

Annual Report

April 2015 - March 2016



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Mobility India (MI), is a registered society, established in Bangalore, in 1994. MI has been a progressive force in the Disability, Development and Rehabilitation Sector.

MI has branch offices: Regional Resource Centre in Kolkata established in 1998 and Inclusive Development Centre in Guwahati in 2015. The field offices for community project initiatives span across urban slums in Bangalore, Peri-urban Jigani, Anekal Taluk, rural Chamrajangar, Karnataka, and Garden Reach, Kolkata.

MI promotes inclusive development work through provision of Rehabilitation Services and Assistive Technology, Therapeutic interventions; conducting Education and Training program in the areas of Prosthetics, Orthotics, Wheelchairs and Rehabilitation Therapy.

MI's reach over the last twenty two years has been in South, East and North-Eastern Regions to address the real needs of the people and strives for the inclusion of people with disabilities and the older people in all development initiatives. The Community Based Inclusive Development projects encompasses the healthcare, inclusive education, livelihood opportunities, social and empowerment initiatives for PwD, their family members and other disadvantaged groups.

Promoting a perfect blend of disability & non-disability at all levels, MI has a team of 156 members, of which 73 are female and 44 has personal experience of disability.

Mobility India is the recipient of the National Award For 'Outstanding Work In The Creation Of Barrier Free Environment For Persons With Disabilities' by the Ministry Of Social Justice And Empowerment, Department Of Disability Affairs, Government Of India, in 2014.

Governing Body Members





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.
- ▶ Research and Develop appropriate Assistive Technology and improving its access at an affordable cost.
- ▶ 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.

Core Values

- ▶ Respect
- ▶ Honesty
- ▶ Innovation
- ▶ Safety
- ▶ Quality

Director's message



The year under review has been momentous for Mobility India, as we continued passionately on our journey to impact lives of people with disabilities across all our projects. We have been relentless in our pursuit of creating lasting impacts in the lives of people through our health & rehabilitation services, contributing to the workforce of rehabilitation personnel in India as well as in low and middle income countries, and through our community projects across rural, remote and urban settings.

To cater effectively in the North Eastern Region, a situational analysis was conducted and it was observed that, with decades of conflicts, geographical isolation, deficit of trained rehabilitation personnel, lack of infrastructure and services related to healthcare, inadequate information on the PwDs as well as the rehabilitation need affected the disability and rehabilitation services. In April 2015, Mobility India set up an office in Guwahati, Assam, to make a wider impact as well as an example of best practices.

Ageing population on a continuous rise and prevalence of non-communicable and lifestyle diseases, makes the need of assistive technology and assistive products imperative. WHO estimates that over one billion people need one or more assistive devices, while only 1 in 10 has access to it. According to a situational analysis of 'The Elderly in India' in 2011, the elderly population makes 7.4% of the total population. Older people have the potential to contribute to the family and the society in many ways and Assistive products can help to overcome impairments and barriers enabling them to be active, participating and productive members of society. Assistive products are vital for people with chronic illness as well.

To cater to the existing and projected need of assistive products, GATE launched the first WHO Priority Assistive Products List (APL) with an aim on increasing access to high quality and affordable assistive products. MI is working towards this with plans of expansion of our services curtailed to the emerging need.

On behalf of Mobility India, I take this opportunity to extend gratitude and thanks to each and every international, national agencies, professional bodies, partner organisations, individual donors, well-wishers, volunteers for extending their technical and financial assistance I would like to thank all our service users, who were the opportunities of learning and development and kept us forging ahead towards our mission. Heartfelt thanks to our Governing Body members for their guidance and support in all our endeavours. Nevertheless it's the dedicated contribution of all our staff members, who went beyond the extra miles to ensure the timely delivery of our services with passion and commitment.

Reaching every milestone, boosts us to aspire for the next ones. Challenges are formidable, but we are committed to realising our goals which has been set. Our pursuit will continue and scale up to new heights in realizing our vision and mission—where everybody is respected, enjoys a good quality of life, their rights and entitlements without any discrimination.

Warm Regards

A handwritten signature in black ink that reads "Albina".

Ms. Albina Shankar

Director

Mobility India



Rehabilitation Services

Improving Access to Assistive Technology

Access to good quality and affordable assistive products has been mandated by the Convention on the Rights of Persons with Disabilities but still only 10% of people in need of assistive products have access to them. With the progressively ageing population, rise of non-communicable diseases, people needing rehabilitation services, assistive products is on a continuous rise. Assistive products reduces inequalities experienced by all people living with impairments and thereby enabling them to be productive and participate in all areas of life.

MI provides an array of assistive devices such as Prosthetics, Orthotics, Wheelchairs, Mobility devices, hearing aids and Developmental Devices for Children with Disabilities. The therapeutic interventions are planned and curtailed on an individual need basis. The products and services has made positive impact towards the health and well-being of the individual users and their families.

Interventions for an Active & Healthy Ageing

The elderly population (60 years & above) in India accounts for 9% of the total population as per Census 2011, which is projected to escalate up to 11% by 2025. Karnataka is home to around 49.2 lakhs elderly. With the progressive ageing, inevitable physical changes such as reduced bone density, reduced muscle strength, stiff joints and poorer coordination surfaces. In addition they may experience other health complications like diabetes, stroke etc.

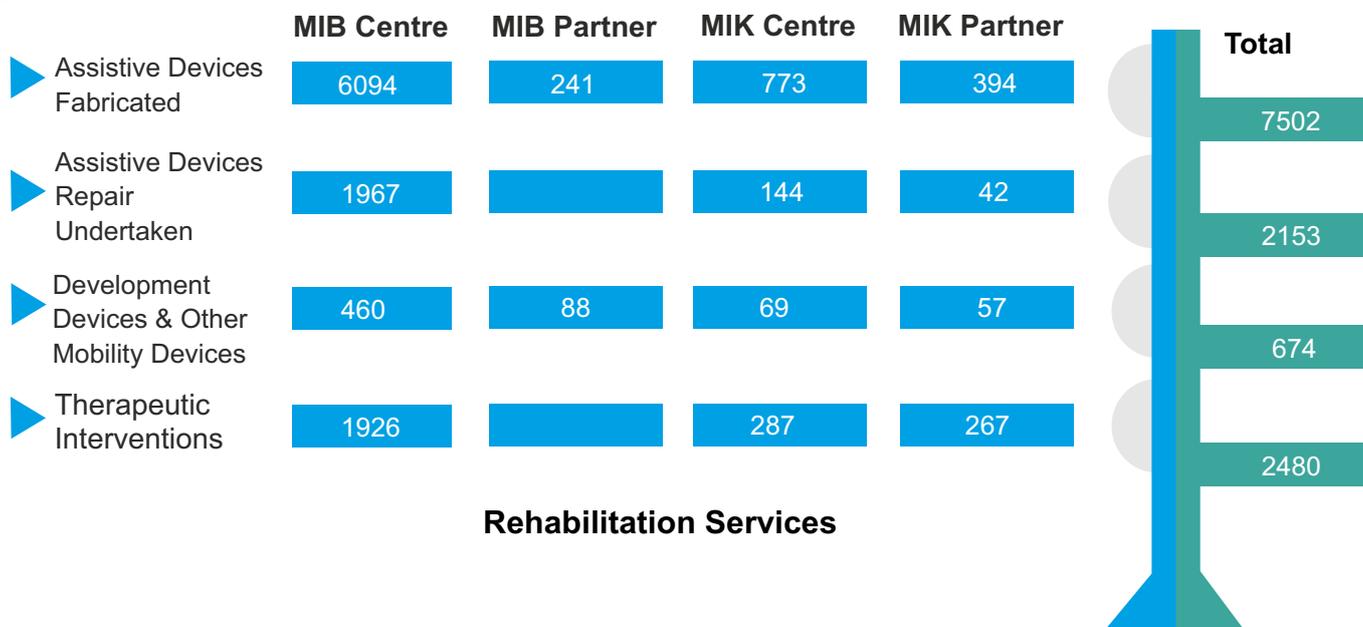
Elderly people are more prone to fall and attain secondary complications affecting their mobility. Assistive Devices along with Therapeutical interventions are proven to be effective to maintain their well-being, functional ability and independence to live a quality life. The interventions function as preventive measures to avoid falls, fractures, maintain joint flexibility, range of motions, coordination & muscle strength.

In recent times it has been observed, elderly people seeking assistive devices and therapy services are on a gradual increase at MI. Appropriate assistive devices along with therapeutic interventions as per the individual requirement is provided.



MI aims at promoting functional well-being of elderly and their inclusion, participation in the mainstream society. In the coming years the services proposed to be provided are:

- Exclusive assessment for risk of fall
- Preventive therapeutic measures for fall
- Training on strength, endurance & flexibility
- Home adaptation



Krishnappa: Resuming his Confidence

India is home to 62 million Diabetics. People with diabetes are highly prone to develop foot ulcers, no or reduced sensation, ultimately leading to lower limb amputations. Krishnappa is no different.

Krishnappa is 65 years and resides in Sevaganapally village, Tamil Nadu with his family. He has worked in his agricultural land, almost all his life and he loved what he did. A year back, he lost his left lower limb to diabetes. Once a hardworking, independent Krishnappa was left unable to stand and walk on his own. He could not go for farming, his much adored passion and was mostly at home.

Unavailability of appropriate rehabilitation services in his small village left no source of hopes for him. Few months back, he was wheeled into MI centre with a lot of apprehension of regaining his moving abilities. The family had limited means to afford for the recommended Prosthesis. The generous contributions from BHEL, through their CSR initiative, was quite helpful for him.

He was fitted with a transtibial prosthesis and trained on its usage. With each training, his confidence developed. Krishnappa quotes, "I have never imagined in my rarest of dreams that I would stand once again. The artificial limb, the gait training provide and the consistent care and guidance from MI has made a huge impact in my life.

Getting the best education, livelihood opportunity and other materialistic things may count as success for many. For Krishnappa, being able to stand and walk again on his own was more fulfilling.



Twin Device: An Inspiring innovative solution

Initiated by the International Committee of Red Cross (ICRC) and its partners, 'Enable Makeathon' is a global initiative aimed at creating new assistive devices for the PwDs living in rural and remote settings both in India and across the world. Promoting the conception and design of affordable, high quality innovations and sustainable assistive devices was at the core of the initiative.

4 to 5 million children in India experience some sort of developmental difficulties and 70% of them reside in the rural and remote settings with limited access to appropriate

healthcare solutions. Children with sitting and standing difficulties are mostly in lying position. 'Twin Device' is one of the innovative and off-the shelf product designed at MI to cater to the existing and prevailing need of children with developmental difficulties. It can help the children sit and stand according to their developmental status. The prefabricated and adjustable components ensures its sustainability and durable usage.

The concept and simple, flexible design of 'Twin Device' bagged ample appreciation from the users as well as across technical forums. MI was awarded the first prize with wide acknowledgement.



Foot Scan: An automated approach

Foot complications are considered to be a serious condition, posing a major medical and economical threat. It is predominant for people having diabetes. The progressive ageing, type of diabetes and its duration leads to severe complications like gangrene, foot ulcers and in many extent to amputations. Identifying the extent of this problem and its risk factors enables health providers to set up better prevention programs.

Foot Scan is regarded as one of the preventive measures to identify the existing or prevailing foot complications that may lead to secondary health complications and also disability. Prosthetics & Orthotics professionals at MI used to manually assess the foot pressure and other parameters that may lead to some sort of foot complications for people with and without disabilities.

To perform accurate analysis of foot, now an automated approach has been undertaken with the 'Foot Scanner'. The advanced equipment sponsored by Cognizant Foundation, consists of a pressure pad equipped with numerous minute sensors built into a matrix and connected to a computer with specialised software to analyse the transmitted data. The person is made to stand on the pad and the colour coded foot graphic is then seen on the screen.



The high pressure areas (static pressure) can be identified. The person walks on the pressure pad (dynamic pressure) which will identify the high pressure areas during ambulation. Pressure identifying insoles are placed inside the person's shoes to measure these parameters while the person is walking. If the person already has a sore, the scanner identifies other areas in the foot that are at risk for future problems. The scanner also helps create footwear in patients who have normal and abnormal feet by identifying the risk-prone areas.

This enables the rehabilitation personnel to make an accurate analysis, prescribe and design appropriate insoles/devices to minimise the risk of foot complications.

Access for All

According to Census 2011, people with disabilities (PwDs) in India constitute 2.21% of the total population. Despite of multiple initiatives of ensuring equal rights and equal opportunities for people with disabilities, their full inclusion and participation in the mainstream society is yet to be realized to its fullest. Stigma, attitudinal barriers, discrimination and exclusion is still deep-rooted in the society.



Given the opportunity to access various entitlements, PwDs can lead healthier and productive lives. Such circumstances make accessibility a significant step towards the social inclusion and participation. Accessibility for PwDs can be broadly termed as an accessible physical environment, public transportation as well as information and communication channels.

The 'Accessible India Campaign' launched by Government of India seeks to create an enabling and barrier free environment, with a focus on three verticals: Built Environment; Public Transportation and Information & Communication Technologies.

MI being an organisation working towards the inclusion and empowerment of PwDs, has been instrumental in ensuring accessibility and barrier-free environment for all people with disabilities, including those with physical, visual, speech & hearing disabilities. The Rehab Research & Training Centre is the milestone for accessible environment.

Realizing the challenges encountered by PwDs for an accessible commute, MI launched the 'Accessible Mobile Service' initiative in 2000. It aimed at a safe and accessible commute for PwDs, especially wheelchair users, women and also senior citizens. Turning into the 15th year, till date around 2497 accessible trips has been provided and around 1000 people benefitted.

MI has been engaged in making school infrastructure accessible, building model accessible toilets, ramps, rails, braille labelling in the government schools in the rural project areas



Education & Training

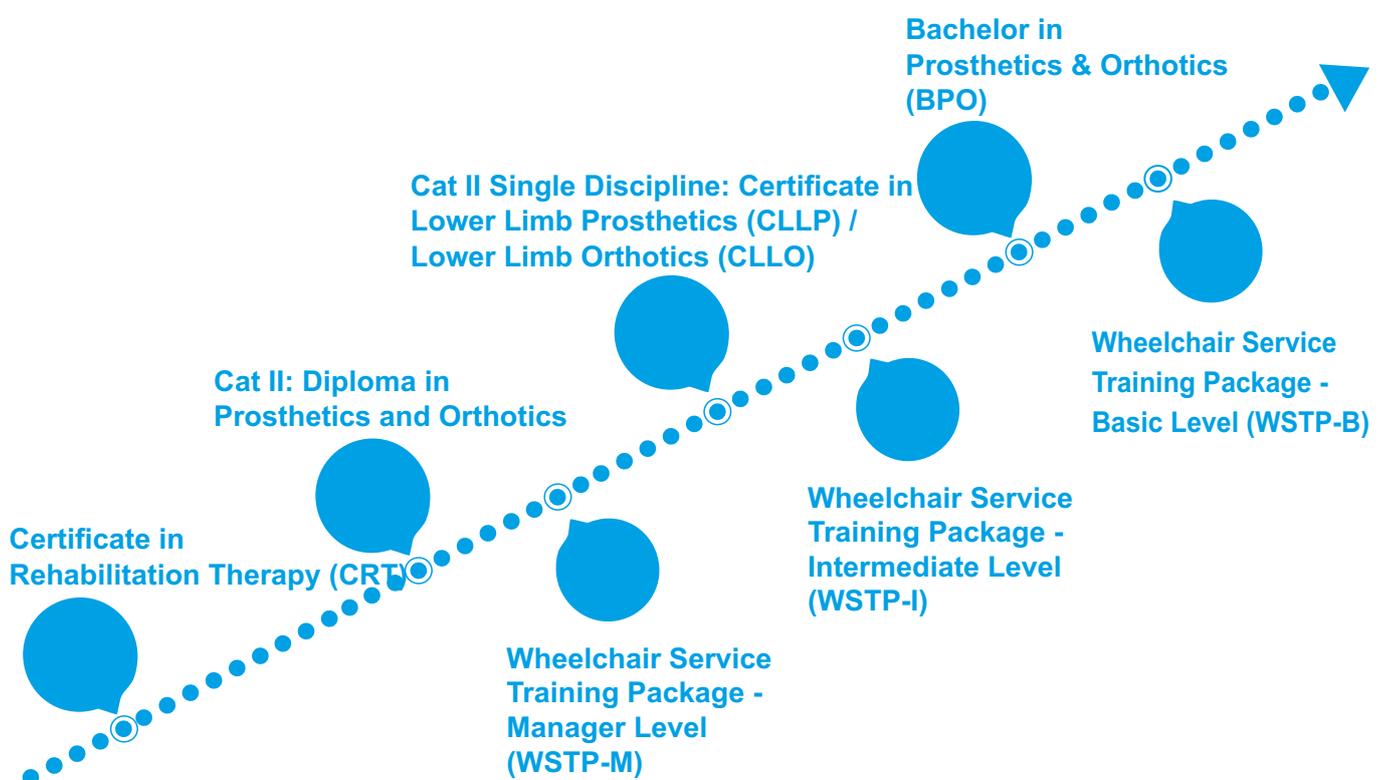
Education of Rehabilitation Professionals to Ensure Quality Services

For the necessary quality rehabilitation service provision, it is important that the personnel involved has an adequate level of professional skillset and expertise. With the objective of developing adequately trained rehabilitation personnel, MI in close collaboration with International Society of Prosthetics & Orthotics (ISPO) and World Health Organisation (WHO) has established structured training programs.

MI is the only Prosthetics & Orthotics School in India to achieve ISPO CAT II status. The training programs has recognition from Rehabilitation Council of India and Rajiv Gandhi University of Health Sciences, Karnataka. MI promotes a multipronged approach of skill development, innovation, action research and capacity building of institutions.

It is estimated that 3 million people with disabilities received services from 1156 trained candidates in last 12 years

Training Programs



Training Statistics



2nd Alumni Meet & Unveiling of the Rehabilitation Therapy Handbook

The Refresher workshop organised in collaboration with USAID aimed at upgrading professional skills of Rehabilitation Therapy Assistant (RTA) graduated from MI. More than 50 graduates representing India, Nepal, Sri Lanka and Bangladesh participated in the workshop. The chief dignitaries for the inaugural ceremony were Ms Mary Wertz, Head of Delegation,



ICRC New Delhi, Mr Robertangelo Ciccone, Physical Rehabilitation Project Manager, ICRC, New Delhi, Ms Romola Joseph, Secretary and Ms. Albina Shankar, Director, MI.

Ms Ritu Ghosh, Deputy Director–Training, MI presented the 'Impact study of RTA professionals in India and Nepal' stressing on the outcome as 71% of MI graduates continue to work in their professional domain, while 50% of them working with the rural and remote communities. VARK and DREEM questionnaires were used to analyse the impact of RTAs on service users. The study noted that apart from involvement in rehabilitation service provision, the graduates also follow community based rehabilitation guidelines such as prevention, skill development and awareness.

Jo Millar Memorial Award: Dedicated to Ms Jo Millar, Founder Vice President, MIBLOU



The Jo Millar Memorial Award for 2015 was presented to Ms Amal Mohammed by Mr Charles Prabakar, President, MI for her outstanding performance and overcoming multiple barriers. Amal hails from Taiz, Yemen,

She was working as a front office person at Prosthetics & Orthotics Rehabilitation Centre at Taiz. There her help was sought for taking casting and measurement for women patients with amputation,

who were not willing to get checked by male P & O professionals due to cultural norms.

Understanding the gravity of the need, she decided to take up a course in Prosthetics & Orthotics at Mobility India. A lot of convincing was needed at home, to persuade her family to allow her to travel out of her country for studies. Despite the cultural, linguistic barriers she successfully completed the three years Diploma in Prosthetics & Orthotics.

Currently she is back in Taiz, at the Prosthetics & Orthotics Rehabilitation Centre, implementing the concepts she learned into practice. She mentions “the conflicts and war has taken severe forms, impacting daily lives of people. Every day we receive so many people seeking rehabilitation services at our centre. I am happy and content that I can be of some help to address their rehabilitation needs”.



Workshops, Seminars & Conferences:

- ▶ In the 22nd National Conference of Orthotics & Prosthetics Association of India (OPAI), staffs and students from MI presented 8 papers. Ms Krishnaveni & Mr Sanyam, final year students of Bachelors in Prosthetics & Orthotics (BPO) course, received Best Scientific Paper Presentation Award in Prosthetics & Orthotics respectively. Mr Madesh, Mr Yeti Raj and Ms Sangita received the Best Students Award.
- ▶ One Day Orientation Workshop on International Classification of Functioning, Disabilities and Health (ICF) was conducted on 20th February, 2016. The workshop was conducted in collaboration with International Committee of the Red Cross (ICRC) along with accreditation from Rehabilitation Council of India (RCI). The Course facilitator was Ms Catherine Sykes, Professional Policy Consultant–World Confederation of Physical Therapy and Co–Chair of WHO Functioning and Disability Reference Group.

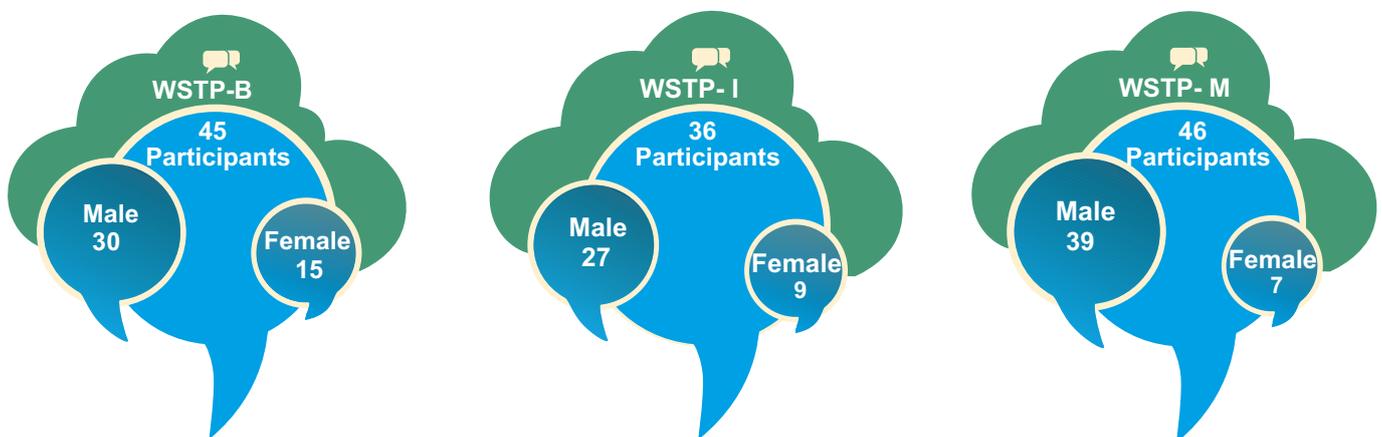
Equipping Professionals for Wheelchair Service Provision in less resourced settings

Wheelchair is the most commonly used assistive device. An appropriate and well-designed wheelchair according to the individual need can be the first step towards inclusion and participation in the mainstream society.

Estimates emphasise that 70 million people worldwide need wheelchairs, while 5–15 % have access to it. This scenario is quite grim in developing countries, as there are very few production facilities to fabricate and design need based wheelchairs. Though there is a transition from bulk-mode donated wheelchairs delivery to prescription of appropriate wheelchairs, still human resources need to be developed and equipped with the required skillset and expertise for the wheelchair service delivery.

Working towards it, MI in collaboration with World Vision & JSI-USAID is implementing the 'Accelerating Core Competencies for Effective Wheelchair Service and Support' (ACCESS) project. Under the umbrella of ACCESS project, as per WHO guidelines, Wheelchair Service Training Package-Basic, Intermediate, Manager training programs are delivered to the group of Rehabilitation Personnel including Prosthetists & Orthotists, Physio & Occupational Therapists as well as personnel involved in designing and policy level influence makers.

The wheelchair trainings delivered at MI have profound learning & implementation impacts on the participants, as they are practising it at their workplace and addressing the local need.



57 Participants from North & North-Eastern States

47 Participants from Southern States

23 Participants from Eastern & Western States

Wheelchair Orientations: 6 States: 13 Institutions 1280 Participants

Mr. Arputh Martin Occupational Therapist & Mrs. Vinakshi Singh Physiotherapist at Herbertpur Christian Hospital (ADP centre under ACCESS project) in Uttarakhand. They participated in the WSTP-B & I training at MI, it was a good opportunity for both of them. They mentioned “the training helped us to learn structured view of wheelchair service delivery. The theoretical and practical sessions were of high significance”.

Based on their performance and attained skills, they both were requested by MI to be a trainer for the 5th WSTP-Basic level workshop. Recalling the experience, they mentioned “it was a first-hand experience for us as a trainer and initially we were bit nervous as most of the participants were more experienced than us. But the experience of trainers,



their way of disseminating the skills which we witnessed as a trainee helped us a lot to perform as a trainer”.

The Reach



208 Prosthetic & Orthotic Technologist

109 Rehabilitation Therapy Assistants

**434 in CBR; 405 in Wheelchair Service Training Package;
(Basic, Intermediate & Manager Level)**

Students from 25 middle income countries & 27 States of India

99% of students represents low and middle income countries 42% are women and 26 % are with disability



Community Based Inclusive Development

Enriching Lives

Community Based Inclusive Development (CBID), is an effort to enhance the quality of life of people with disabilities, their families and other disadvantaged groups, meet their basic needs, ensuring their inclusion and participation in the mainstream society. MI promotes CBID with a multi-sectorial strategy, the initiatives scoping access to healthcare & rehabilitation services, education, income generation opportunities and socio-economic empowerment.

The initiatives are spanned across 379 villages in urban and peri-urban settings of Bangalore and Chamrajnagar District, Karnataka, 23 urban slums in Bangalore, as well as 9 wards in Garden Reach, Kolkata.

Rural: A Decade at Chamrajnagar, Karnataka

Chamrajnagar has been regarded as one of the most underserved Districts of Karnataka in terms of community development and education for children with disabilities. The 'Education and Livelihood Opportunities' (ELO) project launched in collaboration with Disability and Development Partners (DDP) aimed to improve the quality of primary education for children with disabilities.



The initial thrust was to make rehabilitation services available, increase awareness on the disability issues, rights of People with Disabilities. SHGs got engaged in various income generation activities and conducting focussed skill training for people with disabilities and the family members also. During a five year review of ELO, 90 SHGs were functional with 1252 members and around 200 people were trained on various skillsets.

The CBID program in collaboration with Australian Aid and CBM focused on

Strengthening the capacity of people with disabilities to form and lead both development and disabled people's organisation

Health, Education, Livelihoods, Social Inclusion and Empowerment to improve the quality of life of people with disabilities and reduce the poverty and social inclusion they face.

Healthcare & Well-Being:

People with disabilities attain and maintain maximum independence, physical, mental, social and vocational ability through Rehabilitation and Early Intervention:

- Awareness on prevention, promotion, management of disability
- Capacity Building of the Anganawadi, ASHA workers and Health Department staff
- Trained Rehabilitation professionals and assistants for effective service provision
- Provision of appropriate assistive devices, therapeutic interventions, referrals for corrective surgery

Inclusive Education

Children with disabilities and other excluded children access an inclusive and quality primary and secondary school education

- ▶ Promoting Inclusive, Safe and Accessible learning environment and capacity building of teachers
- ▶ Child focus activities– Leadership training, Children Groups, Children Grama sabha. Summer camps, Learning visits through Community Education centers
- ▶ Braille labeling at school, essentials for visual, speech and hearing impaired children
- ▶ Facilitating Home Based Education

Livelihood

- ▶ Promoting Livelihood Opportunities, collaboration and networking with skill training institutions
- ▶ Strengthening existing livelihood activities, financial linkages with Banks, NABARD, and Line departments
- ▶ Exposure visits to viable livelihood activities

Inclusion and Participation

- ▶ Promotion and capacity building of Self Help groups, Grass root federation, and link with Block Federation Chiguru
- ▶ Participation and networking with local Governance – Right to Vote, Election, Gramasabha, grievance meet and exposures to Training, Rehabilitation and Resource Centres on the availability of the resources available.

Sanitation:

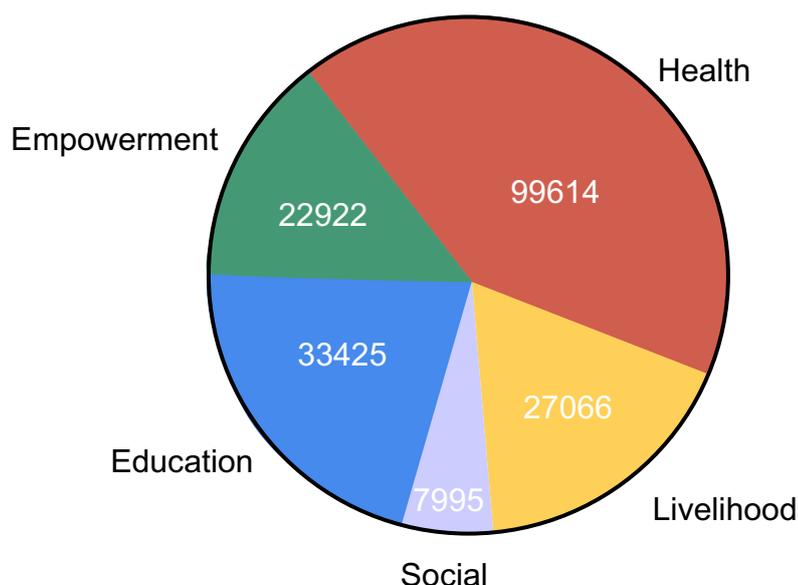
Access to sanitation facilities is highly crucial to maintain the environmental decorum and hygiene and avoid preventable health risks. Lack of sanitation facilities make elderly people face a set of challenges in terms of accessibility. It is often observed that children drop out of school, due to unavailability of basic sanitation facilities at school.

MI in collaboration with MIBLOU, Switzerland launched a campaign to promote importance of hygiene & sanitation through educating the



children and developing them as change agents for societal development. It also facilitates building of accessible sanitation facilities. Over the years 610 accessible toilets has been constructed with the support from MIBLOU as well as local governance.

The Reach



Peri - Urban: Jigani, Anekal Taluk, Karnataka

Jigani Hobli is located in the Anekal Taluk, 35 Kilometres away from Bangalore. It is adjoining the green belt area of Bannerughatta National Park. It is home to 84,000 population, of which most of them belong to tribal community and lead their life through hunting. The rest depend on the daily wage obtained for living.



During a situational analysis conducted by MI, it was found

that there was scarce medical facilities available. Community members often were unaware about the need and benefit of healthcare and rehabilitation services and education. The income generation was often restricted to the daily wage obtained by the family. The scenario of disability and rehabilitation was also challenging due to lack of available facilities. People had to travel to nearby cities in order to get the assistive devices, which often posed difficulties in terms of access, transportation and additional cost. Pwds were excluded from mainstream society, decision making processes and accessing their rights.

The project aimed at service provision of appropriate assistive devices, developing human resources to cater to the local rehabilitation need, strengthening the existing community development programs as well as introducing the new ideas, enhancing the employability of PwDs, their families and other groups through imparting vocational skill training. MI also worked with the local governance to ensure PwDs has access to their rights and other facilities available for them. Intensive work with the government schools and orienting the teachers helped children with disabilities to be included in education.

Key achievements in the last 3 years are

- ▶ School enrolment enhanced, children with disabilities are included in regular schools. 23 Community Education Centres are operational towards holistic development of children.
- ▶ Formation of Self-Help groups, Disabled People's Organizations (DPOs) ensures equal participation and empowerment of people
- ▶ Provision of appropriate assistive devices, therapeutic interventions for children with disabilities and elderly. maternal health care, immunization, nutritional support cataract and corrective surgeries were supported
- ▶ Promotion of accessibility and barrier-free environment adaptations at home, school and public spaces
- ▶ The income generation initiatives has presented PwDs and their families with sustainable sources of income, enabling them as self-reliant and contributing members of the society



Geethanjali: Accessing Education

10 years old Geethanjali hails from Jigani. Being the youngest in the family, she attracts all the attention and affection of her family. Her parents work on daily wages to support the domestic expenses. Like other parents they have wish to see their children to have a good quality of life, access education and better opportunities in life.

She has Cerebral Palsy, resultantly has difficulties in standing and walking. Her parents used to carry her to school and bring her back, as she was not using any assistive device. Since 3 years she is under continuous intervention of MI. The assistive devices and regular therapy sessions has improved her condition. Recently she was provided a wheelchair to enhance her personal mobility.

Geethanjali is very happy to join her elder sister to school in her wheelchair. She is very good at studies, mingles with her fellow classmates. She also shares interest in singing and drawing and aims to become a teacher in future.

Assistive devices and support from her family, school and community has enabled her to lead good quality of life.



Children Parliament

Children are entitled to be involved in the wide range of issues that affect them, and as they grow and develop their opportunities for participation should expand from private to public spaces.

To create an inclusive community, children have a pivotal role to play. Accentuating their roles and rights towards the community has been promoted through Children Parliament. It is



a powerful initiative and a platform for children to put forward their opinions.

Children with and without disabilities participate and discuss issues relevant to them and their villages. They voice their concerns at group meetings at the local governance, district and state level. Amongst the group, leaders are chosen to represent the opinions of all the children at the annual children parliament.

Fifteen years old Srikanth from Anekal Taluk, Karnataka conveyed his concern of being denied for school enrolment because of the accessibility issues to Shri Siddaramaiah, honourable Chief Minister, Karnataka during the annual children parliament. The parliament was organised by Karnataka Legislator's Forum for Child Rights and UNICEF at Vidhana Soudha on 17th November, 2015. Some of the other key issues conveyed by children at the parliament are lack of infrastructure and sanitation facilities at school, female foeticide and child labour.

Urban Slums:

Promoting Self Help Groups

Self Help Groups (SHGs) act as the change agents in community development. The initial thrust of MI's community development initiatives was on creating and promoting SHGs to develop sustainable communities, where PwDs, their families and other disadvantaged groups have equal access to healthcare, education, and employment opportunities and to participate fully in the mainstream society.

When MI started work in the urban slums of Bangalore, the lifestyle and environment conditions of people living there were grim. Most members were from Muslim community, women were hesitant to come out of their homes. They even used to hide disabled child to avoid social stigma. Girls hardly were allowed to continue secondary education.

After MI's interventions, a radical shift has been observed in the communities in terms of increased awareness on disability, the importance of education for children with and without disabilities. SHG members started savings. Soon the activities expanded to higher savings, taking & repayment of loans. Mahasangha, a federation of SHGs formed in 2011, has 184 General Body members and 13 Board of Directors. Community members started self-employment opportunities by taking loan from Mahasangha. Some of the initiatives such as Agarvathi making, Tailoring Unit, Chapathi making units and Masala units has yielded significant results, aiding to the economic growth of the families and communities.

Urban Peri urban Rural

HEALTH

	Urban	Peri urban	Rural
Awareness programme	358	4052	2749
Nutrition Support	170		
General health camp			255
Screening at school & community		1398	4893
Corrective surgery	5	3	58
Cataract surgery	2	3	38
Assessment	201	188	678
Referrals	135	40	390
Assistive devices	166	62	472
Home based therapy	101	96	614
ADL Modification	1	20	84
	938	5674	9553

EDUCATION

	Urban	Peri urban	Rural
School Enrolment (Government/Special School)	20	155	424
Home based Education			46
Provide education material for the students	101	445	304
Community Education Beneficiaries	149	407	1522
	270	1007	2296

LIVELIHOOD

	Urban	Peri urban	Rural
Disabled ID cards	8	24	69
Bus Passes	5	18	62
Physically handicapped pension	12	17	38
Income certificate	2	14	80
Provided two wheelers modified bike	8	2	4
Ration card		5	19
Widow pension	9	6	117
Old age Pension	3	12	156
Scholarship from Government and JBY	8	25	103
Health cards (yasawini,Niramaya, RSBY)	6	5	34
Enrolled in Janashree Bhima yojana			1551
Skill development PWDs	3	35	63
Skill development Family/Community	20	366	51
Self employment-PwD	1	35	135
Self employment-Family/ Community	2	65	203
Wages employment-PWD	11	34	228
	98	663	2913

SOCIAL

	Urban	Peri urban	Rural
Recreation	96	165	943
Summer camp	168	150	116
Children group	4	8	69
Children with disabilities	32	25	128
Non-disabled children	22	125	1424
Persons with disabilities	18	46	475
Family	40	75	1563
Participation in various forums		31	
Access audit training		30	
World Disabled Day Celebration		700	
	380	1355	4718

EMPOWERMENT

	Urban	Peri urban	Rural
Advocacy & communication Issues			851
Self help groups	26	30	1990
People with disability	8	60	1139
Family members	306	80	876
Poor family members	28	351	893
DPO	4	1	10
People with disability	28	20	102
Family members	4	10	94
Capacity Building of DPOs		49	893
Children Parliaments		8	
Capacity Building of Children Groups		198	
	404	807	5062

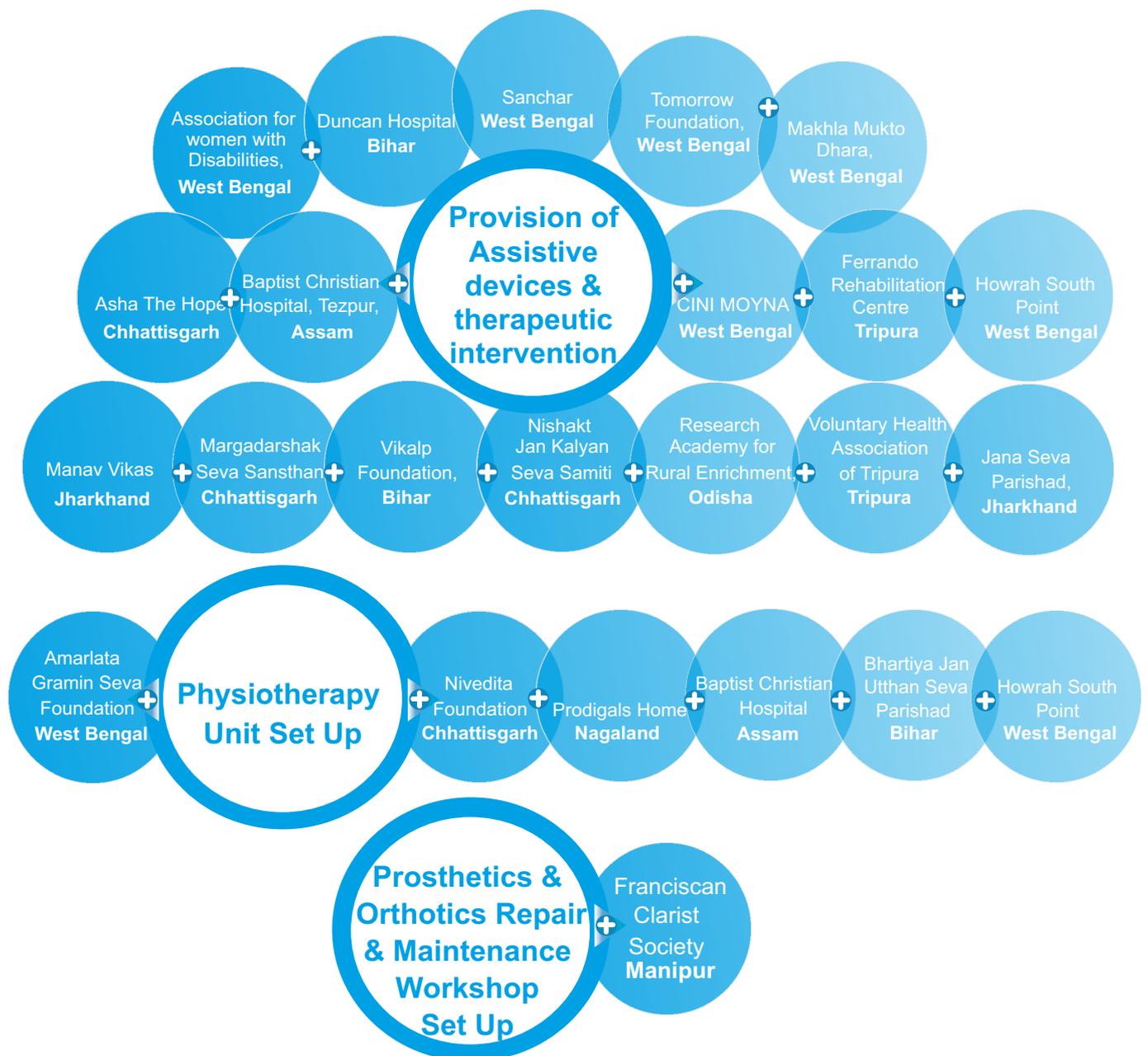


Regional Resource Centre, Kolkata

Service Provision in the conflict affected Eastern & North-Eastern States

Eastern & North-Eastern States of India still remain conflict affected. The geographical isolation, environmental and infrastructure makes the scenario even more compounding. Despite of the established awareness around disability, there still a huge need in terms of rehabilitation service provision and trained rehabilitation personnel.

The Regional Resource Centre (RRC), Kolkata has been promoting Assistive Technology, capacity building and institutional strengthening in the Eastern and North-Eastern States of India. RRC provided support to 22 grassroots organisations in rehabilitation services, therapeutic interventions, Prosthetics & Orthotics and Physiotherapy unit setups. The Rehabilitation Therapy Assistants continue to serve the local need in the 8 conflict affected regions.



Prosthetics & Orthotics Repair & Maintenance Workshop Setup at Manipur

RRC has been extending rehabilitation services in Manipur State. The follow up with the service users was inadequate. Realizing the existing scenario and need, Franciscan Clarist Society requested for the capacity building of one of their staff Mr Thangkholun Khongsai, who received 2 months training on repair, maintenance of assistive devices at RRC. As per the request from Franciscan Clarist Society, a P & O repair and maintenance workshop was set up in collaboration with Stichting Liliane Fonds (SLF).



Inclusion & Changing Lives at Garden Reach

The community programs scopes 9 wards of Garden Reach, Kolkata. Overall health conditions of people residing in these thickly populated wards are often poor due to poverty, illiteracy, ignorance and limited access to services. Women and children are the most deprived ones of appropriate healthcare facilities. MI seeks to improve healthcare & rehabilitation, inclusive education, social inclusion of people with disabilities and their families. MI also initiated provision of rehabilitation services at Shankarpur Gram Panchayat.

Health:

Two paediatric health check-up programs organised in collaboration with Johnson & Johnson in Garden Reach. Around 80 children were assessed, 35 children were provided with de-worming medicines. Awareness on cleanliness and hygiene was conducted.

On the occasion of International Women's Day, 8th March, 2016, a general health check was organised for women and girls from slums of Garden Reach. 24 girls with disabilities and their care providers availed the services.



Rehabilitation services extended to Shankarpur Gram Panchayat, 75 Kilometres away from Kolkata. 25 assistive devices were provided to 15 people, they were oriented on the need, benefit, usage and maintenance of the devices.

Education:

- ▶ An assessment program was conducted for 20 children with disabilities from the Garden Reach slums. Education plans were rolled out for a year for these children to enhance their enrolment and learning in schools
- ▶ A teacher who plays a crucial role in inclusion of children with disabilities and provide necessary comforts in the class and involve them in all the extra-curricular activities will be remembered ever lovingly. Children with Disabilities celebrated Teachers Day with great enthusiasm and thanked their teachers for all the love and support they received

HEALTH

Immunization	37
Screening at school & community	104
General health camp	115
Corrective surgery	1
Assessment	114
Aids & Appliances	45
Home based therapy	98
	514

EDUCATION

School Enrolment	2
Home based Education	20
Provide education material for the students	36
	58

SOCIAL

Recreation	75
Summer camp	12
Children with disabilities	41
Non-disabled children	30
Persons with disabilities	5
	163

Social Inclusion:

- ▶ Inclusive Art workshop was organised for 120 children from 3 local schools. 22 children with disabilities from the community also participated. The event concluded with beautiful paintings done by the children
- ▶ International Day of Persons with Disabilities celebrated with the “Qaus-o-Qazah, the Rainbow” event

Early intervention and Assistive devices improved Quality of life of Hassan



3 years old Hassan resides in Kolkata, Few months after birth, he was diagnosed with inward feet and was suggested to have repetitive corrective plasters. As the family moved to village, Hassan could not receive the appropriate interventions.

He used to stumble and fall. With MI's intervention, Hassan underwent a corrective surgery followed with therapeutic interventions. With the support of various assistive devices such as CTEV and Ankle Foot Orthosis (AFOs), he was put on the track of positive improvements.

Today Hassan is able to walk & play with fellow kids from his locality, which was once thought to be challenging. His positive improvements makes his family very happy and to gather hopes for a better future for Hassan.

Include Vidya Campaign 2015, West Bengal

Include Vidya Campaign, the flagship programme of CBM aims to include children with disabilities in education in India. The campaign complements the government's flagship programme – Sarva Siksha Abhiyan (SSA), to achieve its goal of 'Education for All'. Children with disabilities too have equal rights to access education.



The assessment survey involved the state education department and was conducted in collaboration with North Bengal Council for the Disabled, Siliguri.

6 partner organisations of MI, CINI Moyna, Bhuniakali Gram Vikas Kendra, Howrah South Point, Birpara Welfare Organization, Rural Health Development Centre and Nir Ideal Home were of immense support in conducting the survey. The survey was based on a self-assessment by teachers and school staff across West Bengal. It revealed that 80 of the 727 schools have at least one trained teacher for educating children with special needs and majority of them are yet to be trained.

October 7, 2015 was the culmination event with 700 participants and the survey report was launched on the opportunities and challenges faced towards making the schools and teaching processes inclusive.

As a whole the survey covered 727 schools from 19 Districts in West Bengal. RRC undertook the entire task of data compilation, its analysis and interpretation, development and presentation of the report.

Development of Flexi Stand:

Flexi Stand is developed for children with Cerebral Palsy, developmental delay and any sort of physical challenges. This device has been designed to facilitate child's ability to stand upright at various intervals throughout the day.

The projected benefits of this device as outlined are improvement in blood circulation, bone density and help in joint weight bearing. It increases the alertness, vocalization and responsiveness.

10 Flexi Stands has been developed and provided to some of the partner organisations of MI Kolkata for field testing.





Inclusive Development Centre, Guwahati

Disability and Rehabilitation in the North East of India

With a total population of about 44 million, North East region is an area of enormous ethnic, cultural, religious and linguistic diversity. It is often perceived as being far away and isolated. The region has been affected by numerous conflicts for decades, which continue to flare up periodically. With hills and mountains covered with forests and divided by rivers and lakes, transport and communication difficulties also make this region less accessible. Only in the last decade the general situation has slowly improved.

Significant challenges affect the disability and rehabilitation services in the North East. Lack of accessible information is another key issue that makes it difficult to understand the gaps and the challenges. Apart from the data collected during national censuses, very little statistical information is available about the lives of PwDs and their families in the region. Except for a few important cities of the region like Guwahati, Shillong, Dimapur, Dibrugarh and Agartala, in the remaining parts of the region access to specialised rehabilitation services is difficult. There is hardly any rehabilitation services are available in rural areas and small district towns.

Expansion of MI's work in the North East

MI set up Inclusive Development Centre in Guwahati, Assam in April, 2015. Dr Sunil Deepak was appointed as consultant to oversee the setting up of this office and to initiate its functioning.

A week long training course for community workers was conducted on how to help children with disabilities with communication difficulties. A draft manual in Assamese language has been prepared for this training which will be field tested and updated, so that it can be used by the community organisations in areas where no services are available.



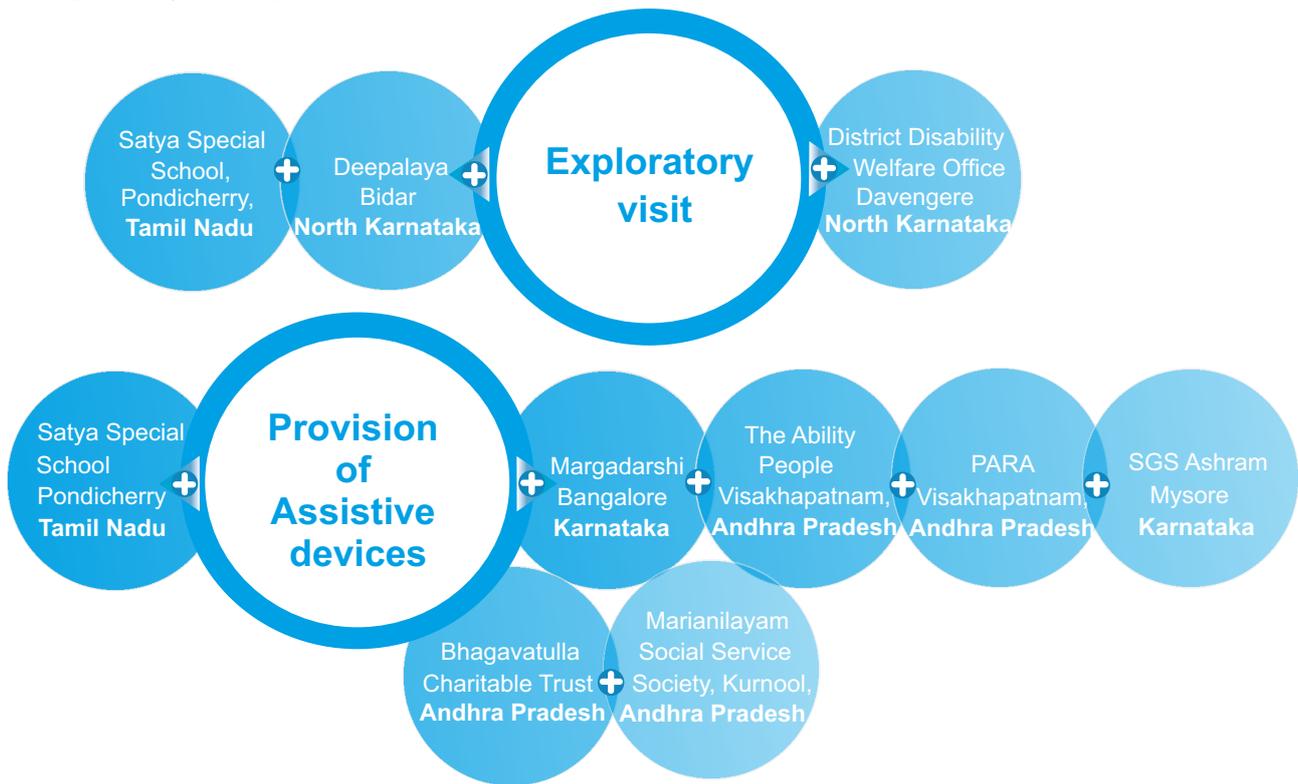
With support from CBM, and in technical collaboration with Public Health Foundation of India (PHFI), a project was initiated for conducting a Disability Survey in Dimoria block of Kamrup district of Assam, with a local organisation Swabilambi. This survey is testing a new information collection methodology developed by the Melbourne University in Australia. MI aims to initiate an inclusive community development programme which will include activities in the areas of health and rehabilitation, inclusive education and inclusive livelihood promotion.

A feasibility study for setting up of an Assistive Technology centre was initiated, which aims to start with the essential Prosthetics and Orthotics services provision.



Capacity Building & Partnership with Grassroot Organisations

Amplifying the Reach



Expansion of Rehabilitation Services to North Karnataka

The scenario of disability & rehabilitation is quite challenging and grim in the North Karnataka Districts. There is relatively less awareness on disability and its management among the community. Existing facilities are unable to meet the larger need of rehabilitation arising locally. Lack of adequately trained rehabilitation personnel is also posing concerns.

MI initiated the plan to extend rehabilitation services to Bidar & Davangere, in collaboration with the grassroot organisations. This initiative is supported by CBM.

District Disability Welfare Office, Davangere:

Davangere district has faced problems of draught for several consecutive years, resulting in a lower development index. Out of the total population, 7% of the population are with physical impairments.

MI approached District Disabled Welfare Office (DDWO), Davangere for prospect collaborative initiatives to strengthen and provide rehabilitation services.



Deepalaya, Bidar:

Deepalaya established in 2006, is working for people with disabilities in the 30 villages of Bidar District covering 4 to 5 Panchayats. Their activities include education for children with disabilities, functioning of SHGs as well as conducting vocational trainings for the youth and disabled people.

According to the observations during the exploratory visit, 4000 people and children are in need of rehabilitation services in Bidar. In addition interactions with people from community were made to understand the local need. To cater to the need an effective and structured rehabilitation service provision, capacity building of staff through long and short term rehabilitation training programs was proposed.



Rahmath Khatun: Overcoming Barriers & Realizing Opportunities

Rahmath is 27 years old and resides in Kurnool with her grandmother and parents. She contracted Polio in her early childhood, leaving her lower limbs with reduced functionality. She was fortunate enough to receive medical intervention and used callipers and crutches for her movement purposes. Later due to financial constraints, she could not use any assistive device.

She mentioned “for last 14 years as I did not have callipers, I used to limp and drag myself forward. But day by day the challenge was increasing for me to be mobile. And neither I nor my family hardly had any idea about the availability of assistive devices in our local community rather than in big cities”. Despite all these she continued her studies and emerged as quite a bright student.

From her neighbourhood, she came to know about the provision of assistive devices at Kurnool by MI. She received bilateral callipers/KAFO to enhance her personal mobility. It took around 10 hours of rigorous trial and modification to get the appropriate KAFO for her. After all modifications, she was fitted with the KAFO and trained how to stand and walk.



Currently she is working as educator in a Special School for disabled children in Kurnool. She mentions “Access to education has opened the doors of opportunities for me, despite of my functional issues. I am determined to deliver the needed training & education for the children with disabilities, so they can become productive members of the society”.



Networking & Collaboration

Consensus Meeting for Priority Assistive Product List, Geneva, Switzerland

Access to assistive technology is as important as access to any other medical or healthcare products, in order to maintain individual's functioning and independence. But due to lack of financing, availability, awareness and trained personnel only 1 in 10 people have access to any sort of assistive products.

To change the prevailing scenario, WHO organized a consensus meeting to identify the top 50 Priority Assistive Products List (APL). Over 70 participants at the consultation based their decisions on the results of a three rounds of a Delphi Survey and the Global Survey. Over 10 000 people from 161 countries completed the global survey. Ms Albina Shankar, Director, MI participated in the meeting.

APL will be a critical tool to make these products accessible to increasingly older populations and to people with disabilities everywhere. It will also provide guidance for procurement and reimbursement policies, including insurance coverage. APL will be launched on 24 May 2016 during the World Health Assembly side event, "Assistive Technology for all".

ASEM High Level Meeting on Disability & Global Conference on Assistive Devices & Technology-Beijing, China

Global Cooperation on Assistive Technology (GATE), an initiative by World Health Organization (WHO) focuses on the prevailing global health challenges, the expected demand of assistive products and the need of developing countries to be prepared for it.

Ms Albina Shankar, Director and Mr Soikat Ghosh Moulic, Assistant Director-Technical from Mobility India participated in the conference

during 29th-30th October, 2015. Chinese Premier Li Keqiang and German Chancellor Angela Merkel graced the opening event and affirmed their commitment to make high and medium end assistive technology affordable.

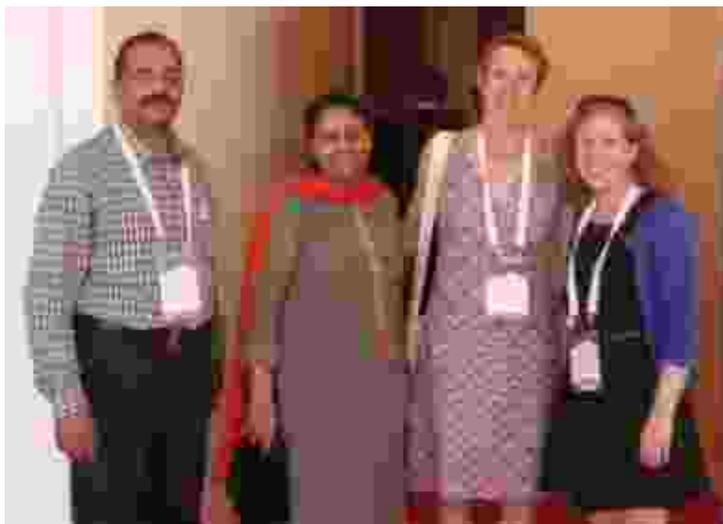


The topics of discussion during the sessions were 'how to make assistive products affordable for all', 'service delivery, technology and care' and 'assistive devices for the elderly'. The need for international curriculum in Assistive Technology and development of assistive technology sector worldwide was also stressed upon during the sessions.

WHO's role in bringing diverse stakeholders at one platform was widely appreciated with the unanimous support from the 300 participants.

ISPO World Congress, Lyon, France

Ms Ritu Ghosh, Deputy Director–Training and Mr Soikat Ghosh Moulic, Assistant Director–Technical, MI attended the ISPO World Congress at Lyon, France from 22nd to 25th June, 2015. The Congress had more than 4300 participants from 116 countries. The theme of the congress was AIM (Assessment, Integration and Mobility).



On 22nd June, Oral presentation along with Ms Emma Tebutt – "An evaluation of Indian and Nepali graduates from a mid-level therapist program, focusing on: graduate's skills; professional development; and the impacts on service users." was done. Experiences of best practices and lesson learnt through Prosthetics and Orthotics education in south and South East Asia presentation was done in symposium.

On 25th June, MI participated in the ISPO Evaluators meeting along with 26 experts from different parts of world. The purpose of the gathering was to openly discuss how processes and procedures can be improved and streamlined.

Workshops, Seminars & Conferences

- ▶ Ms Albina Shankar, Director attended WHO SEARO Regional workshop for National programme managers of disability prevention and rehabilitation at Paro, Bhutan.
- ▶ Ms Ritu Ghosh, Deputy Director–Training attended face to face meeting organised for training working group organised by International Society for Wheelchair Professionals (ISWP) at Budapest
- ▶ Ms Nirmala Danu attended AIOTA conference at New Delhi.
- ▶ Ms Minakshi and Mr Sanjoy attended CRE workshop of 'P & O Technology 2020' at New Delhi.
- ▶ Mr Riyaz attended GERICON CONFERENCE at Chandigarh– on Geriatric Management organized by the Department of General Medicine, Government Medical College – Chandigarh.
- ▶ Mr Sudhakar attended the Cerebral palsy: interdisciplinary management across the life span organized at 10th Annual conference of Indian Academy of Cerebral Palsy.
- ▶ Mr Praveen attended workshop on FUNCTIONAL ELECTRICAL STIMULATION at New Delhi
- ▶ Ms Ritu Ghosh, Deputy Director–Training visited Kabul, Afghanistan as ISPO Evaluator.

Global Partnership on Humanitarian Impact and Innovation (GPHI2) summit

International Committee of Red Cross (ICRC) in association with IMD Business School, Lausanne, Switzerland organised the summit to address the priority issues of 'Health in Fragile Environments'. The idea was to gather leaders from the business, humanitarian, technology, health and academic sectors to share insights, devise innovative solutions and explore partnerships to address including WHO, ISPO and other agencies.

It was a unique platform to devise new initiatives, create partnerships and boost existing projects to strengthen humanitarian impact and outcomes. The two key themes were ensuring and expanding access to health in fragile environments, and enhancing the response to emerging and unmet needs.

Mr Soikat Ghosh Moulic, Assistant Director–Technical and Mr Riyaz, Physiotherapist from MI presented the innovative design of 'Twin Device', which emerged as winner at Enable Makeathon, the concept behind the design as well as its impact to the children with developmental disabilities.

WHO Standards Development Group Meeting, Bangkok, Thailand



WHO Standards for Prosthetics & Orthotics Service Provision, concerns to maintain or improve the functioning, independence of people with physical impairments, facilitate participation and enhance their overall well-being.

The proposed standards will support the Member States to implement UN Convention on the Rights for Persons with Disabilities (CRPD), It would assist the stakeholders to develop and improve the quality of prosthetics & orthotics services, assist ISPO to update their profession specific Information Packages. People with physical impairments, arthritis, diabetes, stroke, cerebral palsy, trauma, congenital anomalies, polio and leprosy are the primary group to be benefited through the Standards.

Ms Ritu Ghosh, Deputy Director–Training, MI participated in the meeting as a member of the Standards Development Group (SDG). Some of the key roles of the SDG is to determine the questions that the standards address, analyse the outcome of systematic review, collect best practice instances, appraise the evidence used to inform the Standards, advise on the interpretation of the evidences and formulate the final statements.

Mr Mark Beaton
Senior Managing Director
Accenture

“
The passion, the commitment and energy you give is inspiring and humbling. I am in awe of what you do.
”

Mr. Kalyan Mohan
Executive Vice President
Cognizant Technology
Solutions

“
Truly outstanding work. Amazed with the passion of the people. I wish you all the very best in a truly amazing endeavour.
”

Mr R K Tiwari
Executive Director
BHEL,
Electronics Division

“
I feel honoured and content to visit Mobility India. They are doing great service to the society through their vision for empowered and inclusive community. BHEL commits to support such great initiatives in future also on a sustainable basis through our Corporate Social Responsibility. Best Wishes!
”

Mr Mahesh S Gadekar
Senior Manager
DigiCaptions India
Private Limited

“
Thank you for the job you are doing. I thank that I got a chance to visit your program and put some efforts from our end.
”

Agnel Gerald
Larsen & Tourbo

“
Truly impressed with your facility. Please keep up the excellent job currently being done.
”

Mr. K. T Rajan
Director
Allergen Healthcare India

“
Highly pragmatic infrastructure, fully dedicated staff, passionate leadership team. Glad to be associated with MI. God bless the great work!
”

Mr. Raghu Kumar
Managing Director
Allergen Healthcare India

“
“We have been impressed with the excellent & focused work that all of you are doing. Great work and wish you all success!”
”

Sama Rehman
Student
Baldwin's Girls High
School

“
“It was a great experience, very knowledgeable and informational. Learnt how to treat persons with disabilities.”
”

Corporate Social Responsibilities...



Accenture
Board of Directors visit MI
They trained students through S2S, sponsored assistive devices, school essentials for children, painted Government school .



Allergan Healthcare India
supporting Developmental Devices for 25 children

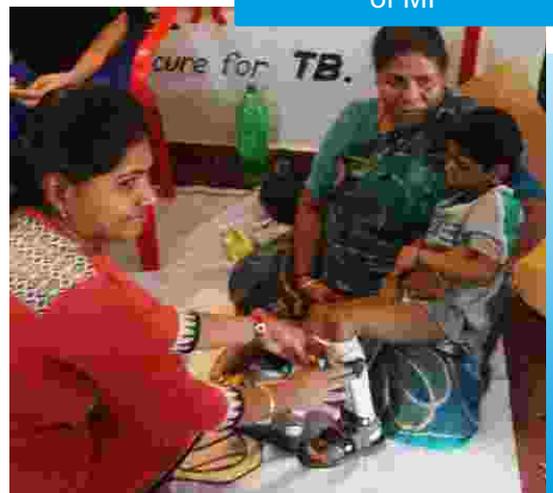


BHEL Electronics Division
Shri R K Tiwari, Executive Director, and other dignitaries from BHEL personally handing over assistive devices



Cognizant Foundation
support for Equipment & Machinery for P & O Workshop

DigiCaptions
India supporting for Assistive Devices for PwDs from 3 community projects of MI





Larsen & Tourbo
Supported
Assistive devices



Pole to Win
Sponsored school
essentials and sports
equipment for children
from Community
Education Centres



Lions Club
Extending financial
assistance towards
Developmental
Devices for 25 children
from poor socio-
economic background

Wheelchair presents improved mobility to Ashwini

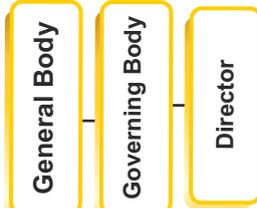
Ten year old Ashwini is the only child to her parents and lives in Banshankari, Bangalore. By birth she had Cerebral Palsy and delayed development. Up to two years she did not have neck control and found it difficult to sit, stand and move. Though she received medical treatment as well as physiotherapy, significant improvement could not be observed. Her parents used to carry her everywhere.

Her mother spoke “Up to five years she was at home, lying on bed, without much activities. We wanted our daughter to have a social life and access education. So we enrolled her in a nearby special school”. Last five years she is attending special school.

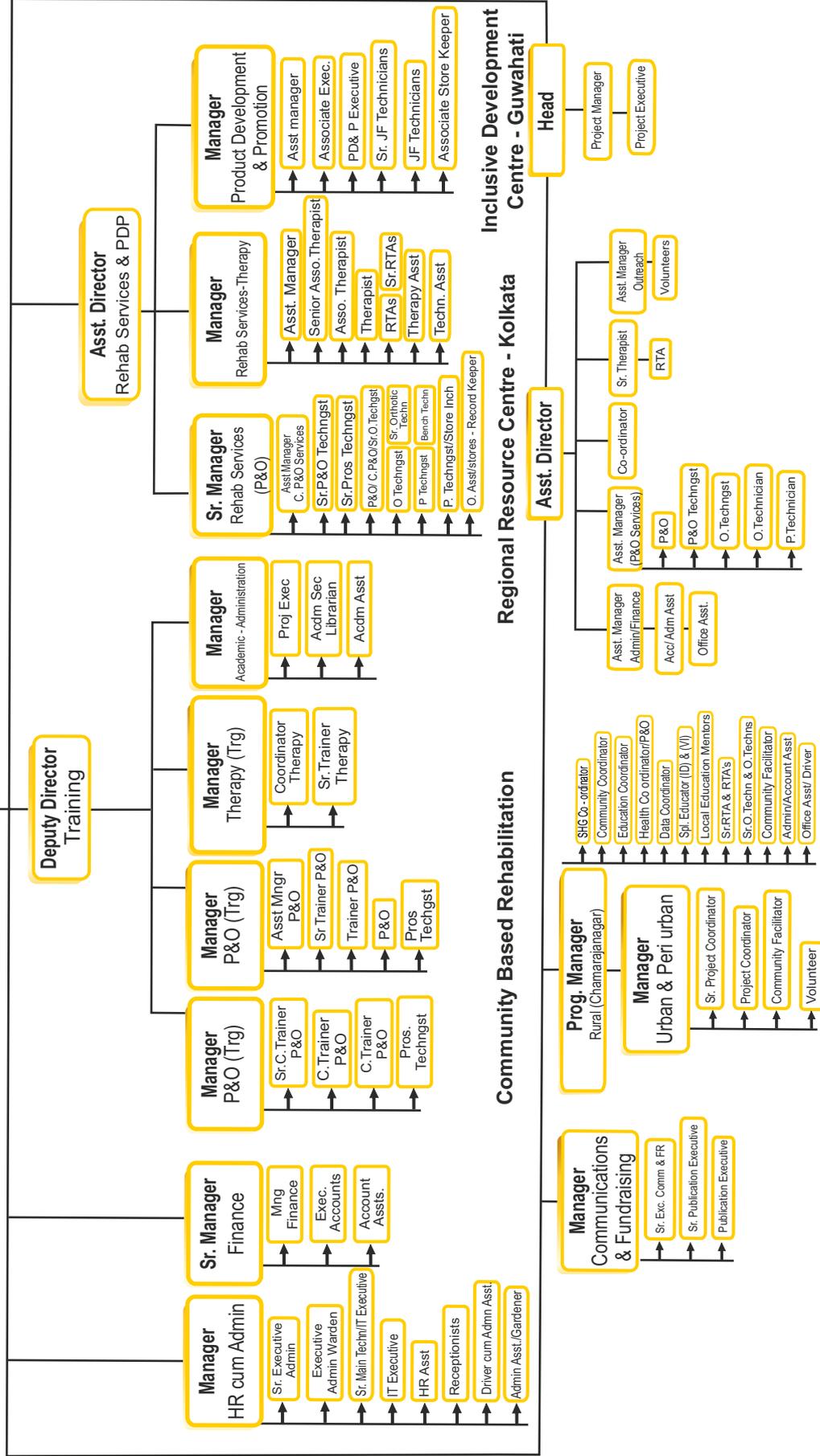
In 2012 Ashwini was brought to Mobility India. Her sitting posture was improved with regular therapy. She is able to walk with the walker in plain surfaces, but walking in other surfaces emerged as a challenge. Recently she received a wheelchair to improve her mobility. Now she can move around with the wheelchair easily in her home and school and can join her parents while going out. It makes her happy.



ORGANOGRAM



	M	F	Total	MWD	VWWD	Total PWD
General Body -	11	8	19	1	5	6
Governing Body -	3	4	7	0	2	2
Existing Staff -	83	73	156	25	19	44
Volunteers	0	6	6			



MOBILITY INDIA

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



RECEIPTS & PAYMENTS ACCOUNT FOR THE PERIOD APRIL-2015 TO MARCH-2016

(Amount in ₹)

31-Mar-15	RECEIPTS	31-Mar-16	31-Mar-15	PAYMENTS	31-Mar-16
	To Opening Balances		4,63,63,227	By Personnel Costs	4,57,60,327
2,10,912	Cash on hand	1,20,365	93,77,000	" Administrative Costs	94,17,745
1,76,16,754	Cash at bank	1,56,16,422	83,22,440	" Rehabilitation Services	85,57,258
	" Fixed Deposits	2,68,93,210	1,39,70,225	" Capacity Building, Partnership and Seminar	1,59,54,032
	" Grants			" Design & Development of Orthotics & Prosthetics Components	95,34,217
1,97,31,071	- CBM	2,84,55,704	1,35,53,840	" Human Resource Development in Disability & Rehabilitation	69,82,241
14,70,000	- MIBLOU	26,34,574	76,60,740	" Community Based Rehabilitation Programmes	1,10,06,539
1,50,41,415	- World Learning	42,54,837	58,04,998	" Capital Expenditure	3,70,03,952
31,25,867	- World Vision	1,04,94,004		" Advances & others	84,36,729
18,24,391	- Zurich Community Trust(UK)	6,82,819		" Fixed Deposits	
23,83,301	- Abilis Foundation	-	35,36,385	" Closing Balances	
	- Cognizant Foundation	12,18,142	6,60,487	- Cash on hand	1,96,638
12,80,325	- International Committee of the Red Cross - New Delhi	5,19,010	97,09,867	- Cash at bank	1,30,64,841
41,463	- International Society for Prosthetics and Orthotics-Denmark	-			
5,70,075	- World Health Organisation	9,55,207			
	- Christian Blind Mission International-Switzerland	94,482	1,20,365		
	- Handicap International	3,80,878	1,56,16,422		
5,40,000	- Jan Vikas Samiti	5,37,500			
1,58,009	- Jiv Daya Foundation	-			
	- ICRC - Afghanistan	66,105			
1,72,17,628	" Donation	2,04,30,515			
1,23,63,296	" Education Programme	1,61,50,578			
1,500	" Membership Fees	1,300			
1,39,22,615	" Orthotics & Prosthetics	1,43,73,466			
1,86,25,895	" Bank/FD Interest	2,08,06,186			
85,71,477	" Advances & Others	12,29,216			
13,46,95,994	Total	16,59,14,520	13,46,95,994	Total	16,59,14,520

For Shankar Sridhar & Mukundh
Chartered Accountants
Firm Reg No.: 007273 S



Mukundh S
Membership
No : 202437

Place - Bangalore
Date - 16 August, 2016

For Mobility India



Seshadri Nagaraj
Treasurer

Albina Shankar
Director



Big Thank You



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



Regd. Office

MOBILITY INDIA

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