



# PSYCHOSOCIAL WELLBEING OF GIRLS AND BOYS POST-BEIRUT EXPLOSION

Right to Play Lebanon

Plan International Lebanon

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# Acronyms

<b>CP</b>	Child Protection
<b>FSL</b>	Food Security and Livelihoods
<b>GBV</b>	Gender-based violence
<b>IASC</b>	The Inter-Agency Standing Committee
<b>KII</b>	Key informant interview
<b>MEL</b>	Monitoring, Evaluation and Learning
<b>MHPSS</b>	Mental Health and Psychosocial Support
<b>NGO</b>	Non-governmental organisation
<b>PFA</b>	Psychological First Aid
<b>PIL</b>	Plan International Lebanon
<b>PSS</b>	Psychosocial Support
<b>RTP</b>	Right To Play

# Introduction

The massive explosion that shook Beirut's Port on August 4<sup>th</sup> 2020, caused widespread damage as far as the outskirts of Beirut. Individuals were killed and more than 6,500 were injured. More than 47,000 apartments sustained some level of damage, about 36%<sup>1</sup> were affected while at least 163 public and private schools serving 85,000 students<sup>2</sup>. The explosion hit Beirut at a time when Lebanon was already facing a severe economic, financial and socio-political crisis that is compounded by the COVID-19 outbreak, limiting access to services and opportunities.

According to UNICEF, around 1,000 children were injured and 100,000 saw their homes either completely or partially destroyed<sup>3</sup>. Just as in many other emergencies, children affected by similar traumatizing events, loss, separation or drastic changes in social and living conditions are likely to experience a number of distressing psychological reactions, which might have short or long-term impact on children's mental health and psychosocial wellbeing. The explosion has also affected children's families, their community structures and schools, increased the risks and exacerbated pre-existing vulnerabilities and inequalities.

As mentioned in the IASC Guidelines on Mental Health and Psychosocial Support (PSS) in Emergency Settings (2007), in emergencies, not all children have or develop significant psychological problems, as many of them can show resilience. However, children are considered one of the groups who are often at increased risk of various protection concerns and distress. Some children can develop mental health conditions that require specialized support as a result of the explosion, while the majority undergo immediate and long-term psychological and social suffering.

To capture the impact of the Beirut explosion on children's psychosocial wellbeing and highlight perceived trends, experiences, priorities and coping mechanisms of children and parents in the aftermath of the event, Plan International Lebanon (PIL) and Right to Play (RTP) conducted this joint qualitative assessment of children's behaviour during PSS sessions and interviews with parents. Data was collected one month after the explosion; hence parents were able to report on the immediate impact of the explosion on children as well as the after-effect of the explosion on daily stressors, children's noticed behaviour and wellbeing.

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<sup>1</sup> OCHA, Situation Report No. 4, August 13<sup>th</sup> 2020.

<sup>2</sup> UNESCO, Factsheet #5 on Schools' Rehabilitation in Beirut, 5 September 2020.

<sup>3</sup> UNICEF, Lebanon Humanitarian Situation Report No. 7, September 2020.

# Methodology

## Data Collection Methods

The methodology relied on qualitative data obtained through primary data collection. Key Informant Interviews (KIIs) were conducted with primary female and male parents. As for children, an observation tool was filled in during their participation in community-based psychosocial support (PSS) activities conducted by RTP, PIL and local partners. This process allowed the organisations to assess the needs and priorities as perceived by and observed through different groups of the affected populations, including disaggregation of sex and age. Data was collected from September 4<sup>th</sup> until September 15<sup>th</sup> 2020 directly with the target groups, with the exception of a number of KIIs with parents that were carried out remotely through phone calls.

Enumerators from PIL and RTP were trained on the data collection process and tools as well as on Psychological First Aid (PFA). They also signed Plan International and Right to Play’s Safeguarding Children and Young People and Gender Equality and Inclusion policies, and were previously trained on child safeguarding and safe identification and referrals.

To administer the surveys efficiently, a mobile data collection app (KoBoToolbox) was used through which the answers of the surveyed participants were tapped into a mobile phone by the enumerators and uploaded to a server on a daily basis.

## Sampling Method

Sample size was considered sufficient when saturation was reached, that is when enough data described the situation and addressed the main research questions from different perspectives.

- A total of 30 observation tools were filled out during the PSS sessions with 30 different mixed groups that included a total of around 200 unique children (60% girls and 40% boys) aged between 6 and 14 years old, divided into groups of 6-9, 10-12 and 13-14 years old. PIL and RTP enumerators filled in the form as they observed the children during the sessions carried out by Amel Association and RTP.
- A total of 27 parents (20 Mothers and 7 Fathers) were interviewed in highly and slightly affected areas, in person or by phone. They were a mix of Lebanese, Syrians and Palestinians.

Sampling data for observed sessions is presented in the table below:

Location of session	Number of groups observed	Boys	Girls
Karantina	11	45	62
Khanda’ El Ghami’	7	18	25
Hay El Selloum	7	29	32
Ashrafieh	2	9	10
Burj Al Barajneh	1	1	7
Ras el Nabee	1	3	3
Chiyah	1	2	8

\*Please note that numbers of children in the above table include duplicates of children who attended more than one observed session. Unique children are around 200.

The sample of interviewed parents was divided into two types of areas

- Highly affected areas, including Karantina, Khanda’ El Ghami’, Achrafieh and Gemmayze.
- Slightly affected areas, including Burj El Barajneh, Hay El Selloum and Chiyah

Sampling data for interviewed parents is presented in the table below:

Parent’s area of residence	Male parents	Female parents
<b>Highly affected areas</b> (Karantina, Khanda’ El Ghami’, Achrafieh and Gemmayze)	7	12
<b>Slightly affected areas</b> (Burj El Barajneh, Hay El Selloum and Chiyah)	0	8

For the parents’ KIIs, respondents were randomly selected from up-to-date lists of parents of Right to Play and Amel (PIL’s Partner) beneficiaries, using the simple random sampling method and using the random number generator function of a computer.

### Tools

The observation tool was developed internally, aiming to provide guidance to enumerators towards objective observations. These included children’s interaction to PSS facilitators and instructions given, as well as their interaction with each other, with focus on gender dynamics. Observers also reported actions that show signs of distress in children.

During parent KIIs, open-ended questions were asked about the signs noticed in their children, parents’ most pressing challenges and coping mechanisms.

### Limitations

The used methodology forces limitations on the assessment. The small sample size is not representative of the affected communities, and the qualitative method provides general trends and specific experiences but does not allow for generalization of findings.

### Ethical Considerations

Prior to obtaining their consent, all individuals participating in the assessment were informed by enumerators of the confidential and voluntary aspect of their participation, briefed on the objective of the assessment and the use of information collected. Respondents were only interviewed after they provided their informed consent. When filling the observation tool, children were informed that during the PSS session, a staff member will be taking notes on the activity.

PIL and RTP are committed to ensuring the confidentiality and anonymity of participants at all times. Participant names were not included in the tools nor the final report. The data was processed without coding which protected the identify of interviewees. Data will be managed and kept secured in RTP offices with the MEL Officer and then completely destroyed after 3 years.

# Findings

Outlined below are the main findings that describe the perceptions of parents in relation to signs of distress and behavioural changes in girls and boys after the explosion, as well as to behavioural play and access to education. The findings also focus on daily stressors and challenges faced by parents which impact their wellbeing and ability to care for their children, in addition to their coping mechanisms and those of their children during that period. Finally, observations made during the participation of girls and boys of different age groups in PSS activities are summarized, focusing on signs of distress and behaviours, with linkages to the perceptions of parents as appropriate.

## Perception of Parents

### Signs of Distress and Behavioural Changes

During the Key Informant Interviews, all parents reported their children witnessing the explosion even those in less affected areas, either through hearing the sound, seeing the damage and injuries, watching the news or following stories on social media. All of them reported that their children had signs of distress and identified some changes in their children's behaviours. And 22 out of 27 parents said their children are still showing a variety of behaviours, attitudes and emotional changes that manifest psychological distress. The most frequently reported signs or changes are fear, anxiety, worry, crying, screaming and shouting, disinterest or lack of concentration and interaction during playing, and having sleeping disorders like insomnia, nightmares and bed wetting. Speech problems, extreme silence and avoidance of people were reported with regards to a child who was physically injured in the explosion, while many children are now more emotionally attached and in continuous need of being hugged and next to their parents. Crying was repeated by almost all parents of children under 10 years old, fear of noises and sleeping problems were commonly reported by parents of children all above 10 years old, along with other parents of children from different age groups. These changes were directly attributed to the explosion. According to most of the parents, the behavioural changes and psychological distress symptoms appeared directly after the blast, and a few weeks later, their children went back to their normal behaviour and stopped showing signs of distress. Nonetheless, a few parents reported that signs started to appear three to four weeks after the explosion. "A few days ago, my 3-year-old daughter opened the car's window and hot air came into her face; she started screaming and cried heavily. We hadn't noticed any sign before that", a mother in Karantina described.

*"A few days ago, my 3-year-old daughter opened the car's window and hot air came into her face; she started screaming and cried heavily. We hadn't noticed any sign before that"*

A mother in Karantina

In response to listing or elaborating on the signs and changes in behaviours identified by parents, all parents recognize the intensity of the event, and are referring to it as an experience that children will never be able to forget. A mother of three children said that the boy was "stronger" than his younger sisters and he was coping better. Hormonal changes in girls were also noticed by parents; one mother reported that her 13-year-old daughter had been experiencing menstrual problems since the explosion, and that she had to visit a gynaecologist who linked the case to fear and stress. Two reports on children with disabilities were

*"My children started hugging their mother and me more often"*

A father in Gemmayze

made: The first mother described that her daughter became angry and frustrated as she lost her room perceived as her safe space and she now seems to be constantly disturbed. Another autistic girl stopped eating for two days after the explosion and started bedwetting since.

Furthermore, parents elaborated on the increased levels of fear manifested by children; Fear of war was also mentioned, specifically from parents of children who would have witnessed a war before. A Syrian mother in Hay El Sellom said: *“My 9-year-old son didn’t calm down until his uncle took him to see that there was no war at the port”*. The fear was also expressed by an autistic girl who used to cover her ears and cry, and couldn’t eat for two days after the explosion. Also, fears of loud noises caused by construction sites, cars, motorcycles and planes were commonly mentioned by parents as behavioural changes of children.

*“My 9-year-old son didn’t calm down until his uncle took him to see that there was no war at the port”*

A Syrian mother in Hay El Sellom

In terms of geographical locations, there were no differences between signs of distress identified by parents living in Beirut in highly affected areas and the ones in slightly affected areas, which is probably due to the large magnitude and the ripple effect of the explosion that was felt thousands of kilometres away.

Many signs of distress and certain behaviours mentioned by parents were also observed and identified during the PSS activities and will be further elaborated on in the next chapter.

### Children's Play Behaviour

By observing groups of children playing and interacting together in PSS sessions, enumerators confirmed the information shared by parents where signs of distress and behavioural problems were clearly identified.

In addition, many parents interviewed reported changes in their children's play behaviour, specifically disinterest and lack of concentration and interaction when playing with siblings or peers; Even the frequency of play has decreased since the blast. While none of the parents reported aggressive manner or violence toward one another, enumerators observed some aggressive behaviours (beating peers, hitting toys and acting violently in a scene) when children were playing and interacting with each other during the PSS sessions.

All these behaviours were also identified directly by Lebanese, Syrian and Palestinian parents; they were all able to list the behavioural changes without any prompting or guidance from enumerators and their observations were very significant because they indicate that although they are themselves stressed and hopeless, they are still able to monitor their children’s behaviours and wellbeing.

### Other Daily Stressors

The explosion hit Beirut at a time when Lebanon was already facing a severe economic, financial and socio-political crisis that is compounded by the COVID-19 outbreak, limiting access to livelihoods opportunities and basic services. Thus, in addition to the psychological impact of the explosion, there is a huge number of daily stressors that is not only affecting parents but also children and the household as a whole. These stressors are believed to have an impact on children’s physical, social and emotional wellbeing. 14 out of the 19 interviewed parents in highly affected areas reported receiving some form of aid from organizations, such as food parcels, hot meals, cleaning kits or house repairs. But when asked about challenges and needs, parents in both highly and slightly affected areas



mentioned the need for livelihood opportunities or cash assistance, which is due to rising unemployment and poverty rates and deteriorating living conditions. Several parents reported that their income was no longer enough, or that they have lost their jobs which is likely to have a huge impact on their capacity to meet their children's basic needs such as food, milk, diapers, clothes, sanitary pads, cleaning products, medications and school fees. Parents also mentioned the poor living conditions – especially the ones who have lost their homes, had major damages or lost their belongings – in addition to the lack of services, lack of clarity about the school year and their children's access to education, the COVID-19 pandemic and other associated risks.”

All these reported concerns show the high level of worry and stress among parents. If they are not supported and less burdened by these concerns, parents will not be able to effectively ensure or monitor their children's psychosocial wellbeing for long, and this was expressed by a male caregiver during one of the interviews.

### Education

Children's education was affected by the explosion and relying living conditions, as 8 out of 27 parents reported that they might change their children's schools next year, either because of the damages to schools or because of the financial situation, two of which reporting that they will shift from private to public schools. Three parents from the Syrian nationality did not know whether their children will be attending school in the coming scholar year as the decision of the government was still not clear at the time. Two Syrian parents confirmed that they were not sending their children to school at all because they cannot afford the cost of transportation or purchasing a tablet or laptop for online learning. There were no differences between girls and boys mentioned by parents when asked about access to education.

### Children's and Parents' Coping Mechanisms

When asked how their children were coping and spending most of their time, interviewed parents mentioned that girls and boys are mostly at home watching TV or on social media, reading stories or playing with their siblings, with the exception of those participating in PSS activities once or twice per week.

Some parents mentioned that they are spending time playing with their children to support them emotionally, while others feel that they cannot do more than what is already being done from their side. A father in Ashrafieh said that his children spend most of their time on the tablet and watching TV, and expressed that his wife and himself are feeling overwhelmed and cannot provide anything more.

Some parents reported that their boys were involved in house repairing, helping other families, and guarding their street or building from theft, and girls were hanging out or going for walks in the neighbourhood with friends. This highlights the importance of encouraging positive social interactions and facilitating participation in activities that encourage children to assist people in need and support the community. Such actions may play a key role in the psychosocial recovery of affected children and strengthen their self-image and esteem. Most parents relied on their families, neighbours and friends' support to cope with the aftermath of the explosion. Many of them left their homes for days and were hosted by relatives or sent their children away until they had some repairing done. Others mentioned praying as a way to bear up with the crisis. “We're reliant on God and living by the day” sums up the feedback from most parents. They explained that besides the explosion, the economic situation left

*“The system killed us in all means. We worked all our lives to provide a decent life for our families, and now we're at level zero”*

A father in Karantina

them hopeless. Rage and anger were noticed as parents consider themselves to be victims of the “corrupt political class”. A father in Karantina sharing that his savings were gone said, *“the system killed us in all means. We worked all our lives to provide a decent life for our families, and now we're at level zero”*. Many parents mentioned that they see no future for their children in the country.

Noticeably, parents are aware of the signs of distress that they are showing and willing to seek specialized support to overcome the trauma. A mother in Khanda' El Ghami' said that she is not coping well and she needs psychological support. Another mother was already put in contact with a psychologist by an organisation.

### Direct Observations with Children

Data collected from the observation tool broadly support the findings from parents' data, particularly on signs of distress.

Observers reported a lack of concentration and interaction showed by a number of children in the sessions' activities. Some sat aside or away from the group, while others walked away or just stood still watching without interfering. Some children did not want to listen to facilitators nor respond to instructions; they wanted to tell jokes or request other games instead. One child was so impatient that he couldn't wait for other children to finish to get his turn; he didn't listen to instructions at all. After the session, the observer and facilitators learnt that the child was involved in child labour and had left school because he was repeatedly bullied.

It was obvious that children remain fearful of loud noises. They were extremely disturbed by some sounds, and signs of anxiousness and fear were identified through some clear body expressions; this was repeated in several sessions. children would only calm down when the facilitator told them about the source of the noise. These reactions are the result of the massive and powerful voice that came out of the explosion which might trigger flashbacks when loud voices are heard.

Some children expressed thoughts and feelings naturally during some games. In one session, following a game on sounds, when asked about loud voices in their lives and communities, children disclosed that they worry about the explosion happening again. In another game that required children to close their eyes for a few moments, a boy expressed that he was annoyed and felt scared when he closed his eyes. A girl that did not interact much in group games sat for a prolonged time colouring a mandala, and it was only afterwards that she started communicating with the facilitator when she approached her.

There were also some observations of aggressive behaviour, indicated by hitting toys violently and repeatedly during games. One child started to make noticeable aggressive signs in an acting scene, while another hit the bucket (musical instrument) with all his might while the activity aimed to create synchronized musical rhythms. There was one case of a boy who is physically injured from the explosion hitting other peers. All the mentioned incidents showing various forms of aggressive behaviour were of boys and not girls.

Observers reported some differences between the different age groups and noted that older girls and boys aged 10-14 showed more empathy towards each other during the PSS sessions. This was very clear in certain games where boys were supporting girls in some tasks related to the activity. This empathy and team work were not observed with younger groups aged 6–9 years old.

Some of the affected children who were participating in the PSS activities had pre-existing vulnerabilities such as child labour, experience of being bullied, disability, being out of school or in

displacement which puts them at higher risk of enduring harsher psychological consequences due to the explosion.

It is important to note that the one-time observation is not intended as a diagnosis of psychosocial distress and would probably not give us a totally reliable picture of how children are showing psychosocial distress attributed to the explosion. That said, the observation is used to confirm some of the feedback received from the parents. As such, signs and behaviours that were highlighted in both tools include fear of loud voices, lack of interest and concentration problems.

# Conclusion and Recommendations

The psychosocial wellbeing of girls and boys affected by the explosion is under significant strain, not only due to the devastating blast that hit Beirut on August 4<sup>th</sup>, but also because of the daily stressors faced by children, parents and their families as a result of other crises and pre-existing vulnerabilities such as displacement, the economic situation and the COVID-19 outbreak. In addition to the Child Protection (CP) and Gender-Based Violence (GBV) risks that children might face in the aftermath of the explosion, the assessment reveals that affected children and parents experience significant levels of distress and a number of behavioral changes.

Signs of distress in children identified in the report include anger, fear, sadness, sleeping problems, aggressive reactions, changes in play behaviors and disinterest. The report also shows that the blast has affected children in different ways and at different times: Their reactions are not the same, and signs might appear immediately or after a certain period of time. This requires continuous monitoring of children's psychosocial wellbeing and different types of support between the immediate response and the recovery period.

The distress suffered by parents is caused by the widespread feeling that there is no future for their children in an unstable country, and the concern regarding their children's education. Parents are also worried about their income sources and livelihoods, as well as not being able to fully meet their children's basic needs. The assessment shows a strong relation between daily stressors such as the instability, lack of income and limited access to education and basic needs experienced by families, and the high level of psychosocial distress. Despite expressing frustration about their diminished capacity and resources, parents remain focused on the importance of supporting their children through these difficult times and on preventing them from undergoing long-term psychological and social suffering. And as represented in the MHPSS pyramid<sup>4</sup>, a layered system of complementary support that meets the needs of the different affected groups and addresses their vulnerabilities should be developed.

The recommendations listed below target local and international NGOs, donors and government institutions. They aim to inform the design and planning of future Mental Health and PSS programs, reduce the negative impact of the Beirut explosion as identified in the assessment, and improve the psychological wellbeing and coping mechanisms of affected girls and boys and their parents:

## National and International NGOs

- Identify the most vulnerable families, in particular in highly affected areas, and provide them with basic need support including: shelter, cash/livelihoods, food and protection.
- Provide quality gender and age appropriate community-based and focused non-specialized psychosocial support services to affected girls and boys that incorporate access to creative activities, play and other forms of self-expression to help them process negative experiences and teach them skills to manage their emotions and find positive ways of coping, build resilience and enhance mental wellbeing.

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<sup>4</sup> See the IASC Guidelines on MHPSS in Emergency Settings (2007).

- Support parents to enhance their wellbeing and positively parent their affected children by providing flexible and gender appropriate parenting programs, peer support sessions and mental health services as needed or other forms of support that parents suggest.
- Provide community-level activities that can be done to support children and their families.
- Establish or support existing children- or adult- led committees to encourage community work and community-based initiatives and projects as a positive coping mechanism during emergencies.
- Strengthen the outreach strategies of relevant organizations to disseminate information on the availability of mental health and PSS services, as well as to reach the most vulnerable and hard-to-reach populations and facilitate access to safe locations while ensuring dignity and privacy.

### NGOs and Government Institutions

- Ensure availability and spread of mental health and PSS services across all affected areas; and after assessment, increase the number of services in underserved areas as needed.
- Raise awareness among affected communities and parents on mental health and psychosocial issues for children, and work to reduce the stigma around these issues. This should be coupled with information on the different MHPSS services provided by both governmental and non-governmental organizations, in addition to how and where families can seek help.
- Conduct MHPSS, PFA and Safe Identification and Referral trainings to specialized and non-specialized frontline workers, including volunteers, and equip them with the needed knowledge and skills to appropriately respond to the needs.
- Provide PSS services for frontline workers who engage daily with the affected children and their parents and who are also community members affected by the same emergency.
- Conduct quantitative research to measure the psychosocial wellbeing of children, and the effect of different interventions on it.

### Government Institutions and Donors

- Consider CP and PSS as key interventions for girls and boys and their parents, both in the immediate response to the blast as well as during the recovery period.
- Support mainstreaming and integration of mental health and PSS in multi-sectoral programming, in particular identification and referral of cases, information dissemination on MHPSS and access to services, and training frontline workers on mental health and psychosocial issues.
- Provide long-term and multi-sectoral funding to holistically respond to the households' needs including mental health and psychosocial support, cash, Food security and livelihoods (FSL), education and shelter.

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Cover photo: A mother and her children impacted by the explosion photographed in the Beirut blast area, Lebanon. © Plan International / Dalia Khamissi

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No photographs were taken during the course of this assessment. The family featured in the report's cover photo was not part of the assessment.

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### About Right to Play

Right to Play is a global organization, that uses the transformative power of play to educate and empower children and youth facing adversity. Through playing sports and games, Right to Play helps over 2.5 million children each week, create better futures, while driving lasting social change in 15 countries.

Founded in 2000 by social entrepreneur and four-time Olympic gold medallist Johan Koss. Right to Play headquarter is in Toronto, National offices are in Canada, Germany, the Netherlands, Norway, Switzerland, the United Kingdom and the United States. Country offices are in Africa, Asia and the Middle East. Our programs are facilitated by more than 600 international staff and 14,400 local volunteer coaches.

Right to Play Lebanon has been serving at-risk children and youth for almost 15 years. Beginning with support to Palestinian refugees in 2006, and has since enlarged the scope of its program to include displaced Syrians as well as Lebanese children and youth from vulnerable communities.

Our work has focuses on some of the most marginalized and vulnerable children living in informal settlements to help them cope with shock of violence and displacement.

### About Plan International

Plan International strives to advance children's rights and equality for girls all over the world. We recognise the power and potential of every single child. But this is often suppressed by poverty, violence, exclusion and discrimination. And it's girls who are most affected.

As an independent development and humanitarian organisation, we work alongside children, young people, our supporters and partners to tackle the root causes of the challenges facing girls and all vulnerable children.

We support children's rights from birth until they reach adulthood, and enable children to prepare for and respond to crises and adversity. We drive changes in practice and policy at local, national and global levels using our reach, experience and knowledge. For over 83 years we have been building powerful partnerships for children, and we are active in over 70 countries.

Since 2017, Plan International has been working in partnership with local, national and international organisations to strengthen capacities and address the needs of Lebanese and refugee children in Lebanon. With a focus on adolescent girls and young women, Plan International Lebanon implements projects in the sectors of Child Protection, Gender-Based Violence, Sexual and Reproductive Health and Rights, Education, Youth Economic Empowerment and Participation.