





Editorial Board

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NIMH Newsletter is published and circulated with a view to reach out to all those who work in the field of mental retardation, including NGOs, Universities, State Directorates of Disabilities and Social Welfare, Policy makers at State and Central level.

The views expressed by the authors are not essentially the views of NIMH

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Dear Patrons.....

I am very pleased to announce the publication of the NIMH Newsletter with the compiled volumes of 19, 20 and 21. During the last one year NIMH has undergone changes. Dr.L.Govinda Rao superannuated from the post of Director and Dr.Jayanthi Narayan, Deputy Director (Admn.) opted for voluntary retirement. We had the privilege of Shri R.Rangasayee, Director, AYJNIHH as the Director with additional charge at NIMH. During this period our regular activities of Human Resource Development, Research and Development and all other programmes went on as per the schedule.

I have the pleasure to inform all of you that having been with NIMH for the last 19 years, I have been selected as the Director with effect from 18th March, 2008. We also have the new Deputy Director (Admn.), Mr.B.V.Ram Kumar with effect from 1st January, 2008.

We take this opportunity to renew our policy of creating high standards in all the endeavours which NIMH endorses. Children with mental retardation, professional colleagues, parents and NGOs will continue to be our prime stakeholders. Developmental activities to enhance the quality of life of persons with mental retardation will be our main focus.

In this combined issue, our new Editor, Dr.Vijayalakshmi Myreddi has given focus on education apart from articles of inputs on managerial skills in the area of Disability Rehabilitation. Regular features will be continued with innovative approaches.

To make this newsletter as a common platform for all of us working in the area of mental retardation, I request your cooperation by way of sending information about your organization, activities and articles.

In the fast approaching Silver Jubilee Year of NIMH, I thank all our patrons who have helped us to maintain the quality in extending the services for the cause of persons with mental retardation.

I look forward to receive contribution for publication in the Newsletter.

With regards,

Yours Sincerely,

T.C.Sivakumar



Education - It is Every Child's Right

Dr. Vijayalakshmi Myreddi

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Every child - disabled or non-disabled has a right to "appropriate" education, which aims at the overall development of the child. Over the years there has been a tremendous change in the philosophy of education of children with mental retardation. The shift has been from mere taking care of them in segregated settings to providing education in Inclusive environments. Further the concept of education has expanded the horizon to include all categories of children with mental retardation, which was only limited to children with mild mental retardation earlier. In addition the paradigm shift in methodology of imparting the education has led to the development of specialized human resource which has paved the way for greater achievement of independence in the lives of children with mental retardation. Another noteworthy change is that the innovations in information technology and its application in the field of education open the greater opportunities for professionals in training the children to the maximum potential and also made it possible to share and borrow information across the globe. With the constant changes and the shift in the education paradigm, it is certain that the education programmes will bring a change in the quality of life of persons with mental retardation in future.

Education aims at "maximum development of abilities and skills of which the individual is capable" (Hutt and Gibby, 1976) "complete social, physical and emotional development (Leeming, Swann, Coupe and

Miltner, 1979)" all round preparation for life" (Tansley and Fulliford, 1960). These statements have the virtue that they are universally applicable to all children regardless of their capabilities or limitations and apply to all ages and stages of development. They emphasise the fact that education is appropriate and justifiable for all children. Kiernan, Jordan, and Saunders (1978) state that "to be educated according to whatever capabilities he may have is a child's right as human being". Right to education and work is mentioned in Article 41 of Indian Constitution. In addition, Article 45 quotes "Free Compulsory Education for all children upto the age of 14 years". Therefore, children whether able or disabled have a right to "appropriate" education. "Appropriate education" means that education which enables them to exercise the greatest possible degree of personal independence and allow them the fullest possible participation and maximum benefit from their physical and social environment. To fulfill this, there is a need for appropriate curriculum methods and materials and physical environment setups for imparting education to persons with mental retardation

Educational Services

Various special educational services are detailed by Deno (1972) which indicates the most to least restrictive environment for education of children with disabilities. The special educational services include education in regular schools along with nondisabled children to home based programmes.

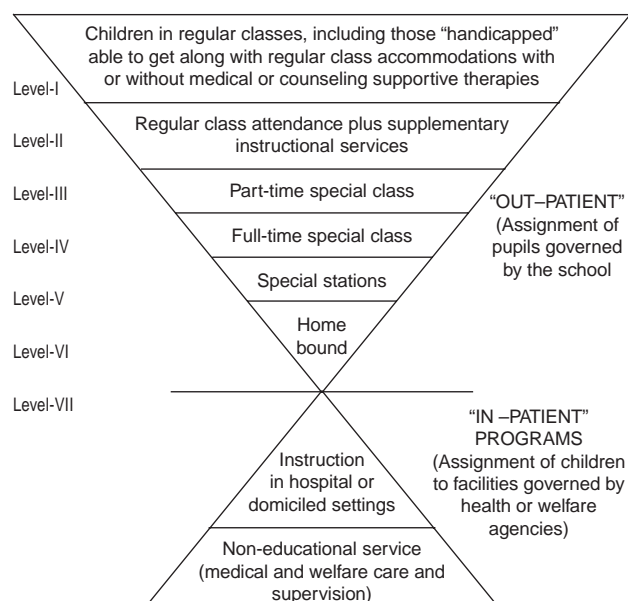


Figure - 1 : Deno's Cascade of Special Education Services
(Source: E. deno (1972) *Special Education As Developmental Capital. Exceptional Children*. 37. 229-237)

Heward and Orlansky (1992) explains further the type of services to be provided in regular classroom based on the intensity of the support needs of children with disabilities. See the Figure-2 given below:

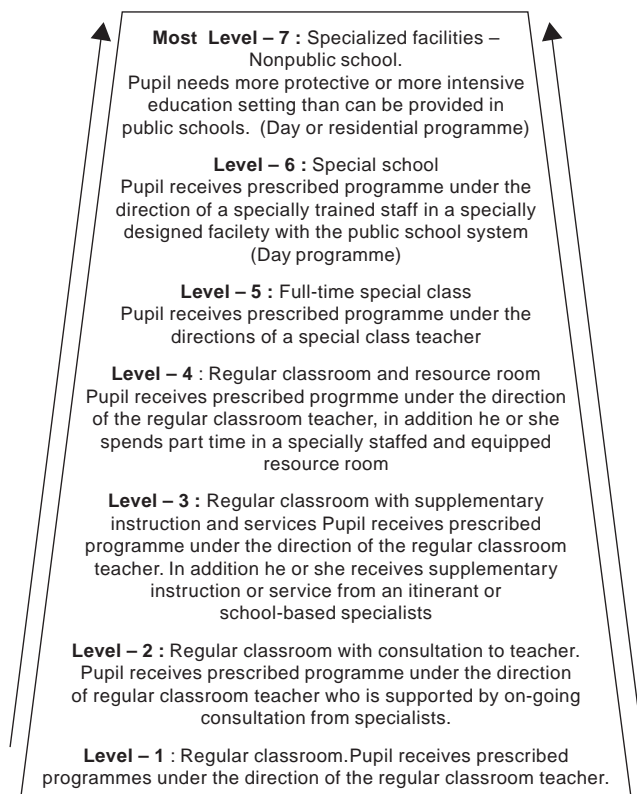


Figure - 2 : Continuation of Educational Services for students with disabilities
(Source: W.L.Heward and M.D.Orlansky (1992) *Exceptional children*, Pg. 63.)

The type of educational services mostly available in our country for children with mental retardation in an hierarchical order to state are special schools, special class in a regular school, home based services, resource room and itinerant teaching. Lately, the Government of India has initiated Sarva Siksha Abiyan in partnership with State Government. It is a time bound integrated programme which aims at providing quality education to children in the 6-14 age group by 2010. Though the integrated and inclusive education models are propagated, it is observed that there is a steep increase in the number of special schools established over years in our country. In fact, the same trend is observed in Asian Countries as it is most preferred service model by parents/family members as their child gets need based individualized education and great care. Specially children with severe and profound mental retardation require multi-disciplinary services, special physical facilities and equipment that may not be available in integrated or inclusive model of services, unless special attention being made by the service providers. Often, the lack of multidisciplinary services in integrated and an inclusive models questions the quality of education being offered and hence the rejection of that model by parents/family members. Therefore, for the success of any service programme, the appropriate physical facilities, equipment and human resource are essential components that need to be addressed.

In early 60s and late 70s, only educable/mildly mentally retarded were thought to be capable of learning skills and were given education in special schools. In fact, the special schools did not consider a child who has no toilet control for admission. Over the years, there has been a gradual change in the philosophy of education which expanded the horizon of education of children with all categories of children with mental retardation. Further, a major focus is currently on prevention and early detection and training of children with developmental delays. The



NGOs and Central and state Governments have expanded their programmes in the above direction. Another strategy employed by them in reaching persons with mental retardation is through community based approach. This approach made possible for families of persons with mental retardation to have an access to services required to their child. The Community Based Rehabilitation (CBR) model is widely used in both developing and developed countries to reach the unreached. As 80% of the population live in rural India, the most viable solution to reach children with mental retardation is through CBR approach. Number of NGOs have started CBR programmes to reach the rural areas and Ministry of Social Justice & Empowerment, Govt. of India, has established District Disability Rehabilitation Centres all over the country. The primary objective of these centers is to identify persons with disabilities in rural areas and to provide need based rehabilitation services to them. As greater variations exist in training needs of children with mental retardation and also in geographical locations, an array of service delivery models that covers a large number of children with mental retardation are warranted.

Curriculum and Instruction

Children with mental retardation show deficits in all developmental areas as a result of insult to the brain. Therefore, the curriculum should include those areas for instruction that leads towards independent living of children with mental retardation. However, the degree of achievement of skills varies depending on the severity, learning modalities and abilities, the access and opportunities and the systematic instruction.

The curriculum areas include self-help, motor, language, social, functional academic, home management and leisure skills. Professionals have used different approaches in developing curriculum for children with mental retardation. The earlier

approach was developmental approach in which the child is taught a skill irrespective of the age, severity, and utility. Later, the focus was shifted to the development of ecology based and or functional curriculum. This approach emphasizes on selection of curriculum content considering the ecology in which the individual lives and the functional skills that are required to live as independently as possible in his/her own environment. This shift was warranted as children with mental retardation take a long time to acquire, maintain and generalize a skill. Hence, a careful selection of curriculum content which leads to functional independence is necessary.

Selection of appropriate and need based curriculum and systematic planning of instruction are two essential variables which play a pivot role in the success of educational programmes for children with mental retardation. Individualized, small group, and large group instructions are planned by educators in special classes. Though, homogeneity is kept in mind while grouping the children for instruction, individual differences are observed in pace of learning in the classrooms, and the educators have to plan the instruction to meet the needs of individual student in the classroom.

The teaching learning aids and the instructional environments in which it takes place should be such that it promotes clear understanding of concepts and generalization of learned concepts. Further, there is a need to develop functional aids for communication and interaction, and for meeting personal requirements of children with mental retardation who are non-verbal and or having severe and profound disability.

Teaching in natural environments should become a part of school time table. Selection of appropriate and ecology based learning aids for teaching in the classrooms are emphasized. The systematic record maintenance and feedback to parents/family members



has brought professionals and parents closer and work towards the betterment of the child.

Human Resource

Over the years, the professional training programmes in the field of education of children with mental retardation have been increased. The history of Special Education in India clearly indicates the growth in terms of services and the professional training institutes in the country. The efforts of NGOs, State and Central Governments during the past two decades have led to a greater awareness and implementation of welfare schemes and professional training programmes in the country. The constitution of Rehabilitation Council of India (RCI), a statutory body of Government of India is responsible for controlling the quality of professional training programmes and also for standardizing the curriculum content for various professional training courses in the field of rehabilitation of children with disabilities.

A Special Teacher plays an important role in bringing the change in the life of a child with mental retardation. The "change" here is referred to the skills that the child has learned in the classroom. As a result the child's functioning ability increases. Often, it is not the child who has no ability to learn but it is the teacher who is unable to plan a suitable instructional plan. Therefore, the teacher training programmes should be of such quality that they prepare teachers to meet the challenges posed by children with mental retardation in variety of settings and situations. There is also a need for an educator to keep updating his/her knowledge and skills periodically. Now, Rehabilitation Council of India is encouraging by giving financial support to training institutes to conduct Continuing Rehabilitation Education Programme (CRE) for Special Educators on current trends in education and management of children with mental retardation. RCI has also made it a mandatory that all the rehabilitation professionals should attend

CRE programmes periodically for renewal of the license from RCI.

Use of Technology in Education

The inventions and innovations in information technology made possible for every one to have an access to information and brought the people from all over the globe closer.

A number of software packages have been developed for use in the classrooms both by teachers and students for institution and self learning. The research studies on effect of Computer Assisted Instruction (CAI) with children with mental retardation indicated positive results. The interaction with the computer provides a different mode of instruction to the child and the feedback he/she gets through multimedia system increases the motivation and concentration of a learner. As audiovisual input facilitates greater learning, the educators also have used it as one of the medium through which the content is imparted to the students. The computer instruction also helps students in practicing what they have learned on their own and it helps teacher in planning individualized instruction for students who require during that time. In addition, the adaptations in hardware has facilitated the use of computers by children with moderate to severe disabilities.

The assistive devices for mobility and communication have broadened the horizons of children with severe and profound disabilities who were thought to be having a very limited capacity to learn skills. These devices, have increased the opportunities of children to interact with a variety of environments, situations and people which widened their learning. Further, it increases the self-confidence of an individual.

Web accessing through internet is providing such an in-depth information on all the aspects of management of children with disabilities which only some individuals had an access a few years ago. Now, even



the training programmes are available online for learners i.e. virtually the Universities and Colleges are coming to the door step of a learner. With these information and technological advancements, one can envisage a good quality education programmes for children with mental retardation in future which prepares them for leading a life as independently as possible and to be a contributing member of the family and the society.

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Shri T.C.Siva Kumar
Assistant Professor in
Rehabilitation Psychology has joined as
Director of NIMH
on 18th March 2008



Application of Augmentative Intervention in the Process of Education & Rehabilitation for the Mentally Challenged Children

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Introduction

Education is a powerful instrument of social change and often initiates upward movements in the social structure. Thereby helping to bridge the gap between the different sections of society. The social acceptance of Mentally challenged children depends upon how they are perceived by the community for which the exhibition of their inner most potential among the community is much more essential. Most of the Mentally Challenged Children are invariably have difficulty for incidental learning. Therefore, the programming system for them has to be focused on repetitive, systematic and stimulatory steps.

Thus the Mentally Challenged children are required an integrated, coordinated and comprehensive approach of both special education and Augmentative interventions to explore their inner most potential, which would ensure their social acceptance, dignity and sense of belongingness.

General Concept of Augmentative Intervention

The Augmentative activities in India have very long history. In ancient history the people used for entertainment purpose which make them physically and mentally well. Some times the Mrudangam or music or drama are used for the entertainment and relaxation purpose also at the night time during the

war. But at the modern world where the general education is growing very fast with high pace in multidimensional ways, the learning through augmentative activities could plays important role. Through the implementation of augmentative Intervention, we could enhance the learning pace without extra burden on the mind. Yoga and medication is thee key ingredient to make the body well and improve the physical and mental endurance and concentration. It is also using for entertainment/ enjoyment purpose. The present trends the people are using yoga for the treatment of various diseases and it was scientifically proved.

Thus the implementation of augmentative Intervention is the best alternate way to engage the mentally challenged children such as number concept, time concept, adaptive behaviors, development of functional and social skills while interacting with the peers, building in memory, concentration and attention etc. It will also help to prevent many secondary complication occurrences due to mental retardation such as lack of coordination, problem behaviors, Obesity, Motor problems, poor concentration, scholastic backwardness etc.

Purpose of implementation of Augmentative intervention in the Education of Mentally Challenged Children:

The need of augmentative Intervention for the mentally Challenged Children is crucial, because they have significantly large amount of leisure or free time. The Mentally Challenged Children participate in an



educational programme for a relatively small part of the day, and then they have nothing to do in the rest of the day. Thus the augmentative activities must be encouraged and systemically programmed. The first purpose to implement the augmentative intervention for the mentally challenged children is to engage them in interestful activities during their leisure time and secondly to promote their skills development for their betterment of life.

So that Mentally Challenged children could enjoy a wide variety of activities even during their leisure time. However, the amount of training, opportunities and experience provided to them. The application of augmentative intervention is systematically designed in graded manner so that it could be most effective ways for the Mentally Challenged children to learn and practice new skills in areas of speech & Language, Social, Perceptual, Cognitive skills etc. development.

Objectives of Augmentative Intervention for the Education of Mentally Challenged Children

Although the Augmentative interventions have no different shape and distinct syllabus, but it can be taken in broader sense in multidimensional view to educate the Mentally Challenged children with the following objectives:

- ◆ To promote Visual-motor, auditory-motor and spacio-motor coordination etc.
- ◆ To improve the Gross and Fine motor skills,
- ◆ To promote Social Skills, Perceptual, Cognitive and Pre-vocational skills.
- ◆ To building self-Confidence among the Mentally Challenged children,
- ◆ To promote desirable behaviours,
- ◆ To shape learned skills.
- ◆ To prevent undesirable behaviours and secondary complications such as Obesity,

Scholastic Backwardness etc.

- ◆ To enhancing the pace of learning among the Mentally Challenge Children.
- ◆ To promote bilateral coordination.
- ◆ To improve communication Skills.

Augmentative interventions may categories as such

- A) Creative Arts
- B) Performing Arts
- C) Sports, Games & Plays
- D) Yoga and Physical Education

A. Crative Arts

As we know that the each and every individuals have some sorts of creativity. Only different things are that the Mentally Children having varying level of creativity and it is needed to bring it through special methods. The practice in systematic way of creative art, the mentally challenged individual can learn better.

- ◆ The application of Simple creative arts such as Simple line drawing, scribbling etc can be helpful for them to augment pre-writing skills and fine motor grasps.
- ◆ Similarly the Thumb printing, vegetable painting, pin pricking, etc could helpful in promotion of Visual-motor coordination and development in perceptual skills among the mentally challenged children.
- ◆ While paper folding, simple assembly, matching paper marbling, thread painting etc could also helpful for the development of bilateral activities.
- ◆ It will also create unique art works of the Mentally Challenged children.
- ◆ It can be also helpful to promote the social skills among these children, if it will practice in group by the way of sharing of materials, waiting of own turns, exchange of ideas, peer modeling, etc.



- ◆ It is also helpful in the promotion of Attention and concentration of people with easy distraction by channeling their aptitude for art and craft, to suit their interest and capabilities.

The creative art can be used as stimulation for promotion communication skills in the Mentally Challenged children through proper instruction, comprehensive approach and implementation could be helpful in the progress in communication skills. The Mentally Challenged Children who can draw figures of their surroundings or known things, people and objects can be encouraged to express their view or episodes of pain & feelings through drawing.

It is important that the art and its expression to the mentally challenged children to be taught in systematically in graded manner as per the principle of Special Education. Secondly it is also important to give more emphasis on imparting of techniques rather than the theme because the value of any piece of creative art lies in application of the techniques as an outlet for innate ideas and capability of the beneficiaries.

B. Performing Arts

The arts which are based on the performance of the individuals and this may be categorized as: MUSIC: The impact of music and rhythm on emotion have well notified in the pages of human history. Music in various forms such as Classical, Light or semi classical, vocal, instrumental, folk forms etc have been exercising by the people in all walks of life. It influences not only the performer but also to the audience.

The Indian classical music has many Ragas set to various seasons to different parts of the day and also to different emotions. Similarly the rhythms or talas are graded from slow rhythm to very fast ones. The Swaras or musical notes of each Raga have ascending and descending orders of pitch with considerable

scope for articulation practice. It is observed that the Listening of melodies/rhythmic music of varying nature by people with aggressive behaviours or emotional disturbances give eminent pleasures for their relaxation. It has also observed that the Mentally Challenged Children especially Autism and Down syndrome have great affinity towards the Music. Thus, a careful implementation of different types of music can shape desirable behaviors and also alleviate unacceptable behaviors among these children. On the other hand the vocal music has great scope on speech development. It can also enhance the memory, cognitive orientation and concept if appropriate songs are chosen.

Percussion Instrument

Training with the use of percussion instrument such as Mrudangam, Tabla, Ghanjira, Drums can systematize random beats of sound, it helps in coordination of auditory-motor, visual-motor and fine motor skills, the beats related to each rhythm synchronizes with Arithmetic and numeric skills. It also helps in optimal use of both the hands and improving their bilateral activities. Being an activity involving percussion instruments it can reduce distractibility and enhance concentration of the child. When they are trained in group it can also help to gain the social skills.

Importance of Dance for the Mentally Challenged Individuals

The mentally challenged individual can be systematically trained in different forms like Classical forms, many recent adaptations and semi classical forms, folk dance or movement to music. The implementation of dancing activities as a part of their extracurricular activities can be helpful as follows:

- ◆ Through performing of dance, these children could develop better fine and gross motor ability and coordination. Specific dance steps or



movements can be stepped to supplement specifics exercise of particular group of Muscles and improve the joint range of motion, muscle strength and endurance.

- ◆ Training in facial expressions and related to body language can promote communication skills. It can also promote concentration, Attention Span etc. It can improve concepts of number, directionality and perceptual skills.
- ◆ Dance involves sequencing of steps and movements and enables to enhance memory of the learner to chain a dance item sequentially.
- ◆ Folk dance of India especially in a group form promotes many higher levels of cognitive perceptual skills.
- ◆ Some group dance such as Dandys, Bangra, Garbha etc not only enable the participants to coordinate their own movements to the rhythm of the music and adaptation to the movements of the co participants.
- ◆ It could also promote concentration and relaxation of various muscles.

Drama

Drama therapy is being widely practiced at many places in the training programmes for Mentally Challenged Children. It could be provided through modeling or counseling of appropriate response and through repetitive practices. Drama therapy is commonly used in many Vocational training programmes for preparing prospective candidate for job interview.

C. Sports & Games and Plays

The implementation of sports & Games, plays etc can develop social skills, interpersonal interactions and coordination among the peers and it is widely practicing at every where. It also promotes motor skills development among the needy individuals. Some of the indoor game has also developed sense of

directionality, alertness, concept of numbers, perceptual skills etc. Some of the games could also promote spacio-motor perceptions, fine motor skills, visual motor coordination etc. Being games commonly played in the community they will enhance integration of Mentally Challenged Children with their peer. Musical Chair apart from promoting auditory motor, visual motor skills, also imparts the concept of Arithmetic sets and subtractions. It could also promote various sensory skills like hearing, touch, smell etc.

Importance of Play for the Mentally Challenged Children

Play behaviors of Mentally Challenged Children are extensively studied and it is seen that, the impact of the play is much more importance in the Education & training for them. It could be helpful in following ways:

- ◆ Any form of play like unstructured/ Structured, solo or interactive can promote different skills.
- ◆ Graded Play can upgrade learning of many concepts, social interactions, concentrations, motor and perceptual skills prevocational capabilities and cognitive skills.
- ◆ Apart from increasing desirable behavior by stimulation the learners to correct the error response and motivating the learners for corrects response.

While the real significance of competitive sports in building up the moral and image of Mentally Challenged Children. Special Olympic with several events is good platform to display their talents and sense of attainment. Through the implementation of special training the Mentally Challenged Children have proved to be good athletes.

D. Yoga and Physical Education

Un-doughtily the many yogic postures have simultaneous breathing control which may supplement exercise for problems related to breathing.



Yoga can improve concentration span, shape good posture. It is also useful to reduce obesity which is usually encountered in people with Dows Syndrome or Autism. While the implementation of Physical Education the individual can improves over all physical fitness. Regular Physical education with group exercise, promote memory for sequencing, synchronizing the movements etc. Perceptual motor skills along with gross and fine motor skills could be improved. It can also improve sense of directionality and number concept in the mentally challenged children.

Conclusion

As we know that, the Mentally Challenged Children are invariably having difficulty for incidental learning. Therefore, they required an integrated, coordinated and comprehensive approach of both special education and Augmentative interventions to explore their inner most potential, which would ensure their social acceptance, dignity and sense of belongingness. Through the implementation of augmentative Intervention, we could enhance the learning pace; improve the physical and mental endurance and concentration. Probably it is one of the best alternatives to engage and nurtures them in good manner. It can also play vital role in their development of their functional and social skills.



पर्यावरण परिरक्षण

जंगल जीवन, जल, वातावरण
शब्द, वायु, आहार व शहन-सहन
जीवन के हर पहलू में निरंतर प्रदूषण
दिन बदिन बिगड़ता हमारा पर्यावरण

सिगरेट, गाडी औधोगि की करण मे प्रदूषण समा है
जिधर देखिए शाहरो में बस अब ओर और धुआँ है
समस्त वृक्ष व प्राणियों के अस्तित्व पर करना सोच
देखो टूट रहा है ओजोन का सुरक्षा कवच

प्रकृति मे सबकी आपूर्ती हेतु हैं पर्याप्त
प्रकृति प्रेमी बनने का करना ज्ञान प्राप्त
प्रदूषण के अन्तहीन सत्यकथा को करना समाप्त
वरना लाखों प्रजातियाँ होंगी धरती से लुप्त

हर प्राणी प्रकृती के जीवन चक्र की कडी है
संसाधन विनाश में मानव योगदान बडी है
जीते जीते की हमने प्रकृती से गडबडी है
देखो दुनिया अब विनाशा के कगार पर खडी है

वास्तव में भावी पीढ़ी की यह धरती है धरोहर
पर्यावरण परिरक्षण हमारी प्रत्येक क्रिया पर है निर्भर
स्वयं आचरण करें व फैलाए देश व विदेश
प्रकृति के साथ कदम लिमाकर चलने का संदेश

- के. रविकुमार



Managerial Concept on Capacity Building in the field of Disability Rehabilitation Organization

Mr. Biswajeet Majhi

Student, MDRA, NIMH

The notion of capacity building assumes that there is some appropriate capacity but in order to tackle future unknowns and constant change, the capacity of people and the capacity in organization need to be consistently and thoughtfully developed in order to meet the goals of the organization more effectively. Consequently most people and organization have capacity; it is a question of how exciting capacity is further developed to tackle more complex future challenges. People in the organization must want change that calls for new capacity and be willing to develop new capacities themselves. They could take ownership of developing capacity in them, the capacity of others and that of the organization as a whole.

The workforce of the 21st century will comprise people with disabilities. So in the field of disability rehabilitation, institutions dealing with training and rehabilitation of the persons with disabilities in our country are many and varied. They have often grown out of sheer enthusiasm, or commitment to help the disabled in dealing fairly an independent living. Often one finds its dismay that the goals are far from reaching the outreached. Research disabled institutions. There are several directions in which one can look into the process of capacity building with a view to ensuring appropriate services, vocational training, skills development and access to income generating opportunities, empowerment and rehabilitation to the disabled. It is also required many organizations to modify physical plants and office buildings to accommodate people with disabilities.

What is capacity Development

Capacity development is a conscious, purposeful, chosen and long-term process to deepen and extend the current capacity in and of the organization. It is the provision or acquisition of the appropriate resources, knowledge, skills and orientation to do (or do better), what one is trying to do. Capacity building is a multi-faceted process. It has a success value. It involves.

- ◆ Transferring institution into learning places
- ◆ Quality services and challenges
- ◆ Opportunity and adjustment
- ◆ Comprehensive planning and implementation strategies.

Characteristics of capacity development

- ◆ It is purposeful - the development of a capacity is linked to some desired future situation.
- ◆ It is process, not an event.
- ◆ It takes time, if we look beyond technical capacity.
- ◆ It takes will and energy.

Steps towards designing a capacity development plan

a) Targeting

- ◆ Where do we want to do ?
- ◆ What is our next development steps ?

b) Identifying

- ◆ Where are we now ?
- ◆ What do we have ?
- ◆ What are the capacities we need to develop



c) Translating

- ◆ How might we do this ?

Targeting

How we can know where we want to be as an organization ?

So, capacity building of an organization as one, which provides a target, an image, and a goal that, the organization can work towards. Organizations like people go through different stages of development over time. Networking has great advantage in capacity building. They can expect to strengthen their strength, converting threats into opportunities and making all the opportunities to strengthen the existing strengths of the organizations. That is how capacities of the NGO's can be expanded. Tom Peter's findings of the study of excellent organizations talk of the aspects which are mostly covered in the present study and which match with the observations. Some of the essential dimensions are autonomy, oriented towards high value-added services, quality conscious, service conscious, more responsive, much faster at innovation and highly trained and flexible people. The organizational implications of the disability trend represent both opportunity and adjustment. The productivity of disabled employees often surprises managers, and training is required to increase manager's awareness of this opportunity. Employing disabled workers, however, also means a need for more comprehensive health care, new physical workplace layouts, and new attitudes towards working with the disabled, and challenging jobs that use a variety of skills.

The following staircase model offers one way of reflecting on where we are now and what our next development step might be.

Stage 1 : The organization has been established and its outputs are being used outside the organization. Quality is unpredictable and the quantity low.

Stage 2 : After the capacity is developed, the organization is able to generate the outputs it expects with a reasonable level of reliability and quantity. However, its capability to respond to changing external conditions is low, especially if key staffs leaves.

Stage 3 : By now the organization is able to sustain the delivery of its outputs to standards it has set for itself. It is also able to make changes on its own and there is no longer a primary need for external agents such as consultants.

Stage 4 : At this stage the organization actively engages its client/target group and seeks to increase the value of its products or services in their interests. It knows its clients and maintains an open dialogue with them. It further allocates resources to encourage and support the utilization of its output.

Identifying and Translating :

After having identified where the organization is at in terms of the above model, the next step is to identify what capacity already exists and what needs to be developed. The following table would help us transform the capacity and what needs to be developed.

Identity	Translate into
Shared values	Policies and practices
Our strategic direction	Strategy
Important Stakeholder	Effective relationships
Appropriate	Outputs plans and action
Organizational support for the programme	Working systems, processes and practices
Appropriate resources	Accountable systems, capabilities and activities.

After the above steps are followed, it is necessary to reflect on the area in which the organization has to build its capacity. The following format would give



us clear picture regarding how the final plan has to be drawn.

Our Priority Challenges

Objective	How we will tackle These	By When (Month Year)
We are all clear about what values we work from	A facilitated workshop	
Leadership is built at all levels	Group discussion to develop strategy	
Our services reviewed by clients	An independent review	

Capacity building imbibed in culture

The above picture then becomes a part of the organizations culture and becomes extremely difficult to break. Culture gives identity to the organization. We consciously reflect on our work and our organization in order to learn to do better. A well-conceived and well managed organizational culture, closely linked to an effective business strategy, can make the difference between success and failures in today's demanding environments. The organizational culture includes four major elements existing at different levels of awareness as shown in figure below.

The level of organizational culture is :

a) Artifacts : Artifacts are the highest level of cultural manifestation. These are the visible symbols of the deeper levels of culture, such as norms, values and basic assumptions. They include observable behaviors of members, as well as the structures, systems, procedures, rules and physical aspects of the organizations.

b) Norms : Just below the surface of cultural awareness are norms guiding how members should behave in particular situations. These represent unwritten rules of behavior.

c) Values : The next deeper level of awareness includes values about what ought to be in organizations. Values

tell members what is important in the organization and what deserves their attention.

d) Basic assumption : At the deepest level of cultural awareness are the taken-for-granted assumptions about how organizational problems should be solved. The basic assumptions tell members how to perceive, think, and feel about things.

Therefore organizational learnings is the product of long-term social learnings and reflects what has worked in the past.

Conclusion

There is no formula to develop capacity in organization. Rather, it is the joint work of the staff and the other stakeholders in becoming aware of :

- ◆ What we are
- ◆ What we want to be
- ◆ What we need to build and develop

This awareness leads to each organization's unique steps to become stronger, more effective and more conscious of itself as an organization aiming to bring about change in the world.

Therefore when the organizations for the persons with disability rehabilitation are concerned there are many factors needed to be considered basically in terms of infrastructure, styles and outcome in the seven essential aspects viz., adequate infrastructure, adequate building space, diagnostic equipment, staff participation in decision-making, professional and children turnout, research and development, recognition, empowerment for the persons with disabilities, distinction and awards need to be improved in the NGOs for better performance and to do justice to the cause of disability.

Besides self-evaluation of infrastructure, services, monitoring, climate in institutions and technical support would be self-improving leading to overall capacity building of the institution. To these ends, we must aim at an honest endeavor to help the disabled.





Genesis of NIEPMD

(A brief account about development of National Institute for Empowerment of Persons with Multiple Disabilities. (NIEPMD) and Its activities)

A. Amarnath

Lecturer, NIEPMD, ECR, Muttukadu, Kancheepuram dist.

National Institute for empowerment of Persons with Multiple Disabilities, NIEPMD, is established on East Coast Road, Muttukadu, Kancheepuram district, Tamil Nadu, (about 30 km from Chennai Central Railway Station, Mofussil bus terminus and airport) by the Ministry of Social Justice and Empowerment Government of India, to fulfill the objective of serving as a national resource center for empowerment of persons with Multiple Disabilities such as those with two or more disabilities in one person. As per PWD Act, 1995-this includes two of the following Low vision, blindness, loco motor disability, hearing impairments, mental retardation, mental illness, leprosy cured, and as per National Trust Act 1999 - Cerebral palsy, Autism.

Objectives of the NIEPMD :

- ◆ To undertake development of human resources for management, training, rehabilitation, education, employment and social development of persons with multiple disabilities.
- ◆ To promote and conduct research in all areas relating to multiple disabilities and to develop transdisciplinary models and strategies for social rehabilitation to meet the needs of diverse groups of people with multiple disabilities.

Services offered by the Institute

The Services and the programmes of the institute were formally inaugurated by Smt. Subbulakshmi Jagadeesan, Hon'ble Minister of State for Social Justice

and Empowerment on 08th July, 2005. Since then the services have been provided to the persons with multiple disabilities by the qualified professionals. The service departments are equipped with suitable equipments and furnitures.

Inaugurated by Smt. Subbulakshmi Jagadeesan, Hon'ble Minister of State for SJ&E, GOI Dr. L. Govinda Rao, then Director, NIEPMD & NIMH, Dr. Jayanthi Narayan, then Dy. Director, NIMH.

Services in the following specialized areas are provided by the institute for the persons with multiple disabilities.

- ◆ Early intervention services
- ◆ Medical interventions
- ◆ Physical therapy
- ◆ Occupational therapy
- ◆ Special Education
- ◆ Psychological interventions
- ◆ Speech & Hearing intervention



Audiological evaluation being carried out



- ◆ Pre-Vocational training
- ◆ Community & family interventions
- ◆ Counselling
- ◆ Sensory integration
- ◆ Deafblind intervention



One to One teaching

- ◆ Physical medicine & Rehabilitation
- ◆ Orthotic & Prosthetic centre

Regular follow-up services for the persons with multiple disabilities are being carried out by the institute through the above departments. The institute has registered 164 persons with multiple disabilities for various services. The institute has rendered 2615 follow-up services to the registered clients. The service departments are equipped with the suitable therapeutic equipments.

Family Cottage Services

Family cottage services are commenced from 08th July, 2005. Family cottage services are provided for a period of 1 week to families of clients from distant places and other states to encourage multiply disabled persons from all over the country to avail the services, and to train the parents in a home atmosphere. The family who wants to take the family cottage services has to obtain prior appointment with the institute.

12 families have been benefited under this services since, its inception.

Aids and appliances distribution

Aids and appliances such as hearing aid, wheel chairs, walking frame, tricycles etc., were provided to 77 numbers of beneficiaries under ADIP scheme.

Out Reach Services

Thirupporur and Thirukalukundram blocks of Kancheepuram District of Tamil Nadu were extensively covered under the identification camp, so for 74 villages have been covered and persons with multiple disabilities were registered. Two villages viz., Sirudavur and Kelambakam are covered under satellite centers service programmes. These villages are visited by NIEPMD professional once in a week, regularly for therapeutic and special education services. The out reach programmes are reaching to the unreached areas where so far no services had reached to the persons with multiple disabilities.

Special School

NIEPMD is running two special education classes for children with Cerebral Palsy with Mental Retardation and Deafblinding. There are 25 children are attending special education centre every day. Two special educator and one deafblind coordinator are imparting special education at the centre. Apart from the centre, special classes are also organized at the community level. There are 10 children attending the special education services in satellite centers.

Human Resource Development Programme

a) Orientation programme :

In the process of training the grass root level workers, NIEPMD have conducted 84 orientation training programmes for ICDS and CBR workers on multiple disabilities. More than 1000 grass root level workers have been trained on multiple disabilities under this programme.

b) Parent Training Programme :

In order to train the parents of the person with



multiple disabilities, NIEPMD had organized 17 parent training programmes on various issued of disabilities and home management. In this programme 173 parents have been trained in the management of their child and nutritional aspects, benefits, schemes and PWD act provisions.

c) Long term training Programmes :

Two Diploma courses recognized by RCI viz., Diploma in Special Education (CP) and Diploma in Special Education (Db) have been started at NIEPMD, with 10 students in each course, as approved by RCI.

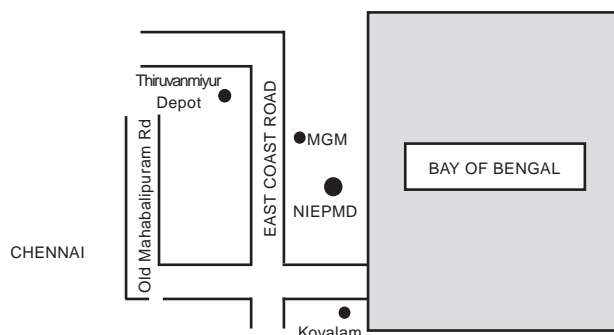
Research Activities

Pilot project has been taken up for developing service models and develop appropriate HRD programmes on multiple disabilities. The collection of data on multiple disabilities in Kancheepuram district is underway.

Library

A good number of books were procured for the NIEPMD Library, covering various aspects of disability and disciplines such as medical, physical therapy, occupational therapy, psychology, special education, speech & hearing, for the reference.

Road Map to NIEPMD



Access By Bus :

Chennai Broadway 19 PP, 19G, 19E	: Kovalam :
Chennai Moffessil Bus Stand PP 49, 118, 188	: Kovalam :
Chennai Tnagar G19	: Kovalam :
Bus Stop	: NIEPMD :

NIEPMD Working Hours :
Monday to Friday 9.00 am to 5.30 pm

Holidays :
Saturday, Sunday & all central Government holidays.

Fore more information and details of services please contact or write to :

The Director
NIEPMD,
ECR, Muttukadu, Kancheepuram DT, TN 603112.
Tele-Fax : +91-44-27472389
GRAMS : NIEPMD.
Emial : niepmd@gmail.com



Dr.JAYANTHI NARAYAN, Deputy Director (Administration) has obtained voluntary retirement and got relieved from the position on 30th March 2007. Her services were found to be of very much useful to the institute. Since she was relieved from service at her request we wish that she will have a peaceful and happy retired life.



Stakeholder Analysis in Project Cycle Management

Mr. Narendra Kumar

Guest Faculty, Dept. of CR & PM NIMH

'If you fail to plan, you plan to fail.'

Planning helps to:	Barriers to planning:
<ul style="list-style-type: none"> • Think ahead and prepare for the future • Ensure the right direction • Identify issues that will need to be addressed • Consider whether a project is possible • Make the best use of resources • Motivate staff • Ensure smooth running of projects • Clarify goals and develop vision • Establish the reason for doing something • Choose between options • Obtain funds and other resources • Allocate resources and responsibilities • Guide implementation of projects • Achieve the best results. 	<ul style="list-style-type: none"> • Lack of time, or not making time to plan • Not knowing how to plan • Difficulty in getting the right people together • Finding it difficult to plan because the future is so uncertain • Wanting to do things immediately because the need is urgent, rather than think about them.

Project Cycle

The project cycle is the process of planning and managing projects can be drawn as a cycle. Each phase of the project leads to the next.

Identification

To identify what a project will focus on, we need to find out who should benefit and what their needs are. A 'needs assessment' will give an overview of community problems. A 'capacity assessment' will help identify which problem the project should address.

Design

Once it is decided to go ahead with the project, we can start to think about the detail. This involves carrying out further research into the people affected by a problem and how they are affected by it. We also need to consider the risks to the project and how we will measure the project's performance.

Implementation

During the implementation of the project it is important to monitor and review the progress of the project and any outside changes that affect it. The project plans should be adjusted where necessary.

Evaluation

Evaluation should be carried out at or after project completion. Evaluation could be carried out a few months or years after the project has finished in order to assess its long-term impact and sustainability.

Lesson Learning

Findings of each phase can be regularly used as a part of organisational learning to improve other projects

Project Cycle Management

Project cycle management (PCM) is the term given to the process of planning and managing projects, programmes and organisations. It is used widely in the business sector and is increasingly being used by development organisations. Development projects sometimes fail because they are badly planned and do not take account of some important factors, particularly the needs and views of stakeholders.

Stakeholder

Stakeholders vary according to the nature of the problem to be addressed of particular interest. For example at the micro level, individuals vary by age, sex, education, ethnicity, religion and occupation; households vary in terms of sex of household head, marital status, resource endowment and productive



activities; whilst communities differ in location, resource endowment, and access to infrastructure and services.

Relationship between Nature of Problem and Stakeholders

Level	Nature of Problem	Stakeholders
Macro	<ul style="list-style-type: none"> • Policy environment • Legal provisions • State of the national economy (as a whole and by sector) • International relations • Trade 	<ul style="list-style-type: none"> • Central government • National research organisations • Private sector • International NGOs • National NGOs • Professional unions • International collaboration
Intermediate	<ul style="list-style-type: none"> • Institutions • Infrastructure (transport, communications, markets) • Services (credit, extension, training, education, health) 	<ul style="list-style-type: none"> • Regional government • Service providers • Private sector (manufacturers, wholesalers, distributors, retailers) • NGOs • Professional organisations
Micro	<ul style="list-style-type: none"> • Productive, household and community work • Access and control over resources and benefits • Decision making 	<ul style="list-style-type: none"> • Individuals (women, men, children) • Households • Communities • Community Based Organisations

Stakeholders are the :

- ◆ People affected by the impact of an activity.
- ◆ People who can influence the impact of an activity.

Stakeholders can be individuals, groups, a community or an institution. Stakeholder groups are made up of people who share a common interest, such as an NGO, church leaders and the community. However, such groups often contain many sub-groups. Seeing the community as one stakeholder group can be meaningless because some people may have very different interests from others in the same community. It may be necessary to divide the community into a number of sub-groups according to aspects such as status, age, gender, wealth and ethnicity. These sub-

groups may be affected by the project in different ways, and some sub-groups may have a lot more influence on the impact of the project than others.

It might also be unwise to view the government as one stakeholder group. It may be necessary to list government ministries as different stakeholder groups if they have different, and even conflicting, opinions about a development proposal. Government at national, state and local levels may also have very different interests. Stakeholders include:

- ◆ **USER GROUPS** – people who use the resources or services in an area
- ◆ **INTEREST GROUPS** – people who have an interest in, an opinion about, or who can affect the use of, a resource or service
- ◆ **BENEFICIARIES** of the project
- ◆ **DECISION-MAKERS**
- ◆ **THOSE OFTEN EXCLUDED** from the decision-making process.

Stakeholders could belong to one or more of these groups. Stakeholders are not only those who shout the loudest. Those who are often excluded from the decision-making process due to age, gender or ethnicity are those who are most likely to lose out if they are not included in the project planning. Stakeholders include the winners and the losers as a result of the project. While most stakeholders will benefit from the project, there may be others who will be negatively affected by the action taken. Stakeholders can be divided into two main types:

Primary Stakeholders who benefit from, or are adversely affected by, an activity. This term describes people whose well-being may be dependent on a resource or service or area that the project addresses. Usually they live in the area or very near the resources in question. They often have few options when faced with change, so they have difficulty adapting. Primary



stakeholders are usually vulnerable. They are the reason why a project is carried out – the end users.

Secondary Stakeholders include all other people and institutions with an interest in the resources or area being considered. They are the means by which project objectives can be met, rather than an end in themselves. If stakeholders are not identified at the project planning stage, the project is at risk of failure. This is because the project cannot take into account the needs and aims of those who will come into contact with it.

Stakeholders Analysis

Stakeholder analysis is a useful tool for identifying stakeholders and describing the nature of their stake, roles and interests. Stakeholder analysis helps to:

- ◆ Improve the project's understanding of the needs of those affected by a problem
- ◆ Reveal how little we know as outsiders, which encourages those who do know to participate
- ◆ Identify potential winners and losers as a result of the project
- ◆ Reduce, or hopefully remove, potential negative project impacts
- ◆ Identify those who have the rights, interests, resources, skills and abilities to take part in, or influence the course of, the project
- ◆ Identify who should be encouraged to take part in the project planning and implementation
- ◆ Identify useful alliances which can be built upon
- ◆ Identify and reduce risks which might involve identifying possible conflicts of interest and expectation among stakeholders so that conflict is avoided.

Stakeholder analysis should be done when possible projects are identified. It should be reviewed at later stages of the project cycle to check that the needs of the stakeholders are being adequately addressed. It is

important to be aware that there are risks in doing a stakeholder analysis:

- ◆ The analysis is only as good as the information used. Sometimes it is difficult to get the necessary information, and many assumptions will have to be made.
- ◆ Tables can oversimplify complex situations : There are a number of ways of doing stakeholder analysis. The method provided below is just one approach. The approach taken will vary depending on the type of project that is being proposed. For example, for an advocacy project we would need to consider different aspects of stakeholders than we would for a development project. The method given below is quite general and can be adapted to whatever type of project is being proposed. Ideally, stakeholder analysis should be carried out with representatives of as many stakeholder groups as possible. It might not always be practical to do so if the stakeholders are widely spread. However, if there is a danger that important stakeholders might be excluded, more time and resources should be invested in doing the stakeholder analysis to make sure they are included.

Method of carrying out Stakeholder Analysis

STEP 1 - Stakeholder table:

Stake holders		Interests	Likely Impact of the Project	Priority
Primary	1			
	2			
	3			
	4			
Secondary	1			
	2			
	3			
	4			



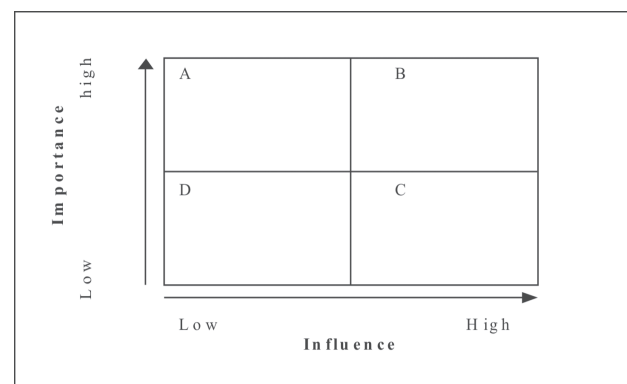
- ◆ List all the possible stakeholders in the project. Divide these into primary stakeholders and secondary stakeholders. Remember to include supporters and opponents, user groups, vulnerable groups and sub-groups that are relevant to the project.
- ◆ In the second column, write the interests of each stakeholder in relation to the project and its objectives. These interests might be obvious. However, there might be some hidden interests, so assumptions might need to be made about what these are likely to be. Remember that each stakeholder might have several interests.
- ◆ In the third column, write down the likely impact of the project on each stakeholder's interests. This will enable us to know how to approach the different stakeholders throughout the course of the project. Use symbols as follows:
 - + Potential positive impact on interest
 - Potential negative impact on interest
 - +/- Possible positive and negative impact on interest
 - ? Uncertain
- ◆ In the fourth column, indicate the priority that the project should give to each stakeholder in meeting their interests. Use the scale 1 to 5, where 1 is the highest priority.

STEP 2 - Table showing influence and importance of stakeholders:

Some stakeholders will have more influence on the project than others. While some are in a position to influence the project so that it is successful, there might be others who feel threatened by it. Consider how to approach those whose interests will be negatively affected in order to avoid conflict and possible failure of the project. While the primary stakeholders usually have the highest priority, the table will help identify

which stakeholders time will need to be spent on – either those who are allies of the project, or those who might cause problems for the project. It is important that we do not neglect the primary stakeholders, even if we think they have low influence. The table combines the influence and importance of stakeholders so that we can see their position in relation to each other.

- ◆ **INFLUENCE** is the power that stakeholders have over the project.
- ◆ **IMPORTANCE** is the priority given by the project to satisfying the needs and interests of each stakeholder.



The amount of influence they have and the extent to which they are important to the project. Give each stakeholder a number and put the number in the place on the table above where the stakeholder falls. If they have high influence, place them towards the right of the table. If they are of high importance to the project, move the number upwards towards the top of the table. The table can be analysed as follows: Boxes A, B and C are the key stakeholders of the project. They can significantly influence the project or are most important if project objectives are to be met.

- ◆ **BOX A** : Stakeholders of high importance to the project, but with low influence. They need special initiatives to ensure their interests are protected.



- ◆ **BOX B :** Stakeholders of high importance to the project, who can also influence its success. It is important to develop good working relationships with these stakeholders to ensure adequate support for the project.
- ◆ **BOX C :** Stakeholders with high influence who can affect the project impact, but whose interests are not the target of the project. These stakeholders may be a source of risk. Relationships with these stakeholders are important and will need careful monitoring. These stakeholders may be able to cause problems for the project and it may be too risky to go ahead with the project at all.
- ◆ **BOX D :** Stakeholders of low priority but who may need limited monitoring and evaluation to check that they have not become high priority.

STEP 3 - Identify appropriate stakeholder participation :

Participation is essential in development work, but in practice it is a concept that has been misused. Participation means different things to different people in different situations. In its widest sense, participation is the involvement of people in development projects. For example, someone can be said to participate by:

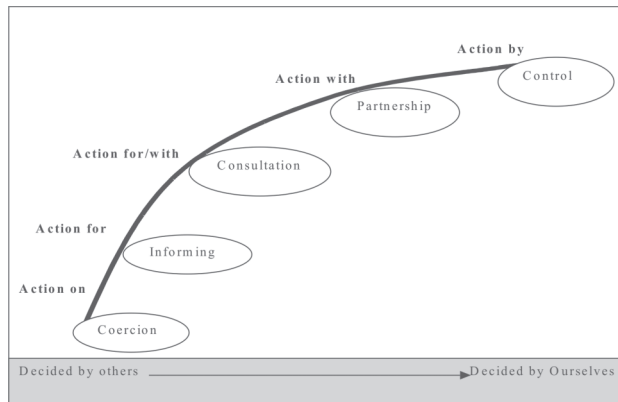
- ◆ Attending a meeting, even though they do not say anything
- ◆ Taking part in the decision-making process
- ◆ Contributing materials, money or labour
- ◆ Providing information
- ◆ Answering questions for a survey.

Often, so-called participatory projects do not actively involve stakeholders (especially primary stakeholders) in decision-making and project implementation. This can lead to unsuccessful development projects. Stakeholder participation in

decision-making throughout the whole project cycle (project planning, implementation, monitoring and evaluation) is likely to result in:

- ◆ **IMPROVED EFFECTIVENESS:** Participation increases the sense of ownership of the project by beneficiaries, which increases the likelihood of project objectives being achieved.
- ◆ **ENHANCED RESPONSIVENESS:** If people participate at the planning stage, the project is more likely to target effort and inputs at perceived needs.
- ◆ **IMPROVED EFFICIENCY:** If local knowledge and skills are drawn on, the project is more likely to be of good quality, stay within budget and finish on time. Mistakes can be avoided and disbursements minimised.
- ◆ **IMPROVED SUSTAINABILITY AND SUSTAINABLE IMPACT :** More people are committed to carry on the activity after outside support has stopped.
- ◆ **EMPOWERMENT AND INCREASED SELF-RELIANCE :** Active participation helps to develop skills and confidence amongst beneficiaries.
- ◆ **IMPROVED TRANSPARENCY AND ACCOUNTABILITY :** because stakeholders are given information and decision-making power.
- ◆ **IMPROVED EQUITY:** if the needs, interests and abilities of all stakeholders are taken into account. Active participation is likely to have many benefits, although it is not a guarantee of project success. Achieving full participation is not easy. It can also take a lot of time, and conflicting interests are likely to come to the surface.

The diagram outlines the different levels of participation. The lowest level may be better described as involvement rather than participation. The higher



up the diagram, the greater the level of participation. Organisations need to decide what level of participation is best. Different levels of participation will be appropriate for different stakeholders at different stages of the project cycle.

Partnership is the type of participation in which two or more stakeholders share in decision-making and the management of the activity. Ideally this is partnership between project staff and the beneficiaries. However, achieving partnership with primary stakeholders can be challenging. A number of problems can arise:

- ◆ Participation may be seen by primary stakeholders as too costly in time and money when compared with the benefits expected.
- ◆ Primary stakeholders may lack appropriate information for effective decision-making.
- ◆ Some primary stakeholder groups may challenge the right of other groups to participate. For example, women may be excluded from participating in a village water committee.
- ◆ Organisations or churches may have a management structure or way of working that does not encourage primary stakeholder participation.

To identify what level of participation is appropriate for different stakeholders, draw a summary participation matrix. The columns represent the levels of participation, the rows represent the stages of the

project cycle. Work through the list of stakeholders in the stakeholder matrix. Think about the extent to which they should participate for each stage of the project cycle. Consider the amount of interest or influence they have. There may be ways that we can involve them in the project which help to increase their interest or influence. Ensure that primary stakeholders participate as fully as possible to encourage ownership of the project.

		Type of Participation			
		Inform	Consult	Partnership	Control
Stage in Project	Identification				
	Design				
	Implementation				
	and Monitoring				
	Reviewing				
	Evaluation				

It is important to keep revising this table. During the project cycle we might find that stakeholders, who we thought should participate to a great extent, are actually not interested in participating, or we might find that to be responsive to how the project is going, we want to encourage some stakeholders to participate more. When the table is completed, think about how participation of stakeholders might actually happen. For example, if we think a PwD's group should be consulted at the planning stage, consider how this might be carried out. We might decide to hold a special meeting, or to attend one of their meetings. It is important to consider our options so that we can ensure those who we think should participate in the project respond to our invitation. The community should select members who will represent them in the project committee. Encourage them to ensure a good balance. These members might then require training and discussion of their expected roles and responsibilities in the project.





NIMH Activities

I. Service Activities

The Institute undertakes assessment of new cases for the purpose of diagnosis which includes case history taking, physical and medical examination, biochemical screening, intellectual and developmental assessment, and special educational assessment. Based on the management plan drawn, the cases are assessed for early intervention, therapeutic, educational, psychological, vocational and employment needs. A programme plan is made for home based training. Parents are given demonstration of the training procedures to be carried out at home. The details as follows:

January 2008 to 31st September 2008

Month	New Cases	Follow up cases
January	567	8974
February	529	9338
March	527	8443
April	503	8279
May	556	7296
June	609	7901
July	700	9401
August	537	9284
September	496	8422

II. Training Programmes

NIMH conducts a number of short term training programs and Certificate courses to up date the knowledge and skills of professionals working in the field of mental retardation. The details of training programs conducted during April 2007 to September 2008 is given below

1. Short Term Training Programmes at NIMH, Secunderabad, April 2007-September 2008

Title of the Course	Target Group	Dates	Coordinator(s)
1 Master Parents Training Programme	Parents 2007	2-13 April,	Shri S.P.Singh
2 Master Trainers' Programme on Siblings Training	Special Educators & other professionals working in the area of MR	16-27 April, 2007	Shri S.P.Singh



	Title of the Course	Target Group	Dates	Coordinator(s)
3	Programme on Vocational Training & Employment	Vocational Instructors & other professionals working in the area of MR	4-8 June, 2007	Shri T.Mugesh
4	Programme in Early Intervention for Professionals	Professionals	18-22 June, 2007	Dr.K.V.Ashok
5	Master Trainers' Programme on Siblings Training	Special Educators & other professionals working in the area of MR	18-29 June, 2007	Shri S.P.Singh
6	Programme on application of Science & Technology in Vocational Training and Employment	Vocational Instructors & other professionals working in the area of MR	2-6 July, 2007	Shri P.Sammaiah
7	Programme on Capacity Building & Leadership	Top level & Sr. Functionaries of NGOs	2-7 July, 2007	Shri T.C.Sivakumar
8	Master Trainers' Programme on Parents Training	Special Educators & other professionals working in the area of MR	16-27 July, 2007	Shri S.P.Singh
9	Programme on therapeutics for professionals	Professionals	23-27 July, 2007	Shri R.C.Nitnaware Shri N.C. Srinivas Shri T. Mugesh
10	Programme on children with profound mental retardation	Special Teachers working with PMR	6-10 August, 2007	Dr.Vijayalakshmi Myreddi
11	Programme on Counseling in Rehabilitation	Professionals working in the field of M.R.	20-24 August, 2007	Shri G.Sri Krishna
12	Sensitization Programme on Autism Spectrum Disorder for Regular School Teachers	Regular School Teachers	23-24 August, 2007	Smt.V.R.P.Sheilaja Rao
13	Programme on creation of barrier free environment for persons with special needs	Vocational Instructors & other professionals working in the area of MR	27-31 August, 2007	Shri K.Ravinder
14	Programme on Management of Autism Spectrum Disorder for Special Teachers	Special Teachers	3-7 September, 2007	Smt.V.R.P.Sheilaja Rao
15	Master Trainers' Programme on Siblings Training	Special Educators & other professionals working in the area of MR	3-14 September, 2007	Shri S.P.Singh
16	Programme on Behaviour Modification for Professionals	Professionals working in the field of MR	10-14 September, 2007	Ms.Binapani Mohapatra



	Title of the Course	Target Group	Dates	Coordinator(s)
17	Sensitization Programme for Regular School Teachers on Learning Problems in Primary Classes	Regular School Teachers	13-14 September, 2007	Smt.V.R.P.Sheilaja Rao
18	Programme on Transition for Special Teachers in Training from School to Work	Special Teachers	17-21 September, 2007	Smt.Nibedita Patnaik
19	Programme on Vocational Training & Employment	Vocational Instructors & other professionals working in the area of MR	24-28 September, 2007	Shri S.P.Singh
20	Master Trainers' Programme on Parents Training	Special Educators and other professionals working in the area of MR	15-26 October, 2007	Shri S.P.Singh
21	Programme on Communication aspects of autism for professionals & special educators	Professionals & Special Educators	29 October, 2007 to 2 November, 2007	Shri N.C.Srinivas
22	Programme on Vocational Training & Employment	Vocational Instructors & other professionals working in the area of MR	3-7 December, 2007	Shri P.Sammaiah
23	Programme on Assistive Technology and Accessible Environment	Vocational Instructors & other professionals working in the area of MR	4-8 February, 2008	Shri T. Muges
24	Orientation programme on Early Intervention for untrained students	Home science students from Dharwar University	7th to 11th April 2008	Shri R.C.Nitnaware
25	Programme on vocational training and employment	Vocational instructors and other professionals working in the area of mental retardation	5th to 9th May 2008	Shri K.Ravi kumar
26	Programme on laws of work (ergonomics) and planning of workstations suitable to persons with mental retardation	Rehabilitation engineers, workshop managers, vocational instructors and other professionals working in the area of mental retardation	2nd to 6th June 2008	Shri B.Ashok
27	Programme on vocational training and employment	Vocational instructors and other professionals working in the area of mental retardation	23rd to 27th June 2008	Shri T.Muges



Title of the Course	Target Group	Dates	Coordinator(s)
28 Master trainers programme on sibling training	Special educators and professionals working in the area of mental retardation	14th to 25th July 2008	Shri B.Ashok
29 Inclusive practices in SSA program	Principal of SSA schools/IED resource teachers/DIET lecturers	4th to 8th August 2008	Smt.V.R.P.Sheilaja Rao
30 Programme on counselling in rehabilitation	Psychologists working in the field of MR	4th to 8th August 2008	Shri G.Sri Krishna
31 Training programme on early intervention for professionals	Professionals working in the field of disability rehabilitation	4th to 8th August 2008	Shri R.C.Nitnaware
32 Strengthening NIOS linkages with special education models	Special teachers attached to Secondary, Pre Vocational and NIOS classes	8th to 12th September 2008	Smt.V.R.P.Sheilaja Rao
33 Programme on behaviour modification for professionals	Psychologists and Special Educators	8th to 12th September 2008	Ms.Binapani Mohapatra
34 Programme on application of science and technology in vocational training and employment	Vocational isntructors and other professionals working in the area of mental retardation	8th to 12th September 2008	Shri P.Sammaiah
35 Training programme on therapeutics for professionals	BPT, BOT, BRT, DPT, BRS(MR), D.Spl.Ed, M.Sc child development with 2 years experience in dealing persons with MR	15th to 19th September 2008	Shri R.C.Nitnaware

2. Short Term Training Programmes at Regional Centres of NIMH 2007-2008

A. Regional Centre, Delhi

Title of the Course	Target Group	Dates	Coordinator(s)
1. Programme on Management of children with cerebral palsy	Professionals working in the field	18-20 April, 2007	Mrs.Vijay Behl
2. Programme on Social Emotional problems in children	Psychologists & PG students of psychology	16-20 July, 2007	Mr.Ashutosh Kumar
3. Programme on Developing Guidance & Counselling skills in relevance to working with children (0-6 years)	Parents, Social Workers&Teachers (general & special)	23-27 July, 2007	Mrs.Asha Sethi



Title of the Course	Target Group	Dates	Coordinator(s)
4. Programme on learning disability	Teachers working with children having LD	20-24 August, 2007	Dr.Usha Grover
5. Orientation programme on Mental retardation for caregivers	Care givers working in schools for children with MR & other disabilities	10-14 September, 2007	Dr.Usha Grover
6. Programme on rural Rehabilitation of Hearing Impaired	Speech Pathologist, Audiologist, Psychologist, Spl.Educators	17-21 September, 2007	Mrs.Nila Gupta
7. Programme on Assessment, Diagnosis & Management of Mental Retardation	PG Psychologists & Special Educators	3-7 December, 2007	Mr.Ashutosh Kumar
8. Programme on understanding specific language impairment and learning disability.	Speech Pathologist, Psychologist, OT, Special Educators & Social Workers	10-14 December, 2007	Mrs.Nila Gupta
9. Programme on Community Based Rehabilitation of Persons with Mental Retardation	Diploma, Degree & PG in field,CBR workers, Rehab Therapists, Social Workers	28 January, 2008 to 1 February, 2008	Mrs.Asha Sethi
10. Programme on Developmental Disabilities	Special Educators PT, OT & other Rehabilitation Workers	25-29 February, 2008	Dr.R.K.Hora
11. Programme on Early Identification & intervention of children at risk/ developmental delay.	Professionals working in the field	10-14 March, 2008	Mrs.Vijay Bahl
12. Development and use of teaching learning material for children with MR	Special Educators/pre-school teachers working in special schools/ integrated schools	7th to 11th July 2008	Dr.Usha Grover
13. Training program on emerging trends in rehabilitation psychology	Working with disabled or M.A (psychology) students	7th to 11th July 2008	Shri Ashutosh Kumar
14. Orientation towards working with families having child with MR	Social Workers, CBR professionals, Special Educators & Psychologists	14th to 18th July 2008	Smt. Asha Sethi
15. Training program on sensory integration dysfunctions and its management	Degree/ Diploma Holders (Speech Pathologist, Audiologist, Occupational Therapist, Physiotherapist, Special Educator, Psychologist)	21st to 25th July 2008	Smt.Vijay Bahl



Title of the Course	Target Group	Dates	Coordinator(s)
16. Training program on communication impairment and their management in children with mental retardation	Degree/ Diploma Holders (Speech Pathologist, Audiologist, Occupational Therapist, Physiotherapist, Special Educator, Psychologist)	4th to 8th August 2008	Smt. Nila Gupta
17. Training program on learning disability	Teachers working with children having learning disability	18th to 22nd August 2008	Dr.Usha Grover
18. Training program on problem in the school going children	Psychologists, Parents and Doctors	20th to 26th September 2008	Shri Ashutosh Kumar

B. Regional Centre, Mumbai

Title of the Course	Target Group	Dates	Coordinator(s)
1 Programme on Identification and Assessment of ADHD, ASD & SLD	Special Educators from Schools of the MMC (Mumbai Municipal Corp.)	9-13 April, 2007	Ms.Sneha Bhavsar
2. Programme on Intervention of ADHD, ASD & SLD	Special Educators from Schools of the MMC	23-27 April, 2007	Ms.Sneha Bhavsar
3. Programme on Faculty Development Programme on Research in special Education	Full Time Faculty from Teacher Training Institutes in MR From the Western Region	3-7 July, 2007	Mrs.Pranita Madkaikar
4. Programme on Management of Behaviour Problems in Persons with MR	Professionals	27-31 August, 2007	Mr.Dashrath Choudhari
5. Programme on Prerequisites for ADL in children with special needs	Professionals	3-7 September, 2007	Ms.Varsha Bangarwar
6. Programme on Role of Audiologist and Speech Therapist in Early Intervention of children with multiple disabilities	Professionals	8-12 October, 2007	Ms.N.Hema
7 Programme on Identification and Management of Children with Learning Disabilities	Professionals	29 October, 2007 to 2 November, 2007	Ms.Sneha Bhavsar



Title of the Course	Target Group	Dates	Coordinator(s)
8. Programme on Nutritional & Dietary considerations for children with special needs	Professionals	17-21 December, 2007	Ms.Honey Thakker
9. Programme on Vocational Training for persons with Mental Retardation	Professionals	7-11 January, 2008	Mr.Dashrath Choudhari
10. Programme on Cognitive & Perceptual Training	Professionals	4-8 February, 2008	Ms.Poonam Maithil
11. Programme on Organizational Behaviour in special school set up for Principals & Administrators	Principals & Administrators	5-9 March, 2008	Ms.Pranita Madkaikar
12. Specific learning disability - R.Bhavsar identification and classroom management	Pre primary teachers, Special educators	25th to 29th August 2008	Ms.Sneha
13. Capacity building in NGO's	Head of the institutions and Special Educators	15th to 19th September 2008	Smt.Bharati Palkar

C. Regional Centre, Kolkata

Title of the Course	Target Group	Dates	Coordinator(s)
1. Programme on Vocational Training & Employment of persons with mental retardation	Special Educators & Rehabilitation Professionals	16-20 July, 2007	Mr.Rajesh Kumar Verma
2. Programme on Recent trends in Rehabilitation Psychology	Psychologists	20-24 August, 2007	Dr.M.Thomas Kishore
3. Programme on Inclusive Education	Special Educators	24-28 September, 2007	Mr.Parshuram Behera
4. Programme on Early Childhood Special Education	Special Educators	19-23 November, 2007	Mr.Parshuram Behera
5. Programme on Community Based Rehabilitation	Rehabilitation Professionals	10-14 December, 2007	Mr.Ram Kumar Nagar
6. Workshop on Transition from School to work of persons with mental retardation	Rehabilitation professionals including Special Educators	7-11 January, 2008	Mr.Rajesh Kumar Verma
7. Programme on vocational training and employment	Vocational Instructors and Special Educators	14th to 18th July 2008	Shri Rajesh Kumar Verma



Title of the Course	Target Group	Dates	Coordinator(s)
8. Programme on Dr.M.ThomasKishore behaviour modification for psychologists and special educators	Psychologists and Special Educators	18th to 22nd August 2008	
9. Programme on Inclusive Education	Special Educators working for persons with MR	22nd to 26th September 2008	Shri Rajesh Kumar Verma & Shri Rajeev Ranjan

NIMH Model Special Education Centre, Delhi

Title of the Course	Target Group	Dates	Coordinator(s)
1. Programme on Vocational Training and Employment	Special Educators, Vocational Instructors, Employers etc	5 days in July 2007	Mrs.Janhavi
2. Programme on Behaviour Modification for Adolescents with Mental Retardation	Special Educators & Parents	5 days in September, 2007	Mr.Mukesh Manocha
3. Programme on Community Based Rehabilitation	Special Educators	5 days in November, 2007	Mr.Mukesh Manocha Mrs.Sabari Ghosh
4. Programme on use of tools of Assessment and Evaluation in Special Education	Rehabilitation professionals & Parents	5 days in February, 2008	Mrs.H.Samuel Mrs. Mousumi Bhaumik
5. Training program on effective management and maintenance of work behaviour in persons with mental retardation in their work environment	Vocational instructors, Special Educators, Employers, Parents etc.	25th to 29th August 2008	Smt. Janhavi
6. Training program for professional on parent professional networking to enhance parental participation	Special Educators, Social workers and other professionals working with persons with MR	22nd to 26th September 2008	Smt. Sabari Ghosh



Short Term Training Programmes



Training Programme for Regular School Teachers on Learning Problems



Special employees Meet



Training Programme on Transition from School to Work



Training Programme on Vocational Training and Employment



Training Programme on Curriculum Development for Children with Mental Retardation



Training Programme on Education of children with Profound Mental Retardation



Training Programme on Behaviour Modification



Parent Training Programme



4. Certificate Courses at NIMH, Headquarters During April 2007

Title of the Course	Target Group	Dates	Coordinator(s)
1 Certificate Course on Design & Development of Individualized Workstation and Job simplification	Vocational Instructors & other professionals working in the area of MR	1-31 May, 2007	Shri K.Ravinder
2 Certificate course on communication aspects of multiple disabilities for special educators	Special Educators	3-31 May, 2007	Shri N.C.Srinivas
3 Certificate course on therapeutics for special educators	Special Educators	3-29 September, 2007	Shri R.C.Nitnaware Shri N.C.Srinivas Shri T.Mugesh
4 Certificate Course on Community Rehabilitation	Rehabilitation Personnel/Professionals in the field of MR	3-29 September, 2007	Shri T.C.Sivakumar
5 Certificate course on Early Intervention for professionals	Medical and Paramedical professionals	3-31 October 2007	Dr.Martha David
6 Certificate Course in Psychological Assessment	Psychologists	1-30 November 2007	Miss.Binapani Mohapatra & Shri G.Sri Krishna

During January - September 2008

7. Certificate Course on Therapeutic aspects of Mental Retardation for Special Educators was conducted from 12 May to 6 June, 2008. About 20 special educators from different parts of the country have participated in the program. The content covered during the program includes medical, child development, physiotherapy, occupational therapy and speech language aspects. The main focus of the training was on giving hands on experience to participants which involved working up with the cases (assessment and intervention) and report writing and discussion.



Certificate Course on Therapeutic aspects

8. Certificate course on Early Intervention for professionals was conducted from 21st April to 16th May 2008. There were 18 participants who were from Maharashtra, Andhra Pradesh, Uttarpradesh and Goa. The contents of the training program includes identification of developmental delay, assessment and planning of Early Intervention activities, and preparation of materials for stimulation and training of parent/ family members. The course content was imparted through lecture discussion and demonstration.



Certificate Course on Early Intervention



III. Staff participated/ presented a paper in conferences/ Workshops

Name	Programme	Date	Place	Participated/ paper presented
Shri T.C.Siva Kumar Director	Regional Parents Meet	26th June,08	KPAMRC, Bangalore	Participated
Mrs.V.R.P.Sheilaja Rao Lecturer in Spl. Education	National Inclusive Education	9-11 July,08	Swayamkrushi, Hyderabad	Paper presented
Nibedita Patanik, lecturer in Special Education	National Conference on Inclusive Education	9-11 July,08	Swayamkrushi, Hyderabad Inclusion of	Paper presented 'Issues related to children with MR'
Shri G.Srikrishna, Lecturer in Rehb. Psychology	International workshop for teachers on quality education for all	24-26 July,08	Alpacs Kids World, Bangalore	Participated
Dr.Vijayalaxmi Myreddi Lecturer in Spl.Education	National conference on "Urban Poverty Alleviation"	25- 26 July,08	Regional Centre for Urban and Environment" Studies, Hotel Katriyen, Hyderabad	Paper presented on Poverty alleviation programme for persons with disability"
Smt. N.Vijayalaxmi, Spl.Education Teacher and Ms.Rajitha, Guest Faculty	Training Programme on Movement and Activities through Play and Engagement	01-02 July,08	Institute of Remedial Intervention services, Hyderabad	Participated
Shri B.Ashok, Asst.Professor in Voc. Training & HOD, DAIL	Conference on "Disability & Disaster Management – safety of persons with mental retardation"	27th 30th January, 2008	Shanta Memorial Rehabilitation Centre, Bhubaneshwar	
Smt.G.Radha, Spl. Edu Teacher and Shri M.Suresh, Vocational Instructor	To participate in one month's certificate course on Assessment on Deaf Blindness	04-29 Aug 2008	NIEPMD, Muttukadu, Chennai, Tamilnadu.	



IV. Staff Development Activities

Name	Programme	Date	Place
Shri T.C.Sivakumar, Asst.Professor in Rehab.Psychology & HOD, CR&PM	1st International Summit on "Corporate Social Responsibility"	29th 30th January, 2008	Ministry of Corporate Affairs, GOI along with the Associated Chambers of Commerce and Industries of India, New Delhi
Shri G.Sree Krishna, Lecturer in Rehab. Psychology	National Convention on " Ten Years of Post Based Rosters"	14th to 16th February, 2008	The Institute of Public Administration, Bangalore
ShriK.Ravi Kumar, Lecturer in Voc. Counselling & Employment	"Preparation and Operation of Post Based Rostres and Conduct of Departmental Promotion Committe Meeting"	23rd to 25th April,2008	Parsam Institute of Statutory Rules, Bangalore.
Shri T.Mugesh, Lecturer in Occupational Therapy	"Advance Course on Right to Information Act 2005 and Modern Management Practices	26-29 May, 2008	National Productivity Council, Chandigarh.
Shri P.Sammaiah, Rehabilitation Officer	Exhibition at Kharigaon	21st to 23rd June,2008	Bihar
Dr.Vijayalaxmi Myreddy, Lecturer in Spl. Edu. and Shri C.Siddeshwar, OS- cum- Accountant	Vigilance Administration	25th to 27th June,2008	Ghaziabad.
Shri T.C.Sivakumar, Director	Workshop for consultation on amendment of the National Trust Act in the light of the UN conv ention on the Rights of Persons with Disabilities	2nd Aug,2008.	KPAMRC, Bangalore

V. Pulse Polio Programme (During 1st April 2007 to 31st March 2008)

S. No.	PLACE	Date	Beneficiaries
1	NIMH campus	19.08.07	868
2	NIMH campus	09.09.07	768
3.	NIMH campus	07.10.07	865
4	NIMH campus	06.01.08	875



VI. Activities of Special Education Center -NIMH

Manasa Special School conducted Arts & Crafts competition for Mentally challenged students on the eve of 17th Formation day celebrations on 10-7-2007. Students from Special education Center, NIMH had participated in painting, collage work and water colour painting. V. Vinay Sagar and G. Divya got 1st prize in Painting, Sowjanya. got 2nd prize in collage work, and Rupesh and Anush got 3rd prize for Water colour painting.

Duragabai Deshmukh Vocational Training and Rehabilitation Centre organized Inter school sports competition on the eve of New Year 4-1-2007. Eighteen students from Special Education Center participated in the competitions. Anusha got 1st prize in Slow walking, and Ragavendra got 2nd prize in Soft ball throw.

Aatheeya Manasika Vikasa Kandram conducted Inter school sports competition for Mentally challenged students on 23-11-2007. From SEC 18 students were participated. P. Swati. got 1st prize in short foot, Nagendra got 2nd prize in Drawing and painting, and Divya got 3rd prize 200 meter Running.

हिन्दी पखवाड़ा समारोह 2007, प्रतिवेदन

राष्ट्रीय मानसिक विकलांग संस्थान में 14 से 28 सितम्बर, 2007 तक हिन्दी पखवाड़ा मनाया गया। इस पखवाड़े के दौरान सरकारी कामकाज में हिन्दी प्रयोग बढ़ाने के लिए और हिन्दी के प्रति रुचि बढ़ाने के लिए प्रयास किया गया। राजभाषा के प्रचार-प्रसार हेतु पोस्टर लगवाये गये। संस्थान के काम-काज में टिप्पणियाँ तथा पत्राचार हिन्दी में करने के लिए प्रोत्साहित किया गया। उपस्थिति पंजी में हस्ताक्षर सभी कर्मचारियों ने हिन्दी में किए। हिन्दी वाकपटुता बढ़ाने के लिए कार्यालय के समय में हिन्दी में वार्तालाप करने के लिए सभी अधिकारी व कर्मचारियों को प्रोत्साहित किया गया। हिन्दी के प्रति रुचि बढ़ाने के उद्देश्य से संस्थान के अधिकारी व कर्मचारी सदस्यों के लिए निम्नलिखित प्रतियोगिताओं का आयोजन किया गया।

क्र. प्रतियोगिता का नाम

१. अनुवाद प्रतियोगिता
२. हिन्दी टंकण प्रतियोगिता
३. प्रश्न मंच
४. कविता लेखन प्रतियोगिता

क्र. प्रतियोगिता का नाम

५. नारे लेखन प्रतियोगिता
६. निबंध लेखन
७. हिन्दी में पोस्टरों का विकास

उपरोक्त प्रतियोगिता के विजेताओं को २९ सितम्बर २००७ को आयोजित विशेष समारोह के अवसर पर पुरस्कार प्रदान किये गये।

इसके अतिरिक्त भारत सरकार के नियमानुसार हिन्दी में १०,००० शब्द से अधिक शब्द लिखने के लिए दिए जाने वाले पुरस्कार के अंतर्गत, श्रीमति आर. ललिता एवं श्री एम. किशन, वाहन चालक को पुरस्कार प्रदान किया गया।



हाथ हाथ मिलाके विकलांग व्यक्तियों को सहारा देंगे।
सम्मिलित करके विकलांग व्यक्तियों से सह-जीवन बिताएँगे

- एन. मुत्तालु



News from NGOs

Lekhadeep

A.G.'s Staff Quarters, Road,
Opp. to E.S.I. Hyderabad.

Sri. J.M. Arun Kumar, a Mild Mentally Retarded Person trained in LEKHADEEP, a Project run by the Parents Association of A.G's Office Employees for the Welfare of Mentally Handicapped Children, Hyderabad, has been rehabilitated in Self Employment [STD & Photo Copying]. He was conferred the National Award 2006 as the Best Disabled Employee in the Category of Mentally Handicapped. On the occasion of the International Day of the Disabled Persons, on 3rd December 2006, the Hon'ble President of India Sri. A.P.J. Abdul Kalam presented the Award to Sri. J.M. Arun Kumar at a Special Investiture Ceremony Function held at Vigyan Bhavan, New Delhi. The Award consisted of a Medal, Certificate, Citation and a Cash Award.



Earlier Sri. J.M. Arun Kumar, M. R. Trainee of LEKHADEEP was also awarded the A.P. State Award 2001-2002 as Best Employee in the sme Category.

These honours come on the heels of another rehabilitated M.R. Employee of LEKHADEEP Sri. I. Rajkumar getting the National Award similarly in the year 1999 & the Association itself bagging the Prestigious Premalatha Peshawaria National Award

2004 for the Best Parents' Association in this area of service. Not only in the field of work - training but also in the field of Social Integration of the Mentally Retarded Persons [which leads to their enhanced self esteem and self confidence, which are also very necessary for their successful rehabilitation], LEKHADEEP has been in the forefront. To cite a few examples of fruition of the sincere endeavour in this area - a pride of achievement -(which are only illustrative), Sri. P. Srikanth another M.R. Trainee, has been a member of the successful NATIONAL CRICKET TEAM participating in the FIRST INTERNATIONAL SPECIAL OFYMPICS CRICKET CUP 2006 [conducted at Mumbai by the Special Olympics in Olympics in Oct-Nov 2006] and has been Awarded a GOLD MEDAL for the successful Indian Team, which won over other competing teams from Pakistan, Bangladesh, Sri Lanka etc. It is also pertinent to mention that from the entire State of Andhra Pradesh only two persons were selected for the above Indian National Team.

Further, out of the Sixteen Member A.P. State Cricket Team which participated in the Asia Pacific Invitation Cricket Tournament 2004, held in Ahmedabad in the month of December 2004 bulk of the players [SIX including the Vice-Captain of the Team], were M.R. Trainees of LEKHADEEP. A unique honour indeed.

Taking note of the excellent work done by LEKHADEEP in this field, The National Trust has also sanctioned a Respite Home Project under the SAMARTH Scheme to the Association.

Photo shows the Hon'ble President of India Presenting the National Award 2006 to Sri. J.M. Arun Kumar.



Lekhadeep

A Battle Won by A Parents Association

The A.P. State road transport corporation (APSRTC) in their circular dated 18-07-1998 stated as under. "The Mentally Retarded Persons who are under the category of Moderate i.e., I.Q40 and below are eligible for obtaining bus passes at concessional rates".

It was pointed out by LEKHADEEP (A parent organization for welfare of M.R. persons), to the RTC authorities that this definition is contra indicative of the government orders, as per which all categories of Mentally Retarded persons up to IQ 69 are eligible for all concessions (including concessional bus passes).

At the instance of representations by LEKHADEEP, the commissioner. Disabled welfare Department issued a clear letter to the concerned authorities on November 2001, to duly following it up, but the APSRTC did not alter their stand.

LEKHADEEP authorities contacted the PARIVAAR members for taking up the matter with the GOI and Govt. of A.P. Again a relentless struggle was launched at all levels for nearly 4 years, also drafting the support of apex sister (Organizations) in the state and at the intervention of Sri. Y. Rajashekhar Reddy, Hon'ble Chief Minister of A.P. The concerned government department issued orders on 30th August 2006 instructing the APSRTC to take remedial measures.

Inauguration of Recreation Therapy Centre KIRANAM Parents Association for Mentally Challenged,

Vanasthalipuram, Hyderabad.

On 27th October 2006 KIRANAM made a land mark by starting a Recreation Therapy Centre in its Rural Development Centre at Turkayamzal Village,

Hayatnagar Mandal, Ranga Reddy District. This Centre would facilitate to organize play therapy and relaxation Section for Mentally Challenged children. Lady Members of Rotary Club has sponsored by donating all the play materials. Mr. Cherukuri Rama Rao, Chairman Cherukuri Group was the Chief Guest. Mr. D.V. Krishna Rao, President, Kiranam Parents Association addressed the gathering of students, public, parents and staff of Kiranam Special School.

प्रति :

The Director
NIMH, Sec'bad (A.P)

विषय : लोकल लेवल कमेटी, बड़वानी द्वारा प्रकाशित पुस्तिका महोदय/महोदया,

राष्ट्रीय न्याज प्रत्येक जिले में लोकल लेवल कमेटी के माध्यम से मंदबुद्धि, सेरीकल पॉलिसी, आटिज्म और बहुविकलांग व्यक्तियों के अधिकारों के संरक्षण एवं सेवाओं हेतु काम करता है, परन्तु इस दिशा में आम समुदाय में जन जमावकता बहुत कम है, इसलिए आशाग्राम इष्ट, बड़वानी जो विकलांग व्यक्तियों के पुनर्वास हेतु पिछले 24 वर्षों से कार्य कर रहा है। राष्ट्रीय न्यास के तहत जिला बड़वानी में गठित लोकल कमेटी के अंतर्गत आओ साथ चले नामक पुस्तिका प्रकाशित की है. जिसका मुल्य उद्देश्य समुदाय में राष्ट्रीय न्यास की विकलांगताओं और बहुविकलांगता के साथ लोकल लेवल कमेटी व अभिभावक नियुक्ती के बारे में जानकारी का प्रचार-प्रसार करना है।

उम्मीद करते हैं कि यह पुस्तिका राष्ट्रीय न्यास के उद्देश्यों को पूरा करने में महत्वपूर्ण भूमिका निभायेगी। इसी के साथ भविष्य में पुस्तिका को और बेहतर एवं उपयोगी बनाने हेतु हम इसे आपके अवलोकनार्थ भेज रहे हैं, कृपया अमूल्य सुझावों से अवश्य कराये।

हीरालाल शर्मा
आशाग्राम ट्रस्ट.



Shri Shashikant Sakarlal Velani Training College for Special Education (M.R) Bhavnagar-364 002. Gujarat

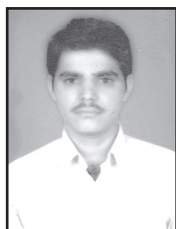
"Ankur" Special School for Mentally Retarded Children, Bhavnagar (Gujarat) runs R.C.I. recognized Shri Shashikant Sakarlal Velani Training College for Special Education (M.R) since 2003-04. Due to hard and sincere work and study of students and proper guidance seven core and other visiting faculties, environment created and facilities extended by the management of the "Ankur" school, the results of every year are gradually improving.

It is a matter of proud to record that the result of 2006-08 D.S.E. Two years training batch has come 100% with distinction marks. Every students secured more than 80% marks.

In Gujarat six such training colleges are engaged to import training. The "Ankur" college is the first getting such result.



Parul
Trivedi
1st



Hardip
Kamalia
2nd



Avani
Pandya
3rd

Shri Parul Trivedi secured 87.2% marks, Shri Hardip Kamalia secured 86% marks and Shri Avani Pandya secured 85.8% marks in this examination. They are the first three trainees in Gujarat also.

Shri Reshma Shah, Course Coordinator and her team deserves congratulation and students too.

ANKUR, Special School for Mentally Retarded Children

"Ankur" Special School for Mentally Retarded Children, Bhavnagar (Guj) has recently compiled and published following two folders in Gujarati layman language for the benefit of parents of M.R. children, teachers and general public for awareness.

1. Behaviour problems of Mentally Retarded Children. comp :- Reshma Shah. [M.A. Psycho, DSE and B.ed (M.R.)]
2. "Ankur" Vocational Training Center for Mentally Handicapped. comp :- Naynaben Navadiya (B.A.) and Meena Rupera (B.com. TTNC.)

"Ankur" School in Bhavnagar District, (Guj) has a series of such folders published and distributed amongst the interested parents of M.R. children, teachers, NGOS and general public for their information and guidance. Both the folders are freely available for those who need. They may write a letter requesting the same to the Hon Secretary "Ankur" Special School for Mentally Retarded Children, Plot No. 1945. Sardarnagar Circle, Bhavnagar-364002. (Guj-india).



Shri.B.V.Ramkumar

has joined as
Deputy Director
(Administration) of NIMH
on 1st January 2008



Success Stories

A Big Event in the life of Mentally Challenged Children



Celebration of Independence Day is an important event for the Nation, but participation by the Mentally Challenged Children on this accession is a big event in their life. On 15th August, 2006 Ms. Kartar Devi, Health Minister, Haryana was the chief guest in the Police Parde Ground, Sirsa and hosted National Flag on the eve of independence Day. Mentally Challenged Children getting Vocational Training in "Disha", Sirsa not only participated in the cultural programme but their Action Song in the shape of prayer was praised by all the Audience and High dignities present on this occasion because this Action Song was the opening item of cultural Programme which was termed as excellent beginning of the programme.

(An Initiative of "Disha", Disha Lane, Near Pritam Palace, Hisar Road, Sirsa)

Swawlamban is the project being run by "DISHA", Sirsa, where Mentally Challenged Adults are trained for self-employment and to become self-dependent. Under this project, one General Store is functioning, where two Mentally Challenged Adults are getting on the job training, three other Mentally Challenged Adults are working on P.C.O. Photostat Work, Coffee Making, Corn-Flakes Making. Harbhajan Singh is one of the five adults getting on the job training under the Swawlamban Project.

Harbhajan Singh is a Mentally Challenged Adult of 35 years age, born at Sirsa. He has been trained by Disha on the General Store being run under the Swawlamban Project. At present he has been working as Assistant / Helper at the said General Store. He comes daily in the morning & he attends all the customers whole day. He is able to hand over the items of General Store as demanded by the customers. He is also able to check the quantity of the items, brand names of the items, quality of the items. He is also able to calculate the value/price and he is also able to count money receive form the customers.



Keeping in view the abilities of Mr. Harbhajan Singh he has been Awarded a prize and Commendation certificate from



District Administration & given by Ms. Kartar Devi, Health Minister Haryana On 15th Aug, 2006 in the Police Prade Ground on the eve of Independence Day. With the help of Disha he has been able to work independently and earn his livelihood. Disha wishes every success in his life.

N.G.O. named as "DISHA" - means showing direction to Physically and Mentally Challenged Persons. This organization is situated at District Sirsa in Haryana State (India), on the National Highway No. 10, and 256 K.M. away towards North - East from Nation's capital Delhi. Since 1998, we have been catering the needs of Mentally and Physically Challenged Persons residing in three states of the Punjab, the Rajasthan and the Haryana.

This N.G.O. has been duly registered under the Societies Registration Act 1860, No. 226, dated May 15, 1998 and the Foreign Contribution Registration Act 1976 (FCRA) now FAMA, No. 172380003 dated July 18, 2003, Ministry of Home Affairs, Govt. of India. Our N.G.O. has got Income Tax exemption u/s 80G of Act, 1961. Presently, we are providing Special Education, Pre-Vocational and Vocational Training, Physiotherapy, Speech Therapy, Occupational Therapy, to 127 Physically and Mentally Challenged Persons. We are also providing Vocational Training in different trades to 500 women from the weaker section of society. So far as the infrastructural facilities are concerned, the DISHA owns 3500 Sq. yards land with one third of build area, well maintained lawn, 16 classrooms, one room for the training in beauty Culture, 2 hostels with all modern amenities, 10 embroidery machines and 75 sewing machines, two buses for commuters. We have also purchased 2000 Sq. yards land for production centre. In close cooperation with the Ministry of Social Justice & Empowerment, HRD, National Trust, Haryana Government, District Administration, the District Red Cross Society and Government Polytechnic, many

projects of Rehabilitation for the persons of disabilities were carried out successfully.

Our main purpose is to create self-confidence amongst these children and in order to make them active part of the society, these children are educated enlightened, award and self-reliant so that they are mainstreams. Since December 3, 2004, we have been implementing a programme known as SWAMLAWBAN under which trained persons are given jobs so that they can earn livelihoods for their families. We are providing 'On Job Training' to Physically and Mentally Challenged Persons on Pop-Corn making machine. Coffee making machine, Spice grinder machine, Plastic Spoons and Forks making machine, S.T.D. P.C.O. Booth, Photostat machine and General Store at our premises. Keeping in view our achievements in the state, the Government of Haryana has declared us "Best Voluntary Organization and the Chief Minister himself awarded and honoured On 26-1-2004, for excellent social services in the field.

AN ANSWERED PRAYER

- I asked for prosperity, And God gave me brain
And brawn to work !
- I asked for love, And God gave me
Troubled people to help!
- I asked for favours, And God gave me
Opportunities to grab !
- I asked for strength, And God gave me
Difficulties to make me strong !
- I asked for wisdom, And God gave me
Problems to solve !
- I asked for courage, And God gave me
Dangers to overcome!

I received nothing I wanted,
I got everything I needed !

Disha, Disha Lane, Near Shani Dev Mandir,
Hisar Road, SIRSA



ANKUR CREATIVITY

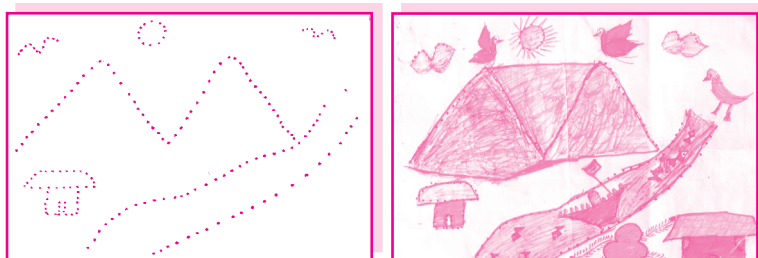
Kum. Suraiya R. Kazi a Mentally Challenged girl of Age : 13 years IQ range 35 to 50, A.D.H.D. under training in Primary group at “ANKUR” Special School for Mentally Retarded children, Saradarnagar Circle, BHAVNAGAR (Gujarat) has shown some interesting and encouraging skill while working with D.S.E. (M.R.) Trainees in the classroom at the time of lesson performance.

First a picture with only dotting was given in the classroom accommodating Sun, Mountain, House, Birds. The child completed perfectly the picture as per the photograph No. 1 Shown here. Such picture given first time to the child in the classroom. The details of object in the dotted picture was first explained verbally by the trainee. The performance of the child was encouraging.

As a record of appreciation and encouragement for the parents, the picture was given to the child at home with an advise to show the picture to the parents, siblings, friends at home.

After two-three days the same picture was brought back by the child in the school and given to the teacher. The teacher was so surprised to see the picture duly completed by the child without any instruction or advise. The important and interesting points to be noted as follows :

- ◆ The child brought the picture back without any instruction, duly colors filled independently.
- ◆ The sun was shown far from mountain duly given a line.
- ◆ She added a small hut tree, saying that if any one has to stay in the house. The house should be located where mountain ends. Hence lines were drawn round the mountain.



The child, earlier was in Integrated Scheme but she was dull in academic and hence she was admitted in the “ANKUR” Special School for the Mentally Retarded, Bhavnagar.

It is interesting to note that the, excellent in the academic area is not the only criteria for the success of the child. One has to observe and study in depth, the various skill of the each child and use those skills to develop the various skills of the child.

NIRAJ TELI, Bright Star of Mangalmurti Vikalang Trust - JUNAGADH (GUJARAT)

Niraj Teli, a brightest Mentally Handicapped student of Mangalmurti Vikalang Trust had joined the organization just before 3 years. After getting proper training and guidance from well qualified staff and coaches he has never looked back in his sports and games progress. He has proved himself winner in various games and athletics.



In the year 2004, he had participated for National level Cricket Tournament organized by Special Olympics at Ahmedabad where he honored with Gold Medal in Hammer Throw and Bronze Medal in 100 mtrs. Run. In the year 2006, he participated in Weight Lifting event at Bangalore and brought as Silver Medal for the organization. Recently in October 2006, he was selected for International Level Tournament of Cricket by Special Olympics. There also he showed his winning ability and brought a Gold Medal in Special Olympics Cricket held at Shanghai, China.

So, this is the success story of the Mentally Handicapped Children of Mangalmurti Vikalang Trust - Junagadh (Gujarat). This gives the best example of properly trained student and model school of Mentally Handicapped Children in India.





मानसिक मंदता : एक बहुउद्देशीय किट

डॉ.कु. श्रुति खरे

चिकित्सीय मनोविशेषज्ञ, जिला विकलांग पुनर्वास केन्द्र जशपुर.

1. मानसिक मंदता : एक सर्वेक्षण :

विगत सत्र में जशपुर जिले के 30 से अधिक पहचान शिविरों में मानसिक मंदता के लगभग 200 प्रकरण पंजीकृत हुए हैं। ये शिविर इस आदिवासी जिले के दूरस्थ ग्रामों में पंचायत स्तर पर आयोजित किये गये थे जिनमें वहां के आस - पास के 8-10 ग्रामों के मानसिक मंदता से संबंधित व्यक्ति भी उपस्थित होते रहें हैं। इस तरह यह सर्वेक्षण लगभग सम्पूर्ण जिले का प्रतिनिधित्व करता है। पंजीकृत व्यक्तियों में महिलाओं की संख्या पुरुषों की तुलना में अधिक है और प्रायः सभी आयु वर्ग के व्यक्ति मानसिक मंदता के शिकार हैं। हमारा लक्ष्य मुख्यतः 6 से 14 वर्ष तक के मध्य आने वाले बच्चों से संबंधित रहा है। इस आयु वर्ग में लगभग 80 से 100 बालक - बालिकाएँ आते हैं।

2. मानसिक मंदता के प्रमुख कारण :

इतनी बड़ी संख्या में मानसिक मंदता के कारणों की खोज करने पर निम्नांकित कारण प्रमुख रूप से हमारे समक्ष आते हैं :-

1. प्रसव पूर्व व बाद में सावधानी न बरतने के कारण
2. पोषक तत्वों का अभाव
3. गरीबी और अशिक्षा
4. स्वावलंबन प्रदान करने वाले कारकों का अभाव
5. दुर्घटना, बीमारी और वंशानुगत दृष्टि से
6. आपने बच्चों के प्रति माता - पिता तथा पालकों की जागरुकता का अभाव
7. परिवार में बच्चों की अधिकता तथा प्रतिरक्षात्मक टीकों के प्रति उदासीनता
8. झाड़फूंक, जादूटोना में विश्वास

9. गंदगी और सीलन युक्त घरों का अस्वस्थ वातावरण

10. अभिभावकों की मद्यपान की प्रवृत्तियाँ आदि।

ये कुछ ऐसे प्रमुख कारण हैं जिनके फलस्वरूप आदिवासी और वन ग्रामों में रहने वाले विभिन्ना जनजातियों में मानसिक मंदता स्पष्ट रूप से दिखाई देती है।

3. मानसिक मंदता : जागरुकता का अभाव :

उपर्युक्त कारणों में से ऐसे बहुत कारण हैं जिनके द्वारा किंचित जागरुकता और बच्चों के प्रति माता-पिता के उत्तरदायित्व - बोध के माध्यम से मानसिक मंदता की मात्रा को सरलतापूर्वक कम किया जा सकता है। इस संदर्भ में पालकों के प्रशिक्षण - शिविरों की आयोजना भी की गई और पालकों तथा बच्चे भी सामान्य बच्चों की तरह कार्य करेंगे किन्तु अधिकांश पालक शिविर में तो आपने दायित्व को स्वीकार करते हैं किन्तु या तो वे एकाध दिन अपने ऐसे बच्चों के प्रति जागरुक रहते हैं अथवा सारी बातें राह में ही भूल जाते हैं।

4. मात्र आर्थिक सहायता पर ध्यान :

उनकी मूल प्रवृत्ति होती है कि शासन ऐसे बच्चों को जो आर्थिक सहायता प्रदान करती है उसे किसी न किसी प्रकार से प्राप्त करना और इस कार्य को पूरा करने के प्रयत्न में वे अपने ऐसे बच्चों के साथ मार - पीट, गाली-गलौज और दुर्व्यवहार भी करते हैं : प्रेम

और सहयोग के स्थान पर उन्हें प्रताड़ना और उपेक्षा मिलती है फलतः ऐसे बच्चे हीनता की ग्रंथियों से युक्त हो जाते हैं और उनका व्यवहार सामान्य होने के स्थान पर और अधिक असामान्य होता जाता है। ऐसे बच्चों के लिये आर्थिक सहायता प्राप्त करने के लिये उनके पालक और अधिक बढ़ चढ़कर



उनकी मानसिक मंदता को प्रदर्शित करते हैं अर्थात् यदि बच्चा मानसिक मंदता की माइल्ड श्रेणी में आता है तब भी उसके माता पिता उसे सिवियर श्रेणी का बताते हैं ।

5. परामर्श प्रशिक्षण के प्रति अरुचि :

माता पिता के साथ मानसिक मंदता से ग्रस्त बच्चों के संबंध में जो परामर्श दिये जाते हैं उन्हें भी पालक गण ध्यान पूर्वक नहीं सुनते, उनका पूरा ध्यान रहता है आर्थिक उपलब्धि पर फलतः उन्हें मनोवैज्ञानिक, शैक्षणिक तथा व्यावसायिक किट के रूप में जो सामग्री प्रदान की जाती है उसका भी व ठीक तरह से उपयोग नहीं करते अतः परामर्श-प्रशिक्षण और सामग्रियों के प्रदाय के बाद भी मानसिक मंदता से ग्रस्त बच्चों में आशाजनक प्रगति के लक्षण दिखाई नहीं देते और स्थितियां यथवत् बन रहती हैं। फीड बैंक के लिये केंद्र में बुलाया जाता है तो अक्सर माता-पिता अपने मानसिक मंदता वाले बच्चों को साथ नहीं लाते और यहां आकर उनकी पहली मांग बस किराया और खान-पान सामग्री की होती है । उनका कहना होता है कि जो किट प्रदान किये गये हैं वे बेकार हैं, उनके स्थान पर उन्हें नगद धनराशि प्रदान की जाय । अक्सर यह भी देखा गया है कि किराया राशि से वे मद्यपान कर लेते हैं। यहां तक कि वे बाजार में किट के रूप में प्रदान किये गये उपकरणों जैसे स्लेट, बस्ता, किताब, शीश, पहली बॉक्स, टिफिन वाटर बैग आदि को आधे अधूरे पैसों में बेचकर उस राशि को भी अपनी मौज-मस्ती में उड़ा देते हैं ।



इस परिपेक्ष्य में मानसिक मंदता से ग्रस्त बच्चों के उपचार के लिये विशेष प्रयत्न की आवश्यकता है। इस संदर्भ में यह उल्लेखनीय है कि परिवार में जो बच्चे 8-10 वर्ष के होते हैं

उन्हें विशेष रूप से माता - पिता और अभिभावकों के शोषण का शिकार भी होना पड़ता है । उन्हें या तो घर के छोटे-मोटे कामों में लगा दिये जाते हैं या फिर वे बाल मजदूरी के लिये विवश कर दिये जाते हैं फलतः उनकी बुद्धि सामान्य और स्वस्थ होने के स्थान पर और अधिक मंद और कुंद हो जाती है। निश्चित रूप से ऐसे लड़के - लड़कियों को जो माता - पिता और अभिभावकों के द्वारा पूरी तरह उपेक्षित, शोषित तथा पीड़ित हैं तथा अनेक प्रकार की मानसिक एवं शारीरिक ग्रंथियों तथा समस्याओं से युक्त हैं, उन्हें अपने पैरों पर खड़ा करना निश्चित रूप से एक चुनौती भरी समस्या है।

6. निराकारण की दिशाएं और सघन प्रशिक्षण:

इस संदर्भ में ऐसे बच्चों की शैक्षणिक, मनोवैज्ञानिक, सामाजिक और व्यावसायिक आवश्यकताओं को ध्यान में रखते हुए हमने एक बहुआयामी व्यावसायिक किट तैयार किया है, उसका प्रयोग भी कुछ मानसिक दृष्टि से मंद बच्चों पर कराया गया जिसके परिणाम हमें उत्साह जनक रूप में प्राप्त हुए हैं। किट को

प्रदान करते समय ऐसे बच्चों के साथ - साथ उनके माता - पिता को भी सघन प्रशिक्षण का रोल प्ले किया और मानसिक मंदता से ग्रस्त बच्चों को प्रशिक्षण स्थल पर ही प्रदत्त उपकरणों तथा सामग्रियों का प्रयोग करना सिखाया ।

7. बहुआयामी प्रशिक्षण किट -

इस किट में प्रमुख रूप से निम्न सामग्रियाँ एवं उपकरण प्रदान किए गए :

अखबार के पेपर से बना हुआ केरी बैग : इसका प्रमुख उद्देश्य यह था कि बनाने के लिए घर में उपलब्ध सभी प्रकार की सामग्रियों का उपयोग किया जा सकता है अर्थात् कागज ही नहीं विभिन्न प्रकार के नये व पुराने कपड़ों को मिलाकर भी बैग तैयार किया जा सकता है । प्रशिक्षण स्थल पर कागज और विभिन्न प्रकार के कपड़ों को जोड़कर बी केरी बैग बनाकर दिखाये गये और मानसिक मंदता वाले बच्चों तथा उनके माता - पिता से भी उन्हें बनवाया गया और यह संदेश दिया गया कि ऐसे बच्चों के द्वारा इस प्रकार के बैग सरलतापूर्वक



तैयार कराये जा सकते हैं और सस्ते दामों में उन्हें बेचा भी जा सकता है। ऐसे बैग प्लास्टिक से भी तैयार किये जा सकते हैं जो गांवों में प्रथमिक कक्षाओं में पढ़ने वाले बच्चों के बस्तों के रूप में भी उपयोग में लाये जा सकते हैं। इस माध्यम से ऐसे बच्चों को कुछ आर्थिक लाभ भी हो सकता है। बाजार में इस तरह के स्कूल बस्ते आजकर 30-40 रुपये में कम में प्राप्त नहीं होते। इस तरह ऐसे माता - पिता अपनी गाड़ी कमाई में से बहुत साधन बचा सकते हैं और अपनी आय का भी एक स्रोत बढ़ा सकते हैं।

सुई धागा और कैंची : इस किट में सुई धागा और एक छोटी कैंची भी रखी गई है। आजकल बाजार में प्लास्टिक की थैलियों का सर्वाधिक प्रचलन है। शासन इन्हें प्रतिबंधित कर रही है क्योंकि ये स्वास्थ्य के लिये तो हानिकारक हैं ही, पर्यावरण को भी प्रदूषित करती हैं। इन्हें पशुओं द्वारा खा लेने पर उनकी आकस्मिक मृत्यु भी हो रही है क्योंकि प्लास्टिक उनके पेट में जाकर विभिन्न नलिकाओं को अवरुद्ध कर देता है। प्लास्टिक कभी गलता या सड़ता नहीं है। कैंची देने का प्रमुख प्रयोजन यह है कि ऐसे बच्चे माता-पिता के सहयोग और मार्गदर्शन में कागज की थैलियां सरलतापूर्वक बना सकते हैं और व्यावसायिक स्तर पर उन्हें किराना आदि की दुकानों पर बेच सकते हैं। प्रशिक्षण शिविरों में ऐसी कागज की थैलियां बनाने के लिये प्रशिक्षण भी दिया गया और बच्चों को रंग - बिरंगे फूलों के डिजाइन बनाना भी सिखाया गया। किट में बच्चों को थर्माकोल की छोटे - छोटे रंग - बिरंगे बाल भी प्रदान किये गये जिनके द्वारा उन्हें आकर्षक मालाएं बनाना भी सुई धागा के सहयोग से सिखाया गया और यह भी बताया गया कि इस प्रकार की मालाओं का प्रयोग गृह सज्जा व मूर्ति सज्जा के लिये किया जा सकता है।

जशपुर जिले में फूल तो प्रायः हर घर में उपलब्ध हैं किन्तु जशपुर नगर जैसे जिला स्तरीय शहर में न तो कहीं फूलों की मालाएं बिकती हैं और न ही गजरे। इस दृष्टि से पुष्प मालाएं बनाकर सरलतापूर्वक बेची जा सकती हैं। माइल्ड ग्रुप के बच्चों को सुई धागों से कपड़ों में फूल बनाना भी सिखाया गया।

शैक्षणिक किट : ग्रामिण परिवेश के इस प्रकार के अधिकांश बच्चे लिखना पढ़ना बिल्कुल नहीं जानते। मंदता के कारण शालाओं में या तो इनका नाम ही नहीं लिखा जाता अथवा उन्हें निकाल दिया जाता है किन्तु जब तक ऐसे बच्चे थोड़ा बहुत लिखना - पढ़ना नहीं सीख पाते तब तक उनके जीवन में आत्म सम्मान आत्म - सुरक्षा और विश्वास की भावनाओं का विकास नहीं हो पाता अतः इस किट में हमने

उनकी शैक्षणिक आवश्यकताओं की पूर्ति के लिये स्लेट पेन्सिल के साथ - साथ शीश पेन्सिल, शार्पनर और अभ्यास पुस्तिकाएं भी प्रदान की। अभ्यास पुस्तिकायें तीनों खंडों में विभक्त हैं। अंकों का ज्ञान तथा उनके लिपि चिह्न लिखना सिखाने के पहले आड़ी, तिरछी, सीधी, चंद्राकार, गोल आदि चिह्न बनाने के लिये पर्याप्त रिक्त स्थान छोड़ा गया है जिसका उद्देश्य है कि वे सही ढंग से अंकों के लिपि चिह्न न केवल लिख सकें वरन् उनमें करना भी सीख सकें।

इसी प्रकार अक्षरों को लिखने के पूर्व भी अभ्यास के लिए पर्याप्त रिक्त स्थान छोड़ा गया है। एक एक अक्षर लिखकर सीखने के लिए भी पर्याप्त स्थान अभ्यास पुस्तिका में प्रदान किया गया है।

अक्षर ज्ञान के बाद पहले दो व्यंजनों के मेल से बनने वाले कुछ शब्दों के उदाहरण दिए गये और फिर कम से विभिन्न अक्षरों के साथ मिलकर बनने वाले छोटे-बड़े के उदाहरण दिये गये हैं। तृतीय खंड में पास - दूर, हल्का - भारी, छोटा - बड़ा, पतला-मोटा आदि की तुलनात्मक जानकारी के लिए चित्रात्मक उदाहरण प्रस्तुत किए गए हैं। रुपया, पैसा, समय, दिन, माह, सप्ताह, माप, तौल, दूरी तथा विभिन्न आवृत्तियों (त्रिभुज, वृत्त, चतुर्भुज आदि) का भी ज्ञान कराने के लिए उदाहरण दिए गये हैं। साथ ही साथ क्रम से बिन्दु मिलाते हुए चित्र बनाना, चित्रों में रंग भरना, पहली में रास्ता खोजना दो लगभग समान दिखने वाले चित्रों में अंतर खोजना आदि के लिए भी पर्याप्त चित्रात्मक सामग्री प्रस्तुत की गई है।

इस शैक्षणिक सामग्री का उपयोग स्वयं निरक्षर प्रयोग नहीं कर सकते अतः उनके मार्गदर्शन के लिए किसी न किसी पढ़े



लिखे व्यक्ति का होना आवश्यक हो. इस हेतु भी गांव के कुछ पढ़े लिखे बालक - बालिकाओं को पढ़ाने की पद्धतियों से अवगत कराया गया क्योंकि ऐसे बच्चों के माता - पिता भी अक्सर निरक्षर होते हैं अतः वे इस शैक्षणिक सामग्री का प्रयोग करना नहीं सिखा सकते ।

खेलकूद संबंधी सामग्री : बच्चों का भावात्मक, बौद्धिक, रचनात्मक एवं सामाजिक विकास खेल - कूद के माध्यम से होता है । मंद बुद्धि वाले बच्चे या तो सामान्य रूप से खेल - कबड में भाग नहीं लेते या उन्हें उपेक्षित कर दिया जाता है । इस हेतु इस किट में क्यूबिक, सार सीढ़ी, लूडो, कुदने के लिये रस्सी, चित्रात्मक पहेलियां, ट्रेन (जोड़कर बनाने वाली) आदि सामग्रियाँ रखी गई हैं ।

क्यूबिक : रखने का मुख्य उद्देश्य है विभिन्न रंगों की पहचान करना और एक जैसे रंगों को एक साथ मिलाने का प्रयत्न करना । इसमें बच्चे की एकाग्रता के साथ - साथ समस्या को समाधान करने की प्रवृत्ति का भी विकास होता है, उसकी लगन और निरंतर प्रयास करने की प्रवृत्ति भी विकसित होती है । वह जमकर एक स्थान पर बैठकर काम करना भी सीखता है और जब वह एक जैसे रंगों को एक धरातल पर मिलाने में सफल हो जाता है तो उसकी हार्दिक प्रसन्नता व संतोष की प्रवृत्ति भी दर्शनिय होती है ।

सांप सीढ़ी से बच्चे अंकों को जोड़ना और घटाना तो सीखते ही हैं, खेल - खेल में गिनने के कम का ज्ञान भी उन्हें होता है । इसका सबसे बड़ा लाभ यह है कि सीढ़ी पर चढ़कर उन्हें जहां प्रसन्नता (संवेग) का अनुभव होता है वही सांप के निगलने से गोटी के नीचे चले जाने पर भय और दुःख (संवेग) की अनुभूतियां भी होती हैं और खेल - खेल में वह इन दोनों के मध्य समायोजन करना भी सीख जाता है । फलतः अपने जीवन के उतार-चढ़ान में वह संयमित बना रहना सीख जाता है ।

लूडो से वह परतियोगिता में भाग लेना तथा जीतने के लिये प्रयत्न सीखता है । ये खेल वह अन्य बच्चों के साथ भी खेल सकता है जिससे उसमें समायोजन की भावना विकसित होती है

शारीरिक विकास के लिये रस्सी कूद भी अच्छा खेल है जिसे शरीर के सभी अंगों का विकास होता है । इसे वह अकेले तथा अन्य बच्चों के साथ भी खेल सकता है ।

गांव के बच्चों के लिये इस प्रकार के उपकरण प्रायः उपलब्ध नहीं होते हैं फलतः इन उपकरणों के साथ सामान्य बच्चे भी मंद बुद्धि वाले बच्चों के साथ हिल-मिल कर खेलते हैं ।

चित्रात्मक पहेली में किसी चित्र के विभिन्न टुकड़ों को यथास्तान जोड़कर पूरा चित्र बनाना सिखाया जाता है । उदाहरण के लिये बैगन के चित्र को पहले चार छः टुकड़े कर दिये फिर उन्हें सही स्थान पर जोड़कर बैगन बनाने का निर्देश दिया । इसी तरह के विभिन्न पशुओं, पक्षियों, सब्जियों आदि के चित्रों को बनाना व पहचाना सिखाया जाता है । यह क्रिया बुद्धि विकास, विवेक, समझ और बार-बार प्रयत्न करने की प्रवृत्ति का विकास करती है । इससे धीरे - धीरे मंद बुद्धि बच्चों की समझ बढ़ती है और वे इस तरह के कार्यों में निपुण हो जाते हैं । इन खेलों को खिलाने में फुर्सत के समय माता - पिता भी उन्हें प्रेरित कर सकते हैं ।

समग्रतः यह एक बहुउद्देशीय पूर्व-व्यावसायिक किट है जिसके द्वारा मानसिक मंदता वाले बालक - बालिकाओं को बौद्धिक, भावात्मक, रचनात्मक और सामाजिक दृष्टि से स्वावलंबी बनाने की दिशा में अच्छी तरह प्रेरित किया जा सकता है किन्तु जैसा कि हम कह चुके हैं इस बहुउद्देशीय व्यावसायिक किट में अंतर्निहित उद्देश्यों की प्राप्ति के लिये मानसिक मंदता वाले बच्चों को उनके माता - पिता, परिवार तथा पास पड़ोस के लोगों का प्रेम, सहयोग, पुरस्कार, प्रोत्साहन और मार्गदर्शन परम आवश्यक है ।



Sharing Experiences

"ANKUR" - Bhavnagar, Gujarat

This is the case of Master Jabari Sejad of 10 years age 8 years having no disability. I.Q. of the child is in between 35 to 45 as per certification. Father is doing labour pain remain long and child at the time of birth become white. The blood group of father, mother and child is "O" positive.

The details of family is divided family. Due to disability of Master Sejad her mother cares, more of this child then normal younger child. Master Sejad can't eat food without the help of others. He is having speech problem also because family use hindi language in house when in school "Gujarati" language is used. His younger brother do not knowd that his elder brother is M.R. and having speech problem. Younger brother feels bad because his mother takes more care of his elder son. Hence this younger brother is making quarrel with elder brother. Due to critical financial condetion of the family, they do notd have drainage, latrine and water line at residence.

Due to muslim family, the marriage took place of having blood relation and parents are very weak physically, due to miscarriage for want of non acceptance of family planning. Both delivery took place at home, mother is illiterate. Above family situation, the educator found following problems in the family.

Personal Issues

- ◆ Time management for household work
- ◆ Expectation from normal younger child from M.R. child
- ◆ Disappointment / depression of parents due to first male M.R. child

- ◆ Cooperation / support from husband? Indepence of mother in the family.
- ◆ Discrimination amongst two issues MR Normal, its caude and solution etc.

Social Issues

- ◆ Marriage in blood relation and birth of disable child?
- ◆ Hon acceptance of family planning.
- ◆ Awareness regarding marriage in blood relation and family planning

Family Issues

- ◆ Due to single divided family, mother has to discharge all the duties What can be done to reduce?
- ◆ Mother pays more attention to M.R. child. How mother can satisfy her younger child, the reason for this discrimination?
- ◆ Both the children are competitor to receive love from their mother? How adjustment is possible?
- ◆ Second child is younger. How he can be explained the issue?
- ◆ How home management can be done when parents or one of them fall ill?

Economic Issues

- ◆ Income is low. How nutritive or average food can be managed?
- ◆ The repeated expenditure towards frequent illness of both the child How to manage?
- ◆ Due to por financial condition, they stay in slums. How the good culture can be cultivated.
- ◆ How to run the shaw in this critecal financial condition?



Training of the child

- ◆ M.R. child is Hyper active - cannot learn quickly.
- ◆ Problem is concentration also.
- ◆ No A.D.L. skill is developed.
- ◆ M.R. child needs Physiotherapy
- ◆ Mother due to illiterate, can not do follow up. Howd the counselling can be done? What can be done with this limitation?
- ◆ What is the role of teacher?

Physiotherapy

- ◆ M.R. child during birth wd as having brain damage. He is having "Hypotonia", some effect on the left hand & eye - hence one side vision.
- ◆ Both the hands and muscle power is week and hence no grip to lift the weight.
- ◆ M.R. child needs sunbath - exercise but in this situation who can help?

Speech

- ◆ No speech development.
- ◆ During speech therapy, M.R. child can not follow the instruction successfully - no proper response from the child.
- ◆ Due to A.D.H.D. quality, no speech therapy is effective.
- ◆ Breathing exercise and Receptive language can be done for speech development.

Under this condition, the utmost efforts the Teacher, Specialist, Parents, School Management, Donors etc. is needed to have practical success of training programme of master "Sajad" of "Ankur" Special School for Mentally Retarded Children - Bhavnagar - 364002.

Suggestion may kindly be sent to Rita H. Shah "Ankur" Special School for Mentally Retarded Children, 1945 Sardnagar, Bhavnagar - 364002. Who prepared this write - up of the "Case".

The Government of India, Ministry of Social Justice & Empowerment, "Shastri Bhawan", New Delhi has communicated vide Fax Msg. Dt. 27-11-2006 that the PAMENCAP, Godavarikhani has been selected for National Award as BEST EMPLOYER. Out of the 5 such awards for all types of disabilities in Mentally Challenged, ours is the only organisation selected for BEST EMPLOYER award.

This award has been conferred to us and we are employing more number of Mentally challenged on continuous gainful employment at "Manochaitanya".

I have communicated this happy message to the Director (P, A & W), Director (Operations), Chief General Manager (Personnel), Chief General Manager / RG-I, General Manager / RG-3, General Manager (Welfare) / RG, SO to C & MD / HYD and Dy. GM (Pers.), RG-3.

On 03-12-2006 morning, I could interact with the various National Awardees and their escorts enquired the work they are doing at their places and also I have informed about the work of PAMENCAP/ "Manochaitanya", Godavarikhani and the excellent continuous support extending by Singareni management. After lunch, we have proceeded to "Vigyan Bhawan" by 03-00 P.M.

His excellency Hon'ble Dr. A.P.J. Abdul Kalam, President of India arrived on the dias at 05-15 p.m. The award presentation programme continued upto 07-05 PM. Dr. Meera Kumar, Hon'ble Minister for Social Justice & Empowerment, Minister of State Smt. Subbalaxmi Jagadeeshan, Chair Person of National Trust Smt. Poonam Natarajan, Commissioner of Disabilities under PWD Act Sri Manoj Kumar, Chair Person / RCI were on the dias.

Padmasri Gayathri Shankaran, Blind lady of Chennai and Special children from Ladak, Andaman Nikobar presented welcome song and other songs.

I took permission for presenting an appeal on the



welfare measures to be taken up for the Mentally challenged and also submission of two Note Books prepared by the “Manochaitanya” Special employees and two CDs on the activities of “Manochaitanya” for presentation of Hon’ble President of India.

In my representation, I have high lighted the continuous help of M/s. The Singareni Collieries to our activity (copy enclosed for kind perusal).

I have given all the above items before the Hon’ble president presented the Award to us. The Hon’ble President admired to see his photograph and other children photographs on the Note Books and seen the representation for a minute and appreciated the efforts of the organization and help of M/s. The Singareni Collieries. He is kind enough to see the earlier photographs and message he has given to “Manochaitanya”. He has patted me as a mark of appreciation.

The Doordarshan-1 / National Channel interviewed five different kind of disabled National Awardees and interviewed me (the only non-disabled awardee) where I have again high lighted about the activities and help of M/s. The Singareni Collieries and the same has been telecasted on 7th Dec., 2006 at 10-00 a.m. The copy of the CD enclosed for kind perusal.

As per the invitation of the Ministry of social Justice, we have attended “Delhi Darshan” programme on 04-12-2006.

We have started back on 05-12-2006 thro “Kerala Express and reached Godavarikhani on 06-12-2006 at 10-00 a.m. and made all arrangements for attending the Disabled Talent show at Mandamarri organised by SEWA and “Singareni Seva Samithi” On 07-12-2006 and came back to Godavarikhani by 07-00 p.m.

Sri M.V. Satynarayana I.A.S. District Collector, Karimnagar and Cheif Patron PAMENCAP, Godavarikhani came to Godavarikhani today (09-12-2006) on his visit has appreciated the dedicated and sincere effoerts of PAMENCAP, “Manochaitanya”, Sri D. Krishna Kumar and the help of S.C.C.L. Management to the Mentally Challenged Children of the Rulral area.



RETIREMENT

The following officers were retired from the services of the institute on attainment of the age of superannuation on the dates shown against each:

Dr. L. GOVINDA RAO

Director

retired on 30.4.2007

Dr. SHK REDDY

Information and
Documentation Officer
retired on 31.05.2008

Shri T. PITCHAIAH

AccountsOffice
retired on 31.03.2008

Shri V. RAMA MOHANA RAO

Asst.Admn.Officer(TP&S)
retiredon 29.08.2008

The institute places on the record of appreciation for their contributions during their period of services shown above.



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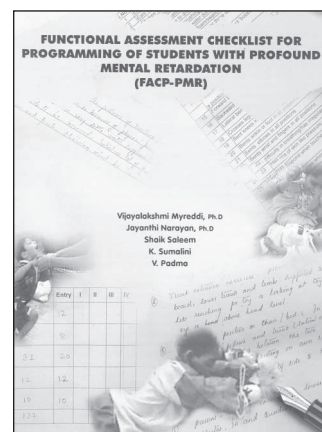
New Publications

Following three publications are first of its kind in India which deals with assessment and teaching of children with profound mental retardation. These books are of use to classroom teachers, Master trainers of Special Education courses and to the related courses in the field of mental retardation.

Functional Assessment Checklist for Programming of Students with Profound Mental Retardation (FACP-MR)

*Authors: Vijayalakshmi Myreddi, Ph.D, Jayanthi Narayan, Ph.D,
Shaik Saleem, K.Sumalini, V.Padma*

Education of Children with Profound Mental Retardation (PMR) is always a challenge to teachers and family members. However they too can learn basic skills to manage their needs if appropriate methods of instruction is provided. In this direction a functional assessment checklist is developed for assessment and programming of children with PMR. The checklist consists of the core areas such as self-help skills, motor skills, communication skills, socialization skills and visualization skills. The items are listed in a logical sequence and reached core area for assessing the performance of a child. The FACP-PMR also includes checklist on problem behaviours and general problems and Sample copies of all the formats used for assessment and recording of the performance of students with PMR.

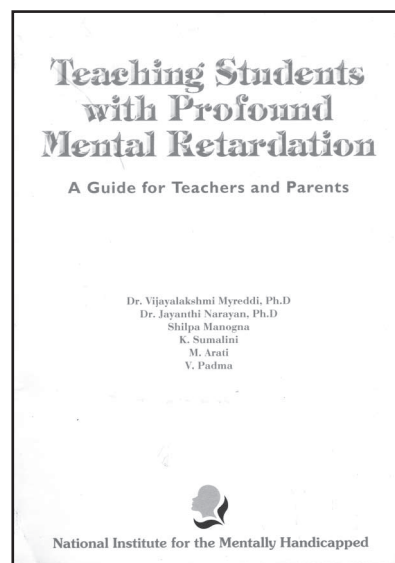


Cost : Rs. 70/-

Teaching Students with Profound Mental Retardation A guide to Teachers and Parents

*Authors: Dr.Vijayalakshmi. Myreddi, Ph D, Dr. Jayanthi Narayan, Ph.D,
Shilpa Manogna, K.Sumalini, M.Arati, V. Padma*

This book is written with an objective to assist teachers and parents in teaching various skills to children with profound mental retardation. The first chapter is an overview on educational programming. The second chapter describes assistive devices that improve the functional ability of student with PMR in performing their personal needs and in communications. The chapter provides training procedures for each item of FACP(MR) in simple language. Chapter four and five describes Government policies and legislations and social benefits and schemes and the last chapter deals with structure and material requirements for establishing a service unit for children with profound mental retardation.



Cost : Rs. 200/-



Bio behaviour State Assessment of Students with Profound Mental Retardation

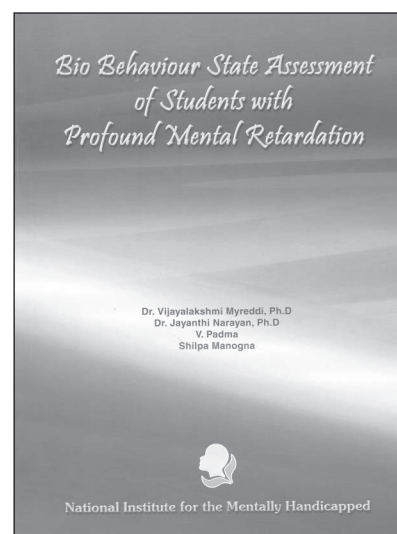
Authors : *Dr. Vijayalakshmi. Myreddi, Ph D, Dr. Jayanthi Narayan, Ph.D, V. Padma, Shilpa Manogna*

Many students with Profound Mental Retardation (PMR) observed in classrooms are unresponsive to stimulus or ongoing programme in the classroom. To maximize learning it is essential to identify the characteristics and learning styles that lead to appropriate programming. With in this context assessment of Bio behaviour state condition is considered as a potential approach in understanding of the behavioural and learning characteristics of children with PMR. Bio behaviour state assessment indicates the periods during which the child is alert and active, and responsiveness to learning environmental variables such as material, morality, place, position and persons interacting. This data helps teachers in understanding the behavioural and learning characteristics of children with PMR.

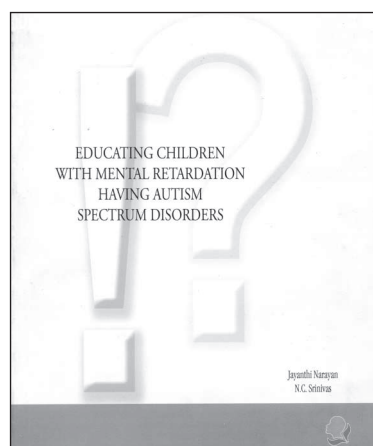
The contents of this book include

- a) The concept of bio behaviour state, and the explanation of each stat
- b) The conduct of behavioural assessment and recording of observations and
- c) Step by step analysis of behaviour states using computer and also doing manually.

Cost : Rs. 80/-



Educating Children with Mental Retardation having Autism Spectrum Disorders



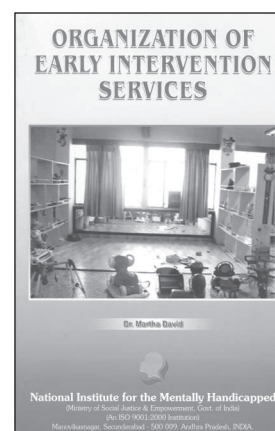
Authors: *Dr. Jayanti Narayan, N.C. Srinivas*

This book includes Information on children with MR having ASD and perceived needs of parents of children with MR having ASD.

The book also has information on the educational facilities available for persons with ASD in India and suitable models & strategies that provide maximum opportunities for education of children having MR with ASD.

Cost : Rs. 93/-

Organization of Early Intervention Services



Author: *Dr. Martha David*
2008

This book gives guidelines to individuals/ groups & professionals on planning and establishing early intervention centers.

Cost : Rs.335/-



New Organizations

List of new organisations to be included in NIMH Newsletter Sept., Dec. 2006, Mar., Jun., Sept., Dec., 2007 & Mar., Jun., Sept. 2008 (questionnaires received during July 2006 to September 2008)

Sl. No.	Name of the Orgn.	Address	State	Age Range (Years)	Type of Institution	Nature of services
1	Abhaya Kshethram (Rehabilitation Centre for Special Needs)	Opp. Z.P.P. Girls High School, Renigunta - 517520	Andhra Pradesh	above 3	resi,	educ.
2	Akruthi	10-1-597, Nehrunagar, East Marredpally, Secunderabad	Andhra Pradesh	above 5	spec. cl., day care	sp&a, pc, psych, educ.
3	Al-Shafa Mentally Handicapped Institute	Kondapalli, Krishna Distt., 521228	Andhra Pradesh	upto 25	resi, day-voc trg, hbt	pt, sp&a, pc, psych, ot, med,
4	Ambu Human Service Trust Children, Swamivilai,	Special Schoo for the Mentally Retarded Mekkamandapam P.O. Kanyakumari Distt-629166	Tamilnadu	5 to 20	day care	pt, pc, psych, ot, educ.
5	Anokhi Aasha	Plot No.1119, Road No.54, Jubilee Hills, Hyd-500033	Andhra Pradesh	2 to 14	pre voc trg, day-care	pt, sp&a, pc, ot, educ
6	Assissi Asha Niketan Special School for the Mentally Handicapped	Lakshmipuram, Tiruvur, Krishna Distt:-521235	Andhra Pradesh	4 to 18	day care	pt, med, educ.
7	Astha (Special School for Mentally Retarded Children)	Vil. & P.O. Mansoorpur, Bakhara, Distt: Vaishali-843101	Bihar	6 to 25	pre voc trg, day-care, voc trg, hbt	pt,sp&a, pc, psych, ot,med, educ
8	Atmeeya Special School for Mentally Retarded	Flat No.108, Maruthinagar, Kaspuram Road, Guntakal, Anantapur Distt-	Andhra Pradesh	upto 18	day-care	pt, sp&a, pc, psych, med, educ
9	Baba Sunder Singh Shiksha Samiti	Kanoongopur(South) Behind Police Chowki, Bahraich-271801	Uttar Pradesh	above 6	spec cl.,	educ.
10	Balavikas Educational Society for Disabled Children	Kukatpally, Hyderabad - 500072	Andhra Pradesh	upto 15	day-care	sp&a, pc, psych, educ
11	Bhagini Mandal Chopda Sanchalit Prerna Matimand Vidhyalaya	Chopda, Taq. Chopda, Distt:Jalgaon, 42510	Maharashtra	6 to 18	day care	pt, sp&a, psych, ot, educ
12	BSR Special School for the Children with Mental Retardation	Opp. S.E.Office, Engg. Anantapur - 515001	Andhra Pradesh	above 3	pre voc trg., day care	pt, sp&a, psych,med, educ.



Sl. No.	Name of the Orgn.	Address	State	Age Range (Years)	Type of Institution	Nature of services
13	Centre for Special Educational Studies	82(New 66), Nehruji Nagar, Dindigul - 624 001	Tamilnadu	all	shelt ws,	pc, educ,
14	Cerebral Palsy Care & Welfare Society	73-B, Vallhabnagar, Kota 324007	Rajasthan	5 to 18	day-care, voc trg, hbt	pt, pc, psych, ot, med, educ,
15	Cheshire Home India - Mumbai - Asha	Mahakali Caves Road, Andheri(East) Mumbai - 400093	Maharastra		resi, day care,voc trg.	pt, pc, ot, med, educ.
16	Chetak Asha School	School for Special Children C/o 4010 Field Ambulance, Bathinda - 904 010	Punjab	2 to 18	pre-voc trg., day care, voc trg.	pt, sp&a, pc, psych, med, educ.
17	Dasrath Manovikas Sansthan	Vijay Vihar Colony, Polo Ground, Shikar	Rajasthan	5 to 20	spec cl., day care	sp&a, pc, educ.
18	Divyajyothi Educational Society (R)	529/4, 5th Main, P.J. Extn, Davangere - 577 002	Karnataka	6 to 18	resi, pre voc trg,	pt, sp&a, pc, psych,med, educ, psychaitry
19	Foundation	21/6, Nehrunagar (West), Bhilai	Chhatisgarh	3 to 6	day care, integ	pc, psych, med, educ
20	Ibnuseena School for the Mentally Handicapped	Near PHC Udumbunthala, P.O.Udumbunthala, Kasaragod Distt- 671350	Kerala	4 to 25	resi,	educ.
21	Integrated Rehabilitation & Development Centre (IRDC) Baby Sarah's Home	No.7, Rajaganapathy Nagar, Kakayanthope, Ariyankuppam - 605007	Pondicherry	above 3	resi, integ, voc trg, hbt	pt, pc, psych, med, educ
22	Jan Swasthya Avm Shiksha Kalyan Sansthan	Dulahipur, Moghalsarai, Distt. Chandauli, 232101	Uttar Pradesh	4 to 18	day-care, voc trg,	pt,sp&a,pc, psych, ot, med, educ
23	Janani Institute of mentally challenged	MIG-69, APHB Colony, Lalacheruvu, Rajahmundry-533106	Andhra Pradesh	6 to 30	resi, pre-voc trg, day care voc trg., hbt	pt, sp&a, pc, psych, educ,
24	Jidnyasa Institutefor Special Education for Mentally Handicapped	Kotitirth, Udyam Nagar, Kohlapur - 416008	Maharastra	6 to 18	day care	pt, sp&a, pc, educ.
25	Kamala Ashram Residential School for Mentally Handicap	C/o Shri Lakshmi Narayana Goshala, Bharali-Bhagor, P.O. Jalgoan, The.Nadaun, Distt: Hamirpur - 177301	Himachal Pradesh	3 to 18	resi, pre-voc trg., day care,voc trg.	pc, psych, ot, educ.
26	Koshish Institute for Mentally Challenged Children	E-7, Industrial Area, Shastri Park,Opp.Navjeevan Hsopital, Rohtak Road, Sonipat -131001	Haryana	5 to 20	pre-voc.,day care, voc trg., hbt	pt, pc, psych, med, educ.
27	Leprosy Rehabilitation Project	Near Railway Bridge, Mangalagiri, Guntur - 522503	Andhra Pradesh	all	cbr, voc trg, hbt	pt, pc, med, educ



Sl. No.	Name of the Orgn.	Address	State	Age Range (Years)	Type of Institution	Nature of services
28	Maharana Pratap Nav Yuvak Mandal	Vil. & P.O. Bichi, Tehsil-Phagi, Distt: Jaipur	Rajasthan	10 to 12	day care	pc
29	Manav Sewa Samiti (Manav Vikas Special School)	Opp. Saiyad Baba, Haily Mandi, Pataudi Road, Distt Gurgaon	Haryana	6to 18	pre voc, day-care, integ, voc trg, hbt	pt, sp&a, pc, psych, ot, med, educ
30	Mandala Vikalangula Sankshema Sangham(MVSS)	Atchuthapuram, (Post & Mandal), Vishakapatnam - 531011	Andhra Pradesh	6 to 14	resi, integ, hbt	pc, educ
31	Manochaitanya Human Services Special Centre	Flat No.302, Venkata Ramana Residency, H.No.16-11-310/10/5, Saleem Nagar Colony, Malakpet, Hyd - 500036	Andhra Pradesh	7 to 13	day care, voc trg,	pt, sp&a, pc, psych, ot, educ,
32	Manochetana	Near Venkateshwara Temple, Amaravathi, Hospet, Bellary Distt,;	Karnataka	4 to 20	day-care	pt, pc, psych, ot, med, educ
33	Manovignan MR School & Rehab Centre	Sir Silk Area, Sirpur Kagaznagar, Adilabad Distt	Andhra Pradesh	5 to 18	resi, voc trg, hbt	pt, pc, educ
34	MGM Bethany Santhi Bhavan Special School for Mentally Retarded	Kadamankulam P.O., Kalloaopara, Pathanamthitta, - 689603	Kerala	4 to 24	resi, voc trg,	pt, sp&a, pc, med, educ
35	Nav Prerna	Shri Ganeshi Lal Goyal Dharmshala, Radha Swami Colony Road, Sector - 3, Rewari - 123401	Haryana	above 6	day care, voc trg., hbt	pt, sp&a, pc, psych, ot, educ.
36	Navajivan Matimand Niwasi Vidhyalaya	Arjuni - Mor, Distt: Gondia, - 441 911	Maharastra	6 to 17	resi	pc, med, educ
37	Nirmala Hruday Educational Social Welfare Society	Sri Ramulavari Street, Old Town, Tadepalligudem, West Godavari Distt:-534101	Andhra Pradesh	4 to 14	resi	pc, educ.
38	Pankaj Spactic Society (Pankaj Welfare Society)	Opp. Shree Jee Bagicha, Parikrama Marg, Bara Ghat, Varindavan, Mathura Distt, - 281121	Uttar Pradesh	4 to 18	resi, pre voc trg, day-care, hbt	pt, sp&a, pc, psych, ot, med, educ
39	Parisham Matimand Mula-Mulichi, Aniwassi School, Chamunda Mata Bahu Uddeshiya Vikas Parisar	Parola, Madkya Martuti, Near Parola, Tat Parola, Distt Jalgoan	Maharastra	6 to 14	day-care	pc, med, educ
40	PYSSUM (Paramahamsa Yogananda Society for Special Unfolding & Moulding) Day Care Centre	118, Chandralok Colony, Aliganj, Lucknow -226001	Uttar Pradesh	above 3	pre voc trg, day-care, integ, voc trg, hbt	pt, sp&a, pc, psych, ot, med, educ



Our Readers Write

Dear Sir,

With many thanks and appreciation we acknowledge the receipt of copy of your newsletter "NIMH Newsletter" Vol No. 19 (1), June 2006.

We assure you that, the issue will be prominently displayed in our Library for its best use. And, we also look forward such co-operation in the coming days too.

Thanking You.

Yours Faithfully,

Dr. Muttayya Koganuramath
University Librarian

Dear Sir,

The Head Dept of community Rehabilitation & Editor, NSMH News Letter, Monovikas Nagar Secunderabad-09

I Would request you to kindly include the home of this office in the list of regular mail of NIMH, News letters Wef 1st of April 2007. This office works under the direct control of commissions Higher Education Govt of MP Bhoopal and is responsible to control and monitor the activation of more than 150 educational Institutes and colleges in the northern part of the state if MP this will benefit us in more than one way and Interest us to take care of the differently abled and physically challenged students of these colleges.

Thanking in a anticipation and seeking your co-operation in this respect.

Truly Yours,

Dr. A.K. Paliwal
OSD (O) Addl. Director
Higher Education, Gwalior
Chambal, Division Gwalior

Dear Sir,

I have to acknowledge with thanks the receipt of your letter No. NIMH/CRPM/2006 dated the 23rd February, 2007 along with a copy of NIMH Newsletter (Vol.No.19, Issue No.1), brought out by the National Institute for the Mentally Handicapped.

With regards,

Yours Sincerely,

VILAS MUTTEMWAR
Minister of State (Independent Charge)
New and Renewable Energy
Government of India

Dear Sir,

Thank you for sending a copy of the latest Newsletter of your organization. This is most useful for our students and teachers. I myself and may colleagues will write the articles and send in near future for publication.

Thanking you,

Yours Sincerely

Dr. B.T. Lawani, Director
Bharati Vidyapeeth Deemed University
Social Sciences Centre

Dear Sir,

Thank you for sending a copy of the latest Newsletter of your organization. This is most useful for our students & teachers. Me and my colleagues will write the articles and send in near future for publication.

Thanking you,

Yours Sincerely,

Dr. B.T. Lawani, Director
Social Sciences Centre
Enandawane, Pune, Maharashtra.

Dear Sir,

Received with thanks the copy of NIMH News Letter. Please find enclosed herewith a copy of our Periodical "SPAN DAN". Our effort is to provide basic information about Disability and Rehabilitation to CBR professional, parents and development worker of Hindi Belt. Your feedback or a little space about it in NIMH news letter will significantly motivate our little effort.

Thanking you,

Yours Sincerely,

Chotanagapur Sanskritik Sangh
B-205, Sector - 1, Jagarnathnagar,
Dhurwa, Ranchi - 834 004.

Dear Sir,

The Bihar Education project council has been working on education of children with special need (CWSN) under inclusive education programme of Sarvashiksha Abhiyan. We wish to subscribe news letter "KARAVALAMBAN" published by your organization regularly. Please do needful so that forthcoming issues of the news letter may be delivered to us regularly on the address mentioned in our letter head.

Bihar Education Project Council
Beltron Bhawan, Shastri Nagar,
Patna - 800 023.

FORTHCOMING CONFERENCES / SEMINARS

Title : National Association for the Education of Young Children, Annual Conference
Venue : Dailas, TX.
Duration : 05 – 08, November 2008.
Contact Address : 800/638-8255
 Email: convention@naeyc.org;
 Web site: <http://www.naeyc.org>

Title : 46th National Conference of Indian Academy of Pediatrics
Venue : Bangalore Place Grounds, Bangalore.
Duration : 22 – 25, January 2009.
Contact Address : Dr. R Nisarga, Chief Organizing Secretary, PEDICON 2009.
 KIMS Hospital & research Centre,
 K R Road, V V Puram.
 Bangalore – 560 004. Karnataka
 Email: iap@pedicon2009.org
 Web site: www.pedicon2009.org
 Phone : (80)3243-8384 / 9478
 Fax: (80) 26608262

Title : Council for Learning Disabilities, 30th International Conference on Learning Disabilities
Venue : Kansas City, MO.
Duration : 3-4, October 2008.
Contact Address : 913/491-1011;
 Email: CLDInfo@ie-events.com;
 Web site: <http://www.cldinternational.org>.

Title : Association of Educational Therapists, 30th Annual Conference. "Changing the Brain: New Research on Brain Plasticity."
Venue : San Diego, CA.
Duration : 23 – 26, October 2008.
Contact Address : 800/286-4267;
 Web site: <http://www.aetonline.org>

Title : TASH Annual Conference
Venue : Nashville, TN.
Duration : 3-6, December 2008.
Contact Address : 888/221-9425
 Email: THC@housingregistration.com
 Web site: <http://www.tash.org>

Title : International Reading Association, 54th Annual Convention West
Venue : Phoenix AZ.
Duration : 21 – 25, February 2009.
Contact Address : 800/336-7323
 Email: customerservice@reading.org
 web site: <http://www.reading.org>

Title : National Association of School Psychologists, 41st Annual Conference
Venue : Boston, MA.
Duration : 24 – 28, February 2009.
Contact Address : 866/331-6277
 web site: <http://www.nasponline.org>

Title : Learning disabilities Association, 46th Annual Convention.
Venue : Salt Lake City, UT.
Duration : 25 – 28, February 2009.
Contact Address : 412/341-1515
 web site: <http://ldintl.org>.

Title : 5th National Conference of Childhood Disability Group, Meerut, UP
Venue : Meerut (UP) India.
Duration : 11-12, October 2008.
Contact Address : Dr. Priyanka Jain, (Developmental Pediatrician)
 Organising Chairperson, Jain Medical Center,
 166, Civil Lines, Meerut (UP) India.
 Mobile : 09927008961,
 website:<http://iapcdg2008.com>
 E-mail: jainmedicalcenter@yahoo.co.in

FORTHCOMING TRAINING PROGRAMMES AT NIMH

S.No.	Title of the Programme	Date *	Coordinator(s)
1	Programme on assistive technology and accessible environment	15th to 19th December 2008	Shri T.Mugesh
2	Programme on application of science and technology in vocational training and employment	5th to 9th January 2009	Shri K.Ravinder
3	Training programme on medical aspects in MR and associated conditions	19th to 23rd January 2009	Dr.George Reddy & Dr.Subhash Reddy
4	Master parents training program	19th to 30th January 2009	Shri K.Ravikumar
5	Research methods in special education	19th to 23th Jan. 09	Dr.Vijayalakshmi Myreddi

TRAINING PROGRAMMES AT NIMH REGIONAL CENTRES

S.No.	Title of the Programme	Date *	Coordinator(s)
1.	Cognitive & perceptual training (Mumbai)	29th December 2008 to 2nd January 2009	Ms.Poonam Maithil
2.	Sensitization program based on SI approach for pervasive developmental disorders (Mumbai)	19th 24th January 2009	Ms.Poonam Maithil
3.	Community based rehabilitation for persons with mental retardation (Delhi)	5th to 9th January 2009	Smt. Asha Sethi
4.	Training program for professionals on leisure time activities amongst persons with MR (Delhi)	15th to 19th December 2008	Smt. Najma Saleem
5.	Programme on community based rehabilitation (Kolkata)	1st to 5th December 2008	Shri Ram Kumar Nagar
6.	Programme on transition from school to work (Kolkata)	19th to 23rd January 2009	Shri Rajesh Kumar Verma

* Subject to change please check.

VISION

The quality of life of every person with mental retardation is equal to other citizens in the country; in that they live independently to the maximum extent possible.

MISSION

Through constant professional endeavours, empowering the persons with mental retardation to access the state-of-the-art rehabilitation intervention viz., educational, therapeutic, vocational, employment, leisure and social, sports and cultural programmes and full participation.

VALUE STATEMENT

NIMH values equal opportunity, protection of rights and full participation for the persons with mental retardation. NIMH believes in participation of the persons with disabilities, parents, professionals, employees and other stakeholders in the rehabilitation programmes that are client focused.



**National Institute for the
Mentally Handicapped**

(Ministry of Social Justice & Empowerment, Govt. of India)

Manovikasnagar, Secunderabad 500 009. Andhra Pradesh, INDIA.

Grams : Manovikas Telephone : 040 -27751741

Fax : 040 -27750198 E-mail : hyd2_dirnimh@sancharnet.in Website : www.nimhindia.org