

Composite Regional Centre for Skill Development, Rehabilitation & Empowerment of Persons with Disabilities

CRC Bhopal - Newsletter

Issue No. 12 | June/ 2026



Director's Pen...

Dear Friends, Colleagues, and Well-Wishers, I am delighted to present Issue No. 12 (June 2026) of the CRC Bhopal Newsletter during our Silver Jubilee year. In June, the Centre provided 11,850 services to the 264 new and 1,629 follow-up cases, alongside enrolling beneficiaries under UDID and Niramaya, and distributing assistive devices under ADIP and RVY. We strengthened our community impact through PM-DAKSH vocational drives, a certificate distribution for trainees, a CRE seminar on stuttering, early intervention services at Hamidia Hospital, and an official Hindi workshop.

Additionally, we marked the International Day of Yoga and World Sickle Cell Day, while hosting an orientation for 268 nursing students. This issue features research on ADIP cochlear implant outcomes by Ms. Kumari Komal Rani, a review on emotional eating by Ms. Glory Esther Thomas, and illustration on the Marriage Incentive Scheme of Govt. of MP. I extend my sincere gratitude to the Ministry, NIMHR Sehere, our team, and stakeholders for advancing our mission of inclusion.



Dr. Narendra Kumar
Director, CRC Bhopal



About CRC Bhopal

CRC, Bhopal was established on 14th August 2000 by National Institute of Empowerment of Persons with Intellectual Disabilities (NIEPID), Secunderabad under the Scheme of Implementation of the Rights of Persons with Disabilities Act (SIPDA). It was realigned in February 2006 to Ali Yavar Jung National Institute for the Speech & Hearing Disabilities (Divyangjan), Mumbai, an autonomous body under the Department of Empowerment of Persons with Disabilities (DEPwD), Ministry of Social Justice & Empowerment, Government of India. From August 2024, CRC Bhopal is under administrative control of National Institute of Mental Health Rehabilitation (NIMHR) Sehore, Bhopal Madhya Pradesh. CRC Bhopal has been working for persons with disabilities in the Central India region by providing rehabilitation services for all categories of persons with disabilities. The center was conferred with the national award for barrierfree environment in the year 2006. Apart from rendering rehabilitation services, CRC Bhopal also offers various long term and short-term training programmes recognized by Rehabilitation Council of India, implements various schemes and programme of DEPwD like CDEIC, PMDK, Skill Development, registration for UDID, Niramaya etc. and conducts awareness generation activities and different levels which includes grassroot level functionaries, parents, NGOs etc.

CRC aims to empower persons with disabilities (divyangjan) to live independently and contribute to the community like everyone else.

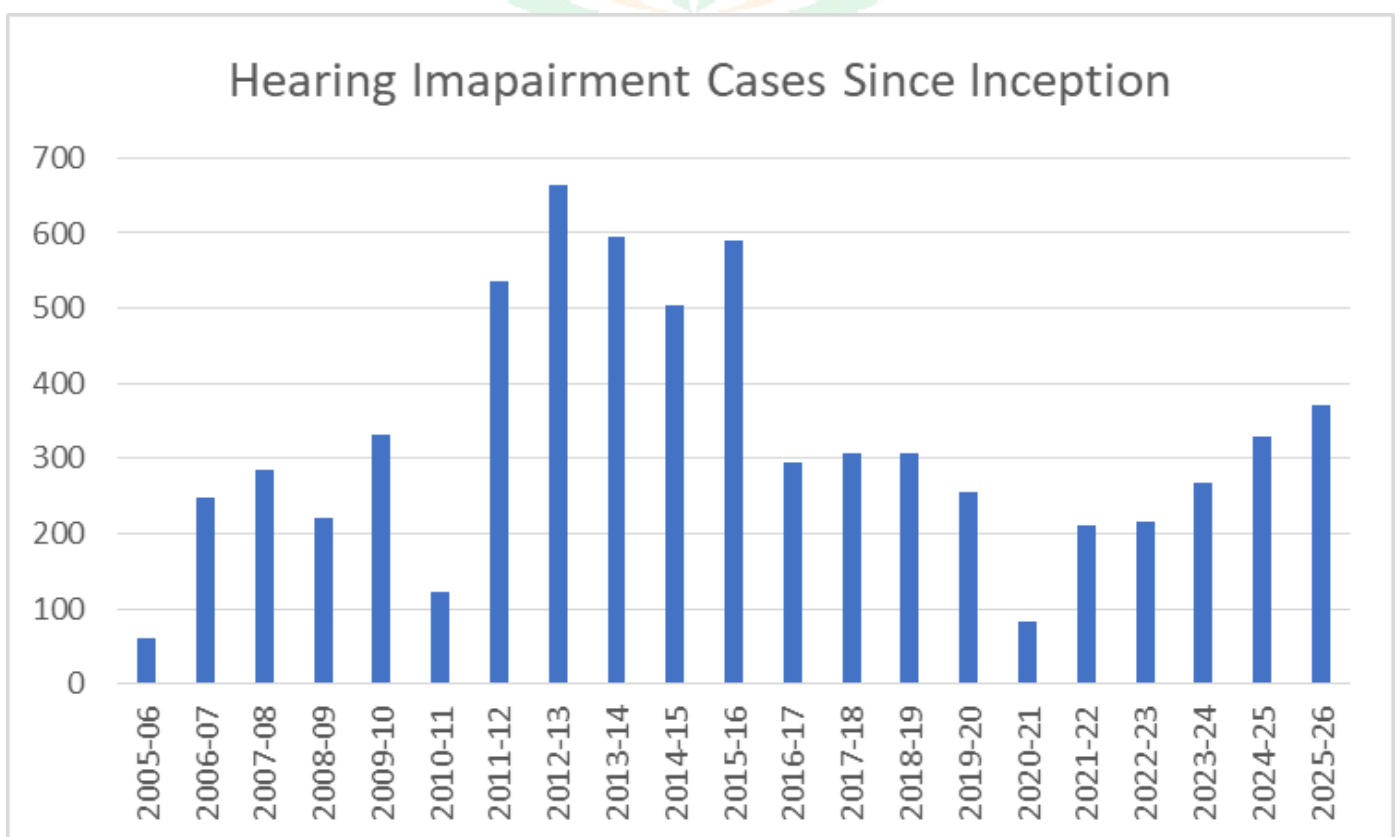
The primary objective of setting up CRC is to create the infrastructure required for training and manpower development, research, and providing services to persons with disabilities, particularly in those parts of the country where such infrastructure is lacking. CRC has following objectives:-

- To serve as a resource centre for rehabilitation and special education of persons with disabilities.
 - To establish linkages with existing medical, educational, and employment services, following the principles of community-based rehabilitation and offer extension services in rural areas.
 - To stimulate the growth of services by encouraging and supporting voluntary organizations, parent groups, and self-help groups.
 - To undertake human resource development by training rehabilitation professionals, village level workers, multi-rehabilitation workers, and other functionaries in the government and non-government sector required for providing services to persons with disabilities.
 - To develop strategies for delivering rehabilitation services suitable to the socio-cultural background of the region.
 - To undertake research and development with specific reference to the needs of diverse groups of people with disabilities, keeping in view the nature and severity of disability in the region.
 - To undertake public education programs for the creation of awareness in the parents and the community.
 - To undertake designing, fabrication, and fitment of aids and appliances to help individuals overcome their disability.
 - To conduct the service of education and skill development leading to the enhancement of opportunities for employment, rehabilitation, mobility, communication, recreation, and integration in society.
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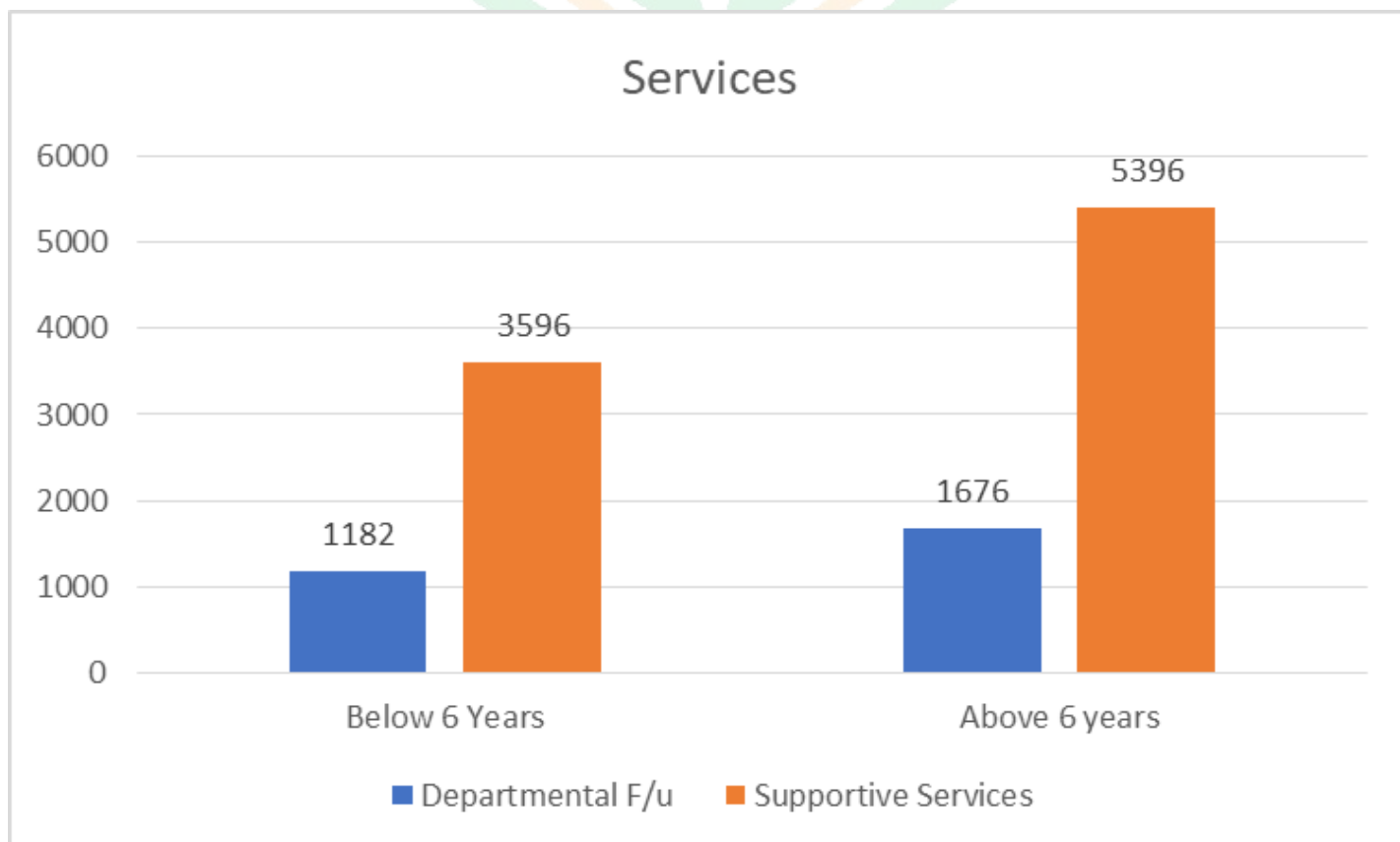
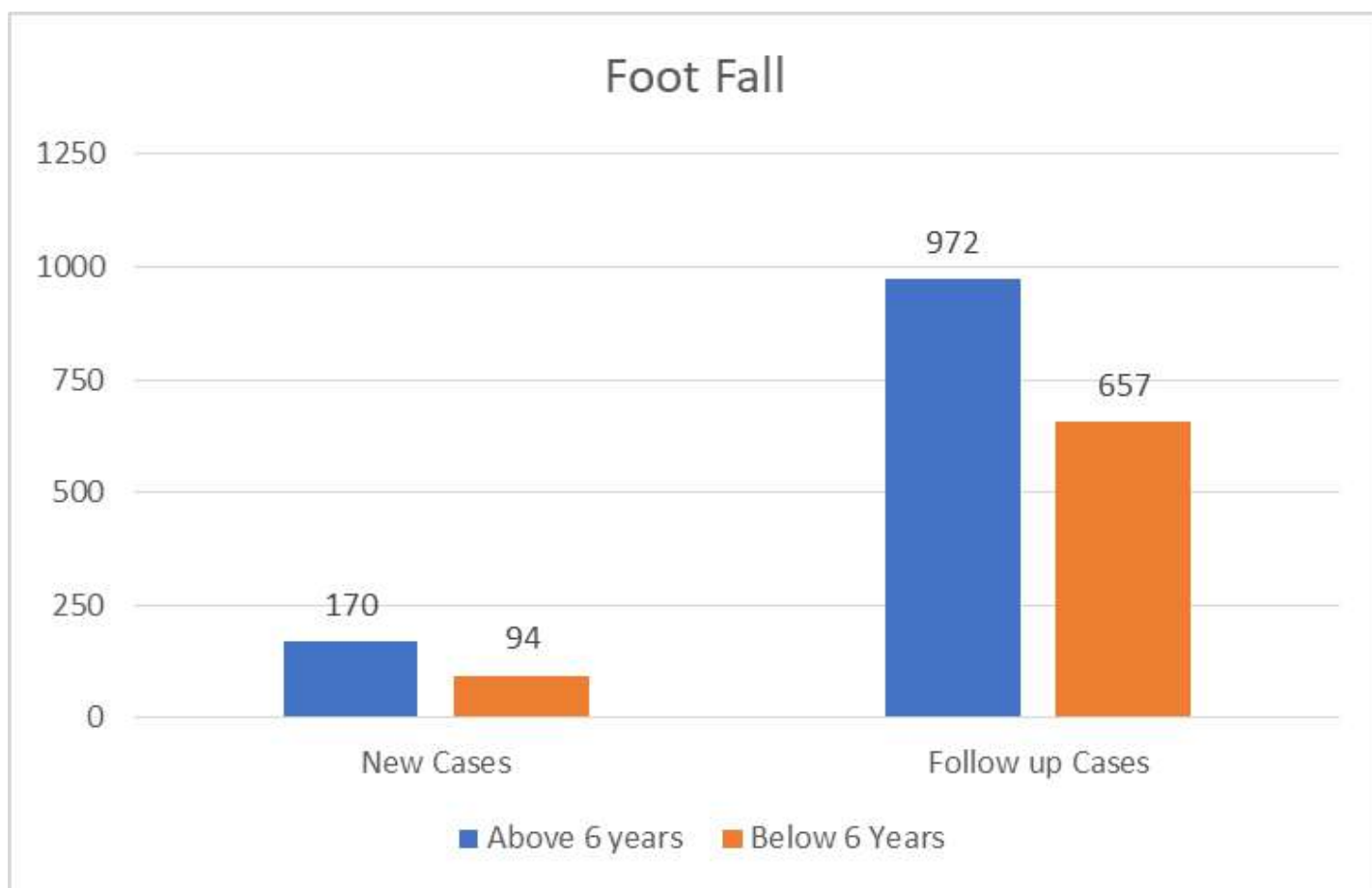


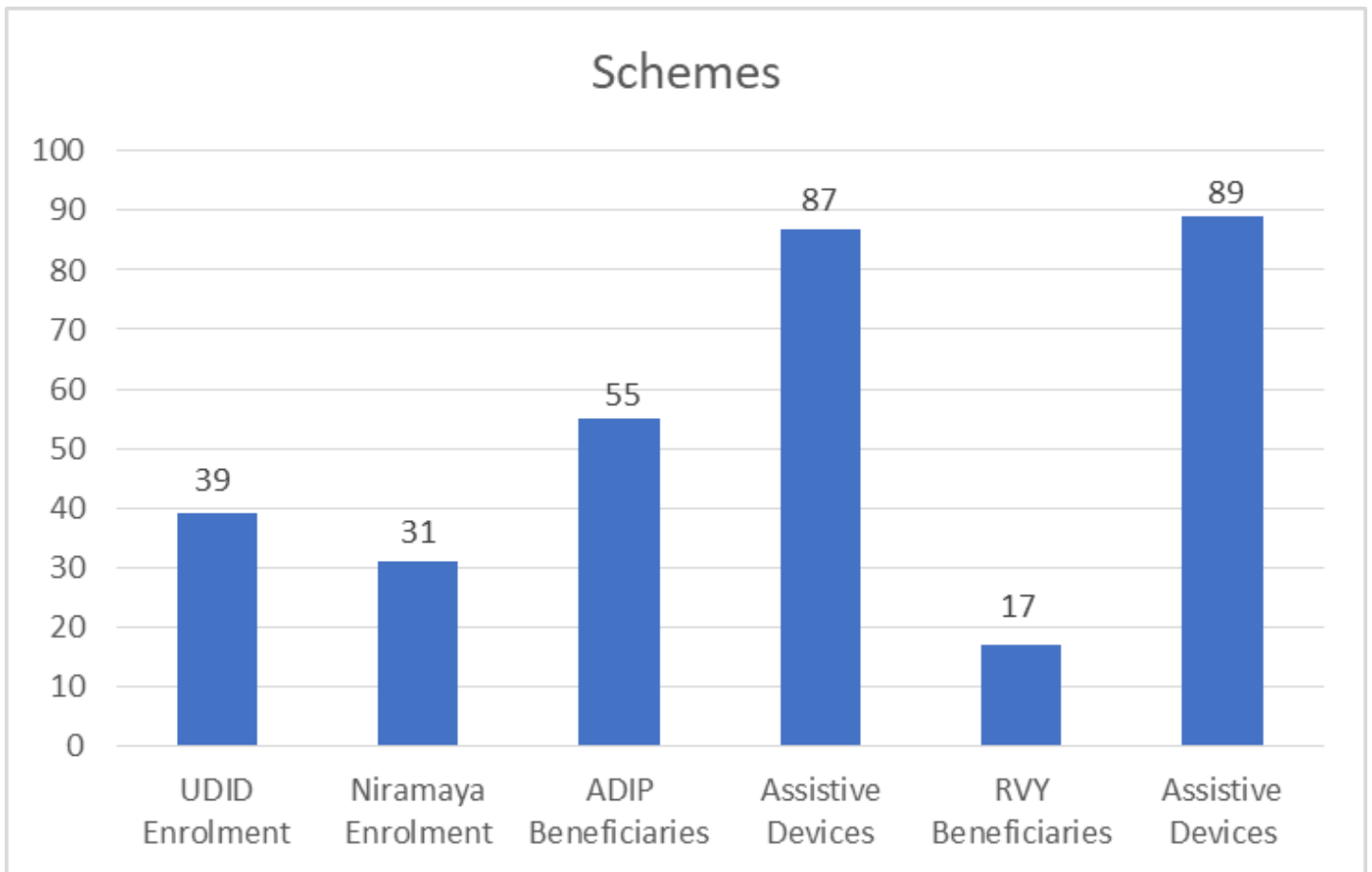
Historical Data

Hearing Impairment Services at CRC Bhopal have been continuously strengthening communication and rehabilitation outcomes since 2005–06. Over the past two decades, the Centre has assessed and rehabilitated thousands of individuals with hearing impairment through comprehensive audiological evaluation, hearing aid fitting, speech and language therapy, auditory training, parental counselling, and special education services. The year-wise trend of beneficiaries reflects CRC Bhopal's sustained commitment to early identification, timely intervention, and accessible rehabilitation, enabling children and adults with hearing impairment to achieve improved communication skills, educational participation, and social inclusion.



Highlights for the Month of June 2026



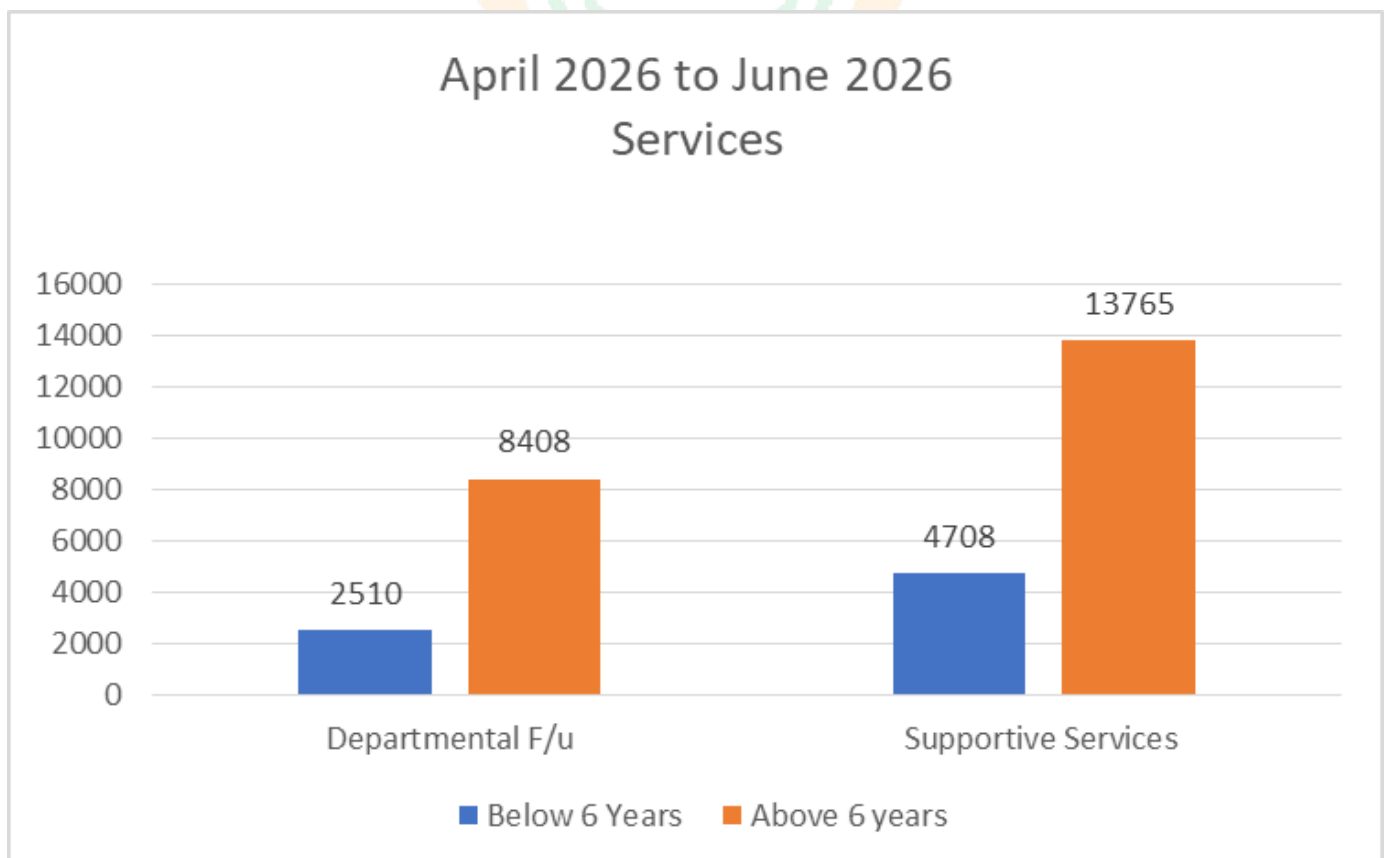
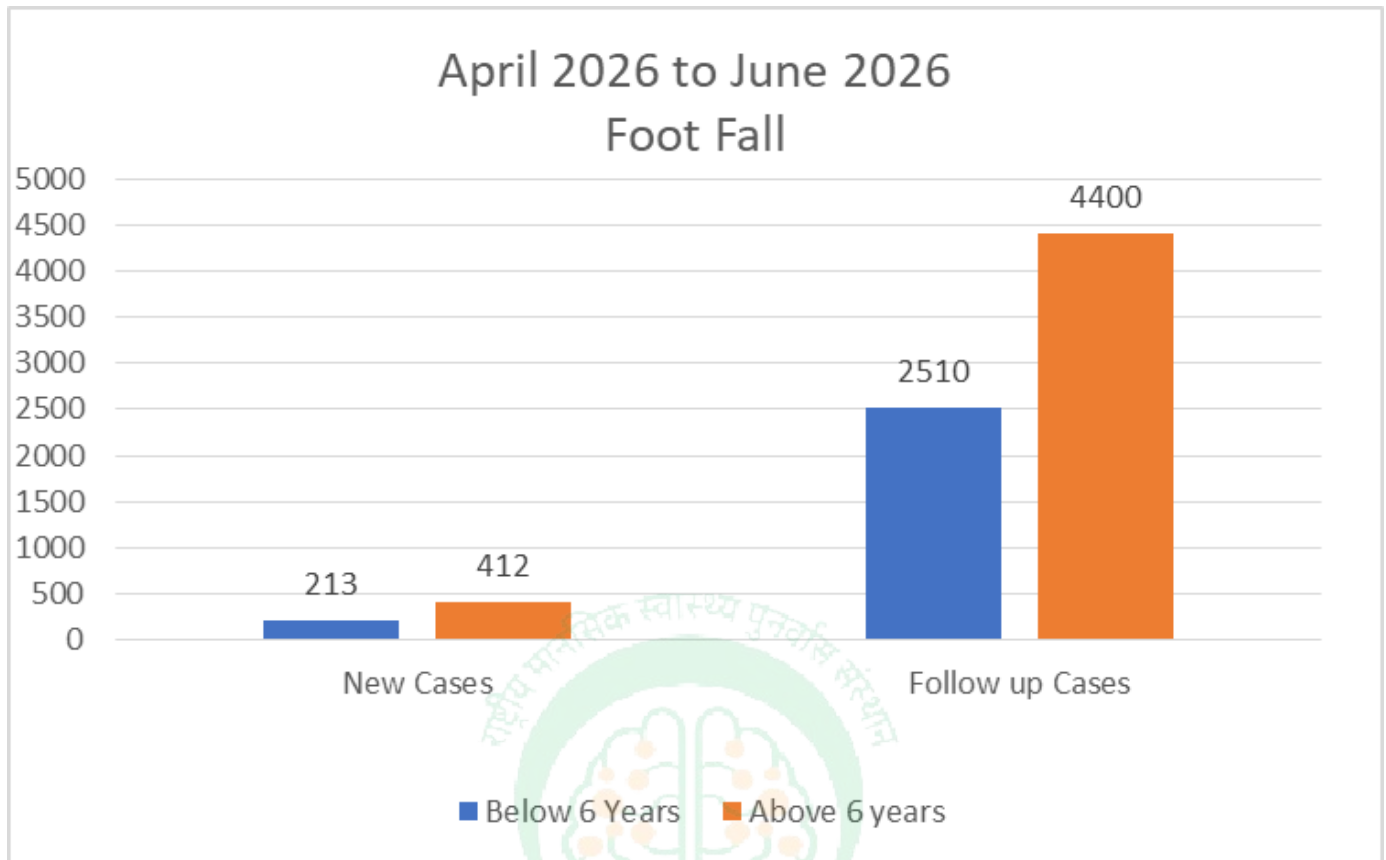


About Mr. Ajit Jogi

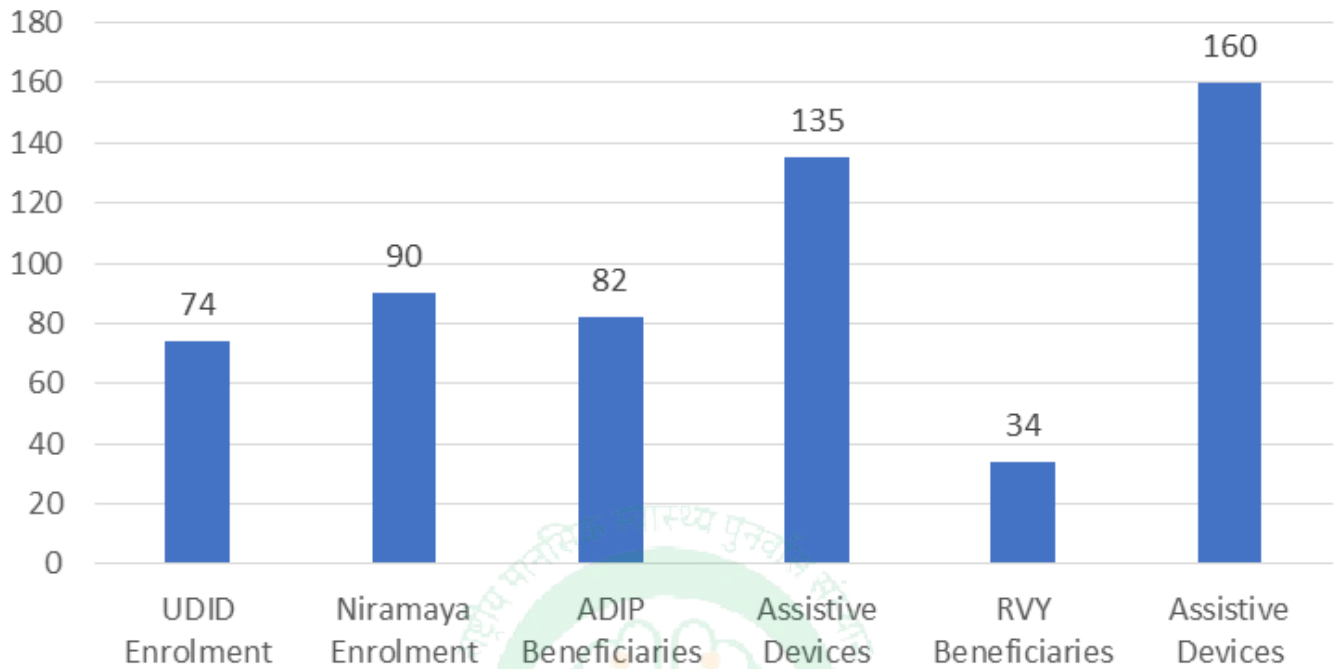


Mr. Ajit Jogi, the first Chief Minister of Chhattisgarh, overcame significant physical and societal challenges and continued to serve the people with remarkable determination and leadership. After a car accident in 2004 left him paralyzed from the waist down, his physical limitations could not restrict his dreams, ambitions, or commitment to public service. Despite his disability, he remained an active political leader, demonstrating that physical limitations cannot confine a determined mind or a strong spirit.

Achievements in 2026-27, till June 2026



April 2026 to June 2026



Ms. Preethi Srinivasan was a national-level swimmer and captain of the Tamil Nadu women's cricket team



Ms. Preethi Srinivasan was a national-level swimmer and captain of the Tamil Nadu women's cricket team before a tragic diving accident left her paralyzed from the neck down.

Her life took an unexpected turn, but she transformed adversity into purpose by becoming a motivational speaker and advocate for people with disabilities.

She did not just learn to swim; she learned how to survive in the vast ocean of life. Every wave of her journey tells the world, "I am here, I am strong, and I am here to live—not to compromise."

Her inspiring story reminds us that life may change our direction, but it can never decide how far we choose to go.

Highlights for the Month of June 2026

Academics



CRC Bhopal conducted an admission outreach programme under the PM-DAKSH Scheme at the Cerebral Palsy Association of India, Jatkhedi, Bhopal, on 19th June 2026. Ms. Shagufta Parveen, Vocational Instructor, interacted with beneficiaries, parents, and institutional representatives to disseminate information on skill development courses, vocational training opportunities, and the admission process. The initiative aimed to encourage greater participation in employment-oriented rehabilitation programmes and promote economic empowerment through skill development.



Normal non-fluency and developmental stuttering (1) (1) (1).pptx Done

Target Sequence (Modeling)	Integration Strategy
Instruct the client to take an inhalation through the nose slightly deeper than usual. Exhale a tiny amount of air through the mouth before starting phonation. Initiate the sound slowly and softly, prolonging vowels to stabilize the respiratory cycle.	Regularly model the physical process to stabilize the pre-voice exhalation baseline. Combine with other targets (e.g., rate reduction) before systematically fading explicit mechanics into natural, unmonitored speech.

Kumari Komal Rani

Shivani Tiwari

CRC Bhopal successfully organized an Online Continuing Rehabilitation Education (CRE) Programme on "Management of Stuttering" on 21st June 2026. Coordinated by Ms. Kumari Komal Rani the programme brought together rehabilitation professionals, academicians, and students to strengthen their understanding of evidence-based assessment and therapeutic approaches in stuttering management. The session served as an important platform for knowledge exchange and professional capacity building.



CRC Bhopal is continuing efforts to promote inclusive education and vocational rehabilitation, with an admission campaign at SOS Children's Village, Khajuri Kalan, and two Anganwadi Centres in Village Piriya, Bhopal, on 23rd June 2026. Ms. Shagufta Parveen, Vocational Instructor, and Mrs. Sarita Singh, Special Educator, interacted with parents, caregivers, and community members to create awareness about PM-DAKSH skill development programmes, special education services, and rehabilitation support available through the Centre. The outreach emphasized early intervention, educational inclusion, and livelihood opportunities for persons with disabilities.

Extension Services at Hamidia Hospital, GMC Bhopal

The CDEIC team of CRC-Bhopal conducts Half Day-weekly assessment and counseling sessions for children with special needs at the Pediatric Department (Neonatal Unit) of Hamidia Hospital, GMC Bhopal. Intervention services were provided to beneficiaries as follows:

No of Beneficiaries provided early intervention services

Date	New Cases	F/up	Supportive Services
03/06/2026	04	08	24
10/06/2026	08	14	42
24/06/2026	06	10	30



Other Activities

Visits



CRC Bhopal organized an educational exposure visit for 268 nursing students from Hamidia College of Nursing between 15th and 19th June 2026. During the visit, students were introduced to multidisciplinary rehabilitation services, assistive technologies, early intervention programmes, and various disability-specific interventions.

Other Activities



CRC Bhopal organized a Certificate and Marksheet Distribution Ceremony for the successful trainees of the PM-DAKSH Assistant Plant Care Taker (PwD-ID), Batch 0449, on 12th June 2026. The programme recognized the achievements of the trainees and marked the successful completion of their vocational training.

World Sickle Cell Day was observed at CRC Bhopal on 19th June 2026 to enhance awareness regarding the prevention, early identification, and management of sickle cell disease. The programme witnessed the participation of 61 faculty members and nursing students from Gandhi Medical College, Bhopal.



CRC Bhopal successfully conducted the First Quarterly Hindi Workshop for the year 2026-27 in online mode on 29th June 2026. The workshop, based on the theme "Official Language Inspection: Guidelines and Best Practices," aimed to strengthen the effective implementation of the Official Language Policy and encourage the use of Hindi in official correspondence and administrative work.

INTERNATIONAL YOGA DAY



CRC Bhopal celebrated the International Day of Yoga on 21st June 2026 with enthusiastic participation from staff members, persons with disabilities, and their caregivers. The programme emphasized the role of yoga in promoting physical fitness, emotional well-being, stress management, and holistic rehabilitation. Guided yoga sessions encouraged participants to adopt healthy lifestyle practices and highlighted yoga as an integral component of overall wellness and rehabilitation.



Success Story

सफलता की कहानी

लाभार्थी का नाम: **कृष्णा (परिवर्तित नाम)**

अभिभावक: श्रीमती रानी मिश्रा

कृष्णा को कम उम्र से ही स्पीच में देरी, व्यवहार संबंधी समस्याएँ (Behaviour Issues), अत्यधिक गुस्सा, बच्चों को मारना, चीज़ें फेंकना तथा ध्यान की कमी जैसी कठिनाइयों का सामना करना पड़ रहा था। इन चुनौतियों के कारण उसके लिए सामान्य विद्यालय में पढ़ाई जारी रखना कठिन हो गया था और उसके भविष्य को लेकर परिवार काफी चिंतित था।

इसके बाद अभिभावकों ने सी.आर.सी. भोपाल से संपर्क किया। यहाँ कृष्णा का विस्तृत मूल्यांकन किया गया और उसकी आवश्यकताओं के अनुसार स्पेशल एजुकेशन, नियमित थेरेपी, व्यवहार प्रबंधन तथा अभिभावक परामर्श शुरू किया गया। साथ ही, माता-पिता को घर पर अपनाई जाने वाली तकनीकों और बच्चे के विकास में उनकी भूमिका के बारे में भी मार्गदर्शन दिया गया।

लगातार हस्तक्षेप और नियमित फॉलो-अप के परिणामस्वरूप कृष्णा में उल्लेखनीय सुधार देखने को मिला। उसकी स्पीच, व्यवहार, ध्यान, सीखने की क्षमता तथा सामाजिक सहभागिता में सकारात्मक परिवर्तन आया। अब वह पहले की तुलना में बेहतर तरीके से निर्देशों का पालन करता है, पेंसिल पकड़कर लिखने का प्रयास करता है तथा विद्यालयी गतिविधियों में अधिक रुचि लेने लगा है।

कृष्णा की माता ने बताया कि सी.आर.सी. भोपाल के शिक्षकों और विशेषज्ञों के सहयोग से उनके बच्चे के जीवन में सकारात्मक बदलाव आया है। उन्होंने विशेष रूप से स्पेशल एजुकएटर एवं पूरी टीम के मार्गदर्शन की सराहना करते हुए अन्य अभिभावकों से भी अपने बच्चों को नियमित रूप से सी.आर.सी. लाने की अपील की, ताकि वे भी ऐसे सकारात्मक परिणाम प्राप्त कर सकें।

अभिभावक का संदेश:

"सी.आर.सी. भोपाल के सभी शिक्षकों और विशेषज्ञों का मैं हृदय से धन्यवाद करती हूँ। मेरे बच्चे में जो सकारात्मक बदलाव आया है, वह आपके निरंतर प्रयासों का परिणाम है। मैं सभी अभिभावकों से अनुरोध करती हूँ कि वे अपने बच्चों को नियमित रूप से सी.आर.सी. लेकर आएँ ताकि उनके बच्चों को भी इसका लाभ मिल सके।"

योग दिवस पर सीआरसी भोपाल में दिव्यांगजन सहित स्टाफ ने किया किया योग



सुबह प्रकाश, भोपाल।

समेकित क्षेत्रीय कौशल विकास पुनर्वास एवं दिव्यांगजन सशक्तिकरण केंद्र (सीआरसी भोपाल) में अंतर्राष्ट्रीय योग दिवस पर योग कार्यक्रम का आयोजन किया गया। इस कार्यक्रम में सीआरसी भोपाल का स्टाफ दिव्यांगजन अभिभावक सम्मिलित हुए। सभी ने इस कार्यक्रम में बढ़-चढ़कर भाग लिया। शिवचरण विश्वकर्मा एवं बालकृष्ण विश्वकर्मा योगाचार्यों द्वारा योगाभ्यास कराए गए। इन योगाभ्यासों में प्राणायाम, आसन एवं विभिन्न व्यायाम कराए गए। कार्यक्रम के अवसर पर प्रधानमंत्री के लाइव कार्यक्रम में सभी लोग सम्मिलित हुए साथ ही सभी लोगों ने सामूहिक रूप से योगाभ्यास किया।

योग दिवस पर सीआरसी भोपाल में दिव्यांगजन सहित स्टाफ ने किया किया योग



भोपाल। समेकित क्षेत्रीय कौशल विकास पुनर्वास एवं दिव्यांगजन सशक्तिकरण केंद्र (सीआरसी भोपाल) में अंतर्राष्ट्रीय योग दिवस पर योग कार्यक्रम का आयोजन किया गया। इस कार्यक्रम में सीआरसी

भोपाल का स्टाफ दिव्यांगजन अभिभावक सम्मिलित हुए। सभी ने इस कार्यक्रम में बढ़-चढ़कर भाग लिया।

शिवचरण विश्वकर्मा एवं बालकृष्ण विश्वकर्मा योगाचार्यों द्वारा योगाभ्यास

कराए गए। इन योगाभ्यासों में प्राणायाम, आसन एवं विभिन्न व्यायाम कराए गए। कार्यक्रम के अवसर पर प्रधानमंत्री के लाइव कार्यक्रम में सभी लोग सम्मिलित हुए साथ ही सभी लोगों ने सामूहिक रूप से योगाभ्यास किया।



Review of Literature

Emotional Eating During Stress: A Review of Literature

By- Ms. Glory Esther Thomas

Introduction

Emotional eating (EE) is defined as a behavioral pattern in which individuals increase their food intake in response to psychological distress and negative emotional states rather than physiological hunger (Aguilar-Galarza, n.d.; Ding et al., 2026). While physiological hunger

develops gradually and is driven by energy depletion, stress-induced emotional eating manifests abruptly, typically targeting hyperpalatable or "comfort" foods that are energy-dense, high in fat, and rich in sugar (Janet Tomiyama et al., 2015; Yau, n.d.).

Understanding this relationship is crucial; chronic exposure to uncontrollable stress shifts standard homeostatic eating patterns toward compulsive consumption (Yau, n.d.). Over time, this maladaptive coping mechanism alters the biological allostatic load—the wear and tear on the body accumulated through repeated exposure to chronic stress—contributing heavily to metabolic diseases, abdominal obesity, and worsened psychological well-being (Aguilar-Galarza, n.d.; Yau, n.d.). This literature review synthesizes the primary physiological mechanisms, psychological frameworks, and clinical outcomes associated with emotional eating during stress.

Neurobiological and Physiological Mechanisms

The physiological intersection between acute stress, chronic stress, and food consumption involves a complex interaction between the endocrine system, peripheral appetite

hormones, and central reward pathways.

1. The HPA Axis and Glucocorticoid Release

The body's primary response to an environmental threat is regulated by the hypothalamic-pituitary-adrenal (HPA) axis.

- Acute Stress: Immediate activation triggers the sympathetic nervous system to release catecholamines (such as adrenaline), which naturally suppress appetite to prioritize survival behaviors.

- Chronic Stress: Prolonged or uncontrollable stress maintains an elevated level of circulating glucocorticoids, primarily cortisol. Cortisol acts as a powerful neurobiological stimulant for appetite. Crucially, glucocorticoids work synergistically with circulating insulin to stimulate food intake and promote the accumulation of visceral (abdominal) fat tissues.

2. The Comfort Food Feedback Loop

Biobehavioral models show that the consumption of energy-dense foods acts as a functional feedback loop to dampen stress (Janet Tomiyama et al., 2015). Rodent models demonstrate that access to sucrose or high-fat chow inhibits the physiological cascade of the HPA axis, reducing the secretion of corticotropin-releasing hormone (CRH) in the

hypothalamus and lowering subsequent adrenocorticotrophic hormone (ACTH) and corticosterone responses (Janet Tomiyama et al., 2015).

In humans, individuals characterized by high chronic stress and habitual emotional eating frequently display a blunted, lower cortisol reactivity during acute laboratory stressors

(such as public speaking and arithmetic tests), suggesting that "comfort eating" serves as a functional, temporary physical buffer against acute psychological distress (Janet Tomiyama et al., 2015).

1. Mesolimbic Dopaminergic System and Reward Alterations

Chronic stress alters the neural circuits governing motivation and reward pathways (Yau, n.d.). Prolonged stress triggers neurobiological adaptations in the mesolimbic dopaminergic system, potentiating reward sensitivity specifically toward hyperpalatable items (Yau, n.d.). This heightens "food wanting" and reward-seeking behaviors, causing standard cues (such as the sight or smell of high-calorie foods) to trigger powerful compulsive eating episodes that bypass homeostatic metabolic signals (Jurek C Maruda, 2024; Yau, n.d.).

Psychological Frameworks and Mediating Factors

Psychological literature generally interprets stress-induced emotional eating through the lens of individual differences, coping mechanics, and situational pressures.

Stress Exposure —> Impaired Emotion Regulation —> Maladaptive Coping (EE) —> Temporary Affect Relief —> Exacerbated Distress / Health Risks

1. Emotion Regulation Models and Stress and Coping Theory

According to Stress and Coping Theory, when individuals perceive environmental demands as exceeding their adaptive coping resources, they turn to alternative behavioral strategies (Debeuf et al., 2018; Ding et al., 2026). Emotion regulation models characterize emotional eating as a structural, maladaptive attempt to escape, distract from, or soothe negative affects (such as anxiety, loneliness, or anger) when cognitive appraisal or reappraisal strategies fail (Ding et al., 2026; Jurek C Maruda, 2024). While the consumption of highly palatable food provides brief hedonic relief, it fails to address the foundational stressor, trapping the individual in an avoidant coping loop that ultimately exacerbates negative emotions over time (Ding et al., 2026; Jurek C Maruda, 2024).

2. Situational Constraints vs. Momentary Affect

Recent structural evaluations emphasize that emotional eating may also be driven heavily by specific environmental conditions. While macro-level emotional fluctuations independently trigger eating motives, specific situational constraints like time pressure play a major role (Bamberg, n.d.). Multilevel models reveal that acute time constraints significantly increase the likelihood of snacking behaviors while simultaneously restricting the overall quantity or nutritional quality of food consumed, highlighting an intersection

between environmental architecture and affective eating (Bamberg, n.d.).

Clinical and Health Implications

The systemic reliance on emotional eating to cope with stress carries measurable physical and psychological health outcomes.

1. Anthropometric and Biochemical Alterations

Cross-sectional and longitudinal data confirm that higher emotional eating scores are independently associated with:

- Elevated Body Mass Index (BMI), greater body fat percentages, and increased waist circumference across both sexes (Aguilar-Galarza, n.d.).
- Adverse biochemical variations, notably less favorable lipid profiles in women and significantly elevated risks for general and abdominal obesity (Aguilar-Galarza, n.d.).
- Systemic metabolic disruption, driven by the persistent combination of high cortisol and high-sugar, high-fat food choices (Janet Tomiyama et al., 2015; Yau, n.d.).

2. Mental Health and Internalizing Symptoms

Beyond physical health, emotional eating acts as a significant mediator for broader psychological distress. For instance, recent studies evaluating multi-dimensional academic stress (such as parental, self-imposed, and teacher pressures) in young adults show that emotional eating accounts for a notable percentage of the overall statistical association between high stress and severe internalizing symptoms, such as clinically relevant anxiety and depression (Ding et al., 2026). This confirms that emotional eating acts as a compounding behavioral variable that worsens overall mental well-being (Ding et al., 2026; Jurek C Maruda, 2024; Mentzelou, n.d.).

Conclusion

The literature broadly concludes that emotional eating during stress represents a complex biobehavioral cycle. Psychologically, it functions as an avoidant, maladaptive emotion regulation mechanism that replaces insufficient coping resources (Ding et al., 2026; Jurek

C Maruda, 2024). Biologically, it leverages the reward properties of hyperpalatable foods to suppress acute HPA-axis distress (Janet Tomiyama et al., 2015; Yau, n.d.). However, this temporary relief carries a steep long-term cost, leading to abdominal adiposity, metabolic risks, and increased psychological vulnerability (Aguilar-Galarz7a, n.d.; Ding et al., 2026).

Future research must continue to untangle individual susceptibilities and structural moderators—such as time constraints—to develop targeted, accessible clinical interventions that replace emotional eating with healthy, adaptive stress management techniques.



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Outcomes in children implanted under the ADIP scheme and challenges for the families

By- MS. Kumari Komal Rani

Hearing impairment is the most prevalent sensory disability. Hearing impairment has a significant impact on the child and his family. This impact is seen in every aspect of life, including cognitive, communication, psychosocial, educational, personality development, and the family's financial condition.

Cochlear implantation has been widely used to recover or obtain audition for severe to profound hearing loss patients. Cochlear implants are costly device with the cost ranging from 5 lakhs up to 14 lakhs. Assistance to disabled in purchase and fitting of aids and appliances (ADIP) scheme for the cochlear implant is an ambitious welfare scheme for the HI population under the Ministry of social justice and welfare, the government of India. The scheme aims to provide CI to hearing-impaired (HI) children of poor economic background and support auditory verbal therapy (AVT) for two years to the implanted children through empanelled rehabilitation centres.

The need for the study:

CI under the ADIP scheme involves much cost to the public exchequer. On the other hand, parents spend a considerable amount of money on cochlear implantation under a self-financed scheme. The whole family comes under the financial burden. Hence there is a need to study the hearing, speech, and language outcomes in children implanted under the ADIP scheme and compare them with children implanted under the self-financed scheme. The efficacy of this welfare scheme can be evaluated, and policy change can be advocated based on this study.

Aim and objectives:

The Primary aim of the study was to find out hearing, speech, and language outcomes of CI in children implanted under the ADIP scheme and those implanted under the self-financed scheme and compare the findings between these two groups. The secondary aim of the study was to get the parental views on challenges in the ADIP scheme for CI in their implanted wards.

Methodology:

The children implanted under the ADIP scheme (30 no.) and the self-financed scheme (30 no.) at a tertiary care health centre were included in the study. The surgeries were performed between

2016 and 2020. At least one-year post-implantation was taken as a baseline for measurement of CI outcomes. Also, the parents of cochlear implanted children under the ADIP scheme were interviewed to get information regarding various challenges they faced under the ADIP scheme.

Outcome measurement:

The hearing outcome was assessed using MAIS/IT- MAIS and CAP scale. Speech outcomes were evaluated using the Speech Intelligibility Rating test and ISD was used to assess language, cognition and hearing.

Results:

ADIP group was comprised of 30 children (14 females and 16 males) with a mean age of 5.64 years (SD 2.29). The mean implant age and implant usage duration were 4.55 years (SD 1.42) and

1.6 years (SD .57). The self-financed group was comprised of 30 children (13 females and 17 males) with a mean age of 5.76 years (SD 1.75). The mean implant age and implant usage duration were 4.57 years (SD 1.71) and 1.32 years (SD 0.67).

ADIP GROUP

TOTAL	MEAN AGE	MEAN IMPLANT AGE	IMPLANT USAGE DURATION
30(14 FEMALE,16 MALE)	5.64(2.29)	4.55(1.42)	1.6(5.7)

SELF FINANCE GROUP

TOTAL	MEAN AGE	MEAN IMPLANT AGE	IMPLANT USAGE DURATION
12(13 FEMALE,17 MALE)	5.76(1.75)	4.57(1.71)	1.32(0.67)

In the ADIP group, the CI brands were cochlear (n=22) and digisonic (n=8). In the self-financed scheme, the CI brand consisted of cochlear (n=20), Advanced Bionics (AB) (n=8), and Medel (n=2).

SN	Name of the variable	ADIP group	Self-financed group
1	COCHLEAR	22	20
2	DIGISONIC	8	
3	ADVANCE BIONIC		8
4	MEDEL		2

A t-test was carried out to determine the mean difference of age, implant age, and implant usage duration between the ADIP group and the self-financed group. There was no significant difference between the two groups on any of these measures.

The scores on ISD scales were taken as a mean of the age range obtained from the scale. When both the groups were compared using an independent t-test, there was a significant difference ($p < .05$) between the two groups in the scores of CAP and reception, speech, and cognition subsections of the ISD scale. The scores of the ADIP group were significantly lower in these domains. There was no significant difference between the two groups on the domains of MAIS/ITMAIS and SIR and audition, expressive language, and pragmatics domain of ISD scale.

SN	Name of the test	ADIP group (Mean)	Self-financed group (Mean)	t-test(p-value)	
1	MAIS/ IT-MAIS	28.25	32.42	-1.65(0.11)	
2	SIR	2.33	2.91	-1.38(0.18)	
3	CAP		4.25	6.5	-2.94(0.007)
4	ISD	Audition	15.13	20.25	-1.72(0.1)
5		Reception	14.1	20.38	-2.14(0.04)
6		Expression	12.33	17	-1.8(0.08)
7		Speech	12.12	17.4	-2.2(0.04)
8		Cognition	24.25	34.63	-3.13(0.005)
9		Pragmatics	24.625	32.75	-1.89(0.072)

Comparison of test results in CI children under ADIP and self-financed scheme on independent t-test

To find the difference in CI outcomes between two groups based on age (less than vs. more than 5 yrs), gender (male vs. female), cochlear implant age (before vs. after three years), and cochlear implant usage (less than vs. more than one year) independent t-test was carried out. There was no significant difference ($p > 0.05$) between the groups based on gender, age, cochlear implant age, and cochlear implant usage duration. Hence, the difference between the ADIP group and the self-financed group may not be attributed to gender, age, age of implantation, and cochlear implant usage.

SN	Name of the variable	ADIP group	Self-financed group	t-test (p-value)
1	Age	5.64(2.29)	5.76(1.75)	0.3(.88)
2	Age of implantation	4.55(1.42)	4.57(1.71)	-0.3(.97)
3	CI usage duration	1.6(0.57)	1.32(0.67)	1.09(.3)

Table 3: Comparison of Age, CI age, and Cochlear implant usage duration between the ADIP group vs. Self -implanted group on independent t-test

Parental perception about challenges in ADIP scheme:

The parents of children with CI were asked about the difficulties faced during pre and post-implant procedures under the ADIP scheme.

- **Awareness** – The parents came to know about the ADIP scheme very late, and by the time the applications were accepted, and surgeries were done, the child's age surpassed five years. Most parents came to know about the ADIP scheme either by the tertiary centre (n=26) or by the special educators (n=2).
- **Documentation** –Getting the disability certificate, IQ certificate, and income certificate took much time and effort. The parents had to visit many centres to obtain these mandatory documents, and the precious time is lost.
- **Delay in CI approval** – After sending all the required documents, there was a gap of 3-6 months to get the approval from AYJNISHD.
- **Hearing aid trial**- It was challenging for 12 parents to get the powerful digital hearing aids for three months trial period. Most of them used body-level hearing aids before CI.

•**Post-implant rehabilitation** – Taking the AVT therapy from qualified audiologists was challenging for a total of 14 implantees, mainly due to the distance from the therapy centres and their home.

•**Availability of accessory and servicing** – 12 parents faced difficulty procuring CI accessories like batteries and cables. There was also a concern about the accessory costs and recurrent cost of batteries.

•**Non-availability of rehabilitation program in local language.**

Discussion:

The result suggested that auditory and speech-language skills developed in implanted children in both the ADIP and self-financed group. There are comparable studies that propose a growth in receptive vocabulary in CI children right after the initial fit or with increasing hearing age. (A.M. Robbins, 2004). Schramm et al. found that progress in hearing and language development assessed by questionnaires in 60% of CI children was nearly comparable to the development of their normal-hearing peers. (B. Schramm, 2010)

Significant poor scores were observed in ADIP group in the domains of audition, reception, speech, cognition, and pragmatics skills, and CAP test between self-financed implanted children and children implanted under the ADIP scheme. It may be attributed to financial scarcity, lack of parental education, lack of awareness, leading to lesser stimulation at home and support.

Parents under the self-financed scheme are more motivated to improve the communication abilities of their implanted wards. They attend the therapy sessions regularly and devote extra time to repeat the therapy activities at home. Thus, implanted children get more support from the family.

Conclusion:

Compared with children implanted under the self-financed scheme, children implanted under the ADIP scheme are significantly lacking in few communication skills. Few lacunae need to be overcome so that the large population may get benefit from this very ambitious welfare scheme.

Know our Team Member

Mr. Shyam Singh Mewada



Mr. Shyam Singh Mewada serves as the Orientation & Mobility Instructor and Public Awareness Coordinator at CRC Bhopal, bringing over 25 years of dedicated experience in the field of disability rehabilitation. He has played a significant role in coordinating public awareness campaigns, Continuing Rehabilitation Education (CRE) programmes, faculty in various courses, disability identification and assistive device distribution camps, vocational rehabilitation initiatives, and rehabilitation services for persons with visual impairment. As a faculty member for long-term training programmes and an active researcher, he has also contributed to the field through presentations at national and professional conferences.



Let us know

Marriage Incentive Scheme for Persons with Disabilities

This Scheme has been started in the year of 2008 for encourage disabled persons to get married. -

A. The Eligibility Criteria are as follows -

1. Must have UDID card for disability of 40 percent or more.
2. Must be a native of Madhya Pradesh.
3. Minimum age - The applicant must have completed 21 years of age and the female applicant must have completed 18 years of age. The marriage must be performed as per religious custom/social custom or as per law prescribed by a competent court.
4. The applicant should not be an income tax payer.

B. Other conditions

1. Marriage incentive assistance will be given once in their entire lifetime. In case of a widow/abandoned woman/widower who has already received assistance, she will not be eligible again.
2. Before marrying a disabled person, one has to apply for the benefit of the Disabled Marriage Promotion Scheme in the same way as one has to apply for the Chief Minister Kanyadan/Nikah Scheme. Any disabled couple must apply within one year of the marriage. Otherwise, they will not be eligible to get the benefit of the Disabled Marriage Promotion Scheme.
3. If the divorce or dissolution of marriage of the disabled person for whom the sanctioned assistance is granted happens before 5 years, then the marriage incentive assistance amount will have to be returned to the government. In case the applicant does not return the amount, the assistance amount will be recoverable like arrears of land revenue.

C. Amount of assistance

Under the scheme, assistance of Rs. 2,00,000/- is provided if one of the couple is disabled and Rs. 1,00,000/- is provided if both the couple (boy and girl) are disabled.

D. Required Documents:

The following documents must be compulsorily attached with the application form:-

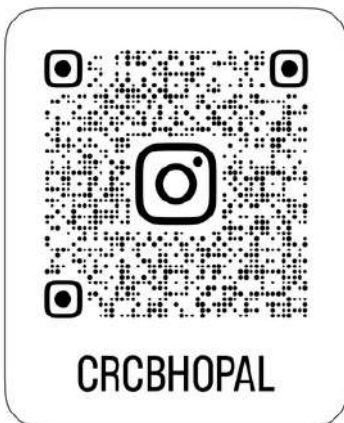
1. Photocopy of native resident certificate of Madhya Pradesh
2. Photocopy of disability certificate issued by the doctor
3. Certificate issued by the competent authority stating that the person is not an income tax payer
4. Photocopy of age certificate
5. Two joint passport-size photographs of the disabled couple
6. Photocopy of husband's death certificate in case of widow
7. Photocopy of court order in case of desertion
8. Photocopy of bank passbook containing savings account number.

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Mrs. Abha Mishra	Lecturer in Spl. Edu. ID
Mr. Kalim Siddaqui	Lecturer in Spl. Edu. ID
Mr. Nityananda Samal	Prosthetist & Orthotist
Mrs. Nimma Verma	Special Educator (ID)
Mrs. Sarita Singh	Instructor in Special Education
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