



Terre des hommes

Let's protect children together

Beirut City

**CHILD PROTECTION AND PSYCHOSOCIAL
NEEDS ASSESSMENT REPORT**

Conducted by

TERRE DES HOMMES ITALY

September 2020 ©



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LIST OF ACRONYMS

CP	Child Protection
HH	Household
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
LHIF	Lebanon Humanitarian INGO Forum
MEAL	Monitoring, Evaluation, Accountability and Learning
PRL	Palestinian Refugees in Lebanon
PSS	Psychosocial Support
UNDP	United Nations Development Programme
WHO	World Health Organization

BACKGROUND

On the 4th of August 2020, a disastrous explosion struck the Port of Beirut, sending destructive shockwaves throughout the city. The shockwaves destroyed most of the port area, devastated nearby residential and commercial areas within a 1- to 2-kilometer radius, and caused damages up to 20 kilometers from its epicentre. More than 180 people were killed (including at least 4 children), over 6,500 people were injured (including at least 1,000 children)¹, and over 70,000 workers are estimated to have lost their jobs, affecting directly about 12,000 households.



KARANTINA AREA IN BEIRUT

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One hundred and fifty-nine education facilities (92 public and 67 private schools) suffered serious damages², with a direct impact on around 85,000 students. WHO reports that more than 80 primary health care centres and six hospitals were severely impacted by the explosion.³

The blast came at a time when Lebanon is already dealing with a devastating health, economic, and political crisis; exacerbating pre-existing health, livelihood, food, and child protection needs across the country. This additional catastrophe has fuelled the popular uprising and resulted in the resignation of the Government on August 10th. In the meantime, COVID-19 cases are dramatically increasing⁴ and the damages and losses caused by the explosion have put further strain on Lebanon's already fragile and exhausted health system.

The explosion has had a devastating impact across Beirut and will have broad and long-term consequences on the mental health and psychological wellbeing of children and adults, as protection actors estimate 152,200 persons need immediate protection assistance in the areas most affected by the Blast⁵, while UNICEF estimates that 600,000 children may need immediate psychosocial support.⁶

¹ UNOCHA Beirut Port Explosion SitRep #8

² LHIF – Education Sector

³ UNOCHA Beirut Port Explosion SitRep #8

⁴ 3.556 new cases recorded between August 31st and September 6th

⁵ UNOCHA Beirut Port Explosion SitRep #8

⁶ UNICEF, Impact of August 4 explosions on children and families in Beirut, September 2020

METHODOLOGY AND PROFILE OF THE INTERVIEWEES

Terre des Hommes Italy started its response immediately after the explosion, as field teams launched child protection activities in the blast area on August 6th. A strategic plan has been developed defining emergency and mid-term recovery actions in the affected areas.

In its commitment to protecting children, Terre des Hommes Italy considers Child Protection (CP) as the prevention of and response to abuse, neglect, exploitation and violence against children and child abuse; child abuse being defined as any deliberate act of ill treatment or an omission that can harm/is likely to cause harm to a child's safety, wellbeing, dignity and development.

The psychosocial wellbeing of a child is enhanced by stimulating his/her capacity to realize his/her full potential by meeting three types of fundamental needs: **individual, social, and existential**. These “invisible” needs as well as basic material needs for food and shelter must be regularly met. It is important not to forget them, even, and especially, in situations of emergency, so as not to prevent children from developing their potential for an extended period of time.

To adequately inform our intervention and respond to the gap in available data about the impact of the blast on children's psychosocial wellbeing, a Psychosocial Needs Assessment was developed. This assessment gathered critical data about the post-traumatic behaviours that may arise at household and community level, as well as adopted coping strategies, psychological needs, and the required psycho-social and case management interventions and follow up.

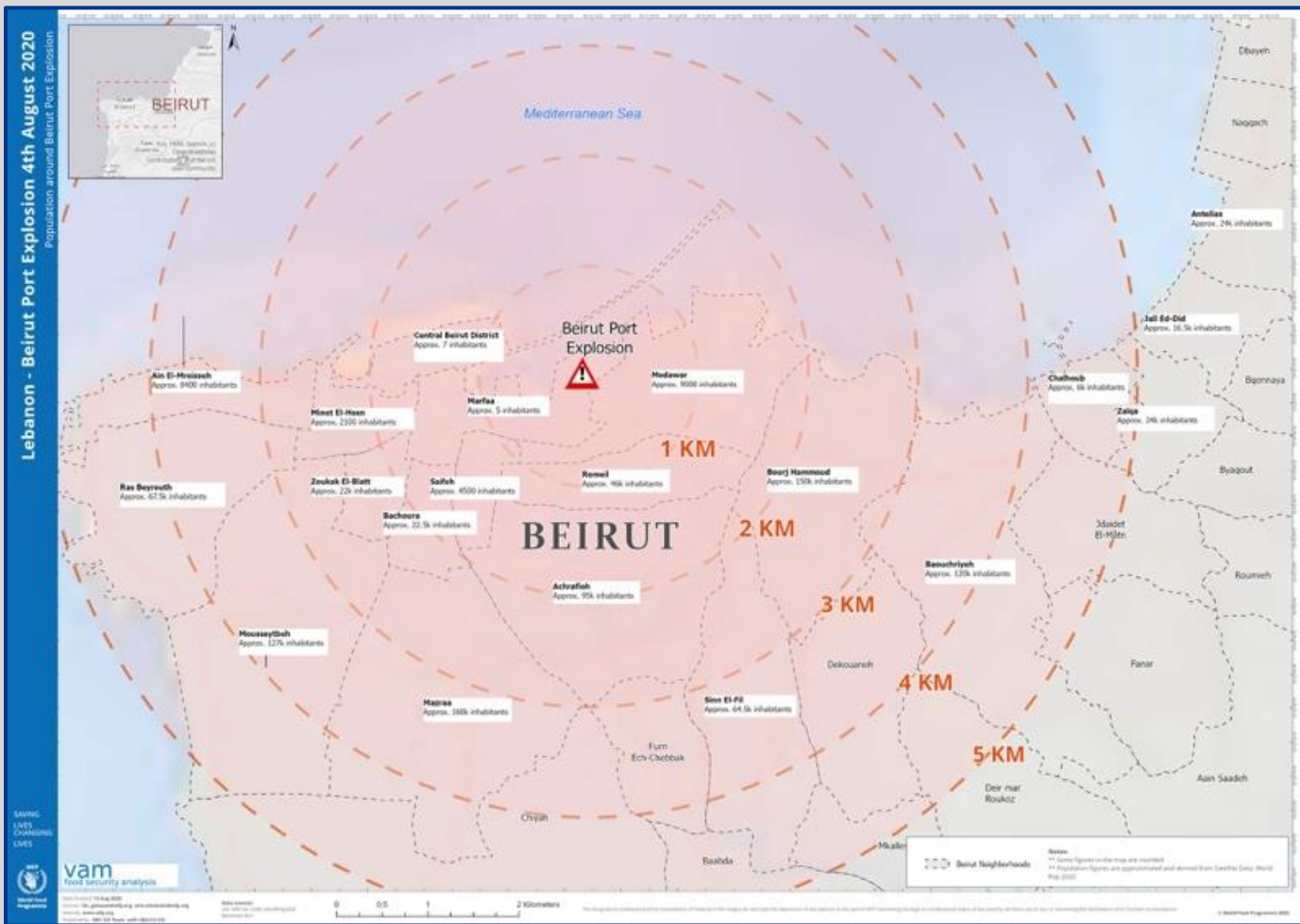
The assessment was carried out through a questionnaire made of closed-ended questions. The tool was developed and revised by Terre des Hommes Italy Technical and MEAL teams. Data was collected using KOBO and does not constitute a representative sample. Therefore, the results of the assessment cannot be considered representative of the groups surveyed nor of the overall situation in the surveyed locations. Qualitative information deducted from the data collection and analysis was complemented through direct observation by the field team during activity implementation and through individual interviews to collect personal stories. Such direct observation does not have a statistical value, neither has it been part of the data analysis, but is aimed at providing a more in-depth understanding of the situation through the personal experience of individuals affected by the blast.

The assessment covers the following 12 primary and secondary areas affected by the blast:

Achrafiyeh, Basta Faouka, Basta Tahta, El Aamliye, Jisr, Khodr, Mar Mkheyl, Mazraa, Medouar, Moussaitbe, Zoqaq el Blat, and Borj Hammoud.

Primary affected areas are those located within 2 kilometers from the blast epicentre, such as Achrafiyeh, Medouar, Zoqaq el Blat, Borj Hammoud, Mar Mkheyl, and Khodr.

Secondary affected localities are El Aamliye, Moussaitbe, Jisr and Mazraa.

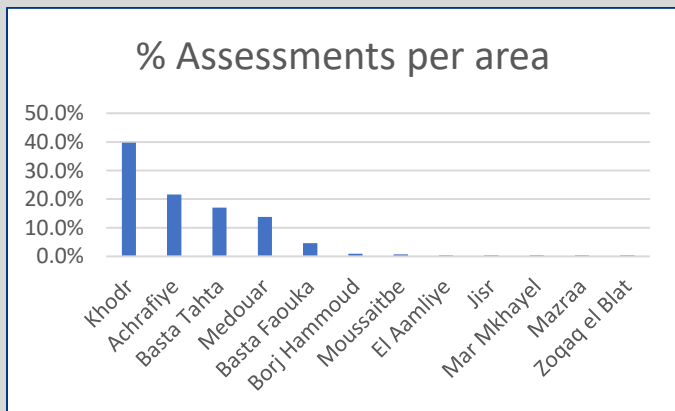


MAP_BEIRUT PORT EXPLOSION
© World Food Programme

Between the 14th and 28th of August 2020, Terre des Hommes Italy trained frontline workers conducted the assessment in the selected localities; the interviewees were randomly identified in streets and through door-to-door visits within the affected areas. Throughout the assessment, Terre des Hommes Italy staff abided by all measures to prevent the spread of COVID-19, including hygiene requirements, physical distancing and use of Personal Protection Equipment.

During the two-week fieldwork, **305 assessments were carried out** (1 person was interviewed in each HH), distributed as follows:

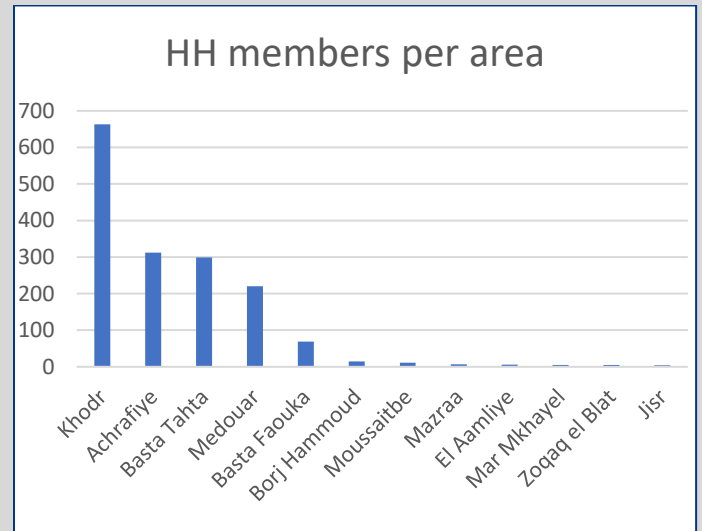
- 121 HH (39.7 %) in Khodr
- 66 (21.6 %) in Achrafiyeh
- 52 (17 %) in Basta Tahta
- 42 (13.8 %) in Medouar
- 14 (4.6 %) in Basta Faouka
- 3 (1%) in Borj Hammoud
- 2 (0.7 %) in Mousaitbe
- 1 (0.3 %) in El Amilyeh, Jisr, Mar Mkhayel, Mazraa and Zoukak El Blat.



GRAPH 1 _ ASSESSMENTS PER AREA

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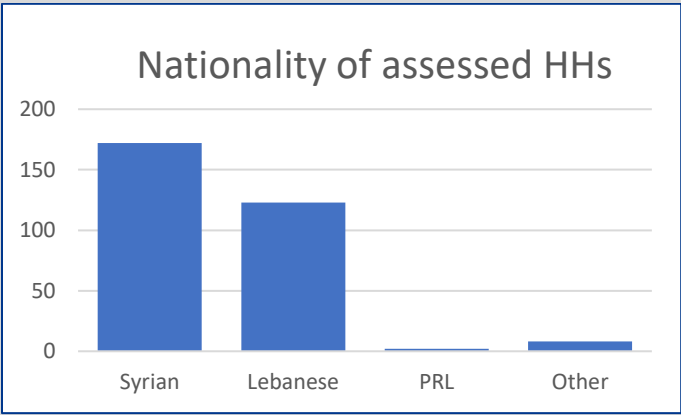
In total, the 305 HHs counted **1616 members**, of which 663 in Khodr (41%), 312 (19%) in Achrafiyeh, 299 (19%) in Basta Tahta, 220 (14%) in Medouar, 69 (4%) in Basta Fauqa, 15 (1%) in Bourj Hammoud, 11 (1%) in Moussaitbe, and 27 (2%) in the remaining areas.



GRAPH 2 _ HOUSEHOLD MEMBERS PER AREA

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The explosion impacted everyone in Beirut and its suburbs, regardless of their nationality. Terre des Hommes Italy assessment was carried out randomly and reached **172 (56%) Syrians HHs, 123 (40%) Lebanese HHs, 2 (1%) Palestinian Refugee in Lebanon HHs and 8 (3%) HHs from other nationalities (4 Bengali HHs, 2 Egyptian HHs, 1 Sudanese HH and 1 Ethiopian HH)**. The considerable percentage of Syrian refugees may be related to the high vulnerability rate of the assessed areas, where an important number of refugees live.

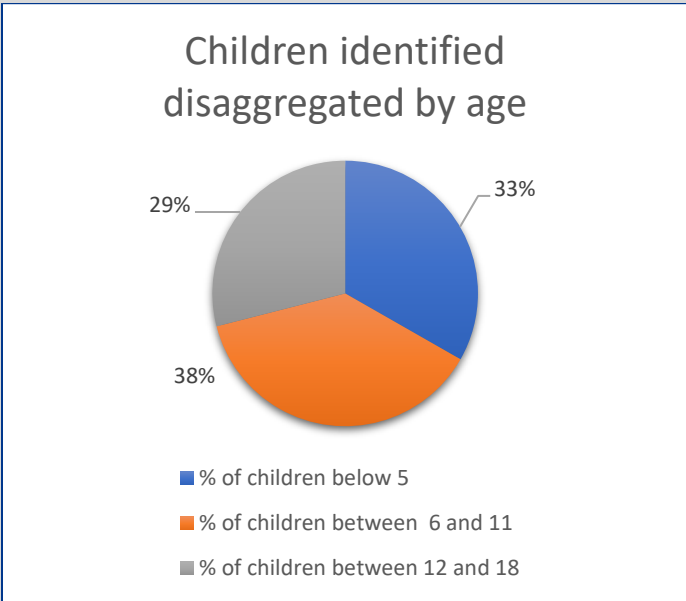


GRAPH 3 _ ASSESSED HOUSEHOLDS NATIONALITY

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Overall, 681 adults and 935 children (475 boys and 460 girls) were identified. 302 out of the 305 HHs surveyed had children. Children belong to the following age groups:

- **33.3% (311) below 5 YO**
- **37.8 % (353) between 6 and 11 YO**
- **29% (271) between 12 and 18 YO**



GRAPH 4 _ IDENTIFIED CHILDREN

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SHELTER AND RELIEF

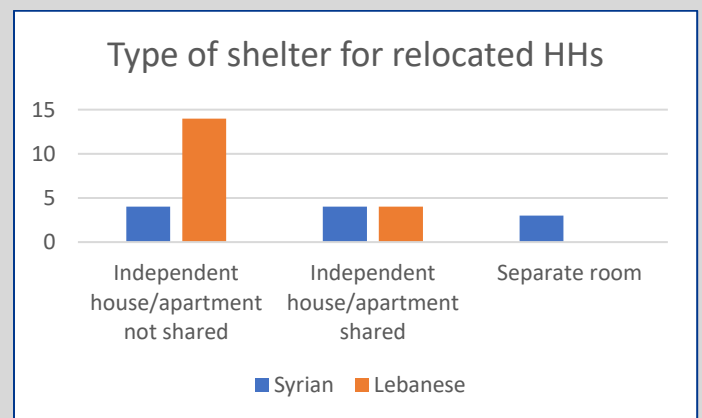
'My work with the children keeps me sane, with all that we've been through, even though I feel my contribution is just a drop in the sea', admits Terre des Hommes Italy CP animator Myrna, who shares with the entire team the wish to fully support the affected population in these difficult times.

The explosion resulted in extensive damage of the areas surrounding Beirut Port. UNDP estimates that 200,000 housing units were affected, together with some 50% of all Beirut establishments⁷. Many families lost their homes and were forced to relocate to a new place.

At the moment of the assessment, 79.8% (241) of the 302 respondents lived in rented places, 15.2% (46) lived in a self-owned property, 3.3% (10) were hosted for free and 1.7% (5) lived in rented places in exchange for work. Among the ones who do not own an apartment, 48.4% lived in a rented apartment/independent house, 30.5% in a shared apartment, 18.4% in a separate room, and 2.7% in a collective shelter, warehouse or garage. Out of 302 respondents, 54.6% lived in a rented apartment/independent house, 26.8% in a shared apartment, 15.9% in a separate room, and 2.7% in a collective shelter or garage.

Due to the impact of the blast, 9.5% of the HHs surveyed (29 out of 305 HHs) were forced to relocate from their homes. More than half (17) were residing in Medouar/Karantina while the others were distributed among other surrounding areas, mainly Achrafiyeh and Sin el Fil. They relocated to Khodr (22), Medouar (3), Achrafiyeh (2) and Basta Faouka (2). Four of the 29 HHs forced to relocate declared they will not be able to go back to their homes due to the extent of the damage.

Among those forced to relocate, 11 were Syrian HHs and 18 were Lebanese HHs. Four Syrian HHs moved to rented apartment/independent home, four moved to a rented shared home and three moved to a rented separate room in a house. 14 Lebanese HHs moved to a rented apartment/independent home while four moved to a rented shared one.



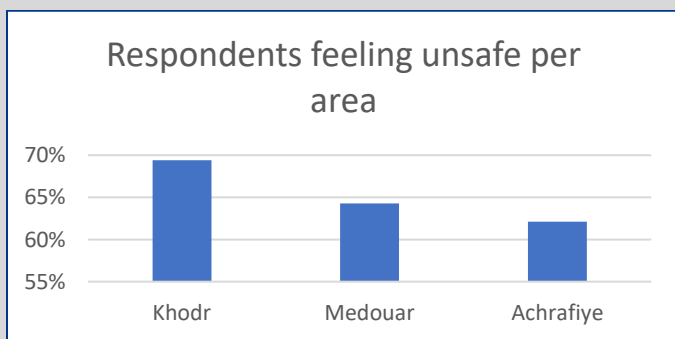
GRAPH 5 _ TYPE OF SHELTER

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⁷ OCHA Beirut Port Explosion SitRep #8

The destruction of one's home and sudden relocation can have a huge negative impact on one's life and sense of safety, as it may interrupt community connections, destroy memories and impact financial assets. In addition to the loss and grief experienced in relation to death, injuries and loss of material assets, events of this kind can cause disruption in daily routines and can have a particularly negative effect on children, as these situations are likely to be followed by long periods of instability for the family.

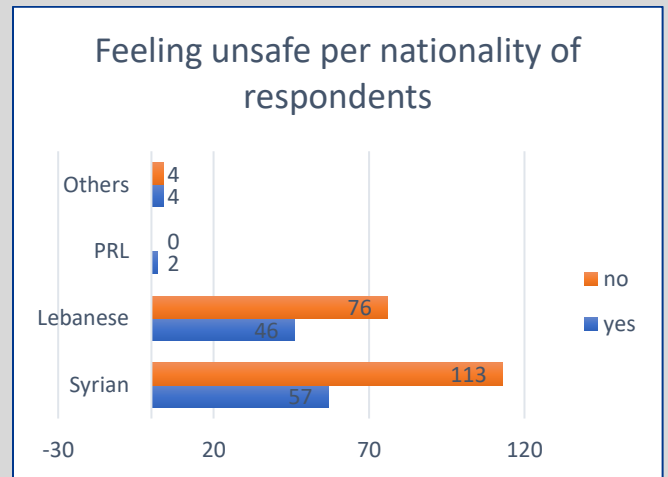
In fact, when asked about whether or not they felt safe at their current location, the vast majority of people (63.3% - 193 HH Members) mentioned they don't feel safe while only 36.7% (109 HH Members) reported they do. People in the most affected areas reported the highest level of insecurity: 69% in Khodr, 64% in Medouar, 62% in Achrafiyeh.



GRAPH 6 _ FEELING UNSAFE

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Lebanese and Syrian HHs both reported similar level of insecurity in their place of residence following the blast; 66% of Syrian HHs reported feeling unsafe (113 out of 170 HHs), and 62% of Lebanese HHs (76 out of 122 HHs).

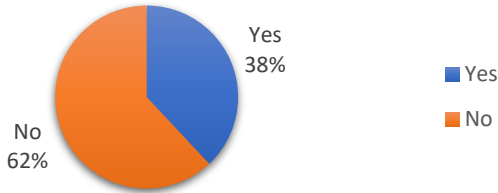


GRAPH 7 _ FEELING UNSAFE PER NATIONALITY

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In terms of humanitarian response, it is interesting to note that, despite the huge mobilization of financial and human resources from Donors, the Lebanese Government and (I)NGOs, only 38% (116) of the respondents reported they have received aid at the time of the survey (between two to three weeks after the Blast), while 62% mentioned they have neither been contacted by any organization nor provided with any sort of assistance.

HHs reporting to have received assistance

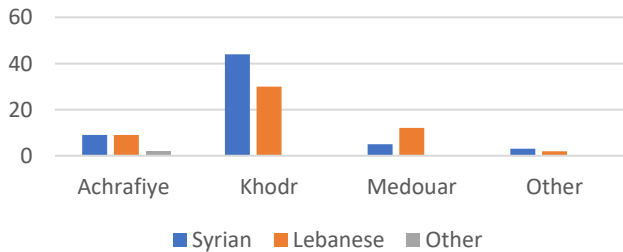


GRAPH 8 _ CONTACTED BY OTHER AGENCIES

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These results might constitute an underestimation of the actual number of people who received support, as some respondents may think that a positive answer would preclude them from receiving additional or future aid. Nonetheless, secondary sources also suggest that families reported being visited by many NGOs especially for rehabilitation purposes, but very few are then receiving the help needed. Respondents have also reported a lack of coordination among the NGOs.

Aid received per nationality per area

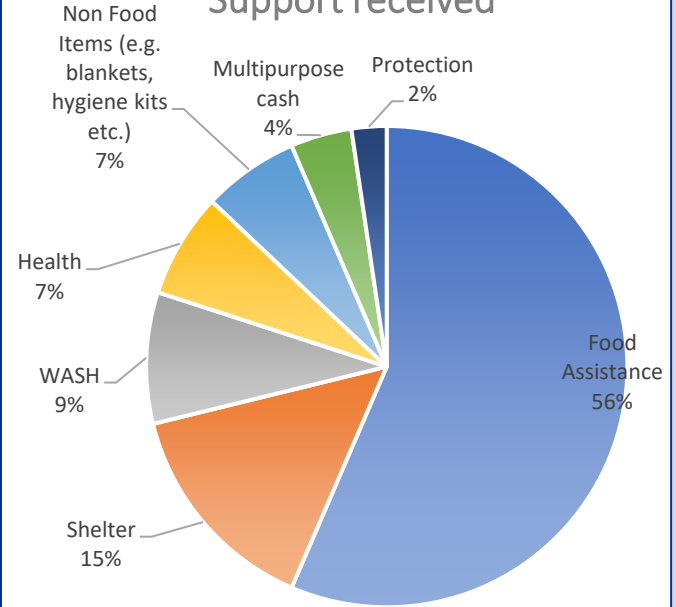


GRAPH 9 _ AID RECEIVED PER NATIONALITY

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According to the answers received, the majority of the support received focused on Food Assistance (56%) and Shelter (15%), while only 2% of the support provided by aid actors encompassed protection services, which sheds the light on the necessity of increasing the focus on protection both as a stand-alone intervention as well as a mainstreaming approach within other types of assistance provided.

Support received



GRAPH 10 _ HOUSEHOLD MEMBERS PER AREA

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KEY FINDINGS

- 63.3% of relocated families do not feel safe at their current location
- 62% of the surveyed households reportedly did not receive any aid after two to three weeks of the blast

EDUCATION

‘My mom got injured on the hand, and my brother got three stiches’, a child recalled during an activity in Karantina ‘And I would like to add, that I miss my buffoon schoolmate’

Among the data collected, a specific section was dedicated to educational needs of school-aged children. On March 2nd, in an effort to contain the COVID-19 outbreak, the Government of Lebanon closed all schools and educational institutions in the country. In line with this decision, all Non-Formal Education service providers closed their centres as well to ensure the health and safety of all learners and teachers.

As widely acknowledged, interruptions to education can have long term implications, especially for the most vulnerable children, who, being deprived of their right to education, are more exposed to health and well-being risks (including psychosocial). Moving learning from classrooms to homes on such short notice presented enormous challenges, both human and technical. Similarly, parents were unprepared for distance learning and home schooling; this created additional pressure on them as they were expected to facilitate the learning of their children at home, and many struggled to

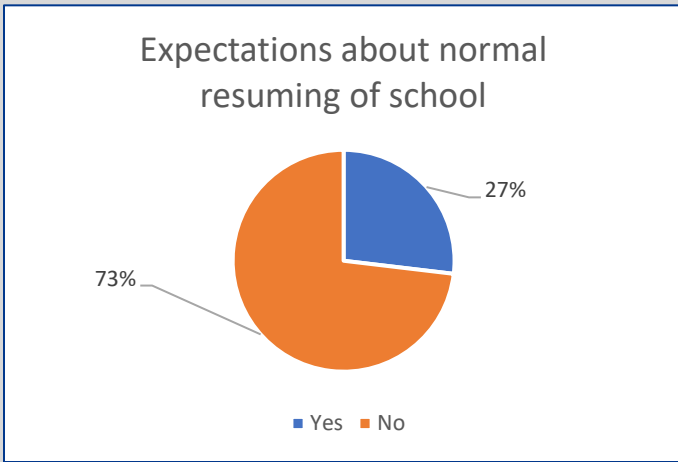
perform this task, for example due to lack of time or low level of literacy. Furthermore, since schools are hubs of social activity and human interaction, many children and youth have been deprived from a critical form of socialization; a basic need that is essential to learning and development.

Clear plans on how access barriers to Formal and Non-Formal Education will be tackled during school year 2020/2021 are not yet established, however, children living in the areas affected by the blast will face many challenges returning to school.

Forty percent of the assessed families⁸ reported that their children’s school (74 public, 34 private, 10 semi-private and 4 other types of schools) were affected by the blast.

Nonetheless, data collected indicate that the impact of the emergency on schooling seems much more important, as 73% of respondents mentioned they are not expecting their children to be able to resume school normally in the next scholastic year. This is particularly worrying considering that schools are supposed to reopen on September 28th; yet it should be not entirely seen as a fear related to the blast only, as the growing COVID-19 pandemic represents a major barrier to education as well.

⁸ Total number of respondents is in this case 302, as 3 of the assessed families had no children



GRAPH 11 _ RESUMING SCHOOL

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Education services (both formal and non-formal), either in-person or through remote modality, should be prioritized, as both children and caregivers are already paying a high price for the prolonged school closure.

KEY FINDINGS

- 40% of interviewed families reported that their children's school was affected by the blast
- 73% of respondents do not expect their children to be able to resume school normally in the next scholastic year

CHILD WELLBEING

'Only a military barrack separates our building from the explosion site. From our second floor, we saw everything', narrates the mother, weighed by the consequences of the shock her family has undergone. 'Here is the smoke, these are the people running away', says her daughter holding her drawing in her hand.

The impact of emergencies on children is critical. Research has proven that children's wellbeing and resilience are impacted by their unique temperament, available sources of support, age and cognitive ability, pre-existing stresses, and histories of dealing with adversity. Whereas some children are highly resilient, others may be more vulnerable and less able to cope with stressors. Nonetheless, being exposed to traumatic events such as the horrifying explosion in Beirut can lead to several stress reactions in children. However, these normal reactions to abnormal situations, when left unattended and cared for, could create psychological traumas that would require specialized interventions.

Major events like the Beirut Port Blast can affect children and families that were not physically harmed by the explosion, yet emotionally affected to the point of needing psycho-social assistance. Secondary trauma resulting from witnessing, hearing or even wondering about affected individuals can

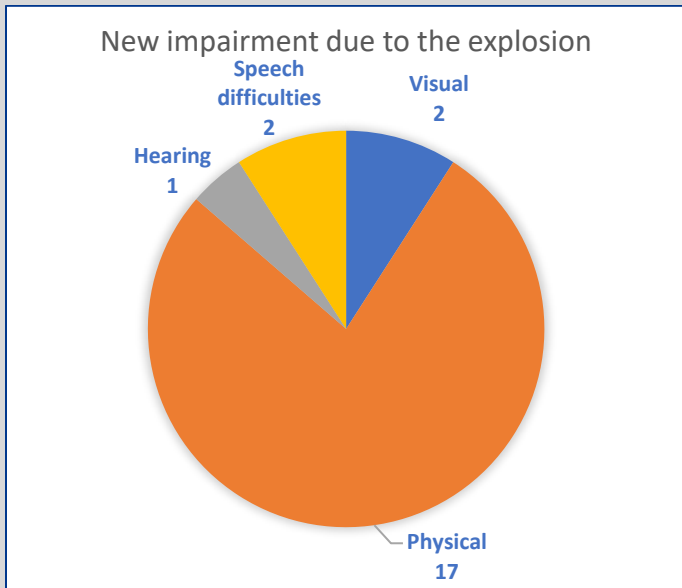
create psychological distress and eventually result in post-traumatic reactions.

Data collected show that **47% of surveyed families are dealing with challenges and specific vulnerabilities**. This additional adversity is likely to exacerbate problems and struggles, leading to further need for assistance.

In fact, 143 HHs reported that at the moment of the interview, at least one member of their HH had some kind of vulnerability, reaching a total of 186 HH members with vulnerabilities such as chronic diseases and severe medical conditions (79), physical or cognitive disability (19), pregnant and lactating women (30), single head of HH (4), unaccompanied, separated or orphan children (6), in conflict with law (4) and hospitalized due to the explosion (45). Of these vulnerabilities, 68 relate to mothers, 34 to fathers, 18 to children aged 0-5, 19 to children aged 6-11, 26 to children aged 12-17 and 21 to other members of the HH.

In addition to the above, **19 HHs (6% of respondents) reported 22 new temporary or permanent impairments within their family as a result of the explosion⁹**. The majority of new impairments were physical (77%), while some were visual (9%), others related to speech difficulty (9%) or hearing difficulty (5%).

⁹ Disability breakdown: 3 mothers, 2 fathers, 6 children aged 0-5, 3 children aged 6-11, 7 children aged 12-17



GRAPH 12 _ SPECIAL NEEDS

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While highlighting the numbers of new impairments that resulted from the blast, it is worth mentioning how such event can affect children’s and adults’ psychological wellbeing on a long-term basis. Losing sight, hearing, speech or getting physically impaired could be experienced through a grieving process over the sensation that was once part of one’s daily life but suddenly was lost, taken away unwillingly.

In addition, and taking into consideration the complex situation, families are going through, children may not be able to grieve properly and find it difficult to process the traumatic experience, especially if they have lost their homes as well. Homes can be strongly associated to safety and protection but also to geographical references (i.e. streets), and symbolic possessions (i.e. photographs, games etc.), both serving as important reminders of

their life and identity. This is where specialized help assists children and adults to express feelings such as resentment, loss and grief.

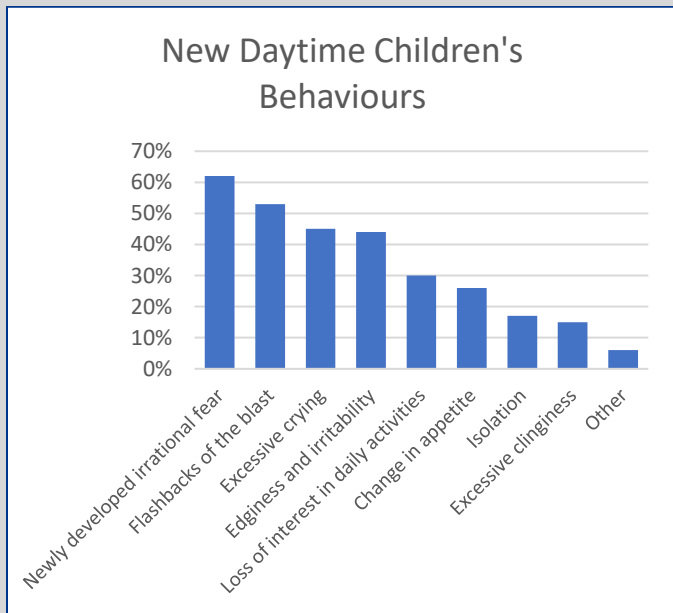
The assessment demonstrates the **devastating impact on the children’s wellbeing resulting from the Beirut blast**. 270 caregivers (88.5% of respondents) reported that their children are experiencing new behaviours and feelings, with a steady average - between 80 and 100% - among the different areas.

In addition to that, **the traumatic events seem to affect children within the different age groups almost equally**: 91% among young children (0 to 11 years old) and 92% among adolescent children (12 to 17 years old). However, the severity of symptoms experienced and displayed by children would differ based on many factors including, but not limited to, their level of resilience, their previous experience of stressful events and their support networks that would mainly consist of their family or caregivers. The latter is quite critical in this specific situation since the caregivers may have also suffered from the traumatic experience and might require assistance as well.

Furthermore, new feelings and behaviours among children often manifest at the same time and in a variety of ways. These new feelings and behaviours are common both during daytime and night-time. Among those experiencing new feelings

and behaviours, 62% of respondents (167 out of the 270 respondents) reported that their children expressed irrational fear during the day, while 44% (120) reported witnessing unusual edginess and irritability in their children.

Flashbacks of the moment of the explosion is an immediate and long-term symptom often experienced by survivors of such experiences: 53% (142 of the 270 caregivers) reported that their children are experiencing flashbacks; 45% (121) excessive crying; 30% (81) loss of interest in daily activities; 26% (71) change in their appetite; and 17% (47) the tendency to isolate themselves.



GRAPH 13 _ DAY BEHAVIOR

© Terre des Hommes Italy

Concerning new behaviours displayed at night, 39% (106 out of the 270 respondents) reported that their children are afraid of sleeping

alone at night; 35% (94) that they suffer of constant nightmares; 34% (92) of interrupted sleep cycles; 21% (57) of bedwetting; and 30 % (80) said that their children exhibit excessive crying before sleep. These are common reactions to traumatic events.

Since children who have experienced a traumatic event often have difficulty identifying and managing their emotions, or may have limited language to verbalize their feelings, reactions to stressful events are often expressed through behavioural symptoms like the ones mentioned above. Newly developed behaviours, especially in younger children, can disrupt emotional routine and create interruption in the child's emotion processing capacity, which can lead to intense crying and fears.

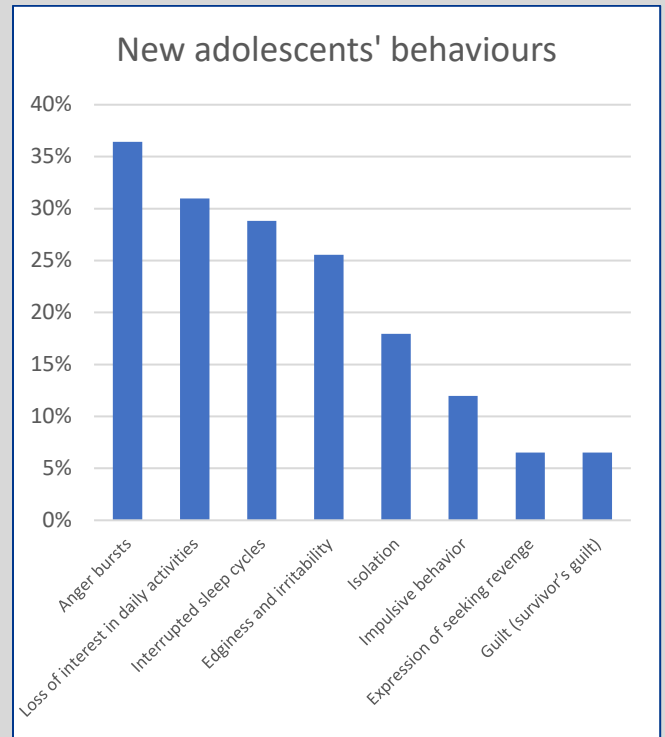


GRAPH 14 _ NIGHT BEHAVIOR

© Terre des Hommes Italy

Specific information has been collected to assess the specific impact on adolescents (12 to 17 years old). In fact, **adolescence** is a challenging phase: children of this age face many physical changes in their bodies, strive for independence from their parents, and tend to feel unbeatable, which can bring them to internalize their feelings and direct them externally towards risky or challenging behaviours. Consequently, adolescents experiencing traumatic events can feel that they have lost control of their lives and therefore may process the event through resentment, displayed in forms of anger and loss of interests.

Among interviewed caregivers who have adolescents at home; 31% reported having observed in their adolescents a loss of interest in daily activities; 29% interrupted sleep cycles; 36% had anger bursts; 26% displayed edginess and irritability; 18% isolated themselves; and 12% displayed impulsive behaviours.

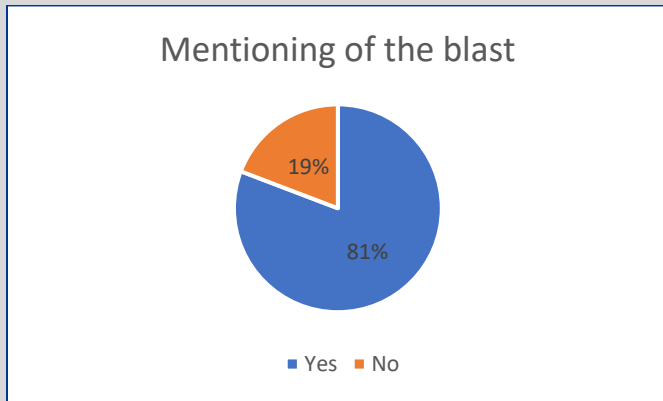


GRAPH 15 _ ADOLESCENTS' BEHAVIOR

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Although reactions may be different from one child to another, and from one age group to another, it is important to be sensitive to the child's behaviour and to his/her perception of the situation. The implications of a traumatic experience may leave short- or long-term impact on children according to several factors, including the support they receive. For example, the assessment shows that 81% (244 of the 302 HH members) reported that their children often mention the moment of the blast throughout the day. Such behaviour is common and usually has a short-term effect on the child's wellbeing; yet it might worsen if no supporting strategies are employed to help the child to overcome the incident.

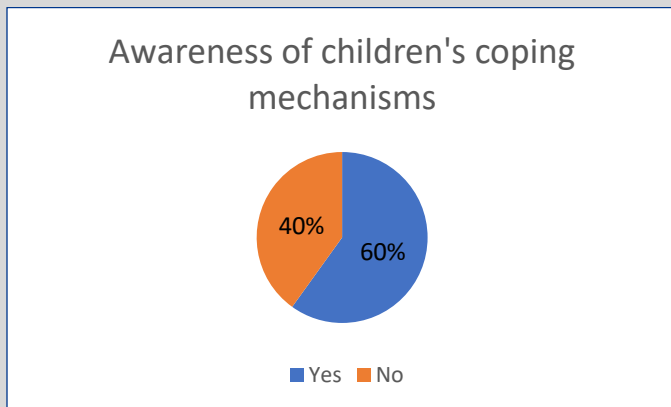
Support could be sought within the family or community. Activities that restore normalcy to their lives, such as returning to school, should also be offered to enable communities to meet their basic needs, as in many cases caregivers do not have the capacity to cope with their children's distress alone.



GRAPH 16 _ MENTIONING OF THE BLAST

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It is worth noting that an important number of caregivers (121, amounting to the 40%) are not aware of ways to support their children or any coping mechanisms that could help their children in dealing with the traumatic experience.

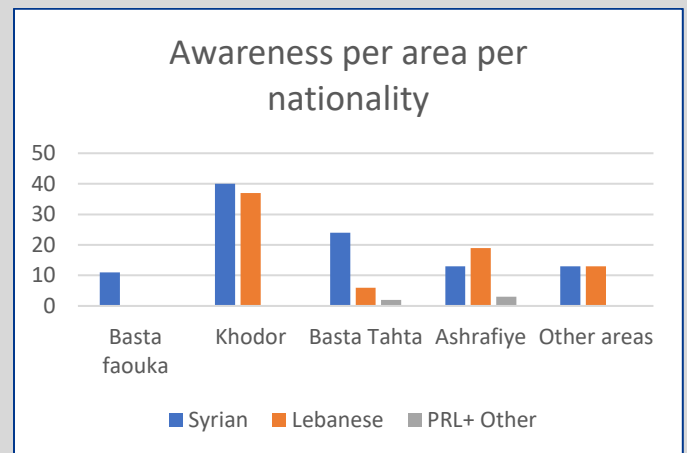


GRAPH 17 _ AWARENESS OF CHILDREN COPING MECHANISMS

© Terre des Hommes Italy

The areas of Khodr, Basta Tahta, Achrafiyeh and Medouar are those where HHs surveyed most often reported feeling unsafe, while also being the areas where HHs reported having less knowledge about coping mechanisms. This highlights the importance of considering psychosocial support and mental health interventions as a priority within emergency response in these areas.

Among those (181) who reported some level of awareness about coping mechanisms to help out their children to overcome fears, 55.8% are Syrians and 41.4% are Lebanese and 2.8% are PRL or others.

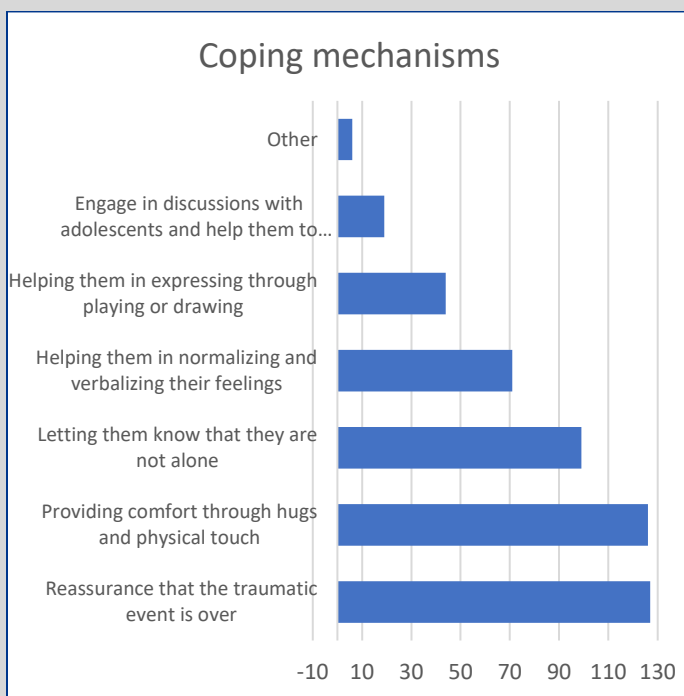


GRAPH 18 _ AWARENESS PER AREA PER NATIONALITY

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The 181 caregivers who reported being aware of positive coping strategies were able to support their children to overcome the traumatic stress with a variety of positive behaviours and strategies, some of them employed at the same time. 70% stated that they are providing comfort through

hugs and physical touch, 55% responded they were letting their children know that they are not alone, 39% of the HH members are helping children in normalizing and verbalizing their feelings, 24% reported they are helping them in expressing themselves through playing or drawing, while 10% of the family members and caregivers are engaging in discussions with adolescents to help them voice out their anger.



GRAPH 19 _ COPING MECHANISMS

© Terre des Hommes Italy

All this is very important, since children and adolescents who were exposed to the Beirut Blast may become overwhelmed when faced with adversity in the future and feel that their environment is not a safe place. Positive coping strategies may help children increase their resilience and support them in reacting to triggers and fears,

while improving their capacity to process difficult emotions.

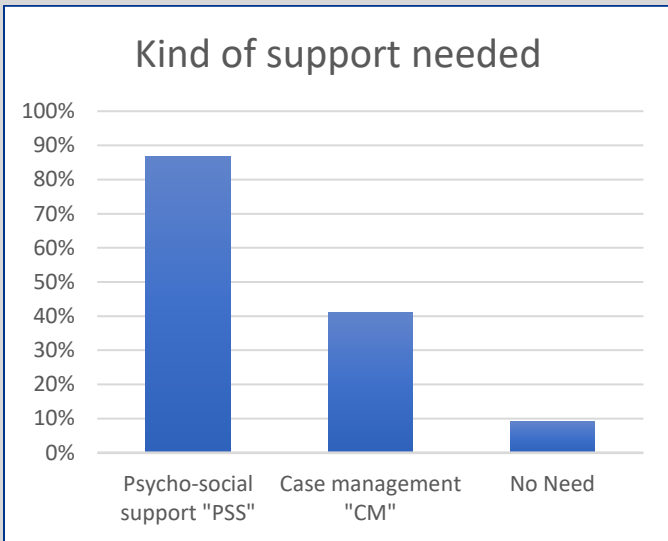
During interviews, HHs were also asked if they feel their children need psychosocial or psychological support. In order to get informed answers, Terre des Hommes Italy staff explained to the responders what is the difference between the two types of support and how activities are normally designed to strengthen resilience and coping mechanisms while supporting child development and child protection.



KARANTINA AREA IN BEIRUT

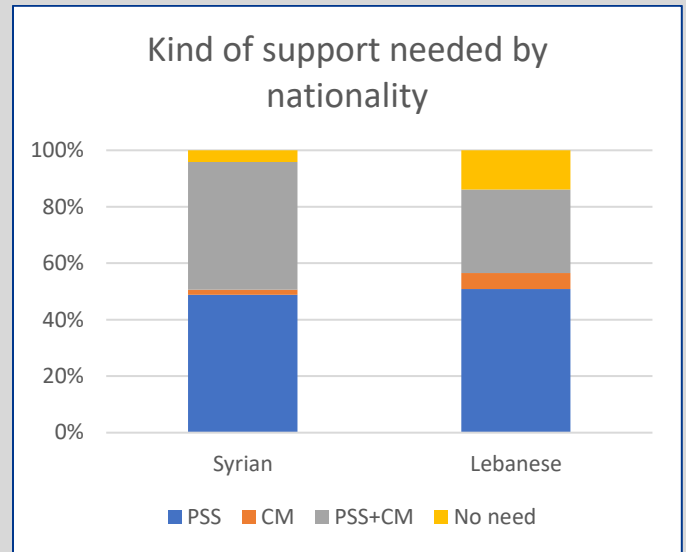
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Overall, **87% of caregivers reported that their children are in need for individual psycho-social support, while 41% of them requested an immediate intervention for their children and family through Case Management support.**



GRAPH 20 _ PSS NEED

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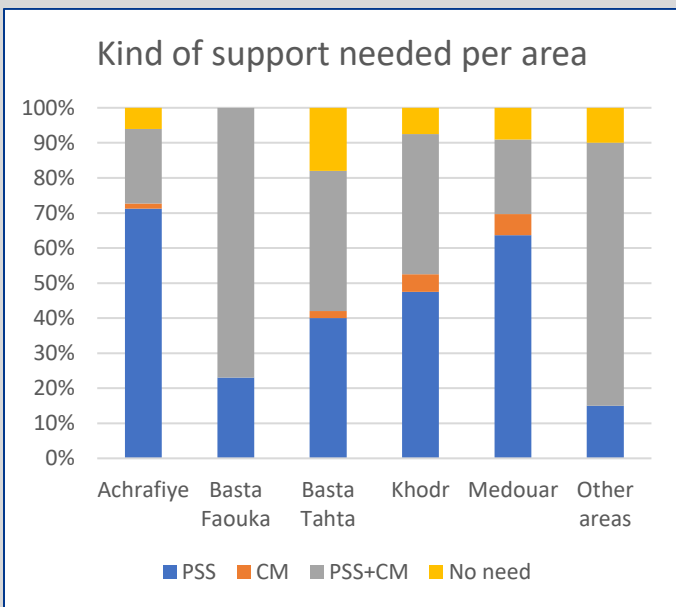


GRAPH 22 _ PSS NEEDS PER NATIONALITY

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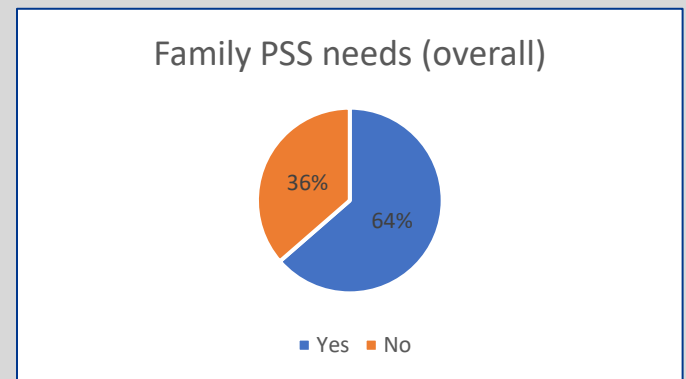
As shown in the table below, both Case Management and Psycho-Social Support are perceived as needed across all areas covered by the assessment.

Undoubtedly, the span of needs reaches the whole family and not only children, since the blast affected everyone. Overall, **64% of the 305 assessed HHs declared that the whole family needs psycho-social support.**



GRAPH 21 _ PSS NEEDS PER AREA

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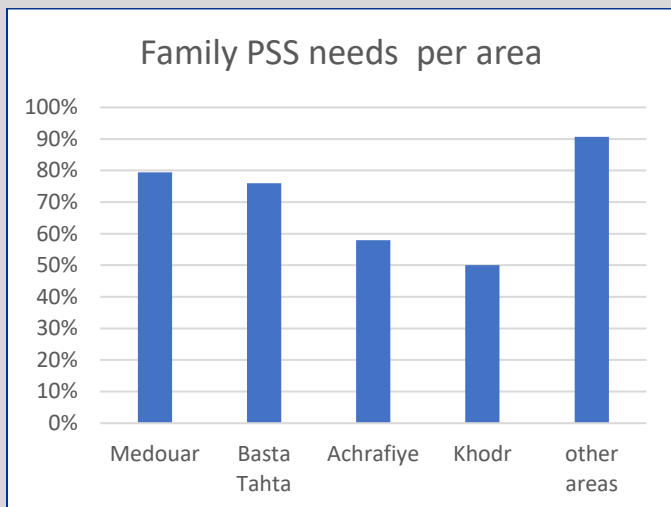
GRAPH 23 _ NEED OF PSS OVERALL

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families compared to 43% of the Lebanese families reported the need for PSS support.

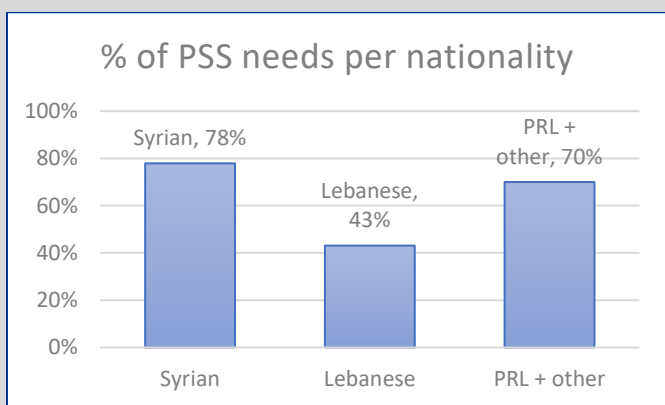
The higher percentage reported by Syrian families may be due to the fact that throughout the past eight years, Syrian refugees have been receiving different types of assistance such as shelter, cash and psycho-social support for their children and caregivers. Hence, they became more familiar with the existing services that can be provided in times of emergencies and relief. Consequently, they might be more likely to request PSS and Case Management from the agencies visiting their households.

The overall picture of what families expressed throughout the assessment questions and the stories collected during field visits can be considered as a reflection of the reality lived by the families affected by the blast, which did not segregate between ages, backgrounds nor nationalities. The physical damage of the blast such as the destruction of schools, homes, streets and personal properties is often related to the emotional ties that families and children have built throughout the years and are now replaced with rubbles and shattered memories in a matter of seconds. These damages have resulted in psychological distress experienced by adults and children and translated into new behaviours that are often considered as post traumatic symptoms following a life-changing stressful event.



GRAPH 24 _ FAMILY PSS NEEDS PER AREA

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GRAPH 25 _ FAMILY PSS NEEDS PER NATIONALITY

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The need of support was reported among all groups, regardless of the nationality of the respondents.

As reflected in the chart above, PSS and Case Management needs among children and families are higher among Syrian respondents and lower with Lebanese respondents. Indeed, 78% of the Syrian

Flashbacks of the event, development of irrational fears among young children and sense of losing control over one's life apparent with adolescents require focused psychosocial support immediately. Without immediate intervention, additional specialized and long-term support may be needed to help children and adults regain and retain the needed skills and abilities to cope with regular life events and to enhance their sense of well-being.

KEY FINDINGS

- 47% of the surveyed families were already dealing with challenges and specific vulnerabilities prior to the blast
- 270 caregivers (885% of respondents) reported that their children are experiencing new behaviours and feelings they have not experienced before
- 81% (244) of the HH members reported that their children often mention their memories of the blast throughout the day
- 40% of caregivers are not aware of any coping mechanisms that could help their children in dealing with the trauma and express their emotions.
- 87% of caregivers reported that children are in need for individual psycho-social support
- 41% of caregivers requested an immediate intervention for their children and families through Case Management support
- Overall, 64% of the 305 assessed HHs declared that the whole family needs psycho-social support
- 78% of the Syrian respondents reported needing PSS intervention for themselves or their family, compared to 43% for Lebanese respondents

IN SHORT

- 9.5% of the HHs surveyed were forced to relocate from their homes
- Four of the 29 HHs forced to relocate declared they will not be able to go back to their homes due to the extent of the damage
- The vast majority of people (633%) mentioned they don't feel safe at their current location while only 36.7% reported they do
- 47% of surveyed families are dealing with challenges and specific vulnerabilities
- 45 persons (3% of the sample) were hospitalized due to the explosion
- 19 HHs reported 22 new temporary or permanent impairments within their family as a result of the explosion.
- Only 38% of the respondents reported they have received aid at the time of the survey, while 62% mentioned they have neither been contacted by any organization nor provided with any sort of assistance.
- The majority of the support received focused on Food Assistance (56%) and Shelter (15%), while only 2% of the support provided by aid actors encompassed protection services
- 40% of the assessed families reported that their children's school was affected by the blast
- 73% of respondents mentioned they do not expect their children to be able to resume school normally in the next scholastic year
- 270 caregivers reported that their children are experiencing new behaviours and feelings: 62% of respondents reported that their children expressed irrational fears during the day while 44% reported witnessing unusual edginess and irritability in their children.
- 53% reported that their children are experiencing flashbacks; 45% excessive crying; 30% loss of interest in daily activities; 26% change in their appetite; and 17% the tendency to isolate themselves.
- Concerning new behaviours displayed at night, 39% (106 out of the 270 respondents) reported that their children are afraid of sleeping alone at night; 35% that they suffer of constant nightmares; 34% of interrupted sleep cycles; 21% of bedwetting
- Among interviewed caregivers who have adolescents at home; 31% reported having observed in their adolescent a loss of interest in daily activities; 29% interrupted sleep cycles; 36% anger bursts; 26% edginess and irritability
- 81% of the 302 HH members reported that their children often mention the moment of the blast throughout the day
- 121 HH members, amounting to 40%, are not aware of ways to support their children or any coping mechanisms that could help their children in dealing with the traumatic experience
- 87% of caregivers reported that children are in need for individual psycho-social support, while 41% of them requested an immediate intervention for their children and family through Case Management support
- 64% of the 305 assessed HHs declared that the whole family needs psycho-social support