

ANNUAL REPORT -2021-2022

VEER SURENDRA SAI INSTITUTE FOR MENTALLY HANDICAPPED.



DHANKAUDA . SAMBALPUR-768006

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Introduction:

Intellectual disability is a disability that occurs before age 18. People with this disability experience significant limitations in two main areas: 1) intellectual functioning and 2) adaptive behavior. These limitations are expressed in the person's conceptual, social and practical everyday living skills. A number of people with intellectual disability are mildly affected, making the disability difficult to recognize without visual cues. Intellectual disability is diagnosed through the use of standardized tests of intelligence and adaptive behavior. Individuals with intellectual disabilities who are provided appropriate personalized supports over a sustained period generally have improved life outcomes (AAIDD, 2011). In fact, many adults with intellectual disabilities can live independent, productive lives in the community with support from family, friend and benevolent organisations like “Veer Surendra Sai Institute for Mentally Handicapped.



Intelligence refers to a general mental capability. It involves the ability to reason, plan, solve problems, think abstractly, comprehend complex ideas, learn quickly, and learn from experience. Intelligence is represented by Intelligent Quotient (IQ) scores obtained from standardized tests given by trained professionals. Intellectual disability is generally thought to be present if an individual has an IQ test score of approximately 70 or below.

Adaptive behavior is the collection of conceptual, social and practical skills that have been learned by people in order to function in their everyday lives. Significant limitations in adaptive behavior impact a person's daily life and affect his or her ability to respond to a particular situation or to the environment. Standardized testing aims to measure the following skills:

- Conceptual skills: receptive and expressive language, reading and writing, money concepts, self-direction.
- Social skills: interpersonal, responsibility, self-esteem, follows rules, obeys laws, is not gullible, avoids victimization.
- Practical skills: personal activities of daily living such as eating, dressing, mobility and toileting; instrumental activities of daily living such as preparing meals taking medication, using

the telephone, managing money, using transportation and doing housekeeping activities; occupational skills; maintaining a safe environment. A significant deficit in one area impacts individual functioning enough to constitute a general deficit in adaptive behaviour.

2 . Organisational Set up

Veer Surendra Sai Institute for Mentally Handicapped is named after the veteran freedom fighter of the soil “ **Veer Surendra Sai**”, having its head quarters at Dhankauda of the District. . There is managing committee in which eminent specialists in the field & parents are the members . The Institute is functioning in the Government building over 2.20 Acres of land.



Vision: Veer Surendra Sai Institute for Mentally Handicapped envision an environment that is accepting and welcoming to students and staff with disabilities . These individuals will be recognized for their potential contributions to the community by encouraging this disadvantaged section to contribute to the greater cause of society.

Mission: Mission of the Veer Surendra sai Institute for Mentally handicapped is to collaborate with the Persons with Disabilities – specially the Mentally Challenged , Cerebral Palsy, Autism and Multiple Disabilities to identify , reduce or eliminate barriers to obtaining education with the most integrated settings as possible and to rehabilitate them vocationally . It also assists the campus in creating accessible , equitable and inclusive environment.

Activities

Programme

1. We have started free kitchen for all students and staff out the funds.
2. The transport of the children to the school is free for all
3. The therapeutic service to all is free.
4. there are free First Aid service with periodical health check up by doctors.
6. the inmates are provided free ,cleaned, hygienic atmosphere and disabled friendly environment ,
7. 24 hours watch and guard and water and energy supply in hostel.
8. kitchen,dinning , furniture are provided to them.
9. The pre-vocational & vocational activities are available for all.

New Constructions:

- One school building of Rs, 49.97 Lakh our of MCL-CSR fund started by R&B Division .
- One Conference hall of 1400Sq ft (1st floor) is constructed and will be opened very soon for the use by inmates.
- **Therapeutic Services:**

Mr . Dillip Singh , OT, and Sri Diptikanta Das from SSEPD department Inspected the therapeutic centre sponsored by SSEPD Deptt. Institution.The Therapeutic services are continuing inspite of Covid pandemic situation prevails through out the year with in the SOP prescribed by State and Centre.

DIFFERENT ACTIVITIES OF STUDENTS:-

*Five Motor, Eye Hand Coordination, Colour Concept and systematic arrangement etc:



THERAPEUTIC ACTIVITIES



CRAFT WORK



Imunization against COVID to the children at Institution.



Participation in Awareness Generation Programme by Children having ID
With Collector, Sambalpur



Celebrations at School



Veer Surendra Sai Jayanti



Celebration of Republic Day



Rehearsal of Cultural Programme



Refreshment at Mid Day and Dinner

EDUCATIONAL ACTIVITIES.



Parents Meeting and Awareness Programme



Celebration of Car Festival of Lord Jagannath by the ID Children.



VOCATIONAL ACTIVITIES:



Paper Carry bags, Soft Toys making



Wax Candle, Black Board Chalk, Nursery



Chowmin making



Paper Craft



Success Story

MD UNUSH ANSWARI

Therapeutic Service Centre

At : VSS Institute for Mentally Handicapped.Dhankauda. Sambalpur



MD Unush Ansari, son of Salim Ansari & Ayasha Khatun, At: Pokhran of Bihar State.

His date of birth is 20.01.2015. Presently resides at Sunapali of Sambalpur to avail the service of VSS Institute for Mentally Handicapped & Therapeutic Services. He was put on services on 24.02.2017.

The Child is assessed as CP-spastic & Severe) with Mental Retardation.

- The child having Spastic Quadra paresis, dystonic posturing of Limbs.
- Very mild understanding, takes times to recognise family members by face
- grasping objects : nil, Sucking / Bite reflex not present. Many more reflexes: not present, Phonology : 0-3 months, Semantics: 3-6 months, Play: 3-6 months
- Syntax morphology : Nil, Pragmatics: 6-9 months



There is birth cry absent.

Impression: Delayed mile stones, speech and language absent due to acute spasticity to whole body.

The parents are advised :Oral Motor Stimulation, for safe feeding swallowing strategies. Intensive language and speech stimulation to enhance comprehensive , reciprocal communications including gesture, vocalisation, utterance and production.

- The Speech and Language training began as quick as the child took admission in the centre.

- The Early Intervention is going on , Developmental Therapy is going on.
- The Physiotherapy and Occupational Therapy also carried on.



The Child is improving. Now he is able to follow the simple instructions. Recognises body parts, Speech & Language develops , Early Intervention has much impact on the child. He recognises the family, friends and teachers at Centre. Utters some words which is not clear. His mother has been counselled to carry out different activities at home. He could progressed more. The family leaved for Bihar months together which has interrupts the training process.