by the presence of a girl. Most of the FGD attention was pooled there. The girl couldn't tolerate her friend and wanted her to leave the sessions and stop attending the centers. The moderator inspected why and she said: "I don't like her". The moderator replied as: "But we can defy the components we don't like always out of a group". The young girl commented as: "Yes we can and I don't want her in the center". As the moderator explained: "This is not a choice and she is a part of the team". She asked whether the girl understands this and can	- "I don't do anything". - "I play with my sister". - "I eat, and then play with my friend's Ipad".

Target	Control vs. Intervention	Location	Gender	BASELINE	ENDLINE
				8. (All children) What do you do when you're angry? (Probing on Managing emotions)	9. What do you do when you're angry?
				welcome her. (Note: the aim is not to interfere with the girls behaviour but to inspect more her understanding). The girl said that she would but would hurt her or keep her outside.	
5-9	I	S	G	Sleeping. Breaking things. Hiding. Speaking with friends.	- "I sleep to end the situation and not to stay angry". - "Play by phone for forgetting about it and turn it around". - "Play with my companions to entertain myself so I don't stay angry".
5-9	I	S	B	Playing or going to friends' houses to play.	Don't do anything. Get out of the house. Get alone. Get out. - "Play with my friends, see videos on the phone". Watch something.
10-13	I	N	B	- "I yell". - "I hit". - "I have different face expressions and I get grumpy". - "I break things". - "I feel I want to hit someone". - "I go play to make myself feel better". - "I like playing with dogs".	- "I like to sit alone". - "Hit people around me". - "I scream". - "I don't like talking to anyone".
10-13	I	N	G	- "I would stay angry until I resolve the problem". - "I kill someone, and whenever someone talks to me, they would get beaten". - "I hit them". - "If I don't talk to someone about it, I wouldn't feel okay". - "I get angry, and when I am, I don't like anyone to come close to me".	- "I love sitting alone, drawing on paper". - "Break some stuff, hit the wall". - "When I sit alone, I calm down like nothing has happened".

Target	Control vs. Intervention	Location	Gender	BASELINE	ENDLINE
				8. (All children) What do you do when you're angry? (Probing on Managing emotions)	9. What do you do when you're angry?
10-13	C	N	B	- "It would be visible on my face". - "I would stay patient". - "If someone jokes with me while I'm angry I would kill them". - "I distract myself with other things". - "I would stay silent, but if the person keeps on harassing me, I would kill them". - "I wouldn't say anything at first, but then i would come from behind and kill them".	- "I feel sad". - "I go play with my guys". - "I like to sit alone to calm down, forget about it". - "I go outside the house to vent my anger".
10-13	C	N	G	- "When I'm angry no one talks to me or else I will hit them". - "I don't like someone talking to me when I'm angry". - "I would break stuff". - "I don't like to hurt anyone, so I pull myself together". - "When I'm angry I don't talk to anyone". - "I bite".	- "I'm hitting the pillow". - "I feel very angry". - "I draw". - "I sit alone and try to forget". - "I'm hitting others".

Table 23 – Impact

Target	Control vs. Intervention	Location	Gender	BASELINE	ENDLINE
				What do you want to be when you grow up?	What do you want to be when you grow up?
5-9	C	B	G	Math teacher. Hairdresser. Professional cake maker. Ballet dancer.	Doctor: "Because I like it". Teacher: "To teach children and to build a generation". Nurse: "I help the doctor do his job". Teacher: "To teach children and do an activity with them".
5-9	C	B	B	Policeman. A <i>Sheikh</i> (a religious scholar): they referred to a " <i>Sheikh</i> " as a guy who is (<i>Allahu Akbar</i>) and reads <i>Quran</i> and wears a nice <i>aba</i> .	- "Doctor for patients". - "An English professor to teach children and become superior". - "Mechanical for repairing broken cars". - "A policeman to do justice and support the oppressed".

Target	Control vs. Intervention	Location	Gender	BASELINE	ENDLINE
				What do you want to be when you grow up?	What do you want to be when you grow up?
5-9	C	S	B	Architect/ engineer. Pilot. Doctor. Traveller. Trainer of the Real Madrid team.	Pilot. Footballer: "To travel, win and be famous but outside Lebanon". Army Commander: "Because my uncle is in the army". - "Playing for Real Madrid".
5-9	C	S	G	Teacher. Doctor. Hairdresser. Toy store owner.	Doctor: "To help patients". Director of Association: "To help the poor and the needy". Teacher: "To teach children especially math". Hair dresser: "To make ladies beautiful".
5-9	I	B	B	No capacity to raise this question. The children left. The children complained about staying more and wanted to participate in the <i>dabke</i> event occurring during the FGD with their friends.	Firefighter/ firefighting. 3 Children want to become footballers to win tournaments and become famous. Pilot: "to fly and visit places".
5-9	I	B	G	Hairdresser (a person who mocks others). Doctor. A policewoman. An English teacher. - "I want to help people". A professional chef. One of the children wants to collect a lot of cash. One of the kids wants to make a school better than the one she attended.	Mathematics Teacher. English teacher: "Because I am good at English". Math teacher: "To teach children how to become better". Cooker: "To cook for people and taste my food". Pediatric Doctor: "To help sick children".
5-9	I	S	G	Doctor. Architect/engineer. Cook. Teacher. Hairdresser. A stay-at-home wife.	Doctor: "To heal patients and relieve them of their pain". - "Open a private restaurant for people and eat". Mathematics teacher.
5-9	I	S	B	Pilot. Architect / Engineer. Car showroom owner. Travel around the world. Hairdresser.	Pilot: "Because I like to be in a high place". An architect: "To repair people's homes, especially those with water or air leaks". Electrical Technology: "to help people". A professor.
10-13	I	N	B	A famous football player. An emergency doctor. An engineer. - "A lot of children like football and like to be famous players".	All participants said they wanted to be like Ronaldo or Messi. Doctor. Surgeon. Engineer

Target	Control vs. Intervention	Location	Gender	BASELINE	ENDLINE
				What do you want to be when you grow up?	What do you want to be when you grow up?
					- "I want to work to help my parents and sisters because my father is dead".
10-13	I	N	G	A doctor or a teacher. Dreams that come true: - A surgeon. - A Math teacher. Dreams that don't come true: - Acting: "Because it is forbidden". - A flight attendant: "Because I cannot do it in Lebanon". - "I want to add something: once my mother had the chance to give me Lebanese citizenship (because she is Lebanese and my father is Palestinian), she did not accept". - "My dream is also to be enrolled in the ISF but it doesn't work because I'm not Lebanese. If we were still abroad maybe it would've worked". A hairdresser. A doctor or a pharmacist. There is also another dream: - A model: "but I don't think it will come true". - "I like to work as a painter, a decorator". - "To be in the army, or a pharmacist".	- "I look like a pediatrician or a surgeon". - "I like to be a pilot" (I know it's hard because I'm Palestinian). - "I want to be a soldier".
10-13	C	N	B	A chef. - "Just like Cristiano Ronaldo". - "Play football". A scout. - "Go on cruises". A surgeon. An engineer. - "To enroll in the military" (3 people).	Chef: "cook because I love cooking". - "To work in a car factory because I love cars". - "I love everything about computers".
10-13	C	N	G	- "I would like to enroll in the military". - "I want to go to university, I will keep saving money so I can achieve that". - "I want to study abroad and become a doctor and come back". - "I want to be a hairdresser". - "I like to study, graduate, become a lawyer, and travel and never come back here". - "I like to travel to the United States". - "I like to be an engineer".	Doctor: "To help patients". Photographer: "Because I like to photograph people, weddings, and occasions". Doctor of teeth: "Because I like to treat people's teeth". - "Gendarmerie, my dream from a young age". - "Psychology and cardiac surgery". Lawyer: "So I can help prisoners" A basketball player.

Annex 7. Respondent list and bibliography

Qualitative data collection respondent list

Data Collection Tool	Participants at baseline		Participants at endline	
Key informant interviews	RTP Program Staff	Ma'amoun Salhab Janine Chehade Ghinwa Monzer	RTP Program Staff	Ma'amoun Salhab Janine Chehade Ghinwa Monzer
	RTP Field Facilitators	Samar Gharibeh Wissam Abdo Sara Al Jizzi	RTP Field Facilitator	Samar Gharibeh Wissam Abdo Sara Al Jizzi
	RTP HQ Staff	Elias Ayoub Sheila Crespo Isabella Di Paolo Brijpal Patel	Partner community organizations	Nazeha Dakroub Fatima Zbeeb
FGDs with children	69		55	
FGDs with parents	18		16	
Music session observation	70		50	

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