

Diploma In Community Base Rehabilitation (SE-DE)

DCBR (SE-DE)*

Duration (Two Years)

INFORMATION BROCHURE

(SYLLABUS & COURSE CONTENT)

A Collaborative programme of



Madhya Pradesh Bhoj (Open) University

&



भारतीय पुनर्वास परिषद

Rehabilitation Council of India

MADHYA PRADESH BHOJ (OPEN) UNIVERSITY

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***SE-DE Represent Programme being Run By Department of Special Education, MPBOU and Approved by RCI**

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INTRODUCTION

1 MADHYA PRADESH BHOJ (OPEN) UNIVERSITY

1.1 Introduction

Madhya Pradesh Bhoj (Open) University (MPBOU) was established by an Act of State Legislative Assembly in 1991 to achieve the following objectives:

- to advance and disseminate learning and knowledge by different means, including the use of any communication technology;
- to provide opportunities for higher education to a larger segment of the population and to promote the educational well being of the community in general;
- to encourage the open University and distance education systems.

The MPBOU has been recognized by the **Rehabilitation Council of India (RCI)**, a Statutory Body under the Ministry of Social Justice and Empowerment, Government of India, as the **National Resource Centre for Special Education and Rehabilitation Programmes through Distance Mode** under a Memorandum of Understanding (MoU) signed between MPBOU and RCI in January, 2000 and extended on 31st October 2014, has limited the programme to Madhya Pradesh. B.Ed. Special Education Programme through Distance Mode B.Ed.(SE-DE) is a joint venture of RCI and MPBOU offered through selected Study Centres in Institutions located in different parts of Madhya Pradesh.

1.2 Special Features

- Providing education to the doorsteps of the learner for easy accessibility.
- Flexibility in the system for wider coverage.
- Providing equitable access of quality education for different target group of learners irrespective of their age or status of employment.
- Freedom to the learners to study at his/her own pace and convenience.
- Opportunity to learner to study from his/her own chosen location.
- Omnipresent Education, using emerging advanced communication technologies.
- Sustainable intervention to *develop, upgrade and recycle* human resource for *areas critical to national development* including the *well being of the community*.
- Determination of standard and maintenance of quality in Distance Education in accordance with DEC norms.

The University mainly delivers training and education through distance mode in the form of flexible and open learning. In general, the system consists of a main campus activity in the form of curriculum development and renewal, generation and quality improvement of self instructional materials, preparation of guidelines for implementation and provision of student support services. The main office of the University which manages and operates the Distance Education Programmes is situated in Bhopal. The student will report for the following activities at the ***programme delivery points*** or ***Study Centres***.

- Matters pertaining to admission,
- Receiving of Self Instructional Material,
- Contact classes,
- Receiving assignments for internal (continuous) assessment,
- Submission of completed assignments and Project Reports,
- Practical Training, Tests for Internal Assessment and Term/Session-End Examinations. (*The Centre for the Term End (final) Examination can be clubbed with the Study Centres within the city limit, if the number of students appearing for examinations are very few*), and
- Any academic and administrative problem.

A list of Study Centres activated for B.Ed.(SE-DE) Programme is given in *Programme Guide*.

2 DEPARTMENT OF SPECIAL EDUCATION (DSE)

The main functions of the DSE are to undertake academic activities pertaining to:

- the various aspects of the practice of education as a profession,
- the various branches of special education as an academic discipline, and
- the development of multimedia packages for education and training programmes in the areas of special education.

The academic programmes being offered by the DSE are:

- B.Ed. Spl. Ed. (Disability & Inclusive Education): **B.Ed. Spl. Ed. (Disability Specialization & Inclusive Education) (HI/VI/MR/LD)**
- Foundation Course on Learning Disabilities: **FC-LD (SE-DE)**
- Foundation Course on Education of Children with Disabilities: **FC (SE-DE)**
- Post Graduate Diploma in Community Base Rehabilitation: **PGDCBR (SE-DE)**
- Diploma in Community Base Rehabilitation: **DCBR (SE-DE)**
- Post Graduate Professional Certificate in Special Education: **PGPC (SE-DE) (HI/VI/MR/LD)** and
- Post Graduate Professional Diploma in Special Education: **PGPD (SE-DE) (HI/VI/MR/LD)**.

Future Plans

The DSE plans to conduct

- Up-gradation of skills of personnel who are already working in the area of Special Education.
- Inter-disciplinary Research and Training Programmes for Rehabilitation and Empowerment of Differently Abled.

3 REHABILITATION COUNCIL OF INDIA

In 1992, Parliament passed the **Rehabilitation Council of India Act**, which was notified and became effective from June 1993. The Act casts the following important responsibilities on the Council.

- **Standardization of syllabi for all professionals** needed special education and rehabilitation of the disabled.
- **Recognition of Institutions offering courses for training of rehabilitation professionals.**
- **Maintenance of a Central Register** of all qualified persons in the field of rehabilitation.

The Act also prevents any person delivering services to people with disabilities without acquiring a recognized qualification and treats such an act as a cognizable offence. The **Rehabilitation Council of India** has done a tremendous work **in offering a better quality of life for the disabled** in the last few years.

4 M o U BETWEEN MPBOU AND RCI

Need-based Special Education Programmes through Distance Education Mode are being implemented as Joint National Ventures by Madhya Pradesh Bhoj (Open) University (MPBOU) and Rehabilitation Council of India (RCI) within the framework of a Memorandum of Understanding (MoU) signed between the two in January 2000. This MoU was extended for another five years from January 31, 2004 with a new thrust and vision to the unique venture. Under the provision of the MoU the MPBOU acts as the main National Resource Centre for Special Education and Rehabilitation Programmes through distance mode. This is the first ever

endeavor in the country to offer special education programmes through distance mode. The extension of MoU signed on 31st October 2014.

The Special Education Programmes are being developed and implemented *within the framework of the National Goal of INDIA 2020 with a broad perspective of human development in twenty first century in the age of cybernetics and globalization.* The programmes are planned based on the following principles:

- *The national goal of each programme envisages meeting the emerging needs of the Age of Cybernetics and Globalization.*
- The model of curricular transaction of the educational programme is judiciously structured so as to implement as *a viable low-cost economical model without compromising quality.*
- *The educational programmes under implementation are planned as Transparent, Self-Financing and Self-Sustaining Schemes.*

5. DIPLOMA IN COMMUNITY BASED REHABILITATION (DCBR SE-DE)*

Introduction

The magnitude of the problem of disability is vast and its impact is very severe on the individual, family and the community. A vast majority of persons with disability live in rural areas. There is a need for grass-root workers to work at the community level. The Diploma in CBR aims to meet this need in the society. There are many CBR programmes launched by the government such as DRC, DDRC, and NPRPD, which need well-trained grass-root functionaries to work at the community level. NGOs implementing CBR are also in need of well-trained grass-root CBR functionaries.

There are programmes for 0-6 children popularly known as ICDS (Integrated Child Development Scheme) and primary education which are encouraging children with disabilities to study in general schools. They need multipurpose CBR workers for early identification, preparation and support after inclusion. The need in the rural, tribal areas is very vast and there is a tremendous need for adequately trained rightly oriented CBR workers. Similarly the nation wide network of Primary health care, (both private and public service) which is the entry point for families needs support of CBR personnel to plan, implement and monitor rehabilitation programmes.

The disability Act that was passed in 1995 emphasizes the need for mandatory inclusion of person with disability in the development programmes / poverty alleviation programmes. This inclusion needs CBR personnel to prepare persons with disabilities to get the optimum benefit from these programmes and also to create awareness among service providers about the rights and potential of person with disabilities. As the entire rehabilitation scenario is rapidly changing from charity based approach to development approach the need for well trained personnel as change agents is intrinsically important.

The proposed programme aims to develop skilled personnel to work at the community level. Young men and women can start rehabilitation services at the community level especially in the rural, tribal areas and urban impoverished areas. This will not only provide rehabilitation services to the un-reached but will create new career opportunities.

This curriculum is designed after amalgamation of two courses for the same purpose i.e., MRW and CBR courses to avoid duplication as well as to give an opportunity to the candidates to acquire some more skills to be able to work in different rehabilitation aspects.

Objectives of the Course

1. To understand and assist in the planning and implementation of community based rehabilitation programs;
2. To develop linkages with appropriate agencies and groups of individuals;
3. To promote action for the prevention of disabilities;
4. To be able to identify persons with disabilities and their rehabilitation needs;
5. To make functional assessment of individuals with disabilities;
6. To carry out early identification, intervention and inclusion
7. To provide support in the implementation of inclusive education at primary, higher and post-metric level
8. To provide support for inclusion of persons with disabilities in all the development programmes/ poverty alleviation
9. To advise the family members and community regarding interventions with disabled people;
10. To follow up and monitor programs;
11. To make appropriate referrals;
12. To maintain a system of records and reports;
13. To be aware of legislations on disability and developmental schemes and concessions to persons with disabilities;
14. To sensitize about the issues related to gender discrimination and socio-cultural factors;
15. To understand the importance and strategies for resource mobilization.

5.1 DCBR (SE-DE)*

The duration of the programme shall be of 2 years. However, students shall be permitted to complete the programme within a maximum period of four years.

5.2 Medium of Instruction and Examination

- **Self Instructional Materials will be available in Hindi & English.**
- Curricular transaction may be in English/Hindi Language.
- Assignments, Practical Records, Internal Assessment Tests, and Project Work Report may be written by the candidate in English/Hindi.
- **Term End Examination will be held in English/Hindi**

5.3 Minimum Eligibility Conditions

A candidate shall be eligible for admission to the Diploma Course in Community Based Rehabilitation for Disabled provided the candidate has passed 10 + 2 or equivalent examination.

5.3.1 Study Centre-wise List and Admission

On the basis of the Merit List the Study Centre-wise Merit List will be prepared. *(The number of seats per Study Centre is limited to 50):*

- a) The Study Centre where the List contains less than 50 eligible candidates, *they may be treated as selected for admission in that Centre.*
- b) The Study Centre where the List contains more than 50 eligible candidates, *the List of 50 Selected Candidates will be finalized taking reservation principle into consideration. Beyond 50 the candidates will be treated as wait-listed candidates.*
- c) The *Study Centre-wise Lists* will be simultaneously **notified on-line in RCI and MPBOU websites** and the hard copies of the Study Centre Lists will be sent to the concerned Study Centres for admission of selected candidates on notified date. The selected candidates will present themselves on notified date before the concerned Study Centres for admission with supporting documents and Programme Fee of Rs. 20,000/- in the form of a Demand Draft / Bank challan in favour of the **Registrar, MPBOU payable at Bhopal.**

5.7.4 Counselling for Wait-Listed Candidates for vacant seats

The wait-listed candidates will report before the Counselling Committee to take their chance of being selected for admission in Study Centre where seats are available on notified place and date.

5.8 Programme Fee

#Application Form Fee Rs.500/- (Rupees Five Hundred) plus Rs.50/- will be charged as portal charges by M.P. Online.

#Late Fee Rs.250/-

*Programme Fee of Rs.20,000/- (Rupees Twenty Thousand) payable at the time of admission.

The programme fee should be paid only by way of Demand Draft / Bank Challan drawn in favour of the **Registrar, MPBOU, payable at Bhopal.** Please write on the reverse of the Demand Draft in capital letters:

- (a) DCBR (SE-DE) Programme;
- (b) Form No.(auto generated application number while applying online),
- (c) Code Number and Name of the Study Centre which is your first preference where you want to take admission,
- (d) Mobile No. and
- (e) Candidate's Name to ensure proper credit of your fee to the relevant account.

**The fee structure given here is applicable as per RCI guide line. The University reserves the right to change the fee structure given above, if required without prior information.*

**PROGRAMME STRUCTURE
&
SCHEME OF EVALUATION**

6 Programme Structure

The Programme of Diploma in Community Base Rehabilitation (**DCBR-SEDE**) in Distance Education Mode will consist of 12 Courses, 6 Theory Courses and 6 Practical Courses. Different components of the programme in theory and practical courses are given below.

Table – 1 Course Details

Description of the Papers Paper No.	Module Title
1	Principles and Methods of CBR Approach & Management of CBR Programme
2	Identification and Rehabilitation of persons with Mental Illness, Epilepsy and other disabilities.
3	Identification and Rehabilitation of persons with Visual Impairment
4	Socio-Economic Rehabilitation of persons with Hearing Impairment
5	Identification and Rehabilitation of persons with Mental Retardation
6	Identification and Rehabilitation of persons with Locomotor Disability

Table – 2

Paper No.	Paper Title	Theory Marks	Internal Assessment	External Assessment	Practical	Internal Assessment	External Assessment	Total
1	Principles and methods of CBR approach & Management of CBR programme	75	30	45	125	75	50	200
2	Identification and rehabilitation Mental Illness, Epilepsy and other disabilities	75	30	45	125	75	50	200
3	Identification and rehabilitation of persons with visual impairment	75	30	45	125	75	50	200
4	Socio-Economic Rehabilitation of Persons with Hearing Impairment	75	30	45	125	75	50	200
5	Identification and rehabilitation of persons with mental retardation	75	30	45	125	75	50	200
6	Identification and rehabilitation of persons with Locomotor disability	75	30	45	125	75	50	200
Total		450	180	270	750	450	300	1200

7. INSTRUCTIONAL HOURS AND ALLOCATION OF MARKS / EVALUATION SCHEME

The total instructional hours for the in Community Base Rehabilitation (**DCBR-SEDE**) will be 1200 hours including face to face instruction of 450 hours .The programme has been assigned a total of 1200 marks, which includes 450 marks for Theory and 750 marks for the Practical Components. In the programme, emphasis is given to the development of practical skills especially in the mentioned area.

In order to be successful in the Programme the candidate has to fulfill the following conditions: the candidate has to secure

- (1) Theory Course, a minimum of 40% marks in each of the two components, i.e.,
(1) Continuous (Internal) Assessment, and, (2) Term End Examinations, separately;
- (2) Practical Course, a minimum of overall 50% marks in both
(1) Continuous (Internal) Assessment, and, (2) Term End Examinations; and,
- (3) Overall 50% of marks in total aggregate i.e. 300 Marks.

Table – 3 : YEAR-WISE DISTRIBUTION OF PAPERS AND EVALUATION SCHEME

Course Structure			Evaluation Scheme									
Courses	Weight age		First Year					Second Year				
	Hours	MM	CIA	TEE	Total	Pass Mark		CIA	TEE	Total	Pass Mark	
						CIA	TEE				CIA	TEE
Theory Courses												
DCT 1	75	75	30	45	75	12	18					
DCT 2	75	75	30	45	75	12	18					
DCT 3	75	75	30	45	75	12	18					
DCT 4	75	75						30	45	75	12	18
DCT 5	75	75						30	45	75	12	18
DCT 6	75	75						30	45	75	12	18
Practical Courses												
DCP 1	125	125	75	50	125	37.5	25					
DCP 2	125	125	75	50	125	37.5	25					
DCP 3	125	125	75	50	125	37.5	25					
DCP 4	125	125						75	50	125	37.5	25
DCP 5	125	125						75	50	125	37.5	25
DCP 6	125	125						75	50	125	37.5	25
GRAND TOTAL												
Theory	450	450	90	135	225	90 (40%)min		90	135	225	90 (40%)min	
Passing Marks in Practical	750	750	225	150	375	187.5 (50%)min		225	150	375	187.5 (50%)min	
Aggregate : (Attendance minimum 75%in contact programme)	900 Hrs (75%)	1200			600	300 (50%)min				600	300 (50%)min	

8. CONTACT PROGRAMME

The candidate who has been selected for admission to the DCBR - SEDE Programme has to report to his/her own Study Centre for registration for admission and induction, collection of Self Instructional Materials and Face-to-Face Contact Programmes. The Calendar of Activities for Face-to-Face Contact Programmes for the entire academic session will be supplied by the Coordinator of the Study Centre. The Programme Schedule of each contact session both for Theory and Practical courses including allotment of assignments and Project Work, conduction of tests will be decided by the Coordinator of the Study Centre and made available to the candidates.

Table – 3: TENTATIVE FRAMEWORK OF THE CONTACT PROGRAMME

Components	Total Hours	TENTATIVE CONTACT SESSIONS CALENDAR			
		First Year		Second Year	
		Contact-I (During Jul-Aug)	Contact-II (During Feb-March)	Contact-III (During Oct-Nov)	Contact-IV (During Feb-March)
1. General Induction and Orientation	30	15		15	
2. 6 Theory Courses : Discussion, Clarification and allotment of assignment	90	110	100	110	100
Total (Hours)	450*	125	100	125	100
<p>* Note: (1)The selected candidates of DCBR-SEDE Programme will take admission on notified dates in respective allotted Study Centre. During the Induction Programme Self Instructional Materials will be supplied and modalities of curricular transaction will be explained by the Co-coordinator. (2)The Study Centre will supply the calendar of activities for two Contact Programme of 15 days (125 + 105 hours) each in every year. Each Contact Programme of 15 days will be continuous and <i>should not be split</i>. (3)The Term End Examination in Practical Papers will be completed during the Second/Fourth Contact Programme. (4)The Term End Examination in Theory Papers will be held during the notified dates which will be confirmed through Notification to Study Centres as well as in MPBOU website www.bhojvirtualuniversity.com Extra hours//days will be provided for TEE in Theory beyond Contact programme hours/days</p>					

9.1 ASSIGNMENTS AND PROJECT WORK REPORTS

The assignments as well as the Project Work Report are to be submitted at the Study Centre after completion and within the date prescribed. Late submission will lead to no credit being given to the assignment and Project Work.

9.2 THEORY AND PRACTICAL TESTS DURING CONTACT SESSIONS

Two Tests for each Theory Course and Practical Course have been prescribed. The student has to appear in these Tests conducted during contact sessions.

10. ELIGIBILITY FOR APPEARING IN TERM END EXAMINATION

Every student registered to DCBR -SEDE shall be eligible to appear in the term-end examination every year subject to the following conditions.

- (i) The student has at least attended 75 per cent of the prescribed contact classes organized at the Study Centre. (to be certified by co-coordinator of the study centre)
- (ii) **Practical examination:** Students should submit practical record for each module duly certified by the supervisors.

Practical records: 20%; Supervisor's report: 20%; Practical examination: 60%

- (ii) Carried all the requirements for the Programme:
- Undergone practical training.
 - Completed and submitted prescribed number of assignments.
 - Appeared in Theory and Practical Tests conducted during Contact Sessions.
 - Completed Project Work / CBR and submitted the Report.
 - Completed prescribed number of Teaching Practice Lessons in optional school subjects and in opted disability area.
- (iii) Student has not caused any act of indiscipline at the Study/Cluster Centre.
- (iv) The University will be able to consider a student for granting permission to appear in the term-end examination, subject to the fulfillment of the above prescribed conditions by way of the Eligibility Certificate, Completion Certificate and no objection certificate received by the MPBOU from the Coordinator of the Study Centre and a certification to the effect that the student fulfills all the conditions mentioned above and those which may be prescribed by the University from time to time.
- (v) Admit Cards will be issued by the University through the Coordinator of the concerned Study Centre. And it will be the responsibility of the students to collect them from there.

10.1 EXAMINATION DATES

- After the completion of the Programme requirements the University will declare the dates of term end examinations every year.
- University reserves the right to conduct the Term End (final) examination at any place within a city limit. However, the students of a centre can be clubbed with the other Centres within the city limit of the State, in case of very few number of students appear for the examination.

10.2 AWARD OF DIVISION TO SUCCESSFUL CANDIDATE

- The conditions for being declared successful in the Programme are given earlier in this Programme Guide. A successful candidate of the B.Ed. (SE-DE) Programme shall be placed in the division in accordance with the following scale/categories on the basis of aggregate marks obtained in all the subjects (9 Theory and 6 Practical Courses) taken together:
- 50% or above but less than 60% marks : Second Division
- 60% or above marks : First Division
- A successful candidate who has secured 75% or more marks in any Theory Paper will get Distinction in that Paper.

11 Provision for Unsuccessful Candidates

11.1 Candidates who are declared failed shall be permitted to appear in all the Theory and Practical courses in which they have failed at subsequent examination(s) subject to the restriction of period mentioned in clause 3 Note: ***The Internal Assessment Marks in which the candidate has passed will be carried over.*** After the expiry of this period the students will have to seek fresh admission and no credit will be carried over.

11.2 Candidates eligible under the above provision and willing to appear in the subsequent examination(s) in any theory/practical courses(s) shall have to submit application on prescribed form together with a copy of statement of marks obtained at the preceding examination and the prescribed reappearing examination fee through the Coordinator of the Study Centre so as to reach the university by the date notified for subsequent examination(s).

11.3 A candidate will have to clear all courses in a minimum period of 2 years & maximum period of **4 years from the date of admission.**

12 SELF INSTRUCTIONAL PRINT MATERIAL

Self instructional print material covering the course contents in theory and practical structured into blocks and units as per programme structure will be provided to the candidate by the university.

13 AUDIO AND VIDEO PROGRAMMES

The audio and video Programmes are supplementary, meant for clarification and enhancement of understanding. These are used when every necessary during contact sessions.

COURSE OF STUDY

DCBR (SE-DE)

**PAPER I - PRINCIPLES AND METHODS OF CBR APPROACHES
AND MANAGEMENT OF CBR PROGRAMME**

Course Content

General Learning Objectives:

- To understand the need and importance for Community Based Rehabilitation;
- To understand the various components of CBR and to use all existing development programmes, for example, Primary Health Care (PHC) as a platform to build CBR services in a community;
- To be aware of the existing epidemiological concepts and the need for prevention and to distinguish between preventive and rehabilitative measures;
- This module will provide the participant the knowledge, skills and attitudes to attain the above competencies.

Unit 1 – Introduction, Principles and Strategies of CBR

Sl. No	Topics
1.1.1	Meaning, scope, basic principles and strategies of Community Based Rehabilitation.
1.1.2	Difference between Community Based Rehabilitation and Institutional Based Rehabilitation.
1.1.3	Existing poverty alleviation/developmental programs and inclusion of Community Based Rehabilitation in to these programmes.
1.1.4	Community Based Rehabilitation as a context specific program as in different socio cultural and economic conditions such as urban, rural, tribal, hilly regions.
1.1.5	Different team approaches in Community Based Rehabilitation.
1.1.6	Referral systems in Community Based Rehabilitation.
1.1.7	Building and use of existing resources of the community in sustaining Community Based Rehabilitation such as primary health, primary education, rural development and corporate sectors and development of referral and resource directory.

Unit 2 - Disability and Development

Sl. No	Topics
1.2.1	Human growth & development across life span – pre-natal, infancy, early childhood and adults. <ul style="list-style-type: none">• Theories & principles• Milestones in different domains (gross & fine motor, cognition, vision, hearing, social-emotional and daily living skills)
1.2.2	Basic anatomy & physiology of human body.
1.2.3	Concept of disability (including mental illness), definitions and classification.
1.2.4	Poverty, disability and developmental programs.
1.2.5	Global, National, State and Local legislations concerning disability and development.
1.2.6	Schemes & concessions for persons with disabilities.
1.2.7	Advocacy and rights of persons with disabilities.
1.2.8	History of disability rehabilitation.

Unit 3 - Magnitude and Prevention of Disability

Sl. No	Topics
1.3.1	Difference between incidence and prevalence.
1.3.2	Prevalence and incidence of disability (include mental illness) as per the latest NSSO and Census data.
1.3.3	Techniques / methodologies used in conducting surveys of persons with disability in the community.
1.3.4	Screening for identifying disabilities and tools used in CBR.
1.3.5	Programmes implemented by the Government for the prevention of disabilities. Association between nutrition, health care and disability.
1.3.6	Factors contributing to disability such as maternal care, accidents, ageing and others.
1.3.7	Role of community in the prevention of disabilities.
1.3.8	First aid.

Unit 4 - Independent Living

Sl. No	Topics
1.4.1	Assessing the needs of persons with disability and family using need assessment tools.
1.4.2	Guidance & counseling to persons with disabilities and their family (need for early detection and intervention).
1.4.3	Identification of behavioral problems and application of appropriate teaching and learning strategies.
1.4.4	Sustaining social relationship with partners, friends, parents, spouse and community members.
1.4.5	Independence / management of daily living skills and mobility.
1.4.6	Identifying trades and need for vocational training.
1.4.7	Planning for placements, developing marketing linkages.

Unit 5- Community Organization in CBR

Sl. No	Topics
1.5.1	Sensitization & mobilization towards community organization.
1.5.2	Awareness programs for disability using mass media such as art, music, puppet, theatre, street theatre, dance, drama etc.
1.5.3	Inclusion in education, employment and community activities.
1.5.4	Organization and sustainability of Self Help Groups, bank loans to start self help groups, employment to set-up micro credit groups of persons with disabilities, and or to include persons with disabilities in the existing self help micro credit groups in the community.
1.5.5	Community health education and management.
1.5.6	Disaster management and response.
1.5.7	Record keeping & report writing.

Unit 6 - CBR Technology applicable to all papers

Sl. No	Objectives
1.6.1	Identification of Children with difficulties in seeing, moving, learning, communication, hearing using screening tools viz. Denver development screening test and screening forms and to prepare functional assessment using CRD (Criterion Reference Date).
1.6.2	Planning early intervention program using Portage.
1.6.3	Understanding the underlying behavioral technique and apply the same in teaching and learning.
1.6.4	Assessment of the needs of persons with disabilities using need assessment staircase given in WHO manual.
1.6.5	Assessment and planning of prevocational training using packages such as TALC (Training Adolescents to Live in the Community).
1.6.6	Assessment of effectiveness of a rehabilitation program, success or failure relative to the planned objectives using OMAR – A Guide on Operations Monitoring and Analysis of Results.
	Total

PRACTICAL I - PRINCIPLES AND METHODS OF CBR APPROACHES AND MANAGEMENT OF CBR PROGRAMME**Unit 1**

Sl. No	Assignments
B1.	<p>Visit CBR program,</p> <ol style="list-style-type: none"> Document: the vision, mission, goals, objectives, budgets and strategies of the programme and understand to what extent persons with disabilities are included in the developmental programmes (could be anywhere urban or rural). Document the awareness of persons with disabilities and families of persons with disabilities on their rights to be included into the mainstream society namely primary health care, primary education, rural developmental programs, employment opportunities using the existing facilities etc. Document the referral services used by the CBR programme and list the strength and weaknesses of the resources available. Understand various strategies adopted by the NGOs to mobilize resources for CBR and various measures taken to sustain CBR.

Unit 2

Sl. No	Assignments
B2.	Prepare discussion reports (any of the 3) with community members, service providers such as special schools, integrated schools, inclusive schools, policy makers such as Panchayati Raj, elected representatives, district disability welfare officers, PHC doctors, to understand their attitudes towards persons with disabilities.
B3.	To visit rural development programmes/poverty alleviation programmes and report the number of persons with disabilities who are included in the poverty reduction program and critically analyze why people with disability are not fully included in poverty alleviation programmes.

Unit 3

Sl. No	Assignments
B4.	To conduct mapping of a community with 1000 population and report the magnitude of disability.
B5.	To visit one Primary health care centre and document the programmes initiated for the prevention of disability and the number of people benefited under these programmes.
B6.	To document the cultural factors in a given community on various issues concerning prevention of disability such as child rearing practices, consanguineous marriages, faiths and beliefs in managing early childhood illness, age of marriage of girls, attitudes towards safe motherhood practices etc.

Unit 4

Sl. No	Assignments
B7.	To visit a special school and identify behavioral modification techniques used in teaching, learning and managing difficult behavior in children and prepare a report.
B8.	Visit a home / special school / community setting and conduct needs assessment for 5

persons with disabilities.

Unit 5

Sl. No	Assignments
B9.	Prepare discussion reports (any of the 3) with the organizations of persons with disability, self help organization of persons with disability, organization of women with disability, organization of aged disabled persons, organization of parent's organization and document the vision, mission, goals, objectives and activities and impact.
B10.	To visit micro-credit groups and document to what extent persons with disabilities are benefited from the micro-credit groups.
B11.	To visit 2 self-help groups document the participation of persons with disability.
B12.	Document to what extent women and girl child with disability, children with disabilities in the age group of 0-5 and 6-14 years and adult disabled persons are included in various CBR programmes.

Unit 6

Sl. No	Objectives
B13	Conduct screening of 5 children in an Angan wadi centre using Portage and Denver Development screening tools.
B14	Establish baselines and plan half-yearly, quarterly, monthly, weekly and daily individual education programs using Portage CRD in all areas of development for 6 children below 5 years of age.
B15	Prepare a report clearly stating the following behavioral techniques and their application: Reward assessment Task training Promoting – verbal, gestural, physical Shaping Imitation Timeout Discrimination and generalization Over – correction ABC Analysis
B16	Visit a special school and identify behaviour modification techniques used in teaching. Learning and managing difficult behaviours, and prepare a critical report.
B17	Visit a special school and prepare a needs assessment staircase for at least 10 persons with disability referring to the WHO and manual CD.
B18	Establish a baseline and prepare a prevocational plan using packages such as TALC for at least 10 persons above 16 years with different disabilities.
B19	Visit a CBR program and assess the effectiveness of the program. Success or failure relative to the planned objectives using OMAR guidelines

PAPER II - IDENTIFICATION AND REHABILITATION OF PERSONS WITH MENTAL ILLNESS, EPILEPSY AND OTHER DISABILITIES

Course Content

General Learning Objectives:

1. To understand the needs of persons with mental illness and to integrate the rehabilitation with community health services;
2. To understand conditions like Epilepsy, Autism, Learning Disabilities, TB, Leprosy, Cancer, HIV, and AIDS and intervention through CBR.

Unit 1- Mental Health and management

Sl. No	Topics
2.1	Mental Illness <ol style="list-style-type: none">a. Distinguish between Mental Retardation and Mental Illness.b. Distinguish common community mental health problems and to analyze the causes.c. Types of Mental Illnesses.d. Salient features of Mental Health Act.e. Socio-cultural, economic and environmental factors influencing mental health.f. Advantages and disadvantages of institution based and community based services for mentally ill persons.g. Causes, prevention and rehabilitation of other psychiatric disorders such as suicidal tendencies, drug addiction, alcoholism etc.h. Implementation of curriculum to train family members, community workers, school teachers, and doctors on mental health care.i. Identification of available resources and referral.

Unit 2- Epilepsy

Sl No	Topics
2.2.1	Epilepsy <ol style="list-style-type: none">a. Causes and different types of epilepsyb. Simple tools for monitoring of epilepsy by the family.c. Drugs prescribed for epilepsy and related problems.d. Safety measures for persons with epilepsy in school, work place, at home and in other environments.e. Counseling for persons with epilepsy and their family.

Unit 3- Other disabilities

Sl. No.	Topics
2.3.1	Other disabilities a. Rehabilitation needs of persons with TB, Leprosy, HIV/AIDS, and persons with chronic conditions like cancer in the community. b. Follow up of rehabilitation programs of above mentioned conditions.
2.3.2	Autism a. Characteristics of persons with autism and understand their rehabilitation needs. b. Follow up of intervention program.
2.3.3	Learning disabilities a. Types of Learning Disabilities and associated issues. b. Follow up of intervention program.

PRACTICAL II - IDENTIFICATION AND REHABILITATION OF PERSONS WITH MENTAL ILLNESS, EPILEPSY AND OTHER DISABILITIES

Unit 1

Sl. No	Assignments
B1.	Visit a counseling centre and prepare a report on various activities conducted in the centre for mentally ill persons.
B2.	Visit a CBR programme and document various programmes/activities planned to rehabilitate mentally ill persons.
B3.	Prepare a report visiting an institution for mentally ill persons and prepare an analytical report on advantages and disadvantages on institution based rehabilitation and community health services.
B4.	Prepare a community awareness programme on the needs of mentally ill persons using mass media such as music, puppet, drama dance, street plays etc
B5.	Conduct counseling sessions for 2 families with a member with mental illness and prepare a complete rehabilitation plan for the inclusion into normal daily living activities.
B6.	Visit a school and prepare a mental health programme at elementary/ high school level.

Unit 2

Sl. No	Assignments
B7.	Visit a village community and prepare a report on social stigma and misconceptions about epilepsy.
B8.	Prepare a report on antecedent behavior and consequence analysis in management of epilepsy.
B9.	Prepare simple recording boxes for monitoring for epilepsy and use the same on the efficient monitoring of epilepsy.
B10.	Prepare a public awareness programme to create awareness on epilepsy.
B11.	Prepare 3 reports for children below 14 yrs and critically analyze how epilepsy affects child development and learning.

Unit 3

Sl. No	Assignments
B12.	Prepare a case study on individual needs and rehabilitation plans for at least 1 person for the following: <ol style="list-style-type: none"> a. A person with cardiopulmonary problems. b. A person with HIV/AIDS. c. A person with cancer. d. A person with childhood diabetes. e. A person with autism. f. A person with attention deficit hyperactivity disorder. g. A person with learning difficulty. h. A person with minimal brain destruction.
B13.	Visit the institutions rehabilitating for the above and prepare a report on their strategies and management.

PAPER III - IDENTIFICATION AND REHABILITATION OF PERSONS WITH VISUAL IMPAIRMENT

Objectives:

After studying this paper, the students are expected to realize the following objectives:

1. Explain the anatomy and physiology of the human eye.
2. Describe the causes of visual impairment and common diseases of the eye.
3. Carry out the assessment of visual efficiency of visually disabled people.
4. Acquire knowledge about the need for individualized rehabilitation plan.
5. Understand the procedures in the vocational placement services for the disabled.

Course Content

Unit 1- Basic concept, and assessment

Sl. No.	Topics
3.1.1	a. Basic concept of anatomy & physiology of the eye. b. Psycho-social implications on personality development of persons with visually impaired individuals.
3.1.2	a. Simple vision screening test for early detection of visual impairment. b. Define visual disability and distinguish the different types of visual disabilities and functional visual disabilities. c. Identify common causes of visual disabilities. d. Services available in India for visually impaired persons. e. Definition and terminologies of low vision.
3.1.3	a. Role of family and community in the rehabilitation of children and persons with visual impairment. b. Common eye problems & their management.

Unit 2-Interventions and role of family and the community

Sl. No.	Objectives
3.2.1	a. Prevention of various eye disorders specially in the pregnant mothers and children from 0 to 5 years. b. National Program for Control of Blindness and also District Program for control of blindness. c. Various agencies / hospitals dealing with persons with visual

	impairment.
3.2.2	a. Various agencies involved in educating children with visual impairment.
	b. Curricular adaptations of materials and presentations. c. Physical education, creative arts curriculum. d. Daily living skills. e. Fundamentals of Braille. f. Promotion of eye donation g. Eye-banks

Unit 3- Assessment of Visual Functioning

Sl. No.	Objectives
3.3.1	Definitions - Visual acuity, visual field, tunnel vision, central scotoma, distant and near vision
3.3.2	Functional assessment procedures and commonly used assessment tests, Role of Ophthalmic assessment for education purposes.
3.3.3	
3.3.4	Low vision assessment - residual vision, visual closure, visual background, form constancy, Eye-hand coordination, eye-foot co-ordination Role of nutrition for better vision.
3.3.5	
	Associated Disabilities

PRACTICAL III - IDENTIFICATION AND REHABILITATION OF PERSONS WITH VISUAL IMPAIRMENT**Unit 1**

Sl. No	Assignments
B1.	Visit a school for visually impaired children and document their program strategy.
B2.	Visit an Anganwadi centre, primary school and screen children using screening forms, Snellen's charts and prepare a report on children who have visual difficulties.
B3.	Visit an eye hospital and document various tools and techniques used in medical intervention of persons with visual impairment.
B4.	Prepare a report for at least for 4 children below 6yrs of age with visual impairment and plan an early intervention program.

Unit 2

Sl. No	Assignments
B5.	Prepare a report on a CBR programme on various strategies, interventions they have planned for visually impaired persons and its impact.
B6.	Prepare a brief report minimum 5 applying the following skills: <ul style="list-style-type: none"> • Pre-cane skills • Sighted guide techniques • Use of clues and landmarks for efficient mobility • Use of long cane techniques • Preparation of tactile and auditory maps • Stimulation under blind fold
B7.	Collect and transcribe 2 stories/poems/episodes into Braille.
B8.	Plan and implement 5 individual educational plan (IEP) for visually impaired persons.
B9.	Visit integrated school and prepare a report on various adaptations, teachers have made in the contents, methods, materials and evaluation.
B10.	Prepare, plan and implement the following skills for three persons with seeing difficulty: <ol style="list-style-type: none"> a. Toilet training b. Bathing c. Dressing d. Personal grooming e. Eating skills f. Posture and gait collection
B11.	Plan and implement the following activities for 3 persons with difficulty in seeing-games with adaptation, art such as clay, plasticine modeling, pottery, group singing, drama etc.
B12.	Plan and implement IEP for 3 children with low vision and person with deaf-blindness.
B13.	Plan and implement for at least 5 children to use Taylor frame, abacus.
B14.	Visit a special school/ resource centre and prepare a record on all the assistive devices such as Brailers, Braille scales, Stylus, Abacus, Taylor frame, Thermoform machine,

	geometrical aids, magnifiers, simulating glasses, Jaws software, <i>Trinetra</i> software and other equipments and materials with their design, description and use of material.
B15.	Preparing low-cost teaching-learning aids for use with the visually impaired persons.

PAPER IV: SOCIO-ECONOMIC REHABILITATION OF PERSONS WITH HEARING IMPAIRMENT 75 HRS.**Objectives:**

To acquaint the trainee with the following

1. Importance of early Identification and intervention of hearing loss
2. Use of amplification and assistive devices
3. Modes and approaches of communication with persons with hearing impairment
4. Various Intervention programmes available including early childhood education programmes
5. Role of family and community in the rehabilitation process
6. Need for socio economic rehabilitation

Unit –1: Identification of Hearing Loss

Sl. No.	Topics
4.1.1	Hearing, hearing loss, types and its implications
4.1.2	Identification of hearing loss and interpretation of audiological informations
4.1.3	Causes and prevention of hearing loss
4.1.4	Amplification and assistive listening devices: Types, minor trouble shooting
4.1.5	Ear molds and its types

Unit –2: Language and Communication

Sl. No.	Topics
4.2.1	Communication: Definition, Functions and types
4.2.2	Basic concept of anatomy & physiology of ear
4.2.3	Impact of hearing loss on language and communication and concept of critical age
4.2.4	Modes and approaches of communication [Modes: acoupaedic / unisensori, aural-oral (including speech reading), visual-graphic (reading–writing), visual –manual (use of signs)] [Approaches : oralism, total communication and bilingualism].
4.2.5	Indian Sign Language
4.2.6	Methods and techniques of teaching language

Unit-3: Intervention

Sl. No.	Topics
4.3.1	Early intervention: Meaning importance and nature
4.3.2	Educational programs available for children with hearing impairment (Segregated, integrated and inclusive education programs, Distance and open education programs)
4.3.3	Early childhood education programs: Importance, aims and objectives

	Curriculum and infrastructure)
4.3.4	New trends in education of children with hearing impairment

Sl. No.	Topics
4.3.5	Criteria for educational placement and Parent Professional partnership

Unit-4: Family and Community in the Intervention Process

Sl. No.	Topics
4.4.1	Need and importance of family and community involvement
4.4.2	Community awareness on prevention, identification and intervention
4.4.3	Parent and Community Guidance
4.4.4	Guidance to community leaders and health workers
4.4.5	Assessing community involvement

Unit-5: Socio-Economic Rehabilitation of Hearing Impaired

Sl. No.	Topics
4.5.1	Changing role of community in rehabilitation
4.5.2	Need and importance of vocational training
4.5.3	Trades for vocational training
4.5.4	Concessions and facilities available
4.5.5	Mobilization of resources

**PRACTICAL IV: SOCIO-ECONOMIC REHABILITATION OF PERSONS
WITH HEARING IMPAIRMENT****Unit 1 -**

Sl. No.	Assignment
B1	Visit a school for children with communication disabilities and prepare a report on various activities proposed for communication disability.
B2	Visit early intervention centers for children with communication disabilities and document the process of early identification and intervention.
B3	Assess and document the language development of 4 children with hearing loss, using Portage or other languages development checking, CRD.
B4	Visit a ICDS centre and document the number of children with ear discharge, difficulty in speech, hearing and language development using screening forms.
B5	Assess 5 children in the age group of 0-5 and document the development in the following areas- socialization, self-help, cognitive development, language development and motor development using Portage CRD.
B6	Visit inclusive and integrated schools and document various adaptations made in the curriculum content, materials, methods and evaluation procedures to include children with communication disabilities.

Unit 2

Sl. No.	Assignment
B7	Visit a department of audiology to see different tools used for investigation of hearing loss and conduct pure tone audiograms (incorporate one audiogram in your practical record)
B8	Report audiometry results for children in the age group of 3-5, 5-13 years and adults people with different communication problems and document the report.
B9	Prepare a list of different types of hearing aids available and its basic maintenance and steps involved in repairing visits a session in which ear moulds are made and note you observations.
B10	Conduct speech therapy for 4 children in the preschool age age and primary school age and document the results.
B11	Prepare a list of common signs used for signing with persons with hearing impairment and practice the same.
B12	Prepare a report on at least one person whose speech is affected because of paralysis and plan an intervention program.

PAPER V : IDENTIFICATION AND REHABILITATION OF PERSONS WITH MENTAL RETARDATION**General Objectives**

- (b) To understand the nature, concept and causes of mental retardation
- (c) To develop competencies for screening identification and assessment for persons with mental retardation
- (d) To develop competencies in implementing the individualized education programme (IEP) and make appropriate referrals
- (e) To develop competencies in dealing with the families and communities of persons with mental retardation

Unit 1 - Nature and Concept of Mental Retardation

Sl. No.	Topics
5.1.1	Nature and pattern of normal growth and development
5.1.2	Factors influencing developmental delay
5.1.3	Definition, classification and history of mental retardation
5.1.4	Causes of mental retardation –pre natal, peri natal and post natal and their prevention
5.1.5	Characteristic of children with mental retardation
5.1.6	Difference between children with mental retardation and mental illness, mental retardation and learning disability, psycho-social implication of disability
5.1.7	Mental retardation and associated condition e.g. C.P., sensory impairment and other conditions. Awareness of multiple disabilities

Unit 2 – Identification and Assessment

Sl. No.	Topics
5.2.1	Introduction to existing screening, identification and assessment techniques.
5.2.2	Screening forms used by community based rehabilitation workers
5.2.3	Types of assessment: <ul style="list-style-type: none"> - norm referenced - criterion referenced
5.2.4	Tools used in assessment in Indian conditions <ul style="list-style-type: none"> - Various methods of recording assessment information
5.2.5	Assessment of infants and toddlers with developmental delay
5.2.6	Referral of children with mental retardation to appropriate agencies

Unit 3 – Early Intervention and Management of persons with Mental Retardation

Sl. No.	Topics
5.3.1	Importance and types of early intervention
5.3.2	Early intervention services <ul style="list-style-type: none">- Self help training- Play therapy- Parents counseling etc.
5.3.3	Information about methodology of teaching children with mental retardation
5.3.4	Role of Teaching Learning Material (TLM) in teaching children with mental retardation
5.3.5	Role of toys, leisure and recreation in the education of children with mental retardation
5.3.6	Integration of children with mental retardation at community level in existing regular schools

Unit 4 – Role of Family and Community

Sl. No.	Topics
5.4.1	Need, purpose and importance of working with parents
5.4.2	Importance of involving parents in developing skills in children with mental retardation such as activities of Delhi living, language and communication, social skills etc.
5.4.3	Involving parents in the behaviour modification of problem behaviour
5.3.4	Role of non-government, voluntary agencies in the management of mental retardation in community based rehabilitation
5.4.5	Identifying vocational opportunities for adults with mental retardation in the community, role of vocational training centres
5.4.6	Counseling the parents
5.4.7	Sexual problems and problems related to marriage of persons with mental retardation
5.4.8	Role of community in the habilitation process, creating opportunities for self advocacy, building self-esteem
5.4.9	Mobilizing community resources

**PRACTICAL 5 : IDENTIFICATION AND REHABILITATION OF PERSONS
WITH MENTAL RETARDATION****Unit 1**

Sl. No	Assignments
B1.	Identify 3 children for delay in development (below 5 years) using any screening tools
B2.	Prepare a kit for the identification and assessment of children with mental retardation
B3.	Conduct special education assessment for 3 children with mental retardation and plan an educational programme for them and write the report in the given format
B4.	Assess the behavioural problems in 3 children with mental retardation. Plan and implement programme for managing behavioural problems and write the report in the given format
B5.	Plan and implement programme for an adult with mental retardation using any appropriate tool for assessment

Unit 2

Sl. No	Assignments
B1.	Visits to an Anganwadi
B2.	Visits to special school
B3.	Visits to integrated school

PAPER VI - IDENTIFICATION AND REHABILITATION OF PERSONS
WITH LOCOMOTOR DISABILITIES

Course Content

General Learning Objective:

1. To explain why locomotor disabilities rank high statistically in a prevalence/incidence survey of disabilities
2. To defend the need for energizing their management and
3. To manage locomotor and “Loss of Sensation” disabilities in a community.

Unit 1- Basic concept, and assessment

Sl. No	Topics
6.1.1	<p>Developmental milestones of a child in the area of motor/ visual/ hearing/speech and cognitive development and their inter-relation in the overall functional development of the child.</p> <ol style="list-style-type: none">a. Developmental pediatrics as related to disability prevention and rehabilitation, early detection of developmental delay, monitoring growth, development and other related parameters and its remedial management.b. Common childhood disabilities and basic principles involved in the rehabilitation of common childhood disabilities.
6.1.2	<p>Different locomotor disabilities and plan of rehabilitation interventions.</p> <ol style="list-style-type: none">a. Basic principles of human anatomy-skeletal system, muscular system and nervous system (anatomy & physiology of various systems).b. Causes leading to locomotor disabilities, various preventive measures initiated by the government.c. Identify and assess the medical and surgical needs.d. Various locomotor disabilities in different age groups-<ol style="list-style-type: none">1. Polio, GB Syndrome2. Congenital disabilities – CTEV, CDH, Erb’s Palsy, Phocomelia3. Spina bifida, Spinal deformities4. Muscular dystrophy5. Cerebral palsy6. Neurological & Orthopedic disorders, Brachial Plexus Injury7. Spinal Tuberculosis8. Stroke, head injury, multiple sclerosis

6.1.3	<p>Chronic pain of joints and muscles and their management.</p> <ol style="list-style-type: none"> 1. Arthritis management. 2. Contractures & management, burns 3. Paralysis - paraplegia, quadriplegia. 4. Fractures (simple & compound). 5. Nerve injuries 6. Leprosy (person disabled due to leprosy), leprosy cured 7. Amputees due to diabetes & accidents, Stump management, crutch walking 8. Deformities – Knee, hip, foot 9. Old age problems – management 10. Cardio-vascular diseases and rehab. management <p>(To understand the characteristics, causes and rehabilitative management of the above)</p> <ol style="list-style-type: none"> 11. Needs of persons with locomotor disability. 12. Identify and arrange appropriate referral services. 13. Different assistive devices required to meet individual needs.
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Unit 2-Interventions and role of family and the community

6.2.1	<p>Basics of Community Rehabilitation:</p> <ul style="list-style-type: none"> • Early Identification. • Locomotor management of common conditions • Parental guidance • Education. • Prevocational Training. • Vocational Training – in some trades. • Employment Opportunities. • Barrier free environment / transport. • Independent Living. • Community integration • Rehabilitation team
6.2.2	<p>Application of rehabilitation technology using CBR strategies</p> <ol style="list-style-type: none"> a. Basic principles in developing orthosis / orthotic devices and their maintenance. b. Basic principles and skills to device prosthetic devices and their maintenance. c. Developmental aids and the skills to develop developmental aids using locally available materials. d. Adaptive devices. e. Low cost aids.

6.2.3	<p>Application of rehabilitation skills using the WHO manual (training of persons with difficulties in moving).</p> <ol style="list-style-type: none"> Screening tools to identify locomotor disabilities. Basic principles of physiotherapy and sports. Basic principles of Occupational therapy and leisure therapy. Medical assessment, surgeries, plan and implementation of therapies as required. Counseling services. Barrier free environment in schools, workplace and community for improved functioning.
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Unit-3 -Workshop Training and Practical

Sl. No	Topics
6.3.1	<p>Assistive devices:</p> <ol style="list-style-type: none"> Assess the individual needs. Design and interpret technical designs. Understand the skills required to take measurements. Design assistive devices. Develop assistive devices using locally available material or fitting the assistive devices already available.
6.3.2	<p>Basic principles on tools and machines</p> <ol style="list-style-type: none"> Tools and machines required and their functions. Use of machines and tools in developing materials. Develop miniature models of different assistive devices such as gaiter, walker, parallel bar, wheel chair, prone board, standing frame and corner seat.
6.3.3	<p>Barrier free environment</p> <ol style="list-style-type: none"> Design barrier free school, workshop, toilets etc. Understand and use low cost technologies such as paper technology, mud seats, plastic buckets, bamboo, and other materials. Explain the use and minor repairs of hearing aids. Design walking cane. Awareness of various schemes and procedures to procure assistive devices from the government / other agencies.

**PRACTICAL VI - IDENTIFICATION AND REHABILITATION OF PERSONS
WITH LOCOMOTOR DISABILITIES**

B1	Visit an orthopedic hospital or a rehabilitation center: <ul style="list-style-type: none">• Document different types of locomotor disabilities.• Document services extended to persons with different types of locomotor disabilities.
B2	Prepare a simple cardboard jointed body figure (flexion to measure the angle of deformity of the various joints).
B3	<ul style="list-style-type: none">• Demonstrate and document how to measure the muscle power of different grade spasticity as mild, moderate and severe.• Prepare a practical record on correct positioning and movements of a child with spasticity, a child with polio deformities, a person with amputated limbs.
B4	Interview a person with polio/muscular dystrophy/spina bifida, spinal injury, cerebral palsy, congenital deformities and assess their individual needs for enhancing their functioning.
B5	Visit inclusive Anganawadi centers, schools and special schools and document the programme planned by the schools for children with locomotor disabilities.
B6	Visit a pre-vocational and a vocational training center and document various adaptations made, for training persons with locomotor disabilities in order to develop an environment friendly to their needs.
B7.	Visit three public buildings and document various measures taken in order to make the environment barrier free.
B8.	Visit three families with a member with disability and document various measures taken to make home environment friendly in all the places including the toilets, kitchen, living rooms, bed room etc.
B9.	Visit an orthotic and prosthetic workshop and prepare a practical session required on various machines and tools and its purpose.
B10.	Design a calliper and wheel chair by taking measurements of individuals with locomotor disabilities.
B11.	Case studies – 20 cases.
B12.	Rehab. treatment studies – 20 cases.

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cbrnet@vsnl.com

CBR Resource Kit: a set of 50 CDs CD developed by CBE Network, Bangalore cbrnet@vsnl.com

Portage Guide to Early Childhood Education – CD developed by CBR Network, Bangalore
cbrnet@vsnl.com

Joyful Inclusion – Guide to Inclusive Education CD developed by CBR Network, Bangalore
cbrnet@vsnl.com

MODULE – 2

MENTAL ILLNESS, EPILEPSY AND OTHER DISABILITIES

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Revised International Classification of Epileptic Seizures: Special Feature; Brodoff A.S.: patient Care 1983: 10: 62-6

Epilepsy (Film No.61) from Central Bureau of Health Education, New Delhi

MODULE – 3

IDENTIFICATION AND REHABILITATION OF PERSONS WITH VISUAL IMPAIRMENT

How to raise a blind child by Dorothea Fichtner, Christoffel Blinden Mission, Nibelungenstr, 124, D-6140, Bensheim 4, West Germany.

CBR of the rural blind -Training guide for field workers, J.Kirk Horton, Hellen Keller International Inc., 15 West 16th Street, New York, NY 10011, USA.

Move it and get a wiggle on (guides for helping visually handicapped/impaired children grow) by Drouillard, Richard and Raynor, Sherry, AAHPERD Publication Sales, 1900 Association Dr. Reston, VA 22091, USA

Reach out and Teach; Materials for parents of Visually Handicapped and Multi handicapped young children; Ferrel, Kay Alicyn; American Foundation for the Blind, USA -

- a) Parent Hand Book
- b) Reach Book (a Companion workbook)
- c) Slide/tape presentations and teacher's manual

Source book for training of Visually Impaired, Mukkopadya S, Jangira N.K, NCERT, Delhi.

Better Eye Care -Booklet from Association of India, C-14, Community Development Area, New Delhi 110 016

Early intervention with young Visually Handicapped Children -51 Slides produced by the International Institute of Visually Impaired, Special Education Unit, UNESCO, Paris.

Kept in the Dark -a Video about blind people, explaining their experience of blindness - TCHU; ICH, 30 Guildford St., London WCINIEH

Slides Simulating Visual Defects -set of 12 colour transparencies (35mm :slides) for teaching sighted people about visual disability -Dr. J.M. Gill, Technical Development Dept., Royal National Institute for the Blind, 224, Great Portland St. , London WIN 6AA, England.

Films available from Central Bureau of Health Education New Delhi:

- a) Care of eyes (Film No.121)
- b) Our eyes (Film No.123)
- c) Eyes and their care (Film No.129) d) Trachoma (Film No.163)

MODULE – 4

SOCIO-ECONOMIC REHABILITATION OF PERSONS WITH HEARING IMPAIRMENT

Helping Language Development by Jean Cooper, Molly Moodley and John Reynell, Edward Arnold Ltd., 41, Bedford Square, London WC 1 B 3DQ, UK

Helping Young Children develop language skills — a book of activities — Merle B. Karners — The Council for exceptional Children, 1411 South Jefferson, Davis Highway, Suite 900, Arlington, Virginia 22202

Stammering — practical help for all ages — Ann Irwin, Penguin Hand Books Ltd., Harmondsworth, Middlesex, England

Publications on Communication disability from Ali Yavar Jung National Institute for the Hearing Handicapped, Bandra (West), Bombay 400 050, India:

- a) Little Raju
- b) Hearing Impairment — causes and prevention
- c) Look for and observe
- d) Hearing impairment — early identification at home
- e) More about listening and speaking
- f) Posters on hearing impairment, rehabilitation and integration.

Language Curriculum Planning for deaf children: Training materials for Teachers, Blac Well P (1987) Paris, UNESCO

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‘Small Talk’ — Communication for the Child with speech and hearing problems; Caribbean Institute of Mental Retardation and other Developmental disabilities, 94C Old Hope Road, Kingston 6, Jamaica

Total Communication: Structure and Strategy; Evans, Lionel; Gallandet College Press, Washington DC.

A Basic Course in Manual Communication, O'Rourke, Terrence J, Director; Communication skills program, The National Association of the Deaf, 814 Thayer Aye, Silver Spring, MD 10910

Communication with Bliss Symbolic (1985) Mc Naughton 5, Toronto Bliss Symbolics Communication Institute

Better Ear Care — booklet, Voluntary Health Association of India, C14, Community Centre, Safdarjung Development Area, New Delhi 110 016

Mandy — a video film of a deaf child and her parents, Tropical child Health Unit, Institute of Health, 30 Guildford St., London

Films available from Central Bureau of health Education, New Delhi

- a) Voice or not voiced
- b) Unstressed Vowel
- c) Teaching the new pattern
- d) Teaching the consonants
- e) Nose, throat, ears
- f) Movements of the tongue in speech
- g) Human throat
- h) Human body sense organs
- i) Human body — the brain
- j) Heredity and prenatal development
- k) Hello Vadiraj
- l) Ears: their structure and care

MODULE – 5

IDENTIFICATION AND REHABILITATION OF PERSONS WITH MENTAL RETARDATION

Special education for mentally handicapped pupils-a teaching manual-by Christine Miles, Mental Health Center, Peshawar, Pakistan or Nirali Kitabeen, PO Box 5014, Lahore 5, Frontier Province, Pakistan.

Mental Retardation; Meeting the challenge, WHO Geneva ISBN 92-4 –170086-6

Manual on Mental Retardation for Psychologists- National Institute for Mentally Handicapped, Manovikas Nagar, PO Bowenpally, Secunderabad 500011

Solving your child's behaviour problems: Kelly Jeffrey; Little Brown and Campan Boston.MA

Parent Effectiveness Training: Gordon Thomas, New American Library PO Box 9999, Bergenfield NJ 07621, USA

Toilet Training in less than a day; Nathan Azrin and Richard Foxx Pocket Books, 1230 Ave of the Americas, New York, NY 10020

Mothers can help: A therapists guide for formulating a developmental task for the parents of special education, Cliff, Shirley, Gray, Jennifer and Nymann, Carol; El Paso, TX 79930, USA

Helping your Exceptional Baby: A Practical and Honest Approach to raising a Mentally Handicapped Child: Cunnigham, Cliff and Sloper, Patricia; Pantheon Books, Random House Inc, New York, NY, USA.

Functional Teaching of the Mentally Retarded; Frankel Max; Happ; F, William; Smith; Maurice; Charles C Thomas Books, 301-327 East Lawrence Aave, Spring field, IL, USA..

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Sex and Mentally Handicapped- A Guide for Parents and Carers- Michel and Ann Craft Revised Edition, Routhledge and Kegan Paul, ISBN 0-7100-9293-8; 14, Leicester Square, London, W.C.2H 7PH

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Anjali- An Indian Film about the Mentally Retarded Child and her family – Doordarshan, Delhi

Harry- A video film on the treatment of self abusing severely mentally handicapped young man T.C.H.U, ICH, London

Films from Central Bureau of Health Education, Delhi-Problem Child (Film no.144)

MODULE - 6

IDENTIFICATION AND REHABILITATION OF PERSONS WITH LOCOMOTOR DISABILITIES

ABC of Spinal Injuries by David Grundy, John Russel and Anrew Swain, British Medical Journal.

Treatment of Cerebral Palsy and Motor delay by Sophie Levitt, Blackwell Scientific publication, 8 John Street, London WC1N 2ES, UK

Handling the young Cerebral Palsied at home by Nancie Finnie, Dutton — Sunrise, 2 Park Aye, New York, NY iooi6, USA

Preventing disability in Leprosy patients by Jean Watson, The Leprosy Mission, 50 Portland Place, London W1N3 DG, UK

Poliomyelitis: A Guide for developing countries by R.L. Huckstep, Churchill Living Stone, Robert Stevenson, House, 1—3, Baxter's Place, Leith, Walk, EH1 3AF,Scotland, UK

Primary Care of the functionally disabled: assessment and treatment by Carl. V. Graflger, J.B. Lippin Cott Company —The Health professions Publisher of Harper and Row Inc. P0 Box i630, Hagerstown, MD 21741, USA

Essentials of surgical management in poliomyelitis —J I P James Edward Arnold Publishers Ltd., Bedford Square, London WC 1B 3 DG

Partners — Magazine for paramedical Workers in Leprosy —The Leprosy Mission International, 80, Windmill Road, Brentford, Middle Sex, TW 80 QH, UK

Back pain - The Handling of patients— A guide to Nurses, National Back Pain AssociatiOn,31—33 Park Road, Teddington, Middlesex, TW110AB

Child growth and Development by Elizabeth B. Hurlock, Tata MC Graw—Hill Publishing Co Ltd., /12 Asaf All Road, New Delhi 110 002, India

Functional assessment guide — a hand book for primary teachers by N.K. Jangira et al, Central Resource Centre, NCERT, Sri Aurobindo Marg, New Delhi 110 0i6, India

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A manual of Basic Physiotherapy for the use of Nurses in Rural Hospital s Hardinge, Elizabeth A and Wilson, Patricia M.P., Tear Fund, 100 Church Road, Teddington, Middlesex, TW118 QE, UK

Muscular Dystrophy: Booklets of aids and equipment for -Children with Muscular dystrophy or Paralysis, The Muscular Dystrophy Group of Great Britain and Northern Ireland, Natrars House, 35 Macaulay Road, London SW 40QP, England.

Spina Bifida and You: A guide for young people, Collette Welch; Association for Spina Bifida and hydrocephalus (ASBAH), 22, Upper Woburn Place, London WC1HOEP, England
Sex for young people with Spina Bifida or Cerebral Palsy, Association for Spina Bifida and Hydrocephalus (ASBAH), England.

Tetraplegia and Paraplegia: A guide for Physiotherapists by Ida Bromley, Churchill Livingstone 1981, distributed by Longman Inc, 95 Church St., White Plains, NY 10601

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A Manual of Leprosy, Thangaraj R.H., The Leprosy Mission, CNI Bhavan, 16 Pandit Pant Marg, New Delhi 110 001, India

“Home Program Instruction sheets for Infants and Young Children” and “Range—of—Motion” Jaeger and Hewitt, University of Kentucky, Dept. of Physical Therapy, College of Allied Health Professions

The Baby Exercise Book: For the first fifteen months, Levy, Janie: Pantheon Books, 201 E, 50th St., New York, NY 10022

Positioning the Handicapped Child for function: Ward, Diane, Phoenix Press Inc; P. O. Box 14— 8337, Chicago, IL 60614

Psychological Aspects of Physical Disability. Garrett, G.F., Washington Printing Office

Rehabilitation of the Neurological patients, Illis L.S. Sedgwick E . M., Glanville WJ; Blackwell Scientific publications.

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Sexual Options for Paraplegics and Quadriplegics, Mooney, Cole and Chilgran Little & Brown

“Rehabilitation Monograph”— Braces, Crutches, Wheelchairs by George G. Deaver M.D., 1953, Institute of Physical Medicine and Rehabilitation, New York University, Bellevue Medical Centre, USA

Care of the Nerve Damaged limb by A.G,Warren and j Tomlin — Slide Set Teaching Aids at Low Cost (TALC) P0 Box 49, St. Albans, Herts, UK

a) Controlling Leprosy — 16mm colour film b) Orientation in Leprosy for Doctors — both available from UNICEF, ROSCA, 73, Lodi Estate, New Delhi 110 003.

Mayuri — a film about an Indian dancer with Jaipur Foot —Doordarshan, Delhi

Colombo Workshop for Jaipur Foot — a Video — TCHU, Institute of Child Health, 30 Guildford St., London WC1N1EH

Physiotherapy and Occupational Therapy techniques of treatment of CP (Leeds) — a video film — TCHU, ICH, London

Conductive Education—To Hungary with Love, a video film —The Peto Institute, Budapest, Hungary.

The Last Taboo — a video film on incontinence — TCHU, ICH, London

Talipes Equinovarus — (Club Foot) — a video film on the treatment of Club Foot in Zimbabwe, TCHU, ICH, London

Films available from Central Bureau of Health Education, New Delhi —

- a) Care of Injuries and Fractures (Film No.104)
- b) Never Say Die (Film No.36)
- c) Blossoms Revised (Film No.157)
- d) Physiotherapy (Film No.55)

Foot and Foot orthoses, By Brig. S.K. Jain Artificial Limb Centre, P.O. box 1506, Pune – 411 040

Stoke Rehabilitation by Dr. K.K. Singh Head of the Deptt, Dept of Physical Medicine – Rehabilitation AIIMS, Delhi

Training in the Community for Persons with Spinal Cord Injury by Dr. R.K. Srivastava, Safdarjung Hospital , Delhi - 110 016

Simple Aids for daily living and Low Cost Aids: AHRTAG, 85 Marylebone High Street, London W1M 3DE, UK

Ideas from Waste Materials -a manual on preparation of toys, Bal Bhavan Society, Kotla Road, New Delhi 110 002, India

Low Cost Therapeutic Aids, UNICEF, ROSCA Rekha Printers, New Delhi 110 020, India

A Manual of Appropriate Paper Based Technology, Bevill Packer, I Mulberry Close, High Lands, Harare.

Asia- Pacific Disability Aids and Appliances, Hand Book, ACROD, PO Box 60, Curtin, ACT 2605, Australia

UPKARAN: A Manual of Aids for the Multiply Handicapped, Spastics Society of India, Upper Colaba Road, Opposite Afghan Church, Colaba, Bombay 400 005, India

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Independence through Mobility: A guide to the manufacture of the ATI -Hotchkiss Wheel Chair by Ralf Hotchkiss, Appropriate Technology International, 1724 Massachusetts Ave, N.W. Washington DC 20036, USA

Local village - made wheel chairs and trolleys by Don Caston, 5C Edificio Delfin, AV.Joan Miro, No.279, Cala Mayor, Palme de Mallorca, Spain

Positioning the Client with Central Nervous System Defecits -The Wheel Chair and other Adapted equipment by Adrienne Falk Bergen and Cherye Colongelo, Valhalla Rehabilitation Publications Ltd, Po Box No.195, Valhalla, NY 10595, USA

Simple below-knee Prosthesis Manufacture and Simple Above -Knee Prosthesis Manufacture, operation Handicap International, 18, Ruede Gerland 69007, Lyon, France.

An instructional Play ground for the Handicapped Using Tyres as Inexpensive Play ground Equipment. Activity and construction Manual, University of the State of New York, State Education Dept, Division for Handicapped Children, Special Education Instructional Materials Center, 55 Elk St, Albany, NY 12234, USA

Play grounds for free: Utilization of Used and Surplus Materials in Play Ground Construction, Paul Hogan; The MIT Press;28 Carleton St., Cambridge, M.A.

Toys you can make for the Under Twos (Book I) and Toys you can make for the Under Four's (Book 2) by Grantham - McGregor, Sally; UNICEF, Caribbean Area office, British Overseas Development Agency.

Multi Sensory Educational Aids from Scrap by Kendrick Coy; Charles C Thomas Books, 2600 South First St., Spring Field, IL, 62717, USA

Making Toys for Handicapped Children, A guide for 'Parents and Teachers; MC Conkey, Roy, and Jeffree, Dorothy, Prentice Hall Publishers, Engle Wood Cliff,. NJ 07632

Educational games for Physical Cratty, Bryant J and Breen, James, E; Love Publishing Company, 1777 South Bellaire St, Denver, Co 80222

Educational Building Digest: Design Guide for Barrier free schools by UNESCO”

How to set up a workshop for producing aids and appliance for disabled people by Kennet Westmacott, HEARU, City oft London polytechnic Walburgh House, 56 Bigland Street, London E1 2 NG, England.

Zimbabwe Workshop of Paper Furniture -a video film TCHU, ICH, London

Playing together and aids for disabled children, AHRTAG, London by Don Caston

Rehabilitation Education Services, IAPMR, Delhi

E-Learning:

1. Dignity and Prejudice- Helander, E.
2. WHO(TCPD) Manuals-Helander, E.
3. Disabled Village Children-David Werner
4. Nothing About Us Without Us-David Werner
5. Helping Health Care Workers Learn-David Werner
6. Where there is no doctor-David Werner.
7. Ability Training - Helander, E.
8. Inclusive Education - Johnson T.
9. From Panchayath Raj to Parliament- Helander, E. and Rao, I.
