



RIGHT TO PLAY
PROTECT. EDUCATE. EMPOWER.

Move To Improve Learning Study

Endline Report

May 2023

Table of Contents

1. Acknowledgements.....	3
2. Executive Summary.....	3
3. Evaluation objectives and main stages	12
4. Study methodology and limitations.....	14
4.1 The M2I Learning Study methodology.....	14
4.1 Study limitations	19
5. Findings	20
5.1 Dimension: Relevance.....	20
5.2 Dimension: Effectiveness	30
5.3 Dimension: Impact	48
5.4 Dimension: Sustainability.....	58
6. Conclusions, lessons learned and recommendations.....	63
6.1 Conclusions at the endline.....	63
6.2 Lessons learned and recommendations ahead of future implementation of the M2I resource.....	73
Annex Nº 1. Psychomotricity concepts used in the M2I learning study.....	80
Annex Nº 2. Documents reviewed at desk research	81
Annex Nº 3. M2I Evaluation Framework.....	82
Annex Nº 4. Endline data collection tools.....	90
Annex Nº 5. Endline sample by location and centre.....	119
Annex Nº 6. Adults Facilitators competencies definition	119
Annex Nº 7. Findings additional tables	120

1. Acknowledgements

The Move to Improve Learning Study was developed with the support of the LEGO Foundation, the RTP Global team and the Lebanon Country Office team, who co-lead the design and implementation jointly with inFocus Consulting and Qualisus. The authors of this report were Cecilia Serravalle, Yasmin Wright and Damian Hatton (inFocus evaluation team). Qualisus, the RTP Global team and the Lebanon Country Office team inputs and feedback also all played a key role in the report development. All partners involved would like to express their gratitude to the RTP field staff who supported the data collection in the field. Our appreciation is also extended to the coaches and children who participated, as their involvement was crucial to gather valuable insights across this study.

2. Executive Summary

The Move To Improve project and the learning study

Move to Improve (M2I) is one of the six different pilot interventions that supports psychosocial wellbeing and education in the context of the 'Building Back Better' programme led by Right to Play (RTP) and the Lego Foundation. The M2I resource ¹ was designed to train adult coaches to deliver psychomotricity² play-based activities with children in mixed emergency settings in Lebanon. The aim was to support children's holistic development and mitigate risk factors of living in a mixed emergency context, including the prevention of negative consequences of trauma exposure. Psychomotor activities explored how play can help children to develop resiliency and learn to cooperate and overcome challenges as they negotiate with others.

The M2I intervention comprised of trained staff who delivered the psychomotricity activities in non-formal community centres in Beirut. The M2I first pilot intervention reached 280 children and 19 Adult Facilitators from six disadvantaged areas in Beirut³.

The M2I Learning Study (or evaluation) was designed to gather learning through conducting an effectiveness study of the new psychomotor resource adopting a formative approach, given the early stage of the intervention. The main purpose of the M2I Learning Study was to understand the extent to which the M2I intervention was relevant and appropriate to the needs of the targeted children in a mixed emergency context, and to explore how play-based activities could contribute to psychomotricity development and the improvement of psychosocial wellbeing and resilience among children.

The evaluation followed a realist, participatory, and mixed method approach, and five learning questions were established under four of the OECD-DAC criteria (Relevance/Appropriateness, Effectiveness, Impact and Sustainability). It was agreed at inception that the aim of the learning study was not to prove whether medium or longer terms outcomes were achieved, due to the pilot nature of the project, but to focus upon collecting evidence that would demonstrate the level of progress towards these types of outcomes.

The M2I Learning Study was structured in three stages: inception, conducting a baseline, and conducting an endline. Data was collected before starting the M2I project implementation to establish the starting point for the intervention and to compare results with endline information when possible. This approach helped to gather evidence to understand how and the extent to which the M2I resource was relevant, appropriate, and effective in contributing to the increased confidence, knowledge, and skills among Adult Facilitators, to deliver high quality psychomotor activities and support children to develop socio emotional skills holistically (and therefore improve their psychosocial wellbeing and resilience). The endline data collection targets were similar to the baseline targets⁴ where 19 Adult Facilitators and 242 children were surveyed, 18 Adult Facilitators and 60 children participated in 10 focus group discussions, and 4 RTP staff and 2 community centre staff members were interviewed. Also, two M2I sessions delivered with children were observed. This document is the endline report and presents

¹ The M2I resource includes three key components- a Trainer Manual, Activities Manual and Coaching and Mentoring Handbook.

² The field of psychomotricity looks at the relationship between the body and the mind, and integrates cognitive, emotional and physical aspects of children's development.

³ Burj El Barajneh, Camp, Chiyah, Nabaa, Aicha Bakkar, Chatila Camp and Hay Gharbe.

⁴ Baseline data collection targets: 20 Adult Facilitators surveyed, and 257 children surveyed, 2 training sessions were observed, and one psychomotricity knowledge based pre and post was conducted among Adult Facilitators.

the main findings (gathered at the point of project completion), together with a set of lessons learned and recommendations that seek to inform future project design and implementation.

Main findings and conclusions at the endline

After conducting the baseline and endline, it can be said that the relevance and appropriateness aspects of the M2I resource and its model of implementation were assessed on two levels: the first one being the children's mixed emergency contexts and needs level; and the second level was the intended outcomes to be delivered by the M2I resource within this context.

With reference to the children's mixed emergency contexts and their needs, evidence indicated that the M2I resource was significantly relevant to the mixed emergency context in Lebanon where these children live, and that there was a high likelihood of participating children being 'at risk' given their poor and fragile living conditions and their socio demographic characteristics (73.1% aged from 6 to 9 years old, 99% are Syrians or Palestinian, 37.1% did not attend school, and 95.8% did not receive any PSS before).

Under the relevance and appropriateness dimensions the evidence suggested that the M2I play-based approach led to a high level of engagement and interest from the children during the activities; and most of the activities required 'movements or moving actions' which kept children active. The sessions also enabled a sense of community among children (feeling connected with their peers and coaches) and provided them with a safe environment where they could play (in contrast to the fragile context in which they live).

Having different sets of activities designed based on the age ranges (6 to 9 years old and 10 to 12 years old) was considered appropriate because developmental stages are to some extent determined by children's ages. However, evidence did not show differences in terms of level of enjoyment, interest and level of comprehension of the resource by children's age groups; as the majority of participating children were aged from 6 to 9 years old. There were other factors identified that could have affected the relevance of the resource, such as school attendance (directly linked to their level of literacy) or children having increased needs due to the violent contexts in which they live. According to Adult Facilitators, the children who seemed to struggle most with understanding or doing the activities had higher illiteracy levels or misbehaved more frequently (as a result of not attending school or living in more violent contexts, for example in Hay Gharbe area).

Despite the significant level of relevance and appropriateness of the M2I resource and its model of implementation, there are some areas which require improvement to address children's needs more effectively, such as, the language used, the contextualization of the materials used, the type and order of some activities, and the language used within the RCA methodology.

Qualitative evidence suggested that the language used in the manual was complex for the children to understand as it was written in formal language with some complex jargon, even from the perspectives of some of the Adult Facilitators. It therefore required a process of adaptation and translation to simpler language during the sessions to increase children's understanding of the activities. Also, some materials used such as the wood sticks were perceived as tools used to harm others, in particular among children who lived in more violent contexts. Children were less engaged in self-reflection activities that had less physical activity and it was observed that some children living in fragile areas struggled to express their feelings. It was also noted that the self-reflection activities were planned as the last activities of the intervention not allowing any support following the M2I intervention. The fact that children seemed less engaged or 'bored' during the exercises that were focused more on emotional regulation, including the breathing and sitting exercises, does not necessarily speak to the inherent value of the exercises themselves, they may well have been the most valuable aspect of the sessions. This evidence may point to the need for more support to overcome some of the barriers encountered during these sessions. Regarding the RTP Reflect-Connect-Apply⁵ methodology, questions seemed to be complex for children to understand, and the time allocated for this activity was very limited to prompt all questions. Also, it was observed that children found it challenging to draw or write phrases related to their learning process. According to the Adult Facilitators this methodology was considerably relevant to consolidate the children's learning process, but some adaptations were needed for the effective delivery with the targeted children.

Further, the extent to which the M2I resource was appropriate and relevant to deliver the intended PSS outcomes was also explored, and in this context the resource can be considered only partially relevant. Data gathered from participating children indicated that the most tangible

⁵ Right To Play refers to REFLECT – CONNECT – APPLY as a reflective process. It is a teaching strategy that guides the learners through three steps that help them process their learning experience.

and observable benefits for children in the M2I sessions were: being able to practice and learn new movements (such as balancing, catching, jumping, among others) related to the development of their fine and motor skills; learning other coping mechanisms to manage negative emotions or feelings; being able to express themselves while playing with other children; and increasing their self-esteem due to a sense of accomplishment related to the M2I activities. These benefits could be considered foundational to contribute to children's resilience and wellbeing, but it might require complimentary focused PSS activities to drive change in this area. However, the high levels of enjoyment and interest in the children (without causing any harm) should be seen as an important achievement of the project, and a positive starting point from which to build on other types of benefits (more ambitious, in terms of change) for children.

When assessing the effectiveness dimension of the M2I resource, it can be concluded that the M2I was an effective intervention to increase Adult Facilitators' knowledge and understanding of the psychomotricity area at a basic level. Even though Adult Facilitators were not able to gain a deep scientific or technical knowledge of psychomotricity, this was not observed as an impediment to delivering the M2I sessions among children. This is because the Adult Facilitators acknowledged that the post-training support provided by RTP staff (additional training on the M2I activities and coaching support) was key for them to deliver quality psychomotor activities. This last type of support was considered to be one of the most valued types of support by the Adult Facilitators and it might be one of the key elements to lead Adult Facilitators to feel satisfactorily equipped to deliver the M2I, and a key component to be replicated in future editions. In future project implementations, the M2I resource (Trainer Manual and Activities Manual) should better reflect how the technical scientific knowledge of psychomotricity could be used by the Adult Facilitators during the delivery of the sessions. It should also state why such learning is important in the context of this project, as well as present how the content connects directly with the different activities planned.

Evidence shows a slight increase in the Adult Facilitators' self-reported scores on some skills which are relevant when delivering a psychomotricity intervention (including body awareness, creativity, and spatial organisation). Adult Facilitators also reported an increase in their confidence in delivering quality psychomotor activities and using the RCA methodology. The components which contributed to the Adult Facilitators' increased confidence levels included the psychomotricity training and access to the Trainer Manual, as well as being supported by RTP staff, and being able to put their learning into practice when delivering the M2I sessions with children. It can be inferred that Adult Facilitators were sufficiently equipped to deliver these types of sessions with children, as the participating children were highly satisfied with the support provided by the Adult Facilitators and the way in which they motivated the children to complete the activities.

Under the Impact dimension of this evaluation, it was sought to identify positive signs of progress on how the M2I activities could support children to improve their socio emotional skills and their capacity to cope with stress. Although differences were not observed regarding children's capacity to manage negative emotions or feelings between the baseline and endline, the data showed that more children were able to mention 'breathing and trying to get calm' as a coping mechanism which could be considered a progress marker towards their resilience capacities. Play was the mechanism mentioned the most by the children for dealing with anger or sadness, with a similar response frequency at the baseline and endline. Slight progress towards improved communication skills among the children were observed at the endline, in particular in their capacity to express themselves and communicate with other children during the M2I sessions. Some of the Adult Facilitators identified that the completion of the M2I activities contributed to the development of a sense of accomplishment, which led to some children increasing their self-esteem.

Most of the benefits for children taking part in the M2I project described above are linked with two of the five psychosocial wellbeing pillars: Nº 2, Relationships and Connections; and Nº 3, Roles, Responsibilities and Identities. Consequently, the M2I intervention appeared to have been designed to contribute to the improvement of earlier stage outcomes, towards psychosocial wellbeing, and less so to long-term changes in children in this area. The likelihood of longer term outcomes occurring in children seemed to be determined by different elements: 1. The different type of inequalities these children have experienced which affect their needs and their development processes (in particular low levels of literacy, not attending school, a living in violent environments), 2. The length and intensity of the intervention (which may inhibit the learning process as children may need more time to digest what they learned from one session to the other), and 3. The balance between types of activities (movement/motor focused activities and emotional/mindfulness focused sessions).

Last but not least, it can be concluded that the M2I resource would first require an immediate adaptation in line with the outcomes it was designed to address, followed by (after a second year of implementation) a further assessment of its' cost-effectiveness and its' comparative advantage when compared with other potential RTP interventions. These steps would be required for its' replication to be justified in similar mixed emergency contexts and for the same target groups as those involved in the first pilot.

The good practices and key success factors mapped provide a useful indication that the project is likely to be suitable for replication in the same context with the same target groups, following significant adaptations to its' design. These adaptations are associated with reducing the level of complexity of the language used in the resource, improving the integration and alignment between technical scientific knowledge on psychomotricity and the types of activities included in the manual, as well as improving the training experience for the Adult Facilitators to be less intense and more practical. Further, simplifying the RCA methodology will be key to ensure that it is better understood by children, and some elements of the resources that require further contextualization should also be adapted (such as materials, order and the type of activity), and finally, if it is designed to improve PSS outcomes it might need to be complemented by a wider range of PSS activities.

Main lessons learned and recommendations

The Learning Study evidence was key to elaborate a set of lessons learned and recommendations to inform the M2I project implementation in the near future. The most relevant lessons learned, and recommendations are outlined below:

Lesson Learned #1: As a result of living in a mixed emergency context, the children experienced different types of intersected complex needs. It is key for the project to gain a better understanding of what the target children's needs are in terms of PSS and how these needs affect their development (and therefore their learning capacities) at the moment of starting the M2I project.

Recommendation #1: Increasing the involvement of community centre staff and parents or caregivers during the enrolment process or conducting a 'needs assessment' study focused on children's needs in the project locations, as a preparatory stage before starting the project, could contribute to deepening the understanding of the children's needs and prioritising targeted children that want to be supported by an intervention like M2I.

Lesson Learned #2: In spite of the significant level of relevance and appropriateness of the M2I resource and its model of implementation, the M2I resource required more contextualization in terms of the language (jargon), the materials used and the types of activities to be tailored to the targeted children. Improving the M2I resource contextualization will increase its relevance and efficiency, as children will be better able to understand the activities. Adult Facilitators will also be able to deliver higher quality sessions.

Recommendation #2: A review of the M2I Trainer Manual, the M2I Activities Manual and the M2I coaching handbook should be conducted based on the findings of this report to incorporate adaptations needed and test them with groups of children from different locations. Conducting a 'needs assessment' study on children's needs, testing the M2I resource with different profiles of children (who present similar needs and developmental stages), and then incorporating the adaptations needed depending on the children's needs and profiles that RTP want to prioritise should also be taken forward. The most relevant needs for RTP to address with this resource should be considered, so it can be adapted for targeted children who are experiencing those needs.

Lesson Learned #3: The tailored support provided by RTP staff to the Adult Facilitators (in particular, the individual one-on-one training on the M2I activities and the ongoing coaching while delivering the M2I sessions) was crucial to ensure a quality implementation of the M2I sessions and equip them with the knowledge, skills and confidence to undertake the role. The scientific psychomotricity knowledge shared with them during the initial training needs to be better connected with the delivery activities, to enhance the Adult Facilitators learning process on this area and make it more relevant to the M2I resource.

Recommendation #3: Allowing a smooth learning process where Adult Facilitators could reflect from session to session, as well as creating a more supportive atmosphere, and splitting the training sessions to be delivered across three or four weeks might be helpful for them. The scientific technical knowledge should be explained in terms of addressing the questions: 'How is this session related to the psychomotricity area?'; 'What knowledge, abilities or skills are needed to deliver this session?'; and 'How will this session contribute to children's learning processes?'

Lesson Learned #4: Children's learning processes might take longer when they are more exposed to or suffer from risk factors associated with emergency contexts. Emergency environments have the potential to disrupt educational processes such as access to school, knowledge and skills development and developing positive relationships, which implies that children will most likely need a different pace of learning or may require adaptations to learning processes to meet their learning needs (previously identified by following recommendation Nº 1).

Recommendation #4: It is recommended that the involvement of the community centres and parents/caregivers in the learning process should be increased. They should be involved before starting the project to discuss the project objectives, how they can support the children's learning

process, and how children will benefit from participating in the M2I project. Also, increasing the duration of the project or reducing the intensity of the implementation (spreading project sessions over a longer period) may contribute to the activities running more smoothly, and provide children with the opportunity to put learning into practice, or reflect on what they have learnt (with the RCA methodology).

Lesson Learned #5: The current M2I resource and model of implementation appears to focus more on the motor and cognitive skills, and less so on the emotional domains of psychomotricity. It is observed that existing activities in the resource are unbalanced as movement focused activities are predominant in the M2I portfolio activities, leading children to practice more motor and cognitive abilities, rather than emotional capacities. The PSS support element of the intervention needs to be strengthened if the M2I intervention aims to be considered as a PSS resource within the RTP portfolio, and subsequently deliver measurable impact related to psychosocial wellbeing in mixed emergency settings.

Recommendation #5: Mapping out other RTP activities or interventions that could complement the M2I resource. As a further step, increasing the level of involvement of the community centre and children's families could be considered. Increasing gamification of the play-based activities and inviting community centre staff, parents, or caregivers to take part in the activities (when possible) could be a strategy to ensure children feel supported by their families, and RTP staff, and to help children replicate the exercises outside the M2I sessions. The M2I project could be embedded in broader RTP PSS programmes or interventions or the M2I project could be complemented by adding other RTP focused PSS activities.

Move to Improve – project background

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

RTP and the LEGO Foundation launched 'Building Back Better: COVID-19 response and recovery for children's education and well-being which supports interventions in psychosocial wellbeing and education across six countries. The programme is comprised of five different pilot interventions, one of which was Move to Improve (M2I), a resource that aimed to strengthen the link between cognitive processes and psychomotor activities using play. The M2I evaluation was designed to gather learning through conducting an effectiveness study of the new psychomotor resource that was piloted in emergency settings, specifically in Lebanon. This evaluation was commissioned by inFocus, a UK based consultancy, and Qualisus Consulting, a Lebanon based consulting firm. This final report presents the main findings and learnings from the baseline and endline data collected (before and after delivering the M2I project) within community centres across Lebanon. The report is structured in five sections: project background (current section), evaluation objectives and main evaluation stages, methodology and study limitations, and in the last section the conclusions, along with a set of recommendations and lessons learned.

The M2I intervention was developed by RTP in partnership with the University of Saint Joseph in Lebanon. The intervention encompassed a resource with three key components – a Trainer Manual, Activities Manual and Coaching and Mentoring Handbook – and a model of implementation⁶ to train adult coaches to deliver psychomotoricity play-based activities with children. The M2I resource and model of implementation⁷ was piloted for the first time in Lebanon. The M2I project was designed as a Psychosocial Support (PSS) project, but also complements other RTP PSS resources and other accredited PSS resources developed to support the holistic development and wellbeing of children in humanitarian emergencies or those exposed to or currently experiencing adversity.

The field of psychomotoricity looks at the relationship between the body and the mind, and integrates cognitive, emotional and physical aspects of children's development. Psychomotor activities explore how play can help children to develop resiliency and learn to cooperate and overcome challenges as they negotiate with others. The M2I activities were derived from body-oriented approaches such as relaxation, sensory and body awareness. M2I aimed to deliver play-based psychomotor activities among children in mixed emergency settings to support children's holistic development and mitigate protection risk factors in emergency settings, such as preventing negative consequences of trauma exposure. The M2I resource (and its model of

⁶ M2I resource and model of implementation are the terms used across the report to refer to the content included in the M2I materials (see reference below) and the activities delivered to implement the project. Model of implementation is used interchangeably with the term 'intervention'.

⁷ This is the terminology used across the report to refer to the M2I materials (Trainer Manual and Coaching and Mentoring Handbook and the different activities required to deliver the project in the field.

implementation) in Lebanon engaged children and young people (referred to in the report as children or participating children) between the ages of 6 and 12 through the Adult Facilitators who deliver the psychomotricity activities. The Adult Facilitators included teachers and social or health care workers who were not specialist psychomotor therapists. They used the resource to provide group-based, structured, non-specialised, psychomotor activities, within informal education centres in Beirut, such as community centres.

The M2I intervention aimed to reach 280 children from 6 to 12 years old and 20 Adult Facilitators from the following six disadvantaged areas in Beirut, in eight corresponding centres:

- **Burj El Barajneh Camp:** Beit Atfal Sumud, Abnaa Kassam and Fraternity
- **Chiyah:** Ishrak
- **Nabaa:** Jusoor
- **Aicha Bakkar:** 26 Letters
- **Chatila Camp:** Beit Atfal Sumud
- **Hay Gharbe:** RTP centre

These areas have some common characteristics such as low-income households affected by the Lebanese economic crisis, high levels of poverty, lack of basic infrastructure (such as electricity), limited or no access to formal school for children, and racism (the majority of the population in this area are refugees and migrants from Syria and Palestine). More detailed information about the areas where the M2I intervention was delivered can be found in [Section N° 5.1, Findings Appropriateness/Relevance](#).

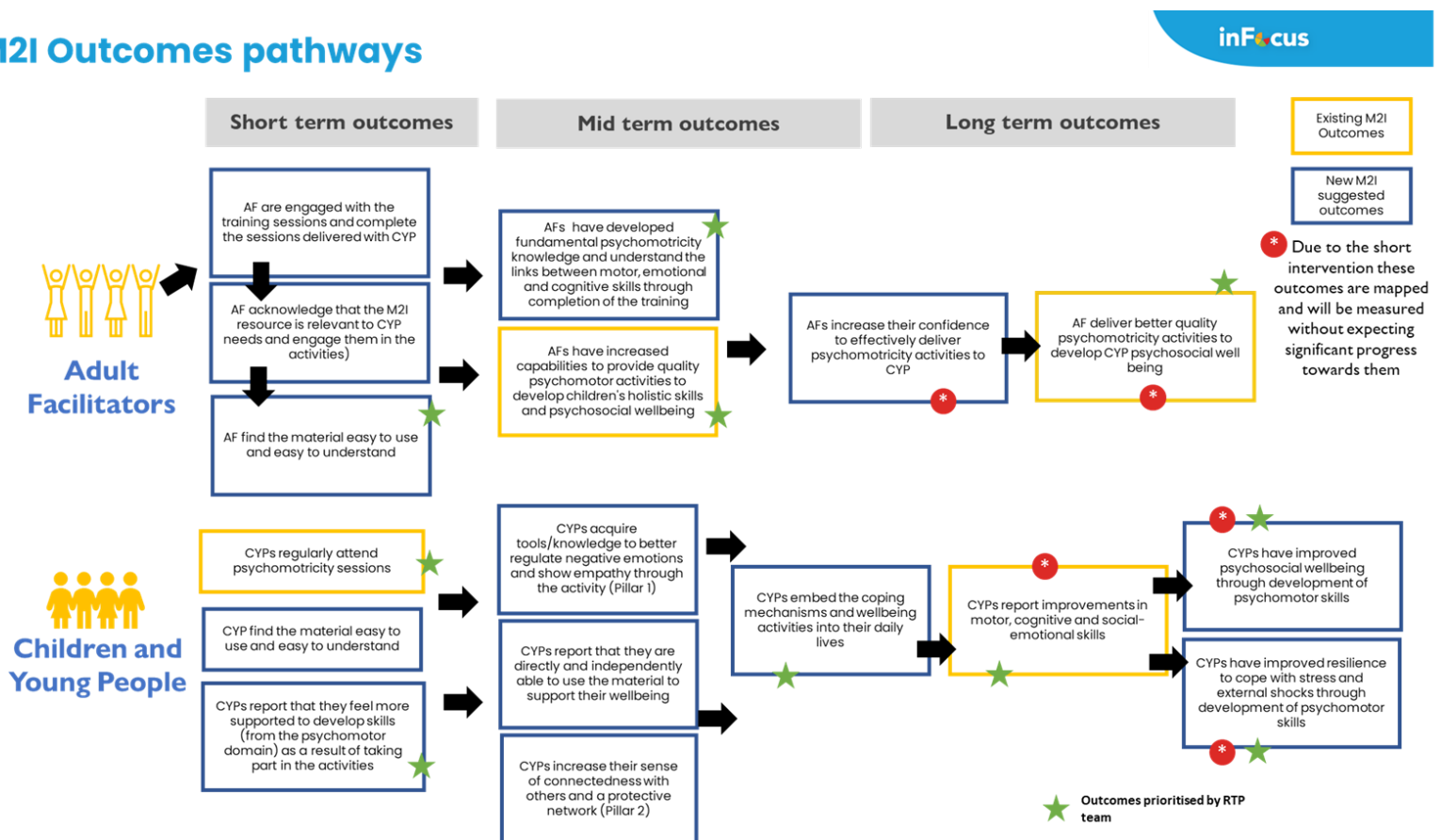
This Learning Study (also referred to as an evaluation – the terms are used interchangeably) was an opportunity to better understand whether play behaviour contributes to improving the motor, cognitive and socio-emotional skills among children in these emergency settings, and if it did, the mechanism through which these changes arose. The evaluation was primarily a formative study, given that it was such an early-stage intervention for RTP, and it focused on gathering data that informed learning-based insights. Therefore, this Learning Study focused on generating relevant knowledge and lessons learned, and exploring the strategic implications this carries for future iterations of the project.

The Learning Study mainly focused upon collecting evidence and learning about the appropriateness and effectiveness of the M2I resource and its model of implementation. As mentioned earlier, M2I was an early-stage pilot and relatively short intervention which included the training of 20 Adult Facilitators (based on the M2I manual and a series of 14 training sessions delivered over three days), and 10 hours of play-based sessions delivered for 280 children and young people (activities being structured according to the age range of children: Age Group 3 to 4, Age Group 5 to 6, Age Group 7 to 9, Age Group 10 to 12). The M2I resource also encompassed an adaptation of the Reflect-Connect-Apply methodology (RCA) and the study aimed to identify learnings to understand to what extent this RTP-adapted methodology could improve children's participation and capacities to learn more efficiently. More detailed information about the RCA

methodology and how it was delivered in the context of the M2I project is outlined in the Findings Section.

During the inception phase of the M2I Learning Study, two outcome pathways were developed for the M2I main target groups: Adult Facilitators and children (please see the detailed outcome pathways on the following page). The outcome pathways represented the changes that were deemed necessary to contribute to change (to a larger or lesser extent) driven by the intervention. These changes are often called preconditions, as they relate to the conditions required for the outcomes or impact to occur. It was agreed at inception, that the Learning Study would not focus on measuring the medium- to long-term outcomes of the M2I resource on the targeted groups. It would, however, focus on gathering evidence to understand how the M2I intervention contributes to the shorter-term outcomes and towards the medium- to longer-term outcomes, whilst mapping any unexpected changes. The two outcome pathways developed for Adult Facilitators and children are outlined in the chart below:

M2I Outcomes pathways



The outcomes pathways document the intended change of the M2I intervention, and the evaluation evidence has been presented against some of the outcomes prioritised during the inception stage of this Learning Study, in particular among the short-term outcomes, and gathered learnings that help to explore how the M2I resource contributed towards the selected mid-term and long-term outcomes. The main focus of the evaluation in terms of outcomes was to assess how the M2I resource and model of implementation could improve Adult Facilitators'

capacities/attitudes to deliver psychomotor activities and help children develop life skills leading to increased psychosocial wellbeing and resilience. However, these outcome pathways need to be refined in line with any new insights derived from the evidence collected (see the revised version on the [Recommendations Section Nº 6.2](#)).

3. Evaluation objectives and main stages

Being a pilot intervention, it was key to plan an evaluation to understand the extent to which the M2I intervention was relevant and appropriate to the needs of the targeted children in a mixed emergency context, and how play-based activities could contribute to psychomotricity development and to the improvement of psychosocial wellbeing among children. The overarching evaluation objectives were to:

- Produce a rigorous evaluation framework design, including an analytical framework which can be used for the endline evaluation.
- Collect evidence on M2I to answer the key learning questions to identify challenges and strengths of the intervention (focused on appropriateness/relevance and effectiveness).
- Report the baseline starting points and endline achievements against the prioritised learning questions and M2I intended outcomes.
- Capture learnings and best practices through the evidence collected.

The M2I Learning Study seeks to inform future project design and implementation with learnings focused on the strengths and weaknesses of the M2I project that allow RTP to adapt and improve the M2I resource and model of implementation to contribute more effectively to the intended impact on the targeted participants, also in other emergency settings. Furthermore, the M2I Learning Study endline findings aim to provide RTP with key information on the strengths and weaknesses of the M2I resource to better adapt it to the targeted participants.

The main audience for the endline report is RTP and their team members. The primary users of the content included in this are the RTP Global Program Development team who are responsible for developing and adjusting the M2I resources and model of implementation, the Lebanon Country Office who delivered the first pilot of the M2I resource and will be iterating the intervention in the near future. Other key audiences are the funder of the initiative, The LEGO Foundation, who have expressed a clear interest in understanding the effectiveness of play-based PSS to improve children’s wellbeing, and lastly other RTP Country Offices who might be interested in using the findings to apply to other similar initiatives in the field.

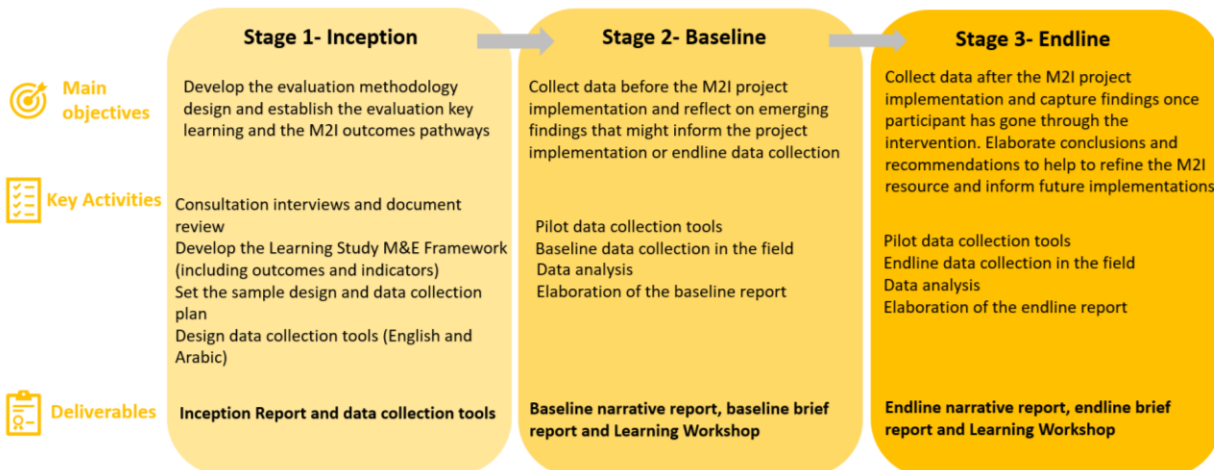
The M2I is an early-stage pilot intervention and therefore the evaluation focused upon the OECD-DAC dimensions of relevance/appropriateness, effectiveness, as well as impact and sustainability to a lesser extent. During the inception phase, the RTP team co-developed an overarching learning question which guided the overall approach and established the focus of the study on the relevance/appropriateness and effectiveness dimensions (due to the nature of the pilot project). Evidence under the impact and sustainability dimensions was also collected, but in order to develop insights to inform future impact studies rather than to prove medium- and longer-term impacts. In the table below, the key sub-learning questions are outlined under each OECD-DAC dimension along with their corresponding evaluative priority in answering the overall learning question, which is also stated.

Table N° 1. Overall Evaluation Question and Key Learning Questions by OECD-DAC Dimension

Overall Learning Question	How and to what extent has the M2I intervention been efficient in the improvement of children's motor, cognitive and socio emotional skills and how and to what extent has it contributed to increased resilience in children and young people?	
OECD-DAC Dimension	Sub-Learning Question	Evaluative Priority
Relevance / Appropriateness	How appropriate/relevant is the M2I resource in the context of a mixed emergency/developmental context in Lebanon? Focusing upon a) appropriateness of the resource/intervention to needs, b) appropriate targeting of participants, c) relevance of content to participants	Critical
Effectiveness	How enjoyable, accessible and easy to understand is the M2I resource for both children and Adult Facilitators in terms of how they use it and are able to interact with the resource/participate in the intervention to increase understanding of psychomotricity and develop life skills?	Critical
	What are the challenges associated with the implementation of the resource as a tool for improving motor, cognitive and socio emotional skills within the country/cultural context?	
Impact	To what extent does the M2I intervention support children to improve their social-emotional skills and resilience?	Important (but not key – future outcome/impact studies will explore this further)
Sustainability	What needs to be adjusted in the resource and across the programme operations, to implement it at scale, and how feasible will it be to replicate the programme moving forward?	Important (but not key – future outcome/impact studies will explore this further)

The Learning Study was designed in three main stages with different milestones where evidence was collected before starting the project implementation. In the **Evaluation Framework included in Annex N° 3**, outcomes, indicators and data collection methods established under each of these dimensions and learning questions are presented. In the chart below, the main stages of the Learning Study are described with their corresponding deliverables:

Chart N° 1. M2I Learning Study main stages



This document is the endline narrative report, and its primary objective is to introduce the main findings from the data collected at the endline, present main data variations with the baseline evidence, and include conclusions on how these findings can enlighten future M2I implementation. The endline report shows the progress made towards the outcomes and indicators established in the Evaluation Framework (see the M2I Evaluation Framework in [Annex N° 3](#)) by comparing data collected before and after the project implementation. Findings are consolidated under each evaluation dimension: relevance/appropriateness and effectiveness, impact, and sustainability.

4. Study methodology and limitations

4.1 The M2I Learning Study methodology

The evaluation design for the M2I project was participatory and used a mixed-method approach to data collection and analysis, utilising both qualitative and quantitative data. This implies the combination of pre and post surveys with methods that focus on more qualitative data, such as observations, focus group discussions and interviews. The qualitative methods helped to provide the data needed to consolidate the findings from outcome harvesting and triangulate the quantitative data sets collected across the programme.

As for the participatory approach within the M2I Learning Study, the evaluation team involved programme stakeholders (including RTP staff at endline and, where appropriate, participants at the baseline and endline) across the evaluation design, data collection and analysis stages. Also, participatory activities were included in the data collection methods (in particular within focus group discussions) to involve children and young people effectively using a child-friendly approach.

The M2I Learning Study also followed a realist approach, which is particularly relevant in this instance to account for the contextual nuances of the project setting. This provides a structure for exploring the context, mechanisms and outcomes for the participants beneficiaries that the

project engaged, utilising the M2I resource. In other words, we sought to examine and understand not only 'what' happens (the outcomes) but also 'how' and 'why' any changes came about, accounting for the contexts in which the intervention (the play resource) was delivered.

During the inception phase of the Learning Study, key concepts such as psychomotor, psychomotricity, psychomotor activities, psychosocial wellbeing, resilience and the social ecological model were defined to help the development of precise outcomes and indicators. More detailed information about these concepts and their definitions can be found in [Annex N° 1](#). In addition, at the inception phase, key M2I documents were reviewed (see documents listed in [Annex N° 2](#)) and a set of consultation interviews were conducted to inform the evaluation and sample design. The complete inception report can be found [via this link](#).

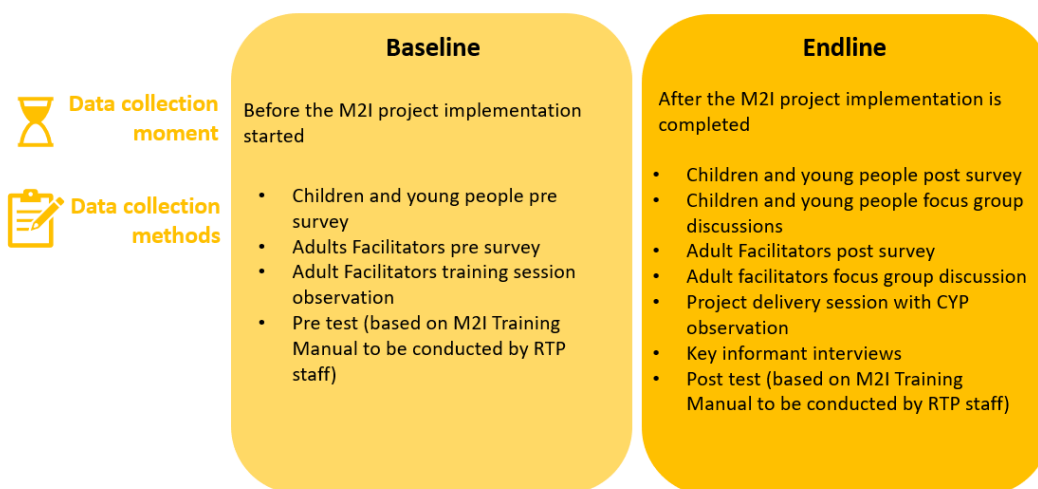
Prioritising this participatory approach in the design phase, the inFocus team facilitated a design workshop with the relevant RTP team members to reflect on the key learning questions. The workshop was a space to discuss and prioritise the M2I learning questions and subsequently to map and prioritise outcomes/sub-outcomes from the current M2I logical framework, as well as any new outcomes suggested by inFocus against each learning question.

All these inputs were crucial to develop the M2I Evaluation Framework (see the M2I Evaluation Framework in [Annex N° 3](#)). The Evaluation Framework also includes the following elements:

- Key learning questions against the OECD-DAC four criteria
- Prioritised outcomes mapped against each learning question
- Indicators for each learning question and outcome
- Methods for measuring each indicator

The data collection strategy was structured in two phases. The data collection methods are summarised under each data collection stage in the chart below:

Chart N° 2. Data collection methods and tools designed



The first data collection stage was the baseline. This baseline was conducted before the M2I project was delivered, between October and November of 2022. The baseline evidence was key to understanding the context and needs of the main stakeholders (Child Participants and Adult Facilitators), the Adult Facilitators' expectations of the M2I project, and to measure the starting point of a set of indicators related to the skills and capabilities of the Adult Facilitators to deliver a psychomotor intervention, and the life skills status of the children. The baseline report guided the development of the endline data collection as its findings were a crucial input to identify the key pieces of evidence that needed to be prioritised ahead of the endline. At the baseline a pre survey was conducted among the participating children, a pre survey was deployed among the Adult Facilitators, and data collectors observed a set of the Adult Facilitators in an initial training sessions. A detailed description of the baseline and the data collection tools developed can be found [at this link](#) (M2I Baseline Report).

The endline was conducted once the M2I project was delivered in February 2023. Data collection tools used at the endline can be found in Annex N° 4, [Data Collection Tools](#). A short description of the endline data collection tools and their main purposes are included below:

- **Children post survey:** this quantitative data collection tool was used to gather evidence on children's level of enjoyment of play, their opinions and thoughts on the M2I activities and the Adult Facilitators, and evidence related to socio emotional skills development (communication and self-managing emotions). This data provided insights about the perspectives of participants on the M2I resource and its model of implementation, and to some extent how M2I may have contributed to building certain skills and capacities.
- **Children focus group discussion:** a group qualitative tool was developed to engage children through different play-based activities to share their thoughts and perceptions on their experience of the M2I activities. A set of different games were designed for children aged between 6 and 9 years old and for children aged from 10 to 12 years old. The evidence provided by focus groups gives context and deeper insight on the children's feelings and opinions on the M2I intervention and the Adult Facilitators role in delivering the sessions.
- **Adult Facilitators post survey:** this tool's main purpose was to capture evidence about Adult Facilitators' M2I experience, their viewpoints on the how M2I worked in practice, to identify the extent to which their level of knowledge and understanding of psychomotricity changed, and how their skills to deliver this type of PSS intervention improved by the end of the project.
- **Adult Facilitators focus group discussion:** this qualitative tool collected further insights on the M2I resource's strengths and weaknesses from the perspective of adult facilitators including how appropriate it was for the child participants involved in the pilot, the main needs of the child participants, and how M2I could be improved. This piece of evidence complements the data collected through the post survey.

- **M2I delivery sessions observation guide:** this semi-structured guide listed the different elements to be observed during the M2I sessions delivered among the participating children by the Adult Facilitators. These elements are the level of engagement and enjoyment of children during the sessions, children's level of understanding of the M2I activities and Adult Facilitators explanations, how the Adult Facilitators performed across the different M2I competences, and the use of the RCA methodology. This data was used to complement quantitative evidence from the surveys at the endline.
- **Key informant interviews:** a semi-structured interview was designed to gather feedback and insights on how the M2I resource worked in the field and how the model of intervention contributed to the intended outcomes. A group of key members of RTP staff (involved in the project implementation in Beirut) and two community centres' staff participated in these interviews.
- **Psychomotricity pre and post-test:** this is a knowledge-based test that was designed and deployed by RTP to measure the level of knowledge of Adult Facilitators on different areas related to psychomotricity before and after the training. The results of this test were not included in the baseline report because databases were not available at the time of the analysis. As the same test was deployed after completing the training, data has been compared to observe whether there was an improvement in knowledge among Adult Facilitators after the training. These pre and post knowledge tests are included in the M2I Manual and were deployed by the RTP Lebanon team.

Once data collection methods were established in the inception phase of the evaluation project, a sample design was elaborated to ensure that data remained representative of the M2I project targets for each key stakeholder. An 'all participants census' approach was followed for the sample design, which means it aimed to collect evidence from all participants where possible. This approach was followed to ensure that the sample size was representative at the endline, given the risk of high drop-out rates among the children. The table below describes the sample design approach to data collection, and the valid cases collected at the baseline and endline by data collection method and stakeholder group:

Table Nº 2. M2I project and sample targets by stakeholder group and data collection method

Stakeholder Group	Project Delivery Targets	Data Collection Method	Sample Design	Baseline and Endline Data Collection Targets
Adult Facilitators	20	Pre survey	10 minimum scenario/20 aspirational scenario	20 cases
		Post survey	10 minimum scenario/20 aspirational scenario	19 cases
		Endline Focus group	2 focus groups with 8-10 participants on each focus group Participants in total: 16-20	2 focus groups (18 participants)
Children and young people	280	Pre survey	60 minimum/140 benchmark /210 aspirational	257 cases
		Post survey	60 minimum/140 benchmark /210 aspirational	242 cases
		Endline Focus Group	6 focus groups (one per centre) with 6-8 participants on each focus group Participants in total: 48- 64	4 focus groups with children aged from 6 to 9 4 focus groups with children aged from 10 to 12 (60 participants)
Key informants (*)	N/A	Interviews	6 interviews	6 interviews
		Observation	2 training sessions 2 activities with children	2 training sessions observed 2 delivery sessions observed

(*) RTP trainers and field staff and other key stakeholders, like community centre staff

The sample approach for children and Adult Facilitators included three response rate scenarios, where 60 cases were considered as the minimum scenario (21% response rate), 140 cases were considered the benchmark scenario (50% response rate) and 210 cases were considered the aspirational scenario (75% response rate). Demonstrated in the table above, the aspirational scenario was achieved at an Adult Facilitator and children level at the baseline and at the endline. This enabled the Learning Study team to test for smaller improvements and simultaneously for some variables (such as age range, gender, level of education). The difference of one case in the Adult Facilitators at the endline (19 instead of 20) related to one professional who withdrew from the project due to personal reasons. Differences between the sample and data collection targets among children (23 at the baseline and 37 at the endline) can be explained by different reasons. 24 children did not show up on the day of data collection in the centre or were not available at the moment of collecting data in the centre due to illnesses or the earthquake that took place in the region (Syria, Turkey, and Lebanon) on the week of the 6th February, 2023. Also, 14 children dropped out from the baseline. When asked about the reasons for this drop out, the RTP staff referred to the change of residence as the main factor behind it. Some Syrian families either moved back to Syria, or were relocated to other areas, far away from the venue where the

sessions were held. Hence, this made it difficult and time-consuming for children to come to the sessions.

The data collection tools were developed in English and then translated into Arabic for data collection (see the endline tools in English in [Annex N° 4](#)). The endline data collection tools (surveys) were piloted on the 11th of February 2023 and the endline data collection took place from the 13th of February to the 3rd of March 2023, including the observations of M2I delivery sessions (sessions N° 9 and N° 10 of the M2I Trainer Manual). Qualisus led the data collection in the field with the support of RTP Lebanon staff members and the staff from the community centres.

4.1 Study limitations

Although data collected at the baseline and the endline is robust given the sample size and representativeness of the project stakeholder targets, there are a set of limitations and additional considerations to keep in mind when reviewing the findings and conclusions included in this endline report. These include:

- A set of warm-up questions were included in the children's pre survey to ensure a child-friendly approach when collecting data from them. It was agreed with the RTP team that this data would not be considered for the analysis. However, as there were some questions in this category that provided complimentary evidence, these questions ultimately were included in the analysis.
- As part of the development of the children's survey, a few questions from the ISELA tool⁸ were included to better approach children when asking about their vision of themselves and their ability to identify emotions/feelings. The questions from the ISEAL tools, related to their managing of positive and negative emotions were included in the baseline and endline data collection tools. A drawing exercise related to the self-assessment questions was only included at the baseline and given the lack of evidence generated through it, it was excluded from the endline. This piece of evidence was analysed following a qualitative coding analysis process, as the scoring template provided by the ISELA tool couldn't be used solely when applied to a few questions.
- The M2I project was a pilot intervention which did not weigh evidence collected prior to the implementation. Therefore, baseline data was considered the starting point for project targets and measures, and comparisons and performance analysis have been included in this endline report when relevant and appropriate.
- Adult Facilitator figures are presented in absolute numbers due to the small sample size, and children's figures are shown in percentages.

⁸ The International Social and Emotional Learning Assessment is a scenario- and performance-based measure designed to assess the development of self-concept, stress management, perseverance, empathy, relationship management, and conflict resolution in children ages 6 - 12 years old.

- A social desirability⁹ bias was one of the possible biases in self-reported questions on knowledge, competencies, or abilities, especially among Adult Facilitators. Therefore, it was identified that the data collected at the baseline might be inflated. However, questions were adapted to reduce this type of bias at the endline, and it was observed that the bias was reduced. Among children, a social desirability bias was not one of the possible biases identified, but a few questions required additional explanation to gather accurate and valid data.
- No significant differences by age range, gender, attendance of school, or parents working were observed in the results among children. Breakdowns by socio demographic variables are included when the level of significance is over 95%.

5. Findings

5.1 Dimension: Relevance

Learning Question: How appropriate/relevant is the M2I resource in the context of a mixed emergency/developmental context in Lebanon? Focusing on a) appropriateness of resource/intervention to needs, b) appropriate targeting of participants, c) relevance of content to participants.

Evidence gathered at the baseline and endline showed that the M2I resource and model of implementation can be deemed as relevant and appropriate to participating children living in a mixed emergency and developmental context in Lebanon. Although the content of the M2I resource was considered relevant to children's needs by the Adult Facilitators, RTP staff and the community centre staff identified some areas of improvement to strengthen the level of appropriateness and better adapt it to children's needs. Findings under the relevance dimensions are presented below to help unpack the answer to the corresponding learning question.

Finding N° 1: The targeted children live in mixed emergency areas in Lebanon and therefore they are more likely to be at risk due to a set of needs they experience (and an increased likelihood they may become stressed and experience adverse or traumatic situations or feel unsafe). The socio demographic data on children's, Adult Facilitators' and other stakeholders' perspectives indicate that the M2I resource (both content and model of implementation) seemed to be relevant and appropriate as it was conceptually designed to meet the target children's needs, and the intervention delivered addressed those identified needs (feeling safer, feeling supported, feeling connected and part of a community, reducing their stress).

The M2I pilot was delivered in eight community centres (non-formal education settings) in six locations in Beirut. At the baseline it was identified that these centres had different characteristics, and that the locations had their particularities in terms of the living conditions of

⁹ In social science research, social desirability bias is a type of response bias that is the tendency of survey respondents to answer questions in a manner that will be viewed favourably by others.

the population, the infrastructure within the area, and the exposure to conflict of the people living there. A detailed description of the centres and the areas where they are based is presented in [Table A in Annex N° 7](#). The most common characteristics identified among all M2I locations were:

- Low income or very poor households and macro-economic challenges which affect vulnerable people (such as financial crisis due to high public debt, national currency losing value permanently, among others)
- High population densities or overpopulated areas with limited basic infrastructure (access to electricity, sanitation and waste collection, among others)
- High proportion of Syrians and Palestinian migrants/refugees among the population
- Socially and politically fragile settings due to former or current conflicts (political and gang-related conflicts)
- Lack of local or regional authorities (to control and ensure access to fundamental human rights and infrastructure)

In [Annex N° 5](#), the M2I project targets and survey cases by location and centre are outlined.

These characteristics correspond to a mixed emergency context and therefore the M2I resource (as outlined and designed in the resource manual) was considered conceptually relevant and appropriate by this study, in the context in which it was implemented (for children exposed to adversity and the risks of living in emergency settings). Moreover, given the evidence of the targeted children's socio demographics it can be assumed that these children were at risk or highly exposed to traumatic or adverse situations that may cause them high levels of stress and affect their psychosocial wellbeing.

Socio demographic data collected at the endline was similar to the baseline data and therefore it was observed that children who completed the M2I intervention had the same characteristics as those who were recruited at the beginning of the M2I project. The socio demographic data of children at the endline is described in the table below:

Table N° 2. Children's socio demographic frequency of response at the endline (*)

CHILDREN Socio-demographics		Percentage
Nationality	Palestinian	14.46%
	Syrian	85.54%
Gender	Female	51.65%
	Male	48.35%
Parents working	No	3.72%
	Yes	95.87%
	Orphan	0.41%
Living Area	Mount Lebanon	40.08%
	Beirut	59.92%
Previous experience in PSS activities	No	95.87%
	Yes	4.13%
Attending school	No	37.19%
	Yes	62.81%
Age	Mean, Median	8.34, 8.00
	Min, Max	6,12
	From 6 to 9 years old	73.14%
	From 10 to 12 years old	26.86%

(*) Socio demographic data was provided by RTP (and it was not asked directly to children or their parents/caregivers).

Most of the children (85.54%) were Syrian and 14.46% were Palestinian. In terms of gender, approximately half of the children were females (51.65%) and the other half were males (48.35%). The majority of the children had parents/caregivers who were working (95.87%) and had not attended any other psychosocial project or activities before (95.87%). Two thirds of the total children were currently attending school (62.81%) and one third were not attending formal education (37.19%).

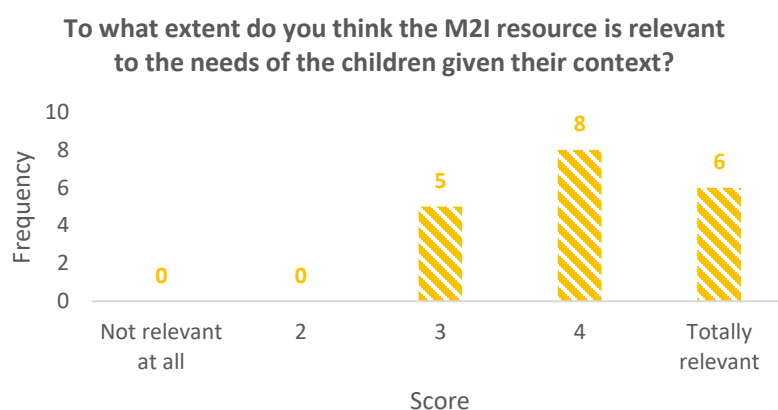
The socio demographic data was useful to infer a set of needs these children were more likely to have. The targeted children experienced needs related to not attending formal school (37.19%), such as mental health or socio emotional issues because of the lack of stability and routine, lack of attention in a class or not being used to taking part in structured activities, lack of respect for authority leading to increased behavioural issues, among others. Also, almost all of the children from a refugee or migrant background may have had needs as a result of being displaced from their countries of origin (such as, mental health issues like PTSD or depression, gender or non-

gender violence, relationship and family breakdowns). Adding to this the factor that the majority of children had not previously taken part in PSS activities or projects, it could be assumed that because of the lack of this type of support, they may have had fewer resources to overcome adverse situations and mitigate the effects on their psychosocial wellbeing (developmental issues, lack of life skills development, behavioural issues, mental health issues, among others).

A set of needs was mapped (complemented with a literature review) against the M2I areas' characteristics and the children's socio demographics which were identified at the baseline and endline (see Table B in Annex N° 7). It is important to highlight that the intersectionality of these needs was a relevant factor when analysing complex needs, and how these needs overlap could also lead to different types of vulnerabilities among the children and their families. The evaluators did not collect evidence concerning how different needs/risk factors interact with one another on an individual child basis, or how the intervention would address the more complex, overlapping needs of individual children (as this was out of the scope of the study).

Once the M2I project was delivered, Adult Facilitators assessed the relevance and appropriateness of the M2I resource and its model of implementation as part of the endline evaluation. As the chart below shows, 14 out of the 19 Adult Facilitators scored the relevance of the M2I resource over 4 on a scale from 1 to 5.

Chart N° 3. Adult Facilitators' scores on the M2I resource relevance to children needs and context



Source: Adult Facilitators post survey.

When asked during the interviews with RTP staff and the focus group with Adult Facilitators about the relevance of the M2I resource to the targeted children in the context of Lebanon, all respondents agreed that the resource was relevant in a number of ways. According to the Adult Facilitators, the M2I activities were seen as a means to reduce stress and anxiety, since the children could release tension and feel more relaxed when engaging in physical and psychomotor activities. The resource was considered by RTP staff and Adult Facilitators as a tool to support children who were experiencing stress and it was particularly relevant to the needs of the targeted children who had experienced traumatic events and continue to face different kinds of

hardships. One of the Adult Facilitators said during the focus group, *“Children were emptying the negative energy they have in those sessions because they live in harsh situations.”* Another Adult Facilitator affirmed *“The children are living in very hard situations, here they try to empty and release this negative energy.”*

Furthermore, according to the Adult Facilitators’ qualitative evidence, M2I was considered relevant because it promoted a sense of belonging to the community as Adult Facilitators were able to observe children felt part of a supportive group at the end the M2I sessions. Based on the M2I activities manual, the majority of the M2I sessions included teamwork activities (collaboration being one of the main skills to be developed), and the Adult Facilitators mentioned that they routinely encouraged children to form groups or play in pairs, rather than individually. Therefore, the Adult Facilitators reported that this cooperation boosted through the activities was very appropriate to the needs of the targeted children, and it made them feel more connected to the community around them (Adult Facilitators, other community centre’ staff), and therefore increased their sense of belonging to a community. Also, developing children’s capacities to build Relationships and Connections (Pillar 2) was one of the five pillars of psychosocial wellbeing; the M2I sessions were relevant to developing and improving this skill among children. An RTP staff member mentioned: *“In certain instances and sessions, I saw a team composition where children were acting as a team and felt connected with each other.”*

Moreover, a few RTP staff members explained that M2I was relevant because the targeted children did not necessarily have access to safe and adequate spaces to play because of the fragile and violent context the majority of the children live in. One RTP staff member said *“Those targeted children don’t have a lot of spaces and opportunities to play as teams or even individually, so definitely the M2I resource is very needed and relevant ”.* Therefore, according to RTP staff members, this resource provided an opportunity for children to improve a range of skills while being gathered in a safe place designated for their activities, making it relevant and appropriate.

Finding N° 2: Despite the M2I resource being relevant and appropriate to children, there were some areas that could be improved to better adapt it to children’s needs and the context they live in. These areas were related to reducing the level of difficulty of some of the activities, adjusting some activities and materials used to the context, and simplifying the language used.

At the endline, Adult Facilitators were asked about the extent to which they thought the M2I resource needed to be improved to better adapt it to children’s needs and characteristics in the Lebanon context. Of the Adult Facilitators, 15 out of 19 gave a response over three (on a scale from 1 to 5¹⁰), and the average score was three. This could be interpreted to mean that major changes might not be needed, however the majority of the Adult Facilitators perceived that some adjustments would be required. This point is supported by evidence from the survey that shows that all Adult Facilitators mentioned at least one adjustment on the M2I resource to make it more

¹⁰ Where 1 means “No need of improvements” and 5 means “A lot of improvements are needed”

relevant and appropriate to targeted children’s needs and contexts. The table below shows the different areas of improvement suggested by the Adult Facilitators at the endline.

Table Nº 3. Adult Facilitators’ suggested areas of improvement for M2I resource

Themes	Frequency
Having simpler activities: Games, Words	13
More diversity in games	4
Having more time to deliver the activities	3
Lack of resources	1
More training on the activities for Adult Facilitators	1
Total	22

Source: Adult Facilitators post survey. Responses adds more than 19 as respondents were able to provide more than one answer.

With regards to the activities, although they were predominantly assessed as simple and easy by Adult Facilitators and RTP staff members, certain activities were acknowledged to be difficult for children to do, even once the Adult Facilitator explained the activity several times. A consensus was achieved during the focus group with the Adult Facilitators that the following activities were the most challenging: 1) making shapes using the elastic and rubber bands; and 2) the RCA questions and drawing activities.

On the one hand, session Nº 6 for the children aged 6 to 9 (Name of the session: Rubber bands and strings) was not only considered challenging for the children, but also for the Adult Facilitators to implement. The Adult Facilitators were not capable of demonstrating how to create a star using the elastic band, and neither were the children able to follow the steps.

On the other hand, the M2I activities manual includes the use of the RCA RTP methodology¹¹ to support Adult Facilitators to finalise each session with a ‘Closing Reflection’ activity. To wrap up the sessions for each age group, this activity was suggested whilst the children worked on their portfolios to promote metacognitive skills. The portfolio was an organised, visual collection of a person's progress facilitated through Reflect, Connect and Apply questions¹² posed in the Closing Reflection. Each portfolio was unique and was aimed at the individual child's growth. The purpose of these reflections and the portfolio was to allow the child to organise and evaluate his or her

¹¹ As part of the development of the M2I resource, RTP incorporated a ‘portfolio tool’ to give the facilitator more information on the child's level of awareness of motor, cognitive and emotional skills. The ‘portfolio tool’ is used as another form of Reflect, Connect and Apply (RCA) which focuses more on individual than group reflections.

¹² The portfolio is a collection and record of each child's ongoing development. It contains examples of their work at each session. The reflections in the portfolio can be pictures, drawings, or even sentences. There is no right or wrong. The “Closing Reflections” of each session will take place during the portfolio work to help the child to reflect and connect individually and keep a record of his or her learning. It is important to explain the purpose of the portfolio to the children.

thought processes and to develop self-awareness¹³. Detailed information on how the M2I Manual incorporates the portfolio using the RCA methodology is included in Annex N° 8.

Adult Facilitators explained that the RCA questions were difficult to understand for children, and that they were rarely applied as intended. Adult Facilitators indicated that children struggled to be able to answer the reflect, connect, and apply questions. For example, when the Adult Facilitators asked the children to connect the skills they learned in one of the sessions to their everyday lives, the children didn't know how to answer. This was also confirmed by observations in which the observant noticed that the children were drawing random things in their portfolios during the RCA, not necessarily relevant or linked to the focus of the session. This point on the RCA methodology is further developed in [Effectiveness Findings Section N° 5.2](#).

According to the Adult Facilitators and RTP staff, there were other activities which children understood but required the use of materials that were not suitable for the context. For instance, Session N° 2 for 6–9-year-olds (“Pick the cups!”) required children to use their toes to pick up cotton swabs to improve body coordination. The children had to take off their shoes in this session to be able to use their toes. Given the living conditions described in the [Relevance Finding Section N° 5.1](#), these children had very limited access to sanitation, limited access to clean water, and there was limited affordability of hygiene items. Many children also were wearing slippers as footwear instead of shoes or did not have clean socks, so asking children to remove their shoes could be considered culturally sensitive. Certain materials in the M2I resource were also assessed as being non-contextualised. For example, the use of wooden sticks or ropes in vulnerable locations (in particular in Hay Gharbe, the most fragile and violent location where the project was implemented) items could be interpreted to be used to cause violence or harm to others, and so they needed to be replaced by other materials, according to Adult Facilitators and RTP staff. In this regard, some Adult Facilitators and RTP staff highlighted during the focus groups and interviews that it is important to take into account the context and location when planning what kind of materials are to be used with children, and to be mindful of potential triggers and safeguarding risks.

The order of the sessions was another element identified as an area of improvement. For instance, the session #1 “Taking Pictures” activity where the children had to assume different postures for the picture, most of the Adult Facilitators mentioned that the children were not yet comfortable enough to do such an activity in their first encounter with the Facilitator and other children as they didn't know each other. Therefore, this activity might first require the development of a safe and trusting environment before delivering it. Another example was session about arranging emotions, given that some children demonstrated negative emotions during that session (as per the observations) based on real scenarios, such as jealousy from siblings and sadness from caregivers, and so it appeared to be triggering for some children. Also, as this was the last session there was no opportunity to do an individual follow-up or the

¹³ Information provided to Adult Facilitators in the M2I Activities Manual.

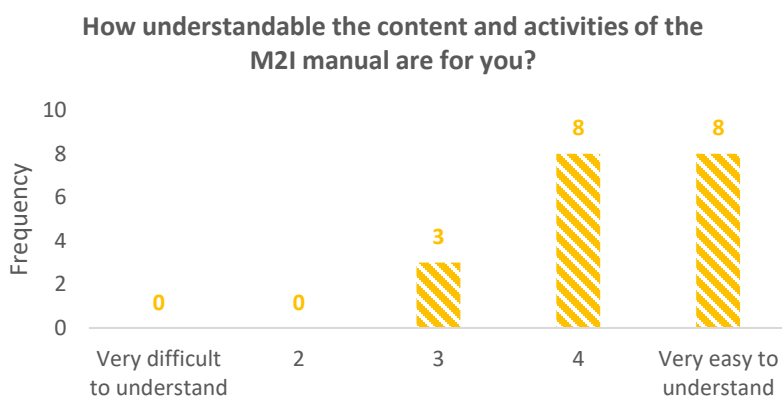
possibility to offer support after the session (which was needed to manage the children's emotions). Also, this was one of the key activities to strengthen the children's capacities to manage emotions and leaving it until the last part of the sessions may inhibit the learning process and the children's understanding of how psychomotor activities can enhance their capacity to manage their emotions.

Finding N° 3: Both Adult Facilitators and children seemed to have a good understanding of the M2I resource (in terms of how understandable the content was for Adult Facilitators and the language in which the activities were explained to children) but Adult Facilitators considered that the language used in the Activities Manual might be too complex for children to understand, and it significantly needed to be adapted by them during the delivery of the sessions.

Two aspects were assessed on the level of comprehension of the M2I resource. The first aspect was how the M2I activities were explained to children by the Adult Facilitators. Out of the child participants, 84% selected the following response option: "The activities were explained in a language I could understand", meaning that most of the children reported a high level of understanding of the M2I activities, through the explanations and facilitation by the Adult Facilitators.

The second aspect was how understandable the M2I content and activities within the manual were for the Adult Facilitators. The results showed that the average score was 4.26, indicating that they had a good understanding of the content and activities in the M2I manual. This is supported by the graph below which shows that 16 out of 19 Adult Facilitators scored their level of understanding of the M2I content and activities with a 4 or greater.

Chart N° 4. Adult Facilitators' level of understanding of the content and activities within the M2I manual



Source: Adult facilitators post survey.

The Adult Facilitators' level of comprehension of the M2I resource was also assessed by asking them the extent to which the M2I material (meaning M2I resource content and activities) was easily understood, including in terms of the language and whether it was clear.

Table № 4. Adult Facilitators' level of agreement on the M2I material attributes (language, clarity and simplicity)

Scale	The material is written in a language I can understand as an adult	The material was clear and easy to understand for me	The material is written in a language that children can understand
1 = Totally disagree	0	0	2
2	0	0	9
3	3	5	4
4	5	7	2
5= Totally agree	11	7	2
Average	4.42	4.11	2.63

The table above shows that 16 out of 19 Adult Facilitators (Totally Agree and Agree) consider that the M2I material was written in a language they could understand, and it was a clear and easy for them to understand. The Adult Facilitators reported that the training which was delivered before starting the project enabled them to understand the M2I content and activities clearly and easily.

However, 11 out of 19 Adult Facilitators stated how the M2I material was not written in a language that children could understand, and it required a significant adaptation of the language when communicating activities to children. In the focus group, Adult Facilitators agreed that there were certain terms and jargon used in the resource that were difficult for children to understand. For example, according to the Adult Facilitators the term “كبح الحركة” in Arabic (meaning tangling themselves by creating a human knot) was one term used in the M2I resource that was difficult for children to understand. The majority of the Adult Facilitators also reported that the trainer and M2I resource used formal Arabic instead of the colloquial or casual conversational language (Lebanese dialect). Consequently, they had to simplify the questions and instructions when addressing the children to make them understandable. No examples of terms were given in the resource, according to some of the Adult Facilitators, and, overall, the language was too formal for children aged 6-12 to grasp and comprehend.

The Adult Facilitators ensured that they simplified the language when communicating with children by using more basic terms. In addition, in some instances, certain phrases were unclear to the Adult Facilitators themselves, so they had to go back to the RTP field staff and consult with them to be able to understand the activities. In other instances, they reverted back to the English version of the manual to read the description of activities to be able to understand the concept.

It is important to highlight that some adaptations and the simplification of phrases or words could be expected to be undertaken by Adult Facilitators, however there is not enough guidance in the M2I Activities Manual on how to adapt the language to be better understood by children.

Finding N° 4: 84% of the children rated the language used to explain the M2I activities to them as ‘very good’, and 83% of them affirmed that the coaches were ‘very good’ at keeping them motivated and engaged. However, data shows that there is room for improving the language used.

The table below shows how children self-score four elements of the M2I resource and its model of implementation.

Table N° 5. Children’s self-score on M2I resource and model of implementation

M2I resource elements	1 star Not good	2 stars Good	3 stars Very Good
The activities were explained in a language I could understand	9%	7%	84%
The coach motivated and encouraged me to do the activities	9%	9%	83%
The coach helped me during the activities	13%	10%	77%
The activities proposed by the coach were easy to do for me	8%	23%	69%

Source: Children post survey.

According to the children’s data, the most valued elements were the language used to explain the activities, as 84% of them scored this as ‘very good’, as well as the motivation and encouragement received from the coach for the activities, for which 83% scored ‘very good’. It is important to add that Adult Facilitators mentioned the language of the M2I resource as an area for improvement (see Finding N° 2 under this Relevance Section, 5.1), as it was considered moderately complex for the target children, and some of them found that they needed to adapt some of the language while they delivered the sessions. These adaptations made by the Adult Facilitators seem to have positively supported the children’s comprehension and so it would be useful to retrospectively capture these ‘ad hoc’ adaptations to support future language improvements to the resource. Differences on scores based on children’s age range (6 to 9 years old and 10 to 12 years old) or school attendance were not observed in the assessment of the M2I resource elements, except for “the activities proposed were easy for me to do”, where children between 6 and 9 years old scored this attribute higher than children aged from 10 to 12 years old.

Despite the fact that most of the children seemed to be satisfied with the support provided by the Adult Facilitators during the activities (77% of children scored this element as ‘very good’), it was observed that 13% of children thought that the coaches were not good at helping them during the activities. Furthermore, during the focus group, children reported that they liked their facilitators a lot. When conducting the focus group with children aged 6 to 8, children were asked

to draw or write one thing they liked about their Adult Facilitators. All the drawings depicted positive descriptions. The main themes used by the children to describe their coaches were:

- 1) “Help” mentioned 5 times;
- 2) “the Adult Facilitator is nice and doesn’t scream at us” mentioned 4 times; and
- 3) “she plays with us” mentioned 4 times.

Main points under the Relevance Dimension:

- It can be said that the M2I resource was significantly relevant and appropriate to the mixed emergency context in Lebanon where it was delivered, and to the identified needs of the participating children, as well as for the targeting of participants with these specific needs that the M2I was designed to address.
- The following factors evidence how the M2I resource can be considered appropriate to the two target groups. The level of understanding of the M2I material (among the Adult Facilitators and children), the Adult Facilitators’ high level of commitment and satisfaction with the training, and their experience delivering psychomotor sessions with children (evidence of which is presented in the following section), together with the high level of enjoyment of children during the M2I resource.
- The M2I resource and its model of implementation requires adjustment to better meet children’s needs and their context, in particular in areas such as the language used, the complexity and order of some activities, the materials used and the complexity of the RCA methodology.
- Evidence from the pilot suggests that this is partially appropriate as it cannot be considered a ‘pure’ PSS intervention given the strong focus of the activities on the psychomotor activities and the short duration of the project to deliver PSS intervention outcomes.

5.2 Dimension: Effectiveness

Learning Question: How enjoyable, accessible and easy to understand is the M2I resource for both children and Adult Facilitators in terms of how they use it and are able to interact with the resource/participate in the intervention to increase understanding of psychomotricity and develop life skills?

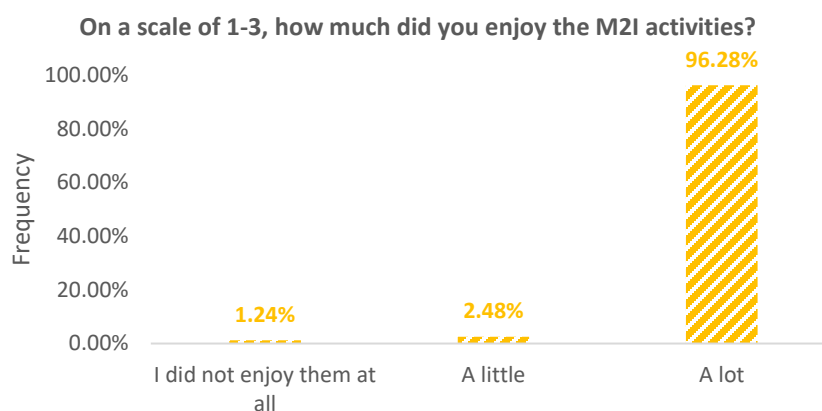
Under this dimension a set of outcomes were evaluated to understand the effects of using the M2I resource on both the Adult Facilitators and the child participants, along with how these two target groups interact with the different activities and content provided within the M2I resource.

Moreover, the findings under this dimension help identify the strengths and weaknesses of the M2I resource and model of implementation.

Finding N° 5: Children’s evidence showed that the resource was considered to be an engaging resource. 96.28% of child participants enjoyed the M2I activities, 92.15% of children found the M2I activities interesting, and their retention rate was high (Out of the 280 children, 88% of the children completed the M2I project and 81% attended the 10 M2I sessions). The majority of Adult Facilitators confirmed that the children actively participated in the M2I activities.

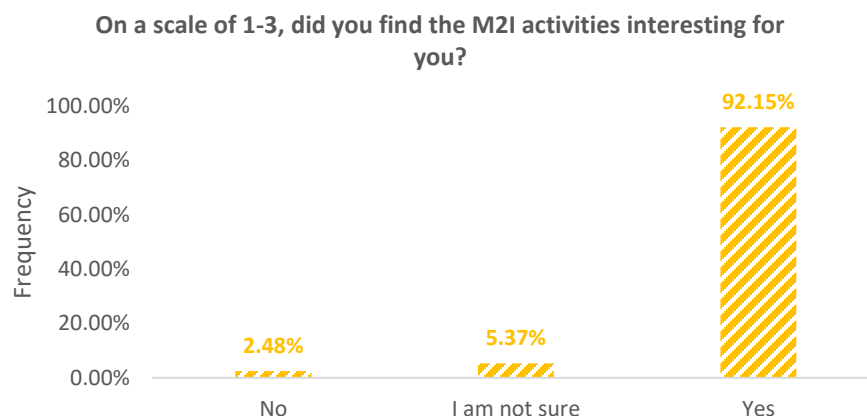
The chart below shows the level of enjoyment and interest in the M2I activities reported by the participating children.

Chart N° 5. Children’s level of enjoyment of the M2I activities



Source: Children post survey.

Chart N° 6. Children’s Level of interest in the M2I activities



Source: children post survey.

These two elements (enjoyment and interest) could be considered as proxy measures of the level of engagement of the participants with the intervention. No differences on the levels of enjoyment and interest were observed by children’s age range, gender, or school attendance.

Project records also show that this engagement was high as RTP staff reported that 249 out of 280 children completed the project (88% of the original project target), and 227 attended all 10 M2I sessions. This could be explained by the high level of enjoyment and interest in M2I activities, but also as it was a short intervention delivered in one month, so the risk of dropping out was reduced. Also, Adult Facilitators recognised that children participated actively in the M2I activities, as 18 out of 19 Adult Facilitators scored the level of participation of children at 4 or 5 (on a scale from 1 to 5, with the average score being 4.47).

Based on the qualitative data collected from Adult Facilitators and RTP staff members, children were highly engaged during the sessions. They actively participated in the sessions by asking questions, exhibiting positive body language indicating active listening (for example, nodding, smiling, leaning forward), as well as showing eagerness to participate in the sessions. Adult Facilitators were also asked about the extent to which children actively participated in the M2I activities, and the average score was 4.47 on a scale of 1 to 5, where 1 meant 'Did not pay attention at all' and 5 meant 'Paid attention a lot'.

When asking children what they liked the most about the activities, the diverse and varied responses the children provided to this question indicated a number of themes (see Annex N^o 7, Table C). The six most liked activities mentioned in the endline survey¹⁴ were 'playing with a ball' (18%), 'drawing' (10%), 'balance game' (10%), 'cups games' (10%), 'rubber and elastic bands' (6%) and bowling (6%). These responses under these six themes represent 61% of the total mentions, and the remaining 39% of the mentions refer to a wide range of moving actions such as running, jumping, walking, taking pictures, clapping, building towers or castles, among others. This is in line with the M2I resource sessions as the majority of the activities included in the Trainer and Activities Manuals are based on practicing movements with a play-based approach. However, it is important to highlight that activities related to understanding their emotions or acquiring tools to feel calmer (such as breathing) were barely mentioned or recalled by the children. This could be associated with the order of the sessions as these were covered at the end of the intervention or because children struggled with expressing their emotions or feelings. As these set of activities are a key component to the development of the cognitive and emotional domains, RTP needs to reflect on how to better integrate them in the resource or reinforce the learning process of children in this area. In case RTP aims to increase the recall or retention of these activities and improve children's level of enjoyment in them, the approach may need to be adapted to also be play based or incorporated as routine exercises included in all sessions.

This evidence was complemented by qualitative data gathered in the focus group where children played a game¹⁵ to vote for the M2I activities they liked most among a set of activities presented

¹⁴ While in the endline survey the most liked and least liked M2I activities were asked as open questions, in the focus groups the children were prompted with a list of M2I activities.

¹⁵ During the focus group discussions with children aged 6-9 years (conducted in Ishrak, Abnaa Kassam, Sumud Hay Gharbe, and Beit Atfal Sumud), the team distributed pebbles to them, and asked them to put the pebbles they had next to the activity they liked the most. There were four activities on the paper, and these were 1) Emotions games, 2) Rubber bands and strings, 3) Pick the Cups!, 4) Stick Pictures. Similarly, during the

to them. The table below shows the most liked activities reported by children in the focus group by age range:

Table N° 6. Children’s Most liked M2I activities according to a voting activity

Most liked activities among children aged from 6 to 9 years old	Most liked activities among children aged from 10 to 12 years old
Pick the Cups! (12 votes)	Guest game (8 votes)
Rubber bands and strings (10 votes)	Building bridges (7 votes)
Sticking pictures (4 votes)	Teamwork (5 votes)
Emotion games (2 votes)	Shaping ropes (3 votes)
	Breathing exercise (1 vote)
	Silence exercise (1 vote)

Source: Focus group discussions with children.

There was no common agreement among the children on the reasons for liking the activities described above. As per the children’s responses in the focus group, they liked the cups game because “it made them happy”, “it was fun and easy” or they liked the elastic game because “I like it because I play with it using my hands and do shapes” and “I like it because I also play it at home”. In terms of the least voted for activities, related to emotions, children mainly mentioned that it was hard to understand, or because “it contained sadness”, “it was hard to guess the emotion sadness”, or on the Pictures game, “I don’t like to picture” and “It was boring”.

Endline data indicates that the children enjoyed the activities most that were related to physical exercises or where they needed to move, while they tended to like the more reflective activities associated with emotions or individual exercises such as breathing much less. This could be explained due to the association of these activities with moving or doing things actively with play, or playing with others, which are the types of activity that children at this developmental stage tend to enjoy more.

The point stated above is also supported by evidence from the M2I sessions observations. When comparing the level of enjoyment in Session N° 9 “Stick Pictures” and Session N° 10 “Emotion Charade”, conducted with children aged 7-9 in Ishrak Centre, Chiyah, a difference was identified. During session N° 9, children were required to sit for the entire 60 minutes to make models using wood sticks and drawings. Children looked bored by the end of the session, and they barely asked any questions to the facilitator. On the other hand, during session N° 10, there was a space for physical activity, and children were jumping to catch the emotions box and play the guessing game by acting out an emotion for the group to guess. Children showed more signs of engagement, motivation, and being focused during the entire session.

FGDs with children aged 10-12 years (conducted in Fraternity, Hay Gharbe, Ishrak, and Abnaa Kassam), the team asked the children to do the same and place the pebbles they had next to the activity they liked the most. There were six activities on the paper, and these were 1) Teamwork, 2) Serving the guests, 3) Breathing exercise, 4) Shaping ropes, 5) Silent Moves, 6) Building Bridges.

However, the fact that children seemed less engaged or ‘bored’ during the exercises that were focused more on emotional regulation, including the breathing and sitting exercises, does not necessarily speak to the inherent value of the exercises themselves, indeed they may well be the most valuable aspect of the sessions. It is difficult to ascertain this either way through this study, as the benefits are likely to be far more subtle, difficult for children and Adult Facilitators to articulate and may be only expressed over time. It is not unexpected that children get restless during periods of sitting for even 5 minutes or 60 minutes, or that they are likely to relate to a breathing exercise as ‘boring’, just as some adults might equate sitting still with laziness or being unproductive, children tend to equate sitting still with dullness and boredom. Rather, these observations may point to the need for more support to overcome some of the barriers encountered during these sessions that are focused on mindfulness exercises, which can be challenging at any age. This includes support for the children, not least because during these exercises, internal thoughts or feelings (positive and negative) are more likely to surface.

Among the children surveyed after completing the M2I project, 58% were not able to suggest any change that would make the M2I activities more fun and enjoyable. This could mean that the children did not necessarily see any areas for improvement, or they needed more guidance to reflect on what could be improved. Among those who suggested changes, the most mentioned themes were including more games involving playing with balls (e.g. football, basketball, etc.), and drawing (although all M2I sessions included a drawing activity when conducting the RCA). As Table N^o D in Annex N^o 7 shows, there were no clear trends identified given the wide range of answers provided, which were very similar to their responses regarding the elements they liked the most.

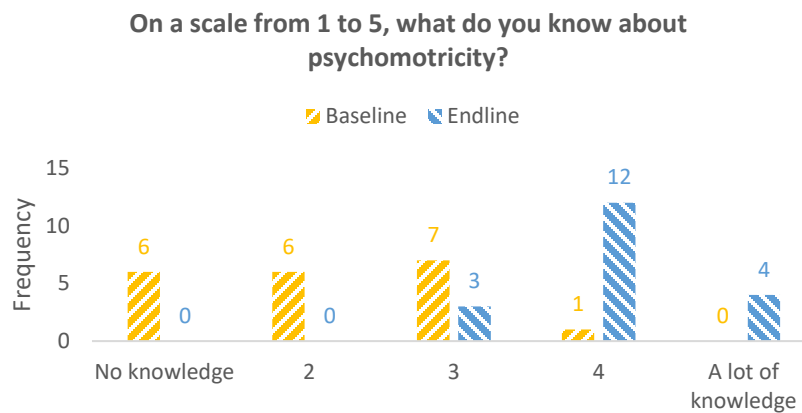
Finding N^o 6: Adult Facilitators reported an improvement in their knowledge of psychomotricity and an improvement in their understanding of the links between the three components of this concept, and how psychomotricity can contribute to children’s wellbeing. Of the Adult Facilitators, 16 out of 19 acknowledged that the M2I training and the experience of delivering the M2I activities increased their knowledge of the psychomotricity concept. It was observed that Adult Facilitators acquired a basic knowledge of psychomotricity, although this was not in line with the scientific technical knowledge outlined in the Trainer Manual.

The M2I resource aimed to introduce the concept of psychomotricity because it was not a prerequisite to have knowledge or to be an expert in this area to become an M2I Adult Facilitator. The resources also sought to support them to better understand the main components of psychomotricity and how psychomotricity could be used to contribute to improving children’s wellbeing. In order to see the extent to which the M2I project contributed to improvements in the Adult Facilitators’ knowledge on psychomotricity, they were asked to self-report their knowledge before and after delivering this intervention.

Baseline and endline survey evidence (see graph below) indicated that Adult Facilitators reported an increase in their level of knowledge of psychomotricity, as more Adult Facilitators scored their

knowledge higher at the endline compared with baseline. Of the Adult facilitators, 16 out of 19 rated their knowledge at 4 or more on a scale from 1 to 5 at the endline, while 19 out 20 rated it at 3 or less at the baseline.

Chart N° 7. Adult Facilitators’ self-reported knowledge of psychomotricity at baseline and endline



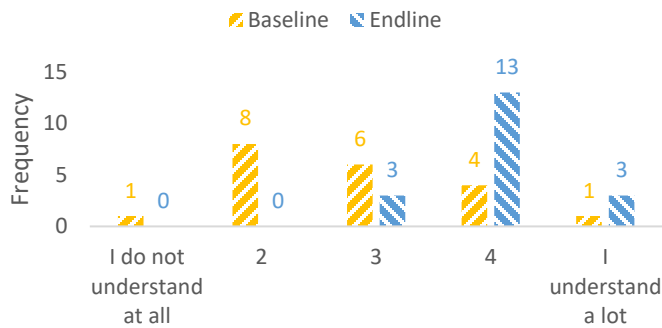
Source: Adult Facilitators’ baseline and endline surveys

A follow-up question was asked to the Adult Facilitators to briefly explain psychomotricity, to indicate whether the knowledge they possessed was valid or not. The following themes emerged: 1) Muscle movement (mentioned 12 times); 2) Better self-expression (mentioned 9 times); and 3) Brain/cognition and 4) Enhanced psychosocial wellbeing (mentioned 6 times each). Although none of the Adult Facilitators were able to technically define the term psychomotricity during the endline, they were able to refer to themes relevant to psychomotricity. During the baseline, the Adult Facilitators provided answers which reflected a very general idea or definition (sometimes unrelated to the term psychomotricity). Hence, this may indicate that the Adult Facilitators were familiarised with key concepts related to psychomotricity and that they were able to improve their basic or fundamental knowledge about psychomotricity as a result of the M2I project, when compared to the baseline evidence.

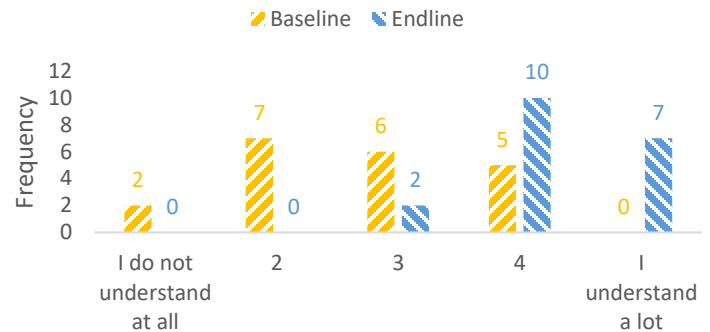
Additionally, at the endline Adult Facilitators accurately self-reported their level of understanding of the links between the three components (motor, cognitive and emotional) of psychomotricity and could explain how psychomotricity could contribute to the improvement of children's wellbeing. The graphs below display how they self-reported their level of understanding in these two areas as higher at the endline.

Charts N° 8 and N° 9. Adult Facilitators' reported level of understanding on psychomotricity component links and how psychomotricity can contribute to children's wellbeing

On a scale from 1 to 5, what is your current understanding of the links between all 3 components of psychomotricity?



On a scale from 1 to 5, to what extent do you know how psychomotor activities can contribute to improve children wellbeing?

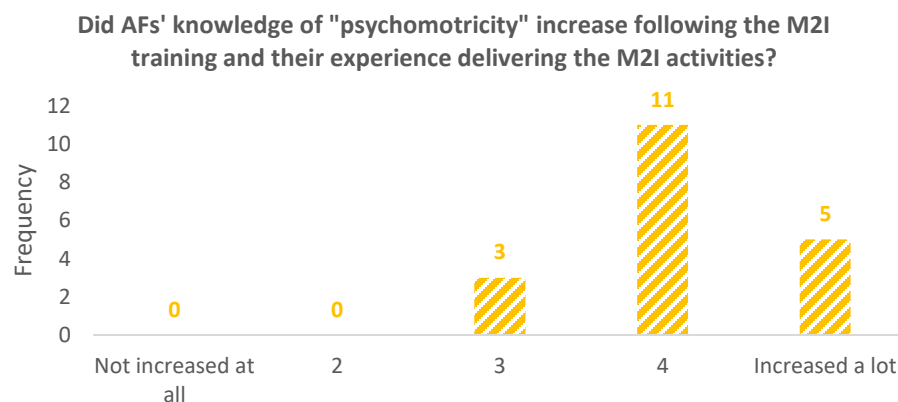


Source: Adult Facilitators' baseline and endline surveys

All Adult Facilitators were then asked to briefly explain how psychomotor activities could contribute to children's wellbeing. The majority mentioned that it allows children to express themselves and their feelings (mentioned 10 times), six mentioned that it could reduce stress since the children are playing and engaging with others, and three mentioned that during psychomotricity activities, children have a great deal of fun and this enhances their sense of wellbeing. These three themes that were identified are strategies included in the M2I resource on how psychomotor activities could contribute to children's wellbeing.

Evidence in the chart below shows that 16 out of 19 Adult Facilitators reported an increase in their knowledge of the 'psychomotricity' area as a result of the M2I training and their experience delivering the M2I activities.

Chart N° 10. Adult Facilitators' psychomotricity knowledge increase self-reported by response frequency



Source: Adult Facilitators post survey.

Knowledge on the psychomotricity area was also tested with a knowledge-based test included in the M2I Trainer Manual which was conducted before and after the training. This test was deployed by RTP staff, and the data was analysed by inFocus. It is important to note that all RTP Lebanon staff agreed that the test seemed to be very technical and challenging for the Adult Facilitators (and was even considered difficult for RTP staff), and this can be confirmed by the quantitative evidence presented below based on the test data analysis.

To analyse the Adult Facilitators' test performance¹⁶, it was first scored on the number of correct answers selected, and the degree of true-positives or "correctness" for each question was measured. Second, it was scored on the number of incorrect answers as the number of false-positives or the level of "incorrectness" per question. Therefore, the frequency of respondents identifying correct answers was measured (assigned as a proxy measure to the level of knowledge of psychomotricity). The second metric represents the proportion of incorrect options chosen by the respondents. This was considered a proxy measure of how difficult it was for them to fully understand the psychomotricity knowledge area. We will refer to this as "Uncertainty/Incorrectness" for the purposes of interpretation.

According to the data presented in Table E in Annex N° 7, where an analysis per question is described, the overall test average score on 'Knowledge on Psychomotricity' (how frequently they selected the correct answers) did not change after the training. The questions in which Adult Facilitators chose more correct answers were N° 3, N° 5, and N° 7.

On the 'Level of Uncertainty/Incorrectness' (how frequently they chose incorrect answers), the average score showed a change of 2.01 (the pre average score was 13.90 and post average score 11.89) which means that Adult Facilitators selected slightly fewer incorrect answers, but it cannot be considered a significant change of their level of knowledge (see Table F in Annex N°7). This might mean that facilitators felt somewhat more certain about which answers were not correct, but the data suggests that they struggled to select all of the correct answers on most of the questions. The topics that Adult Facilitators understood least were working memory, techniques of deep breathing, and the linking of age and objectives to appropriate activities. The questions where they selected most incorrect answers were N° 8, N° 12, N° 17, and N° 18.

Also, during the focus group with Adult Facilitators, the increase of their knowledge of the psychomotricity area was not mentioned as a benefit for them or even a positive element of the project. Therefore, given the evidence gathered, it is observed that the M2I resource and model of intervention contributed to the improvement of Adult Facilitators' knowledge on psychomotricity at a foundational level. This was as planned in the original M2I project design and in line with the knowledge needed to deliver the M2I activities. Should activities be changed in the future and should they require more expert knowledge on psychomotricity to be delivered,

¹⁶ The test instructions did not include the scoring criteria for the test, and therefore the inFocus team designed criteria to analyse test data. The mode of questioning (multiple-select MCQ) meant that it was possible for respondents to be both correct and incorrect within the same question. The odds of this also changed across the assessment, as the number of total choices (correct options + distractors), and the number of correct options as a proportion varied greatly (correct options/total choices).

the training of Adult Facilitators may need to be strengthened or supplemented for the acquisition of this more advanced knowledge of the area. However, it should be noted that acquiring more advanced knowledge of the area was not a pre-requisite to successfully undertake the Adult Facilitators role and it seemed that it was not needed for a high quality delivery of the M2I resource (further elaborated with the data in Finding N° 9 within this section).

Finding N° 7: Adult Facilitators reported a slight increase in their competencies to deliver psychomotor activities compared to when they started the project, in particular in ‘body awareness’, ‘creativity’ and ‘spatial organisation and the majority of them recognised that their competencies improved as a result of the M2I training and their experience delivering the M2I activities.

Adult Facilitators self-assessed a set of eight competencies which were outlined in the M2I resource as a set of requirements to deliver the psychomotor activities. Although the self-reported scores were high at the baseline, a slight positive change was observed in the majority of the competencies at the endline and are reflected in the figures in the table below.

Table N° 7. Adult Facilitators’ self-reported average scores on competencies (*) at the baseline and at the endline

Competencies	Average score at the baseline	Average score at the endline	Difference endline vs. baseline scores
Body Awareness	3.4	4.5	1.1
Creativity	3.6	4.4	0.8
Spatial Organisation	4.1	4.7	0.6
Flexibility	4.0	4.5	0.5
Time Management	3.8	4.3	0.5
Communication Skills	4.3	4.7	0.4
Dynamism	4.2	4.4	0.2
Attention to details	4.3	4.2	-0.1

(*) 8 competencies adapted from the Wheel of Competencies included in the M2I Trainer Manual.

Source: Adult Facilitators’ pre and post survey.

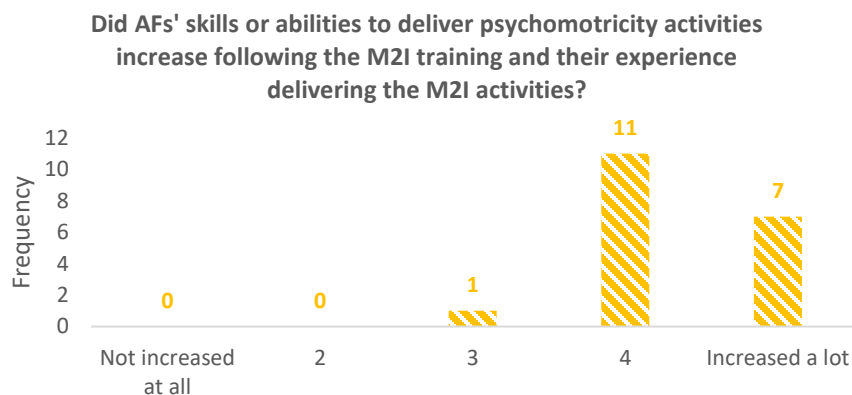
Body awareness, which was the lowest-scoring competency at the baseline, presented the greatest difference of 1.1 points between the endline and the baseline’s average scores, with the second greatest difference being the creativity competency with 0.8 points difference. The skills where the least difference was observed were ‘attention to details’, ‘dynamism’ and ‘communication skills’. This might be explained by the type of content delivered during the training, focusing on the psychomotricity area and how to use the body in the different M2I activities, and also the type of facilitation that was required during the M2I activities, in which Adult Facilitators guided children in movement exercises or to play with different parts of their bodies (such as their legs, head or arms). Adult Facilitators also mentioned during the focus group

that this resource allowed them to learn about how different part of their bodies are related to movements, and how to make movements in a more controlled way.

Qualitative evidence shows that one of the skills improved the most to deliver the M2I activities was ‘communication’. During the observations on the M2I delivery sessions, Adult Facilitators were observed using age-appropriate language and explained the activities using simple words by adapting the language used in the Trainer Manual. This was confirmed by the community centre staff who noted that Adult Facilitators were able to clearly communicate with children: “There are special cases in our centre where children are uneducated and they cannot read, write, or even talk/express themselves, hence the facilitators were able to deliver the sessions in a very clear way and communicate the information to the children.”

It is important to mention that the majority of the Adult Facilitators had previous experience with delivering RTP projects and they might have put more general facilitation learnings and skills into practice that they had learned through past experiences. However, the graph below shows that 18 out of 19 Adult Facilitators self-reported that their skills to deliver psychomotor activities increased as a result of the M2I training, and their experience delivering the M2I activities.

Chart N° 11. Skills or abilities increase reported by Adult Facilitators as a result of the M2I training and their experience delivering the M2I activities



Source: Adult Facilitators post survey.

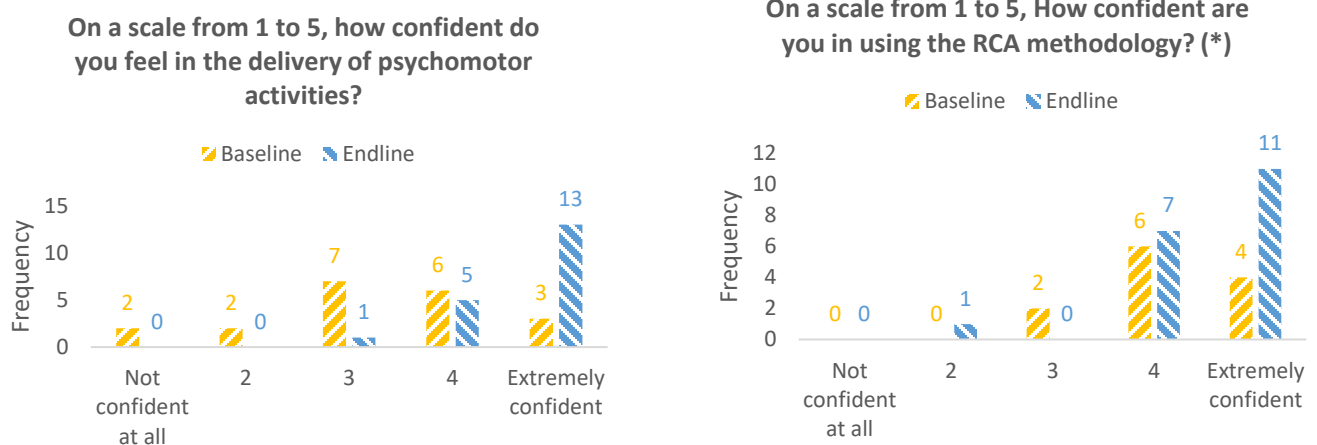
According to the interviews with RTP staff, the majority of the Adult Facilitators had been working with RTP for some time already. Only three had worked for less than 6 months based on the data collected. For this reason, RTP staff concluded that they were already qualified and had the required expertise and competencies to lead/facilitate the sessions as they were used to implementing activities with RTP. The RTP staff emphasized that the main attributes that were enhanced in terms of Adult Facilitators’ competencies in this project were: 1) time management, since they had to squeeze all the activities into 60 minutes; and 2) body awareness, since the M2I resource was focused on psychomotricity. The centre coordinator further mentioned the time management attribute, explaining that “The session should have been done in a longer period of

time; there were 3-4 activities in one session. This is a lot for children and for the Adult Facilitators.”

Finding N° 8: Levels of confidence in delivering psychomotor activities and using the RCA reported by the Adult Facilitators shows a significant increase at the endline. Although the Adult Facilitators agreed that the RCA methodology improved children’s learning, it was also considered difficult to understand by the target children, required adaption to simplify its language and more time to be deployed effectively.

Data reported by the Adult Facilitators on their levels of confidence in delivering psychomotor activities and using the RCA methodology¹⁷ showed an increase from the start to the end of their experience in the M2I project (see charts below).

Chart N° 12 and Chart N° 13. Adult facilitators’ reported levels of confidence in how to deliver psychomotor activities and using the RCA methodology



Source: Adult Facilitator baseline and endline surveys (*) This question was answered for those respondents who scored their level of knowledge on the RCA methodology over 3 in a previous question.

Survey data presented above shows that 18 out 19 of the Adult Facilitators reported feeling confident (scores of 4 and 5) at endline, with the major difference being in 10 more Adult Facilitators scoring themselves as ‘extremely confident’ at the endline compared to three at the baseline. Although there is insufficient evidence to attribute this increase in the level of confidence to deliver psychomotor activities to the M2I project, it is evident that the participation on this project contributed significantly to increase their confidence. This was because all Adult Facilitators were not taking part in any other psychomotor project or training at the time of performing the role of M2I Adult Facilitator.

¹⁷ As part of the development of the M2I resource, RTP incorporated a ‘portfolio tool’ to give the facilitator more information on the child’s level of awareness of motor, cognitive and emotional skills. The ‘portfolio tool’ is used as another form of Reflect, Connect and Apply (RCA) which focuses more on individual than group reflections.

Regarding the increased level of confidence in using the RCA methodology, 18 out of 19 Adult Facilitators rated this at 4 or over, indicating that most Adult Facilitators felt more confident compared to the baseline (10 out of 20 of whom scored themselves at 4 or over). This increase in confidence in the RCA methodology could be a result of Adult Facilitators acquiring more knowledge on the RTP methodology (12 out of 20 Adult Facilitators scored their knowledge in the RCA at 3 or below at the baseline, while at the endline only one Adult Facilitator scored 3). During the survey and focus group, all Adult Facilitators were aware of the acronym definition and listed the three steps of the methodology in the correct order.

Adult Facilitators were also asked about the extent to which they felt that the RCA methodology supported children's learning, and 15 out of 19 of them rated their answer at 4 points or over (on a scale from 1 to 5, where 1 means "Not improved at all" and 5 means "It improved a lot"). This indicates that Adult Facilitators think that the RCA methodology was able to enhance the children's learning processes, even though they also identified some areas for improvement to deploy it more effectively.

Three main themes were identified when discussing Adult Facilitators' perspectives on the RCA methodology. These themes were: 1) RCA questions were difficult for the children to understand; 2) RCA needs more time to be fully delivered; and 3) the purpose of RCA is important and relevant to the learning process.

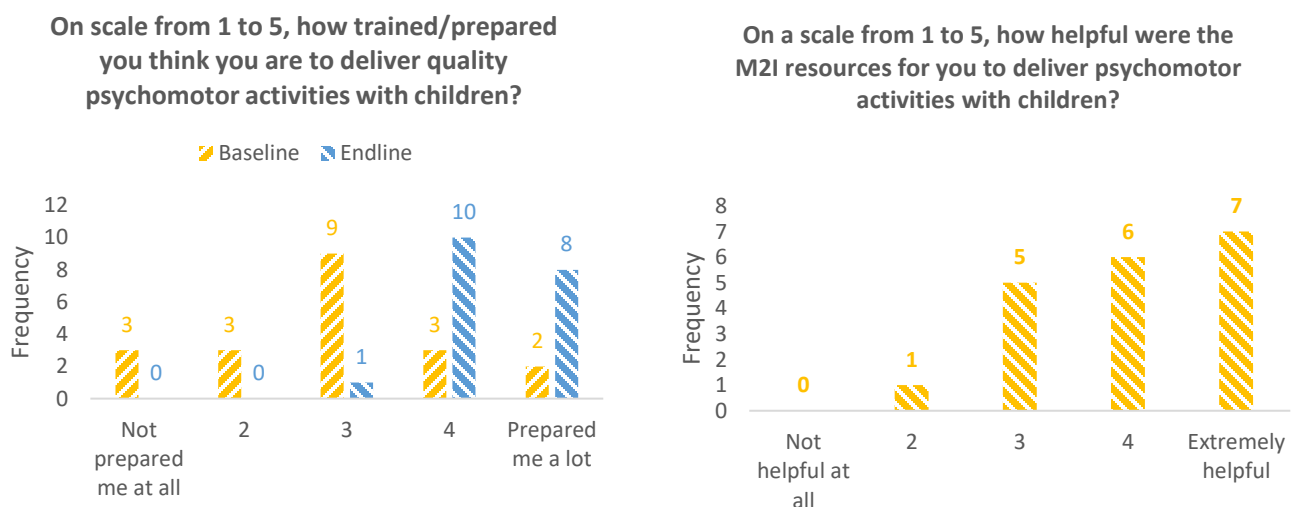
During the observation of the delivery sessions with children it was observed that Adult Facilitators simplified the questions of the RCA and did not ask them as they were in the manual. The majority of the children (more than half) were drawing random things, not relevant to the session. In fact, some children started drawing on the papers even before the Adult Facilitators began asking the RCA questions. Also, it was observed that Adult Facilitators did not ask all the eight RCA questions to children due to the lack of time and in one of centres located in a more violent area (Hay Gharbe) the general noisy environment and hyperactive children made it difficult for the Adult Facilitators to cover all the RCA questions and conduct the activity properly in the time planned. All Adult Facilitators agreed that the purpose of RCA was relevant, as children were trying to connect with what they were learning in the session and each child had his/her own portfolio, but they also highlighted that the RCA questions were difficult for the children to grasp. For instance, one staff member said *"The RCA questions were very heavy for children. The idea of RCA is very important, yet how it was translated was a bit hard and challenging."* Similarly, one of the Adult Facilitators said, *"RCA is very important, but the questions were a lot, and we didn't reach any place. I agree with the purpose of RCA but not with the way it was given to be delivered."* In addition to this, when children were observed during the delivery sessions, the majority of children were drawing random things when they had been asked to answer the RCA questions, and only a minority wrote during the RCA session. Other than being challenging, the majority of the Adult Facilitators raised the concern of needing more time to implement the RCA.

Given the evidence presented above, the RCA methodology requires to some extent to be revised in order to be deployed more effectively and in order to make it more appropriate to participating children. Reducing the number of questions, simplifying the language, including more guidance for children to draw or write things related to their learning, and revisiting when and how much time is needed could be some of the aspects to be improved ahead of any future M2I implementation.

Finding N° 9: The majority of the Adult Facilitators reported feeling better trained/prepared to deliver quality psychomotor activities with children at the endline and acknowledged that the M2I resources (Trainer Manual) were helpful in the running of the sessions, in particular the training on the activities and RTP staff individual coaching. Despite Adult Facilitators being highly satisfied with the training and that they considered that it helped them prepare to deliver quality psychomotor activities, a number of improvements were suggested to make it more effective related to the duration of each session, level of complexity, practical approach, and timing of delivery.

The chart below shows that 18 out of 19 Adult Facilitators felt prepared to deliver quality psychomotor activities (scoring 4 or over) at the endline, while only 5 out of 20 did at the baseline. This evidence was supported by the Adult Facilitators’ perceptions on how helpful the M2I resources were in delivering these types of activities, which 13 out of 19 Adult Facilitators considered to be “Helpful” and “Very Helpful” (see charts below):

Chart N° 14 and Chart N° 15. Adult Facilitators’ self-perception on how trained/prepared they were to deliver quality psychomotor activities with children and how helpful the M2I resource was to carry it out



Source: Adult facilitators’ baseline and endline surveys and Adult Facilitator endline survey.

The Learning Study also aimed to explore the extent to which the training and individual coaching provided by RTP supported the Adult Facilitators to deliver the M2I activities.

The majority of the Adult Facilitators were satisfied with the training they received before starting the delivery of the M2I sessions, with 18 out of 19 Adult Facilitators having scored their level of satisfaction at 4 or over (on scale from 1 to 5). According to the data in the table below, the training prepared them to deliver quality psychomotor activities mainly through the development of their skills, as well as through providing them with the guidance and support to deliver the sessions.

Table Nº 8. How well do you think the M2I training prepared you to deliver quality psychomotor activities based on the following points?

On a scale from 1 to 5, how well do you think the M2I training prepared you to deliver quality psychomotor activities based on the following points?	Frequency of response					Average Score
	Did not prepare me at all 1	2	3	4	Prepared me a lot 5	
Developing skills	0	0	2	5	12	4.53
Providing guidance	0	0	2	6	11	4.47
Providing support	0	0	3	6	10	4.37
Helping me to understand the M2I materials	0	0	3	7	9	4.32
Providing knowledge on psychomotricity	0	0	4	5	10	4.32

Source: Adult Facilitators endline survey.

This was further triangulated by the qualitative data collected in the focus group with the Adult Facilitators, in which all Adult Facilitators agreed that the training helped them to deliver the psychomotor activities, where they stated that it was very informative. There were various different elements within the training they liked most. Based on the thematic coding, the qualitative data revealed that:

- 7 out of 19 Adult Facilitators reported that the information was clearly delivered and the high level of engagement of RTP staff and other participants during the training was one of the things they liked most in the training. *“The way the information was delivered was excellent and engaging, not like how they teach us in universities. The relationship was informal and we were all happy and enjoyed the training.”*
- 6 out of 19 Adult Facilitators appreciated that they learned new ideas during the training, such as learning about the brain and psychomotricity. *“Everything was nice about the training, especially when they explained to us about the brain.”*
- 4 out of 19 Adult Facilitators liked that some of the activities during the training could be applied when delivering sessions with children, and that there was room to discuss those activities.

With respect to the elements of the training, the Adult Facilitators reported that it could be improved to better equip them to deliver psychomotor activities with children, the results in the table below show that the elements mentioned the most were increasing the length of the training and more explanation of the application of the activities.

Table Nº 9. Adult Facilitators’ frequency of response on elements of the training to be improved

Themes	Frequency
Longer training period (less condensed sessions in one day or split sessions over different weeks)	8
More explanation on the application of activities	5
Nothing	5
How to help children psychologically	1
Total	19

Source: Adult Facilitators endline survey.

This was also confirmed during the focus group with Adult Facilitators, in which all agreed that the duration of the training should have been extended. The training was delivered across two full days only, and Adult Facilitators felt that this was very overwhelming, and they were not able to fully concentrate since the information delivered was new and substantial for them to absorb. During the focus group, one of the Adult Facilitators said “The training period should be longer; it was stressful for us to have all this information in two days only.” Furthermore, during the survey data collection, 5 Adult Facilitators reported that a big chunk of the training was theoretical, whereas they preferred to have more practical information on how to apply those activities in reality. One Adult Facilitator said, “There should be more time allocated for the training and the application of activities.” It is important to mention that almost one third of the Adult Facilitators said ‘nothing’, indicating that they did not find anything that needed to be improved, and one Adult Facilitator wanted to learn more about how to support kids psychologically when they showed signs of negative emotions during sessions. Evidence indicated that the content demanded the most on the training was having more context and facilitation resources to deliver the activities with the children. Adult Facilitators affirmed that the technical knowledge was valuable, but it needed to be better connected with the activities they were required to facilitate in order to put it into practice and make it relevant to the project.

With respect to the M2I training, one of the concerns raised by RTP staff during the interviews was the incoherence between the level of complexity portrayed during the training, and the actual requirements needed to implement the sessions. RTP staff described the M2I training as very technical and complex, but when they reviewed the M2I resource it was seen to be “simple and not complex.” (they were referring to the M2I Activities Manual). One of the RTP staff affirmed that “What seemed to be required during the training from the Facilitators was an advanced level of knowledge and expertise, but then the actual manual itself and the games lacked this complexity.” The RTP staff reported that there might have been a mismatch between

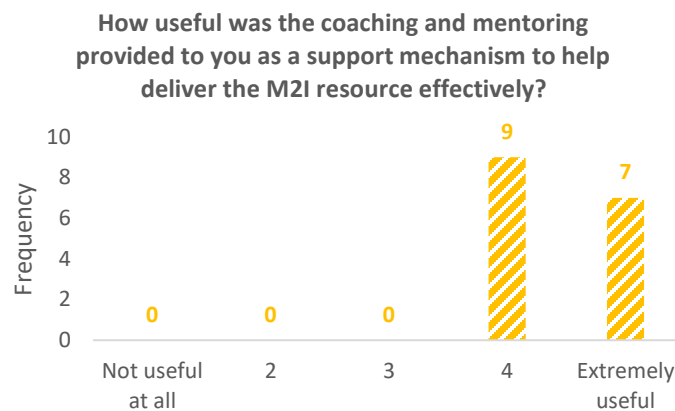
the training provided and the expertise actually required for implementing the activities included in the M2I resource.

In the focus groups, Adult Facilitators also reported that there was an extended time between the M2I training and the implementation which affected their level of recall of what they had learned during the training. According to their statements, this delay was a period of almost two months. One of the Adult Facilitators stated, “We started the delivery of the sessions with children two months after the training, which was a problem because some of us forgot some of the content we covered during the initial the training.” When asked about this delay, RTP staff explained that it was unintentional and due to the M2I resource not having been finalized. In fact, when the training took place, the resource was still in a draft version.

An RTP field facilitator also provided additional one-to-one training for all Adult Facilitators prior to implementation, which was not part of the M2I project’s original design (at least it was not described as a part of the implementation steps in the Trainer Manual). This was a refresher training in which RTP field staff went through all the sessions with the Adult Facilitators and explained the content to them in-depth once more. Given that the initial M2I training was not heavily focused on the application of activities, this support/refresher training provided by RTP staff was seen to be very helpful for the all the Adult Facilitators, as they reported in the focus group. For example, one Adult Facilitator stated that, “We received after the training more one to one training from the field facilitator which was very helpful for us.”

Regarding the coaching/mentoring element, Adult Facilitators were asked if they received ongoing coaching/mentoring support to deliver the M2I sessions effectively. In their responses, 16 out of 19 Adult Facilitators said yes, while the other 3 Adult Facilitators answered no. Those 3 Adult Facilitators were located in the Borj El Barajneh area, 2 of whom were in Abnaa Kassam centre and the other in the Fraternity centre. Among those who received the individual support of RTP staff, the chart below shows that the majority considered this type of support a useful mechanism to help deliver the M2I resource effectively.

Chart N° 16. Adult Facilitators’ frequency of response regarding the level of usefulness of RTP staff coaching



Source: Adult Facilitators endline survey.

Qualitative evidence complements the evidence presented above as the majority of the Adult Facilitators referred to RTP’s field facilitator always being available for support and providing mentoring and coaching. According to the Adult Facilitators, RTP’s field facilitator constantly followed up with them and guided them on what to do in the sessions. The support was provided either face-to-face in the centres, or over the phone when the Adult Facilitator reached out with an urgent question/inquiry. The RTP field facilitator visited all the centres and was able to observe the implementation of most of the activities, as per the collected data. One Adult Facilitator said “Before starting the project in 4 days, RTP’s Field facilitator came and recapped everything and it was very helpful.” It is observed that this coaching element was not only one the most effective mechanisms to equip the Adult Facilitators to deliver psychomotor activities, but it also strengthened the process of quality assurance to ensure that the sessions were delivered to the expected standards.

Learning Question: What are the challenges associated with the implementation of the resource as a tool for improving motor, cognitive and socio emotional skills within the country/cultural context?

Finding N° 10: Most of the challenges associated with the implementation of the M2I in the context of Lebanon (Beirut) were linked to the Adult Facilitators’ training, the process to better equip them to delivery psychomotor activities, and the contextualization of the resource in terms of language, type of activities and materials, and how it was delivered.

Quantitative and qualitative data was triangulated during the analysis process, and this allowed the evaluation team to identify a set of challenges reported by the key stakeholders (Adult Facilitators, children and RTP staff) associated with the implementation of the M2I resource (as it was originally conceived). These challenges are presented in the table below:

Table Nº 10. M2I Implementation challenges identified by stakeholder group

Challenges identified	Who reported the challenge?
Mismatch between the content training and the training needed to deliver the M2I activities. The training had a dense and theoretical component focused on psychomotricity and there was a considerable space between the training and implementation (2 months). This affected Adult Facilitators' equipping process as they needed more support before and during the delivery of the M2I psychomotor activities with children (refresher training being more focused on how to deliver M2I activities and one-to-one support)	Adult Facilitators and RTP staff
The level of complexity of the pre and post knowledge test was not aligned with the content of the training delivered and the type of knowledge required to deliver the M2I activities	Adult Facilitators and RTP staff
The level of complexity of the language was high for the targeted children leading the Adult Facilitators to have to adapt the words and terms used while delivering the M2I activities	Children, Adult Facilitators and RTP staff
The lack of contextualization of some of the activities (in particular regarding language and materials used) led the Adult Facilitators and RTP staff to incorporate adaptation to the design of some of the M2I resource sessions	Adult Facilitators and RTP staff
The order of the sessions required more coherence, as activities related to emotions were the last ones and could be seen as triggering for some children, or leave them with negative moods, as it involved asking them to identify negative emotions	Adult Facilitators and RTP staff
Children in the most vulnerable and fragile areas (such as Hay Gharbe) had more difficulties in paying attention, showed signs of hyperactivity, and struggled with personal safety, and therefore sessions delivered there require more than one facilitator.	Adult Facilitators
There were some factors related to the locational context that affected the pace of the implementation of the sessions and led to delays (diseases in Chatila or Hay Gharbe, weather conditions, an earthquake, violent episodes in the neighbourhoods in Hay Gharbe). Although this did not have a significant effect on dropout rates among children or Adult Facilitators, it needs to be considered as it might have affected the children's learning process and motivation.	Adult Facilitators and RTP staff

Source: Adult Facilitator Focus Group, RTP interviews, Delivery sessions observation.

Main points under the Effectiveness Dimension

- The M2I resource appeared to be enjoyable, engaging, and easy to understand for both the children and Adult Facilitators. Activities focused on teaching children on how to identify and manage emotions and feelings or acquiring tools to feel calmer, were the least liked by children. This could be expected by the children target group where movements and active play are, in general, regarded as more appealing to them.
- The type of support planned in the M2I Trainer Manual (including the individual coaching) was considered helpful by the Adult Facilitators and contributed to the improvement of their knowledge in the psychomotricity area, their confidence, and their ability to deliver quality psychomotor activities and the RCA methodology.
- The M2I resource and its model of implementation requires a set of adaptations to better equip the Adult Facilitators on the psychomotricity area and to deliver the intended impact on children.

- The main adaptations required are associated with: 1. connecting the scientific knowledge delivered during the training to the activities to be delivered with children, 2. adapting the pace of the training to enable a learning space for Adult Facilitators, 3. allowing more time to digest complex information on psychomotricity, and 4. planning the training closer to the implementation of the activities with children.

5.3 Dimension: Impact

Learning Question: To what extent does the M2I intervention support children to improve their social-emotional skills and resilience?

The M2I intervention's intended impact on children is to improve their socio emotional skills and therefore increase their resilience (understood as the capacity to cope with stress) and psychosocial wellbeing through psychomotor activities. Given the pilot nature of the resource, and as has been stated earlier, this Learning Study did not aim to establish the level of improvement on these intended long-term outcomes. The evidence gathered under this dimension was very limited, as the measurement of change in children's socio emotional skills was deprioritised early in the study. Therefore, the data presented should be considered as preliminary to understand the indicative benefits among children participating in a psychomotor-based intervention and how these benefits could be linked to the intended impact hypothesised in the design of the M2I. Further research is needed to determine whether, and in what ways, the psychomotor activities help improve the social emotional skills of children and contribute to improved wellbeing.

Finding N° 11: The majority of children were able to identify positive and negative emotions or feelings experienced by others, and they reported that they used a range of coping mechanisms between negative (such as zoning out, also called dissociation¹⁸) and positive/more effective (including play) mechanisms. Despite the fact that differences were not observed in children's capacities to identify their emotions/feelings when comparing baseline and endline results, the data showed that they mentioned 'breathing or getting calm' more as coping mechanisms to deal with anger at the endline (one of the coping mechanisms advocated for in the M2I resource).

One of the key socio emotional skills prioritised by the M2I resource is the capacity of children to identify and manage their emotions. At the endline, the same exercise from the ISELA tool¹⁹ was conducted among children as a proxy indicator of their ability to identify positive and negative emotions. Children were shown a picture of other children and they were asked to say what these children were feeling. According to the frequency of responses, children were able to identify negative emotions or feelings at the same level at the baseline and endline (98% of children at

¹⁸ https://beaconhouse.org.uk/wp-content/uploads/2020/02/Dissociation-in-Children-Teens-Resource_compressed.pdf

¹⁹ The International Social and Emotional Learning Assessment is a scenario- and performance-based measure designed to assess the development of self-concept, stress management, perseverance, empathy, relationship management, and conflict resolution in children ages 6 - 12 years old.

the baseline and 100% of children at the endline were able to mention a negative emotion/feeling when Image N° 1 and N° 2 were shown).

Chart N° 17. Images of children with negative feelings shown in the children endline survey



Image N° 1



Image N° 2

Table N° 11. Negative emotions or feelings identified by children at the endline (by Image and N° of mentions)

Image N° 1		Image N° 2	
Category	N° of mentions endline	Category	N° of mentions endline
Angry	175	Sad/Crying	210
Sad	67	Bored	15
Bored	1	Alone	6
Uncomfortable	2	Happy	1
Thinking	1	Tired	3
Lonely	1	Thinking/sitting	4
Scared	1	Nervous/scared	2
Total	248	Angry	2
		Total	243

Source: Children endline survey.

The most mentioned emotions for both pictures (angry, sad, crying and bored) at the endline were also the same emotions or feelings most mentioned at the baseline, and children even used similar expressions and actions to describe the pictured child's emotion (to see baseline results, see [Table I in Annex N° 7](#)).

As evidence already showed that the majority of the children had capacity to identify negative emotions at the same level at the endline and baseline, there was no room for the M2I to measure a change on this socio emotional skill among them with the tools that were designed to collect the data. Further and more standardised measurements should be considered in future learning studies in order to better understand what type of emotions are more likely to be identified by children and how they deal with them.

On the positive feelings, all children were able to identify positive emotions when they were shown the following two pictures:

Chart N° 18. Images of children with positive emotions or feelings shown in the endline survey



Image N° 1



Image N° 2

Out of the participating children, 88% of children were able to identify a positive emotion when Image N° 1 was shown, and 65% with Image N° 2 at the endline. According to the data presented in the table below, it is observed that the children were also able to identify positive emotions/feelings in others at the endline too, or at least related actions linked to the emotions to which the pictures were referring (being happy or calm). No significant differences were observed when comparing the same indicators at the baseline (93% of children were able to identify a positive emotion when Image N° 1 was shown, and 72% with Image N° 2)

Table N° 12. Positive emotions or feelings identified by children (by Image and N° of mentions)

Image N° 1		Image N° 2	
Category	N° of mentions endline	Category	N° of mentions endline
Happy	219	Happy	86
Playing	9	Relaxed/Comfortable/Calm	84
Jumping	7	Sitting	25
Lifting her Arms	2	Thinking	16
Relaxing	2	Watching TV	15
Standing	1	Laying down/Sleeping	7
Strong	1	Bored	6
Others	5	Watching the sky/moon/sun	6
Total	246	Sad	5
		Dreaming	4
		Others	7
		Total	261

Source: Children endline survey.

Once children were able to identify negative emotions/feelings, they were then asked about coping mechanisms to manage these types of emotions/feelings. These negative emotions could

be identified as signs of stress and trauma among the children. The World Health Organisation defines stress as ‘any type of change that causes physical, emotional, or psychological strain’.²⁰ Negative coping mechanisms are defined as those which pull away from values such as love, care, wisdom, and responsibility, among others. Positive mechanisms are defined as ‘more effective actions to lead people towards these values’.²¹

When the children were asked what they do to calm themselves down when they are angry, they mentioned a wide range of coping actions. These coping actions were categorised as negative (avoidance tactics or less effective strategies) and positive (more effective mechanisms, and those advocated by the M2I resource). The actions are listed in the below table in order of frequency of response:

Table N° 13. Coping mechanisms to manage anger mentioned by children at the endline

Negative Coping Mechanisms (based WHO on standards)	Frequency At the endline	Positive Coping Mechanisms (specifically advocated through M2I)	Frequency At the endline
Get angry/Cry/Hit things/Hit friends and siblings/Rip and break things	23	Play with family and friends	99
Sit alone	22	Take a deep breath/Try to calm down and relax	49
Zoning Out (like watching the phone/TV, doing nothing)	24	Draw/Paint/Read	10
Sleep	13	Study	5
Phone/TV	12	Listen to Quran	2
Drink water/eat	7	Total	165
Do not know	1		
Total	102		

Source: Children endline survey.

Although children mentioned a similar proportion of negative and positive coping mechanisms in the baseline and endline, the theme ‘breathing and trying to get calm and relax’ increased in number of mentions significantly compared to baseline (to see baseline results, see [Table J in Annex N° 7](#)). It is likely that M2I activities may have contributed to this as there were different breathing exercises in the resource, however it cannot solely be attributed to the M2I intervention. During the survey the children were also asked what they do to feel happier when

²⁰ <https://www.who.int/news-room/questions-and-answers/item/stress>

²¹ https://www.who.int/publications/i/item/9789240003927?gclid=Cj0KCQIA14Wd8BhD8ARIsANao07h010yMh_fhlx4ReReUvVvQ42qDLBAz4uyYyCUiOHWC-cVxex5FNssaAgc-EALw_wcB

they are sad, and they mentioned the same coping mechanisms as the ones used to feel more relaxed and to calm down, when they are angry (see [Table G in the Annex Nº 7](#)).

In order to understand what ‘play’ means to children as a coping mechanism, a follow-up question was included in the endline survey to ask them what kind of activities they usually do to feel calmer when they are angry. As the table below shows, some of most mentioned themes were catching games, playing with balls, electronics, and playing with dolls.

Table Nº 14. Types of play mentioned by children as a coping mechanism

Themes	Frequency
Catching games	29
Playing with balls	27
Electronics (video games, iPad, computer)	6
Dolls/Animals	4
Bicycles	2
Memory/Feeling games	2
Drawing/Writing	2
Marbles/Stones	2
Building	2
Karate	1
Jumping	1
Singing games	1

Source: children endline survey.

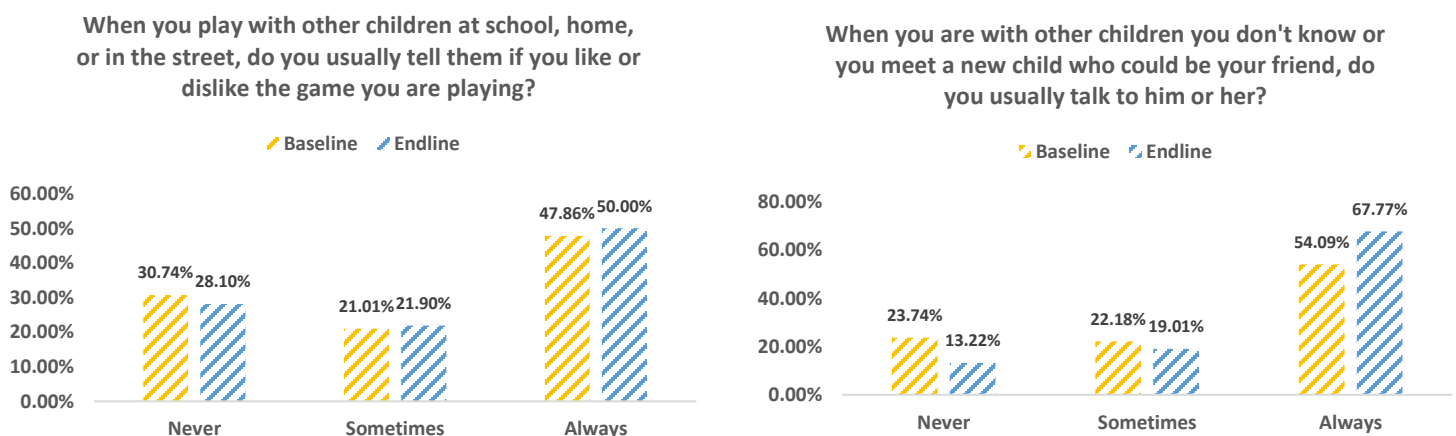
It is important to note that most of the types of play that were mentioned involved some type of movement (catching, cycling, playing with balls, building, jumping). Although it is not possible to determine whether or not children mentioned this type of play as a result of their participation in the M2I project, this piece of evidence might indicate that the resource is relevant and quite effective, as it aims to help to develop psychomotor capacities through a play-based approach. This is also linked to the coping mechanism for negative emotions, which was mentioned most by the children (play involving movement).

Finding N° 12: 67.77% of the children said they ‘always’ talk to others when they meet new children (13.68% more than baseline). Also, half of the Adult Facilitators acknowledged that the children were able to better express themselves in the M2I sessions or that they had increased their self-esteem or sense of accomplishment after completing the activities. However, the majority of the stakeholders agreed that more time and more sessions were required to observe an improvement in children’s socio emotional skills (in particular given the challenging context and adverse situations these children experience).

Two questions were utilised to measure children’s communication skills: 1) When you play with other children at school, home, or on the street, do you usually tell them if you like or dislike the game you are playing?; and 2) When you are with other children you don't know, or you meet a new child who could be your friend, do you usually talk to him or her? The evidence collected against these measures helps to understand the extent to which the children showed signs of progress towards this skill.

According to the data described in the charts below, at the endline 50% of the children said that they ‘never’ or ‘sometimes’ tell other children what they like or dislike in a playing environment, which is a similar result to that obtained at the baseline. A slight increase can be observed in the children’s self-reported capacity to chat/talk with other children when they meet a new child, as more children at the endline affirmed that they always do (13.68% more than at the baseline).

Chart N° 19 and Chart N° 20. Children’s frequency of response on telling others what they like or dislike in a playing environment and talking to other children they do not know.



Source: Children pre and post survey.

Although it is not possible to determine the extent to which the M2I helped improve communications skills, qualitative evidence showed that children made progress towards such skills as they were found to be able to express themselves during the sessions. Adult Facilitators (a total of 5) reported that after the M2I sessions they observed an increase in the ability of

children to express themselves to other children in the context of the M2I activities. To them, this was evident during the last session of the M2I in which children had to act out different emotions to others, and they all showed an increased ability in acting out the emotions and understanding of the emotions being acted out. Three Adult Facilitators also mentioned that some of the boys/girls were shy in playing with each other and interacting at the beginning of the M2I programme. However, as time progressed the children of both genders were more comfortable playing with each other, which could also demonstrate some improvement in terms of self-expression.

In addition, key stakeholders (Adult Facilitators, and RTP and community centre staff) were asked about the main benefits to children of participating in this project and the extent to which they were able to develop socio emotional skills. It is important to note that a few stakeholders (RTP staff and Adult Facilitators) reported that children were perceived/seemed to have an increased level of self-confidence after they participated in the M2I programme. This was mentioned five times (two times by RTP staff, and three times by Adult Facilitators). According to Adult Facilitators, children's participation in M2I enhanced their sense of accomplishment, as they were able to successfully complete tasks and were encouraged to do different kinds of activities, which could have positively affected their level of self-confidence. This perspective was also complemented by two RTP staff members who commented that the Adult Facilitators' support during the sessions could have increased the children's self-confidence.

Enjoying the sessions, increasing self-esteem, and feeling a sense of accomplishment could be linked with the capacity to communicate with others. As children felt more confident during the M2I activities, they might have felt more able to communicate with other children. The positive signs towards these capacities should be considered as foundational changes needed in order to drive change on children's psychosocial wellbeing. Despite observing some signs of progress towards communication capacities and self-esteem, this data was self-reported by the key stakeholders' interviews and more robust measurement processes need to be deployed in the future to determine the extent to which the M2I contributed to improving these skills among children.

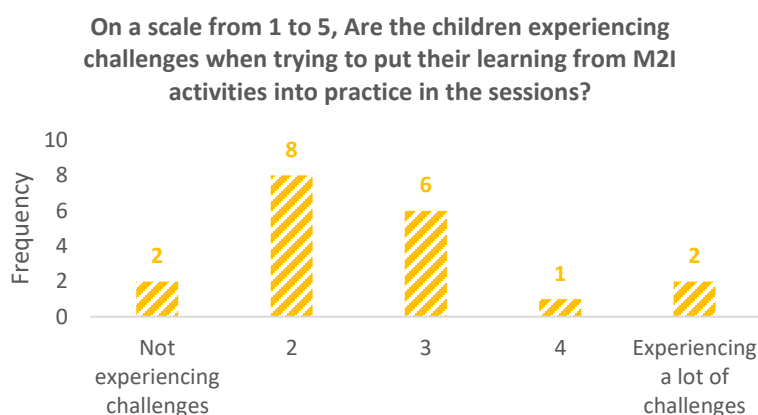
In addition, the analysis of M2I's impact on children's socio emotional skills was complemented with key stakeholders' perspectives on the required capacity to deliver the programmes intended impact. The majority of the interviewed stakeholders agreed that the exposure of children to a short intervention such as M2I does not provide enough time and space for children to put learning into practice and improve their socio emotional skills, as was the intended design of the M2I intervention. A few of the stakeholders also stated that more time (at least 3 months) and more sessions may be needed to help children improve socio emotional skills, given that these children live in adverse situations or contexts, and that their learning processes could therefore take longer. Some RTP staff and Adult Facilitators considered that to effectively support children, the M2I project may need to be part of another intervention (with a broader scope) that combines a PSS intervention component with the delivery of the M2I project components. As a

standalone intervention, the M2I project is likely to be much less effective in delivering the intended impact on the target groups.

Finding N° 13: 25% of children were not able to put into practice what they learned in the M2I activities and 22% acknowledged that they could put only a few things into practice. Half of the Adult Facilitators affirmed that the children experienced challenges in applying M2I learning during the sessions. Among those children who said they were able to put M2I learnings into practice, the majority mentioned actions or exercises related to movements or physical actions (in line with the majority of the content of the M2I activities included in the Trainer Manual).

Of the Adult Facilitators who were asked about the extent to which the children experienced challenges in putting into practice their learning from the M2I activities during the sessions, 9 out of the 10 responded with a 3 or more. This question was asked to ascertain whether children were able to incorporate new things effectively during the M2I learning process.

Chart N° 21. Adult Facilitators' scores relating to the degree of challenges the children experienced in putting into practice their learning from the M2I activities during the sessions



Source: Adult Facilitators endline survey.

The Adult Facilitators who answered from 2 to 5 were also asked what kind of challenges the children faced. The themes identified are presented in the table below.

Table N° 15. Challenges among children to put learning into practice identified by Adult Facilitators

Themes	Frequency
Differences in children's capacities	8
Lack of resources outside the M2I classrooms or sessions	5
Difficulty to understand some questions/new games (i.e. RCA)	3

More time is needed for sessions for children to be able to put into practice more frequently what they learn	1
Some children were shy	1
Total	18

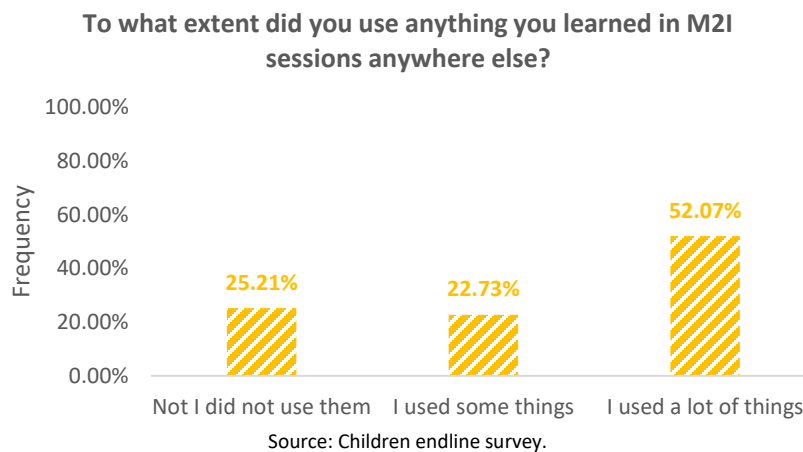
Source: Adult Facilitators endline survey.

The main recurrent theme which was mentioned 8 times was that the children's capacities were different from one another, which affected their ability to follow the M2I instructions and to put their learning from M2I activities into practice in the sessions (to replicate exercises). For instance, the Adult Facilitators mentioned that the children who were being formally educated and who attend school found it easier in comparison to the children who do not attend school. One Adult Facilitator said *"Children's intellectual abilities differ. The challenge was to find this balance between children who go to school and illiterate children."*

Another theme to discuss was the "lack of resources" which was mentioned 5 times, and which referred to the availability of the required materials at different times, the insufficiency in quantity of materials in the centres, and the inaccessibility to these materials outside the M2I sessions. Furthermore, the adult facilitators also referred to children's difficulty in understanding some of the activities, particularly the RCA methodology. For instance, *"The questions were difficult, especially the Reflect, connect, apply questions, they were really difficult for them to understand."* Based on this evidence, it seems that children participating in M2I had different capacities and development processes which may affect their cognitive, motor and socio emotional domains. These development capacities could be determined by different aspects such as, level of literacy, level of exposure to trauma or adverse situations, attendance to school, or even age, among others. This point relates once again to the need for a better understanding of the children's profiles and needs, and how they interact, in order to determine the project's intended impact on them.

Children's perspectives on whether they were able to use their M2I learnings outside the project were also gathered. Almost half of the children, 47.93%, said that they either did not use anything learnt in the M2I activities, or only used some things.

Chart N° 22. Children’s reported frequency of use of M2I learnings outside the project



The children who answered, “I used a lot of things” or “I used some things” (74.80%), were asked to provide some examples of how they used their learnings. The majority of the children gave examples of activities provided during the M2I programme, such as playing with the elastic/rubber bands, playing with cups, drawing and playing with a ball (see Table H in Annex N° 7). In the focus groups, children aged 10 to 12 were also asked if they tried any exercises they had learnt from the sessions in their day to day life, and 18 out of 25 of the children (across 4 focus groups) said ‘yes’. They mainly referred to the breathing exercise (mentioned 5 times), and building bridges (mentioned 4 times). This evidence also demonstrates that children associated learning new things mainly with learning movements or playing with materials, which were linked to the activities delivered from the M2I.

The children were not able to express learnings related to socio emotional skills, like understanding their emotions or communicating with other children. Given the developmental stage of the target children, it was not to be expected that they would be able to provide these sorts of answers (rather, they were expected to be able to answer questions related to recent memories, of what they recall doing during the M2I activities).

Among those who answered that they did not use learning from M2I activities (25.21%), the most mentioned reasons/responses for not doing so were: not remembering the game (21 mentions), decided not to answer the question on the survey (14 mentions), lack of materials or resources at home (8 mentions). Other reasons mentioned were not having time, not liking the games, not having anyone to play with, or that the games were difficult for them.

Main points under the Impact Dimension:

- The M2I resource and its model of implementation presents limitations, in terms of the length and intensity of the intervention, for it to provide children with PSS support directly and improve socio emotional skills effectively.
- Signs of progress towards the improvement of communication skills, self-esteem, and the acquiring of effective coping mechanisms were observed. These skills correspond to both

Pillar Nº 2 Relationships and Connections and Pilar Nº 3, Roles, Responsibilities and Identities of the psychosocial wellbeing construct.

- The benefits identified among the children may be considered foundational results to contribute to longer-term resilience and psychosocial wellbeing outcomes, but more evidence needs to be gathered to determine the causality among these outcomes in the context of a PSS intervention.

5.4 Dimension: Sustainability

Learning Question: What needs to be adjusted in the resource and across the programme operations, to implement it at scale, and how feasible will it be to replicate the programme moving forward?

The outcomes evaluated under this dimension sought to capture good practices, key success factors and areas of improvement as part of a reflection process on how the M2I resource and model of implementation could be adjusted to be replicated or scaled in future editions. All stakeholders, Adult Facilitators, RTP staff, community centre staff and even the children, were able to identify a set of areas and characteristics of the M2I resources that needs to be adapted to deliver the intended impact and sustain the expected changes on the target groups, in the longer term.

Finding Nº 14: Exposing Adult Facilitators to more in-depth scientific information on psychomotricity, involving Adult Facilitators with a similar background to the participating children, having individual portfolios from each child to follow up on the learning process, and reaching younger children were considered to be the most relevant good practices identified by key stakeholders.

The table below presents the most relevant good practices mentioned by Adult Facilitators, RTP staff and community centre staff.

Table Nº 15. Good practices mentioned by Adult Facilitators and RTP staff

Good Practice	Nº of mentions	Illustrative quote
Exposing Adult Facilitators (and RTP staff) to more in-depth scientific information about psychomotricity as a unique element of the project. The training covered how psychomotricity works and the evidence behind it, which was considered to be a unique element of the M2I resource. It was identified to be a good practice because it allowed the RTP staff and facilitators to be exposed to scientific information to develop their knowledge and skills, and better understand the objectives of each session. Also, Adult Facilitators acknowledged enjoying discussing new concepts and ideas during the training focused on psychomotricity.	4 out of 5 interviews with RTP staff 6 out of 19 Adult Facilitators in focus groups	<i>"The scientific evidence of psychomotricity and how it works was very good and I think this is something we could use in other projects, as in to introduce the scientific evidence so that the coaches can understand the evidence behind the play and games. This is something very interesting."</i> RTP staff member

Involving Adult Facilitators who had the same or similar backgrounds and live in the same contexts as the participating children. According to RTP staff members, the familiarity in the delivery context, and previous encounters between the children and the Facilitators, enabled a feeling of trust between them, which later reinforced the implementation of the project.	5 mentions (1 by centre coordinator, 3 by RTP staff members, and 1 by Adult Facilitator)	<i>"There is no ice between the children and the coaches to break due to previous experiences, which also helped this project to succeed since the children trust the coaches." RTP staff member</i> <i>"The familiarity with the community was crucial. It is important to have some layer of trust between the community and the coaches; if it weren't for this, we wouldn't have been able to implement the project." Community Centre Coordinator</i>
Having individual portfolios at a child level as part of the RCA methodology. Although all Adult Facilitators and RTP staff members mentioned that the RCA questions were challenging and needed more time, as explained earlier in previous sections, they also agreed that having this portfolio was a new tool for children, enabling them to feel that they had something they were getting back, and that each session was solely for them (like an ID) which also tracked all their work and drawings.	3 mentions (1 by RTP staff and 2 by Adult Facilitators)	<i>"I would like to highlight the portfolio in the M2I programme. This was a very interesting tool where children could see their accumulation of drawings every session." RTP staff member</i>
Reaching children from a lower age range, from 6 to 10 years old. According to participants' viewpoints, this age group is not usually heavily targeted by RTP programmes, and so it was perceived that the targeted age group of this resource is one of the positive and differential elements of the M2I design.	1 mention	<i>"M2I addressed lower ages like 6 to 10, mainly. This age group is not tackled a lot in our programmes, which is really good. The games and resources are light to tackle for this age group." RTP staff member</i>

Source: Adult Facilitators focus group and Key Informant Interviews.

Finding N° 15: The M2I pilot in Lebanon helped identify a set of key success factors that need to be considered when replicating the project (related to enabling trust relationships in the target areas, providing safe spaces to children, having dedicated RTP staff to support Adult Facilitators and community centres, high level of commitment of Adult Facilitators, and ensuring the resources required for delivering the project). However, the majority of the stakeholders considered that the project design was not sufficient to deliver the intended outcomes directly and it may need to be integrated into a larger/broader project, or the duration should be increased to create longer-term change among children.

The table below outlines the key success factors identified by Adult Facilitators, RTP staff and community centre staff.

Table N° 16. Key success factors mentioned by Adult Facilitators and RTP staff

Key success factors	N° of mentions	Illustrative quote
Having a dedicated staff member to guide the Adult Facilitators and community centre staff on a daily basis helped them to feel supported and ensured the project was delivered according to the planned standards in the M2I Trainer Manual.	2 mentions	<i>"We work with other NGOs and they don't do any follow ups with us; with RTP it is different. Follow ups are crucial to gather feedback and make some changes to contribute to the success of any project." Adult Facilitator</i> <i>"The support we received from RTP staff after the training helped us a lot in the implementation" Adult Facilitator</i>
RTP community-based intervention's well-known credentials in the targeted areas provided legitimacy and enabled the development of trust relationships with the community centres and ensured their high level of engagement.	3 mentions	<i>"We don't need to break the ice with them. They know us and we know them. They trust us so they engage with us easily." Community Centre coordinator</i>
High level of commitment from the Adult Facilitators, and having a resource like the Trainer Manual for them to refer to when needed to prepare or deliver the sessions. Also, the Trainer Manual was considered helpful as a guide for RTP Staff to support Adult Facilitators. This led to the delivery of the sessions as planned and following of the structure suggested in the resource.	2 mentions	<i>"AFs are volunteers who only get reimbursed for transportation, and still they showed high dedication throughout the programme duration" RTP staff member</i>
All the resources (venues, transportation, materials, copies, dedicated staff) needed for delivery contributed to delivering the project within the expected timeframes and enabled the project to reach the targets originally planned.	2 mentions	N/A
Children feeling safe in the community centres (in particular the most fragile and violent areas such as Hay Gharbe or Nasaar) supported the development of a safe and trusting relationship with the Adult Facilitators.	1 mention	N/A

Source: Adult Facilitators focus group and Key Informant Interviews.

Although this set of key success factors were identified by the stakeholders, it seems that the M2I project's current standalone format may need to be adapted to better achieve PSS outcomes and that there is insufficient evidence concerning the projects efficacy to justify a replication or scaling strategy at this stage. When stakeholders were asked if the M2I intervention could be replicated or scaled up, all RTP staff members and centre staff reported that the M2I resource could be scaled up, but only if combined with another programme/project to provide more intensive PSS if the intended impact is for children to achieve PSS related outcomes and to improve their socio emotional skills. As described earlier in the [Impact Findings Section N° 5.3](#),

this programme was designed as a PSS intervention, but the majority of the RTP staff did not consider it to be a project focused on psychosocial support. Two RTP staff members explained that this programme did not necessarily fall under the PSS intervention, as there is no direct provision of emotional and social support to children experiencing psychosocial distress. The programme was focused more on providing children with psychomotor activities where children developed fine and motor skills. The M2I could support the improvement in psychosocial wellbeing through play and through the provision of psychomotor activities but not as a direct result of participating in the M2I activity. As was planned in the M2I ToC, short term and mid-term outcomes need to occur to drive change on children's psychosocial wellbeing. RTP staff also highlighted that the frequency and ratio of sessions might be revised to allow for a period of practice between the sessions, and that the number of sessions could be increased. For example, one RTP staff member stated, *"Surely, M2I can be scaled up but under another project. I definitely see it under an education project in which the main outcome is a learning outcome. Psychomotricity would be a vehicle to facilitate the learning. I see it more within Early Childhood Education with a longer-term implementation, rather than 10 sessions."*

Furthermore, the interviewed stakeholders (RTP staff and Adult Facilitators) reported that the M2I resource by itself is also not sufficient to deliver the intended impact focused on PSS outcomes such as improving resilience, developing socio emotional skills, and enhancing psychosocial wellbeing among participating children. According to two RTP staff members, the direct result of the M2I sessions could be the children's enhanced interaction with their physical environment, as one RTP staff member stated, *"The direct result is actually the ability of children to interact better with their physical environment."*

In fact, all interviewed RTP staff members (a total of 4) mentioned that this resource would be best integrated with other programmes and not as a standalone programme. The adult facilitators also mentioned that the frequency and the duration of the programme was too small/short to enable a sustainable learning process, support changes in children's behaviour or habits, and to develop socio emotional skills. For this reason, it was suggested to integrate the M2I intervention into other types of programmes. The programme mentioned the most was education-related programming. One RTP staff member affirmed, *"This programme needs to be integrated into other programming. I saw it as more of a prerequisite for an education programme. It is an interesting resource under the education theme, and it would be more relevant."*

Finding N° 16: The M2I pilot project identified a number of areas for improvement for the M2I resource and its model of implementation. These areas focused on the resource, the language used, the structure of the activities, how the RCA methodology was implemented, the integration of the psychomotricity content into the delivery of the activities, adaptation of the type of support required based on children's needs, the contextualization of the resource, and project design.

The last finding compiles all the areas of improvement suggested by the stakeholders to better adapt the M2I resource to target groups (and their contexts and needs), and to improve the effectiveness of the intervention to deliver measurable changes to children and Adult Facilitators. Overall, the project worked well because evidence demonstrated that the project achieved the expected targets in terms of participation, retention rates, delivery of planned activities, equipping Adult Facilitators to deliver psychomotor activities and the level of enjoyment of children in the M2I activities (as described earlier in this report). However, a set of areas of improvement were identified by the different stakeholders and these are described in the table below.

Table N°17. Areas of improvement for the M2I resource by stakeholder group.

Areas of improvement (Aoi)	Stakeholders who identified the Aoi
The language used across the M2I resource requires simplification and adaptation to make it more accessible to children due to its current level of complexity.	Adult Facilitators
Children experience challenges in understanding the activities depending on their developmental stage (in particular for those children who do not attend school, who present more behavioural and mental health issues) and therefore the M2I sessions might require adjustment to increase the level of comprehension considering children's specific needs and contexts.	Adult Facilitators
More exercises in which children can do physical activities or actions which require movements should be included.	Children
The integration between the technical training on psychomotricity offered to Adult Facilitators and the type of knowledge required to deliver the activities needs to be improved. (According to the evidence, the training was considered highly technical/scientific and the activities did not require the delivery of that level of knowledge on psychomotricity.)	Adult Facilitators and RTP staff
The RCA methodology requires simplification (in terms of language) to be better understood by children, and more time is required to deploy it during the sessions.	Adult Facilitators
The training on psychomotricity needs to be delivered over a longer period of time to enable the learning process among the Adult Facilitators (given the level of complexity of the topic), which should be provided not long before the implementation of the project and include more explanation of the activities/sessions.	Adult Facilitators
The order and duration of the sessions might need to be adapted to provide children with a better learning process on psychomotricity. Leaving the emotions-related activities to the end could have increased the likelihood of triggering negative feelings, as there was no time to offer support afterwards, before project completion. A 60-minute timescale was not enough to deliver all activities planned as well as the RCA in one session.	Adult Facilitators and RTP staff
The extent to which some of the activities need to be better contextualised should be reviewed, in terms of the use of materials and the activities designed, considering the poor conditions and fragile and violent contexts in which the children live (e.g. not using wooden sticks because they can hit other children, or asking them to take their shoes off).	Adult Facilitators and RTP staff

The M2I resource design should be reviewed, as evidence shows that the intervention did not contribute directly to the improvement of children's socio emotional skills, psychosocial wellbeing, or resilience, and it did not provide direct PSS to children (considered more as an educational initiative to learn how to move and develop fine and motor abilities).	RTP staff
---	-----------

Source: Adult Facilitators and Children focus group, and Key Informant Interviews.

Main points under the Sustainability Dimension:

- To ensure the sustainability of the M2I resource in terms of the effectiveness to deliver impact and replicate it in the same mixed emergency context, both the M2I resource and its model of implementation design may require a set of adaptations based on decisions on what impact the M2I resource is expected to have on the target groups (in particular the children). Both the costs associated with the intervention and the comparative advantage (disadvantage) it has over other interventions in achieving outcomes should be considered.
- Findings in this section are interlinked with the evidence presented under the **Relevance Section Nº 5.2**. These findings reinforce the conclusion made that the M2I resource could be considered relevant and appropriate for the target groups (their needs and the context they live in) but that it is only partially relevant to the delivery of the intended outcomes stated in the M2I Training Manual through PSS focused on psychomotricity (**Section Nº 6.1**).

6. Conclusions, lessons learned and recommendations

6.1 Conclusions at the endline

This section outlines the conclusions which are structured by the OECD-DAC dimensions and the learning questions.

Appropriateness/Relevance Learning Question: How appropriate/relevant is the M2I resource in the context of a mixed emergency/developmental context in Lebanon? Focus being on a) appropriateness of resource/intervention to needs, b) appropriate targeting of participants, and c) relevance of content to participants.

The M2I Learning Study's main objective was to build an understanding on the extent to which M2I is appropriate and relevant. It is expected that the evidence generated could inform future project design and implementation in this dimension. After conducting the baseline and endline, it can be said that these relevance/appropriateness aspects of the M2I resource were assessed on two levels: the first one being the children's mixed emergency contexts and needs level; and the second level was the intended outcomes to be delivered by the M2I resource within this context.

On the level of the children's mixed emergency contexts and their needs, the evidence indicates that the M2I resource is significantly relevant to the mixed emergency contexts in which these children live, and that there is a high likelihood of them being at risk, given their poor and fragile living conditions and their socio demographic characteristics. The M2I resource was designed to be delivered in these contexts, and also to target children experiencing adversity, suffering stress because of the violent or fragile context they live in, or being at risk given their poor living conditions. It can be assumed that children who participated in the project were experiencing adverse circumstances which increased their needs as a result of living in these mixed emergency contexts. According to evidence collected (socio demographic data on the areas where the project was delivered and the participating children's characteristics, such as school attendance, nationality, residence, and age), the M2I project reached the expected target children. Also, the children's high level of enjoyment and interest, and the low dropout rate, may be considered a positive sign of the project's success. If the M2I resource had not been appropriate for the target group they would not have been engaged throughout the project. Also, given the developmental stage of these children (mainly aged between 6 and 10 years old) the play-based component of the resource seemed to be one of the elements they liked most, which is in line with RTP's 'learning through playing' approach.

Other factors observed as contributors to the M2I relevance and appropriateness were that the M2I sessions seemed to enable a sense of community among children and provide them with a safe environment where they could play (vs. the violent and unsafe context in which they live). These two aspects were not originally contemplated in the M2I resource and fit with the M2I purposes, as they are linked to potential causes of stress (because the children belong to unstructured families or lived in unsafe housing or neighbourhoods).

Nonetheless, the data collected on children's needs should be considered as a starting point to understand children's needs and the project target population. The study indicates that the children's needs and the context they live in are complex, interrelated and rapidly changing, and a more in-depth study of these needs might be required to better understand how different vulnerabilities may intersect with one another and their effect on the children's holistic development. This could contribute to ensure the M2I project is designed to respond to the needs of the affected populations and increase the level of relevance of projects (in particular M2I) in mixed emergency contexts.

Furthermore, having different sets of activities designed depending on the age range (6 to 9 years old and 10 to 12 years old) is considered appropriate because developmental stages are determined by children's ages. However, there were no differences observed in terms of level of enjoyment or interest by children's age groups (see [Effectiveness Findings Section Nº 5.2](#)). It could be observed that there were other factors that could determine the relevance of the resource such as school attendance (directly linked to their level of literacy) or children experiencing more needs as a result of living in extreme violent contexts. According to Adult Facilitators, a notable factor associated with the understanding of the activities, and how children

behaved during the sessions, was felt to be directly connected to whether the children attend school or not, and whether they live in more fragile or violent contexts (such as Hay Gharbe). Qualitative evidence (focus groups and observations) suggests that children with these characteristics present with more misconduct and psychosocial issues, such as hyperactivity or violent behaviour, than the children who attend formal school or live in other areas (with better infrastructure, less social or more violent conflict).

In terms of the accessibility of the M2I resource and how easy it was for the participating children and Adult Facilitators to understand, high levels of comprehension were reported by the children and the Adult Facilitators. However, Adult Facilitators' and RTP staff's qualitative evidence suggests that the language used in the Manual was very complex for the children and Adult Facilitators to understand and it required a process of adaptation and translation to simpler language during the sessions, in order to increase the children's understanding of the activities. Also, some activities were more challenging for some children to understand, in particular those related to managing emotions and the RCA questions. Activities which required more self-reflection and being less active (as the ones designed in the M2I resource related to understanding emotions and how to deal with them) might have been considered challenging for some children who were facing adverse situations as they were required to express their feelings as part of the activities. Regarding the RCA methodology, it was observed that the questions were difficult to understand as children were not able to interpret what they needed to do or answer. It would be useful to retrospectively capture any 'ad hoc' adaptations made by the Adult Facilitators to support future language improvements to the resource, and then ahead of future project implementations, to test the language used with the target groups. This would be key, not only to ensure participants' access to the content of the M2I resource, but also to improve the efficiency of the communication process between Adult Facilitators and children (adapting and translating while delivering could add an extra burden to the RTP delivery staff and affect the quality of the project delivery). There may also be a need for more support to both children and Adult Facilitators to overcome some of the barriers encountered during the sessions that were 'mindfulness' type exercises, which can be deemed challenging to engage in at any age.

Although the majority of the children were able to complete the project and enjoyed the M2I sessions, Adult Facilitators and RTP staff identified challenges in relation to the complexity of the language used and the contextualization challenges of materials and activities. Simplifying the language by using less formal or psychomotricity jargon, incorporating more media resources as part of the activity explanations, such as videos or images, using less risky materials (such as paper or foam rubber), are some elements that could be adapted to make the M2I more relevant to the targeted children.

On the second level, in the exploration of the extent to which the M2I resource is appropriate and relevant to deliver the intended PSS outcomes, the resource can be considered only partially relevant. Data presented under the Effectiveness and Impact dimensions indicates the most tangible and observable benefits for children participating in the M2I sessions. These benefits

included: being able to practice and learn new movements (such as balancing, catching, jumping, among others) related to the development of their fine and motor skills; learning other coping mechanisms to manage negative emotions or feelings; being able to express themselves while playing with other children; and increasing their self-esteem as a result of a sense of accomplishment related to the M2I activities. These benefits could be considered foundational to contribute to children's resilience and wellbeing, but it might require complimentary focused PSS activities to drive change in this area. Also, it seemed that the length of sessions and duration of the project, which is considered short by the key stakeholders, might have affected the extent to which the children experienced changes, due to the high levels of adversity in which they live (which is a factor that inhibited the learning process for the children who were more likely to be at risk).

Overall, it was observed that there is room for improving the M2I resource and its model of implementation to increase the level of appropriateness and relevance to the children's needs and contexts, and to drive positive sustainable changes for them. These areas of improvement identified included the complexity of the language used, the order in which the activities were deployed, and the contextualization of some activities and materials used. This point will be further explored in the Effectiveness and Sustainability conclusions.

Effectiveness/ Learning Question: How enjoyable, accessible and easy to understand is the M2I resource both for children and Adult Facilitators, in terms of how they use it and are able to interact with the resource/participate in the intervention to increase understanding of psychomotricity and develop life skills?

As stated earlier in the report, the M2I resource was considered to be highly enjoyable and interesting by the participating children, given their self-reported scores on their level of enjoyment and the retention rates of children across the project. This was reinforced by the Adult Facilitators' insights and from observations acknowledging that children self-expressed and used positive language regarding their high level of enjoyment. This fact can be mainly explained by two elements: the play-based approach of the M2I resource (a point detailed in the previous section); and the physical component of the activities, as the majority of the activities included in the M2I sessions aimed to teach and practice movements and keep children active (except for the last two activities, which focused on emotions with a more reflective approach). These two aspects seemed to be in line with children's developmental stages, during which they are expected to continue developing motor skills (in particular those aged from 6 to 9 years old) and improve their capacity to be aware of their body, the space, and other children's movements (especially in children aged from 10 to 12 years old).

The high levels of enjoyment and interest from the children (without causing any harm) should be seen as an important achievement of the project, as well as a foundation from which other types of benefits (more ambitious in terms of change) can be built on.

Also, evidence indicates that the level of enjoyment among the Adult Facilitators was high, as could be observed in their high retention rate (considering that this was a volunteer role) and their high level of satisfaction with the training and individual support provided by RTP staff. The M2I resource and its model of implementation could be considered as an effective intervention to increase Adult Facilitators' knowledge and understanding of the psychomotricity area at a basic level. In spite of the fact that Adult Facilitators self-reported a significant increase in their knowledge on psychomotricity and understanding of how it can contribute to children's wellbeing, the knowledge-based test showed that Adult Facilitators answered few technical questions correctly. Even though Adult Facilitators were not able to gain scientific or technical knowledge of psychomotricity, this was not observed as an impediment to delivering the M2I sessions among children because they acknowledged that the post-training support provided by RTP staff (additional training on the M2I activities and coaching support) was key for them to deliver quality psychomotor activities. This last type of support was considered as one of the types of support most valued by the Adult Facilitators and it might be one of the key elements to lead Adult Facilitators to feel satisfactorily equipped to deliver the M2I. Evidence showed that some of them struggled to understand the relationship between acquiring in-depth scientific knowledge at the beginning of the project and the low level of complexity (in terms of knowledge) required to deliver the activities. Also, having a high level of exposure to this technical scientific knowledge on psychomotricity was identified as good practice by RTP staff and could be considered as part of a professional development opportunity for the Adult Facilitators. In future project implementations, the M2I resource should better reflect how the technical scientific knowledge of psychomotricity could be used by the Adult Facilitators during the delivery of the sessions, and why such learning is important in the context of this project.

In relation to the improvement in Adult Facilitators' skills, evidence shows a slight increase in the self-reported scores on some skills which are relevant when delivering a psychomotricity intervention (body awareness, creativity and spatial organisation), and most of them acknowledged that the M2I training and their experience delivering the sessions helped them to increase their skills. It is important to mention that a component of the M2I resource aimed to develop a set of skills among the Adult Facilitators (Wheels of Competences in the Trainer Manual), but a significant improvement was not observed for most of them as a result of taking part in this intervention. This can be explained by the fact that more than half of the Adult Facilitators already had experience working with RTP as facilitators or coaches, so they may have previously been able to develop their skills. Therefore, if the skills development is a priority area to drive change in the future, the M2I project might need to strengthen actions and spaces to improve Adult Facilitators' skills focused on delivering psychomotricity interventions.

Another element that needs to be considered as part of the process of equipping the Adult Facilitators was the considerable increase observed in their confidence levels in delivering quality psychomotor activities and using the RCA methodology. The contributors to the Adult Facilitators' confidence levels included the psychomotricity training and access to the Trainer

Manual, being supported by RTP staff, and being able to put their learning into practice in a real context, in delivering the M2I sessions (the majority of the Adult Facilitators felt they were well trained or prepared and they found the M2I resource helpful to deliver psychomotor activities). The individual follow up with Adult Facilitators led by RTP staff and the leading of the sessions with children were the two crucial aspects that help Adult Facilitators to be equipped, as these two elements were less technical and more related to their areas of expertise. It would be recommended to replicate this coaching/individual follow up approach as a standard for future implementation and embedding this from the beginning of the project (introduce it at the training, and assign mentors or coaches). Therefore, it can be concluded that the M2I resource, and especially how the content of the M2I resource was taught to the Adult Facilitators (in particular the individual coaching or follow up) was effective to equip them to deliver quality psychomotricity sessions among children in the current M2I resource design. Also, it can be inferred that Adult Facilitators were sufficiently equipped to deliver these types of sessions with children as the participating children were highly satisfied with the support provided by the Adult Facilitators and the way in which they motivated the children to complete the activities. The Adult Facilitators' capacities and needs will need to be reassessed if the M2I resource and its models of implementation's scope and format are to change in the future, in terms of the profile of Adult Facilitators expected to be recruited. The following factors should therefore be considered: levels of experience in psychomotricity, duration or types of activities involved, and whether the benefits expected for children become more ambitious. Furthermore, the support component might need to be adapted based on the adaptations to the project scope (intended outcomes to be delivered among children).

One element to highlight is that PSS knowledge and capacities are not covered in the M2I resource (trauma-informed practices, psychosocial wellbeing, emotional support for children suffering distressing situations, safeguarding management, among others) and therefore these were not assessed in this Learning Study. However, given the contexts and needs of the children identified under the [Relevance Section Nº 5.1](#), more focus on this might be needed to improve the coaches' ability to psychologically and emotionally support vulnerable children through PSS, and to make the resource even more relevant and effective as a PSS intervention.

Effectiveness/Learning Question: [What are the challenges associated with the implementation of the resource as a tool for improving motor, cognitive and socio emotional skills within the country/cultural context?](#)

Given the pilot nature of the project, a set of challenges emerged during the implementation, and these were mapped by the Adult Facilitators, the RTP staff and the community centre staff.

These challenges could be grouped into three themes: the M2I resource and its content; the training delivered to the Adult Facilitators; and the context where the project was delivered.

With regards to the M2I resource and its content, it has already been outlined that the language used was considered to be technical, leading children and Adult Facilitators to struggle with their

understanding. Also, the order of the activities was questioned, as some of the activities took place at a time when the conditions had not yet been established to deliver that specific activity (for instance, the 'Taking a picture' activity was placed in the first session, but a trusted environment had not yet been created). This group of challenges could be addressed simply by reviewing the M2I language and order of activities, and it could be considered the quickest solution to deploy, in order to increase the effectiveness of the resource.

Regarding the Adult Facilitators' training, a disconnect between the high level of complexity of the psychomotricity content (covered during the initial training) and the simplicity of the activities could be observed, which created confusion and inhibited the Adult Facilitators' learning process. They found it challenging to connect what they had learned during the training to the planned activities, and this might have led them to not fully understand how to put that content into practice. This level of complexity was also observed in the psychomotricity knowledge-based test in which the scores did not improve after the training. Alongside these challenges were also the Adult Facilitators' perception of elements of the training, such as, the high level of intensity due to the content being condensed into two days of training, the lack of practical approaches discussed during the training, and the gap in time between the delivery of the training and the delivery of the M2I sessions. Psychomotricity is a complex and broad area of knowledge that requires time and capacity to learn about. RTP therefore needs to reflect on whether or not the M2I delivery requires a high level of knowledge in the psychomotricity area (evidence from this pilot project suggests that such a deep knowledge was superficially covered and disconnected from the intervention design). RTP should also consider further exploration into whether more knowledge would help to better deliver the intended impact, or if there are other factors that are involved (such as facilitation and PSS skills and knowledge, the setting in which the project is implemented, the involvement of other stakeholders such as parents, among others). According to the evidence, the capacity of the M2I intervention in delivering the intended outcomes among children was not directly affected by the lack of technical knowledge on psychomotricity of the Adult Facilitators and it appeared to be more related to their ability, confidence, and facilitation capacities to deliver the resource.

The six areas in Beirut where the project was piloted was characterised by a mixed emergency context and this also influenced the implementation of the project due to two factors: the poor and violent living conditions the participating children experienced; and the proportion of children who did not attend school (37.19% at the endline). The first factor mainly affected the children's attendance and commitment to the project, for different reasons: diseases, natural/weather disasters impacting their house/street's infrastructure, and/or experiencing violent episodes in their neighbourhoods. The second factor was related to the children's capacity to develop and learn as their likelihood of experiencing mental health and behavioural issues is higher given their experience of forced migration, missing formal education, and/or living in violent areas. Children with these needs must be identified and approached differently as they are likely to need more support during the M2I sessions (such as additional facilitators in

the session, individual follow ups, involving their parents or caregivers, and extending the duration of the project). These categories of challenges are directly linked to the relevance of the M2I resource which was explained earlier in this section, and these groups of challenges reflect that there is room for continuing to adapt the M2I to these children's specific needs as a pathway to improve the M2I project's effectiveness.

Despite the challenges mapped through this Learning Study, it can be said (and to conclude the answer to the effectiveness learning questions) that the M2I resource model of implementation contributed to significant progress towards the short-term outcomes included in the M2I, in the outcomes pathways (please see the section [Move to Improve Project Background Nº 2](#)) for Adult Facilitators and children. Furthermore, evidence shows that the M2I intervention was effective in advancing the outcomes associated with 'developing fundamental psychomotricity knowledge', 'increasing capabilities to provide quality psychomotor activities', and 'increasing confidence' among the Adult Facilitators.

Impact/Learning Question: [To what extent does the M2I intervention support children to improve their social-emotional skills and resilience?](#)

As stated earlier in the report, this Learning Study aimed to identify signs of how the M2I psychomotor activities could support children to improve their socio emotional skills and their capacity to cope with stress (as a proxy to their resilience capacity), but it did not seek to prove that those skills improved as a result of the M2I project.

According to the evidence, children were able to identify positive and negative emotions or feelings about other children, and they were also able to mention a wide range of coping mechanisms to manage such emotions, at the baseline and the endline. Although differences were not observed regarding such abilities, data shows that more children were able to mention 'breathing and trying to get calm' as a coping mechanism and therefore this could be considered a sign of progress. Play was the mechanism mentioned the most by the children for dealing with anger or sadness, with similar response frequency at the baseline and endline. At the endline, a follow-up question was added to ascertain whether there were any specific types of play used, and the types of play referred to the most were 'catching' and 'playing with a ball', both of which involved movement or physical activity. These responses could also indicate that the M2I resource is relevant because these types of play require motor skills which the M2I resource seeks to develop. It is important to note that it is to be expected that children in these age ranges (6 to 9 and 10 to 12 years old) would relate their answers regarding coping mechanisms to 'play'. Also, as the M2I project was delivered in non-formal educational settings, and children might therefore associate the time they spent in community centres with playful activities, rather than teaching or education sessions (as within formal education settings).

Slight progress towards improved communication skills among the children was observed at the endline, in particular in their capacity to express themselves and communicate with other children during the M2I sessions. Qualitative evidence indicates that group activities proposed in

the M2I resource (such as those where children needed to play with others) and the roleplay activities might have supported children by providing them with opportunities to express their thoughts and, to a lesser degree, their feelings in front of other children. In addition, some of the Adult Facilitators identified that the completion of the M2I activities contributed to the development of a sense of accomplishment, which led to some children increasing their self-esteem.

In terms of the benefits for children of taking part in the M2I project as described above, most of them (improvement of self-expression, self-esteem, managing negative emotions or feelings) were linked with two of the five psychosocial wellbeing pillars: Pillars Nº 2, Relationships and Connections; and Nº 3, Roles, Responsibilities and Identities. Consequently, the M2I intervention seemed to be designed to contribute to the improvement of earlier stage outcomes leading to psychosocial wellbeing, and to contribute less so to long-term changes in children in this area (given the current M2I model of intervention being considered too short to observe changes among children).

Despite not reporting significant challenges in putting learning into practice during the M2I activities, some Adult Facilitators acknowledged that some children had difficulties in putting what they learned into practice. This difficulty was mainly associated with having different types of capacity, a lack of resources in the centres or in the children's houses, and not understanding the RCA methodology. Evidence from the children's survey indicates that 25% of them were not able to practice what they learned during the M2I activities. It is important to note that a profile of children who found the M2I activities more challenging or were less able to put their learnings into practice, was not identified. However, given the emergency context in which the children lived and the needs mapped (see [Relevance Findings Section Nº 5.1](#)), children might experience different type of inequalities which might in turn affect their motor, cognitive and socio emotional skills at different levels. Therefore, the development process and capacities might differ from child to child. The likelihood of longer-term outcomes taking place would also be determined by the capacities these children lacked or needed more support to develop. It is therefore recommended that the children who should be involved in the intervention are better targeted through establishing the needs the project intends to support, to ensure the occurrence of the intended impact.

Last but not least, according to qualitative evidence presented in the [Impact and Sustainability Findings Sections, Nº 5.3 and 5.4](#), the M2I is a short intervention intended to generate significant changes and benefits to children's socio emotional skills, or even in their psychosocial wellbeing (for which the M2I was conceptually designed). According to the RTP staff, the length and intensity of the session plans were not the only factor that determined the capacity of the intervention to drive long term outcomes, but also the types of activity, focused mainly on fine and motor skills, which make the M2I a more educational intervention rather than a PSS intervention. In the future, more components related to a psychosocial social intervention might be considered in the M2I design such as some of the 9 circles of support suggested by UNICEF

(safe and nurturing environments, positive relationships, stimulating learning, supporting caregivers, positive parenting, family and support networks, protections arising, activated natural community supports, or strengthened care systems)²²

To conclude, the current M2I resource and its model of implementation present some limitations to the improvement of socio emotional skills (and therefore their resilience and psychosocial wellbeing). Adaptations to the length, the pace of the learning process and the content of the resource may need to be incorporated to drive the intended impact. Moreover, there are two pathways to follow after the pilot to continue exploring the impact dimension of the M2I project. The first one is reflecting and assessing what other short- or mid-term outcomes could be expected if the M2I project is implemented as a standalone initiative (and considering the current design), and the second is reflecting on how the M2I resource and its model of implementation needs to be adjusted or complemented by other interventions to drive longer-term impact focused on resilience and psychosocial wellbeing.

Sustainability/Learning Question: What needs to be adjusted in the resource and across the programme operations to implement it at scale, and how feasible will it be to replicate the programme moving forward?

After conducting the M2I learning, it can be concluded that the M2I resource would first require an immediate adaptation in line with the outcomes it is designed to address. Following this, and after a second year of implementation, a further assessment of its' cost-effectiveness and its' comparative advantage should be completed, against other potential RTP interventions, in order to justify its' replication in similar mixed emergency contexts and for the same target groups as those involved in the first pilot.

The M2I pilot project allowed the evaluation and the implementation teams to identify a set of good practices and key success factors (described in the [Sustainability Section Nº 5.4](#)) that must be considered for replication in future editions of the project, as they strengthen the project effectiveness. In particular, to ensure the sustainment of the high levels of engagement and enjoyment of the participants and to ensure that the project is delivered to a high quality in a mixed emergency context as in Lebanon. The good practices and key success factors mapped provide a useful indication that the project is likely to be a good candidate for replication in the same context, with the same target groups but only following significant adaptation to its' design. These adaptations are associated with the level of complexity of the language used in the resource, as well as improving the integration and alignment between technical scientific knowledge on psychomotricity and the type of activities included in the manual. Other adaptations include the improvement of the training experience for the Adult Facilitators, simplification of the RCA methodology to be better understood by children, and reflecting on some elements of the resources that require further contextualization (such as materials and

²² UNICEF, [Operational Guidelines, COMMUNITY-BASED MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN HUMANITARIAN SETTINGS: Three-tiered support for children and families \(2020\)](#).

type of activity). Lastly, if the M2I is designed to improve PSS outcomes, a wider range of PSS activities should be included. Under these circumstances and following further assessment of its' cost-effectiveness, the project could be a good candidate for replication in other locations with similar mixed emergency characteristics.

However, the likelihood of sustaining the PSS outcomes in the long term (improving resilience and psychosocial wellbeing of children) seems to be determined by the current M2I resource and its model of implementation design, as currently it is a short movement focused intervention which seems not to allow an in-depth learning process for children to support their psychosocial needs directly. Although the M2I resource was conceived as a PSS intervention, positioned in Level 2 and 3 of the Social Ecology Model (Community and Family Support and Focused specialised support), more direct and targeted activities need to be incorporated to contribute to psychosocial wellbeing outcomes, in particular on those changes related to improved socio emotional skills.

No evidence was gathered on the elements or improvements needed to replicate or scale the project in different settings, such as formal schools, less violent or deprived areas, or with younger or older children.

6.2 Lessons learned and recommendations ahead of future implementation of the M2I resource

To inform future M2I project implementation, the evaluation team elaborated a set of lessons learned based on the findings and conclusions presented in the endline report. A recommendation against each of the lessons learned was developed with the main purpose of transforming learning into action and to provide RTP with guidance to improve the M2I resource and its model of implementation. These lessons learned and recommendations are outlined below:

Lesson Learned #1: As a result of living in a mixed emergency context, the children were observed experiencing different types of needs which were deemed complex and which intersected. This generates different levels of inequality, which leads to children having diverse needs of PSS and being at different developmental ages. Therefore, moving forward it would be key for the project to gain a better understanding of what the target children's needs are in terms of PSS and how these needs affect their development (and therefore their learning capacities) at the moment of starting the M2I project. This will allow RTP to plan more tailored support to children, implement the project according to the different levels of PSS the children need, and better equip the coaches to address children's PSS more effectively.

Recommendation #1: Increasing the involvement of community centre staff and parents or caregivers during the enrolment process, or conducting a 'needs assessment' study focused on children's needs in the project locations as a preparatory stage before starting the project could

contribute to deepening the understanding of the children's needs. This would also help the RTP team to decide on the M2I target group of children who need to be supported in order to create more impact through the M2I intervention (for instance, focusing on children who present with more psychomotricity issues or psychosocial issues as a result of living in more violent contexts).

Lesson Learned #2: In spite of the significant level of relevance and appropriateness of the M2I resource and its model of implementation, the M2I resource requires more contextualization in terms of the language (jargon) used, the materials and the types of activity to adapt it to targeted children. Improving M2I resource contextualization will lead to an increase in its relevance and also its efficiency, as children will be better able to understand the activities and Adult Facilitators will deliver higher quality sessions.

Recommendation #2: There are two pathways suggested that should be followed in order to better contextualize the M2I resource. One could be implemented in the short term (in the case that RTP aims to deliver the M2I again in the near future), and the other one could be implemented in the mid-term (in a situation in which more resources could be invested in the contextualization). The first pathway is simpler and involves reviewing the M2I Trainer Manual, the M2I Activities Manual and the M2I coaching handbook based on the findings of this report, to incorporate adaptations needed and test them with groups of children from different locations. These adaptations are: simplifying the language by using less formal words and concepts, changing the order of the sessions to better integrate the activities focused on developing the emotional domain (not leaving them for the last part of the intervention), replacing materials used such as wood sticks, and simplifying some activities that might be difficult to do for children (Nº 9 and RCA questions). The second pathway involves firstly conducting a 'needs assessment' study on children's needs, testing M2I resource with different profiles of children (who present similar needs and developmental stages), and then incorporating the adaptations that might be needed depending on the children's needs and profiles. A third and interconnected pathway would be gathering more evidence on children sub groups pre-defined by RTP and reflecting on whether RTP wants to reach more specific targets of children such as children who present with motricity challenges, children living in extreme violent contexts, or children with low levels of literacy.

Lesson Learned #3: The tailored support provided by RTP staff to the Adult Facilitators (in particular, the individual training on the M2I activities and the ongoing coaching while delivering the M2I sessions) was crucial to ensure a quality implementation of the M2I sessions and equip them with the knowledge, skills and confidence to undertake the coach role. The scientific technical knowledge on psychomotricity taught to the Adult Facilitators in the initial training seems to be complex and misaligned to the level of complexity, and improving this connection will be key to strengthening the upskilling process among the Adult Facilitators and reinforcing the psychomotricity component of the intervention.

Recommendation #3: In order to avoid Adult Facilitators feeling overwhelmed with acquiring a lot of knowledge in a two days intense training and to allow for a smooth learning process where Adult Facilitators can reflect from sessions to session, the following can be implemented. Creating a more supportive atmosphere, and splitting the training sessions to be delivered across three or four weeks. The scientific technical knowledge should be explained in terms of addressing the questions: ‘How is this session related to the psychomotricity area?’; ‘What knowledge, abilities or skills are needed to deliver this session?’; and ‘How will this session contribute to children’s learning processes?’ Also, the M2I pre and post-test needs to be improved by including questions with different levels of complexity to help test not only their technical knowledge (which seems to be not the only element needed to deliver the M2I project), but also how Adult Facilitators relate this knowledge to the learning objectives with children. Last but not least, it is important to reflect on the extent to which a short intervention like M2I could help improve coaches’ skills. In the case that this is an outcome expected of the project, a more intentional component and skills development strategy needs to be embedded in the resource and its model of implementation (through roleplay exercises, focused training on certain skills, and a more structured coaching process).

Lesson Learned #4: Children’s learning processes might take longer when they are more exposed to or suffer from risk factors. Emergency environments have the potential to disrupt educational factors such as access to school, knowledge and skills development, and developing positive relationships²³. It could be inferred that the M2I children might be suffering mental health issues (PSTD, ADHD, anxiety, among others) as result of the context they live in or adverse situations they experience. The M2I intervention was designed to be delivered over a short period of time and in a small number of sessions to address the rapidly changing nature of an emergency context. However, the fact that children’s education and learning processes might be negatively affected in emergency settings, these children are likely to need a different pace of learning or adaptations to learning processes to meet their learning needs. Further understanding on how children’s learning processes are negatively affected in mixed emergency contexts will allow RTP to adapt the project design to children’s capacities to learn more effectively, and to improve project performance to drive change.

Recommendation #4: It is recommended that the involvement of the community centres and parents/caregivers in the learning process should be increased. They should be involved before starting the project to discuss the project objectives, how they can support the children’s learning process, and how children will benefit from participating in the M2I project. Also, increasing the duration of the project (spreading project sessions over a longer period) could contribute to the activities running more smoothly and provide children with the opportunity to put learning into practice, or reflect on what they have learned (with the RCA methodology).

²³ ²³ [UNICEF, Operational Guidelines, COMMUNITY-BASED MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN HUMANITARIAN SETTINGS: Three-tiered support for children and families \(2020\).](#)

Lesson Learned #5: The children seemed less engaged (or ‘bored’) during the exercises that were focused more on emotional regulation, including the breathing and sitting exercises, but this does not necessarily speak to the inherent value of the exercises themselves, indeed they may well be very valuable aspects of the sessions, and elements that the children can put into practice outside of the sessions. However, these observations may point to the need for more support (for both children and Adult Facilitators) to overcome some of the barriers encountered during these sessions that are focused on mindfulness exercises, which can be challenging at any age.

Recommendation #5: There are a selection of recommendations that could support the Adult Facilitators in better supporting children during these sessions, which would require more training to the Adult Facilitators across the following areas: how to manage distractions and restlessness experienced by children during these ‘stillness’ exercises to maintain their focus; introduce different types of mindfulness exercises in addition to using the breathing exercise as a focus that supports the children in bringing these techniques into everyday life, such as mindfulness drawing and mindfulness walking/movement; keep the regularity of the sessions but reducing their time during the early sessions and building up to longer periods of time as the children get more familiar with the exercises.

Lesson Learned #6: The capacity of the M2I resource to drive change towards children’s resilience and psychosocial wellbeing and sustain longer term outcomes is limited and determined by the standalone, short, and intense nature of the intervention as originally designed. These characteristics of the M2I project contributed to the achievement of targets in terms of participants and location, as it was easier to deploy and was more likely to ensure participants’ involvement over a short period of time. The benefits identified among children and also among Adult Facilitators need to be considered as preconditions or intermediate outcomes required to take place, in order to drive longer-term outcomes. This should be reflected in the M2I resource objectives, expected results and theory of change (or logic model) to set expectations from the beginning of the project for all stakeholders involved.

Recommendation #6: Although the current M2I Learning Study helped to better understand the emerging benefits of a psychomotor play-based intervention among children, it is recommended that for future project implementation the outcomes measurement at a child level should be prioritised. This implies first reviewing the M2I ToC to incorporate the identified short- to mid-term outcomes, such as: ‘improving sense of belonging to a safe community or network’; ‘increasing understanding of effective coping mechanisms’; ‘strengthening children’s capacity to self-express in a playing environment’; and ‘generate a sense of accomplishment after completing activities’ (these outcomes are not included in the current outcomes pathways.) Further to this, agreeing on outcome performance from the project inception will help to align expectations on what changes might be expected or what needs to be changed in the project implementation for the prioritised outcomes to take place. This second step should enlighten a strategic discussion of the M2I intervention’s level of impact expected, given the current M2I

model of implementation design and whether other complementary RTP resources or activities might be needed to sustain longer-term outcomes.

Lesson Learned #7: The current M2I resource and model of implementation seem to focus more on the motor and cognitive, and to a little extent on the emotional domains of psychomotricity. It is observed that existing activities in the resource are unbalanced, as movement focused activities are predominant in the M2I portfolio activities leading children to practice more motor and cognitive abilities rather than emotional capacities. Given the mixed emergency, rapidly changing and complex context in which the participating children and their families live, it can be assumed that different complimentary strategies or pathways might be needed to reduce the children's level of stress and their exposure to traumatic situations (and therefore improve their wellbeing). Therefore, the PSS support element of the intervention needs to be strengthened if the M2I intervention aims to be considered as a PSS resource within the RTP portfolio, that can deliver measurable impact related to psychosocial wellbeing in mixed emergency settings.

Recommendation #7: In order to strengthen the PSS component of the M2I resource, a set of actions are recommended. First, to review the type and the order of the activities within the M2I sessions, and improve the relationship and connections between the activities which aim to develop motor, cognitive and socio emotional elements (even including more activities focused on supporting the socio emotional skills development). This would help the children to use movement to express feelings or show signs of stress or trauma that could be addressed by the coach during the sessions (or by adding opportunities to follow up with the children in between the sessions). This first step could be supported by mapping out other RTP activities or interventions that could complement the M2I resource. As a further step, increasing the level of involvement from the community centre and from the children's families could be considered. According to UNICEF²⁴, engagement and participation of families, caregivers, communities and children themselves is central to ensuring enabling environments for children's development and securing their protection, wellbeing and future potential. Increasing gamification of the play-based activities and inviting community centre staff, parents or caregivers to take part in the activities (when possible) could be a strategy to ensure children feel supported by their families and the supporting staff, and they can also then help children to replicate the exercises outside the M2I sessions. Moreover, it is suggested that the ways in which the M2I project could be complemented by other services or initiatives offered by the community centres should be explored, along with the ways in which synergies could be created to offer more tailored PSS to children. Also, including a deeper analysis of children's risk factors before starting the implementation could help RTP staff to develop more tailored child PSS activities and anticipate safeguarding management actions. Last but not least, the M2I project could be embedded in broader RTP PSS programmes or interventions, or the M2I project could be complemented by adding other RTP focused PSS activities.

²⁴ UNICEF, Community-based mental health and psychosocial support in humanitarian settings, 2020.

Lesson Learned #8: The M2I pilot project allowed the evaluation and the implementation teams to identify a set of good practices and key success factors (described in the [Sustainability Section N° 5.4](#)) that should be replicated in future editions of the project. The good practices and key success factors mapped provide a useful indication that the project is likely to be a good candidate for replication in the same/similar context, with the same target groups but only following significant adaptation to its' design.

Recommendation #8: To fully justify the M2I's replication in future, in similar mixed emergency contexts within Lebanon and/or the wider MENA region, and for the same target groups as those involved in the first pilot, the M2I resource would first require a level of adaptation (as previously outlined) that is in line with the desired PSS outcomes it has ultimately been designed to address. This would need to be followed by a further period of piloting and an assessment of its' cost-effectiveness. The results should also be considered relative to other potential RTP interventions designed to deliver the same outcomes in a similar context (if they exist within the RTP portfolio). It will be key to understand the M2I's comparative advantage in achieving the desired outcomes. Should these results be favorable then a scaling strategy could be recommended. There are some good practices outlined below when considering the scaling of a project:

- Develop a comprehensive impact strategy reflected in a Theory of Change (agreeing on PSS outcomes to be achieved at different levels- short, mid and long term).
- Conduct a second pilot project focused on assessing the adaptations incorporated and measuring outcomes. A second region in Lebanon (different from Beirut) could be scoped to compare results and observe differences.
- Identify and systematise the key elements of the M2I resource and its model of implementation that might require contextualization or may need to be adapted according to the target groups.
- Collect evidence on resources invested to deliver the intervention and conduct a study to compare the cost effectiveness dimension with other similar RTP interventions.

Lesson Learned #9: Given the pilot nature of the M2I resource and the mixed emergency context in which the project was implemented in Lebanon, real time evaluation designs or more agile approaches (or bottom-up approaches such as Most Significant Change) to the evaluation might have been needed to ensure learnings could be collected in a rapid and changing environment. As it was originally planned to measure resilience and psychosocial wellbeing outcomes, a formative evaluation with an ex ante and ex post approach was agreed as the Learning Study's methodological design. According to UNHCR²⁵, a real-time evaluation is a timely, rapid and interactive peer review of a fast-evolving operation (usually an emergency) undertaken at an early phase. Its broad objective is to gauge the effectiveness and impact of a given intervention, and to ensure that its findings are used as an immediate catalyst for organizational and operational change. Using more qualitative data collection methods such participatory

²⁵ UNHCR, Real-time humanitarian evaluations, Some frequently asked questions, 2002. <https://www.unhcr.org/uk/3ce372204.pdf>

workshops with key stakeholders, learning diaries or journals, or using media, might have captured unexpected evidence and outcomes more focused on exploring the effectiveness of the intervention in the settings where it was delivered.

Recommendation #9: Allocating more time at the inception phase to align expectations regarding the intervention's objectives and Learning Study purposes is suggested, so that the methodological design can be adjusted to better capture the type of learnings expected by all the stakeholders. Furthermore, embedding the evaluation design and process in the M2I resource could help the implementation team to access guidelines to use different key milestones of the project implementation to gather learnings (children's and Adult Facilitators' enrolment process, partnership development with community centres, training or delivery of sessions). Having reflection sessions during the implementation of the project with the key stakeholders could be helpful to refine the project model of implementation and mitigate any risk that emerges.

Annex N° 1. Psychomotricity concepts used in the M2I learning study

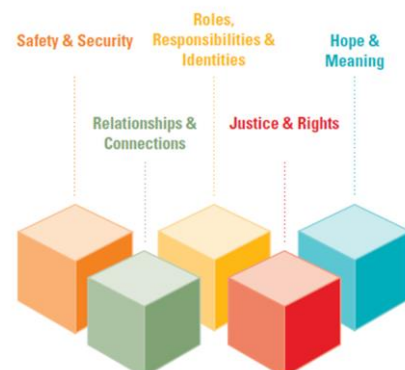
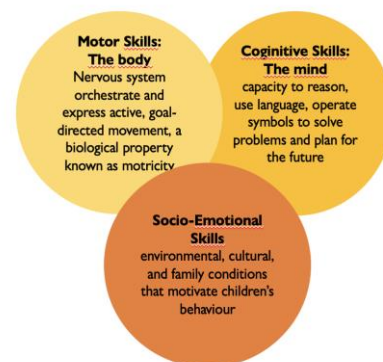
Psychomotor: ‘relates to movements or motor effects that result from a mental activity’ (APA, 2020).

Psychomotricity: integrates an individual’s cognitive, emotional, and physical aspects and capacity to be and act in a psychosocial environment. **The M2I resource draws on scientific evidence from psychology, medicine, pedagogy and neurology and applies a holistic vision to an individual by looking at the relationship between the body and mind (M2I Trainer’s Manual).**

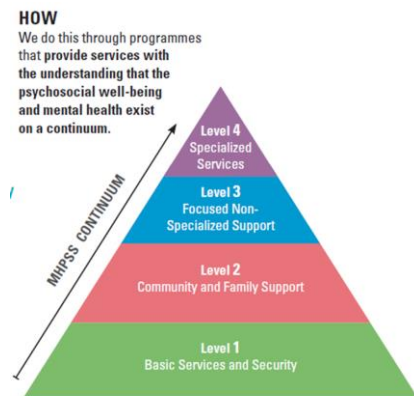
Psychomotor activities: can help CHILDREN to learn and practice motor, sensorimotor, perceptual, cognitive, social, and emotional skills in support of their personal development. The skills developed in the body include: Body schema, laterality, muscle tone regulation, motor skills (fine and gross, eye hand coordination, balance), and in the mind: time and space organisation, visual perception, cognitive skills, (attention, memory, executive functions). **The M2I resource activities aim to play a role in the CHILDREN’s personality development through different types of interventions that find their application, regardless of age, in the preventive, educational, rehabilitative and therapeutic fields (M2I Trainer’s Manual).**

RTP’s approach to child holistic development: reveals how environmental experiences influence children’s cognitive development and holistic life skills. M2I’s play based psychomotor activities contribute to children’s development on a physical, cognitive, and emotional level and support their wellbeing. **The M2I resource mainly focuses on Motor Skills development but aims also to contribute to the development of cognitive and socio emotional skills (as these are not isolated elements).**

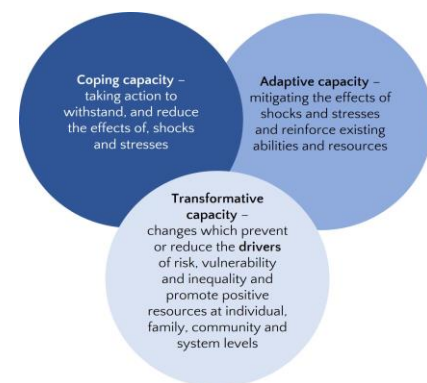
Psychosocial wellbeing: this holistic understanding of wellbeing, that includes physical, emotional, social, political, economic, cultural and spiritual dimensions, are structured under the five wellbeing pillars and applicable to individual, family and community spheres: 1. Safety and security 2. Relationships and connectios; 3. Roles and identities; 4. Justice and rights; 5. Hope and meaning. **M2I resource focuses mainly on Pillars 1 and 2, and to some extent to Pillar 3.**



Social Ecology Model: refers to a model developed by Bronfenbrenner (1979) that promotes children's resilience. It does so by focusing on the individual and relational aspects of children's lives and on the development of their sense of self, their relationships with others, and their sense of belonging. **M2I aims to create change at an individual level in CHILDREN. M2I is a level 2/3 programme resource per the Mental Health and Psychosocial Support (MHPSS) intervention pyramid (Trainer's Manual Glossary).**



Resilience: The ability to recover or adapt positively to a difficult and challenging event or experience. Adapting can go as far as transforming the way a person or community lives in the face of long-term changes and uncertainty. Three key dimensions of resilience: **M2I focuses on promoting social and emotional skills to improve coping and adapting capacities. The M2I resource aims to develop self-confidence, collaboration with others, showing and receiving empathy, practising self-awareness and self-regulation.**



Annex N° 2. Documents reviewed at desk research

The inFocus and Qualisus team conducted a background review of key internal and external project documentation relating to the M2I. Those reviewed included:

- Overview of the LEGO Foundation project portfolio at RTP (presentation)
- Lebanon Reach and Scope (worksheet)
- MEL Approach: LEGO Covid 2 – Building Back Better (document)
- Internal Progress Report LEGO Building Back Better March – May 2022 (document)
- Desk Review Report – Psychosocial tools and resources and gaps analysis (document)
- Move to Improve Trainer Manual (document)
- Trainer's Coaching and Mentoring Handbook (document)
- Move to Improve Activities Manual (document)

Annex N° 3. M2I Evaluation Framework

OECD - DAC Criteria	Dimension Evaluative Weight	Key Evaluation Questions (KEQ)	ToC Area of enquiry (green elements were developed by inFocus)	Indicator/ Evaluation criteria	Indicator code	Primary Data Collection Method to be used (by respondent groups)				
						Observation to training and delivery session	Pre survey	Post survey	Endline Focus group	Other key informant interviews
Relevance	Critical	How appropriate / relevant is the M2I resource in the context of a mixed emergency / developmental context in Lebanon? Focus being on a) appropriateness of resource/intervention to needs b) appropriate targeting of participants c) relevance of content to participants	AF and RTP trainers report that the M2I resource is engaging for child participant	Extent to which AF and RTP staff report that the M2I resource is engaging for the targeted child participants	1.1	x		AF / CHILDREN	AF / CHILDREN	RTP Trainers
				Extent to which CHILDREN are observed having fun while taking part in the M2I activities	1.2	x				RTP Trainers / Community Centres coordinator
			AF and RTP trainers acknowledge that the M2I resource is relevant to targeted child participants in Lebanon context	% of AF acknowledge the M2I resources are relevant to CHILDREN needs and their context	1.3			AF	AF/CHILDREN	RTP
				Extent to which Trainers and AF report that the M2I resource is adapted to CHILDREN needs/characteristics in the community centre (along with ways in which it has been adapted- examples)	1.4			AF	AF	RTP
				Extent to which Trainers and AF identified the need to improve the M2I resource to better adapt it to CHILDREN needs and characteristics (along with examples of suggested areas of improvement)	1.5			AF	AF	RTP
			AF and RTP trainers acknowledge that the M2I activities are easy to understand by the targeted child participants	% of CHILDREN and AF that rate their level of comprehension of the material as high	1.6			AF/CHILDREN	AF/CHILDREN	
				% of CHILDREN feel the M2I material is fun and enjoyable	1.7			CHILDREN	CHILDREN	
				Extent to which AF and RTP trainers report that the M2I is accessible for the targeted children	1.8			AF	AF	

OECD - DAC Criteria	Dimension Evaluative Weight	Key Evaluation Questions (KEQ)	ToC Area of enquiry (green elements were developed by inFocus)	Indicator/ Evaluation criteria	Indicator code	Primary Data Collection Method to be used (by respondent groups)				
						Observation to training and delivery session	Pre survey	Post survey	Endline Focus group	Other key informant interviews
Effectiveness	Critical	How enjoyable, accessible and understandable is the M2I resource for both CHILDREN and AF in terms of how they use it and are able to interact with the resource to integrate it into day-to-day life?	CHILDRENs and Adult facilitators find the material easy to use and easy to understand	Extent to which AF feel they understand how to use the M2I resource to deliver activities with CHILDREN	2.1	x		AF		
				AFs and mentors demonstrate capabilities to deliver psychomotor activities using the activities	2.2	x	AF	AF		RTP Trainers
				Extent to which CHILDREN understand the M2I activities explained and led by AF	2.3	x		CHILDREN	CHILDREN	
				Extent to which AFs identify areas of improvements on the M2I resource to improve the level of understanding of the content/activities	2.4			AF	AF	RTP Trainers / Community Centres coordinator
		What are the challenges associated with the implementation of the resource as a tool for improving motor, cognitive and socio emotional skills within the country/cultural context?	CHILDRENs and Adult facilitators find the resource and activities enjoyable	% (and extent to which) CHILDREN report that they find the activities delivered as part of the M2I programme enjoyable	2.5			CHILDREN	CHILDREN	
				% of (and extent to which) CHILDREN are able to identify the activities they like most	2.6				CHILDREN	
				Degree to which AFS find the activities within the resource enjoyable to deliver	2.7			AF	AF	
			AFs have increased capabilities to provide quality psychomotor activities to develop children's holistic skills and psychosocial wellbeing	% of AFs who state they are equipped through the M2I training and coaching and Mentoring sessions to deliver quality psychomotor activities.	2.8		AF	AF		
				% average of the level of satisfaction of AF with the training quality	2.9			AF	AF	RTP Trainers/ Community Centres coordinator
				% of AFs who have increased competencies to deliver psychomotor activities to contribute to CHILDREN's increased wellbeing	2.10	x	AF	AF		RTP Trainers/ Community Centres coordinator
				Extent to which coaching and mentoring provided to the facilitators help them deliver the M2I resource effectively	2.11					

OECD - DAC Criteria	Dimension Evaluative Weight	Key Evaluation Questions (KEQ)	ToC Area of enquiry (green elements were developed by inFocus)	Indicator/ Evaluation criteria	Indicator code	Primary Data Collection Method to be used (by respondent groups)				
						Observation to training and delivery session	Pre survey	Post survey	Endline Focus group	Other key informant interviews
Effectiveness	Critical	How enjoyable, accessible and understandable is the M2I resource for both CHILDREN and AF in terms of how they use it and are able to interact with the resource to integrate it into day-to-day life?	AFs have developed fundamental psychomotricity knowledge and understand the links between motor, emotional and cognitive skills through completion of the training	% of AFs who report they have gained psychomotricity knowledge as a result of taking part in the M2I training	2.12	x	AF	AF		
				% (and extent to which) of who AFs are able to understand the links between all 3 components of psychomotricity following the training	2.13	x	AF	AF		
				% AFs who feel more confident in the delivery of psychomotor activities as a result of being trained with the M2I resource	2.14	x		AF	AF	
				Extent to which AFs identify areas of improvements on the M2I training they received to improve their level of understanding of the content and delivery standards	2.15			AF		RTP Trainers / Community Centres coordinator
		What are the challenges associated with the implementation of the resource as a tool for improving motor, cognitive and socio emotional skills within the country/cultural context?	AF are engaged with the training sessions and complete the sessions delivered with CHILDREN	# (and %) of AF who complete the M2I training sessions	2.16					
				% of AF drop out rate (and types of reasons for leaving the programme)	2.17					
				Extent to which RTP trainers and staff identify main reasons for AF dropping out	2.18					RTP Trainers / Community Centres coordinator
			CHILDREN regularly attend psychomotricity sessions	% of CHILDREN who attend the majority of M2I sessions delivered by Afs (at least 80% of the sessions)	2.19					
				% of CHILDREN drop out rate (and types of reasons for leaving the programme)	2.20					
				Extent to which AF and RTP identify main reasons for CHILDREN dropping out	2.22				AF	RTP Trainers / Community Centres coordinator

OECD - DAC Criteria	Dimension Evaluative Weight	Key Evaluation Questions (KEQ)	ToC Area of enquiry (green elements were developed by inFocus)	Indicator/ Evaluation criteria	Indicator code	Primary Data Collection Method to be used (by respondent groups)				
						Observation to training and delivery session	Pre survey	Post survey	Endline Focus group	Other key informant interviews
Effectiveness	Critical	How enjoyable, accessible and understandable is the M2I resource for both CHILDREN and AF in terms of how they use it and are able to interact with the resource to integrate it into day-to-day life?	CHILDRENs report that they feel more supported to develop skills (from the psychomotor domain) as a result of taking part in the activities	# (and %) CHILDREN who state that the AFs helped them to go through the activities and complete them	2.23			CHILDREN	CHILDREN	
				Extent to which CHILDREN feel supported by Adult Facilitators to take part in activities that develop motor skills	2.24			CHILDREN	CHILDREN	
				Extent to which RTP staff and facilitators are confident with using revised RCA (Reflect-Connect-Apply) methodology (now integrated with the portfolio method)	2.25		AF	AF		
		What are the challenges associated with the implementation of the resource as a tool for improving motor, cognitive and socio emotional skills within the country/cultural context?	CHILDRENs acquire tools/knowledge to better regulate negative emotions and show empathy through the activities (Pillar 1)	% of (and extent to which) CHILDREN are able to identify negative emotions that they experience as a result of M2I sessions	2.26		CHILDREN	CHILDREN	CHILDREN/AF	
				% of (extent to which) CHILDREN who are able to identify how to deal with negative feelings that they experience as a result of M2I sessions	2.27		CHILDREN	CHILDREN	CHILDREN/AF	
				Extent to which CHILDREN are able to identify other peer emotions or feelings	2.28					
			The adapted RCA approach and portfolio is useful to improve CHILDREN participation and learning	% and extent to which AF report that RCA approach and portfolio increase CHILDREN participation in activities	2.29	x		AF	AF	
				% and extent to which AF report that RCA approach and portfolio improve CHILDREN learning	2.30	x		AF	AF	

OECD - DAC Criteria	Dimension Evaluative Weight	Key Evaluation Questions (KEQ)	ToC Area of enquiry (green elements were developed by inFocus)	Indicator/ Evaluation criteria	Indicator code	Primary Data Collection Method to be used (by respondent groups)				
						Observation to training and delivery session	Pre survey	Post survey	Endline Focus group	Other key informant interviews
Effectiveness	Critical	How enjoyable, accessible and understandable is the M2I resource for both CHILDREN and AF in terms of how they use it and are able to interact with the resource to integrate it into day-to-day life?	CHILDRENs report that they are able to apply the skills/knowledge obtained through M2I outside of the sessions.	# (and %) of CHILDREN who state that they used what they learned in the M2I sessions in their daily life	2.31			CHILDREN	CHILDREN	
				Extent to which CHILDREN feel they could put the M2I activities into practice without being supported by an AF	2.32			CHILDREN	CHILDREN	
				% of CHILDREN who acknowledge learning new things as a result of the M2I activities	2.33			CHILDREN		
				%Children reporting that the use of activities included in the Portfolio is helpful in their daily lives	2.34		CHILDREN	CHILDREN		
		What are the challenges associated with the implementation of the resource as a tool for improving motor, cognitive and socio emotional skills within the country/cultural context?	M2I key stakeholders identified challenges associated with the implementation of the M2I resource within the country / cultural context	Extent to which AF and CHILDREN identify challenges experienced by CHILDREN (by them) when trying to put their learning into practice in their lives	2.35			AF	AF/CHILDREN	
				Extent to which M2I key stakeholders identify challenges associated with the implementation of the M2I resource within the country / cultural context	2.36				AF	RTP Trainers/ Community Centres coordinator/ RTP staff
				Unexpected outcomes experienced by CHILDREN in relation to their participation in the M2I project	2.37			CHILDREN	CHILDREN	

OECD - DAC Criteria	Dimension Evaluative Weight	Key Evaluation Questions (KEQ)	ToC Area of enquiry (green elements were developed by inFocus)	Indicator/ Evaluation criteria	Indicator code	Primary Data Collection Method to be used (by respondent groups)				
						Observation to training and delivery session	Pre survey	Post survey	Endline Focus group	Other key informant interviews
Impact	Important (but not key)	To what extent does the M2I approach as a standalone intervention show progress among CHILDREN in relation to social-emotional skills in child participant and resilience?	CHILDREN report improvements in motor, cognitive and social-emotional skills	# (and %) of CHILDREN who show progress in the development of their body (motor) skills from activities (improve breathing, muscle tone, speed, body awareness, body coordination)	3.5			CHILDREN		
				# (and %) of CHILDREN who show progress in the development of their mind (cognitive) skills from activities (improve memory, problem solving, reasoning)	3.6		CHILDREN	CHILDREN		
				# (and %) CHILDREN who state they have developed social-emotional skills from activities	3.7		CHILDREN	CHILDREN		
			CHILDRENs increase their sense of connectedness with others and a protective network (Pillar 2)	Extent to which CHILDREN express enjoyment in opportunities to engage with other children through the M2I activities	3.1		CHILDREN	CHILDREN	CHILDREN	
				# (and %) of CHILDREN are able to express themselves to other children with increased self-esteem as a result of the M2I activities	3.2		CHILDREN	CHILDREN/AF	CHILDREN/AF	
				# (and %) of CHILDREN who can list appropriate and positive/negative coping mechanisms to be used in their day to day lives	3.3		CHILDREN	CHILDREN	CHILDREN	

OECD - DAC Criteria	Dimension Evaluative Weight	Key Evaluation Questions (KEQ)	ToC Area of enquiry (green elements were developed by inFocus)	Indicator/ Evaluation criteria	Indicator code	Primary Data Collection Method to be used (by respondent groups)				
						Observation to training and delivery session	Pre survey	Post survey	Endline Focus group	Other key informant interviews
Sustainability	Important (but not key)	What needs to be adjusted in the resource and across the programme to implement at scale and how feasible is this to replicate the programme moving forwards?	M2I key stakeholders identify good practices and areas of improvements of the M2I programme and resource to deliver the intended impact	Extent to which key stakeholders identify good practices of the existing M2I programme design and resources to deliver the intended impact	4.1					RTP Trainers/ Community Centres coordinator/ RTP staff
				Extent to which key stakeholders identify fundamental elements/ components that are key to making the M2I resource work and deliver the intended impact	4.2				AF	RTP Trainers/ Community Centres coordinator/ RTP staff
				Extent to which key stakeholders identify areas of improvement of the existing M2I programme design and resources to deliver the intended impact	4.3				CHILDREN/ AF	RTP Trainers/ Community Centres coordinator/ RTP staff
				Extent to which stakeholders identify key elements or components from the M2I resource that need to be adapted for better contextualization of the resource	4.4					RTP staff/ Community Centres Staff
				Extent to which the M2I key stakeholders in target locations report the M2I programme adds value to existing programmes to support child development	4.5				AF	RTP staff/ Community Centres Staff
			Key stakeholders see the M2I as feasible to be implemented at scale and can identify the	Extent to which key stakeholders identify unexpected benefits of M2I resource	4.6				CHILDREN/ AF	RTP Trainers/ Community Centres coordinator/ RTP staff
				Extent to which key stakeholders have defined the social goal of scaling up and believe the M2I resource is sufficient to meet that goal	4.8				AF	RTP staff/ Community Centres Staff
				Extent to which key stakeholders report that M2I resource can be scaled up	4.9					RTP staff/ Community Centres Staff



factors that might affect its scalability	Extent to which key stakeholders identify adaptations required for the M2I intervention to be implemented at scale	4.1						RTP staff/ Community Centres Staff
---	--	-----	--	--	--	--	--	--

Annex N° 4. Endline data collection tools

4.1 CHILDREN post survey

Hello! It is great to have you here, thank you for participating in this chat! In the last weeks you took part in some activities and games from a project called MOVE TO IMPROVE in your centre led by **NAME OF THE COACH**, , we want to know more about how these sessions went and what you liked about them. It would be a short and easy chat! We hope you like it!

Informed Consent

Before we start it is important you know that:

- We will not share this information with anyone else, everything you say here won't be shared.
- If you don't want to answer any questions, that's fine.
- Please be honest – there are not right or wrong answers.
- This is not a test – we just want to hear about how you think and feel about things right now.

ICEBREAKER: Please ask the child, what is your favourite sport or food? And the enumerator will need to share yours. (Note for the enumerator: try to establish an informal chat around this topic to warm up and create rapport with the child)

1.Warming Up discussion with the child to be facilitated by the enumerator: Do you like to play outside the house? What kind of games do you play? Who are your play friends?

Open ned questions – not needed for analysis

2.Warming Up discussion with the child to be facilitated by the enumerator: Do you recall any of the M2I activities or games led by the NAME OF COACH?

Open ned questions – not needed for analysis

4.Scale question example: On a scale of 1-3, did you find the M2I activities (or mention the name of the coach) interesting for you (interesting meaning that caught your attention and wanted to know more about them)? (3 point scale) [M21_1.1]

1 No	2 I am not sure	3 Yes

5. How many stars would you give your adult facilitator/coach on the following [3 point scale] [M21_1.6]			
	 Not good	 Good	 Very good
The activities were explained in a language I could understand[M21_2.3]			
The activities proposed by the facilitator were easy to do for me			
The coach motivated and encouraged me to do the activities [M21_2.5]			
The facilitator helped me during the activities [[M21_2.24]			

6.Scale question example: On a scale of 1-3, How much did you enjoy the M2I activities led by NAME OF THE COACH? [M21_1.7]		
1 I did not enjoy them at all	2 A little	3 A lot

7. What did you like MOST about the activities?.....(describe optional) [M21_1.7]

8. If you had to change one thing about the activities to make them more fun and enjoyable, what would it be?.....(describe optional) [M21_1.7]

10. If yes, please explain or provide an example. [M21_2.31]

10B. If not, why didn't you practice what you learned in M2I sessions? [M21_2.31]

11. When you play with other children at schools, home, in the street, do you usually tell them if you like or dislike the game you are playing?		
1 Never	2 Sometimes	3 Always

12. When you are with other children you don't know or you meet a new child that could be your friend, do you usually talk with him or her?		
1 Never	2 Sometimes	3 Always

13. What do you think these children in the pictures are feeling?



14. Could you mention any situation where you feel calmed or relaxed?

15. What do you think these children in the picture are feeling?



16. Ok, now if you were angry, what do you do to calm yourself down?

16A. If the child's answer is related to play as a coping action, ask the following question: ¿What kind of play do you like playing to calm yourself?

17. Ok, now if you were sad, what do you do to do feel happier?

17A. If the child's answer is related to play as a coping action, ask the following question: ¿What kind of play do you like playing to feel happier?

Thank you very much for completing this survey. We are grateful for the time and effort you put in to completing it.

Thank you!

BOX FOR ENUMERATOR NOTES/OBSERVATIONS: please record any children reaction to questions, if the child decided not continue with the survey and its reasons, was there any issue with an specific question.

Open end questions – not needed for analysis

4.2 CHILDREN focus group discussion (6 to 9 years old)

Introduction

Hello my name is ____ and I work for a company called Qualisus and we support RTP in the M2I project. As you took part in a set of play activities and games here at the centre with Mr/Mrs NAME OF THE COACH, we want to learn from your experience in these activities. Our role is to find out what you learnt through being part of these activities and what did you like about them. Today we are going to do some activities and ask you some questions as a group to get your opinions and listen to what you liked/did not like about the sessions that you have taken part in.

We want to build a safe space for you all during this and we want you to feel comfortable telling us about your thoughts. Nothing we do today is a test, and we want you to be honest about what you think. Everything you say today will be kept confidential which means that we won't share your personal information with anyone outside of our team or tell anyone who said what from this workshop. However, in the case that you do share something with us that we think may be a concern or cause harm to yourself or someone else, we will have to share this information with your adult supporter for your safety and the safety of others.

I am recording the meeting, audio only and taking notes. If at any time during this workshop you do not want to continue or you feel uncomfortable, you are free to not answer a particular question or simply stop participating, but please let myself or your adult supporter know and you will be free to leave the session.

Explanation of the process

Ask the group if anyone has participated in a group discussion before. A group discussion helps to collect information about what people think, how they see things, and what they believe is true and these are gathered through interaction and discussion. We want to learn from you and it is OK if you have a different way of thinking about something, compared to others in the group.

The focus group will last 45 minutes with 5 minutes for an introduction, 40 minutes for the main discussion, and activities and 5 minutes for the end.

Group Rules

Ask the group to suggest some ground rules. After they brainstorm some, make sure the following are on the list:

- Everyone should join in and have fun!

There are no right or wrong answers, we want to hear all ideas and thoughts

Information shared in the focus group must not be shared with people outside.

- Stay with the group and please don't have side conversations.
- Let other people speak and try not to interrupt others.

Ask the group if there are any questions before we get started, and address those questions.

Activities and questions

Note for the enumerator: *With this age group, it is important to not to ask a lot of ‘why’ questions but focus on ‘what’ and ‘how’. You may need to provide prompts to this group, however it is important not to give too many as they may copy what you say. Note for the enumerator: for those activities which require a discussion please ask the children to sit in circle.* Now let’s get started with the activities/questions we have planned for you!

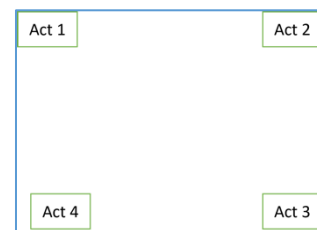
Ice Breaker (5 mins)

Stand with children in a large circle and have one person start by holding a ball. The person with the ball begins by saying someone’s name and tossing the ball to that person (for example, “Mohammed”). The child who catches the ball must repeat their first name aloud and share one thing about themselves (for example, “I’m John and I like playing football”). Next, they say the name of somebody else and toss it to another person in the group. The game continues until every participant received the beach ball. Then, you can go one quicker round to help everyone remember each other’s names.

NOTE FOR THE ENUMERATOR: You will need to take an inflatable beach ball (no hard-surface balls)

Activity 1 (10 minutes): Consensus (Pebble survey) Ask the coaches to tell you different activities that were conducted during the project. Write each activity on a piece of paper and allocate it to an area on the floor or a hoop if available (max 4).

1. Give each participant a counter/bean bag/small ball/pebbles and ask them to put what they have next to the activity that they liked the most. **Question 1 [M21_1.1]** *(the coaches may need to remind the children what each activity was)*
Follow up question- ask participants what things made that activity their favourite. **Question 1 [M21_1.1]**
2. Ask the group to count how many objects were next to each activity and take note of this number.
3. Ask the participants to pick up their counter.
4. Ask the participants to do the same activity but this time they have to put their counter next to the activity that was their least favourite (or that they did not like). **Question 1 [M21_1.1]**
Follow up question- ask participants what things made that activity their least favourite. Give them examples for example it was too difficult or they did not understand it. **Question 3 [M21_1.6]/ Question 5 [M21_2.5]**



Activity 2: Skills (15 minutes) (Question 7 [M21_2.24]/ Question 12 [M21_3.3])

1. Ask the participants to get into a big space.
2. Explain that you will ask them to do different activities for example running or jumping, then they will have to say how easy/difficult the activity is.
3. First start the group walking in different directions. When you shout ‘stop’, the participants need to stand completely still. Ask the participants to close their eyes and hold up their hand with how easy/hard they found it. (1 finger= hard, 5= easy).

4. If you have time, you can also ask them to do a thumbs up or thumbs down if they have gotten better at this movement since starting the project. **Question 12 [M21_3.3]**
5. Ask the group to open their eyes and repeat the same process with the following movements (you or a coach may need to demonstrate):
 - Running
 - Bending
 - Twisting
 - Balancing
 - Catching a ball (if you have time and enough balls)
 - Kicking a ball (if you have time and enough balls)
6. Do you think that the set of activities you took part in helped you to do these kind movements better or to improve how you do them? What movement you do you think you improved more?

Activity 3: Drawing (15 minutes)

1. Give every child a piece of paper which has already been split into three sections (1: Coaches, 2: Feelings, 3: changes)
2. In the first section, ask the participants to draw or write the best thing about the coaches/staff **Question 4 [M21_1.7]**
3. In the middle section, ask participants to draw or write how the activities/project made them feel. **Question 2 [M21_1.3]**.
Follow up: Did the coaches/staff help you during the activities? How did they help? (give examples)
4. In the last section on the right, draw or write what you would change about the activities. Prompts: what would make them more fun/enjoyable? **Question 4 [M21_1.7]**
5. Once everyone has finished, ask the group to share their pictures and tell the group about what they have drawn/written.

Coaches	Feelings	Changes
Friendly  Kind Happy	Happy  Excited Safe	 More sports

Conclusion (5 minutes)

That is now the end of our focus group. Thank you so much for coming and sharing your thoughts and opinions with us. If there is anything that you did not want to share with the whole group that you would like to share about what we have discussed I will be here for another 10 minutes and you can approach it.

4.3 CHILDREN focus group discussion (10 to 12 years old)

Introduction

Hello my name is ____ and I work for a company called Qualisus and we support RTP in the M2I project. As you took part in a set of play activities and games here at the centre with Mr/Mrs NAME OF THE COACH, we want to learn from your experience in these activities. Our role is to find out what you learnt through being part of these activities and what did you like about them. Today we are going to do some activities

and ask you some questions as a group to get your opinions and listen to what you liked/did not like about the sessions that you have taken part in.

We want to build a safe space for you all during this and we want you to feel comfortable telling us about your thoughts. Nothing we do today is a test, and we want you to be honest about what you think. Everything you say today will be kept confidential which means that we won't share your personal information with anyone outside of our team or tell anyone who said what from this workshop. However, in the case that you do share something with us that we think may be a concern or cause harm to yourself or someone else, we will have to share this information with your adult supporter for your safety and the safety of others.

I am recording the meeting, audio only and taking notes. If at any time during this workshop you do not want to continue or you feel uncomfortable, you are free to not answer a particular question or simply stop participating, but please let myself or your adult supporter know and you will be free to leave the session.

Explanation of the process

Ask the group if anyone has participated in a group discussion before. A group discussion helps to collect information about what people think, how they see things, and what they believe is true and these are gathered through interaction and discussion. We want to learn from you and it is OK if you have a different way of thinking about something, compared to others in the group.

The focus group will last 45 minutes with 5 minutes for an introduction, 35 minutes for the main discussion, and activities and 5 minutes for the end.

Group Rules

Ask the group to suggest some ground rules. After they brainstorm some, make sure the following are on the list:

- Everyone should join in and have fun!

There are no right or wrong answers, we want to hear all ideas and thoughts

Information shared in the focus group must not be shared with people outside.

- Stay with the group and please don't have side conversations.
- Let other people speak and try not to interrupt others.

Ask the group if there are any questions before we get started, and address those questions.

Activities and questions

Now let's get started with the activities/questions we have planned for you!

Note for the enumerator: for those activities which require a discussion please ask the children to sit in circle.

Ice Breaker (5 mins)

Stand with children in a large circle and have one person start by holding a ball. The person with the ball begins by saying someone's name and tossing the ball to that person (for example, "Mohammed"). The child who catches the ball must repeat their first name aloud and share one thing about themselves (for example, "I'm John and I like playing football"). Next, they say the name of somebody else and toss it to another person in the group. The game continues until every participant received the beach ball. Then, you can go one quicker round to help everyone remember each other's names.

Activity 1 (15 minutes): Consensus (Pebble survey) Using the activities discussed during the first activity, write each one on a piece of paper and allocate it to an area on the floor or a hoop if available (max 6).

5 Ask the coaches/activity leaders to suggest 6 activities conducted during the project.

6 Give each participant a counter/bean bag/small ball/pebbles and ask them to put what they have next to the activity that they liked the most. **Question 1 [M21_1.1]**

Follow up question- ask participants what things made that activity their favourite. Ask the group if they agree/disagree.

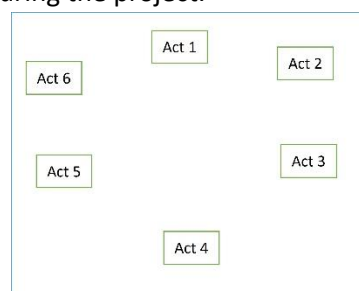
Question 1 [M21_1.1]

7 Count how many counters were next to each activity and take note of this number.

8 Ask the participants to do the same activity but this time they have to put their counter next to the activity that was their least favourite. **Question 1 [M21_1.1]/ Question 5 [M21_2.5]**

Follow up question- ask participants what things made that activity their least favourite. Ask the group if they agree/disagree.

Were there any activities the group did not understand? **Question 3 [M21_1.6]**



Activity 2: Skills (15 minutes) (Question 7 [M21_2.24]/ Question 12 [M21_3.3])

7. Ask the participants to get into a big space.
8. Explain that you will ask them to do different activities for example running or jumping, then they will have to say how easy/difficult the activity is.
9. First start the group walking in different directions. When you shout 'stop', the participants need to stand completely still. Ask the participants to close their eyes and hold up their hand with how easy/hard they found it. (1 finger= hard, 5= easy).
10. If you have time, you can also ask them to do a thumbs up or thumbs down if they have gotten better at this movement since starting the project. **Question 12 [M21_3.3]**
11. Ask the group to open their eyes and repeat the same process with the following movements (you or a coach may need to demonstrate):
 - Running

- Bending
- Twisting
- Balancing
- Catching a ball (if you have time and enough balls)
- Kicking a ball (if you have time and enough balls)

Prompt a question: Have the M2I activities helped you to do better any of the movements you've done before? How?

12. Do you think that the set of activities you took part in helped you to do these kind movements better or to improve how you do them? What movement you do you think you improved more?

Activity 3 (15 mins): Drama/Role Play

1. Ask the participants to find a space in the area.
2. Explain that you will be asking them a question or saying a statement, and they have to act out their response. During the activity, if there is an action a child does that you do not understand, ask them to explain to the group what they are doing.
3. Try the following examples:
 - Eating breakfast
 - What do you do after school? (they may start to play, pretend to read, pretend to eat a snack- you may need to give them prompts of things they do after school)
 - What is your favourite sport?
4. Now ask/say the following questions/statements:
 - Act out one thing you learnt on the M2I activities (for example a skill or maybe you learnt how to make friends)- **Question 10 [M21_2.37]**
 - What did you enjoy doing with other children during the M2I activities? **Question 11 [M21_3.1]**
 - Act out what your daily routine was like before the project (e.g. waking up, going to school then going home and resting)
 - Now act out what your daily routine is like after the project (maybe now they play sports during or after school)- ask them to say what was different in their routine before and after. **Question 13 [M21_4.6] How has your daily life changed after attending the M2I activities? Have you notice anything new that you do or don't do?/ Question 8 [M21_2.31]**

Possible follow up questions: **Question 9 [M21_2.35]**

Ask also: Did you try to do again the activities or exercises you learnt in the M2I sessions in your day to day life? If yes, what activities? If no, what you did not try?

Ask also: Did these activities help you with anything else without the centre, at home, with your friends? If yes, in what ways?

Activity 4: closing discussions

Sit the participants in a circle and ask them to discuss the following questions as a group:

Note for the enumerators: please ask all the following questions

- Did you get any help during the activities or outside of activities? If yes, what kind of help? **Question 2 [M21_1.3] / Question 6 [M21_2.23]**

- What was the best thing about the coach/staff/facilitator? **Question 4 [M21_1.7]**
- What (if anything) could be improved about the coach/staff/facilitator? **Question 4 [M21_1.7]**

4.4 Adult Facilitators post survey

Thank you for taking the time to complete this survey which is being deployed by Qualisus and inFocus, in partnership with Right To Play (RTP) as part of the evaluation of the M2I project. The purpose of the evaluation is to understand how the resource and activities have been delivered by adult supporters and received by the children. We would like to know about your experience of the M2I project. Your thoughts and opinions are valuable and will help to better deliver the programme in the future. This is also an opportunity for you to reflect and share your learnings from the M2I.

Informed Consent

- We are very interested to hear your valuable opinion about the M2I project and the information you give us is completely confidential and will remain anonymous.
- You may skip questions that you do not want to answer or withdraw from completing the survey at any time.
- Please think about your skills, abilities, opinions and feelings related to the M2I project that you have been involved in now.
- Please be honest – you don't have to give what you think is 'the right answer'.

A- THE M2I RESOURCE- Now I will ask some questions about the M2I resource and how it worked for you and with children in your community centre. 'M2I resource' means the set of activities and materials that you delivered in 10 sessions with children aged from 6 to 12 years old in your community centre.

1. Scale question: On a scale of 1-5, To what extent did children pay attention when you explained the M2I activities (Tick one box only) [M21_1.1]					
	1 Did not pay attention at all	2	3	4	5 Paid attention a lot

2. Scale question: On a scale of 1-5, To what extent do children actively participate in the M2I activities? [M21_1.1]					
	1 Did not actively participate at all	2	3	4	5 Actively participated a lot

3. Scale question: On a scale of 1-5, To what extent do you think the M2I resources are relevant to the needs of the children given their context (for instance: the economic situation, lack of psychosocial support, lack of access to formal school, exposure to fragile or violent contexts, challenging situations of their families, among others) [M21_1.3]

	1 Not relevant at all	2	3	4	5 Totally relevant

3B. How/in what ways do you feel the M2I activities are relevant/not relevant to children?

4. Scale question: On a scale of 1-5, To what extent do you think the activities of the M2I manual needs to be improved to better adapt it to CHILDREN needs and characteristics in a Lebanon context (for instance: the poor conditions they live, lack of psychosocial support, lack of access to formal school, exposure to fragile or violent contexts, challenging situations of their families, among others)? [M21_1.5]

	1 No need of improvements	2	3	4	5 A lot of improvements are needed

5. What specific areas of improvement would you recommend? Are there any adaptations that need to be incorporated to make the M2I resource more appropriate for the children targeted? (Please write your answer in the space below) [M21_1.3] [M21_1.5]

6. Scale question: On a scale from 1-5, Do you think CHILDREN are trying to put their learning of the M2I activities into practice beyond the M2I sessions (for example on other activities of the community centre or while playing in activity /school breaks? [M21_2.35]

	1 CHILDREN are not trying to put learnings	2	3	4	5 CHILDREN are trying to put learnings into practice

7. Scale question: On a scale from 1-5, To what extent did you think children are experiencing challenges when trying to put their learning from M2I activities into practice in the sessions? [M21_2.35]

	1 Not experiencing challenges	2	3	4	5 Experiencing a lot of challenges

7B. For those respondents who answered from 2 to 5, ask, what kind of challenges do children face?

8.Scale question: On a scale of 1-5, How understandable the content and activities of the M2I manual are for you? [M21_1.6]					
	1 Very difficult to understand	2	3	4	5 Very easy to understand

9. To what extent do you agree/disagree with the following phrases) (Material is defined as the content and activities for children included in the Manual and together with the training that you received on it) [M21_1.6]					
	1 Totally disagree	2	3	4	5 Totally agree
The material was clear and easy to understand for me					
The material is written in a language I can understand as an adult					
The material uses a simple language that CHILDREN can understand during the activities					

10.Scale question: On a scale of 1-5, How would you rate the CHILDREN understanding the M2I activities? [M21_1.8]					
	1 Not good at all	2	3	4	5 Very good

11.Scale question: On a scale of 1-5, how helpful were the M2I resources for you to deliver psychomotor activities with CHILDREN? [M21_2.1]					
	1 Not helpful at all	2	3	4	5 Extremely helpful

12. From the following attributes of the M2I resources (Manual and activities) what could be improved?

[multiple choice options + other] [M21_2.4]

- clarity of language
- quality of content
- length of the activities
- length of the programme
- visual ease of the material

- type of activities suggested
- other (please specify)

B- THE TRAINING AND RTP SUPPORT- Now I will ask a set of questions related to the training you attended to get prepared to deliver the M2I activities with children and the support received from RTP staff.

13. How well do you think the M2I training prepared you to deliver quality psychomotor activities based on the following points: [M21_2.8] We are referring to the training you received before delivering the sessions with children					
	1 Not prepared me at all	2	3	4	5 Prepared me a lot
Providing guidance					
Providing support					
Helped me to understand the M2I materials					
Developing skills					
Providing knowledge on psychomotricity					
Overall, how prepared do you now feel to deliver quality psychomotor activities with CHILDREN?					

13. Scale question: On a scale from 1-5, how confident do you feel now in the delivery of psychomotor activities following the training with M2I resources? [M21_2.14]					
	1 Not confident at all	2	3	4	5 Extremely confident

15. Scale question: On 1-5, To what extent were you satisfied with the training you received from RTP staff? [M21_2.9]					
	1 Not satisfied at all	2	3	4	5 Totally satisfied

16A. What elements of the training did you like most?

16B. Are there any elements of the training that could be improved to help you to be better equipped to deliver psychomotor activities with CHILDREN? [M21_2.9]

17. Did you receive ongoing coaching/mentoring support to deliver the M2I effectively? Yes/No/Don't Know

17A. IF THE ANSWER YES IN QUESTION 22. Scale question: On 1-5, how useful was the coaching and mentoring provided to you as a support mechanism to help deliver the M2I resource effectively? [M21_2.11]					
	1 Not useful at all	2	3	4	5 Extremely useful

C- YOUR KNOWLEDGE AND SKILLS TO DELIVER PSYCHOMOTRICITY ACTIVITIES- This last set of questions focus on your understanding how would you rate your knowledge and skills around psychomotricity.

18. Scale question: On a scale of 1-5, What do you know about psychomotricity now compared to when you started in project?					
	1 I feel I know nothing about psychomotricity	2	3	4	5 I have a lot of knowledge about psychomotricity.

18b. For those respondents who answered from 3 to 5, could you explain briefly what psychomotricity is?

19. Scale question: On a scale of 1-5, to what extent do you understand how psychomotor activities can contribute to improve children wellbeing now compared to when you started this project? (by psychomotor activities we mean activities that involves the combined use of body, cognitive, and social skills abilities? [M21_2.2]					
	1 I do not understand at all	2	3	4	5 I understand a lot

19B. For those respondents who answered from 3 to 5, could you explain briefly how psychomotor activities contribute to CHILDREN's wellbeing?

21. Scale question: On a scale from 1-5, did your knowledge of "psychomotricity" increased following the M2I training and your experience delivering the M2I activities? [M21_2.12]					
	1 Not increased at all	2	3	4	5 Increased a lot

22. Scale question: On a scale of 1-5, How would you rate your skills/abilities you have to deliver psychomotor activities now compared to when you started in project? (Tick one box only) [M21_2.2]

	1 I think I do not have the skills or abilities	2	3	4	5 I think I have a lot of skills/abilities

23. Now, think about you now after taking part in the M2I project, how would you rate yourself in relation to the following competencies: (modified slightly from Session 11: Activity 1 – Handout 1 Facilitator’s Wheel of Competencies) [M21_2.10]

	1 I am not good at	2	3	4	5 I can manage this very well
Flexibility: Probe definition: your ability to adapt to the group of boys and girls, taking into consideration their performance, motivation and interest					
Creativity: Probe definition: your ability of AFs to use different variations and create solutions to issues or problems or questions during the session.					
Spatial Organisation: Probe definition: your ability to use the given space efficient and effectively for the activities planned a					
Dynamism: Probe definition: your ability to motivate and encourage the girls and boys to participate while leading by example.					
Body Awareness: Probe definition: your ability to use their body to demonstrate and to use open body language to invite children to imitate them.					
Communication Skills: Probe definition: your ability to adapt their communication methods to CHILDREN (e.g., using age-appropriate words, supporting words with gestures, explaining in different words...)					
Time Management: Probe definition: your ability to organise the session time according to each activity, adapting to possible unexpected events or situations					
Attention to details: Probe definition: your ability to be aware of the performance of each member of the group and suggest improvements or changes in the way there are doing the exercise.					

24. Scale question: On 1-5, Did your skills or abilities to deliver psychomotricity activities increased following the M2I training and your experience delivering the M2I sessions? [M21_2.10]					
	1 Not increased at all	2	3	4	5 Increased a lot

25. Scale question: On a scale of 1-5, what is your current understanding of the links between all 3 components of psychomotricity (motor/physical, cognitive and social-emotional skills)? Try to select a score thinking on how your knowledge is now compared to when you started in project. [M21_2.13]					
	1 I do not understand at all	2	3	4	5 I understand a lot

26. Scale question: On a scale from 1-5, How would you rate your understanding of the 'RTP RCA methodology compared to when you started in this project? RCA is a RTP methodology you were trained on before starting the M2I project and it is an adapted portfolio of activities to invite children to Reflect, Connect and Apply their learnings from the psychomotor activities you delivered. [M21_2.25]					
	1 I do not understand at all	2	3	4	5 I understand a lot

If respondents answer 2, 3, 4, or 5 in Question Nº 26, please ask the following questions (from 27 to 28), if they answer 1, please finalise the survey.

27. Scale question: On a scale from 1-5, How confident are you in using the 'RTP RCA methodology' after the training your received and using it? M21_2.25]					
	1 Not confident at all	2	3	4	5 Extremely confident

28. Scale question: On a scale from 1-5, To what extent did you feel that the RCA approach and portfolio improved CHILDREN learning?? M21_2.30]					
	1 Not improved at all	2	3	4	5 Improved a lot

--	--	--	--	--	--

Before we finish the survey, I would like to ask you some questions about you

Gender: how do you identify yourself

Woman

Man

Nonbinary

Prefer to describe myself as (OTHER SPECIFY)

Prefer not to answer this question

Do you live in the same area where this centre is located?

Yes

No

Not sure

What is your highest level of education?

Primary school

Secondary School

Degree

Master degree

PhD

Other

What is your age?

From 18 to 25

From 26 to 35

From 36 to 45

From 45 to 50

More than 50 years older

How long have you been working in this centre?

Less than 6 months

Between 6 months and 1 year

Between 1 and 2 years

Between 2 and 3 years

More than 3 years

Have you worked in a RTP project before?

Yes

No, this is my first project with RTP

Are you currently taking part in other programmes delivered by NGO or international organisations within this centre?

Yes

No

Not sure

If yes, could you describe briefly the programme?

We appreciate you taking the time to complete this survey to contribute to the improvement of Right To Play's programmes in the future to better support children in emergency settings. The results of this evaluation will be shared with all participants, should they be interested in seeing the results.

Thank you!

4.5 Adult Facilitators group discussion

Introduction

Hello my name is ____ and I work for a company called Qualisus who work with organisations to see what they are doing well and what they could improve. You have been trained to co lead play based activities with children. Our role is to find out what you learnt through being part of these activities at **NAME** community centre, what went well and what you would change, if you could. Today we are going to do some activities and ask you some questions as a group to get your opinions and listen to what you liked/did not like about the sessions that you have taken part in.

We want to build a safe space for you all during this and we want you to feel comfortable telling us about your thoughts. Nothing we do today is a test, and we want you to be honest about what you think. Everything you say today will be kept confidential which means that we won't share your personal information with anyone outside of our team or tell anyone who said what from this workshop. However, in the case that you do share something with us that we think may be a concern or cause harm to yourself or someone else, we will have to share this information with your adult supporter for your safety and the safety of others.

I am recording the meeting, audio only and taking some notes. If at any time during this workshop you do not want to continue or you feel uncomfortable, you are free to not answer a particular question or simply stop participating, but please let myself or your adult supporter know and you will be free to leave the session.

Explanation of the process

Ask the group if anyone has participated in a focus group before. Explain that focus groups are a common way to gather information from all different types of people and involves a facilitator guiding an open discussion on a topic with a small group of people. A Focus Group helps to collect information about what people think, how they see things, and what they believe is true and these are gathered through interaction and discussion. We want to learn from you and it is OK if you have a different way of thinking about something, compared to others in the group.

The focus group will last 1 hour with 10 minutes for an introduction, 45/55 minutes for the main discussion, and activities and 10 minutes for the end.

Group Rules

Ask the group to suggest some ground rules. After they brainstorm some, make sure the following are on the list:

- Everyone should join in and have fun!
- There are no right or wrong answers, we want to hear all ideas and thoughts
 Information shared in the focus group must not be shared with people outside.
- Stay with the group and please don't have side conversations.
 - Let other people speak and try not to interrupt others.

Ask the group if there are any questions before we get started, and address those questions.

Activities and questions

Now let's get started with the activities/questions we have planned for you!

Icebreaker

Question 1 [M21_1.3]

How relevant do you think the M2I resources are to the needs of the children given their context (where they live, sociodemographic, challenging situations of their families)?

PROBE QUESTIONS FOR ENUMERATORS: What would you say are the most relevant needs of these children in your community?

PROBE QUESTIONS FOR ENUMERATORS: Which resources do you think were most relevant and why? Which are the least and why?

Question 2 [M21_1.4] [M21_1.5] [M21_2.4]

How well adapted do you think the M2I resources are to CHILDREN needs/characteristics in the community centre? Prompt: Please give some examples explaining how the resources are adapted. Prompt: What do you think about the M2I manual in terms of language used, the content, the type of activities?

PROBE QUESTIONS FOR ENUMERATORS: What specific areas of the M2I activities manual would you suggest being improved to be better adapted or to enhance the level of understanding of the content/activities?

Question 3 [M21_1.6]

To what extent the training helped you to deliver the sessions with children? Did the M2I resources (Manual, Portfolio) help you to deliver psychomotor activities with CHILDREN? Prompt: If yes, in what way?

PROBE QUESTION FOR ENUMERATORS: Did you received any other type of support that helped you deliver the psychomotor sessions with CHILDREN? What was the most useful support you received? Was this sufficient? What other support would you need to better deliver psychomotricity activities with children?

Question 4 [M21_2.9]

Are there any elements of the training that you find most helpful to be better equipped to deliver psychomotor activities with CHILDREN? Are there any elements of the training that could be improved?

Question 5 [M21_2.25]

Were there any challenges you encountered in understanding or applying the RTP RCA methodology? If yes, what were they?

What would have made using and applying the RTP RCA methodology easier or more effective? Explain.

Question 6 [M21_3.2]

How do you evaluate the progress CHILDRENs showed in the ability to express themselves to other children with increased levels of self-esteem?

Any recommendations for how to further improve their ability to express themselves to other children with increased levels of self-esteem?

Question 7 [M21_4.1]

What did you like about the M2I programme design and resources?

Were there any good practices within the existing M2I programme design and resources to deliver the intended impact that could be shared?

Question 8 [M21_4.3]

What are some suggestions you have to improve the existing M2I programme design and resources to deliver the intended impact?

--

Question 9 [M21_3.2] [M21_4.6]

What do you think are the main results of the M2I resource on CHILDREN? And for you? (if expected benefits are provided, probe with "Other or unexpected results")

--

Question 10 [M21_4.8]

To what extent do you think the M2I resource/activities could contribute develop like skills in children?

PROBE QUESTION FOR ENUMERATOR: Considering that this is the expected impact M2I intervention at a child level, are you able to identify any gaps in the M2I resource and/or intervention that might have hindered the achievement of this impact? If you are, how could these gaps be addressed?

--

Conclusion

That is now the end of our focus group. Thank you so much for coming and sharing your thoughts and opinions with us. If there is anything that you did not want to share with the whole group that you would like to share about what we have discussed I will be here for another 10 minutes and you can approach it.

4.6 M2I Delivery sessions observation guide

Introduction

My name is [REDACTED] and I am an evaluator from Qualisus, a consultancy based here in Lebanon. We are working together with a UK based consultancy, called inFocus and we have been contracted by Right To Play (RTP) to undertake an evaluation of the M2I project. The purpose of the evaluation is to assess how the resource and activities have been delivered by adult supporters and received by the children. We would like to learn more about the M2I project through observing how the training, resource and activities are being delivered and how the adult facilitators and children engage. The evaluation is collecting information from documents, registration forms, field visits, surveys and interviews.

- We would like to record the session so that we can make sure to capture how the training and activities are being delivered so that we can listen back to gather any additional insights I might have missed. Your name will not be attached to the interview and the tape will be destroyed as soon as the interview is transcribed.
- You may refuse to take part in the observation or withdraw from the study at any time.

The information we collect will be analysed together and included in our report. Nothing you say in this session will be directly attributable to you.

Does that make sense? Do you have any questions for me? Great! Shall we proceed? I just have one question for you and that is, can you confirm if you mind if I record the call? I won't pass the audio file on to anyone else.

Use the boxes below to tally each time you observe one of the elements, you can then use the 'Notes' section to add any important insights about the observation:

Please briefly describe the theme/type of the activities delivered today by the AFs e.g. what were they teaching about/what resources were being used, where and how was it being delivered? <i>(this can be filled out towards the end of the session)</i>

Engagement: CHILDREN are actively engaged in activities by showing participation (e.g. raising a hand to speak, answering/asking questions) (1.1) Please try to count every time every children raise a hand to speak, prompt a question or answer a question. Also count how many children are able complete each activity in the session	Total number:
CHILDREN ask other children to pay attention/engage in the activities (1.1)	
Notes: Please use this space to note specific details about the CHILDREN engagement.	

Enjoyment: CHILDREN are having fun whilst taking part in activities (e.g. smiling, laughing, talking to other CHILDREN about the activities/games, playing) (1.2) Please try to count every children that at least once express they like the activity or acknowledge they are having fun, or talk to other CHILDREN about the activity/game in a positive way.	Total number:

Notes: Please could you provide relevant details of how the CHILDREN enjoyed the activities.	

Understanding: CHILDREN look comfortable and show signs of understanding (e.g. active listening/head nodding) whilst the AF is explaining activities (2.3) Please try to count every children that at least once express they understand what is being said by the AF (head nodding or yes)	
	Total number:
CHILDREN answer questions correctly that the AF asks about the activities after explaining (2.3)	
	Total number:
Notes: Please use this space to make note of specific details related to the CHILDRENs understanding during the sessions.	

Competencies: AFs demonstrate one of the following 'Facilitator's Core Competencies' when delivering the session (2.10) please include any examples/phrases from the session which correspond on each competences and its definition.
Flexibility/Dynamism: Understood as the ability of AFs to adapt to the group of boys and girls, taking into consideration their performance, motivation and interest. The ability of AFs to motivate and encourage the girls and boys to participate while leading by example.
Creativity: understood as the ability of AFs to use different variations and create solutions to issues or problems or questions during the session.
Spatial organisation/Body Awareness: understood as the ability of AFs to use the given space efficient and effectively for the activities planned and the ability of Afs to use their body to demonstrate and to use open body language to invite children to imitate them.

Communication Skills: understood as the ability of Afs to adapt their communication methods to CHILDREN (e.g., using age-appropriate words, supporting words with gestures, explaining in different words...)
Time Management: understood as the ability to organise the session time according to each activity, adapting to possible unexpected events or situations.
Attention to Detail: understood as the ability of Afs to be aware of the performance of each member of the group and suggest improvements or changes in the way there are doing the exercise.
Notes: Please use this space to make note of specific phrases/examples by AFs that demonstrated their competencies.

RCA Methodology: AF verbally express how the RCA approach/portfolio should increase CHILDREN participation (e.g. increases CHILDREN listening, CHILDREN reflecting, CHILDREN speaking up in front of others, CHILDREN diversity of type of child engaging) (2.29)	
	Total number:
AF verbally express how the RCA approach/portfolio should increase CHILDREN learning (e.g. CHILDREN taking in/absorbing information, CHILDREN telling the information to others, CHILDREN applying learning in other classes/beyond the session) (2.30)	
	Total number:
Notes: Please use this space to make note of specific details discussed regarding the RCA methodology.	

Open comments box: Here you can drop any other thoughts you think would be useful to the evaluation regarding today's training.

4.7 Key informant interviews

Introduction

Thank you for agreeing to participate in this interview. My name is [REDACTED] and I am an evaluator from Qualisus, a consultancy based here in Lebanon. We are working together with a UK based consultancy, called InFocus, and we have been contracted by Right To Play (RTP) to undertake an evaluation of the M2I project. The purpose of the evaluation is to assess how the resource and activities have been delivered by adult supporters and received by the children. We would like to know about your experience of the M2I project and we would like you to share anything that you thought worked very well and anything you think could be adapted or improved. The evaluation is collecting information from documents, registration forms, field visits, survey and interviews. We are engaging both the target group including the CHILDREN and Adults Facilitators who have been involved in the project, as well as the wider stakeholders trainers, staff at RTP and community centre staff.

- We are very interested to hear your valuable opinion about the M2I project and the information you give us is completely confidential. We will not associate your name with anything you say in this interview.
- We would like to record the interview so that we can make sure to capture the thoughts, opinions, and ideas we hear from you. Your name will not be attached to the interview and the tape will be destroyed as soon as the interview is transcribed.
- You may refuse to answer any question or withdraw from the study at any time.

I have a few questions I would like to ask you regarding your experience of using the resource, the implementation and some specifics about the M2I project. The information we collect from all interviews and other methods will be analysed together and included in our report. Nothing you say in this interview will be directly attributable to you. I envisage the call to last 1 hour.

Does that make sense? Do you have any questions for me? Great! Shall we proceed with the interview? I just have one question for you and that is, do you mind if I record the call? I will be taking notes throughout but having an audio file to go back to would be really useful in case I miss anything. I won't pass the audio file on to anyone else.

RTP staff interviews

Questions

1. The M2I Activities, Resource and Manuals

We would like to start by asking you some questions about the activities, resource and manuals:

- Did you feel that the M2I resource was suitable to meet the needs and characteristics of the CHILDREN (e.g. where they live, socio demographics, exposure to extreme challenging circumstances/poverty/conflict/forced migration etc.) at the community centre where the activities were delivered? Prompt: If so, could you tell me more and if not, why not?
- Do you feel that the M2I resource was well adapted to meet the CHILDREN needs/characteristics in the community centre? (CHILDREN profiles described by RTP in the community centre information, CHILDREN contexts and main socio demographics). Prompt: If so, in what ways were the resources either well adapted or not?
- Did you feel that the children were more engaged in specific activities? Prompt: If so, what were they, and what aspects were they most and least engaged in? Prompt: Did you observe the children smiling, laughing and engaging positively with each other and the activities in your sessions?
- What do you think are some key elements or components from the M2I resource that are necessary to be adapted for better contextualisation and why?
- To what extent would you say that the M2I is compatible with what already exists in the context where it was delivered? Did the M2I either support or challenge the existing ways of doing things or the existing programmes? How did it either support or challenge?
- Within the M2I resource, are you aware of any unexpected benefits that you might not have been expecting/were surprised by that you would like to share?

2. Capabilities and Skills Development

We now look at AFs existing capabilities and any newly developed new skills and knowledge from the M2I:

- Did the AFs and Mentors have increased the capabilities (including resources/knowledge) to deliver psychomotor activities to increase the wellbeing of CHILDREN as a result of the M2I RTP training? Prompt: If so, in what ways? Probe: Are there any gaps that would need to be addressed in order to increase their capabilities to deliver psychomotor activities?
- Did the AFs develop any new skills during the training as a result of the M2I training and delivery of the M2I resource? (e.g. flexibility, creativity, spatial organisation, dynamism, body awareness, communication skills, time management, attention to details)? Prompt: If yes, what skills? Prompt: In what ways?
- Did the AF gain any new knowledge about developing psychomotricity among children? Prompt: If yes, what kind of knowledge? Prompt: If no, what the M2I intervention needs to improve to help AF to gain knowledge?
- How do you think the M2I training could be improved for Afs to enhance their level of understanding of the skills required to deliver the activities? Which are the specific areas of training that need improvement?

3. Challenges

We are now going to explore the challenges faced during the implementation of the project

- Do you have any insights as to why adult facilitators might have dropped out of the programme?
- Do you have any insights as to why CHILDRENs might have dropped out of the M2I programme? What do you think are the main reasons for CHILDREN dropping out of the programme?
- Were there any challenges faced during the resource implementation or towards achieving the intended impact of M2I within the context it was being implemented in? Prompt: If yes, could you describe them? Probe: How did you address these challenges? Probe: What you would do differently in future M2I roll outs?

4. Future Interventions, Improvements & Learning

The final section is about future interventions, improvements of the programme and other learning:

- From your perspective have you come across any areas of the M2I resource or overall programme that could be improved in any ways? If so, could you describe what they are and how you came across them? Are there any improvements related to how the content could be better understood by the CHILDREN? Are there any improvements related to how the content could be better adapted to CHILDREN needs / characteristics?
- Considering your experience of the M2I programme and the resources, could you state whether or not you were able to identify any best practice (that you feel contributes to increased benefits for the CHILDREN) that could be shared with others?
- Are there any key elements or components that have contributed to the M2I programme working well and delivering the intended impact? If yes, could you describe them.
- Considering the social impact goal of the M2I intervention to improve CHILDREN psychosocial wellbeing and resilience, are you able to identify any gaps in the M2I resource and/or intervention that might have hindered the achievement of this social goal? If you are, how could these gaps be addressed? Are there any other social impact goals that the M2I should be aiming for?
- Considering that the M2I intervention could be replicated in other locations or scaled up, are there any pathways or routes you think could be followed to scale the programme? If yes, in what ways could the M2I intervention scale up? Has the M2I resource been thought of as a scalable intervention by you/other professionals around you?
- Are there any specific adaptations that you think might be needed to scale the M2I resource? If yes, what type of adaptations do you feel are required to implement the M2I programme at scale?

Conclusion

That is now the end of the interview. Thank you so much for sharing your thoughts and opinions with me. We will circulate the results in the form of a report at the end of the project if you would be interested in receiving these.

Other Key Informant Interviews (Community Centre staff)

Questions

1. Capabilities and Skills Development

We now look at AFs existing capabilities and any newly developed new skills and knowledge from the M2I:

- Did the AFs develop any new skills during the training as a result of the M2I training and delivery of the M2I resource? (e.g. flexibility, creativity, spatial organisation, dynamism, body awareness, communication skills, time management, attention to details)? Prompt: If yes, what skills? Probe: In what ways?
- Did the AF gain any new knowledge about developing psychomotricity among children? Prompt: If yes, what kind of knowledge? Prompt: If no, what the M2I intervention needs to improve to help AF to gain knowledge?
- How do you think the M2I training could be improved for Afs to enhance their level of understanding of the skills required to deliver the activities? Probe: Which are the specific areas of training that need improvement?

2. The M2I Activities, Resource and Manuals

We would like to start by asking you some questions about the activities, resource and manuals:

- Did you observe the children smiling, laughing and engaging positively with each other and the activities in your sessions?
- What do you think are some key elements or components from the M2I resource that are necessary to be adapted for better contextualisation and why?
- To what extent would you say that the M2I is compatible with what already exists in the context where it was delivered? Probe: Did the M2I either support or challenge the existing ways of doing things or the existing programmes? Probe: How did it either support or challenge?
- Within the M2I resource, are you aware of any unexpected benefits that you might not have been expecting/were surprised by that you would like to share?

3. Challenges

We are now going to explore the challenges faced during the implementation of the project:

- Do you have any insights as to why adult facilitators might have dropped out of the programme?
- Do you have any insights as to why CHILDRENs might have dropped out of the M2I programme? What do you think are the main reasons for CHILDREN dropping out of the programme?
- Were there any challenges faced during the resource implementation or towards achieving the intended impact of M2I within the context it was being implemented in? If yes, could you describe them? How did you address these challenges? What you would do differently in future M2I roll outs?

4. Future Interventions, Improvements & Learning

The final section is about future interventions, improvements of the programme and other learning:

- From your perspective have you come across any areas of the M2I resource or overall programme that could be improved in any ways? If so, could you describe what they are and how you came across them? Are there any improvements related to how the content could be better understood by the CHILDREN? Are there any improvements related to how the content could be better adapted to CHILDREN needs / characteristics?
- Considering your experience of the M2I programme and the resources, could you state whether or not you were able to identify any best practice (that you feel contributes to increased benefits for the CHILDREN) that could be shared with others?
- Are there any key elements or components that have contributed to the M2I programme working well and delivering the intended impact? If yes, could you describe them.
- Considering the social impact goal of the M2I intervention to improve CHILDREN psychosocial wellbeing and resilience, are you able to identify any gaps in the M2I resource and/or intervention that might have hindered the achievement of this social goal? Prompt: If you are, how could these gaps be addressed? Probe: Are there any other social impact goals that the M2I should be aiming for?
- Considering that the M2I intervention could be replicated in other locations or scaled up, are there any pathways or routes you think could be followed to scale the programme? Prompt: If yes, in what ways could the M2I intervention scale up? Probe: Has the M2I resource been thought of as a scalable intervention by you/other professionals around you?
- Are there any specific adaptations that you think might be needed to scale the M2I resource? Prompt: If yes, what type of adaptations do you feel are required to implement the M2I programme at scale?

Conclusion

That is now the end of the interview. Thank you so much for sharing your thoughts and opinions with me. We will circulate the results in the form of a report at the end of the project if you would be interested in receiving these.

Annex N° 5. Endline sample by location and centre

Table N°18. Children and Adult Facilitators surveyed at the endline by centre and location(*)

Area	Centre	Children recruited for the project (**)	Children	Adult Facilitators
Burj El Barajneh Camp	Abnaa Kassam	41	35	3
	Beit Atfal Sumud		19	1
	Fraternity	30	19	2
Chiyah	Ishrak	54	24	4
Nabaa	Jusoor	72	46	2
Aicha Bakkar	26 letters	15	10	1
Chatila Camp	Beit Atfal Sumud	52	19	1
Hay Gharbe	Hay Gharbe	99	70	5
Total		363	242	19

(*) Distribution of cases at the endline was similar to the baseline.

(**) The total number of children recruited to take part in the M2I project is higher than the project target (280) to ensure the agreed target is achieved at the baseline. Only 280 children were involved in the data collection.

Annex N° 6. Adults Facilitators competencies definition

The definition of these competencies is based on the tool Wheel of Competencies (included in the M2I Trainer Manual)

- **Flexibility** Understood as the ability of Adult Facilitators to adapt to the group of boys and girls, taking into consideration their performance, motivation and interest.
- **Dynamism:** The ability of Adult Facilitators to motivate and encourage the girls and boys to participate while leading by example.
- **Creativity:** understood as the ability of Adult Facilitators to use different variations and create solutions to issues or problems or questions during the session.
- **Spatial organisation/:** understood as the ability of Adult Facilitators to use the given space efficient and effectively for the activities planned.
- **Body Awareness:** the ability of Adult Facilitators to use their body to demonstrate and to use open body language to invite children to imitate them.
- **Time Management:** understood as the ability to organise the session time according to each activity, adapting to possible unexpected events or situations.
- **Attention to Detail:** understood as the ability of Adult Facilitators to be aware of the performance of each member of the group and suggest improvements or changes in the way there are doing the exercise.

Annex N° 7. Findings additional tables

Table A. Description of locations and M2I centres (*)

Name of the centre and location	Description of the area sociodemographic and main characteristics of the centre
26 Letters in Aicha Bakkar	The location: Aicha Bakkar is an urban residential district in Beirut, 7 km away from the capital's downtown. With low-to-middle income households populating its neighborhoods and being close to vibrant areas of the city²⁶. Syrian refugees reside in some congested areas in Aicha Bakkar, such as Zaroub el-Illeyeh, where they rent out spaces informally²⁶. Nevertheless, the number of residents of Lebanese and Syrian refugees in Aicha Bakkar is unknown. Over the past decade, Aicha Bakkar has witnessed some political unrest due to conflicts between the different political parties present in and around the area²⁷. The centre: 26 Letters is a centre established in 2015, whose main aim is to provide free language and educational support for children. The centre is run by <u>six</u> teenagers who are responsible for administrative, logistic, and educational operations that take place at the centre²⁸. The idea of having the centre managed by teenagers is to make it tailored to the needs of children and teenagers. The centre provides help for anyone of any nationality, and is not restricted to supporting children of a certain nationality.
Beit Atfal Sumud in Chatila Camp	The location: Chatila camp is located in southern Beirut and was established in 1949 as a Palestinian refugee camp. Since the beginning of the Syrian war, a large number of Syrian refugees have taken refuge in the camp. The camp is very densely populated and poorly maintained²⁹. The camp is about 1.3 square kilometres with estimated population ranging from 10,000 to more than 20,000²⁹. The large discrepancy in estimations is due to the influx of Syrian refugees to the camp and lack of a national security or authority. The area has a history of unrest and conflict, most notably during the Lebanese Civil War, where The Sabra and Shatila massacre took place²⁹. Up until now, armed conflict breaks out inside the camp every once in a while, between its inhabitants, making it a volatile and sensitive area. The infrastructure of the camp is severely compromised, and it's surrounded by high-voltage cables that sometimes carry no power for up to 16 hours a day²⁹. Its' dense population and overcrowding force residents to build new compartments over existing buildings, which results in whole buildings collapsing from time to time²⁹. The centre: Beit Atfal Sumud – (Chatila Camp) was established in 1976, after the Tal Al Zaatar massacre during the Lebanese Civil War. It has several centres located around Lebanon, including Chatila camp, which was established in 1984³⁰. The centre consists of five floors and a roof used as a playground for children. The main aim of the centre is developing the Palestinian community in Lebanon through empowering children, youth and women through several programmes and projects, such as vocational training scholarships, remedial classes, reproductive health and peer education, and art and cultural activities³⁰.
Ishraak in Chiyah	The location: Chiyah is a district located in the west region of the Lebanese capital, Beirut, and is part of the southwest suburbs. It has a population density of 60,000 inhabitants and is considered one of the less vulnerable areas of the six locations, with low-to-middle income households living in its' neighborhoods³¹. The areas religious and political composition makes it a volatile and sensitive location, where it was originally a Christian-dominated town, but has become partly inhabited over the years by Shia Muslims. Therefore, it has the presence of diverse political and religious parties which has created constant tensions and alarming armed conflicts between these parties, most recently in 2021.

²⁶ <https://storymaps.arcgis.com/stories/ecd7d0bdd25c4d9397452b784a471ff0>

²⁷ <https://www.mtv.com.lb/en/news/articles/1163203/the-full-story-behind-aicha-bakkar-clash>

²⁸ [26 Letters' School - Our Story \(26lettersschool.org\)](https://www.26lettersschool.org/)

²⁹ <https://en.qantara.de/content/the-shatila-refugee-camp-in-beirut-overwhelmed-and-under-strain>

³⁰ <https://www.socialcare.org/portal/shatila/50/>

³¹ <http://www.localiban.org/chiyah-4131>

	The centre: Ishraak was established in 2010 as a foundation that aims to nurture social cohesion among the different groups of society through cultural and educational activities for children, awareness for community members on social cohesions, and providing psychosocial support for different age groups such as children and the elderly³². The centre is in an apartment which has been modified to be conducive to activities with children. The centre, Ishraak appears to be one of the more organised centres, as the centre was very clean with multiple Adult Facilitators always available in the centre.
Jusoor in Nabaa	The location: Nabaa is a densely populated neighbourhood in the eastern suburb Beirut. It is home for low-income population groups, including vulnerable Lebanese, Syrian, Palestinian, and Iraqi refugees, in addition to migrant workers from Africa and Asia. Its' population is estimated to be 14,760 residents, 63% of which are Syrian refugees³³. Nabaa suffers from deteriorated infrastructure and inadequate access to basic urban services offering poor living conditions for its residents and absence of local authority. The centre: Jusoor is an international NGO whose main aim in Lebanon is to support the education of Syrian youth. It was established by Syrian expatriates from all over the world and has several centres, including Jordan, Lebanon, and Canada³⁴. It started operating in Lebanon in 2013 through the Refugee Education Program, which has reached thousands of Syrian children through providing them with primary school education and psychosocial support³⁴.
RTP centre in Hay Gharbe	The location: Hay Gharbe is a slum area in Beirut. It is an illegal settlement located at the border of the Chatila camp, inhabited by Palestinian refugees, migrant workers, Syrian refugees, and stateless people. The total number of people living in Hay Gharbe is approximately 10,000 people, most of them being women and children. The area is known to have high rates of criminal activities due to the high poverty rates and violence dominating the neighbourhood³⁵. The centre: The centre is located by a play field. Within the centre there is a small café with one table and a few chairs.
Abnaa Kassam Beit Atfal Sumud & Fraternity in Burj El Barajneh Camp	The location: Burj El Barajneh Camp is located in the southern suburbs in Beirut and was established in 1949 as a Palestinian refugee camp. The camp is one of the most overcrowded camps in Lebanon, with an area of one square kilometre, originally enough for accommodating 10,000 refugees. However, an estimated population of more than 30,000 Palestinian and Syrian refugees live in the camp³⁶. The expansion of the camp, as well as the influx of Syrian refugees, has put pressure on the weak infrastructure. In 2006, and during the Israeli war on Lebanon, the camp was severely impacted, with many buildings and stores destroyed³⁶. The centre: While the camp situation is very poor, all three centres are clean and well maintained. All three centres share the same aim: the empowerment and education of vulnerable children and youth. Abnaa Kassam centre is inside the camp, with a playground and areas for classes. Beit Atfal Sumud is a multiple floor building inside the camp with multiple classes and age groups. Fraternity is a spacious centre with multiple floors on the outside of the camp.

- (*) The information included in the table was elaborated based on consulting secondary data, data provided by RTP staff and inputs from data collectors in the field.

Table B. Risks and needs that children are more likely to experience according to the environmental context and socio demographics

³² <http://77.42.251.205/LawArticles.aspx?LawArticleID=902675&LawId=224679>

³³ https://unhabitat.org/sites/default/files/documents/2019-08/un-habitat_2017.05.08_nps_nabaa_web.pdf

³⁴ <https://jusoor.ngo/Program/Refugee-Education>

³⁵ <https://civilsociety-centre.org/paper/revisiting-vulnerability-slum-beirut-when-citizenship-disempowers>

³⁶ <https://www.anera.org/stories/burj-el-barajneh-palestinian-refugee-camp-lebanon/#:~:text=Burj%20El%20Barajneh%20is%20a,flee%20their%20homes%20and%20villages.>

Relevant characteristics identified of the context where children live and children socio demographic data collected	Relevant risks and needs that children are more likely to experience (*)
Low income or very poor households and macro-economic challenges which affects poor people	Undernutrition or malnutrition or food insecurity Physical health issues (respiratory, infectious diseases) and mental health issues Relationship and family breakdowns Domestic violence Child labour
High population densities or overpopulated areas with limited basic infrastructure	Physical and mental health issues Housing related issues such as social isolation, lack of privacy, sharing rooms with adults
Socially and politically fragile settings due to former or current conflicts (political and gang related conflicts)	Physical and psychological violence against children Violence against girls or women Criminal exploitation and gangs Exposure to child abuse or child labour
35% of children do not attend formal school	Socio emotional issues (violent behaviour, anxiety, depression, feelings of loneliness/isolation) because of the lack of structured pathways and access to professionals who support their learning and normal childhood development processes. Other disruptive behavioural disorders Lack of stability and routines
99% of children are Syrian or Palestinian (forced migrant/ refugee status)	Mental health issues such as PTSD or depression Gender or non-gender violence Relationship and family breakdowns
95% of children have not previously attended psychosocial projects/ activities	Mental health issues Socio emotional issues (violent behaviour, anxiety, depression, feelings of loneliness/isolation) due a lack of support to manage negative feelings/emotions

(*) Based on Lily Calaycay, 2022, Early Childhood Care and Education in Emergencies. Paper commissioned by the Section for Migration, Displacement and Emergencies, 2022 and Early childhood care in emergencies and fragile contexts, UNICEF (<https://www.unicef.org/lac/en/early-childhood-care-emergencies-and-fragile-contexts>)

Table C. M2I Activities children like most

Themes	Frequency
Playing with the ball	47
Drawing	24
Balance game	23
Cups game	21
Rubber/Elastic band	17
Bowling	18
Playing with papers and doing shapes	10
Counting and numbers' game	8
Physical movement (Running/walking/jumping)	8
Charades	8
Taking pictures	7
Does not remember anything/I don't know/ did not answer	7
Music and movements	7
Playing with each other	6
Building towers/castles	6
Shaping ropes game	6
Breathing exercise	5
Charades	8
Guests' game	3
Emotions game	3
Hide and seek	3
Teamwork game (human chain)	1
Chairs game	1
Clapping	1
Freeze up game	1
My trainer	1
does not like games	1
Liked all games	1
Unclear responses (Barbie, fish, hearts, building houses using dice, sound game, anger management, flower, blind bear, story)	13
Total	258

Source: CHILDREN post survey.

Table D. If you had to change one thing about the activities to make them more fun and enjoyable, what would it be?

Themes	Frequency
Nothing/liked everything	142
Play more with the ball	10
Drawing	8
Run and catch	8
Don't know/does not remember	6
Remove Elastic rubber game	6
Change the games	4
Do Jumping, walking	4
Elongate the session	4
Noise	4
Pick the cups using toes game	4
Dancing	3
Balance	3
Taking pictures	3
Guests' game	3
Breathing exercise	2
Tower game	2
Threads game	2
Paper game	2
Imitation	2
Doing shapes using wooden sticks	1
Reading stories	1
Playing in groups	1
Bullying the loser during the game	1
Giving us gifts after the session	1
Emotions game	1
Make new friends	1
Have more training on writing	1
Bowling	1
Liked nothing	1
Unclear responses (flower, lift the table, cars game, telephone game, bear, fingers, sliding, stepping on each other's feet)	10
Total	242

Source: CHILDREN post survey.

Table E. Average correct answers chosen by the Adult Facilitators representing the ‘Knowledge on Psychomotricity’ dimension of the pre and post test.

Knowledge of Psychomotricity/ Questions prompted in the pre and post test and Frequency of answering correctly	Nº of question in test	Pre Average of correct answers chosen by AF	Pre Average of correct answers chosen by AF	Maximum Score you can get in the question
Motor learning allows us to:	1	1.75	1.74	3
Every time we learn a skill or experience something new, the brain changes. This is happening thanks to:	2	.75	1.11	2
Your colleague tells you, "Every time, I need to ask for a salary increase, my heart beats accelerate and I become confused." A possible technique to help your colleague undergo his difficulty is:	3	.85	.89	1
Through the portfolio, the participants seek to:	4	.60	1.11	2
We develop our body schema and body awareness when:	5	1.50	1.32	2
Muscle tone regulation is:	6	.75	.84	2
Fine motor skills are:	7	1.15	1.37	2
Working memory is:	8	1.05	.63	2
Cognitive skills:	9	1.15	1.16	2
Choose adequate strategies to give instructions:	10	1.35	1.11	2
What is the impact of deep breathing?	11	1.20	1.21	2
What is the correct technique for deep breathing?	12	.25	.47	1
What is Neuroplasticity?	13	1.00	.84	2
What can you observe when a child is clumsy?	14	.80	.89	2
What can you observe when a child has language differences?	15	1.30	1.21	2
Psychomotor domains include:	16	2.10	2.16	4
Link the objective to the adequate age group:	17	1.50	1.21	4
Link the objective to the appropriate activity:	18	1.90	1.74	5
	Mean Total	20.95	21.00	42

Source: Pre and post RTP knowledge based test.

Table F. Average scores of incorrect answers chosen by the Adult Facilitators representing the ‘Uncertainty or Incorrectness on psychomotricity’ dimension of the pre and post test.

Incorrectness of Psychomotricity/ Questions prompted in the pre and post test and Frequency of answering incorrectly	Nº of question in test	Pre Average of incorrect answers chosen by AF	Pre Average of incorrect answers chosen by AF	Maximum Score you can get in the question
Motor learning allows us to:	1	.75	.68	2
Every time we learn a skill or experience something new, the brain changes. This is happening thanks to:	2	.80	.37	3
Your colleague tells you, "Every time, I need to ask for a salary increase, my heart beats accelerate and I become confused." A possible technique to help your colleague undergo his difficulty is:	3	.75	.42	3
Through the portfolio, the participants seek to:	4	.75	.32	2
We develop our body schema and body awareness when:	5	.45	.21	2
Muscle tone regulation is:	6	.85	.47	2
Fine motor skills are:	7	.65	.32	2
Working memory is:	8	.30	.47	1
Cognitive skills:	9	.25	.11	2
Choose adequate strategies to give instructions:	10	.45	.84	2
What is the impact of deep breathing?	11	.95	1.16	3
What is the correct technique for deep breathing?	12	1.00	.95	3
What is Neuroplasticity?	13	.35	.37	2
What can you observe when a child is clumsy?	14	.75	.47	2
What can you observe when a child has language differences?	15	.20	.11	2
Psychomotor domains include:	16	.15	.47	2
Link the objective to the adequate age group:	17	2.10	1.32	4
Link the objective to the appropriate activity:	18	2.40	2.84	5
	Mean Total	13.90	11.89	44

Source: Pre and post RTP knowledge based test.

Table G. Negative and positive coping mechanisms used to feel happier when they are sad mentioned by children at the endline

Negative Coping Mechanisms (based WHO on standards)	Frequency	Positive Coping Mechanisms (specifically advocated through M2I)	Frequency
Spend time alone	45	Play with friends and family	125
Electronics	16	Sit/talk to with family and friends	22
Does not know	16	Draw/paint	8
Receive/buy gifts	7	Study/go to school	6
Eat/drink	6	Toys/dolls	3
Hit people/Break things	2	Total	164
Cry	1		
Total	93		

Source: Children endline survey.

Table H. Examples provided by children on things they learned in the M2I in practice outside the project.

Themes	Frequency
Taught/played with friends and family	57
Play with rubber/cups/chairs/bottles/barbie/sicks/cars	40
Drawing/writing	27
Balls	18
Emotions/feelings/breathing game	9
Catching game	8
Singing/dancing/communicating games	8
Statue/balance game	7
Jumping games	6
Rope games	4
Building towers/bridges/cubes	3
Others	8
Serve the guests	3
Does not know	3
Strength games	1
Electronics	1

Source: Children endline survey.

Table I. Emotions or feelings identified by children at the baseline (by image and nº of mentions)

Image Nº 1		Image Nº 2	
Category	Nº of mentions	Category	Nº of mentions
Angry	161	Sad	231
Sad	88	Lonely	19
Bad feeling	4	Bored	15
Not answered	4	Crying	6
		Worried	3
Total	253	Total	274

Source: CYP pre survey. Mentions adds more than 257 as some children answered more than 1 option. Total adds more than the sample size as respondents mentioned more than one answer.

Table J. Coping actions mentioned by the children at the baseline

Negative Coping Mechanisms (based WHO on standards)	Frequency	Positive Coping Mechanisms (specifically advocated through M2I)	Frequency
Being Alone	40	Play	55
Hit/Beat someone or something	30	Talk or being with a friends	38
Zoning out	28	Talk or being with my parents	9
Sleep	17	Breathe	5
Cry	9	Draw	5
Watch videos/phone	8	Walk	5
Scream/shout	8	Exercise/move	3
Eat/food	6	Other	3
Break something or throw something	5		
Total	143	Total	118

Source: Children pre survey. Total adds more than the sample size as respondents mentioned more than one answer.

Annex N° 8. The use of the portfolio for the RCA methodology

Using the Portfolio for Reflect Connect and Apply (RCA)

The “Closing Reflections” section includes Reflect, Connect, and Apply discussion questions to help girls and boys to better understand the Key Learnings of the session. The closing discussion encourages children to **Reflect** on their learning, **Connect** it to their experience, and **Apply** it to their lives outside of these activities.

- In this manual, **Reflect and Connect** questions are asked in the Closing Reflections while children in all age groups are working on their portfolios.
- The **Apply** questions are only discussed with the older children (ages 7-9 and 10-12). Each session ends with this direction to the Facilitator:
- Encourage children to apply their skills after they leave the session by writing or drawing on a piece of paper one daily activity they noticed that required [the Key Learning of the day’s session]. At the start of the next session, they can insert the paper into their portfolio.
- At the beginning of the next session, the older girls and boys are asked to recall what they learned in the previous session and, if they wish, share how they applied what they learned.
- Sample questions are provided in each session. The questions are not exhaustive. When you are comfortable using RCA questions, you can create your own to facilitate the discussion.

Note: Boys and girls don't have to share their portfolios if they don't feel like it.