



ANNUAL REPORT
April 2013 - March 2014



Mobility India (MI) promotes inclusive development work by providing education and training programmes in the areas of assistive technology, including prosthetics, orthotics & wheelchairs, rehabilitation therapy, community based rehabilitation, and accessibility. MI provides services related to rehabilitation and assistive technology to facilitate better quality of life for people with disabilities, especially those who are poor and disadvantaged.

MI was established in Bangalore, as a registered society, in 1994. Its Rehabilitation Research and Training Centre (RRTC) in Bangalore was set up in 2002. A model of disability friendliness, the RRTC spearheads all MI activities. MI's Regional Resource Centre in Kolkata, established in 1998, caters to the rehabilitation needs of the relatively economically backward North-Eastern Region. In addition, MI has Field Offices for its CBR projects in urban slums of Bangalore, Jigani, Anekal Taluk and Chamarajanagar, Karnataka and Garden Reach, Kolkata.

MI has perfected a blend of disability and non-disability at all levels and is an innovative organisation with an approach to address the real needs of the people and strives for the inclusion of people with disabilities in all development activities. MI has a team of 151 staff of which 30 per cent are persons with disabilities and 45 per cent are women.

Vision

An inclusive and empowered community, where people with disabilities, their families and other disadvantaged groups have equal access to education, health, livelihood and enjoy a good quality of life.

Priority

People with disabilities, especially the poor, children, women and older people.

Mission

- Assisting in poverty reduction.
- Promoting inclusive development.
- Facilitating access to services related to rehabilitation and assistive devices.
- Developing appropriate human resources in the field of disability, development, healthcare, rehabilitation and assistive technology at national and international levels.
- Capacity building of grassroots organisations in the field of disability, development, rehabilitation and assistive technology.
- Undertaking R&D in appropriate assistive technology and making assistive devices more accessible and affordable.
- Realising the aspirations of the Convention on the Rights of Persons with Disabilities (CRPD), Incheon Strategy to "Make the Right Real" for Persons with Disabilities and all related national legislations.

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Governing Body Members

President	Ms Romola Joseph	Social Worker
Vice President	Mr Charles Prabakar	Practising Chartered Accountant
Secretary	Dr Gift Norman	Deputy Director, Baptist Hospital, Bangalore
Treasurer	Mr Seshadri Nagaraj	General Manager (Finance & HR) Professional
Members	Mr Kishore S Rao	Chairman, The Bangalore Hospice Trust (BHT) – Karunashraya, Bangalore
	Dr (Mrs) Elizabeth Thomas	Consultant - Education
	Ms K.M. Geethamrutha	President, Margadarshi The Association for Physically Challenged, Bangalore

From the Director's Desk



We are happy to present the progress of Mobility India, for the year 2013-14. This is an important year in the history of the organisation, wherein MI completes two decades of its existence. MI has been making a difference in improving the lives of people with disabilities, their families and other disadvantaged groups, especially the poor. MI strives to bring about societal changes that promotes inclusion, participation and accessibility to help realise the full and equal participation of persons with disabilities in society through its various programmes.

As I present this Annual Report, it gives me a moment to reflect on our accomplishments, challenges and continuous efforts for excellence over the past years, as well as a glimpse of where we are headed in the months to come to address emerging challenges being posed by the changing times and the promise of technology.

The number of people with disabilities is on a continuous rise due to population growth, ageing and emergence of chronic diseases. Diseases such as diabetes, cardiovascular ailments and cancer, injuries due to road accidents, war and conflicts, mental impairments, birth defects – all lead to impairments and disability. These developments have resulted in an increase in demand for health and rehabilitation services, as well as trained healthcare professionals. MI plays a larger role in promoting access to health, education and livelihood opportunities.

2013-14 has been a year of significant accomplishments and progress and scaling of the programmes with the initiation of work in the eight conflict affected North and North Eastern states of Assam, Bihar, Chhattisgarh, Jharkhand, Nagaland, Orissa, Tripura, and West Bengal. The project under implementation is the United States Agency for International Development (USAID) 'Building the Capacity of Institutions and Professionals for Rehabilitation Therapy Service Delivery'. As many as 16 health, disability and development organisations, over 900 professionals/ para-professionals and at least 1,000 persons with disabilities in these conflict affected states will benefit from these interventions.

MI is strengthening the wheelchair service provision and improving wheelchair delivery system in the country with international standards. We have successfully completed organising the first pilot workshop on the WHO Wheelchair Service Training Package: Basic Level in the South-East Eastern Region in June 2013 in collaboration with the World Health Organization (WHO) South East Regional Office and Headquarters. It was attended by health and rehabilitation professionals from eight countries.

The community programmes, particularly the expansion of the inclusive education programme with a commitment to include all children with disabilities and enhancing quality in school have made significant progress. With our holistic approach, we involve the community right from the stage of conception, and converge with various government sectors, developmental organisations to enhance individual productivity and enable families to enhance their income substantially. While we continue to work on these programmes, we strive to re-orient to the emerging needs of sustainable development.

We acknowledge with gratitude the financial and technical assistance and cooperation extended by our donors, international and national agencies, professional bodies, service users, partners, well-wishers and volunteers. I would like to express my heartfelt thanks to the governing body members for their guidance and support. My thanks goes out to our dedicated staff, whose skills, knowledge, talent, and commitment enables us to put people first.

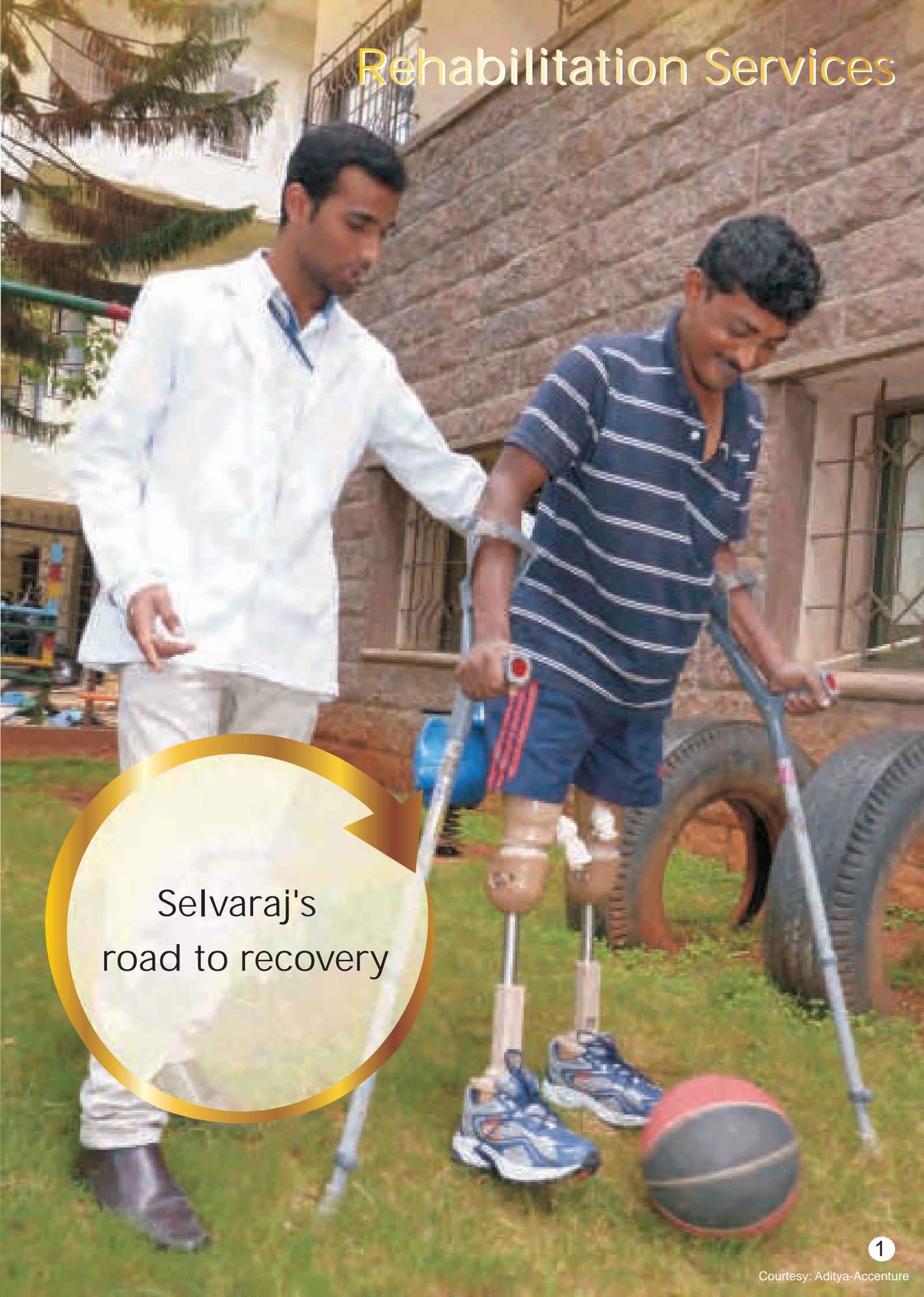
With excitement in our hearts, we look forward to the coming year, when MI steps into the landmark 20th anniversary year. We have much to be proud of, and will continue to build on this foundation. Our sense of belonging, commitment and respect for human dignity in the communities and contribution to building an inclusive and empowered community will only increase in realising our Vision and scaling to new heights - A world where every person is respected and valued for who they are.

With thanks

A handwritten signature in black ink, appearing to read 'Albina S'.

*Ms Albina Shankar
Director*

Rehabilitation Services

A photograph showing a man with prosthetic legs using crutches to walk on a grassy area. A physical therapist in a white lab coat is assisting him. In the background, there are tires and a blue ball. A circular graphic with a white background and a gold border is overlaid on the image, containing the text 'Selvaraj's road to recovery'.

Selvaraj's
road to recovery

Rehabilitation Services

Rehabilitation and habilitation are instrumental in enabling people with limitations in functioning to remain in or return to their home or community, live independently, and participate in the day to day activities of life.

Access to rehabilitation services can decrease the consequences of disease or injury, and improve health and quality of life. However, there is a large gap in the provision of and access to such services. Only 5 to 15 per cent of people who require assistive devices and technologies have access to them.

MI's health services are exclusively dedicated to rehabilitation services. MI provides assistive devices such as orthoses, prostheses, wheelchairs, mobility aids and therapy services. With the support of these devices, people are better equipped to live independently and participate in their society and improve their quality of life.

Every year 3000 to 4000 people from South, North and North-East India with disabilities, irrespective of being marginalised by social, economic, cultural or environmental factors, visit MI seeking a variety of rehabilitation solutions and services. MI offers both cost effective as well as leading-edge rehabilitation technology. The services are tailored to suit individual lifestyles and affordability.

At Mobility India we have a team of qualified and passionate professionals who work together to plan and execute each intervention. Each user is taken care of and is personally guided to help them regain their strength and functionalities to the best of their abilities.

These services are provided:

- Directly from the MI facilities in Bangalore and Kolkata.
- Through the respective field offices responsible for MI's urban, peri-urban and rural CBR projects.
- Grass root organisations in South, North and Eastern India.

A whole gamut of rehabilitation services include:

- Assessment of persons with disabilities for possible rehabilitation interventions.
- Fabrication and fitment of mobility/assistive devices, exercise materials, wheelchairs and development aids.
- Mobility, or GAIT training for prosthetic, orthotic and wheelchair users.
- Follow-up services for aids and appliances.
- Referral services and Surgical Intervention.
- Rehabilitation therapy provision (centre and home based) - Physiotherapy and Occupational Therapy.
- Follow-up visits to homes of service users in CBR projects areas and Grassroots organisations.
- Appropriate quality control checks and measures to ensure standards of service provision.



Rehab Services: Services	2012-2013		2013-2014			
	Total	MI-B Centre	MI-B Partner	MI-K Centre	MI-K Partner	Total
Assessments	2922	2113	186	441	718	3458
Therapy Follow - up Sessions	4061	4720	-	2921	197	7838
Home-based Therapy	5184	5120	-	-	78	5198
Assistive Devices	5534	4900	344	657	328	6229
Developmental Aids	306	331	32	52	106	521

Clinical Staff Training and Exposure

MI rehab team members attended a five-day training programme on Postural Management conducted by MAITs, UK from 17-22 June, 2013 at Mobility India, Bangalore.

10 Staff members visited three national and international institutions in order to upgrade their knowledge and technical skills in the management of spinal cord injuries. This included a visit to Spinal Injury Rehabilitation Centre (SIRC), Nepal, Centre for Rehabilitation of Paralyzed (CRP), Bangladesh and Spinal Injury Rehabilitation Centre (SIRC), New Delhi in the months of July, August and September 2013.

Mr Soikat Ghosh Moulic, participated in the First Seminar on "Development of Quality Control Tools for COPE-Laos" jointly organised by COPE and ICRC-SFD Asia from November 4-7, 2013.



MI participated in a three day 'Assistive Technology Workshop on UNIDAT' held at the Indian Spinal Injuries Centre (ISIC), New Delhi, from 19- 21 December, 2013. The conference provided an opportunity to access various web resources on Assistive Technology and information on Continued Physical Rehabilitation Education (CPRE) courses available online.

Ms Ritu Ghosh, Mr Soikat Ghosh Moulic, Mr Amit Kumar and Mr Oinam Sanjoy Singh attended a 'CRE Workshop on Paediatric Spinal Orthotic Management' at the National Institute for the Orthopedically Handicapped (NIOH), Kolkata on March 21- 22, 2014.

Lakshmi's amazing comeback

Lakshmi is a 13-year old charming young girl. She lives with her parents and brother in Bangalore. An energetic young child with a passion for drawing, she is extremely hardworking, and has always been a meritorious student.

One day, during August 2013, on her way back from school, Lakshmi was knocked down by a speeding bus, and lost both her legs in the tragic accident. In March 2014, she was referred to MI from HOSMAT Hospital, Bangalore. At MI she was provided with above-knee prostheses on both legs and put through regular gait training.

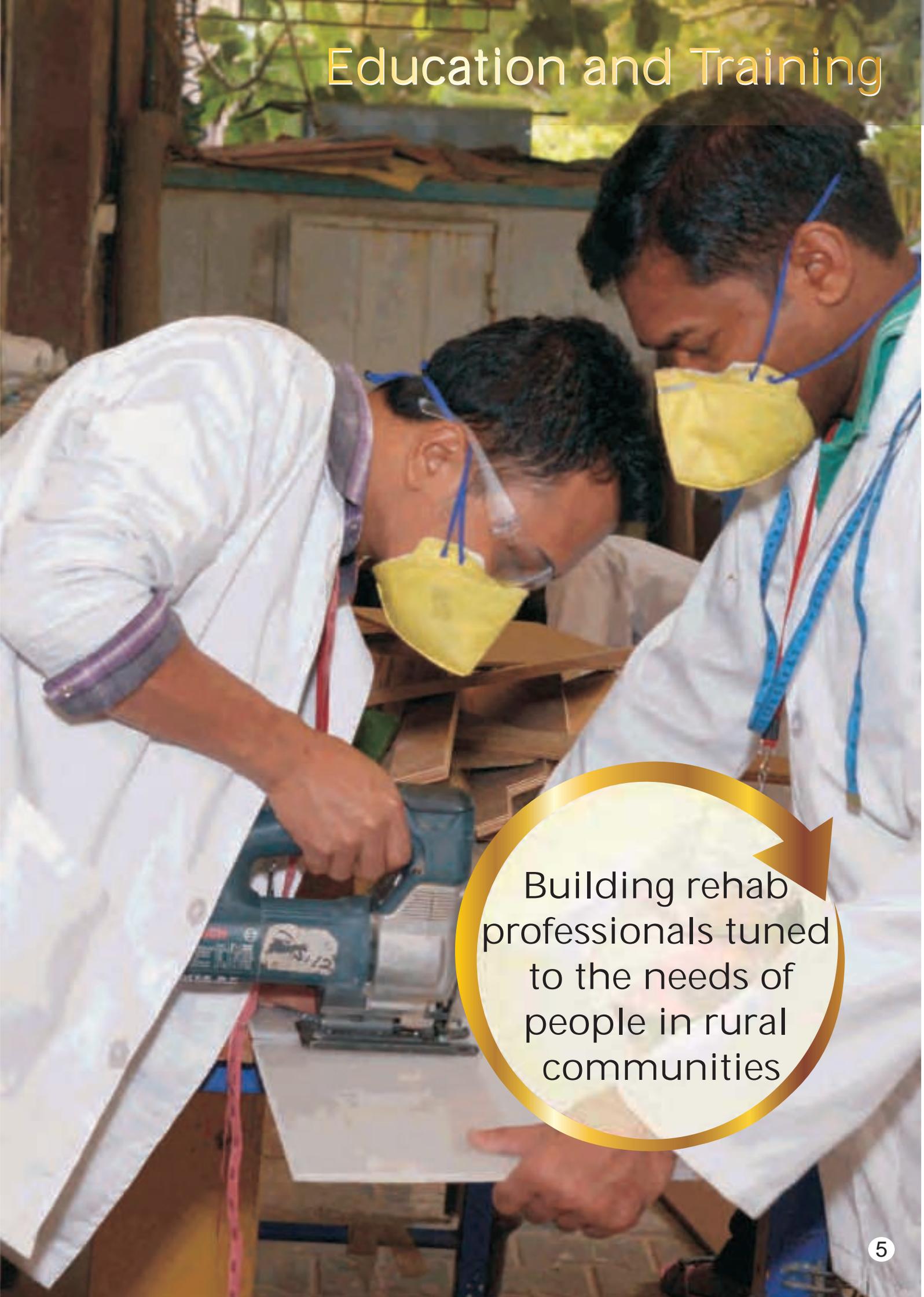
Talking about the case, Oinam Sanjoy Singh, Prog. Manager, P&O Services, says, "While her left side residual limb was very good, her right side limb had multiple adherent scars, and the shape of the stump was not good. Since she was a child and it was more likely that she would adapt herself easily, we decided to go for a long type of prosthesis. We also faced some hurdles during the casting phase, but were able to overcome them."

Laxmi faced several hurdles on the path to recovery. She had problems with balance and stability, and also had a skin break-down. She was found to have severe lordosis or inward curvature of the spinal cord due to prolonged sitting post amputation. "We had discussions with the therapy team, and it was felt that there was a chance that her lordosis would improve over time with the usage of the prosthesis," Sanjoy adds. After fitment of the prostheses, Laxmi underwent extensive gait training at MI. She started walking with the help of elbow crutches, recovered her balance, and learned to climb up and down the stairs. Based on her progress and requirement, the team changed her suspension system and socket a couple of times.

In the beginning, Lakshmi was particularly sensitive to peer acceptance and rejection. It was a period of stress and turmoil for this young girl. Despite the hardship and trauma, the training and encouragement at MI gave her the determination to start walking independently. With the help of timely intervention at MI, and the support and encouragement of her family Laxmi adapted well to the artificial limbs. Today, Lakshmi is back to her regular life of school, games and fun, like any other girl of her age.



Education and Training



Building rehab professionals tuned to the needs of people in rural communities

Education and Training in Disability, Rehabilitation and Development

The International Society for Prosthetics and Orthotics (ISPO) and the World Health Organization (WHO) have estimated that people needing prostheses or orthoses and related services represent 0.5 per cent of the population in developing countries; and 30 million people in Africa, Asia, and Latin America require an estimated 180,000 rehabilitation professionals. Worldwide existing training facilities for prosthetic and orthotic professionals and other providers of essential rehabilitation services are deeply inadequate in relation to the need.

With an ever-increasing gap between demand and availability of trained rehabilitation personnel, the access to rehabilitation services therefore remains poor. In order to provide the necessary quality prosthetics and orthotics services it is important that the personnel providing them has an adequate level of education and training.

MI conducts Education and Training programmes in the areas of assistive technology, including prosthetics, orthotics, wheelchairs, rehabilitation therapy, and community based rehabilitation and accessibility. Since 2002, MI conducts a range of long-term and short-term structured training programmes with an experienced and accredited training team. MI trains national and international students from low & middle-income countries.

MI conducts on-demand short-term dedicated training courses. MI's activities also include facilitating clinical training and exposure for its own staff, seeking/ extending professional consultation, and pursuing research studies in collaboration with other agencies, institutions and universities .

Long Term Training programmes

- The 12th batch of the LLO, LLP & CRT courses was formally inaugurated on 15 July, 2013. Ms Marika Millar, Director from MIBLOU, Switzerland, presided over the function.
- The 6th batch of the Bachelors Programme commenced on 21 October, 2013.
- Sixty students have been enrolled across the various disciplines of long term programmes for the academic year 2013-2014.

This year, the students are from Albania, Angola, Cameroon, Congo, Ethiopia, India, Mozambique, Nigeria, Lebanon, Palestine, Senegal, Sudan and Yemen. As part of the ongoing project of strengthening rehab therapy service delivery in eight conflict North and North-Eastern states, 19 students (9 men and 10 women) are undergoing the Certificate programme in Rehabilitation Therapy course from various grassroot organisations in Assam, Bihar, Chattisgarh, Jharkhand, Nagaland, Orissa, Tripura & West Bengal.

Re - evaluation

An ISPO team of Ms Lisa of Indonesia, Mr Shin of SSPO, Bangkok and Mr Achille of ICRC-India visited MI from December 10 -13, 2013 to conduct a re-evaluation and inspection of the LLO/LLP courses (for CAT 2 Level Single Discipline). They visited Chamaraj nagar to observe MI students at work in the rural settings.

Training of Health care Professionals in Rehabilitation Science (2002-2014)

317 students (208 Prosthetic & Orthotic Technologists, 109 Rehab Therapy assistants) and 839 participants (434 in CBR & 405 in wheelchair service provision) from 25 countries have been trained in last 12 years. It is estimated about 3 million PWDs received their services.

99% are from low and lower middle income countries

42% are women

26% are people with disability



Long-term Training Programmes Conducted at MI

- ◆ Bachelor in Prosthetics & Orthotics (BPO)
- ✓ ISPO Single Discipline CAT II in Lower Limb Prosthetics (LLP)
- ✓ ISPO Single Discipline CAT II in Lower Limb Orthotics (LLO)
- ✓ ISPO Single Discipline CAT II in Lower Limb Orthotics & Lower Limb Prosthetics (Combine)
- ✓ Certificate in Prosthetics & Orthotics (CPO)
- ✓ Certificate in Rehabilitation Therapy (CRT)

Short-term Training Programmes

- ✓ Wheelchair Service Training Package (Basic & Intermediate Level)
 - ✓ Community Based Rehabilitation
- *Based on WHO guidelines*

Affiliation/ Recognitions

Rajiv Gandhi University of Health Sciences, Karnataka

International Society for Prosthetics & Orthotics

Rehabilitation Council of India



Short Term structured courses:

Wheelchair Service Training Package - Basic level

MI conducts the Wheelchair Service Training Package - Basic level developed by WHO in partnership with the United States Agency for International Development (USAID). This training develops the minimum skills and knowledge required by personnel involved in wheelchair service delivery in order to ensure that people with disabilities have a quality wheelchair. MI has skilled Master Trainers and Trainers conducting the training.

1st South East Regional Workshop on the WHO Wheelchair Service Training Package: Basic Level: 3- 7 June, 2013

The World Health Organization (WHO) South East Regional Office and Headquarters collaborated with Mobility India in organising the first South East Regional workshop on the 'WHO wheelchair Service Training Package: Basic Level'.



25 health and rehabilitation professionals from eight countries - Bangladesh, Bhutan, India (Andhra Pradesh, Assam, Delhi, Jammu & Kashmir, Karnataka and Tamil Nadu), Indonesia, Myanmar, Nepal, Sri Lanka and Thailand underwent meticulous training by five WHO certified trainers. The participants were representatives from Ministries, National Institutes, District Rehabilitation Centres and NGOs.

WHO Wheelchair Service Training Package: Basic Level workshop in collaboration with Society for Elimination of Rural Poverty (SERP), Government of Andhra Pradesh: 10 - 14 March 2014

MI conducted this workshop at NIMH, Hyderabad. The main purpose was to increase service and training capacity of participants from academic institutions and rehabilitation centres in Andhra Pradesh. A total of 23 participants attended. The participants came from different districts of Andhra Pradesh working in NGOs and under different programmes of government like IKP (Indira Kranthi Patham), SSA (Sarva Shiksha Abhiyan) and SERP, physiotherapist, prosthetist/orthotist and special educators.

Impact assessment of MI graduates

The ISPO carried out an impact assessment of MI P&O graduates in India and Bangladesh. The exercise was conducted between 5 -15 August, 2013. A total of 25 graduates and 25 users were interviewed in this study. The ISPO team was led by Ms Helen Cochrane, Project Director, Philippine School of Prosthetics and Orthotics, Philippines. The other members included Dr Demetria Rosario, Rehabilitation Consultant, Dominican Republic; Mr Anil Singh, ICRC - India; and two staff members of Mobility India - Ms Ritu Ghosh and Mr Rajdeep Kumar.

<i>Title</i>	<i>Duration</i>	<i>Venue</i>	<i>States</i>	<i>Trainees</i>
Human Rights, Law and Rights-based Approach & Incheon Strategy and Inclusive Development	3 days	1 (Bangalore)	Andhra Pradesh, ABILIS Partners	24
CBR Workers' Orientation Workshops on Disability and Rehabilitation Therapy	3 days each	3 (Hazaribagh, Sonepur & Agartala)	Jharkhand, Odisha & Tripura	210
CBR Workers' Training Programme	5 days	1 (Kurnool)	Andhra Pradesh	40
Continuing Rehabilitation Education (CRE) Programmes	3 days each	2 (Kolkata and Guwahati)	Assam, Bihar, Jharkhand, Meghalaya, Odisha & West Bengal	104
Orientation Workshop on 'Wheelchair Service Provision'	2 days	1 (Kanpur)	All-India	30
Orientation Workshop on Wheelchair Service Provision	1 day	1 (Raipur)	Chhattisgarh	85

Non-formal training courses were organised for various target groups like Disabled People's Organisations (DPOs), Grassroot Federation (GRF) members, womens & childrens groups, PWDs and health workers. These courses were delivered in the form of sensitisation, counselling, and orientation sessions. Some of the topics included were: 'Gender & Disability', 'Intellectual Disability', 'Postural Management', 'Psycho-Social Care', 'Nutritional Food & Personal Hygiene', 'Epidemic Diseases', 'Animal Husbandry', 'Cocoon Handicraft', 'Bio-diesel' and 'Home Medicines'.

Clinical Staff Training and Exposure

Ms Vennila Palani attended the 'Global Launch of Wheelchair Service Training Package (WSTP) - Intermediate Level' organised by WHO at Western Cape Rehabilitation Centre (WCRC), Cape Town, South Africa, from August 19-23, 2013. She also participated in the training programme conducted in conjunction with the event.

Ms Saraswathi S & Mr Venkatesh visited Cambodia School of Prosthetics & Orthotics from December 16 - 20, 2013 to understand the school academic policies, systems, documentation procedures and to learn about the practical modules on prosthetics & orthotics, and fabrication of socket design of transtibial prosthesis.

Ms Ritu Ghosh, Ms Mamta Kumari & Mr Rajdeep Kumar visited the Sirindhorn School of Prosthetics and Orthotics (SSPO), Bangkok, Thailand, from January 2 - 6, 2014. The purpose of the visit was to understand the school's curriculum, examination protocol and teaching methodology and student monitoring system at CAT I level.



An Aspiring Young Rehab Therapist

Sarojini Raita, daughter of a poor Oriya farmer, is the fourth of six children. They live in a village near Cuttack. Sarojini was afflicted with polio on her left leg when she was three years. She was adopted by a local convent at the tender age of four. The nuns sent her to school and brought her up. Sadly, Sarojini lost her mother when she was still in school. On completing Class XII as a commerce student, she had to look for a job at the insistence of her family.

Subsequently, she joined Howrah South Point (HSP)-Kolkata, as a grassroot rural development worker and moved to Jalpaguri, in North Bengal. There she worked as a social mobiliser and motivator. Initially, Sarojini found it a tall order to deal with the women there, most of whom were more than twice her age and not very forthcoming. Soon she managed to win their hearts and started developing a passion for her work. It was at this juncture that her employer enquired with her if she was interested in upgrading her skills. Sarojini gave a positive response and she was promptly referred to Mobility India's one-year Rehabilitation Therapy Assistant (RTA) Programme.



Sarojini is now in Bangalore attending her classes at MI. She knows that, with her commerce background, she might find this paramedical programme rather tough. But, she has faced several difficult situations in life and she has proved beyond doubt that she has the grit and determination to overcome them. She has a solid 10 months' exposure in rural Bengal, which should stand her in good stead when she qualifies as an RTA in a year's time. Indeed she loves working for the weaker sections and the underprivileged, and she wants to return to rural India where she comes from and where there is a great demand for people of her making.

From a Village Lad to a P&O Technologist

It was a good five years ago, in 2008, that Madheshanaika, a youth from the obscure village of Mookanapalya in Chamarajanagar had a chance meeting with an outreach team from Mobility India.

Madhesh just 20 years then was doing his first year B.Sc. Madhesh came from a poor family of agricultural labourers. Both his late father and his mother eked a living as farm workers. Madhesh also has a school-going younger brother.

During his meeting with MI, Madhesh came to know about MI's Prosthetics & Orthotics (P&O) courses. He decided to discontinue his B.Sc and take up the 18-month Lower Limb Orthotics (LLO) course for which MI offered to sponsor him. Madhesh enrolled in the 2008-2009 batch and did consistently well in all three semesters. He also worked as an LLO Technologist in his native Chamarajanagar. Subsequently, he moved on to MI's 4-year Bachelor of Prosthetics & Orthotics (BPO) course. He has been making his mark in BPO too, securing the first rank in successive semesters. Presently awaiting his BPO internship, he looks forward to landing a P&O technologist's position in the near future. Madhesh nostalgically recalls his fortuitous meeting with the MI outreach team and how it shaped his destiny in a way he never ever dreamt of. The ever-zealous Madhesh says, if everything goes well, he wants to complete the B.Sc and also do a Master's in P&O, possibly through distance education.



Community Based Inclusive Development (CBID)

Inclusion of children with disabilities in education

Community Based Inclusive Development (CBID)

Community-based rehabilitation (CBR) is a strategy initiated by WHO, which focuses on enhancing the quality of life of people with disabilities and their families; meeting basic needs; and ensuring inclusion and participation. CBR is a multi-sectoral strategy to improve access to rehabilitation services for people with disabilities in low-income and middle-income countries, by making optimum use of local resources.

It is a strategy that empowers PWDs to access health, education, employment, and social services. MI CBR activities is implemented through the combined efforts of people with disabilities, their families and communities, and relevant government and other agencies.

MI Community Based Inclusive Programmes

MI launched the CBR programme in urban slums in Bangalore in 1999. Over the years, it has extended this programme to the peri-urban settings of Attibele & Jigani and rural setting of Chamarajnarag (Karnataka), and is today a key component of MI's activities.

MI's CBR programme presently covers 23 urban slums situated in Bangalore and 379 villages spread over the peri-urban and rural areas of Karnataka. Over the years, MI's CBR Programme has reached out to well over 6,000 persons with disabilities and their families. It has also raised the awareness among nearly 18,000 people, on disability, development and rehabilitation. MI's CBR unit is run by a team of competent field staff members, and is adequately supported by other units of MI.

Urban Setting: Bangalore Slums



The initial thrust of MI's CBR activities in Bangalore's urban slums was on provision of rehabilitation services. Soon, the focus shifted to setting up of Self Help Groups (SHGs), supporting the introduction of income-generation activities relevant to the local community, and ensuring that children attend school. Currently, the emphasis is on sensitising the entire community, to take collective responsibility for participation of PWDs in all

areas of social life. The project seeks to achieve an inclusive approach in community development, addressing basic rights to education, primary health care, rehabilitation, livelihood and social empowerment.

CBR Programme Coverage

Setting	Location/ Coverage	Total Population	No. of Children & Adults with Disability
Urban	23 urban slums in Bangalore	3,14,600	981
Peri-urban	110 villages in Jigani Hobli in Anekal Taluk, Bangalore Rural District	73,625	691
	44 Villages in Attibele Hobli, Anekal Taluk*	1,62,350	1,554
Rural	225 villages falling under 5 hoblies in Chamarajnagar District	2,87,924	3,997

* The programme is implemented directly by 'Janapriya Angavikalara Sangha' staff and training support provided by MI.

Capacity Building Programmes

Various capacity building programmes and trainings were organised for Sangha leaders, teachers, and DPO members throughout the year. Among them were, 'Orientation Programme on Co-operative Society', 'Training in Conflict Management and Fund Management', 'Teacher Training Programmes', 'CRPD and Inclusive Development Programme', Trainings on 'SHGs', 'Disability and Development' and 'Monitoring and Learning Tools'.

Promotion of Livelihood Opportunities

Tailoring Unit

As part of MI's initiatives to promote sangha activities, on August 2, 2013, a tailoring unit was opened in Sarbandapalya. The unit has the support of Accenture India. The unit expects to train 60 local women every year, in two batches. Currently, a batch of 11 women including one PWD, are undergoing training. Two PWDs are working as helpers on daily wage basis. The unit received orders for



school uniforms. Likewise a chapati-making unit was started in L.R Nagar as a group IGP, on a pilot basis. Seven PWDs were trained and the unit started production.



Gritty Shefa forges ahead

Eight-year old Shefa is a known face in her locality at Yarab Nagar, Banashankari. Born with several defects such as hydrocephalus, spina bifida and valgus foot, she had a childhood fraught with struggles.

Narrating her experience, Shefa's mother Nayan says, "She was put on a ventilator as soon as she was born. We consulted various hospitals like NIMHANS, KIMS, and St. John's Hospital to get our daughter treated. When she was just 15 days old, she underwent a spinal cord operation."

When she was three months old, Shefa was identified by an MI field worker, on whose suggestion she started undergoing regular therapy. She was also referred to a doctor who continuously guided Shefa's parents regarding her treatment. Due to spina bifida, Shefa had a deformed spinal column and, due to valgus foot, the bones of her legs had an outward angulation. Little Shefa underwent a leg surgery as a seven month old baby and the cerebral fluid build-up was treated when she was nine months old. With continuous medical intervention and therapy, Shefa gradually began to show improvement.



When she turned three, MI provided Shefa with a calliper. Over the years, MI provided her with various assistive devices like the walker, gaiters and elbow crutch and monitored her growth and development patterns. Today, Shefa can walk with the help of her elbow crutches. She has come a long way from being a child born with multiple defects to being an active student at a popular school in her locality. This academic year, she was admitted to a good private school, thanks to the RTE (Right to Education) Act. Though very shy by nature, Shefa proudly announces that she is a front-bencher at school.

Dhrakshayani discovers herself

34-year old Dhrakshayani hails from Harpanahalli Village, Kalbalu Gram Panchayat of Jigani Hobli, Anekal taluk. Having a locomotor disability on her right leg due to Post Polio Residual Paralysis (PPRP), she finds it extremely difficult to walk. Dhrakshayani belongs to a poor family of six members. Her husband, 48-year old Shivakumar, is also home-bound as he suffers from a congenital disability, and is unable to stand or sit for long hours. Other members of her family include her parent-in-laws and two young children.

Dhrakshayani, a graduate, is a member of Sneha Jeevi Angavikalara Samanvaya Okkuta in Jigani and Dhaneshwari Angavikalara Samanvaya Swasahraya Sangha, Harpanahalli Village. MI provided her with an Ankle husband with a brand new wheelchair.



During her interactions with MI she expressed interest in starting a small business of her own. Manjunath of MI referred her case to Kalbalu Panchayat, which had reserved three per cent of the allocated budget for PWDs. Dhrakshayani was sanctioned a sum of Rs 20,000. With this, she set up a small flour mill for grinding wheat, ragi, chilly, sambar powder and other condiments. Today, Dhrakshayani is happy with her new enterprise, and is able to make about Rs 100 in a day. In addition, she is also a beneficiary of the pension scheme for the physically handicapped, under which she gets Rs 1,200 per month. "MI gave me the guidance and motivation to start this small business in our home. Everybody at home is happy too", says Dhrakshayani with a sense of fulfilment.

Peri-urban Setting

Attibele Project

MI's first peri-urban CBR Project launched in Attibele Hobli in the year 2008 came to a successful completion in December 2012. An evaluation study of the villages showed that the project encouraged the participation of local persons with disabilities at all levels, leading to changes in the quality of their life, and an exceptionally high level of sustainability of the CBR activities.

MI has put in place several community structures, mobilised resources, build capacities and created assets to ensure the sustainability of the CBR activities. The local community has been sufficiently equipped and mentored to carry the programme forward with the help of co-operative societies and disabled people's organisations.

Jigani Project

MI opened a field office in its peri-urban CBR Project in Jigani Hobli in January 2013. Located in Anekal Taluk, Jigani has eight panchayats covering 110 villages. The team is working on implementing some of the best practices of the CBR project of Attibele, in Jigani. The current activities involve enabling children with disabilities to access primary education. Secondly, the project seeks to enhance economic and socio-political status of people with disabilities and to increase their participation as equal members of the society.

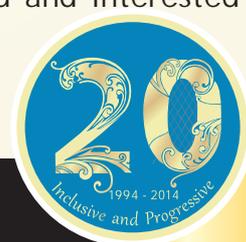
Rural Setting

Chamarajanagar District

Chamrajnagar district is one of the least developed district of Karnataka, with low net education enrolment and significant school drop-out rates, with high poverty and social problems related to poor awareness and traditional and superstitious beliefs. Persons with disabilities and their families are less likely to have access to health services, education, skills training and employment - opportunities which could otherwise reduce poverty. Education is vital in breaking the cycle of poverty and social discrimination. The education experience of a child with disability is affected by many factors, which MI is addressing under the CHAMKOL project supported by CBM- UK in Kasaba Hobli.

The programme focus is on inclusive education and enrolment of all children, so that they can benefit from a full cycle of primary schooling. The aim is also to improve the quality of education in government schools and supports in reducing the financial barriers that undermine the primary school enrolment and regular attendance of children from poor families.

The efforts have produced desired results. The family and community attitudes towards education of children with disabilities have changed and the school authorities are motivated and interested in promoting Inclusive Education.



Urban, Peri-urban & Rural CBR Projects Achievements under various Components

Health	Urban	Peri-urban	Rural
--------	-------	------------	-------

Promotion	Urban	Peri-urban	Rural
Awareness programmes	5000	20000	9124
Awareness messages/ Wall writing	-	8	28
Orientation to TP and city corporation members/ Anganavadi workers	-	-	285

Prevention	Urban	Peri-urban	Rural
Ante Natal Care Post Natal Care	368	275	-
Immunisation	-	77	5471
Nutrition support	170	148	-
Awareness on Diabetes	-	87	-
Awareness on Reproductive health	-	80	-
Focussed group meetings	-	160	-
Life skill training	-	12	-
Screening children in school	-	977	-

Medical care	Urban	Peri-urban	Rural
General health camp	104	-	280
Community eye & hearing camp	68	250	1767
Corrective surgery	4	2	38
Cataract surgery	16	-	6

Rehabilitation	Urban	Peri-urban	Rural
Assessment	78	115	160
Spectacles	-	16	-
Aids & Appliances	89	163	190
Home based therapy	204	132	4784
Home adaptation	9	12	6
Referrals	192	79	706

Education	Urban	Peri-urban	Rural
School Enrolment	60	372	-
Home based education	52	33	18
Special school	18	-	13
Education Campaign	-	348	-
Orientation for teachers & management	14	13	-
Coaching classes	149	870	-
Community Education Centres	-	-	60
Community Education Beneficiaries	-	-	1563
Life-long learning	88	-	-

Livelihood	Urban	Peri-urban	Rural
------------	-------	------------	-------

Social protection	Urban	Peri-urban	Rural
Disabled ID cards	16	14	123
Physically Handicapped Pension	32	38	202
Scholarship from government	92	31	147
Ration card	-	8	-
Old age pension	12	13	30

Livelihood	Urban	Peri-urban	Rural
------------	-------	------------	-------

Social protection	Urban	Peri-urban	Rural
Widow pension	6	11	8
Mahaswini pension	1	2	-

Skill Development	Urban	Peri-urban	Rural
People with disabilities	9	-	56
Family/Community	27	-	63

Self Employment	Urban	Peri-urban	Rural
People with disability	4	18	413
Family/ Community	12	15	178
Wages employment-PWD	-	11	-
Family/ Community	16	-	-

Social	Urban	Peri-urban	Rural
--------	-------	------------	-------

Cultural and Arts	Urban	Peri-urban	Rural
Recreation	106	32	-
Summer camp	-	175	-
Children's group	6	20	-
Children with disabilities	-	-	25
Non-disabled children	-	-	600

Recreation, leisure and sports	Urban	Peri-urban	Rural
Children with disabilities	-	-	83
Non-disabled children	-	-	2300
Persons with disabilities	-	-	2298
Family	-	-	1500

Personal Assistance	Urban	Peri-urban	Rural
Support from neighbourhood & friends	-	-	200
Relationship, Marriage and Family	-	-	5

Empowerment	Urban	Peri-urban	Rural
-------------	-------	------------	-------

Advocacy and Communication	Urban	Peri-urban	Rural
Issues	9	11	475
Members	-	-	325
CWDs	-	-	50
Non-disabled children	-	-	60
Community Mobilisation	-	-	3628
Self-help groups	26	46	148
PWDs	69	170	1406
Family members	269	199	825
Poor Family members	35	91	50

Disabled people's organisations	Urban	Peri-urban	Rural
DPOs	4	2	13
People with disabilities	32	30	1306
Family members	12	27	805
Members group	-	-	140

MI extended its programme to another three hoblies - Santhamaralli, Chandakavadi and Heradanahalli, with the support of CBM-AUSAID using a comprehensive community based inclusive development work. The major focus is on community mobilisation and awareness, health promotion and prevention. Early intervention and therapy services with assistive devices have led to improved mobility and functional independence. Many have increased income with access to vocational training, credit and bank linkages, savings and livelihood opportunities.



Sensitisation Programme

Mobility India, Karnataka Child Rights Organisation (KCRO) and the Chamrajnagar District Child rights protection unit jointly organised a panel discussion on Child Rights. As many as 40 children from MI CBR programme from different villages participated in the discussion and shared their experiences. An appeal was made requesting political parties to include Child Rights in their manifestos. Leaders from various political parties were part of the discussion.

Accessible Toilets

Health and hygiene is largely dependent on adequate availability of water and proper sanitation. Most households in Chamrajnagar did not have access to basic sanitation facilities. This was very difficult for people with disabilities, and more so for women with disabilities. Using existing community-based networks and involving self-help groups, MI organised street plays, wall writings to raise awareness about hygiene and the role of proper sanitation in preventing health problems. The SHG members selected poor households with disabled family members who have the greatest need for a toilet. They also co-ordinated the construction work in partnership with families. So far, with the support of MIBLOU we have constructed 424 toilets in Chamrajnagar, Jigani and Attibele. People with disabilities no longer need to crawl or be carried long distances for their toileting needs. They have become independent and, more importantly, have been able to reclaim their dignity.



Development & Promotion of Appropriate Technology

**Deluxe
Knee Joints**



**Prefabricated
Knee Ankle
Foot Orthoses
(PFKAFO)**



**Metal Endo Skeletal
Prostheses**

Transfemoral



Transtibial



Development & Promotion of Appropriate Technology

MI continuously works towards the design and development of low-cost, light-weight and user-friendly prosthetic & orthotic components and foot care solutions. In the course of our work of facilitating the set up of orthopaedic workshops across the country we realised the need to have a material bank. The material bank stocks all the necessary accessories such as prosthetic/orthotic components, machines, tools and materials. During the year MI supported the set-up of District Disability Rehabilitation Centre (DDRC) - Chitradurga.

Prosthetic Knee Joint – Trial and Testing

MI is part of the technical advisory committee of SBMT to support projects related to development of rehabilitation devices. MI carried out the fitting and testing of the first prototype/model prosthetic knee joint that was developed by IIT, Chennai with the support of the Society for Biomedical Technology (SBMT) and Defence Bioengineering and Electromedical Laboratory (DEBEL) Bangalore. MI presented its feedback on the design & performances to IIT, Chennai during their technical coordination meeting of SBMT and DEBEL. The suggestions given were:

The existing design to have an inbuilt pyramid socket adaptor on the top of the joint. This would help in fixing the pyramid receiver directly on the socket.

The range of the flexion to be increased.

The above suggestions were accepted and a second trial is scheduled to be done subsequently.

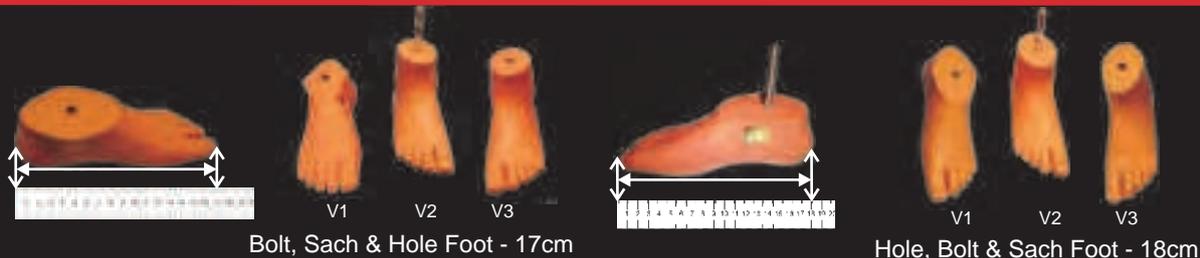
Jaipur foot production unit (JFPU)

This year the main focus of JFPU was on the child size foot piece- 13 and 14. A total of 3381 Jaipur Foot pieces of eight sizes [17, 18(under development), 22, 23, 24, 25, 26, 27 and 28 Left and Right] were produced to meet the needs of people with disabilities within India and other low and middle income countries. The unit is the most advanced 'accessible' production unit managed by Women with Disabilities and the Jaipur foot pieces are made by their skilled hands. Their long years of employment have helped them realise their long-cherished dream of achieving self-reliance and dignity.

PAEDIATRIC PROSTHETIC FOOT

Child size **Code**

17 LEFT	MIJFLC01
17 RIGHT	MIJFRC02
18 LEFT	MIJFLC02
18 RIGHT	MIJFR02



Bolt, Sach & Hole Foot - 17cm

Hole, Bolt & Sach Foot - 18cm

Features

Jaipur Foot Child size 17cm and 18cm

- Bare foot walking
- Cost effective
- Made of best quality natural rubber

V1. MI Sach foot

V2. MI Jaipur foot with bolt

V3. MI Jaipur foot with hole



FOOT CARE SOLUTION - FOOT INSOLES

Applications

Diabetic foot problems, Fracture of Foot, Neuropathic Foot, Sports injuries, Charcot's Foot and Pathological-Physiological Flat Feet

Advantage of Insoles:

- Comfort for everyday life
- Insoles protect joints, muscles and tendons, providing relief for pressure areas of feet
- Walking made easier and more comfortable
- The extra light insole is made of medical grade materials
- Available off the shelf and custom made versions



Clinical Staff Training and Exposure

Mr Soikat Ghosh Moulic and Mr Rajnish Choudhary attended the 'VII African Federation of Orthopaedic Technologists (FATO) Congress' held at Yamoussoukro, Ivory Coast, from September 30-October 5, 2013. The main objective was promoting MI's training courses and its products. Mr Soikat presented a paper on "To link the physical rehabilitation services to the CBR approach".

A promising young Entrepreneur

Ganesh was affected by polio at age five and was largely restricted to his house, when MI team first met him, at the age of 10. "I had never stepped out of the house. MI members started taking me out for different activities such as sports, drawing, drama, etc," says Ganesh.

"School was at a distance of about two kilometers and someone from home would drop me. By the time I was in standard IV, I was given my first appliance. MI later provided me with a caliper," recalls Ganesh.

Ganesh is the youngest among his siblings of four brothers and a sister. He explains, "When I was in class seven, I lost my mother. After I completed my class tenth my family abandoned me."

Ganesh worked with MI R&D team as a workshop assistant for about a year. He also tried to gain admission at the MI training programmes, but was unable to qualify. He also worked in a local tool making company, and went on to become the workshop incharge. Ganesh did a short stint as a salesperson at a bookshop and as a lift operator.

Ganesh later found a job as a tool operator for six months in a company and subsequently moved to a bigger company in Peenya." I learnt a lot about mould and die. But as luck would have it, I could not continue there for too long." Today he runs a small-scale industrial enterprise where he makes moulds and dies for industrial components. Ganesh supplies wooden ankle blocks of all sizes for MI's Jaipur Foot Unit. Ganesh stays with his sister, her husband and two kids in their own house built under the Rajiv Gandhi Nirman Yojana.

Ganesh also spearheads the 'Koramangala Anga Vikalara Okootta', a group for disabled youth in his locality. Through this group he helps disabled persons like himself with job placements, appliances, government schemes and community rehabilitation. Ganesh has started a chappati making unit where he has employed six people with disabilities, to make and supply chappaties to companies and restuarants in Koramangala. Today Ganesh is a successful entrepreneur in his own right. From being a reclusive disabled child, who faced various hardships, he is like an evangelist for the disabled and their rights.



Networking and Collaboration



Networking and Collaboration

The current year witnessed a further expansion in MI's institutional networking and collaboration efforts. MI actively participated in several seminars, conferences and professional events in India and abroad. This includes consultations, clinical and other training programmes involving Indian and foreign experts. MI received many professionals and trainees from other organisations on study and facility visits. MI offered internship opportunities for students and collaborated with external agencies on research projects dealing with subjects of topical interest.

Video shooting in CBR project areas

World Health Organization shot some video footage in MI's CBR project areas in support of the outcomes outlined in the CBR guidelines, related to each element to support the CBR training package which is being developed.

Piloting of Wheelchair Management module : 31 May-1 June 2013

World Health Organization piloted the Wheelchair Management module at Mobility India. Seventeen participants representing government departments, district rehabilitation centres and NGOs attended the training. The aim was to understand the wheelchair service framework and the full responsibility of a wheelchair service. This includes effective management of the service to ensure its quality and sustainability and advocating for national policies and standards and awareness of disability rights.



Dignitaries visit to MI CBR Project

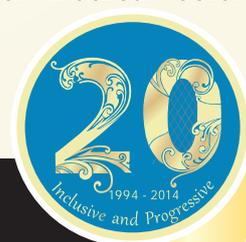
Ms Stuti Kacker, Secretary (Disability Affairs), Ministry of Social Justice and Empowerment. Ms Poonam Natarajan, Chairperson, National Trust and Dr Sara Varughese, Regional Director CBM visited Attibele CBR Project area on July 29, 2013, and interacted with the local panchayat office, government officials, and with members of 'Janapriya Angavikalara Sangha' (co-operative society). They were pleased to see how the WHO CBR matrix was implemented at the local level.

Seminars, Conferences and other Events

- Ms Albina Shankar and Mr Rajesh Sharma attended the 'USAID Rules and Regulations Workshop' in Dubai in the first week of April. The objective of the workshop was to familiarise the USAID grant recipients with various US Government provisions referenced in the Grant Agreements which they are expected to comply with.
- Ms Albina Shankar attended the 'Consultation Meeting on Planning for CBR in India' at Pune in August 2-3 (CBR Mission Mode). The second one was attended by Mr Jaykumar in Bangalore. A draft proposal on the CBR strategy being formulated by CBM and National Trust is under preparation for submission to the Ministry.
- MI participated in two conferences - SPOKCON 2013 held at Kochi from August 8-11, 2013 and showcased the various P&O components developed by MI; and OPAI Conference held at Chennai from February 13-15, 2014. Two presentations on 'Different types of learning style (VARK)' by Ms Mrinakshi Sharma and 'Special seating chair for CP' by Mr Kamaraj V were made.
- Ms Ritu Ghosh attended World Congress organised by American Orthotics & Prosthetics Association (AOPA) & ISPO at Orlando, Florida, USA, September 18 - 21 and did a Poster Presentation on 'MI Trainings Benefit to International O&P Community and Our Uniqueness'. She presented two papers on 'Assessing Learning style of MI students' & 'Mobility India Gait Training Approach for Unilateral Lower Limb Amputee'. MI was part of Planning Committee for this congress.
- Ms Albina Shankar attended a UN high-level meeting on 'Disability and Development: The Way Forward- Disability Inclusive Development Agenda Towards 2015 and Beyond' in New York on September 23, followed by 'Global Partnership on Children with Disabilities' organised by UNICEF and 'Task Force Meeting on Assistive Technology' organised by WHO on September 24 -25, 2013.
- On the invitation of Japan NGO Network on Disabilities (JANNET), Ms Albina Shankar participated in a Study Meeting held at Tokyo from October 25 - 30, 2013. As a keynote speaker, she made a presentation on MI's experiences in Inclusive Development with special reference to its CBR programme.
- Ms Ritu Ghosh represented MI at a meeting organised by the Department of Disability Affairs and Rehabilitation Council of India to discuss the status of P&O services and education in India and the actions required to be taken in the future. She also took part in the Core Committee Meeting of the Rehabilitation Council of India (RCI) at New Delhi, on January 23 - 24, 2014.

Research Study

A study entitled 'Does Parental Testosterone have a Role in Development of Cerebral Palsy?', conducted by MI in collaboration with the Kempegowda Institute of Medical Science (KIMS), Bangalore, has been published in *Biomedicine Journal* 201, Vol. 33 (3):





Reaching to the remotest regions

Regional Resource Centre (RRC), Kolkata

MI Regional Resource Centre (RRC), Kolkata caters to the people in the geographically inaccessible conflict-affected states of North-Eastern part of the country where facilities are very scarce, making PWDs more vulnerable. The RRC builds the capacities of grassroots partners with the provision of assistive devices, therapeutical intervention and establishment of orthopaedic workshops and therapy units. The Centre's focus is also to develop the capacities of a range of trained health professionals, especially rehabilitation professionals.

Outreach Activities

Since 2004, the RRC has been carrying out a community outreach programme. As part of the programme, the RRC supports a group of 100 children with a variety of disabilities and their families living in the slums of the Garden Reach area, spread over nine wards. The CWDs receive home based physiotherapy, medical and surgical interventions, mobility & developmental aids and positioning & assistive devices. The programme plays a major role in rehabilitation,



management of disability and improvement of quality of life. To ensure formal schooling of the CWDs, the RRC community team continues to network with parents, local school authorities and Sarva Shiksha Abhiyan (SSA) personnel working in the Garden Reach area. The CWDs, their siblings and friends receive supplementary educational support by way of after-school tuition classes and art & craft classes, along with educational materials and stationery items, as per their requirement. Different activity-based awareness programmes are also organised for the benefit of the children, their parents and other members of the community. While organising such programmes, the RRC makes it a point to include both children with and without disability, to encourage the development of an inclusive and accommodating attitude among them.

Barrier free Accessibility in Maktab-E-Islamia School

MI took up an initiative with the Maktab-E-Islamia primary school to make it accessible. The entrance, common passage and the toilet of the school was modified and fitted with ramps and hand railings. The modifications were received with great enthusiasm by the six CWDs studying in the school.



Special engagements

International Day of Persons with Disabilities

In conjunction with the 'International Day of Persons with Disabilities', a rally was organised in the Garden Reach area, on December 3, 2013, involving various disability organisations, school children and PWDs, to create awareness on the Rights of PWDs. A drawing and painting competition was held for the school children and PWDs. The paintings were put up for public viewing and the 10 best paintings were awarded prizes. In continuation with the celebrations, a cultural event was also organised on December 15, 2013, with the active participation of PWDs.

International Women's Day

To mark the International Women's Day, the PWDs and their caregivers were taken out on a picnic to 'Aqua Marina', a water park. The group consisted of 34 children with disabilities (CWD), 24 women caregivers and 12 support staff. The group thoroughly enjoyed this outdoor activity.



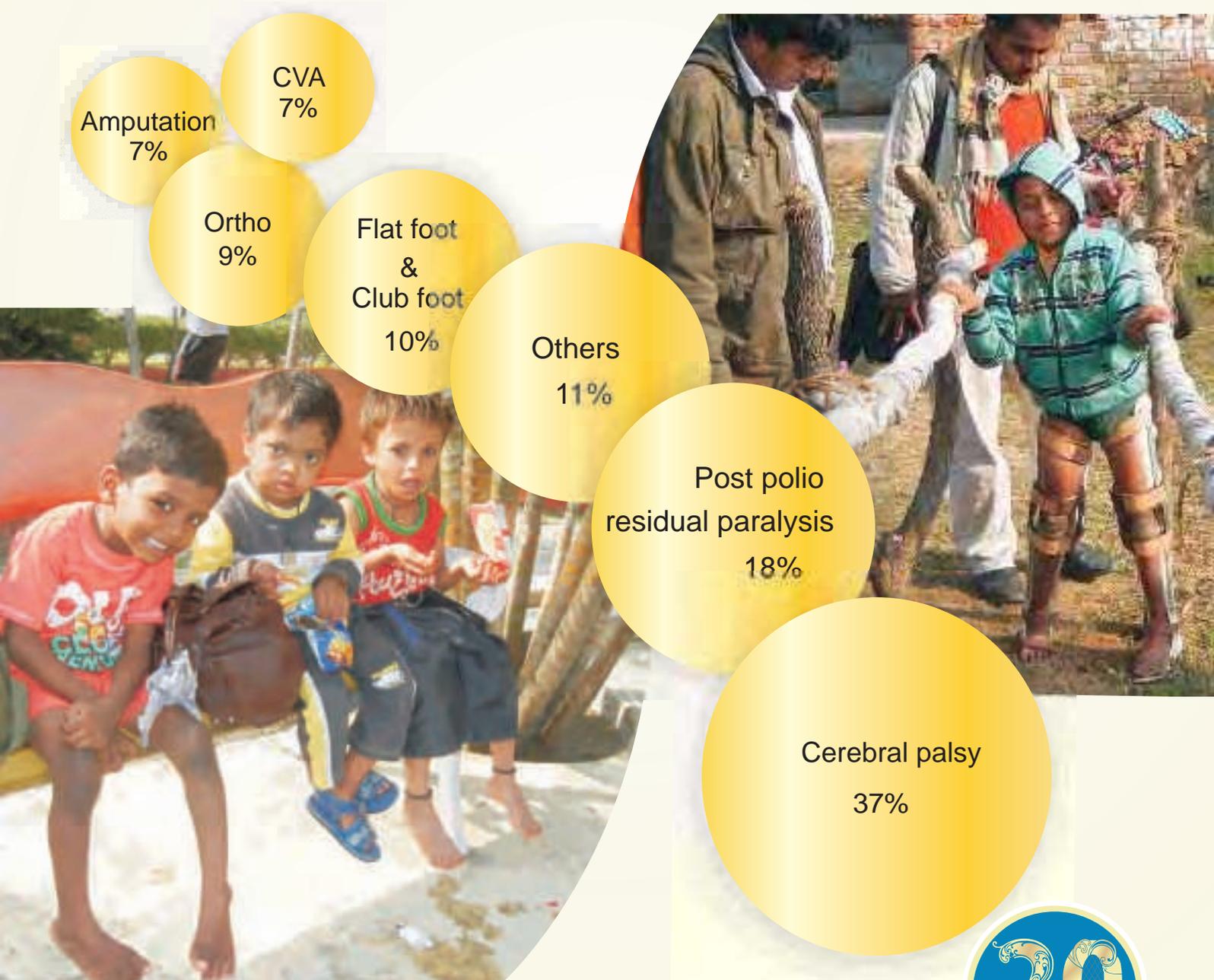
Ruksana regains her self-esteem

Ruksana, 19, belongs to a poor family from Hazaribagh, Jharkhand. She was affected by polio when she was four years old and could not walk independently. Her parents had to struggle a lot to get her a good treatment. However as a child with rare grit and determination, Ruksana managed to complete class XII. Yet, as her parents did not have the means to send her for higher studies, Ruksana had to settle for vocational training in sewing and embroidery. It was at this juncture that she came to know of a medical camp being organised by MI in her locality and decided to attend it. At the camp, she got herself assessed and received a light-weight moulded calliper and also the required gait training. Today Ruksana is able to walk without any difficulties. She is happily married, makes a living from tailoring and supplements the family income. She is also able to help her family members with their household chores. All these have brought Ruksana back into the social mainstream and helped her regain her self-esteem.

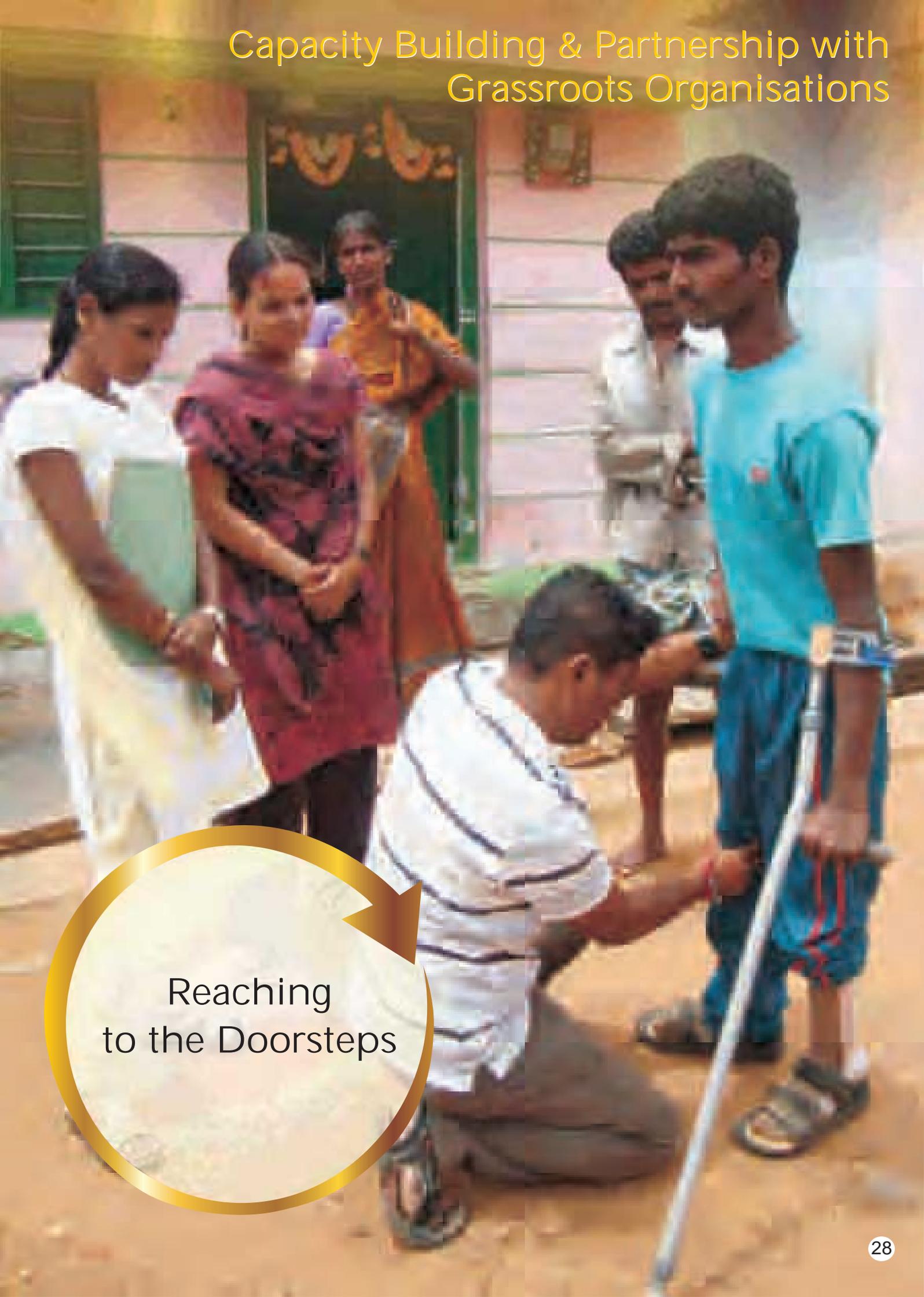


Service users - Disability wise

A total of 747 men and 412 women were assessed. Among these, individuals with Cerebral Palsy (421) comprised of the largest numbers. This was followed by Post Polio Paralysis (209), Club Foot (107).



Capacity Building & Partnership with Grassroots Organisations



Reaching
to the Doorsteps

Capacity Building & Partnership with Grassroots Organisations

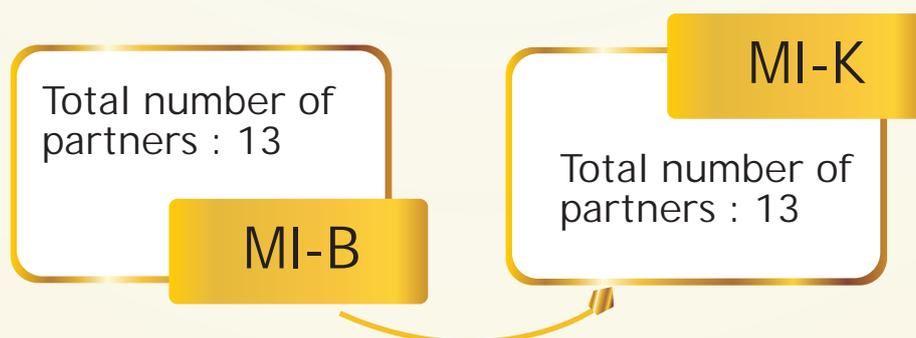
Mobility India provides technical support and increases the capacity of organisations/institutions in Inclusive Development programmes, especially in the fields related to Healthcare, Rehabilitation and Assistive Technology. MI reaches out to grassroots partner organisations in rural India and provides services related to Rehabilitation and Assistive Technology to facilitate better quality of life for people with disabilities, especially those who are poor and disadvantaged with the focus on early intervention. This support empowers people with disabilities, their families and the community at large to overcome barriers and access services related to creating livelihood opportunities, education and healthcare.

MI identifies and networks with new partners every year and reaches out to more number of people with disabilities by:

- Conducting awareness programmes on disability prevention & management and rehabilitation, and imparting relevant knowledge & technical skills to enhance the competencies of the staff in the field of disability, development, rehabilitation and healthcare;
- Extending appropriate rehabilitation services, including provision of mobility/ assistive devices to people with disabilities, with a view to strengthening the linkages of the partner concerned with the community based development programme; and
- Imparting long and short term training and offering infrastructure development support with a view to promoting HRD in the field of rehabilitation.

Current partners

During the year, MI-B supported 13 organisations. These grassroots organisations are spread over the four southern states, viz. Andhra Pradesh, Karnataka, Kerala & Tamil Nadu. MI-K supported 13 partner organisations. In addition it provided technical support to nine organisations. MI-K partners are located in Assam, Bihar, Chattisgarh, Jharkhand, Nagaland, Orissa, Tripura, & West Bengal. The total number of MI partner organisations distributed over 12 South, North and North-East states, stands at 26. These partnerships are in addition to those MI has established with several others through its CBR projects.



Mobility India - Partners - 12 States

Andhra Pradesh

- Rural Development Trust (RDT), Anantpur
- Marianilayam Social Service Society (MSSS), Kurnool
- Jana Kalyana Samkhya (JKS), Vizianagaram
- Campus Challenge, Vizianagaram (formerly called ARDAR)
- Bhagavatula Charitable Trust (BCT), Visakhapatnam
- The Ability People (TAP), Visakhapatnam
- Centre For Education and Economic Development, (CEED), Guntur
- Walk Foundation, Guntur
- People's Action for Rural Awakening, East Godavari

Karnataka

- NIMHANS, Bengaluru
- Rehabilitation Aids Workshop by women with Disabilities (RAWWD), Bengaluru

Kerala

- Wayanad Sarva Seva Mandal (WSSM), Wayanad

Bihar

- Bhartiya Jan Uthhan Parishad
- Vikalp Foundation

West Bengal

- Howrah South Point
- CINI Moyna
- Association of Women with Disability

Assam

- Baptist Christian Hospital

Nagaland

- Prodigals Home

Tripura

- VHAT

Odisha

- RARE

Jharkhand

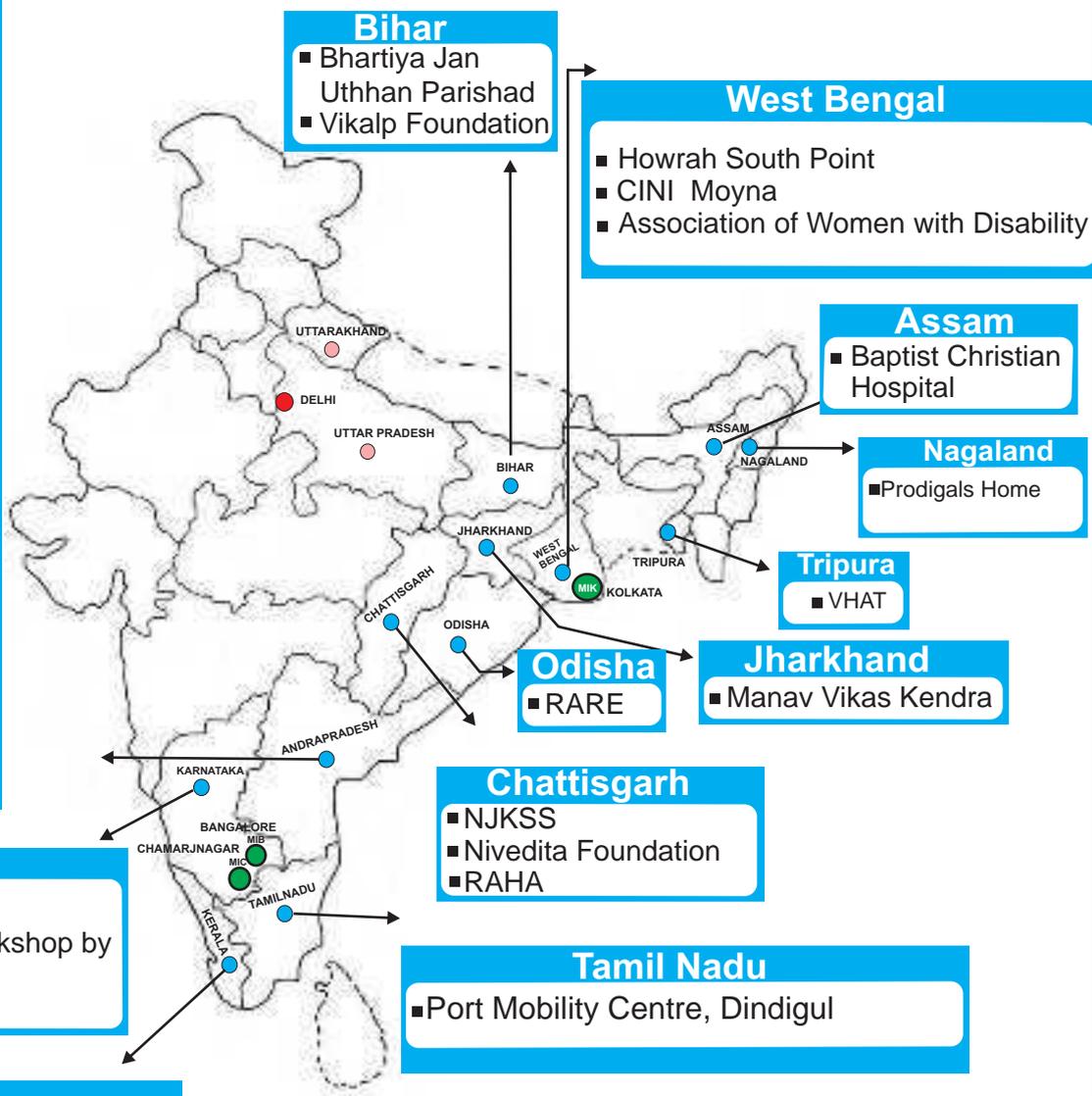
- Manav Vikas Kendra

Chattisgarh

- NJKSS
- Nivedita Foundation
- RAHA

Tamil Nadu

- Port Mobility Centre, Dindigul



Mobility India - Offices



Mobility India - Partners

Technical Consultancy & Capacity Building

MI is providing technical support to The Ability People (TAP), Visakhapatnam, AP in setting up its Spinal Cord Injury (SCI) rehabilitation centre which includes Prosthetics and Orthotics and Wheelchair service provision. MI in collaboration with TAP developed a low cost assistive device for toilet training for individuals suffering from high level spinal cord injuries. Though an essential assistive device, it is currently available only in an imported version. The cost of the device can come down by over 200 per cent if produced indigenously.

MI is supporting Walk Foundation, Guntur in establishing a model rehabilitation centre. Walk Foundation, and CEED- Guntur staff were oriented as part of their capacity building on themes such as 'Early identification & disability prevention', 'Disability Legislations', 'Disability and Development', 'Human Rights', 'CRPD' and 'PRA' through workshops and awareness programmes. Sponsored students from JKS-Vizianagaram, TAP & BCT-Visakhapatnam and RDT-Anantpur are under various stages of training and clinical attachment at MI.



MI's reach to the Eight conflict affected states (Assam, Bihar, Chattisgarh, Jharkhand, Nagaland, Odisha, Tripura and West Bengal)

MI with the support of USAID is working towards the Capacity Building of Institutions & Professionals for Rehabilitation Therapy Service Delivery in eight Conflict- Affected States. The main objectives is:

- Continuing Education for existing Rehabilitation Personnel
- Strengthening institutional capacity for training and service

The initiative took off to a great start, with MI achieving the following:

- Stakeholders meeting was organised
- 10 partners organisations from eight conflict states were identified and supported in the provision of assistive/supportive devices, therapy along with onsite training of personnel.
- Two therapy units, one each in Jharkhand and West Bengal is being established



Four workshops for CBR workers on Disability Development & Rehab Therapy Services were conducted on 16 & 17 September, 2013 at Jharkhand; 28 to 30 October, 2013 at Odisha; 19 to 21 December, 2013 at Agartala, Tripura; and 8 to 10 March, 2014 at Raipur. 523 members (152 women, 318 men comprising of community facilitators, health workers, self-help groups, parents of persons with disabilities, members from disabled people's organisation and anganwadi teachers). Among them 119 people had personal experience with disabilities.

Two CRE programmes for rehab professionals on 'Trends on Rehabilitation Therapy and Inclusive Development' workshop were organised on 23 to 24 November, 2013 at Kolkata and 22 to 24 February, 2014 at Guwahati, Assam. 104 members (76 men and 28 women) participated in the same.

ABILIS Funding Facilitation

ABILIS Foundation, Finland, is a development fund provider which focuses on empowering grassroots level organisations that are an initiative of people with disabilities in the Global South (developing countries). This allows its grant-making mechanism to reach those who are vulnerable. MI is the facilitating agency for ABILIS and organises workshops addressed to the development/ disability organisations to understand the process of ABILIS funding.

Evaluation

During the year MI undertook pre-funding evaluation for seven organisations in the states of Kerala, Tamil Nadu, Andhra Pradesh and Nagaland. MI also undertook mid-term evaluation for six organisations and final evaluation for three organisations in Tamil Nadu and Andhra Pradesh.

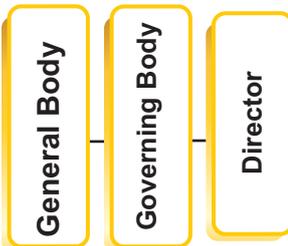
Training / Orientation programmes

MI organised a training programme on 'Human Rights, Law and Rights-based Approach' and an orientation session on 'Incheon Strategy and Inclusive Development'. The programme was conducted in conjunction with the ABILIS Partners' Meeting held at Bangalore from August 22 - 24, 2013. On December 3, 2013, coinciding with the 'International Day of People with Disability', MI organised a one-day orientation workshop on the theme 'Break Barriers, Open the Doors for an Inclusive Society for All' for ABILIS

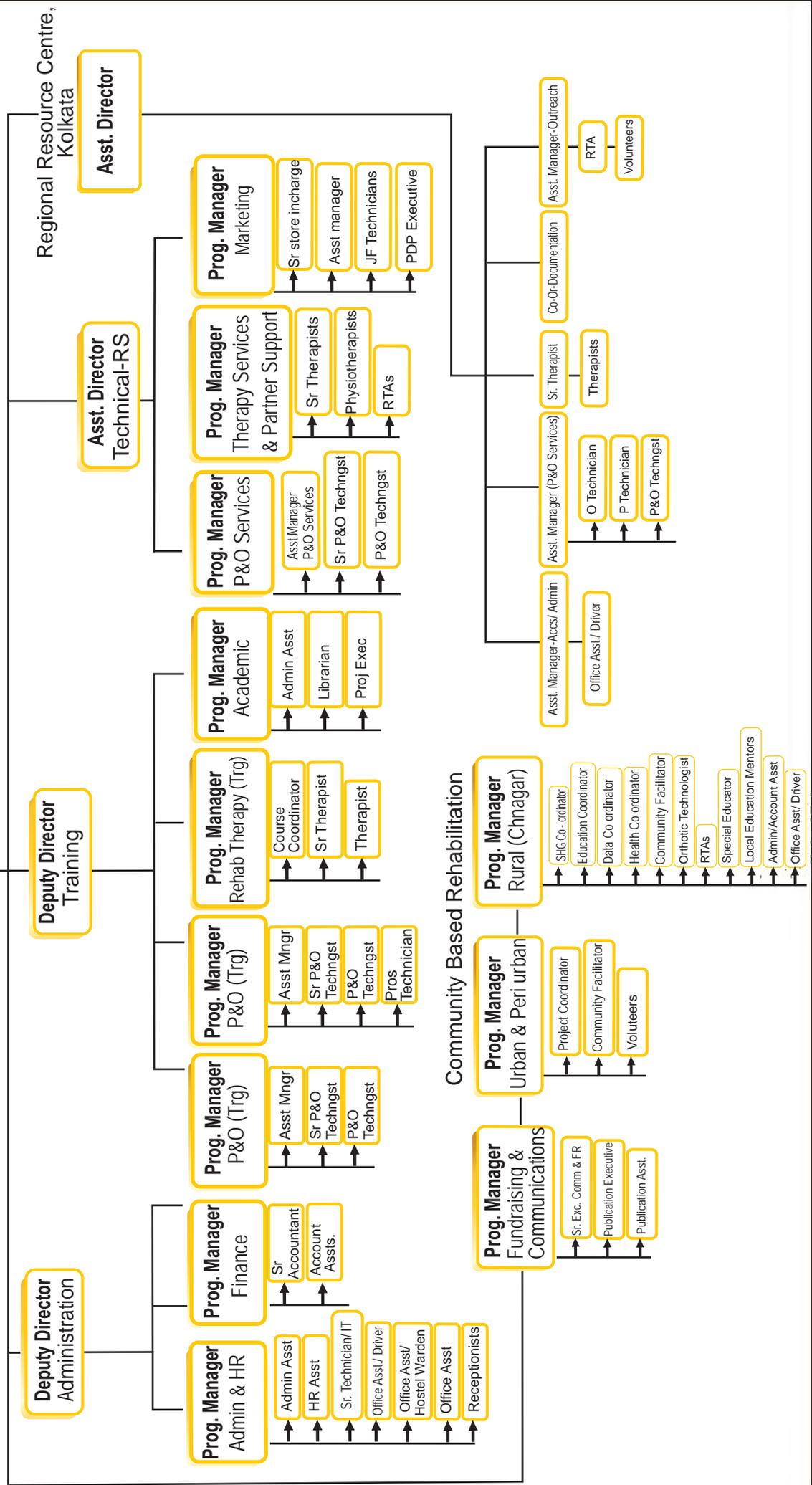


applicants. The main objectives of the workshop was to expose the participants to the various barriers faced by the PWDs and to enlighten them about the ways they could use the 'UN Convention on the Rights of Persons with Disabilities (CRPD)'. On December 18, 2013, MI arranged an 'Orientation Workshop' for ABILIS partners, at Agartala, Tripura. A total of 50 participants attended the three programmes.

ORGANOGRAM



	M	F	Total	MWD	VWD	Total PWD
General Body -	8	8	16	1	4	5
Governing Body -	4	3	7	0	2	2
Existing Staff -	84	68	152	27	17	44



MOBILITY INDIA

1st & 1st A Cross , J.P.Nagar, 2nd Phase Bangalore-560 078.



RECEIPTS & PAYMENTS ACCOUNT FOR THE PERIOD APRIL-2013 TO MARCH-2014

(Amount in ₹)

31-Mar-13	RECEIPTS	31-Mar-14	31-Mar-13	PAYMENTS	31-Mar-14
	To Opening Balances		20,419,748	By Personnel Costs	25,860,173
60,800	Cash on hand	93,741	7,272,984	" Administrative Costs	8,965,420
9,171,079	Cash at bank	15,604,114	12,920,566	" Rehabilitation Services	13,932,608
			15,626,725	" Capacity Building, Partnership and Seminar	10,718,407
	" Grants			" Design & Development of Orthotics & Prosthetics Components	9,572,720
18,404,008	- CBM	21,856,636	7,912,810	" Human Resource Development in Disability & Rehabilitation	8,339,615
2,497,115	- MIBLOU	2,168,292	6,339,535	" Community Based Rehabilitation Programmes	8,348,219
	- World Learning/USAID	15,946,558	5,058,150	" Capital Expenditure	8,486,331
1,502,217	- Zurich Community Trust(UK)	869,179	5,202,909	" Advances & others	779,131
3,427,101	- Abilis Foundation	1,226,192	854,574	" Fixed Deposits	2,253,293
1,392,836	- Terre Des Hommes-The Netherlands		18,888,597	" Closing Balances	
1,721,462	- ICRC Special Fund for the Disabled	2,601,690		- Cash on hand	210,912
	- International Society for Prosthetics and Orthotics-Denmark	530,026		- Cash at bank	17,616,754
4,220,684	- World Health Organisation	2,966,783			
	- Voluntary Service Overseas		93,741		
500,000	- Jan Vikas Samiti	500,000	15,604,115		
113,580	- Jiv Daya Foundation	274,658			
26,712,285	" Donation	15,598,775			
13,227,866	" Education Programme	11,769,120			
1,300	" Membership Fees	1,700			
10,925,770	" Orthotics & Prosthetics	12,237,401			
20,580,637	" Bank/FD Interest	5,089,300			
1,735,713	" Advances & Others	5,749,418			
116,194,453	Total	115,083,582	116,194,453	Total	115,083,582

M.GANDHI
Proprietor
Mem No. 022958

Bangalore: September 8, 2014

For Mobility India

Seshadri Nagaraj
Treasurer

Albina Shankar
Director

For MOBILITY INDIA
Albina Shankar
DIRECTOR
Director

Big Thank You to all



..... trusts/foundations, corporate donors, institutions, volunteers and individuals



1st & 1st 'A' Cross, 2nd Phase,
J.P Nagar, Bengaluru-560078
Phone : +91-80-26492222 / 26597337
Ext - 9 (Reception)
Telefax : +91-80-56494444 Ext -110(Fax)
Email: e-mail@mobility-india.org

Regional Resource Centre
P-91, Helen Keller Sarani, Majerhat,
Kolkata - 700 053
Telefax : +91-33-24013914, 24012190
Email: mik@mobility-india.org

CBR Field Office
26/287, PWD Colony,
Forest Nursery Road, Basaweshwaranagar,
Chamrajanagar - 571 313
Phone : +91-08226 222375
Email: michrrc@mobility-india.org