

THE GHASSAN KANAFANI CULTURAL FOUNDATION

HABILITATION PRESCHOOL
END OF YEAR EVALUATION REPORT
September 2020- August 2021

NAHLA GHANDOUR
HABILITATION PRESCHOOL DIRECTOR

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INTRODUCTION

Reflecting on the past year, the continuation of the COVID-19 pandemic, played a significant role in continuing our strategy of intervention, by providing individual therapeutic and educational sessions for the children. I won't elaborate on the safety precautions, for it is very obvious.

The year passed, with an alternating strategy of intervention. When government issued a lock down, we abided, and continued on line intervention. Otherwise, the Preschool was open for hands on coupled with on line.

The staff observed that on-line intervention reaped good results in the relationship between staff and parents and increasing the bond between mother/ father and child. Exchange of activity videos continued, and parents provided videos of child executing tasks. The expert sent feedback, and so on.

It wasn't a smooth year. But we did not stop providing services relative to how the safety measures issued by the government.

The middle of Spring 21, our life long Chairperson/ General Manager and one of the establishing members of the Foundation, died after two years of illness. This was very sad event. The Foundation closed for 3 days as condolences measures.

Around half of our staff contracted COVID-19, but fortunately no fatal episodes. The Popular Committee of the Mar Elias camp provided their residences with all the necessary medications and supplements, oxygen inhalers, masks, sanitizing detergents. Every once in a while, the Palestinian Civil Defense sprayed the camps and all NGOs working in it.

All parents had to wear masks when entering the Preschool and during their presence. No child of ours contracted COVID-19.

COMBINED PROGRAM

We called the intervention program, the Combined Program. The physical therapist wanted to conduct her sessions at the Preschool, which she did, but had to stop when there was a quarantine. All other professions worked on-line and had very encouraging results from the continuous interaction with the mother, the children, and sometimes his/her siblings.

We will discuss in detail the intervention results in each section of the program, accompanied by graphical representation of the children's progress.

35 children with disability (10 females, 25 males) were enrolled in this program. 38% were Palestinians, 24% Lebanese, and 38% Syrians. 38% of the children had Cerebral Palsy, 41% Autism, 3% Developmental Delay, 3% Genetic Diseases, and 3% Learning Difficulties.

At the end of the year, in July 2021, four more children with disability registered. The Team members could apply the assessment form only. So, no intervention program was planned and thus the scores mentioned in this report do not include them as beneficiaries.

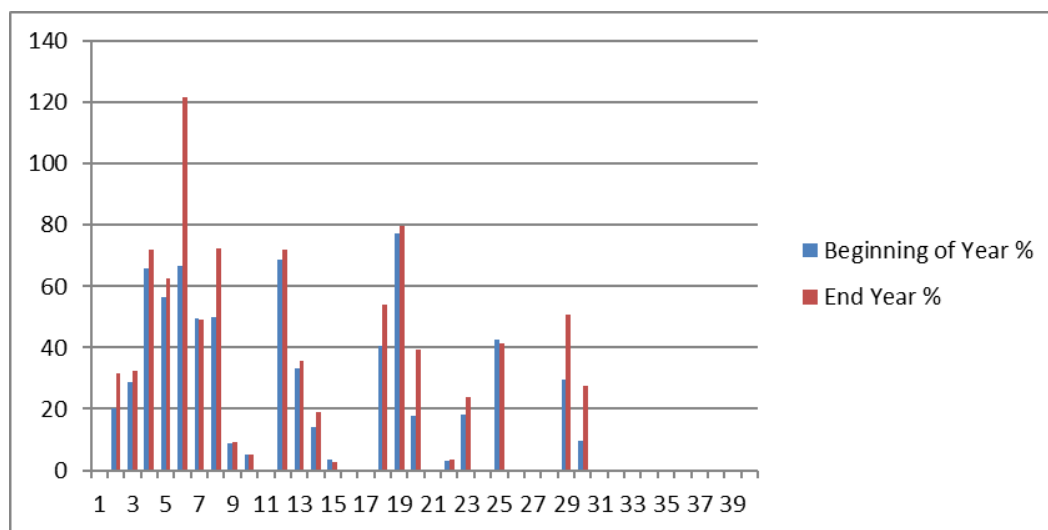
SPECIAL EDUCATION

28 (9 females, 19 males) children out of the 34 received **special education sessions**. Although we divided the children in groups, each educator assigned to specific disabilities, but the on-line sessions were individual, educator, child and the mother/sibling. Three children registered in July 2021, and underwent initial assessment. The sessions conducted were solely for primary evaluation. The results that we will show does not include these children.

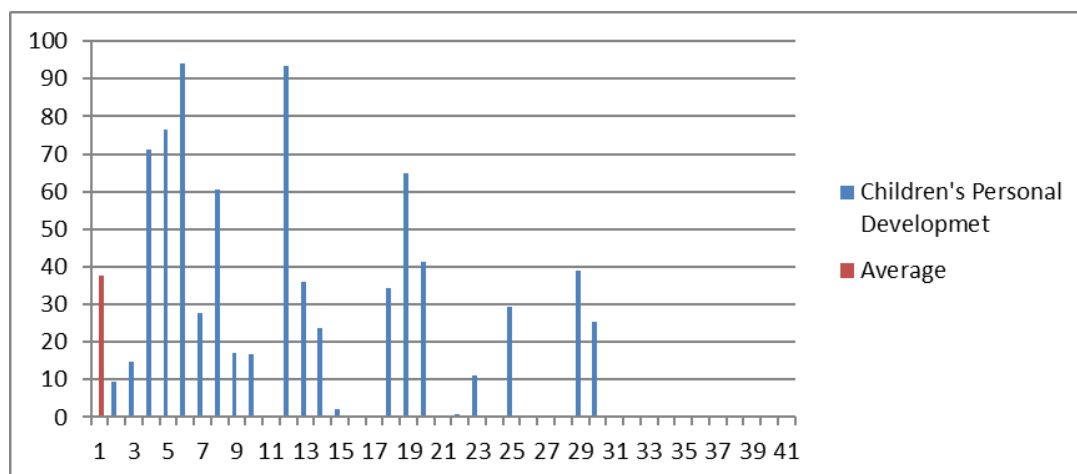
29% of the children had Cerebral Palsy, 50% had Autism, 14% had Developmental Delay and 7% had Genetic diseases. 10 of the children with Autism were assigned to the educator specialized in working with children with Autism. The other two groups had children with Autism, but they were a minority. At the end of the year evaluation, the majority of children had skills similar to the **ages 1 to 4 years old** (25% from 1 to 2, 50% from 2 to 3). Then 45% of the children had cognitive abilities of children between months and 1 year. A minority, of the children, were in the range of 4 to 6 years (43% between 3 to 4, 36% between 4 to 5, 41% between 5 to 6 years old). 2 children had very high cognitive abilities that allowed them to be enrolled in mainstreamed schools, at kindergarten and elementary level.

We will provide now the graphic representation of the children's development at 15 August 2021.

Rate of developmental of the children between the beginning of intervention and the end (control groups are children with no disability):



Personal development of every child, i.e. effort exerted by the child to progress, it also indirectly reveals the efficiency of our intervention (control group are the children themselves at the beginning and end of year).



The total number of **educational sessions** conducted on-line was **2254**. This included also sharing of videos by the educator and the parent to monitor the child progress and the way the parents are implementing the activities of the individual plan of the child.

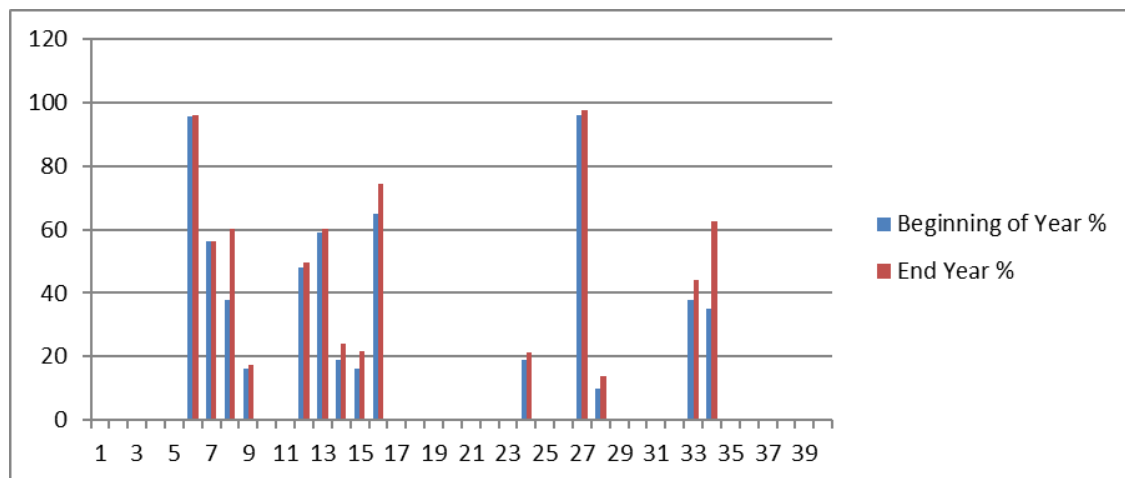
PHYSICAL THERAPY

15 children with disability (5 females, 10 males) were registered for physical therapy services at the beginning of the year. 8 children had two sessions per week, and two had one session per week. The sessions were executed at the Preschool by the physical therapist and an assistant. 53% of the children had Cerebral Palsy, 20% had Genetic Diseases, 7% had Autism, 7% Developmental Delay, 7% Learning Difficulties and 6% Epilepsy. The total number of **hands-on** intervention was **576 sessions** conducted at the preschool. When we were forced to close, either for COVID-19 or economic situation, on-line sessions were followed. Therapist and families had direct sessions, physical therapist then sent the activity via videos and the families gave their feedback of the child performance by videos also. The total sum of **on-line** sessions were **1364 session**.

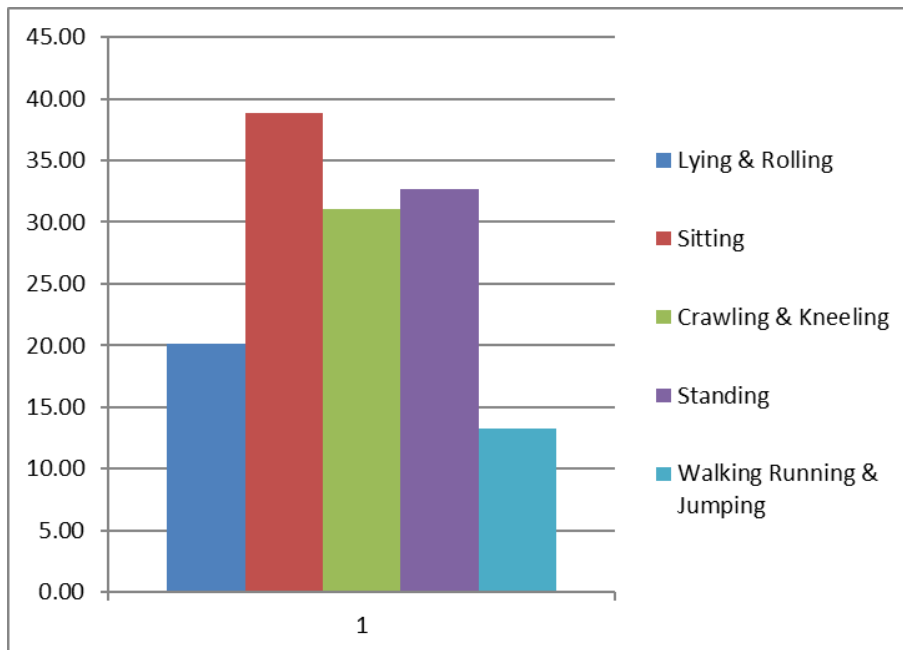
Out of the fifteen children 2 children did not follow till the end of the years. Their absence is mainly due to poor health. Both had profound disability.

The end of year results of the development of the children are as follows:

The personal development of the children, i.e. how much effort they exerted to develop is as follows:



The evaluation form is divided into 5 domains and the results of development were as follows:



Most of the children developed in 4 domains, for the last one is very difficult to achieve. This is related to 3 factors, type of disability, level of impairment and health of the child.

OCCUPATIONAL THERAPY

Sessions this year were divided between on-line and hands- on in different periods during 10 months. The evaluation of the children centered mainly on three skills, grasp, visual strategy and visual-motor coordination.

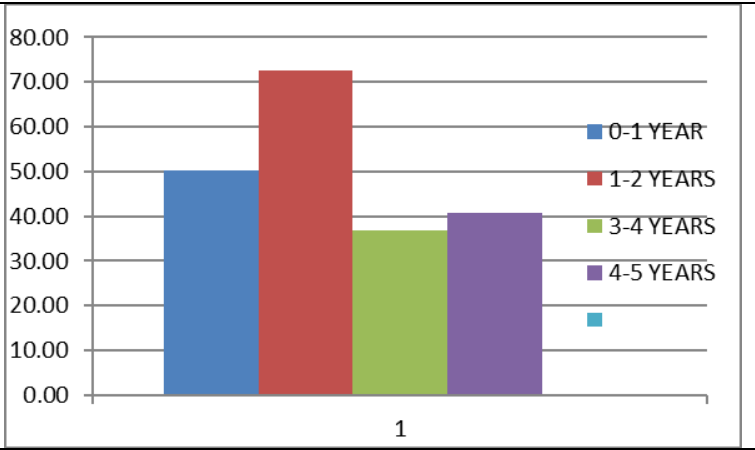
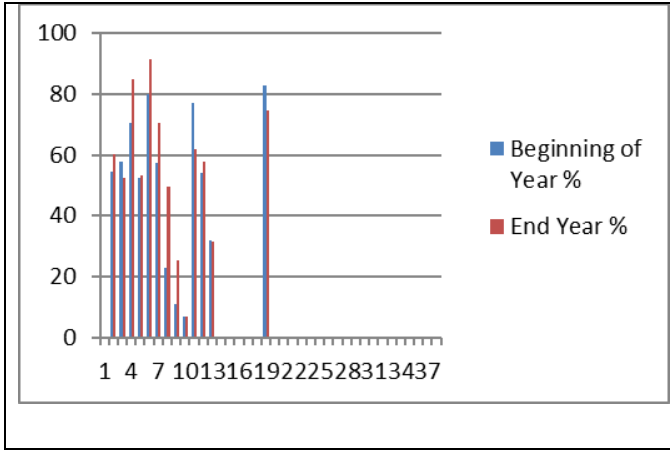
20 (6 females, 14 males) children with disability. Number of **sessions** reached **2100** used different modes of intervention. 19 children were evaluated at the end of the intervention period.

The Preschool provided each child with an **educational kit**, which contained toys, stationary and educational material. This widened the scope of activities the therapist could execute with the children.

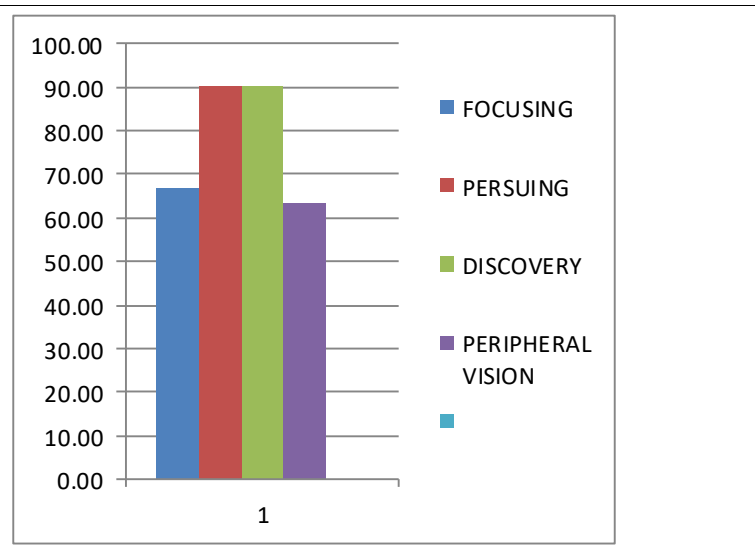
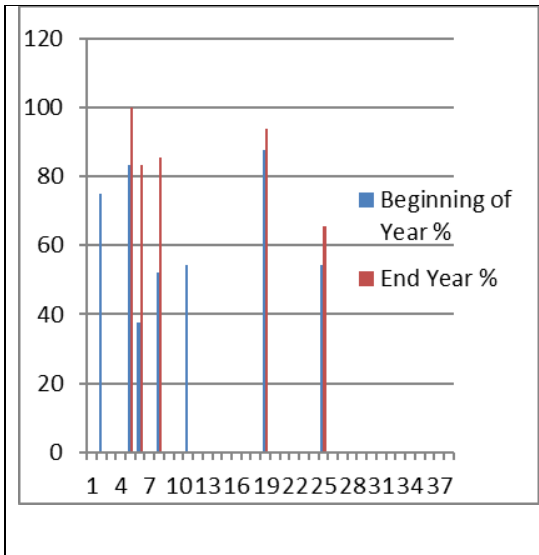
We would like to stress here that 2 children had very high scores (75% and 96 consecutively) these children are in mainstreamed school the next year.

We will present the development in these three domains as follows:

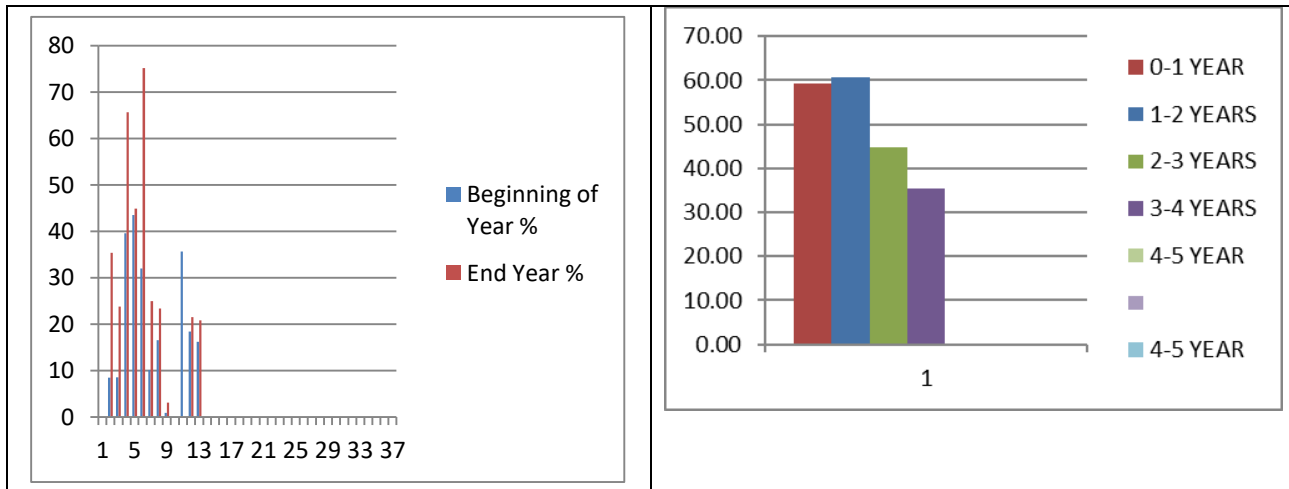
Grasp and domains



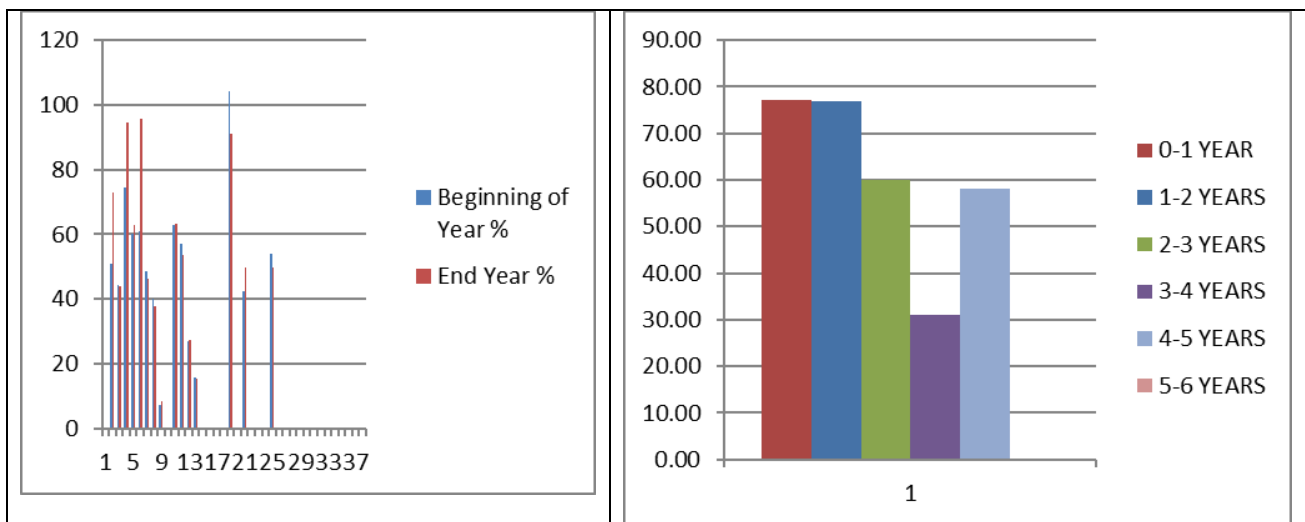
Visual Strategy and its domains:



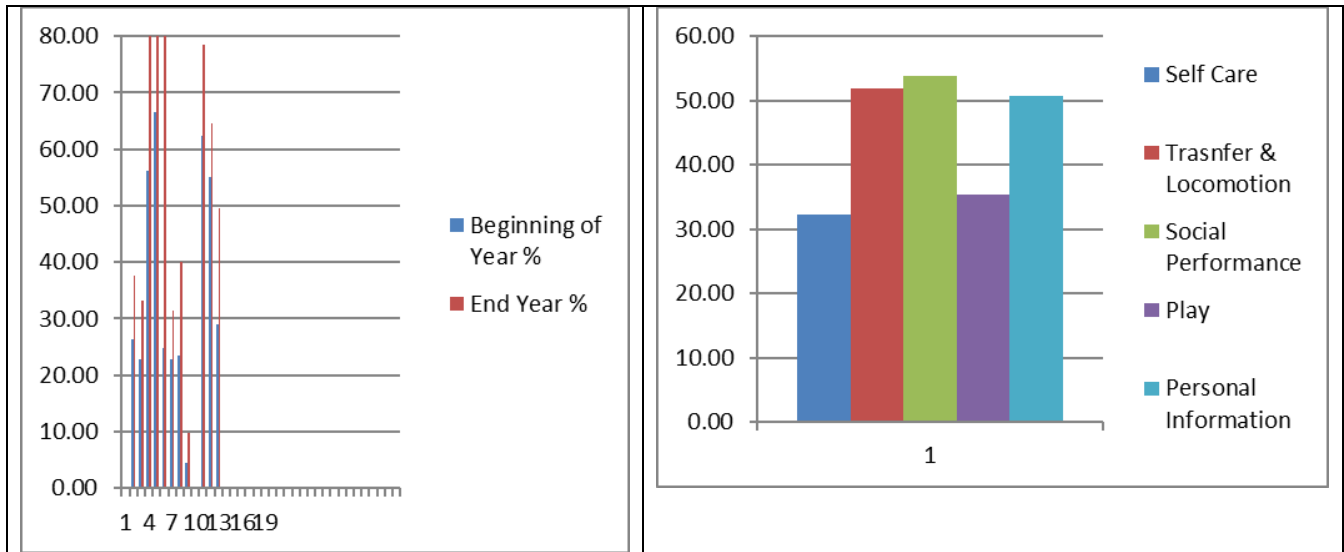
Dressing and Un-dressing and its' domain:



Visual Motor Coordination and its' domains:



We could administer the Functional Performance measurement and its domains, which were executed with 11 children:

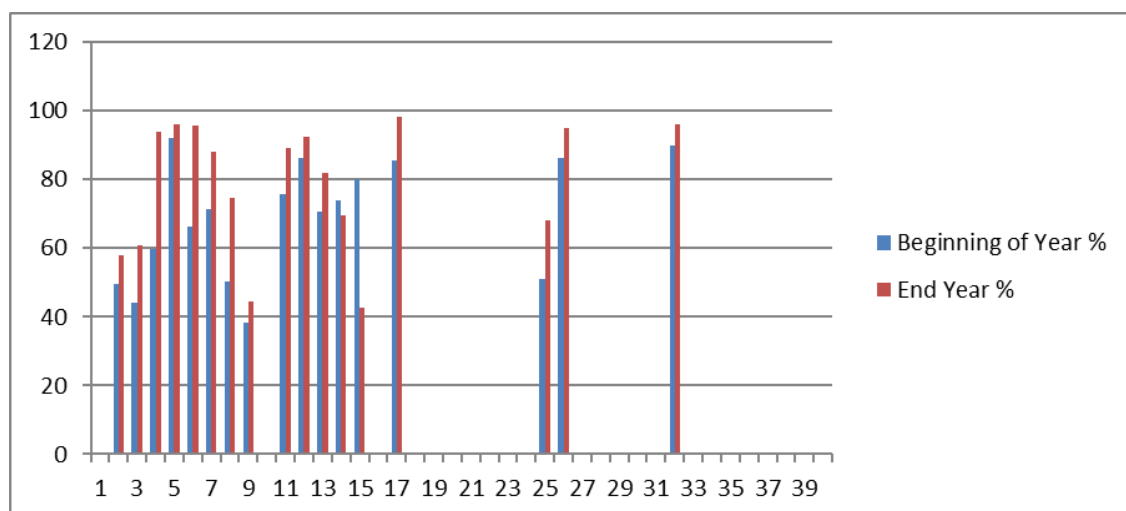


SPEECH THERAPY

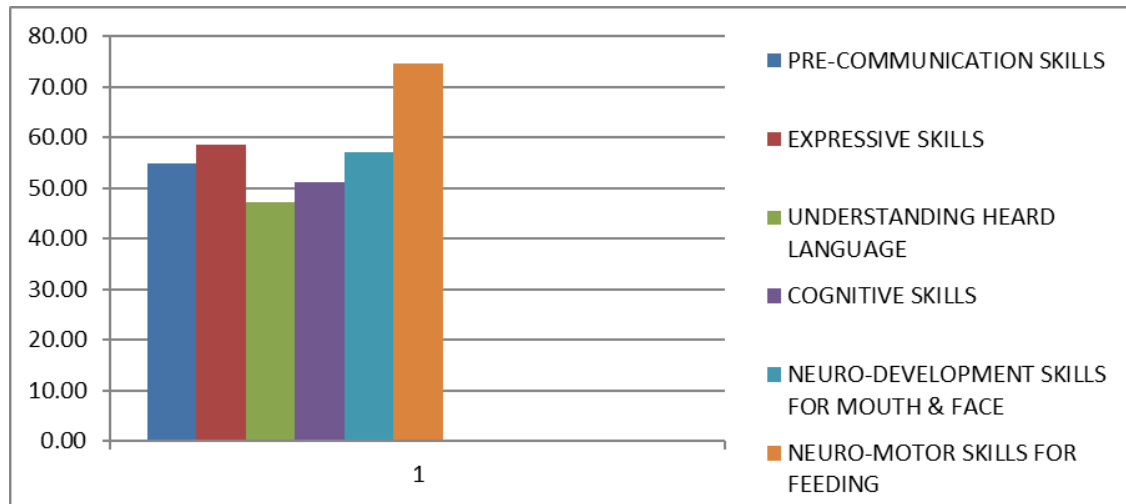
At the beginning of the working year, **27 (8 females, 19 males) children with disability** registered for Speech therapy Sessions. The number changed along the year and only 16 children (5 females, 11 males) remained till the end and had their end of intervention evaluation. The children's disabilities were diverse, 9 had Autism, 8 Had Cerebral Palsy, 4 Communication Problems, 2 Developmental Delays and 3 Genetic diseases.

What was significant in this year, that some children had their personal development 88% and 90 consecutively. These children developed their communication skills to the level of acquiring comprehensive and expressive language and initiating dialogue with others. These children are now in mainstream school at the kindergarten and elementary academic stages.

The children's development in reference with children with no problems as control group were:



As for the domain skills, the development ranged from 70% to 47%, the control group here is the child with disability.



What is observed are level of the different skills, which are approximately equal. This progress is related to different factors. Speech Therapy was on-line this year. This was a perfect chance to train the parent while the parent worked with the child. This gave parents a better understanding of the profession, of the disability of the child and why and how to train, and lastly how this development will help the child, and the family, in their daily functionality.

The total number of Speech therapy conducted throughout the year was **2127 sessions**. The therapist used different apps, like ZOOM and Power Point, in executing and conducting the sessions.

PSYCHOTHERAPY

Out of the 38 children with disability registered this year, **35 (12 female, 23 males) needed behavioral & psychological intervention**. Their age ranged from months up till 8 years.

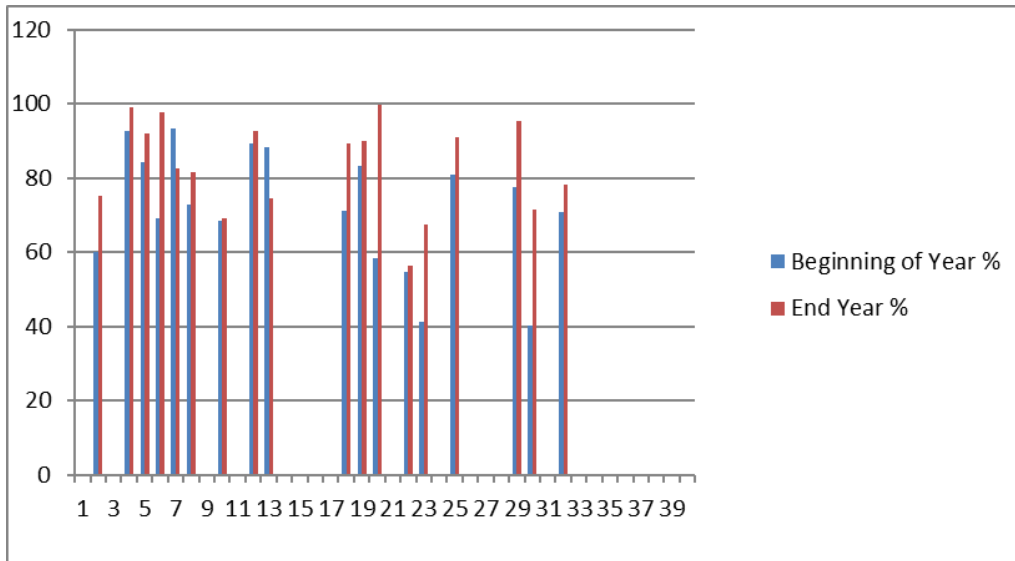
24% of the children had Cerebral Palsy, 40% had Autism, 5% Developmental Delay, 2% had Epilepsy, 18% had Learning Difficulties, and 11% had Genetic Diseases. In degree of impairment around 18% had severe disability.

It is worth noting that children were confined at home for a long time, which helped in behavior changes, some of which were maladaptive.

Sessions were mainly conducted on-line, and hand-on at the center in the last two months. Total number of **sessions conducted were 1331**.

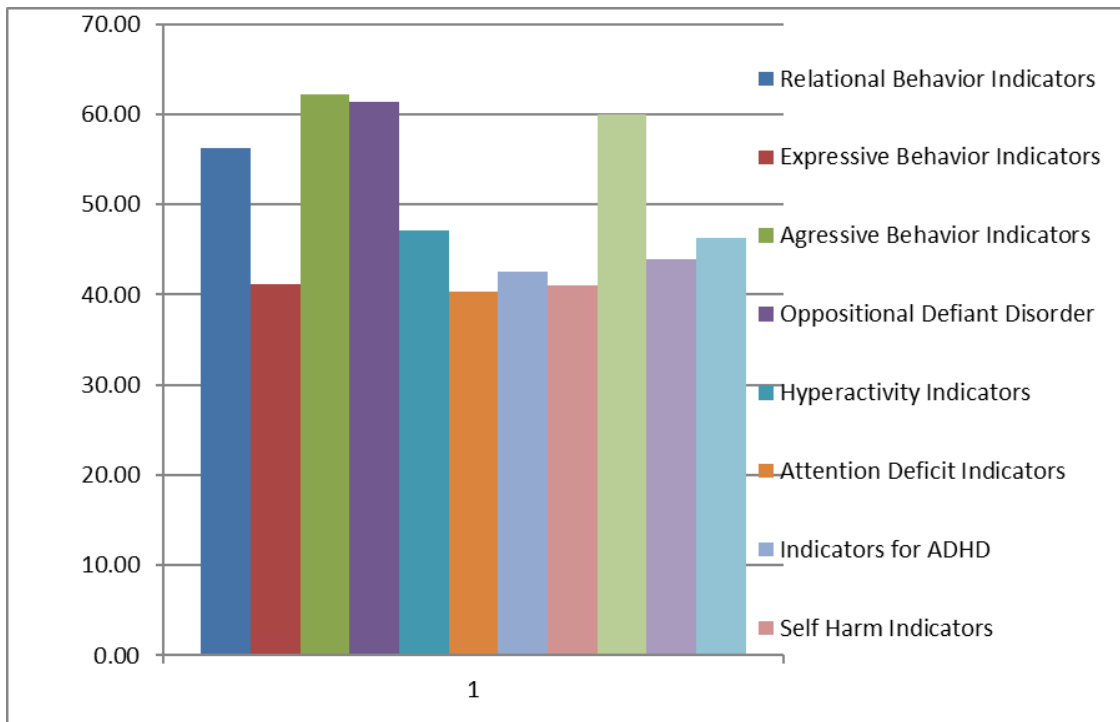
The first assessment revealed a range of disorders, 51% had mild behavioral problems. These did not need psychological intervention, their behavior could be managed during the sessions.

The following graph shows the development in relation to children without disability (control Group):



According to type of behavioral problems they all showed high degrees of improvement after intervention, yet there was a lot to go on for the environment and health situation exacerbated the tendency to remain in the static condition, thus the permanence of the maladaptive behavior.

Rates of development in each relational and expressive skills are: 56% of the children had problems in relational behaviors with others, 41% in expressive behavior, 62% in aggressive behavior, 47% in Oppositional defiant disorder, 40% in inattentiveness, 43% in ADHD, 41% in self harm, 60% in stereotypical behavior, 43% in anxiety, and 26% in depressions.



If we analyze this graph, a lot are typical behaviors we see in children with Autism. What was surprising that a high number of children with other disability also showed disturbing behavioral signs. This is of course related to the conditions our country is passing through.

DANCE MOVEMENT THERAPY

The Dance Movement section could not start with the children until January 2021. Before this time all children were on-line. She worked with **6 children all males**. She conducted **162 sessions** in four months period and resigned in April 2021.

MEDICAL HEALTH CARE

Our Family medical doctor was not present during the COVID-19 pandemic.

Dental Care stopped because of COVID-19. The clinic at the Lebanese University stopped its provision of services.

Orthopedic Care

8 children (4 females, 4 males) were checked by our orthopedic doctor. 3 visits were conducted. After checking the children, the doctor sat with the family and explained the child's condition. Physical therapist was present in each session. All children had Cerebral Palsy, only one child needed surgical intervention for the contraction in ankle tendon (Achilles). 2 children were prescribed an AFO (Ankle Foot Orthosis) and 1 a KAFO (Knee Ankle Foot Orthosis).

All children needed physical therapy intervention 2 sessions per week.

FAMILY INTERVENTION

Family intervention took a new form then our conventional way of providing services for the parents. The on-line sessions were a perfect venue to train parents and monitor their administration of activities with their children.

Some of the mothers showed high levels of commitment to the training of their children. They also understood better the disability of their child and why the child cannot do what they want them to do.

But this was not the case of other mothers. The factors disrupting the conduction of the sessions was a good excuse for not working with their children. Excuses were many facets, lack of electricity, lack of internet connection, the family had only one cellular whereby the other children used to study, sickness of mother/child, etc.

34 families (34 mother, 8 fathers, 1 grandmother, 1 brother) were worked with, in the different sections of the Family intervention Program.

Our networking with local NGOs in the camp, aimed towards empowering families to a sustainable living during the covid-19 pandemic. This resulted in:

- Providing cardboard boxes containing essential food ingredients.
- Providing our families with an assistive device, a wooden base where the phones could be inserted in during on-line sessions
- All chairs, tables and standing boards, the children were using at the Preschool, were lent out for the children to use at home

- We provided an Educational Kit for our children, with stationary, so they can use at home when the team conducted their sessions.

When we started receiving children at the Preschool, for private sessions, we covered the transportation cost. Due to the disastrous economic situation, most of the parents could not afford the transportation cost of public transport. Some accompanied their father on their motor bikers, these we did not cover the cost.

Education & Awareness

4 educational meetings were conducted during the year. Average **attendance** was **33 families** all were females.

Counseling & Guidance

The General Health Questionnaire was distributed at the beginning and end of year. Another evaluation form, Depression Signs, was administered to parents.

Out of the 35 families, 27 completed the GHQ. But the families felt that the questionnaires lacked in questions relating to other symptoms. This was the cause to use the Depressions Form.

The use of cell phones was a great help to the interaction with the parents. There was daily contact with the psychologist to discuss several matters.

In order to designate the amount of intervention, the psychologist conducted **1100 call sessions** relating to the following issues:

- Implementing the program given to parents on how to deal with their children's maladaptive behavior
- Techniques to minimize signs of anxiety and frustration due to the deteriorating financial situation in Lebanon
- Techniques to deal with depression, anxiety and stress, that were the result of the different crises situation that the country is passing through
- Emotional and physical abuse and how to deal with it and where to go, in case of severe signs

The clinical psychologist had at least one call with every family every week. The floor was open for the parents to express whatever they are passing through and how to deal with it. Total number of **guidance sessions was 1100 session** conducted by the clinical psychologist and some administration members.

One of the important factors that encouraged the families to cooperate with us, is our continuation of intervention through on-line. This was **hope** for them, that they are not forgotten. The intervention for the siblings was very welcomed by the parents. Clinical advices about how to deal with aggression by the siblings towards their disabled brother/sister, jealousy from the disabled child and addiction to games and cell phones.

It is worth mentioning, that all our multi-disciplinary team played a big role in the well being of the families and their children. They were very supportive to mothers and sometimes time was selected to talk about issues related the mental wellbeing of the mothers.

Some difficulties were with the families that had members who suffered from drug addiction, mental health problems, and the ones who refused to cooperate.

Home Visits

No home visits were conducted during the COVID-19 pandemic.

Training

Since on-line entitled those parents should always be present with the child, in all disciplines, we will consider this time as training for the parents on how to implement the exercises and in understanding the peculiarity of their children.

Discipline	Hours of parents Training
Physical Therapy	1940
Occupational Therapy	2100
Speech Therapy	2127
Autism Intervention	1200
Special Education	1054
Psychotherapy (Coping with children's behavior)	3333

Total number of training sessions the parents underwent was **11,754 training session**.

Support Group

8 support meetings were conducted on-line. The psychologist will assign the date of the sessions. Then she proposed a certain topic. Families, will then interact with each other and with the therapist.

35 families contributed in these discussions. A total of **102 participants**, each session had 13 members, and 12 families, through- out the year. The participants included **35 mothers, 7 fathers, a grandmother and siblings**.

Topics discussed:

- What is a positive quality that makes your child special?
- What are the difficulties that you encounter?
- What can be done during lock down?
- What are the stresses that you encountered during the lock-down?
- How to deal with rising problems due to lock-down
- The role of the father in the upbringing of the children
- Discussing a situation that left an impact on you
- Discussing a personal experience that happened to you and how you dealt with it

Individual Therapy Sessions

34 families were worked with this year. **34 mothers, 8 fathers, 1 grandmother, and 1 brother**. After the General Health questionnaire was distributed and results were deducted. Those with stress, anxiety or depressions were detected and signs of mental health problems were not present. The aim of intervention was to know, type of disturbance, living conditions, general safety measures in the country. Parents who showed high signs of disturbances were referred to specialized experts.

The intervention was virtual through the on-line sessions. The most disturbances that were present:

- Anxiety and frustration from lock down and the deteriorating economic situation in Lebanon

- Feelings of emotional pain due to domestic abuse
- Signs of depression from overwhelming stress and anxiety

Cognitive Therapy Based on Idea techniques were used with the family members to overcome and decrease signs of stress or anxiety or depressions. Sometimes our family Physician prescribed medicine for depressive members. A lot of work was done on strengthening the parents' ties with their children and extended families.

Regular calls to the family were followed as monitoring, to keep track of the situation. Parents were given ample space to express their feelings and thoughts, and suggestions were given.

27 (19 mothers, 7 fathers) family filled the General Health Questionnaire, at the end of the year. We didn't detect any improvement in the families' emotional status. The country's deteriorating living conditions and the lock down prevented such progress. But the progress of their children gave them much needed hope.

Of course, some of the problems that surfaced were so drastic (drug addiction) that work with them was useless, unless they go get medical help and rehabilitation (and this was not a choice or possibility for them, taking into consideration their financial status).

But our clinical psychologist was so adamant on following up the parents and advise them of techniques for self-protection and stress reduction.

PUBLISHING MATERIALS & SOCIAL MEDIA

Publishing Material

The lock down and fluctuating situation in the country affected our plan to publish a new booklet. Yet all booklets we have were distributed to the families.

44 booklets of all the subjects, a total of **528 booklet**, we previously published were distributed to the parents:

- Autism
- Nutritional Ideas for your Child
- Stress, Anxiety and Depression
- Physical & Emotional Abuse and their affect on the Growing Child
- Children Learn what they are Brought Up With
- Epilepsy
- Sensory Integration
- Integration: adaptations and techniques for Child with Special Needs
- Behavioral Problems of Children with Special Needs
- Physical Therapy Intervention for Children with Cerebral Palsy (2 booklets)
- Helping the Child to Learn
- Musco-Skeletal problems for Children with Physical Disability

4 issues of the book Children with Cerebral Palsy were given to 4 university trainers.

Facebook

7 Facebook entries, at different intervals. All centered on children's work at home during on-line intervention. Which included parent's work with the children and the results of parent's training on-line.

You-Tube

We created a You Tube channel at the beginning of the year. Only 2 entries were uploaded. One with the title of "Creativity of Children with Autism" and the second about "Hydrotherapy". The first film shows an girl with Autism who advanced to the level of being integrated in mainstreamed school. And at the end of the year she was integrated.

The second film is from a father who registered his child in hydrotherapy sessions. The film shows how the child is trained by the hydro-therapist.

TRAINING

❑ *Capacity Building for Professional Team*

It was beneficial, during the COVID-19 pandemic, for our Team to undergo on-line training, with local and international training agencies. There was a wide variety of topics that were relevant to our field of intervention.

All the multi-disciplinary team, were involved in different trainings, and a total of **158 contact** hours of training were gained.

NO.	TRAINING TITLE
1	Updates on Management of Spinal Muscular Atrophy
2	Sensory Integration Assessment & Administration
3	Easy Read
4	Psychological Resilience
5	Music Therapy for Cancer Patients
6	Back to School & Management of Psychological Stress
7	Training of Trainers
8	Educational Journalism
9	Awareness on COVID-19 pandemic
10	Awareness on Menstrual period for girls
11	Therapeutic Trainer for Learning Difficulties (2 Levels)
12	Emotional Resilience
13	Story Therapy
14	Modern Methods for Kindergarten education
15	Linguistic Delay in Children's certificate
16	Autism: Causes, Behavioural Problems, Solution & Evaluations

❑ *Fieldwork for University Students*

Although the majority of our work was on-line, the Universities we cooperate with, sent their students for training with this new mode of intervention.

11 female university students had their training during this year. They were from the occupational, and speech therapy departments. These students were from the Lebanese, Phaeacian and Saint Joseph University.

950 hours of training were provided for these students.

❑ *Community Awareness*

4 awareness trainings were conducted mainly for the women of Mar Elias camp, and 1 training was given by one team member to other members on the use of power point, and how to invest it in creating teaching tools during the activities. The 3 other trainings, which were mainly for women and adolescent girls, was done in collaboration with the camp's Protection Network NGO. Subjects were about immunization, for children in general, and then for children with disability in particular. One training, that targeted adolescent girls, tackled awareness on menstruation.

296 women attended these awareness workshops, 3 of the workshops were conducted at our Preschool. The women were divided, so that the number attending will be distributed 2 meters apart each. Sanitization procedures were implemented.

A total of **37 hours of community awareness**.

MANAGEMENT, ADMINISTRATION & FUNDRAISING

It is very difficult to separate administrative and organizational work from management. There are 3 members responsible for organization, monitoring, follow-up, finance and planning. Members are the Executive Secretary, the Educational Supervisor, and the Director.

ADMINISTRATION

40 administrative meetings were conducted throughout the year. These meetings included the director and Executive secretary meetings, that were conducted once a week. The Director was monitoring the organizational and financial status at the Preschool.

Registration and parent's initial interview were organized with the children's evaluation sessions. Later, planning the different intervention sessions in several meetings with the professional Team.

All Data management were conducted by this section, archived on computer programs developed through the years. All on-line sessions were followed up. All videos, containing therapeutic & educational activities provided for the families, were saved on a special hard disk. This disc also included all videos the parent's sent to the professional team showing the results of home implementation done by the parents.

All minutes of Team Meeting were archived also on word programs. That is around **3000 videos**.

This section was also responsible to follow maintenance in communication and in logistics. Functioning in our environment, means a lot of maintenance of electricity, sanitary system, cleanliness, heating system, audio-visual material, laptops, computers, printers, photocopies, etc...

No Human Appraisal of the staff was conducted this year, due to the specificity of the overall situation.

Petty cash expenses were gathered every month and submitted to the management to produce a tabulated monthly expense that will be sent to the headquarters' accountant. Income incurred from sessions fees were also arranged on a monthly bases and submitted.

This section was also responsible to secure stationaries needed by the center.

After mid-year, this section was also involved of completing reports to donor NGOs, in cooperation with the director.

MANAGEMENT

Management of the Preschool was somewhat hectic this year. At different times throughout, we had to change strategies of intervention taking factors affecting the daily and yearly functions. COVID-19, economical situation, safety and availability of different materials and conditions that intervene with on-line and hands-on intervention.

36 Team Meetings were conducted, where discussions centered on the smooth weekly functions, the work of the children and the different needs that need to be addressed for the next week. All the minutes of these meetings are saved on work programs.

One Donor sent a consultant to evaluate our work with the beneficiaries between the years 2015-2019. Proceedings were then presented in a meeting. 2 other INGOs sent auditing companies to monitor the financial executions of their programs at different years.

Staff work was monitored in the weekly meetings and through CCTV for those who worked at the Preschool.

FUNDRAISING

The difficult financial situation of the country limited our access to donor organizations. At the end we had 2 main donors. MAP, Medical Aid for Palestinians, and Taawon, funding 2 projects, one of them was covered by Danish Muslim Aid.

One crucial point needs to be addressed, is the surrealistic inflation which made our currency worthless. That is what you will see when discussing the finances

FINANCIAL STATUS

❑ *Preschool Budget*

According to the dollar rate at the end of the year, august 2021, the total expenses amounted to 100,952.00 \$ and the income 96,129 \$, while at the end of year 2018-2019, our expenses amounted to around 250,000.00 \$. Deficit was covered the foundation was 4,824.00 \$.

❑ *Ten Project & Ramadan Campaign*

Ten project's inputs reached 8,625.00 \$ while Ramadan input was 2,029.17 \$, and an annual donation of 683.33\$. all these incomes were from individuals. A new Ten Project member joined us, Henggeler Family from Switzerland. A total of 11,337.50 \$, was collected That is around 11.23% of the total budget.

❑ *Taawon*

Taawon partnered us in two projects, one for the educational section and the other for the therapeutic and education sections. The later one was funded by Danish Muslim Aid. Their contribution covered around 45% of our budget.

❑ *Medical Aid For Palestinians (MAP)*

Our strategic partner, MAP, targeted remaining therapeutic and medical services, where it's support covered 35% of our annual budget.

❑ *Children Fees, & Beit Atfal Al Soumoud*

3,414.75\$ were collected fees from the direct beneficiaries. Beit Atfal Al Soumoud- Family Guidance section covered around 20% of the service cost. The amount contributed by Beit Atfal Al Soumoud were allocated only for families in dire need, who were unable to pay their dues.

Fees covered 4% of the budget expenses, where in previous years it reached around 13% (before the inflation).

NEXT YEAR PLAN

Our plan will be affected by the status of COVID-19 situation. Decisions are summarized below:

- All educational & therapeutic intervention will be hands on at the Preschool. Each employee will attend 2 days for conducting sessions, and a day from the Team meeting.
- Conduct a 4 days awareness workshops for the families. Families will be divided in 3 groups, each around 13 to 15 individuals. All precautions measure for sanitization and protection, all attendees should wear masks.
- Collaborate with a consulting agency to help in fund raising
- A new administrative support will be executed by appointing a member of the staff, who is very efficient in data entry and the use of Office files.
- Some on-line coordination will be continued by some of the staff

CONCLUSION

Comparative study of the achievements of the two consecutive years:

Item	Year 2019-2020	Year 2020-2021
No. of children with Disability Served	57	35
No. of Families of children with disability served	57	35
No. of Professionals trained and guided	10	11
No. of Assistive Aids Manufactured	151	
No. of awareness booklets distributed	420	528
No. of beneficiaries attending awareness campaign (women of mar Elias Camp)		296
Training Hours for Staff	211	158
Training Hours for the children	4942	8,421
Training hours of awareness		37
Training Hours for families of children with disability	5056	11,754
Training Hours for University students and professionals		950