



Implementing Organization: Project HOPE

Project Title:

**Haiti Rehabilitation and Reintegration of Persons
with Disabilities Program**

Cooperative Agreement No. AID-521-A-12-00011

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Final Report

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I – SUMMARY

Project HOPE, in association with two Haitian and one international organization, Société Haitienne d'Aide aux Aveugles (SHAA), Federation Haitienne des Associations et Institutions des Personnes Handicapées D'Haiti (FHAIPH), and Surgical Implant Generation Network (SIGN), was to complete a comprehensive system strengthening program providing the full range of quality services for disabled persons extending from in-home supportive care and therapy up to advanced surgical interventions. During its life cycle the project has directly served approximately 6,193 disabled persons, with another 2,014 persons indirectly benefiting from services via our partner activities with both results above target.

We performed on the following levels:

- Our surgical partner (SIGN) accomplished multiple trips to Haiti with international experts encompassing around 97 work days in total providing valuable training and mentoring to Haitian surgeons on advanced orthopedic techniques. Furthermore, the Program instituted and maintained a yearly highly technical Orthopedic conference in Port-au-Prince with foreign travelling faculty geared for the residents but attended by over 180 Haitian Orthopedic specialists from all over Haiti. These newly gained skills will continue to benefit Haitian patients and doctors. During the course of the program, 33 surgeons became newly qualified on the advanced SIGN techniques, and overall 969 orthopedic surgeries were completed involving SIGN trained doctors. Over 3,421 surgical orthopedic implements were distributed to several hospitals by Project HOPE and SIGN valued at over \$1,050,760.
- During the life of the Project we worked with five Rehabilitation Centers. Rehab centers of our network did considerable progress in matters regarding personnel, equipment and capacity. Some received renovations to improve access to their facilities along with new equipment. They also received around 512 work days of technical visits and training during the program to strengthen their skills and improve patient results. Now, they are better able to serve the needs of patients referred to them.
- Community based organizations numbering six were organized into a network and received relatively substantial grants allowing them to offer services to more people with handicap (PWH). They received trainings to improve their skills in identifying and addressing the needs including psychosocial support of the disabled Beneficiaries located in hard to reach communities.

Accomplishments were many and at time hard to come by. We also suffered the consequence of our success. The genesis of this program was essentially to relieve the handicapped sequellae of the earthquake. During our forays in the handicapped population of our assigned corridors we however encountered much more than post-earthquake problems. Many mishandled or untreated traumatic or congenital events were discovered. Prior to our efforts, multiple small, unstructured organizations often based on one skilled person working in isolation were at times competing for attention or meager resources from well-intentioned NGOs. Many of these services were precarious and without institutional financial support unable to be sustainable. Now, within our network handicapped persons in need of services are routed through a logical referral health system geared to their rehabilitative needs whether through surgical, physical therapy, psychosocial or vocational.

A formal project evaluation was also undertaken by Fritz Gerald Pierre, MSc., in July-August 2014 to independently verify project progress and accomplishments. Conclusions:

- The project is meeting the identified needs of people with disabilities, but needs to enforce home-based rehabilitation because of transportation and economic issues facing by PWD.
- Professional level of all surgeons is progressively increased to properly care for Haitian patients but more has to do in the training of the rehabilitation personnel because of lack of a clear plan for specific trainings in a variety of rehabilitation skills.
- Access to quality community based rehabilitation has been expanded through linkage between targeted CBOs, rehabilitation centers and Hospitals that have similar aims.
- The project has not sufficient intervention to expand economic opportunity to PWD

II - Project Goal, Objectives, Expected Results, and Accomplishments

Our strategy resulted in a strengthened service chain extending from the community upward to tertiary facilities and provided the full range of services that people with disabilities need. Our services included: performing corrective surgery, mentoring to Haitian physicians in training, capacity building for Haitian orthopedics, provision of medical equipment and mobility devices, mentoring and skills strengthening on physical and occupational therapy with rehabilitation centers for improved patient care. When appropriate, referrals for primary care were made to local health centers suggested by USAID. We also provided support to assist the disabled in obtaining home based support from CBO's, psychosocial support, including counseling and education, coaching and the provision of simple support for independent living, and economic and vocational training.

We discovered that transportation for handicapped patients to reach their physical therapy centers was a major challenge. Although not included in the program budget; it turned out to be a major and expensive need which we endeavored to provide.

- **Project Objective 1: *Improved surgical capability of target hospitals serving disabled patients***

Intermediate Result 1.1: *Strengthened surgical skills of Haitian doctors & medical residents*

Intermediate Result 1.2: *Increased surgical equipment in target hospitals*

We built surgical capacity in the three targeted "university" hospitals namely HUEH in PaP and Justinien in Cap-Haitien and the "Hopital La Paix" in the eastern outskirts of Port-au-Prince. These three facilities provide the only formal training environment for residents and are the lead government hospitals in expanding orthopedic services throughout Haiti.

During the program, SIGN Fracture Care experts made regular visits providing a total of 97 work days of expert mentorship to Haiti. During these visits, multiple surgical experts from SIGN visited the hospitals to work with the doctors and medical residents, demonstrated advanced techniques in the lecture hall and the operating room, and directly perform surgery. The technical sessions strive to strengthen the skills of the doctors and residents, and improve the quality of patient care. Over the three years, 421 doctors & medical residents participated in and benefited from SIGN visits and directly attended 206 surgical patients.

However, SIGN visits did not occur as frequently as desired because of difficulties in organizing their volunteers to come to Haiti and in particular to work outside the capital. HJ in Cap-Haitien was not as successful as the others due to difficulty in securing operating room time for various reasons inherent to the hospital. As the North is greatly underserved, we struggled to maintain interest from the visiting specialists in working with them.

During the SIGN trips ample opportunity is usually given to the residents and orthopedic surgeons to interact with the visiting consultants in outpatient clinics, bedside rounds, operations and learn the best possible treatment modalities. Post-operative consultations continue beyond the visits by follow-ups with the SIGN network system when residents submit reports on operated cases and receive feedback on them. Nails are resupplied on that basis. During the three years, 969 cases were performed by SIGN trained surgeons on orthopedic cases across Haiti.

As doctors and surgeons gain experience in utilizing the SIGN techniques, IM systems and tools, they are deemed to be fully qualified by SIGN when they have completed 10 successful surgeries (as reported through the SIGN information system of cases). During the length of the program, 33 doctors at the partner hospitals completed sufficient surgeries to meet this level. Overall, 52 surgeons in Haiti now have this considerable experience.

Additionally, Project HOPE and SIGN coordinated the delivery of 3,421 medical instruments during the program comprised of surgical tools, nails, and screws valued at \$1,050,760 to be used during surgery with orthopedic patients in Haitian hospitals.

Furthermore, the Program instituted and maintained a highly acclaimed yearly technical Orthopedic conference in Port-au-Prince with foreign travelling faculty geared for the residents but attended by Haitian Orthopedic specialists from all over Haiti. During this conference (three in total), a faculty of well-known specialists was on hand to present a well-rounded curriculum of orthopedics for developing countries. The residents had an opportunity to make presentations based on their own experience in Haiti. Overall SIGN's program focused on prevention of future handicapped as a result of poor trauma treatment

SIGN also regularly organizes yearly surgical conferences in the USA for a worldwide audience including a limited number of Haitian residents (some of whom received travel stipends from the project). This is also a venue for surgeons from developing countries to present their ideas and discuss them with surgeons from the United States. The surgeons from Haiti are usually very active in these discussions. We emphasized new uses for the SIGN implants as well as treatment of difficult problems which occur primarily in developing countries.

A worthwhile suggestion that emerged from several formal and informal discussions among the visiting surgical consultants was the necessity of a trauma center of excellence where Haitian residents could treat injured patients in a more efficient modern and life and limb saving ways. This could be a great consideration for either renewal, extension or de novo creation of USAID health. This would be a model for the rest of the country.

Project Objective 2: *Strengthen service centers to increase access to a full range of quality rehab services for people with disabilities*

Intermediate Result 2.1: Strengthen skills of service center OT & PT staff in providing hands-on care

Intermediate Result 2.2: Improved patient-centered results

Intermediate Result 2.3: Increased access to prosthetic devices

The participating rehab centers selected provided no-cost services or nominal cost services to people with disabilities and most of them were not receiving any other type of support or assistance from international sponsors. The participating rehab centers received regular visits from our staff experts. These visits served to provide technical support to the centers and their staffs to strengthen their center management, to build capacity in their technician staff, and to introduce systems and tools that promote improve patient centered results.

The Rehab Centers selected for participation in the Program are as follows:

- The Rehab Center Chanje Lavi at Diquini.
- The Rehab Center of Hopital Foyer St. Camille
- The Rehab Section of the Crudem Hospital in Milot
- The Rehab Center of OFATMA hospital in Cap-Haitian
- The Fonhare (Fondation Haitienne de Rehabilitation) in Ouanaminthe

We reestablished a physical therapy service at Sacré Coeur Hospital in Milot that was established during the post-earthquake period by expat Physiotherapists that was completely abandoned. The project helped to restart the activities, provide refurbishments and equipment, and assigned a staff Physical Therapist to work from there and serve handicapped people from the local hospital and community again. We also established a transition strategy with the hospital so that each year they took over more financial responsibility for the services, so by project end the PT service was fully incorporated into the hospital operations. We did the same also for the OFATMA Hospital in Cap-Haitien.

The Rehab centers are strengthened by the regular visits of our consultant staffs pointing out deficiencies in their physical and personnel status. During the length of the program, approximately 512 staff visit days were completed. Scheduled learning sessions were used as Continuing Medical Education (CME) to improve their professional capabilities. Those sessions are usually tailored to the perceived or expressed needs of the personnel.

Special training events were on a regional basis with local and or invited prominent professional and volunteer foreign consultant to support the professional of rehab centers in their quest for CME and professional development. The expat volunteer faculty recruited by Project HOPE was sometimes at the center level to coach, coax and support their Physical therapy staff of rehab center. They provided over 21 days of expertise. Efforts were also made to provide longer term Project HOPE volunteers to support locally the PT personnel of the rehab centers.

Additionally, our own staff of professionals provided over 17 different training events that were attended by 367 representatives of Rehab centers and CBOs. Some of the accomplishments of the rehab centers as a result of our mentoring, coaching and training were the adoption of individualized rehabilitation plans now implemented for all patients. Noticeable improvements in patient performance, with over 90% now having interim progress benchmarks were reached.

On occasion other awardees such as Handicap International and other NGO involved in disabled persons activities such as Healing Hands FOR Haiti did provide training activities to which our centers personnel were invited and attended. Project HOPE Haiti also assured regular training sessions for the personnel of our participating centers and CBO's at regular intervals.

During the assessment phase of selecting rehabilitation centers we also identified potential physical renovations to improve accessibility and use of available treatment space, along with needs for improved quantity and quality of rehab and physical therapy equipment. Throughout the three years, the project had sponsored repairs and improvements, and purchased a variety of equipment for their use.

Table of Items distributed:

Items	Distributed (Quantity in units)
Wheelchairs	82
Crutches	228
Walkers	91
Canes	31
Laptops	5
File Cabinet	4

In some cases, we established a transition strategy to transfer the total responsibility to the hospital concerned.

The situation with the prosthetics procurement was the slowest going in this program. There was some cultural reluctance to adopt routine daily use of prosthetics; therefore the demand on our prosthetic funds had been less than expected. Some of the money originally budgeted for prosthetics was used in other activities such as provision of mobility devices, wheelchairs crutches etc. Patients in need of orthotics and prosthetics are referred to the closest center in our network able to provide them. Over the life of the program, about 396 units of prosthetic or mobility devices were provided to patients.

Referral mechanism throughout the system used our referral tool where basic demographics, diagnostic impressions, service requested, etc., were clearly outlined. Continuity of service was done by counter-referral using the same document with copies being kept at all level of the referral chain.

- **Project Objective 3: *Expand access to quality community based rehabilitation services***

Intermediate Result 3.1: *Expanding economic opportunities for people with disabilities*

Intermediate Result 3.2: *Expanding psychosocial support for people with disabilities*

Strengthening community based rehabilitation was done by grants to partners along with technical support to COBs. Training activities were also organized by our sub-grant partners SHAA & FHAIPH to provide disabled persons with skills to improve their employability by building vocational skills. On occasions Job fairs from our Partner SHAA were organized to link suitable handicapped to potential employers. Furthermore, psycho-social needs of the disabled were also addressed by focusing some basic psychosocial training on the field agents of the CBOs. Therefore with this high expectation for the field agents; we did spend a fair amount of time and energy and assets to assess and train them.

Project HOPE issued grants to 18 CBOs in the communities surrounding the targeted rehabilitation centers to strengthen access to those services by disabled persons and to address their psycho-social needs. Collectively, we were involved in identifying handicapped people in their respective communities, referred them as needed to rehab centers in our network and provided some level of psychosocial

support and follow up after intervention or interaction with higher and or other centers. When necessary and feasible we did provide or subsidize transportation, one of the most pressing problems faced by this community.

Thru our network of CBO's, disabled people identified by Community Organization members were referred into the Network where they had access to vocational training to increase their economic opportunities and other services. All the community based organizations used "Health Agents" to aid the handicapped people at home and their families facing difficulties. We subsidized those H.A. to facilitate their endeavor to reach those living in hard to reach areas thru a monthly allowance to the CBO's administrative committee. We also provided a number of training events in order to build their capacity to appropriately triage and work with cases they find. During the program we trained 141 of these peer Health Agents who are the first line of contact with disabled persons in the remote villages.

Table of Sub-Grants:

Organization	Amount received during the length of the program <i>(reporting on expenditures usually lags 1-2 months)</i>		
AATPH	937500	HTG	& 7400 USD
ALEBIENH	848141	HTG	& 1550 USD
ABMEHD	900000	HTG	& 0 USD
OGDHANE	935490	HTG	& 0 USD
KORE LAVI XDM	96000	HTG	& 13668 USD
KORE LAVI Diquini	0	HTG	& 6665,52 USD
HER	502557	HTG	& 0 USD
OPEACB	470000	HTG	& 0 USD
Clinic St. Esprit	9587,5	HTG	& 4275 USD
Chanje Lavi Diquini	0	HTG	3500 USD
Crudem Milot	785606,7	HTG	& 21253,92 USD
FONHARE	63228	HTG	& 17636,33 USD
Ctre Coeur Eucharistique Nord	24050	HTG	& 0 USD
OFATMA-Cap	621400	HTG	& 0 USD
ASHACAP	0	HTG	& 160 USD
Foyer St. Camille	395000	HTG	& 0 USD
FHAIPH	0	HTG	& 109875,10 USD
SHAA	0	HTG	& 94077,66 USD

Training for the personnel of the rehab centers and the community based organization (CBO) health agents

During the length of the program we organized didactic and practical training sessions numbering 17 sessions for the personnel involved in the rehabilitation centers and health agents of our network approximately once every three months with a total attendance of 367. During those sessions lasting an average of 4 hours; a curriculum addressing the basic science of physical therapy and maintaining continuing medical education was followed. Pre and post lecture/demonstration tests were administered to the participants. Those courses were given by our physical therapy consultant sometimes with the help of volunteer physical therapy specialists recruited by Project HOPE international at affiliated US universities and hospitals. Topics treated were:

- Most frequent Diagnosis in Rehab

- Management of Handicapped at the Community Level
- Basic Techniques in Physiotherapy
- Assistance to handicapped at the Community level
- Walking assistance for Hemiplegics
- Joint mobilization and stretching
- Spinal Cord Injury
- Proper use of wheel chair
- Reinforcing basic notions of Physiotherapy in Haiti
- Back Pain
- Infantile Cerebral Palsy
- Management of Hemiplegics
- Ergotherapy techniques
- Management of burned patients.

Psychosocial Support

Project HOPE under a prior rehab project developed a highly successful “speaking book” (a hard-cover talking book with 16 pages of colorful illustrations supported by straightforward and easy to understand text, along with an accompanying sound track of the story) chronicling the story of a young women hurt in the earthquake, who has her leg amputated, and then fights to recover her confidence and productivity. This book is an excellent psycho-social resource for disabled people as it promotes acceptance and optimism. During the year 1,680 copies have been distributed to rehab centers, BSEIPH, and other organizations.

Vocational Training & Economic Strengthening

Our NGO partner, SHAA conducted four vocational sessions such as: Adapted computer (informatics) for blind people, craftsmanship, pastry and cooking, floral decoration, were undertaken for a total of 36 participants. Several other activities involving craftsmanship fares, microcredits entrepreneurship and self-esteem were also undertaken by our partner SHAA using other NGO connections.

Our NGO partner, FHAIPH organized various sporting such as para-Olympic tournaments, soccer games on social cultural occasions for handicapped people. Attendance at those four events was approximately 3421. They also organized two vocational training sessions with an attendance of 248.

The project had difficulties in working with SHAA and even more with FHAIPH. They have not been receptive of the need to meet the monitoring and reporting requirements of Project HOPE nor those of USAID. They have been resistant to providing full and timely documentation of expenditures. Nor have we received satisfactory responses on the level of activities they have reportedly completed – which contributes to incomplete reporting. We have met with them several times to resolve these issues, and there was somewhat continued resistance. FHAIPH in particular claimed they are used to work with USAID support to do things “as always” but we seemed to be expecting more from them. We continued to work with them to strengthen systems to meet the reporting expectations of this project, but because of continued lack of institutional commitment to resolve these issues sometimes withholding of funds advances was resorted to until performance improved. Overall, working through these organizations was not productively up to our standards.

III – Project Monitoring & Evaluation

The overall M&E operation consisted in an integrated tracking system using documents, tools and reports put in place to monitor activities throughout the project. Many of the tools were drawn from experts' consultations or other standards bodies such as the Standards and Checklists Manual - For Accreditation of Rehabilitation Agencies; American Association for Accreditation of Ambulatory Surgery Facilities; which we adapted to use to score each rehab center across the standards. Likewise, we designed and used evaluation tools to assess the skills and capabilities of our physiotherapy providers.

The evaluation process took into account all the aspects of the project using training logs for training participants in surgeries and physiotherapy with experts; tracking references and counter-references from centers to CBOs and vice versa with tracking methods to assure integrity and accuracy of data.

All of this was captured in Project HOPE's designed reporting system on a quarterly basis that compared against the program's goals, objectives, and indicators. These reports included baseline information, targets to be achieved and tracked progress over time in reaching these targets and beneficiaries.

Moreover mentoring support was provided on collecting data, filling forms and reporting for project's implementation to concerned partners such as the rehab centers.

We encountered many difficulties with the implementation of the monitoring and reporting system with our Haitian sub-grantees who were resistant to meeting the expectations of USAID. They are more accustomed to an informal reporting mechanism that involves trust without documentation. We however managed to create a better appreciation for a comprehensive M&E system to bring their capacity up to reporting expectations.

In consultation with BSEIPH who desired of greater integration of disabled person care from identification to treatment, we did explore a pilot project utilizing a Rapid Data Management System ("RDMS"). This was an integrated system comprised of field mobile data collection combined with an internet based data management system to allow automated field data workflow in real time. We found it very intriguing and contracted with GRT Mobile Solutions to move ahead with a solution. However, due to the extensive time it took for them to prepare their tools to meet our needs, they were not ready until too little time remained in the project to justify the substantial investment. Therefore we had to cancel that contract.

A formal project evaluation was also undertaken by Fritz Gerald Pierre, MSc., in July-August 2014 to independently verify project progress and accomplishments. The evaluation looked at both the service center and the community level to measure quality relative to improved patient outcomes, building on patients IRPs and standard measures of patient rehabilitation. This evaluation consulted with our many partners and sub-grantees. The evaluator also provided recommendations on areas to strengthen in the remaining time of the project.

Conclusions:

- The project is meeting the identified needs of people with disabilities, but needs to enforce home-based rehabilitation because of transportation and economic issues facing by PWD.
- Professional level of all surgeons is progressively increased to properly care for Haitian patient but still more needs to be done in the training of the rehabilitation personnel because of lack of a clear plan for specific trainings in a variety of rehabilitation skills.

- Access to quality community based rehabilitation has been expanded through linkage between targeted CBOs, rehabilitation centers and Hospitals that have similar aims.
- The project has not sufficient intervention to expand economic opportunity to PWD

“The End result of the “Rehabilitation and Reintegration of people with disabilities” is a strengthened service chain that extends from the community upward to tertiary facilities and provides the full range of rehabilitation services that people with disabilities need. The Project has made a positive contribution to rehabilitating and reintegrating people with disabilities. Also appears to have made significant progress towards the achievement of the global and specific objectives.”

Let us say as an epilogue type of statement on this meritorious Project that much good was done and many handicapped people were helped some more than others. Lessons learned will certainly help the planning of another such Project to accomplish even more should it happened to pass.

Thank you very much for the opportunity to be involved in this Rehabilitation Project for such a resilient segment of the Haitian People: the unfortunate and neglected People living with Handicap!

Lucien Armand MD MPH

Country Director

Project HOPE Haiti

V – PMP Summary Table

Code	Performance Indicator	Unit of Measure	Disaggregated by:	Data source	Baseline (Year / month)	Baseline value	Target Life of Project	Actual Life of Project
Project Goal: To rehabilitate and reintegrate into society persons with disabilities								
	Indicator 1 - Number of people with disabilities benefiting from USG-supported social services	Number	Male, female	Program records	June 2012	0	2,520	6,193
	Indicator 2- number of service providers trained who serve vulnerable people.	number	Male/female	Program records	July 2013	104	156	220
Project Objective 1: Improve surgical capability of target hospitals serving disabled patients								
	Indicator 1.1 - # of days of expert mentor surgical supervision & support provided to doctors and medical residents	Number		SIGN trip report	June 2012	0	156	97
	Indicator 1.2 - # of patients receiving expert mentor supervised surgical care	Number	Male, female	SIGN trip report	June 2012	0	215	206
Intermediate Result 1.1: Strengthened surgical skills of Haitian doctors & medical residents								
	Indicator 1.1.1 - # of doctors & medical residents qualified on the SIGN IM Nail System for orthopedic surgery	Number	Male, female	SIGN trip report & surgical database	June 2012	0	48	33
	Indicator 1.1.2 - # of doctors & medical residents participating in expert mentored activities	Number	Male, female	SIGN trip report	June 2012	0	420	421
Intermediate Result 1.2: Increased surgical equipment in target hospitals								
	Indicator 1.2.1 – Number of surgical equipment provided by project	Dollars		Equipment listings & value	June 2012	0	1,304	3,421

Code	Performance Indicator	Unit of Measure	Disaggregated by:	Data source	Baseline (Year / month)	Baseline value	Target Life of Project	Actual life of Project
Project Objective 2: Strengthen service centers to increase access to a full range of quality services for people with disabilities								
	Indicator 2.1- Number of service centers developed or strengthened with the ability to provide services and vocational programs for PWDs and with adequate referral services available when necessary	Number		Assessment tool	Oct 2012	0	4/5	5/5
Intermediate Result 2.1: Strengthen skills of service center OT & PT staff in providing hands-on care								
	Indicator 2.1.1 – # of days of in-service mentoring support received by OT & PT techs in target service centers	Number		Clinic visit report	June 2012	0	600	512
	Indicator 2.1.2 - # of OT/PT techs in target service centers benefiting from mentoring and capacity building support	Number	Male, female	Assessment tool	Oct 2012	0	36	34
	Indicator 2.1.2 - % of OT/PT techs demonstrating "very good" skills on competency measurement	Percent	Male, female	Assessment tool	Oct 2012		80%	67%
Intermediate Result 2.2: Improved patient-centered results								
	Indicator 2.2.1 - % of patients with individualized rehabilitation plans	Percent	Male, female	Patient records	Oct 2012		100%	100%
	Indicator 2.2.2 - % of patients meeting interim progress benchmarks for desired goals	Percent	Male, female	Patient records	Oct 2012		80%	95%
Intermediate Result 2.3: Increased access to prosthetic and mobility devices								
	Indicator 2.3.1 - # of patients receiving new prosthetic and mobility devices	Number	Male, female	Clinic records	June 2012	0	300	396

Code	Performance Indicator	Unit of Measure	Disaggregated by:	Data source	Baseline (Year / month)	Baseline value	Target life of Project	Actual life of project
Project Objective 3: Expand access to quality community based rehabilitation services								
Intermediate Result 3.1: Expanding economic opportunities for people with disabilities								
	Indicator 3.1.1 - # of people with disabilities completing vocational training	Number	Male, female	Training registers	June 2012	0	800	609
	Indicator 3.1.2 - # of people with disabilities participating in economic strengthening activities	Number	Male, female	Training registers	June 2012	0	180	88
Intermediate Result 3.2: Expanding psychosocial support for people with disabilities								
	Indicator 3.2.1 - # of peer counselors trained	Number	Male, female	Training registers	June 2012	0	30	141
	Indicator 3.2.2 - # of people with disabilities receiving psychosocial support from counselors	Number	Male, female	Program records	June 2012	0	800	1394
	Indicator 3.2.3 - # of support events held for people with disabilities (such as sports events)	Number		Event record	June 2012	0	5	4