



# **Situational assessment of young children and their families during the multi-layered crisis in Lebanon**

## **Situational Assessment Brief**



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## 1. Overview on ECD under the multidimensional crisis in Lebanon

Early child Development (ECD) is a critical period for setting the foundation for a child's physical, cognitive, emotional, and social development. Young children grow and develop best in a warm, caring, stimulating, and responsive environment that provides them the opportunity to play and explore their environment. This enables them to learn from their day-to-day exposure and stay protected from risk of danger, trauma, maltreatment, punishment, and other adverse life experiences. Research shows that investing in ECD can have long-term benefits for individuals, communities, and societies.

UNICEF indicates that investing in ECD can lead to significant economic benefits, with a return on investment of up to 17 times the initial cost. UNESCO has emphasized the role of quality early learning opportunities in promoting children's cognitive and social development. The World Bank's studies have shown that ECD interventions can help break the cycle of poverty by improving health outcomes, increasing educational attainment, and boosting earning potential. One of the key goals of the United Nation's Sustainable Development Goals (SDGs) is to ensure that all children have access to quality education, healthcare, and social support during the early years of their lives.

Young children in emergency settings live through experiences that can change their entire early life experiences and alter their life trajectories. An increasing number of children today are born into crises caused by violent conflicts and environmental erosion.

Young children may sustain deep emotional scars from witnessing violence, migrating under difficult physical conditions, and living in dangerous and stressful conditions for long periods of time. They also may be separated from their parents or primary caregivers. Moreover, crisis-affected children frequently lack access to adequate health care and early learning opportunities, face food and water shortages, and experience the loss of a parent or other caregiver, physical injuries, and other extreme challenges to survival, which increase their mortality rates.

In the Lebanese context, a middle-income country in the Eastern Mediterranean region, who has a high level of inequality, with significant disparities between wealthy and poor people, ECD action is getting complicated with the unprecedented multi-crisis that the nation is passing through.

The country has been facing multiple crises, including economic collapse, Beirut historical port blast, political instability, and the COVID-19 pandemic. These crises have had a significant direct impact on young children and their families.

- Economic challenges: The economic crisis has led to high levels of poverty and unemployment. Many families are struggling to meet their basic needs, including food, shelter, and healthcare. Children are also facing increased risk of child labor and



exploitation. The crisis led to a brain drain that resulted in a shortage of qualified teachers, educators, healthcare givers, ...

- Disrupted education: The COVID-19 pandemic and the economic crisis have led to disruptions in education time and quality, with many schools closing and families unable to afford educational expenses.
- Mental health concerns: The multiple crises have had a significant impact on the mental health of young children and their families. The Arab Network for Early Childhood (ANECD) reports indicate an increase in stress, anxiety, and depression among children and caregivers. The lack of access to mental health services and support has further exacerbated these issues.
- Healthcare challenges: The economic crisis and the COVID-19 pandemic have also led to significant challenges in accessing healthcare services, including immunization and other preventive healthcare services. The lack of access to healthcare is likely to have long-term consequences for young children's health and development.

Data gaps on ECD research at the national level aggravates the situation and includes:

- Limited research on the impact of ECD interventions
- Lack of coordination among stakeholders
- Insufficient attention to the needs of vulnerable groups

Demographic and economic indicators that are directly affecting ECD services in the country:

- Population growth: Lebanon has experienced steady population growth over the past decade, with an estimated population of 6.5 million in 2021. This growth has placed a strain on resources and infrastructure, including ECD services.
- Economic crisis: Lebanon is facing an ongoing economic crisis, with high inflation, unemployment, and a significant decline in the value of the local currency. This crisis has led to a shortage of funding for ECD services, and many families are struggling to provide basic needs for their children.
- Political instability: Lebanon is facing a prolonged period of political instability, which has had a significant impact on the provision of ECD services. The lack of a stable government has made it difficult to implement policies and programs that support ECD.
- Refugee crisis: Lebanon is home to over 1.5 million refugees, including over 900,000 Syrian refugees. This crisis has placed a significant strain on resources, including ECD services, and has led to overcrowding in schools and daycare centers.
- Gender inequality: Gender inequality remains a significant challenge in Lebanon, with women and girls often facing limited access to education and other resources. This can have a significant impact on ECD, with girls less likely to have access to quality ECD services and more likely to face discrimination and disadvantage.
- COVID-19 pandemic: The COVID-19 pandemic has had a significant impact on ECD services in Lebanon, with many centers and schools closing down temporarily or permanently. This has led to a significant disruption in early childhood education and care.



These changes, in addition to the 4<sup>th</sup> of August historic blast, have had a profound impact on children's lives in Lebanon, with many experiencing poverty, food insecurity, lack of access to education and healthcare, and trauma.

The Arab Network for Early Childhood (ANECD) has been working to address these challenges by providing support to families and caregivers, promoting access to education and healthcare services, and advocating for policies that prioritize the well-being of young children.

The five interdependent domains of ECD:



## 2. Context and objectives of the situational assessment

It is very important to research and monitor the status of the 5 domains of ECD in Lebanon to ensure that children are obtaining a proper holistic care and growth, health, and maturation of socio-emotional, cognitive, language, and psychomotor development during early childhood.

The purpose of this research is to assess the early childhood care and development situation of young children and their families during the multi-dimensional crisis in Lebanon, in an aim to fill the below objectives related to ECD and help in its advancement on the national and regional levels.

- Learn more about young children under eight care and development and the challenges facing their families during the multi-layered crisis
- Examine cross-country and -sectoral data
- Anticipate related trends and issues that may affect young children under 8 and their families during the multi-dimensional crisis
- Identify related community wants, needs, and assets
- Help setting ECD priorities on the national level
- Raise recommendations and policy briefs for policymakers



- Orient funders and ECD stakeholders in the country

#### *Methodology and research design of the assessment*

The situational analysis report adapted a mixed methodology which helped exploring both quantitative and qualitative inputs. Along with the desk review, data collection for this assessment gathered information from the 5 governorates of Lebanon: Beirut, Bekaa, Mount of Lebanon, South, and North, through a scheme founded on three sources i) face-to-face questionnaires with parents and primary caregivers reached through partner organizations, ministries, and schools ii) online survey tool, where 1379 questionnaires were filled by families and iii) Focused Group Discussions (FGDs) with parents, teachers, and healthcare providers. Triangulation was adopted to help separate common and uncommon data from each method. This confirmed the research findings and reliability.

The data collection tools included 9 sections covering:

- Demographics
- Milestones and children development
- Education
- Health
- Nutrition
- Social and emotional development
- Changes brought by Lebanon crisis
- Children mental health
- Caregivers' mental health

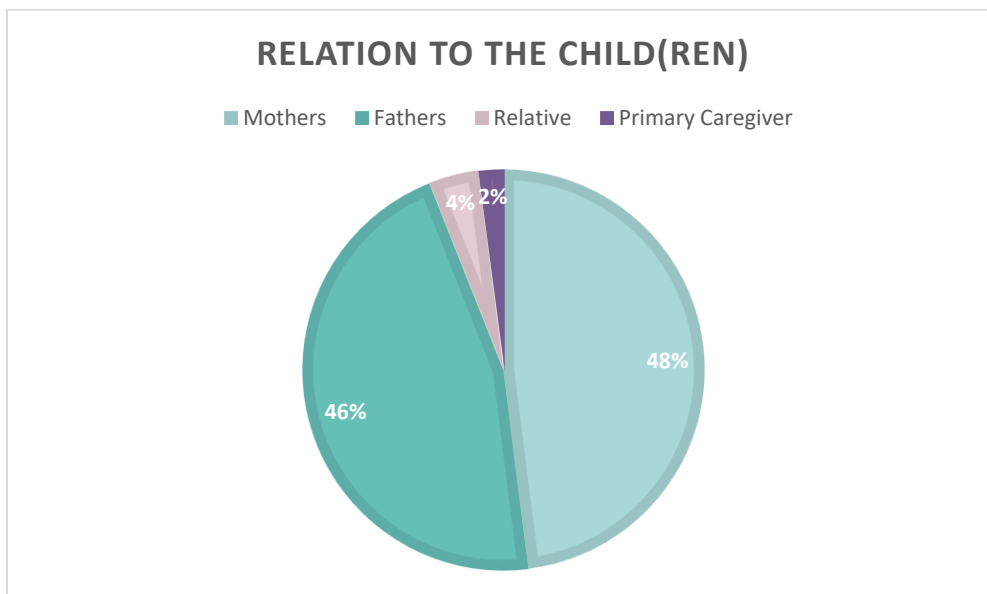
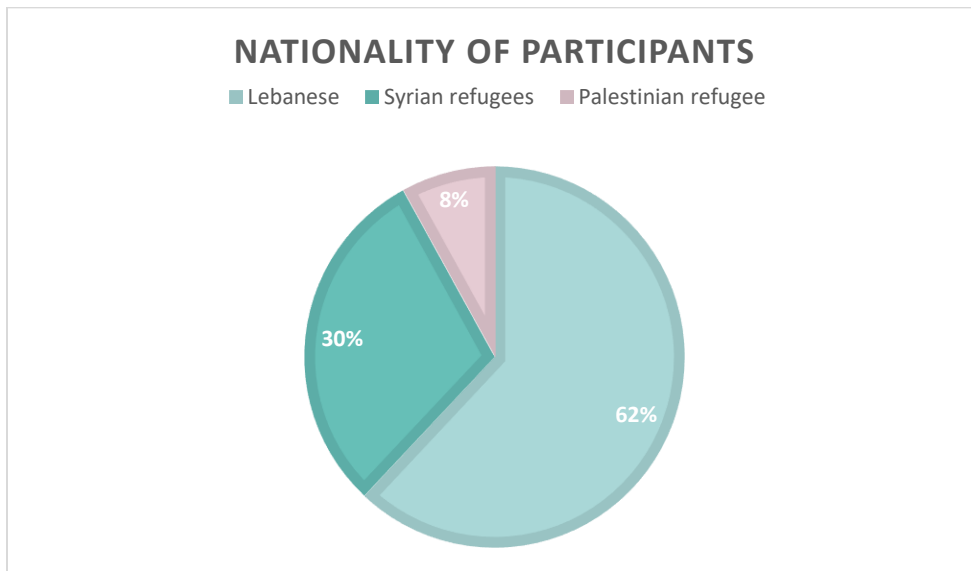
### **3. Main findings and results**

The main findings of the nine sections of this study are the following:





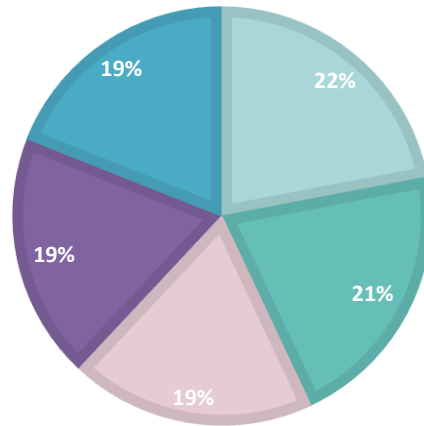
● Demographics





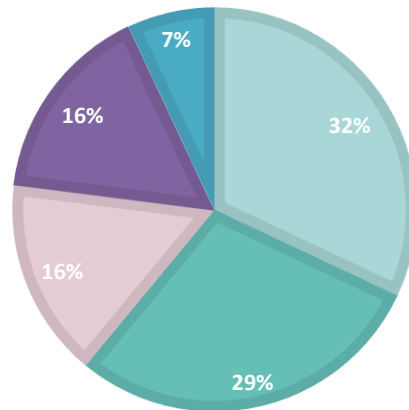
### GOVERNORATES

■ Mount Lebanon ■ Beqaa ■ North Lebanon ■ Beirut ■ South and Nabatieh



### EMPLOYMENT STATUS

■ Unemployed ■ Full-Time Employed ■ Part-Time Employed ■ Self Employed ■ Other

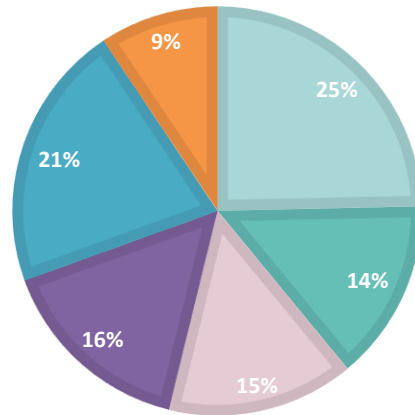






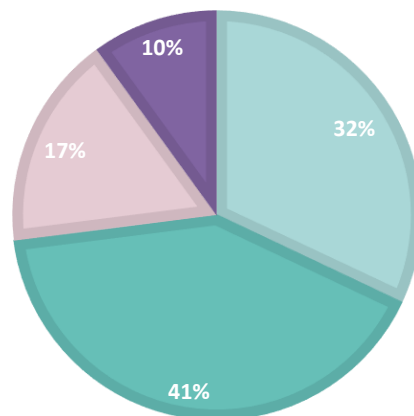
### EDUCATION LEVEL OF PARENTS AND CAREGIVERS

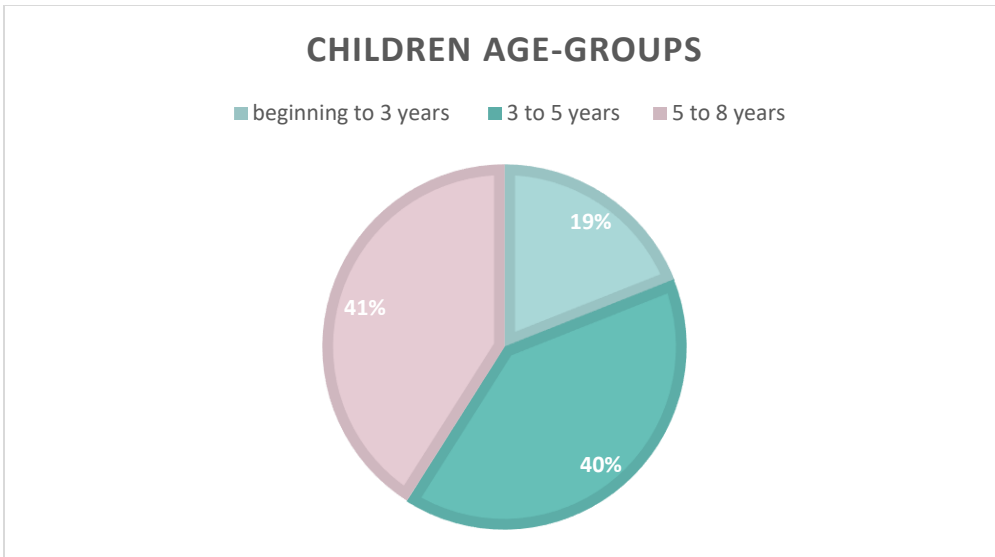
- University Degree
- Secondary School
- Complementary School
- Elementary School
- Can Read and Write
- Illiterate



### PERCENTAGES OF CHILDREN UNDER 8 YEARS OF AGE IN THE HOUSEHOLD

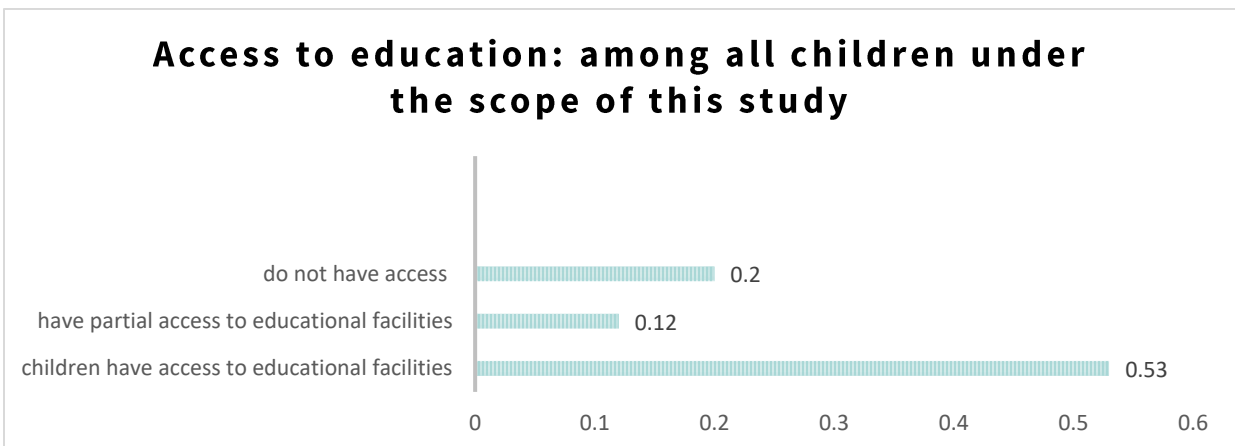
- have one child
- have 2 children
- have 3 children
- have 4 children or more



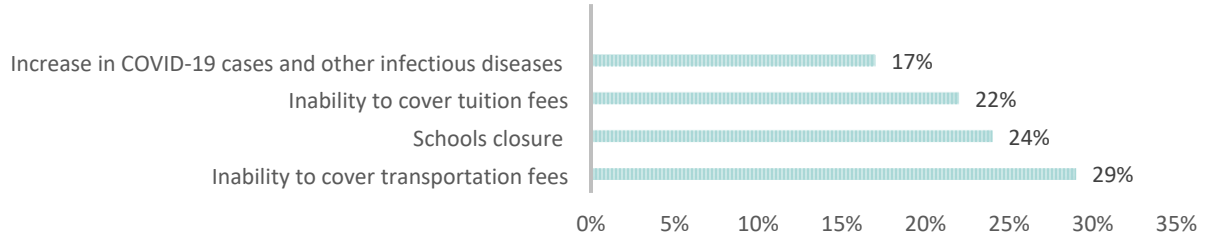


- Deprivation in healthcare, services, education, employment, housing, and assets has increased in all regions of Lebanon, particularly in the poorest areas, where refugee camps are numerous. The situation has also affected richer regions, leading to social and mental instability in adults and children. The deteriorating economic and living conditions have resulted in the brain drain of professionals, including healthcare providers and teachers.

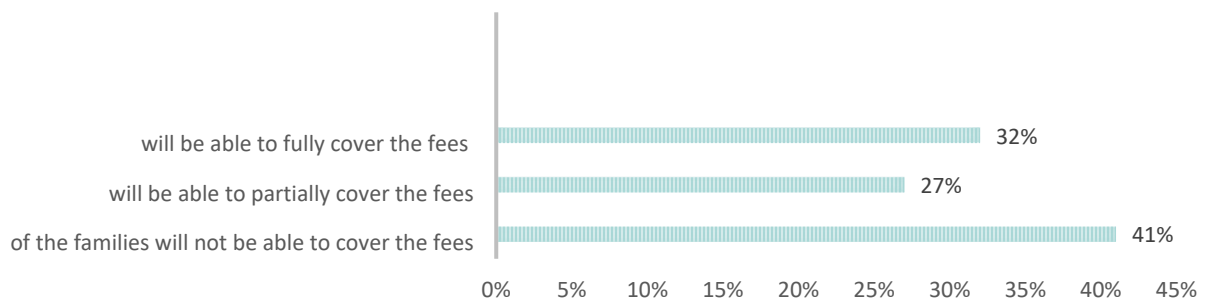
#### ● Education



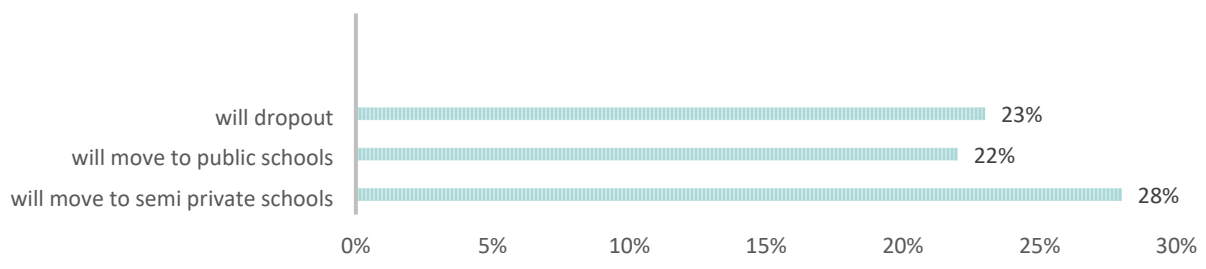
### Among children who do not have access or have partial access to educational facilities, the reasons were due to:



### Covering next year's fees: when asked about their ability to cover their children's next year's educational fees



### Alternative solutions: among those who will not be able to cover next year's educational fees and those who will be able to partially cover the fees



- Teachers found that the online experience was oppressive for students, parents, and instructors, reducing mental and psychological performances of all parties. Students spent two years at home, which didn't allow them to receive the appropriate

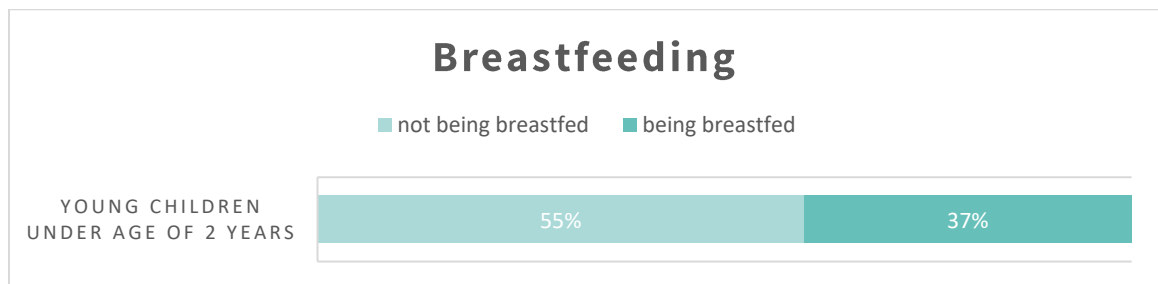
education and created a stressful and demotivating environment despite using interactive and constructive techniques.

- When school reopened, many teachers noticed deficits in terms of the major educational milestones that children are supposed to acquire at their age.

### ● Health

- 60% of the sample were late or did not go for regular child medical check-ups, and 76% of them mentioned that the high fees was the most important reason for this delay or absence.
- 71% of the parents and caregivers had difficulties accessing medication to their children because of high prices (83%) and shortage in medicine (69%).
- 20% of the parents and caregivers mentioned that their children did not receive their mandatory vaccinations because they weren't able to pay for the shots (71%), the unavailability of shots in the nearest facility (36%), or the inability to reach the nearest medical facility (24%)
- The crisis along with the COVID-19 pandemic has affected healthcare services, especially for children and newborn babies, who were forced to skip vaccines or settle for products that were not regulated by the ministry of health.
- A severe shortage has developed in both healthcare providers and medication itself, leading to professionals migrating to countries with higher income.

### ● Nutrition





## Daily Meals

- reduced the number of meals for their kids during the last year
- have adjusted the quality of the consumed meals



## Source of Water

- drinking bottled water
- drinking from local water source
- drinking from the tap without filter

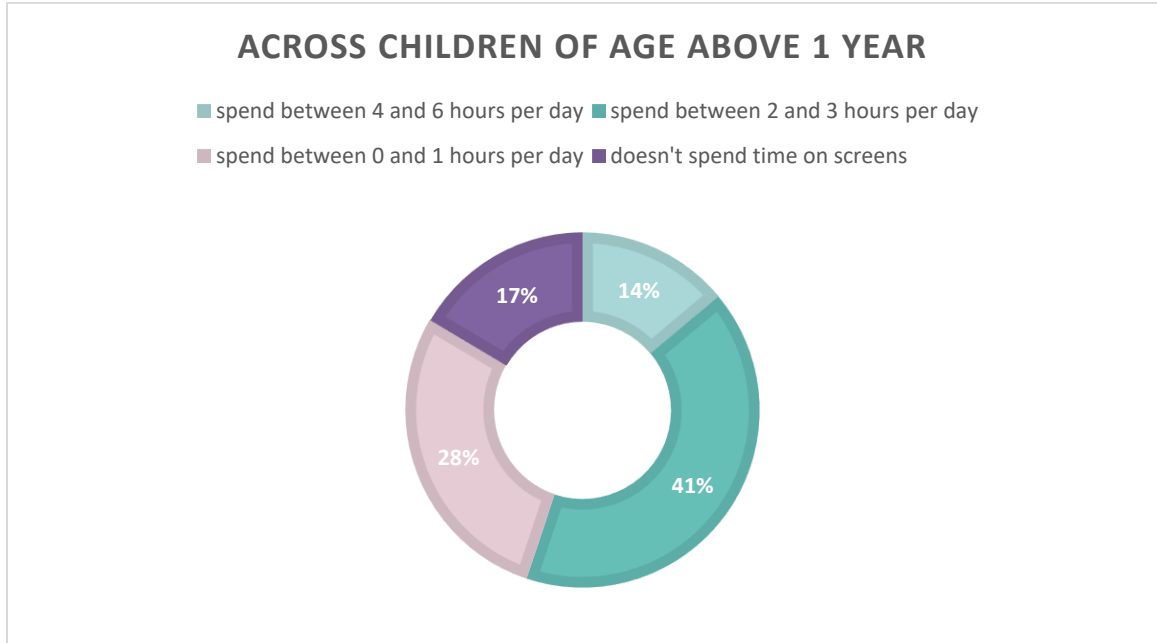


- The ongoing multidimensional crisis in Lebanon has resulted in the resurfacing of medical cases that were once rare, such as meningitis, along with cases of gastroenteritis and shortages of medicine and baby milk. Many parents have had to reduce the number of meals to two per day and offer lunch very late in the afternoon to keep their children satisfied until the evening. Additionally, some parents have complained about the quality of food they are able to put on their tables.
- Despite the high mobilization of food aid in different regions and communities, the quantity and quality of food that children receive has undergone a significant decline.



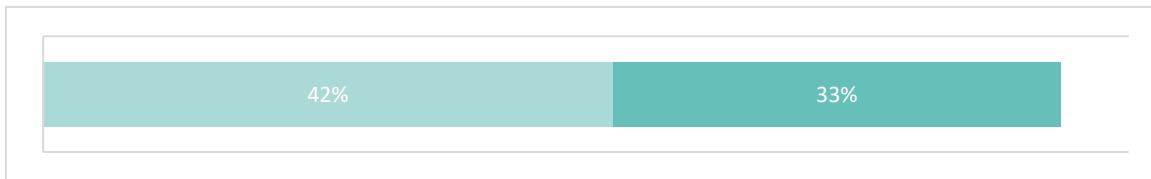
● **Social and Emotional Development**

● **Screentime:**

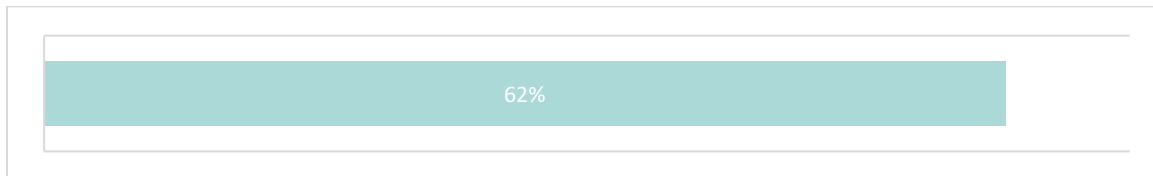


- 34% of the parents and caregivers believe that increased screen time has negatively affected their kids' mood and the behaviors

● **Play**

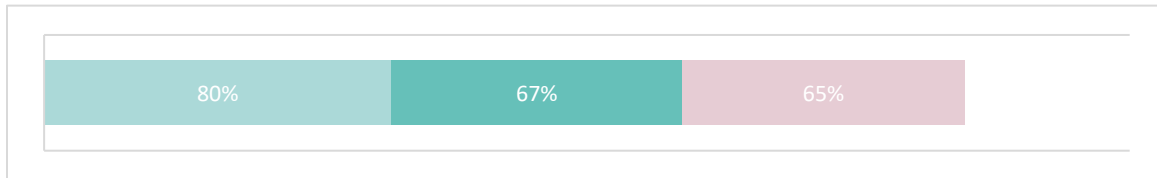


● **42%** of the parents and caregivers reported that outdoor play time for their children was reduced after the crisis, and **33%** mentioned that their children do not have toys at home.

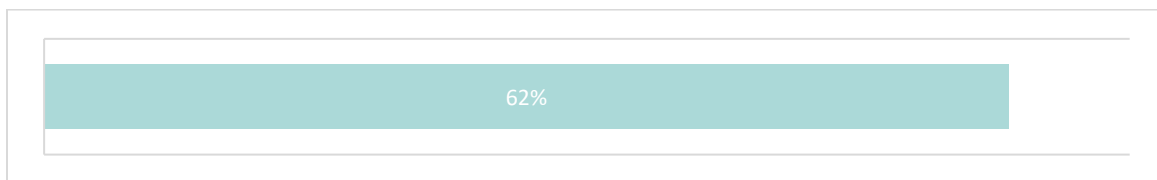


● **62%** of parents and caregivers are spending less play time with their children because of the crisis

## ● Changes Brought by the Lebanon Crisis



During the last year, the household income has decreased for **80%** of the families, and **67%** confirmed that the household lost one or more of the jobs since the outbreak of COVID 19 and the economic crisis and **65%** are relying on credit and debt to cover basic needs.



**66.21%** of the respondents mentioned that the household reduced the expenses on basic needs such as education, food, or transportation during the last year

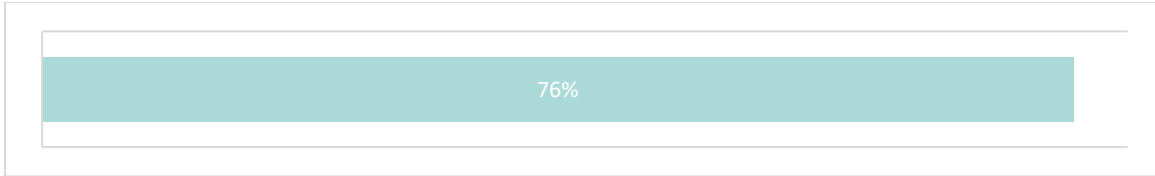
- Economic parental stress has increased violent behavior in 43% of the cases, involving shouting, hitting, spanking, and other similar actions, as a result of the lack of money, medication, and medical resources has caused a significant increase in stress.

## ● Children's Mental Health

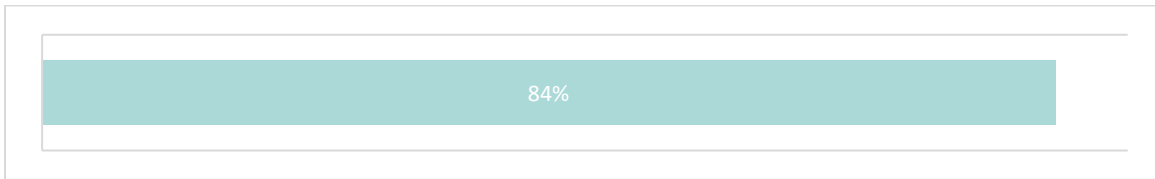
- The multiple crises have had a significant impact on the mental health of young children and their families, with an increase in stress, anxiety, and depression among children and caregivers. This study indicates that 9% of children are exhibiting external stress behaviors, reflecting a change in the stability of their emotions and mental health.
- More than half of the children over the age of 2, 55%, sometimes ask more questions about the crisis, and 56% express more distress and nagging than before. The lack of access to mental health services and support has further exacerbated these issues, causing the level of worry to slightly increase among children.

## ● Mental health of caregivers

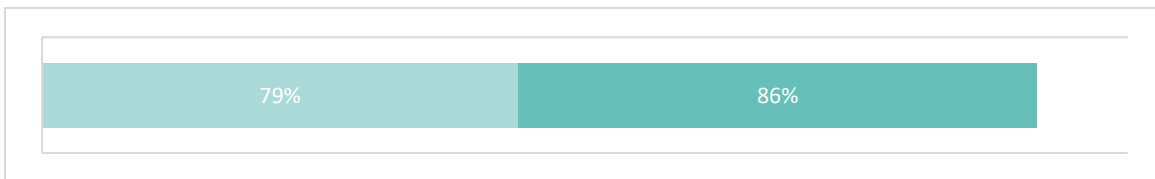
During the past 6 months



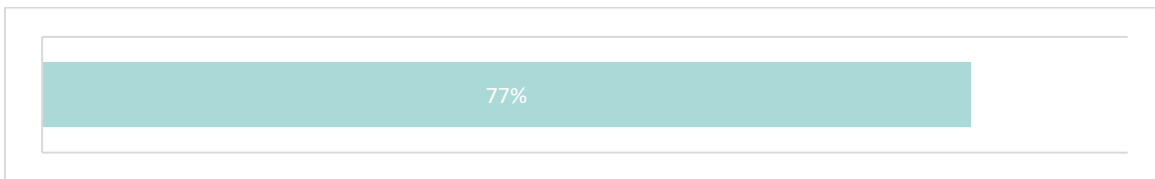
76% of participants reported increased difficulty in attending work after the crisis.



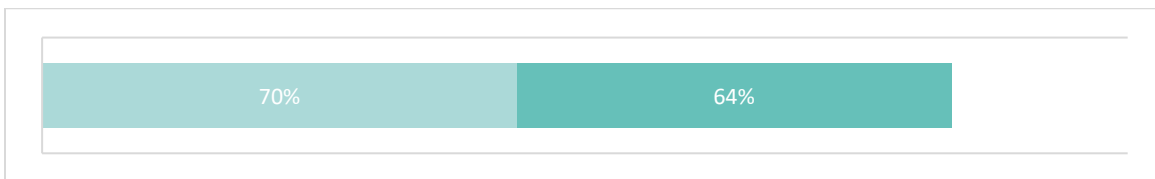
84% reported increased difficulty in managing household responsibilities.



79% reported reduced interest or pleasure in engaging in activities, and 86% reported feeling down, hopeless, nervous, depressed, or anxious.



77% experienced changes in their sleep habits, including feeling tired or having low energy.



70% of the participants sometimes have felt less tolerant or communicative with their spouse, and 64% have felt that the support they were receiving from their spouse was insufficient





## 4. Policy suggestions and recommendations

This study suggests the following policy recommendations to advance building a comprehensive response to the growing population of local young children living in crisis and conflict.

*National unified strategy:* There is an urgent need for a unified early childhood development national strategy for emergencies and disasters rather than scattered local and international NGOs initiatives.

*Social support mechanism:* Living conditions are primary in ECD. An operational social support system is a crucial tool during crisis time, in advancing the livelihood of families while increasing the chances of opportunities for ECD.

*Crisis ready services:* The national strategy can include building ECD-focused emergency services into existing ones, such as nurseries, schools, health centers, community groups, and food distribution centers, and integrate young children and families into community services wherever possible and with access to services and benefits that comply with not only basic needs, but also human rights.

*Health awareness stimulation:* During crisis times when normal alignment of priorities fails, health awareness related to regular follow ups should be largely stimulated to limit the spread of diseases and illnesses which peak during disasters.

*Crisis behavioral training:* Increase access to specialized trainings and workshops for early childhood educators, health workers, caregivers and emergency practitioners in different sectors working with 0 to 8 years age group to be trained on how to deal with the kids under crisis situations. Also, building on existing delivery platforms to support parents' capacity to provide responsive stimulation.

*Filling baseline data gaps:* to fulfil missing data gaps, additional and frequent data collection and monitoring on children's development in Lebanon plays a crucial role in assessing other areas where children's development is threatened and tracking progress in addressing these gaps.

*ECD research center:* Establish a national ECD research center involving all ECD related entities, that promotes ongoing research to better inform early childhood practices affecting children and families and normalize the collection of data on both child development and quality of implemented services in normal and crisis settings.

*Promote family cohesion:* Give priority to establishing family-centered early childhood programs for all young children affected by crisis and disaster appropriate to each context through initiatives that prevent family separation and promote family cohesion.

*Home visiting programs:* Home visiting programs, led by social professionals, may be set, and conducted during the different stages of crisis and focused on integrated stimulation, learning, health, nutrition, and mental health for those families experiencing the highest levels of adversity or trauma enabling them to achieve positive parenting and child development



outcomes. This comprehensive and coordinated assessment of the needs of young children and their families may be the subject of referrals across sectors to available services, with follow-up.

*Equal opportunities:* Any foreign non-Lebanese children (0 - 8 years) should have early development rights in health, nutrition, and education, like Lebanese children of the same age. Concrete efforts from the state, INGO, and policymakers must be made to give children equal opportunities for healthy development.

*ECD crisis fund:* Establish, outside emergency times, an alliance composed of private and public stakeholders (World Bank, UNICEF, and other INGO, as well as bilateral assistance, and others) to finance solutions for early childhood development under emergency situations. ECD crisis fund can help to rapidly have an emergency ECD budget or increase funding for an explicit and targeted inclusion of early childhood development in humanitarian, fragile and crisis settings.

## 5. Concluding notes

Having proper ECD means that children from birth to eight years old have a good start in life which can be confirmed through the delivery of nurturing and encouraging environment that meets the child's essential needs like "health, nutrition, safety, security, responsive care, and opportunity for early learning to ensure the overall health and wellbeing of young children."

The different results of this situational report showed that the impacts on families are clearly harder to take in crisis times than in normal ones. The increase of unemployment in the sampled population along with family ongoing decrease of purchase power combined with weak distance learning practices and habits, led to a much less child interaction and learning potential than in normal times and conditions. The aggravated situation at the household was translated through struggles in paying schools tuition or the day care center fees. Teachers' performance in the distance learning experience was a subject of criticism of ability to convey the quality and quantity of required information to the kids under crisis conditions.

Health services degraded on the national level, putting all the population, mainly the most vulnerable ones (children and elderly), in critical situations. For technical and financial reasons, focus was on COVID19 treatment and other health subjects were not as prioritized unless it is extremely urgent.

Despite the high mobilization of food helps in the different regions and communities, the quantity and quality of food that children were receiving undertook a major change. This was reported by more than half of the families, even though some were still receiving food donations and nutritional aids. Local water quality stays questionable even though it was bottled water, because not all companies have good standards in testing and filling. While most prefer to give their kids bottled water which is a safe choice, others (16%) are aware that the water they give to their kids is not clean but are obliged to compromise due to lack of accessibility to clean water or to its high price.

Kids' mental status is influenced by a crisis depending on their age and on the nature of the crisis. This may be since kids at a young age don't realize completely the full aspects of the consequences of the crisis. They expressed their feelings by an increase of distress, nagging and sadness, and loss of interest or pleasure in doing things. Enuresis rate during the previous 6 months of the survey was mainly reported as usual with no change. The observed mental health impacts can be temporary and reversible to a considerable extent but, depending on the duration of the actual crisis, monitoring kids' mental performance, personality and behavior can reveal other impacts resulting from the current national crisis.

As of 2023, there are less than 7 years remaining to achieve the 2030 SDGs. However, the ongoing multidimensional crisis in Lebanon since 2019 is hindering progress towards these goals, particularly in the areas related to Early Child Development. This deteriorating situation must be urgently addressed and reversed to ensure the attainment of a healthy early age development for children in Lebanon.