

MOBILITY INDIA

*Celebrating
Joyous Journey to Jubilee*



1994-2019



ಮೊಬಿಲಿಟಿ
ಇಂಡಿಯಾ

Learning Centre

MOBILITY INDIA

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

Joyous Journey to Jubilee



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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, the poor, particularly children, women and older people.

CORE VALUES

- Respect
- Honesty
- Innovation
- Safety
- Quality

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 & Assistive Technology at national & international levels
- Capacity building of grassroots organizations in the field of Disability, Development, Rehabilitation and Assistive Technology
- Research and Develop appropriate Assistive Technology and improving its access at an affordable cost
- Realizing 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.



Ms. Romola Joseph
Secretary

Mr. Seshadri Nagaraj
Treasurer

Ms. Albina Shankar
Executive Director

Dr. Charles Prabakar
President

Ms. K. M. Geethamrutha
Member

Mr. K. L. Vinaya
Secretary

Dr. Mrs. Elizabeth Thomas
Member

Governing Body Members & Executive Director Jubilee Year 2019

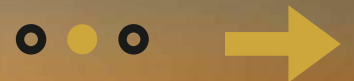
THE INSPIRER

Mr. Chapal Khasnabis
Founder Executive Director
(1994 - 2003)

Mobility India
My Unique University



He recalls the salient features of his leadership journey. Currently he is Head, Access to Assistive Technology and Medical Devices Unit, WHO, Geneva, Switzerland.





Perhaps because of my experiences as a young boy, I always wanted to be useful to the poor and vulnerable; people with disabilities in particular. I must thank my friend Gautam Chaudhury for introducing me to Mr. Kevan Moll of ADD-UK. Mr. Moll did the necessary homework for setting up Mobility India and we got it registered on 2 August 1994 – exactly 25 years ago. What a great Governing Board I had to begin with; starting from Sunder Egbert (President), Gerry Pais, D M Naidu, Gautam Chaudhury, Sathyavathi Shamsuddin, Veda Zachariah. Romola Joseph (joined later) and a great auditor, Charles Prabakar (current President) – a galaxy of stars.



I was also lucky to start with a secretary like Albina Shankar (the current Executive Director of Mobility India). We managed to get a small place (3 x 6 meters) at the Association of People with Disabilities (APH/APD) to start our operations with very little money. Both of us had no salary in the initial days; but we had a very supportive organization, APD. I cannot forget the contributions of N S Hema, Mr. Urs, Mr. Naidu, Ivy, Babu, Samuel, Amala and others who were always ready to help and support.

I think they used to pity our state and hence, were extra kind. What a situation it was – you cannot receive funds from overseas as the organization does not have an FCRA registration and you neither can receive funds from the State government as the organization is in its infancy did not have three years audited accounts, a stipulation to receive government funds. However, utilizing the “prior permission” option, we were able to receive funding from ActionAid, MIBLOU, ADD-UK, Misereor, SKN, and Jaipur Limb Campaign until we eventually received our FCRA registration.

Once we had some funding, we recruited and formed a core team of passionate and skilled individuals; Dhableswar, Anuradha, Ritu, Jaya, and our journey began. Since the allotted space within APD was not enough, we acquired a larger space within APD, but we found even that was inadequate as the workload increased.



At that time, most of the rehabilitation or mobility product providers were in North India and a very few in the southern part of India. Lakhs (a lakh is a hundred thousand) of children affected by polio had no means to access rehabilitation facilities; orthoses or calipers in particular. The poor and people living in rural areas suffered the most; some started living in polio-homes to access some assistive devices, education and food. Some used to have the traditional heavy metal calipers; prey to the greedy private providers exploiting the government's unique Assistance to Disabled Persons for Purchase / Fitting of Aids and Appliances (ADIP scheme). I still recollect, at a polio-home of Kodaikanal, we replaced nearly 50kg metal calipers with a 5kg plastic one— what joy in those children's lives.

As people got familiar with what we did, our demand increased. We needed a larger space to expand our team and work. But it was not easy for a small NGO like ours to own land in Bangalore. So, I was waiting for a miracle to happen and it did happen.



One day, a lady came to me with her husband to get her old caliper replaced. I had no clue who they were but as we were making her a new orthosis, I gradually got familiar with the couple Dr. Elizabeth Thomas and her husband Mr. P S Sundar Thomas, a senior IAS officer of the Karnataka Government.

I had past experiences with IAS officers but never met one like Mr. Sundar Thomas. They understood our struggle and we asked for their help to get us a piece of land to set up Mobility India; and they went all out to help. We knew that one day we would have to leave the APD campus, but we didn't have the money to buy land. We requested MIBLOU for financial support, which they provided, but that was still not sufficient enough to set up Mobility India's Rehabilitation Research and Training Centre.



Dr. Elizabeth Thomas and I, met another senior IAS officer, Ms. Lakshmi Venkatachalam, Commissioner of Bangalore Development Authority (BDA). She was very kind, and asked do we have money to pay the lease amount and then construct the building; and we said 'Yes' and she allocated land in quite a prime area of Bangalore at a very affordable price. We used MIBLOU's fund to acquire the land. We made a saving on the lease, which we later used for the construction of the building.

Then the next miracle happened. Silvana Inselmann joined as the new Chief of Christoffel Blinden Mission (CBM). I think she had heard very positive reports about us from her predecessor and the team. Albina and I met and told her we have a million-dollar land in the heart of Bangalore and quarter-million cash, but we need 1 million more to construct, equip and set up the Rehabilitation, Research and Training Centre. It was not easy for her to convince her people at Head Quarters but she did and the funding was approved. I still remember what she said to us; "I trust you, I put my job at stake, do not let me down." We are still friends and proud of each other.



Now comes the ultimate miracle. I got introduced to Mr. Itty Zachariah of Zachariah Consultants, one of the well-known architecture firms in India. I was nervous at our first meeting; why would he undertake to construct our building? Can we afford his fees? What a great man he was, the height of humanity and professionalism. He understood our needs and helped us to build Mobility India. Constructing an accessible building in India at that time was not easy but his greatness and competence helped us to overcome every obstacle. In my life, I have seen many beautiful buildings aging quicker due to poor maintenance and lack of funds even to paint the building periodically. While the building was being constructed, he helped us to make the building as maintenance-free as possible and consume as little electricity as possible. At the same time, I was developing an income generating programme within the organization so that building maintenance never becomes a donor-dependent issue.



The building was up, full of staff and students, a lot of great partners, donors, innovative initiatives/projects, a lot of human assets – Mobility India was up and shining. Besides overseas donors, there were many local donors including the Dorabji Tata Trust. My aim was to reduce 10% overseas funding every year by raising funds locally and through other income generation activities – Mobility India should never run out of funds or 100% donor-dependent.

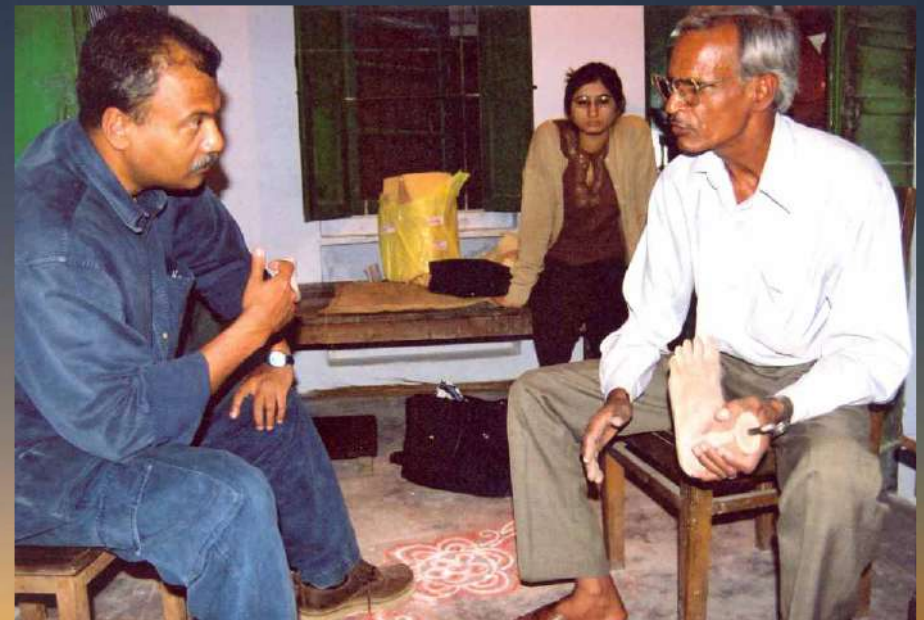
Besides donors, UN/International organizations like the World Health Organization (WHO), International Committee of Red Cross (ICRC), International Society for Prosthetics and Orthotics (ISPO), and others started knocking at our door. I realized that it was time for me to move on. So, while planning for my successor, I started investing in building the capacity of the core team. I thank Ms. Kamala Achu of Disability and Development Partners (formerly known as Jaipur Limb Campaign). She deputed Mr. Derek Hooper to build the capacity of the core team and the managers. Besides, Accenture/Zurich Financial Community Trust also sent their assignees /executives for the same.



During my tenure at Mobility India, we started many innovative projects. I should specially mention the Rehabilitation Aids Workshop by Women with Disabilities. The entire project was great learning for us. Shahina, Prema, Noorie, Amina, were all my teachers. It was a pleasure to see how Jesus, Mary, Mohammad, Krishna, Laxmi, and others living and sleeping together side by side along with their followers. They taught me about disability, poverty, and women's empowerment. I thank all the girls and Soikat for making it a success.



When I joined Mobility India, I was very clear about what I need to do and how to do it. I gave myself a target of 10 years to accomplish my mission. I did not want Mobility India to become another traditional Non-Governmental Organization (NGO). I wanted Mobility India to become a model for others to study and follow.



To me, Mobility India is my unique university, where I had my real education, acquired all the knowledge and skills, and got transformed into a better human being. I learnt a lot and was lucky for getting the opportunity. Why unique? Because, everyone in Mobility India was my teacher and I was the only student – yes, everyone from Albina to Zabina.

I am sure I have missed mentioning many people who made significant contributions to Mobility India. I thank all of you for journeying joyfully with me. I am truly proud of what we have achieved in 25 years of MI's existence. Believe me, when I say once again "Mobility India is a unique university"; everyone can learn something from there.

My best regards and greetings to all the Board Members, donors, well-wishers – P S Sundar Thomas and Marika Millar in particular and all my teachers.

Chapal Khasnabis
Geneva, 2 August 2019

NB: Even today, I miss Sunder Egbert, D M Naidu, N S Hema and Itty Zachariah (All RIP)



When you want something, all the universe conspires in helping you to achieve it.

PAULO COELHO

President's Message

“For us, mobility is a metaphor for positive intervention, there is nothing I love as much as a good fight.”

That is a quote attributed to one of the world's most charismatic political leaders: Franklin D. Roosevelt, the 32nd President of the USA. He not only fought to help his country get out of the Great Depression, the four-term President also fought his own disability with elan and finesse. FDR, as he was popularly known, was the first US President with a significant physical disability. He was diagnosed with infantile paralysis [polio] in 1921 when he was 39.

For us at Mobility India, the word “mobility” is a positive metaphor that has propelled the organization to serve thousands of persons with disabilities to stand on their feet and be an integral, inclusive contributor in the mainstream of the society. Mobility India's 25th year milestone is a key marker for a movement that began with a vision to uplift them with a rights-based and inclusive approach.

At Mobility India, we believe in constantly employing all means possible to reach out to persons with disabilities in a way that gives them confidence and helps them cope with life on a level playing field.



Over the years, in its quest to sharpening the serve, we have worked closely on cutting edge technology with leading institutes and centres like IITs, Indian Institute of Science and DEBEL. "We work with cutting edge tech to keep serving the persons with disabilities." World Health Organisation has also joined hands with our team to reach a wider community. Thanks to these synergies, we can, for example, deliver customized, user friendly and tech-enabled wheelchairs. Besides, ongoing collaborations with global bodies like WHO and the United Nations, we have kept consolidating our partnerships with leading agencies and training centres at Global, National and State levels, learning the best practices.

In August 2019, Mobility India hosted a National Conference on Assistive Technology. Experts from all over the country and overseas came together to deliberate on how technology can serve the needs of persons with disabilities around the world. We will continue to play a key role in providing policy inputs to the Government to reach out to close to 25 million persons with disabilities in India. We will endeavour to mainstream thousands of persons with disabilities. into the society, on par with the developed nations. We want to move beyond euphemisms like “specially abled” or “differently abled”. We want to skill up the persons with disabilities for them to be constructively engaged and economically independent.

Perhaps the Governments will do well to pay more attention to this sector, so that the benefits of government policies not only reach the socially underprivileged and economically disadvantaged, but the persons with disabilities, especially, whom we have been serving for a quarter of a century with our heart, soul and mind.

We are committed to step up our serving opportunities to make the persons with disabilities cope even better in their lives. And we will continue that with renewed vigour in the coming years. India will rise to be a beacon of hope in the world as she serves the persons with disabilities both at home and around the globe.

Dr. Charles Prabakar
(2015 Till date)

Executive Director's Message

On Aug 2, 1994, Mobility India was formed to promote the rehabilitation and assistive technology sector. It is a matter of great pride to see Mobility India (MI) growing from a small and humble beginning to the organization it is today. It reached a milestone by completing 25 years of service in the inclusive development sector, especially for the well-being of the most vulnerable population people with disabilities, older people and people living with chronic conditions and living in poverty, which reveals the true spirit of our work.

The vision that our founder Executive Director Mr. Chapal Khasnabis had 25 years ago has certainly come true. It has been an extraordinary journey and has made steady inroads into rural India and its priority groups in the developing countries. Connecting people, overcoming challenges, recognizing capability instead of disability, and improving the quality of life of people with disabilities through all our activities and matching international principles and standards have been the focus throughout.

MI has worked tirelessly towards its vision of providing education and training, health care services, livelihood opportunities, promoting inclusion and empowering



people with disabilities to realize their maximum level of potential, sustainable independence as contributing, responsible and equal participants in the society, especially the poor and creating lasting impacts to millions of people.

MI has progressed towards its seven-point mission. We have embraced a good value system, inculcated quality and principles of mutual support with respect to each one, to respect people's abilities and focus on its vision in changing the lives of many. Disability will be of greater concern because its prevalence is on the rise, with the aging population and prevalence of non-communicable and lifestyle diseases, One out of every seven people today lives with some form of disability, which makes the need for assistive technology and assistive products imperative.

Today, emerging technologies and the rising needs and expectations are reshaping the way we work with increased awareness creation. In other words, these technologies can make Sustainable Development Goals a reality, bringing social change and improving people's lives.

MI is working towards increasing access to high quality and affordable assistive products with plans of expansion of our services curtailed to the emerging need. Reaching every milestone boosts us to aspire for the next ones.

MI's major work is the promotion of an Inclusive Development society. Challenges are formidable, but we are committed to realising our goals which have 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.

Ms. Albina Shankar
(2006 Till date)



Impacting the Society for 25 years

WHEELING BACK IN TIME

Small step, Giant leap

Mobility India started its operations from a small office in Bangalore on August 2, 1994, with just two staff members; Mr. Chapal Khasnabis and Ms Albina Shankar. After completing 25 years, and having mainstreamed people with disability and women in its staffing, MI's team is now a group of 138 passionate people with a shared vision to improve access to rehabilitation services in rural and urban areas in Karnataka and beyond.

A disability-inclusive development with a human rights-based approach has won MI a galaxy of global partners, supporters across governments, industry, academia, civil society and peers around the world. Mobility India's 25-year-run has been equally spirited and triumphant in its quest for service. BE THE CHANGE, exhorted our beloved Gandhiji, the leadership call galvanising millions of Indians to regain their sense of dignity and help usher in a new, renewed life for millions of others.

People with disabilities, live in poverty, and suffer social exclusion and face widespread barriers in accessing their basic needs. They are denied access to education, health care, employment, social and legal support.



MI, since its inception, has been striving to improve the quality of life of persons with disabilities in the poorest communities. It aims to promote inclusion and seeks to make the key development efforts available and accessible for persons with disabilities and their families. It is committed to breaking the vicious cycle of poverty, disability and exclusion, and to realise their rights as enshrined in the United Nations Convention on the Rights of Persons with Disabilities (CRPD) and Rights of Persons with Disabilities Act, 2016 (RPD Act)

Rehabilitation services and access to essential assistive devices was non-existent, except for a handful of institutes providing rehabilitation services and assistive products in India. In the 1980's and early 90's a UK based charity Action on Disability & Development (ADD) set up ADD-India and ADD-Mobility in Bangalore. Mr. Kevan Moll was with ADD-Mobility. Mobility India was the conclusion of 5 years of technical service in the mobility field in India, carried out under ADD Mobility. The organisation was formally registered as a Society in 1994, to ensure a secure and sustainable future for mobility services in India. Mr. Venkatesh, Director ADD India, his UK counterpart, Mr. Chris Underhill, Mr. Kevan Moll and Mr. Gautam Chaudhury played a key role in bringing in Mr. Chapal Khasnabis, to lead MI.



Mr. Chapal Khasnabis, an experienced Prosthetist and Orthotist, was Head of the Department of Prosthetics and Orthotics at the National Institute for The Orthopaedically Handicapped [NIOH] in Kolkata at that time. Convinced that this new assignment would give him an opportunity to fulfil his dream to provide accessible and affordable rehabilitation services to the poor with disabilities, he took up the offer in Bangalore and became the first Executive Director of Mobility India.

Mobility India began in a rented room in the Association of People with Disability (APD) premises. Late Mr. Sunder Egbert, MI's first President, guided MI from the start of its journey. Over the years, several members brought their respective strengths and assets, to fulfil the vision and mission of MI. It is MI's strong belief and principles laid down right at its inception, that it is what it is today. Mobility India went to the people, travelling across villages in the four southern states of India, learning first-hand. Disability is linked to poverty. MI provided technical support and partnered with grassroots organizations and through its mobile workshop took rehabilitation services to the doorstep of people. Till date, around 125 organisations were supported and many orthopaedic workshops with therapy facilities have been set up in many districts of rural India.



Mi's high credibility came from its operational transparency and its connection with the ground realities. MI scaled up because of the heavy investment in innovation, cutting edge research and an endless quest to attend to the needs of the Persons with disabilities especially in the rural areas. Soon it realised that in order to meet the rehabilitation needs of people with disabilities, MI had to train a large number of rehabilitation professionals.



In response, MI established Rehabilitation, Research and Training Centre (MIRRTC) in Bangalore. The Honourable Governor of Karnataka and Patron of MI, Shri. Khurshed Alam Khan, laid the foundation stone for the Millennium Building, on 31st July 1999. It was built in record time thanks to the support of donors and Late Mr. Itty Zachariah, MI's architect. It is one of the first disabled-friendly buildings in India even before civic rules mandated it.



The MIRRTC spearheads all the activities in Bengaluru and is a model for accessibility and disability-friendliness. It is a beehive of services, training and learning drawn from the best practices in the fields of Disability, Rehabilitation, Research and Development.

The aspiration to work for a more equitable and just society for persons with disabilities and those in need is what undergirds MI's massive operations, including its outreach to the North and North-East India region through MI centres in Kolkata and Guwahati, Assam. Its community based inclusive development projects in Bengaluru slums, Anekal Taluk and Chamarajanagar District in Karnataka has wrought great changes in the lives of people there.

Many international organisations are working closely with Mobility India on several fronts. MI's has worked for nearly 20 years in CBR, with its focus on poverty alleviation and social change has helped achieve an inclusive community in a big way. In 2012, MI had its high moment when it hosted the First CBR World Congress in Agra, the city of Taj Mahal, bringing together 1,100 delegates from 86 low and middle-income countries.



MI is active, from the grassroots to national, regional, and global levels of engagement. This is achieved mostly through collaboration with Ministry of Social Justice and Empowerment, Ministry of Health, Ministry of Education, UN agencies like World Health Organisation, International agencies like ISPO and ISWP and with leading institutions and Universities both at the National and International like Rehabilitation Council of India, National Institutes, ICRC, CBM, Handicap International, IIT Madras, IIT Bombay, IISc, and DEBEL (Ministry of Defence, GOI). MI also works closely with many grassroots and national networks and associations. MI significantly contributes to the policies in the field of disability that are framed at the national and international levels. MI's reach over the last 25 years has been in South, East, North-Eastern States of India, and middle-income countries.



All this was possible due to the genuine commitment, unswerving dedication, hard work of the staff at MI, all of whom contributed to the growth and development of MI. MI has grown to a team of 138 staff, of which 44 are persons with disabilities, 47% are women, across all levels of the organisation, from the Board Members to the grass root level staff. They serve as an excellent role model for others with disabilities, showing the potential capacity of people with disabilities. From day one, we had a burning desire to be a special, professional, charitable organisation with a difference. We are confident that MI's core values of Respect, Honesty, Innovation, Safety, Quality, will carry her through to the next milestone, the **Golden Anniversary!**





MILESTONES KEY STOPS



MILESTONES

1994 Mobility India registered as a Society on August 2, in Bangalore

Founding Governing Body Members

Mr. Sundar Egbert, President

Ms. Sathyavathi Shamshuddeen, Vice President

Dr. Gerry Pais, Secretary

Dr. Veda Zachariah, Treasurer

Mr. D M Naidu, Member

Mr. Gautam Chaudhury, Member

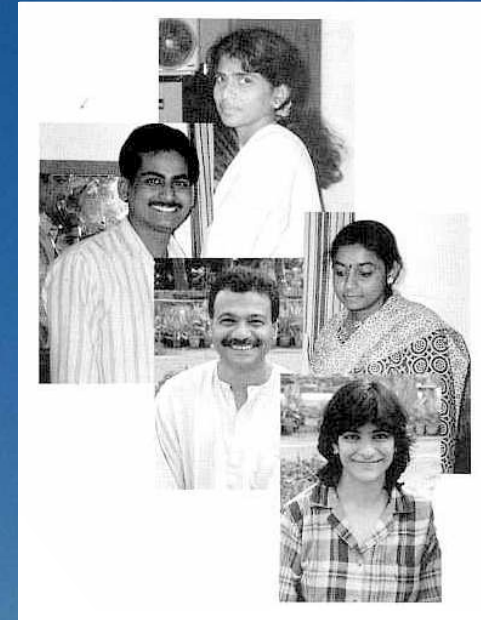
Mr. Karunakaran, Member

Mr. Chapal Khasnabis -Executive Director, and Ms. Albina Shankar, begin work at APD campus

1995 Partnered with 12 grassroots organisations in South India, to provide short term training courses and technical support in rehabilitation services.

1996 Launched “Mobile Workshop” to provide rehabilitation services at the doorsteps in rural areas. First orthotic knee joint, uni-lock barefoot orthoses, and endoskeleton prostheses designed and developed.

Rehabilitation Aids Workshop by Women with Disabilities established. Ten women with disabilities trained as Orthotic Technicians.



MILESTONES

1997 Workshop on “Endo-skeletal above-knee prostheses” with Indo-Can Orthopaedics, Canada. First research project on developing modular endoskeletal prosthesis with the Ministry of Defence: Defence Bio-engineering and Electro Medical Laboratory (DEBEL), Bangalore.

Lightweight plastic barefoot orthosis developed.



1998 Therapy services integrated with the Prosthetics and Orthotics unit.

Establishment of the Regional Resource Centre, Kolkata to provide rehabilitation services to Eastern and North Eastern regions.

Civic Amenity site allotted by Bangalore Development Authority to set up a Rehabilitation Research and Training Centre, Bangalore.

14 youth with disabilities were trained in the “Training for Trainers” course in collaboration with the United Nations Economic and Social Council for Asia and the Pacific (UNESCAP) Initiated Community Based Rehabilitation work in 5 urban slums, Bangalore.



MILESTONES

1999 Organized an International Seminar on the Management of Polio in collaboration with the ISPO

Honorable Shri Khurshed Alam Khan, Governor of Karnataka, and Patron of Mobility India laid the foundation stone for the Rehabilitation Research and Training Centre.



2000 Two wheelchair-accessible mobile vans for transport service introduced along with a wheelchair bank



2001 Community-Based Rehabilitation program area expanded to 15 slums in Bangalore.

The “Rehabilitation Therapy Assistant Manual” was related with the support of Voluntary Service Overseas, UK

Facilitated setting up the Orthotics Centre at NIMHANS, Bengaluru



MILESTONES

2002 Rehabilitation Research and Training Centre completed-a model of accessible design, unique in the country.

State of art Prosthetic and Orthotic Workshop and Therapy Unit with modern technology initiated.

12-month Lower Limb Orthotics, Prosthetics, Rehabilitation Therapy Assistant, and CBR training programs started

‘Foot Production Unit’ started – one of the most accessible and modern production units managed exclusively by women with disabilities.

Developed, designed, and launched the Pre - Fabricated Knee Ankle Foot Orthosis (PFKAFO)

Organized the National Conference of Orthotics and Prosthetics Society of India (OPSI)

2003 Below Knee Prosthetic Plastic Modular Component ‘SATHI’ was launched.



MILESTONES

2004 The outreach program began in the “Garden Reach’ slums of Kolkata.

Mr. Chapal Khasnabis moved to the World Health Organization, Geneva, to the department of Disability and Rehabilitation.

Ms. Albina Shankar, Deputy Director, becomes Acting Director.

Mr. Michael Sanjivi appointed Director



2005 The Certificate course in ‘Rehabilitation Therapy Assistant’, recognised by the Rehabilitation Council of India.

Introduced Wheelchair service delivery



2006 A challenging CBR project on ‘Inclusive Education and Livelihood Opportunities’ was initiated in Chamrajnagar District, Karnataka.

Three-week course on ‘Wheelchair Service Provision’, in collaboration with Motivation, UK

Hosted the ‘International Consensus Conference on Wheelchairs for developing countries’ organized by USAID, WHO and ISPO.



MILESTONES

2007 Ms.Albina Shankar appointed Director

The only training institute in India recognised by the ISPO for its 18 months Lower Limb Orthotics and Prosthetics Training.

2008 The first institute in South India to start Bachelor's degree in Prosthetics and Orthotics, (BPO) affiliated to Rajiv Gandhi University of Health Sciences, and recognised by the Rehabilitation Council of India.

Contributed to WHO Guidelines on the provision of manual wheelchairs in less resourced settings.

Workshop on validation of the WHO CBR Guidelines organized by the World Health Organisation, Rehabilitation Council of India and Leonard Cheshire International, UK.

CBR project expanded to Attibele, Anekal Taluk, Bengaluru District.



MILESTONES

2009 International Year of Sanitation - built 640 accessible toilets in the taluks of Chamarajanagar, Attibele and Jigani, Karnataka.

Diabetes management included in Rehabilitation services.

2010 Hon'ble President of Iceland, Mr. Olafur Ragnar Grimsson visits Mobility India

First pilot training in WHO Wheelchair Service Training Package – Basic level. The only institution to integrate into the regular curriculum of Training.

‘Mobile Repair Workshop’ launched in Chamarajanagar.

Revised edition of “Rehabilitation Therapy Handbook” published.



MILESTONES

2011 National Seminar on Development of Quality Control Tools for Prosthetics & Orthotics Device organised.

A Trainer's Guide to the "Rehabilitation Therapy Handbook" published.

Contributed to 'Community based rehabilitation: CBR guidelines' publication of WHO

Co-hosted and launched the 'Community based rehabilitation: CBR guidelines' at the National level



2012 Initiated CBR project in peri-urban Jigani Hobli, Anekal taluk, Bangalore Rural

Organized the first 'Community-Based Rehabilitation World Congress' in Agra, Uttar Pradesh. 1100 delegates from 91 countries participated.

MI chosen as the nodal agency representing rural Chamarajanagar and Urban Bangalore at the district level.



MILESTONES

2013 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.

First pilot workshop on WHO Wheelchair Service Training Package - Basic level in the South East region in collaboration with WHO Geneva and its Southeast Asia Regional Office.

Building the capacity of Institutions & Professionals for Rehabilitation Therapy Service Delivery in the eight conflict affected states of North and North-East.

2014 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.

SAARC conference organized on 'Best Practices in Rehabilitation Therapy'. Mrs. Elizabeth Thomas, Member, Mobility India was the key note speaker.

Jo Millar Memorial award to students for outstanding performance and overcoming various challenges introduced.

Partnered with CBM and other NGO's to launch the 'Include Vidya' campaign, placed eighteen recommendations to the Minister for Primary Education, Government of Karnataka.



MILESTONES

2015 Established the Inclusive Development Centre in Guwahati, Assam.

Revised edition of Rehabilitation Therapy Handbook in English and first edition in Hindi and Bengali launched.

2016 Operations in Kolkata were discontinued.

Initiated Group Play Therapy in the service provision.

Training of teachers to strengthen Prosthetic and Orthotic services in underserved areas of Afghanistan.

Developed a Pre-Fabricated Twin device for children with developmental delays.

Contributed to Priority Assistive Products List (APL) -WHO.



MILESTONES

2017 State award for 'The Best Services & Achievement in the Disability Sector for 2017' by Government of Karnataka

Tested efficacy and functionality of the '4Bar linkage prosthetic knee joint' in collaboration with Rehabilitation Research and Device Development Lab, IIT Madras.

'Rider 1 Wheelchair' designed to suit rural and rough terrain environments.

Developed a high quality affordable stainless steel Standard Orthotic Knee Joint with 130 degrees of knee flexion to accommodate squatting.

Contributed to WHO standards for Prosthetic and Orthotics
Part 1: Standards Manual and Part 2: Implementation Manual.

2018 First piloting of WHO Training in Assistive Products (TAP) of walking aids and reading glasses module

Hosted 'Wheelchair Stakeholders' Meeting' organised by USAID, World Learning and International Society of Wheelchair Professionals.

Developed the prototype for India's first 3D printed weight-bearing assistive devices.



MILESTONES

2019 The Silver year. Celebrating 25 years on 2-3 August 2019. Organised National Conference on Assistive Technology for All 2030

Collaborated with the Department of Education, Government of Karnataka to develop Inclusive Education Teachers Training manual 2018-2019





Millenium Building

Promoting ACCESS for ALL

The Millennium Building on Disability is a state of the art model disabled-friendly building with various accessibility features for all people.

It is a model reflecting Mobility India's vision and demonstrating the changes in the disability field.

The Rehabilitation, Research, and Training Centre is a three-storied structure in the heart of Bengaluru City and houses all of Mobility India's activities, matching international standards.

Designed by architect Mr. Itty Zachariah of Zachariah Consultants, Mobility India commenced functioning in this Millennium Building on Disability in April 2002. on date

The building has many access-friendly features even before the city laws made it mandatory. In-house teams and experts from different countries contributed with their ideas and suggestions to the overall design of the building.



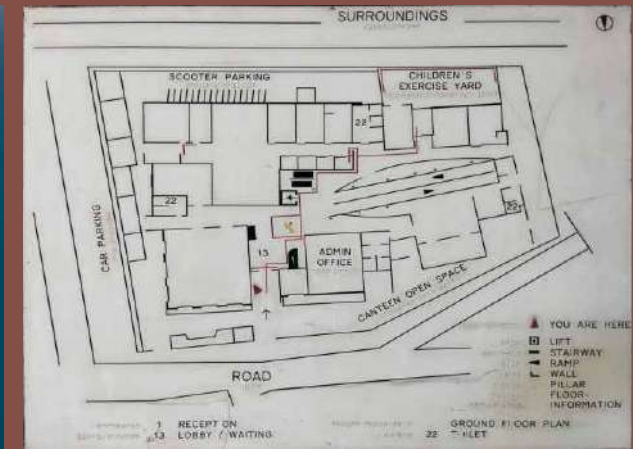
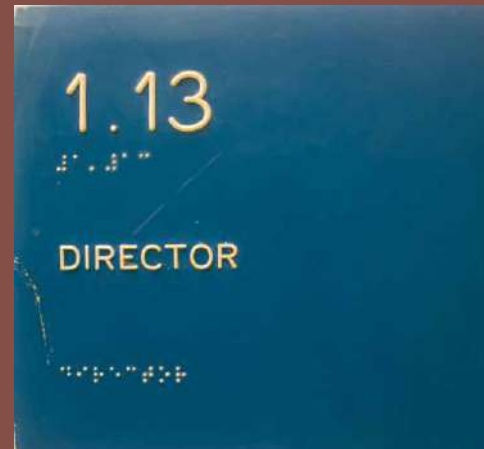
Some of the unique features of the building are:

Signage in Braille: The plan of the entire building and the route map is in Braille for the benefit of the visually impaired. At the entrance of each room, the signboards are in Braille.

Ramp: enables the wheelchair users to get to any floor easily and independently. The tactile flooring on the ramp enables the wheelchair user a safe and smooth ride. The ramp has landings to provide a breather for the wheelchair user during ascent and to control the speed during descent

Flooring: The major pathways of the entire building are fitted with tactile tiles (tiles with a different surface) to guide visually impaired people/low vision within the building. Anti-skid tiles have been used to prevent slips and falls.

Switchboards: have been placed at a lower level for easy access for wheelchair users, and for those who have a restricted range of motion or muscle strength in their hands or fingers.



Washrooms/toilets: designed with grab bars for wheelchair users or people using crutches. The toilet seats are placed at an appropriate height for easy transfer from a wheelchair

Washbasins: The area below the washbasins is kept vacant so that wheelchair users can maneuver themselves comfortably to reach the tap.

Taps: have a lever for ease of operation especially for people with hand deformities.

Railings: run throughout the building at two levels, for adults and children, as additional support for people



The lift has auditory signals to enable visually impaired people to embark and alight on the correct floor. A sensitive sensor prevents the door from closing when the person enters or exits the lift.

Workspace in the orthopedic workshop and therapy unit has been suitably adjusted whereby the equipment, tools, examination table, adjustable parallel bars, wheelchair mobility training area can be easily accessed. All cabling has been done underground to ensure no cable runs through the building so that people do not trip

Doorways and corridors: The width of all the doors in the building are wide enough for easy and independent maneuverability of wheelchairs. Most have sliding doors.

Door handles are smooth, and curved in to ensure clothing does not get caught on it, causing injury.

Parking facilities have been earmarked for persons with disabilities close to the entrance of the building.



Sunder Egbert Memorial Multipurpose Hall has a low dais and ramp to access it. All audiovisual equipment is installed keeping everyone's needs in mind. The colour scheme is bright and cheerful, painted with contrasting colours to help people with low vision.

Lightings: Most of the rooms have large windows to ensure enough daylight and ventilation. All the corridors are designed so that there is always plenty of natural light. Special types of artificial lights are placed with precision, to guide persons with low vision.

The furniture has been designed for the greater independence of users. (E.g. high/low chairs special writing desks according to specific needs,)

Mobility India received a National award for 'Outstanding Work in the Creation of Barrier-Free Environment for Persons with Disabilities' from the Ministry of Social Justice and Empowerment, Department of Disability Affairs, Government of India in 2014.





Rehabilitation Services & Assistive Technology



Rehabilitation Services & Assistive Technology

Physical Rehabilitation and Assistive Technology help in improving the lives of persons with disabilities by improving their functioning, encouraging them to live more independently and preventing further injuries and debilitating health conditions. However, only 10 per cent of people who require assistive devices and technologies have access to them. With the progressively ageing population, the rise in non-communicable diseases, people needing rehabilitation services, assistive products are on a continuous rise.

User-Centred Service Delivery: Since its inception, MI has been working towards improving access to assistive technology, its availability and accessibility of appropriate assistive products for all people in need.



Mobility India has a well-equipped Prosthetic/Orthotic Workshop and Therapy Unit, that provides a wide range of Assistive Devices such as Prostheses, Orthoses, development and mobility devices using the latest technology, with guided gait training and planned physiotherapy & occupational therapeutic interventions (centre and home-based) with a gentle humanitarian touch. Personalized assessment, fitment, training on usage of devices and follow up are key features. Around 70% of service users are from poor socio-economic backgrounds.

These services are provided directly from the MI facilities in Bengaluru, Kolkata (till the closure of the Centre), Guwahati and through the respective field offices responsible for MI's urban, peri-urban and rural CBR projects.

Besides, P&O and therapy services, the focus is also on wheelchairs and Diabetic Management

Wheelchair Provision: MI provides wheelchairs that are appropriate, well fitted and suit the need of the individual. This enhances their mobility and creates opportunities to access education, work and participate actively in society. Mobility India builds the capacity of individual users and their families on use, maintenance and prevention of pressure sores. The recent wheelchair guidelines developed by WHO has helped Mobility India to strengthen its wheelchair service provision.



Diabetic Management: Studies have shown that the prevalence of diabetes is increasing all over the world and more so in the city of Bengaluru. Consequently, there has been an alarming increase in the number of amputees (second highest cause of amputation after road accident) visiting the centre for management of complications related to diabetes and other vascular conditions.

Foot Care Solutions: Foot complications are considered to be a serious condition, posing a major medical and economical threat. It is predominant for people having diabetes. Foot orthosis is widely prescribed but little is known about the effect of materials composition, design, and user comfort. MI provides a wide range of material composition and custom-designed appropriate Pressure insoles/devices as per individual need to minimise the risk of foot complications. The acceptance rate of foot orthosis has increased significantly.

Interventions for an Active & Healthy Ageing: Elderly people seeking assistive devices and therapy services at MI are gradually increasing. Personalized appropriate, assistive devices along with therapeutic interventions to avoid falls, fractures, maintain joint flexibility, range of motions, coordination & muscle strength is provided, along with home adaptation.



Unique Initiatives in Therapeutic Interventions for Creative Development

MI introduced group play therapy mainly for children with cerebral palsy and older persons with disabilities.

It is a therapeutic experience and a collaborative form of healing, which focuses on interpersonal relationships, building self-confidence, social skills, physical abilities, increasing cognitive functions, communication skills and emotional needs in a safe & supportive environment.

Parents have expressed their joy seeing their children participate in playful activities. Older people with disabilities have realised that the therapeutic interventions helped them to remain active with a feeling of inclusion and participation.



Memorable Touching Tales

Chandan: Bringing hope back!

Chandan C, a 12-year-old boy, lives with his parents in Bangalore. He is the only child to them. His father works as a painter. Chandan was born premature and his birth cry was delayed. Being diagnosed with Cerebral Palsy, his age-appropriate milestones too were delayed. Being the parent of a child with special needs is challenging. Chandan's mother was willing to take every step to make her child's life better. Before coming to Mobility India, Chandan was unable to sit or stand without proper support and could not perform the activities of daily life by himself. At Mobility India, Chandan was provided with regular therapy and was fitted with bilateral Ankle-Foot Orthosis. A rollator was provided to support his mobility. Consequently, his mobility has improved and he can now move around his home freely.

Chandan has become more confident and initiates conversations with his family and friends. He mingles with his friends and tries to perform the activities of daily life to a great extent by himself and with a little help from his mother. These developments in her child, has motivated his mother to look forward with hope for positive changes in the future. A happy mother, she says, 'Mobility India has helped in providing good quality of life for our son through the right equipment and I hope to see him getting better'.



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.

Shri. 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 hope for him. He was wheeled into the MI centre with a lot of apprehension of regaining his moving abilities. The family had limited means to afford the recommended prosthesis. 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 provided, and the consistent care and guidance from MI have made a huge impact on 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.





IMPACT

CHANGING LIVES

DATA

NUMBERS AT A GLANCE





Assistive Devices & Therapeutic Interventions	2,21,199
Accessible toilets	610
Students/professionals trained	5,383
Health care services	2,59,288
Grassroots organizations- South, East & Northeast India	180
Livelihood opportunities	21,780
Inclusive education	73,859
Development and Promotion of Appropriate Technology	340
Social empowerment	1,13,222



MI

**A Sustainable
Programme - of, by
and for the local
people.**



Partner Support

Since inception, MI's thrust has been to work in partnership with grassroots organisations and their networks in rural areas and urban slums in the South, North and Northeast India where rehabilitation services have made little inroads.

The scope of MI's support to the partners encompasses strengthening the capacity of grassroots organizations, developing human resources in all aspects of rehabilitation to deliver quality services, establishing/upgrading prosthetics/orthotics workshops and therapy facilities. MI's mobile workshop has been providing services to far flung areas, thereby bringing rehabilitation services to the doorstep of people with disabilities.

MI gratefully acknowledges and appreciates the Partners for having our students during their field placements.



Over the years MI has supported 124 partners across South, East & North East States of India. Established Orthopaedic & Therapeutic facilities for 65 partners in 19 States. 52,601 people with disabilities benefited through the Assistive Devices & therapeutic interventions.

Flagship Innovative Programme Opening New Doors



Rehabilitation Aids Workshop by Women With Disability (RAWWD)

Women face a significant disadvantage in attaining access to adequate housing, health, education, vocational training, and employment, as India is a largely patriarchal society.

The problem becomes acute when it comes to women with disabilities. Girls and women with disabilities often suffer from a “triple jeopardy”: that of having a disability, of living in poverty and being a female. They are more vulnerable and are at a higher risk of gender-based violence, physical and/or sexual abuse, neglect, maltreatment, exploitation and experience inequality. Society does not recognize the right of women with disabilities to marry, to have a family, or inherit property.

Girls and Women with disabilities face challenges even in seeking medical care and rehabilitation services. Few choose to wear appliances, due to the dominant presence of male technicians, as measurements and fitting for assistive devices are very intimate tasks. Many do not attend schools or vocational training, leaving them unable to gain employment to support themselves financially, and hence completely dependent on their families. As per the 2016 Indian census figures, there are about 27 million people with disabilities in India, almost three percent of India's 1.3 billion population. Women with disabilities comprise around 12 million, almost half the number of persons with disabilities in India.



Promoting gender equality and the empowerment of women is essential to the achievement of the internationally agreed Sustainable Development Goals. Mobility India, being creative and innovative, set up a model project and established a full-fledged Rehabilitation Aids Workshop by Women with Disabilities (RAWWD), as early as 1997, within three years of its founding. The program aimed at facilitating economic empowerment, and improving their financial security.

MI's proactive, innovative methods engaged them to be gainfully employed by equipping them with technical skills.

The program began with the first cohort of ten women trainees, drawn from different socio-economic, cultural, religious, and educational backgrounds. They were given three years of residential training, to make various kinds of assistive devices. This also trained them in the cohesiveness required, for a cooperative like this, to function smoothly and help set up a business.



The girls varied in their educational qualifications, from illiterates to those who completed schooling, therefore, training them was a challenging task. When people have different socio-economic backgrounds, encouraging them to work together as one group is not easy either. This was perhaps the first such project for women with disabilities in India, opening new doors for many such women. While society focused on their inabilities, RAWWD dwelt on their abilities.



RAWWD POWER

RAWWD is self-sustaining now with a range of clients including big hospitals. There is a radical change in the lives of women technicians. They gained self-respect and earned acceptance in two important ways - through economic independence and contributions to their families and community, by providing much-needed services and support for the rehabilitation of people with disabilities. They have overcome the stigma valiantly and demonstrated the potential of women with disabilities. Many are happily married and have children.

RAWWD was featured on National Television. These women carry a business-like air and confidence. They meet clients, doctors, and associated people in their line of work. They rope in as many women with disabilities as they can. One of the girls trained in the earlier years is now working in National Health Service, UK- a **Total Transformation**. Women with disabilities became independent through this pioneering and empowering program. RAWWD is now a successful business organisation. **That's sheer RAWWD power!**

Ms. Noorjahan, was an illiterate girl with eight siblings, from an extremely poor and orthodox family. Her childhood was spent in isolation, in a hut, due to her disability. She was one of the first trainees in the RAWWD program. Today, Noorie says, "We don't want people to come to us because of our disabilities, but they should consider what we can do with our abilities. I am thrilled when children tell us that they see significant interventions in their mobility because of our support."

The power of survival that she has demonstrated, the seemingly insurmountable barriers she has crossed, is indescribable. She was a delegate at the 1st Asia-Pacific CBR Congress held in 2008 Bangkok. **Her first flight, a great fright, yet, she rose to the occasion and spoke with great confidence.**

Noorie: From poverty to prestige



The Groves of Academe

**Education and Training in Disability,
Rehabilitation and Development**

‘Graduation’ from Certificate courses to Master’s program!

With an ever-increasing gap between demand and availability of trained rehabilitation personnel, access to rehabilitation services therefore remains poor in India and the majority of the developing world. To provide the necessary quality prosthetics and orthotics services, the personnel providing them must have an adequate level of education and training.

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 percent of the population in developing countries; worldwide existing training facilities for prosthetic and orthotic professionals and other providers of essential rehabilitation services are deeply inadequate in relation to the need. India needs 20,000 P&O professionals, 100,000 therapy/assistants, and 1,80,000 trained professionals to cater to the 30 million people with locomotor disabilities.



Since 2002, Mobility India has been offering multi-disciplinary courses in the areas of assistive technology, including prosthetics, orthotics, wheelchairs, rehabilitation therapy, and community-based rehabilitation to develop rehabilitation professionals at different levels in India as well as in developing countries. These courses focus on technical/clinical skills development, includes an all-around personal and professional attitude development of the students. The students are from within India and low & middle-income countries



Mobility India has state-of-the-art facilities to provide rehabilitation, modern prosthetics, and orthotics equipment, a full-fledged therapy unit, and community programs (rural & urban). Students apply their knowledge and experience real-time skills in this environment.

The training programs in MI started in 2002 for CBR workers on “Management of Locomotor Disabilities.” Since then MI has developed and conducted several national and international training programs; some of major ones are listed on the next page :



Course	Start Year	No of students completed	Student from
Lower Limb Orthotics and Prosthetics- Accredited by the International Society of Prosthetics & Orthotics (ISPO)	2005	82	India, Albania, Angola, Bangladesh, Bhutan, Lebanon, Nepal, Nigeria , Palestine, Sudan, Tanzania, Tango, Yemen and Zambia
Certificate in Rehabilitation Therapy (Recognized by the RCI)	2003	188	India, Angola, Bangladesh, Ethiopia, North Korea, Myanmar, Nepal, Nigeria, Somalia, Srilanka, Tajikistan and Yemen
Bachelor Degree in Prosthetics and Orthotics- Affiliated to Rajiv Gandhi University of Health Sciences, Karnataka	2008	37	India, Bangladesh, Cameroon, Lebanon, Nepal, Sudan and Yemen
Lower Limb Orthotics	2003	125	India, Angola, Bangladesh, Congo, Ethiopia, Malawi, Nepal, Palestine, Senegal, Solomon, Samoa, Srilanka, Sudan and Tonga
Lower Limb Prosthetics	2003	73	India, Albania, Angola, Bangladesh, Mozambique, Nepal Palestine, Solomon, Samoa, Srilanka and Tonga

First Southeast Regional workshop on the 'WHO Wheelchair Service Training Package: Basic Level' in collaboration with WHO (SEARO)

Trained 7 rehabilitation professionals from Afghanistan to build institutional capacities across Afghanistan for Handicap International (HI) and Swedish Committee for Afghanistan (SCA).

First pilot Training in Assistive Products Package for walking aids and reading glasses module along with WHO

Master's in Prosthetics and Orthotics course (MPO): MI has obtained the permission from the Rajiv Gandhi University of Health Sciences (RGUHS) Karnataka to conduct this course

At Mobility India, students benefit from a high standard of theoretical training combined with hands-on experience using the latest technology.





MI's IMPACT ON STUDENTS



Yemen - Randa Shams Addin Abdulla Khan

Ms. Randa hails from Mukalla city of Yemen. She worked at the Mukalla Hospital for Women and Childcare, after midwifery training. She was one of five women selected to undergo ISPO Cat II Prosthetics and Orthotics training at Mobility India. The idea of being away from her two young daughters was not easy for this single mother, but she stayed motivated because the advantages of her 3-year intensive training would be immensely helpful in Yemen. She had to overcome many of her challenges; the local food, language, the massive machines, and the tools at the workshop. In Yemen, only men worked on such machinery, yet she learnt to operate them. She managed to visit her home a couple of times during her training to see her young children. Today she independently fabricates orthoses and prostheses with confidence and competence. She was awarded the Jo Millar Award in 2018 for the Best Student of the year.

The Jo Millar Memorial Award is dedicated to the memory of Ms. Jo Millar, Founder Vice President of MIBLOU. This has been instituted by Mobility India in 2014, with the support of Ms. Marika Millar, Executive Director of MIBLOU, Geneva. The award is presented every year to one of the outgoing students in recognition of his or her outstanding performance both in academics and in overcoming barriers.



In the Pacific Islands



A small group of students left their island homes in the Pacific to study at Mobility India through the support of Motivation Australia. Six people from Samoa, Tonga and the Solomon Islands have been trained and taken their skills back to the Pacific Islands to support the only P&O services in their respective countries.

Vai'uli and Sitanilei

Vai'uli Kohinoa is a lower limb orthotist and Sitanilei Folau, a lower limb prosthetist from Tonga completed their studies at Mobility India end of 2018. They are working at the Rehabilitation Department at the Ministry of Health in Tonga and are the only orthotist and prosthetist in Tonga. They say that the skill and experience gained from Mobility India are very useful and they can independently make hand splints, total casting of shoes for diabetic feet, CTEV serial casting, and other lower limb orthoses and prostheses.

From Zero to Hero Ramasanehi Ray, Chhattisgarh:

Ramsanehi was affected by Polio, soon after he lost his mother, due to diarrhoea. He stated, “We could not take her to the hospital in time. There were minimal health, communication and transportation facilities in our village in Kosir, and we lost her. My siblings and I faced hardships, poverty and challenges throughout childhood.” They faced discrimination and heard unkind words from people at his village due to his disability. So, deep down, he always had the desire to try and do something to change those views

He completed his BA and one year of MA. He had a passion to work with the poor and the disabled, thus began to work as a Social Worker with Nishakt Jan Kalyan Seva Samiti, Pamgarh, (NJKSS) an NGO in Bilaspur, Chhattisgarh. Mr Dujeram Jyoti, the Chief Functionary, offered him the chance for the RTA course at MI. He was apprehensive, yet he realised that the course at MI was an opportunity to change his future.

Ramsanehi says, I have crossed various hurdles at MI, be it writing my exams in a combination of Hindi and English, or learning the medical terminologies. I have gained wide range of experience and will be taking back a lot of learnings from here, and follow it as a practice in my work.

He adds, “It is difficult to work in the tribal areas”. There are problems of communication, transport, neglect of children with disabilities. It is not just about having a BPL and a disability card, (which is what it is in the village), there is a lot more that goes into the well-being. The family, the community and everyone need to respect Persons with Disabilities.



Bangladesh: Nilanjuna, a Lady with Confidence

Nilanjuna is an ISPO Category II single discipline graduate from MI. She is a Prosthetist working at the BRAC limb-fitting centre in Bangladesh. Fourteen years ago she was working in the health program at BRAC. While riding her motorcycle in the city she was hit by a truck. Her leg was badly injured in the crash. At the time Nilanjuna was also seven months pregnant. Her leg could not be saved but in order to save her baby she had to have the amputation without anaesthesia.

With great courage she braved an amputation above the knee and managed to carry the baby to full term having a normal delivery while still recovering from the accident. BRAC held her job open so she could return to work after she recovered from her ordeal. They then offered her training in pathology and finally the opportunity to go to MI to be trained as a Prosthetist. She returned to the BRAC centre in Dhaka in 2005.



Nilanjuna says, "Do not lose confidence, life should go on, look forward"

Nilanjuna is a dedicated Prosthetist and proud mother. She is also a fantastic example to all those around her, having been an influential advocate for the limb centre and for all the new graduates who follow behind her.



Innovative Evolutions



Research and Development:
Promotion of Appropriate
Technology

Research and development of affordable, lightweight, user-friendly, affordable, low maintenance and good quality prosthetic and orthotic components and foot care solutions, as well as relevant tools and machinery, has been the hallmark of MI since its inception. As a contribution to the 'Make in India' campaign, MI has indigenously designed and developed many P&O components, assistive products, tools and equipment that are suitable for India and other developing countries. As a result of its intensive work with the community over the past 25 years, MI has a deeper, understanding and practical insights into the design elements that need to be incorporated into the assistive devices it produces. This has helped MI to complement the technical know-how of leading institutions like Defence Bio-Engineering and Electro-Medical Laboratory (DEBEL), International Centre for Advancement of Community Based Rehabilitation (ICACBR), Queens University, Canada, IIT Madras, BETiC lab in IIT Bombay, IISc, VIT, SBMT (DEBEL, DRDO) etc. Besides, MI also supports these institutions in conducting clinical trials on the assistive devices and its components developed by them, to ensure the efficacy and functionality of the products.



● ○ ○ Made in India, Made by Mobility India

In collaboration with Defence Bio-Engineering and Electro-Medical Laboratory (DEBEL) and Artificial Limb Centre, Pune designed and developed lightweight **Orthosis with Unilock** which can be used as **BAREFOOT ORTHOSIS**, as well as with footwear and **Modular Prosthesis**.

👤 Standard Orthotic Knee Joint

Standard Orthotic Knee Joint: Designed an orthotic knee joint that is affordable, lightweight and suitable for rural conditions. After extensive feedback, evaluations and many improvements, presently it is of high-quality stainless steel, affordable with features of 130 degrees of knee flexion compared to degrees of the regular version.



👤 PF-KAFO

Developed the **Pre-Fabricated plastic Knee-Ankle-Foot Orthoses (PF-KAFO)**. This technology is cost effective and time-saving and is fitted in a day. The shells come in nine sizes for both legs and are used extensively in India and other low-income countries.





SATHI

SATHI, the Trans Tibial Plastic Modular Component was launched after MI worked for three years to develop this component, which is assembled quickly, light in weight, adaptable to all foot sizes including a barefoot model i.e. a modified Jaipur foot, at an affordable cost. Later, this product was discontinued.

In prosthetics, MI designed and developed Modular Components in Below Knee Prosthesis (Trans Tibial Metal Modular Components - TTMMC) Designed as per the specific standards these components are made of aluminium alloy and stainless steel.

Unique life enhancement technique: Twin Device

An innovative, off-the-shelf product acts as a Special Chair and a Standing Frame to cater to the existing and prevailing need for children with developmental difficulties. The device is prefabricated with adjustable features that allow its modification, as the child grows.

The device helps in feeding, postural control, prevents muscle contractures and deformities, improves eye contact and in achieving other milestones.

Developed various types of plastic ankle joint used in the callipers which allow people to squat on the floor and is a highly functional design.

RIDER-1 WHEELCHAIR

RIDER – 1 Wheelchair MI's Rider-1 is designed to suit the uneven and rough terrain of the rural areas. It is light-weight, foldable, stable & durable, adjustable features like seat width, depth, brake lever, footrest and backrest.

PURAK

MI has been collaborating with Indian Institute of Science, Bengaluru and conducting pan India clinical trials on a cost-effective, fully functional myoelectric controlled upper extremity prostheses for amputation below the elbow level.



R2D2 PROSTHETIC KNEE JOINT

Designed by IIT Madras with the support of Society for Biomedical Technologies (SBMT) and DEBEL, Bangalore. The clinical trials were conducted in different terrains by MI.

MI'S VACUTECH MACHINE

A high-performance versatile machine, which can undertake the basic moulding & lamination separately and in combination with sand casting technique, saving much time in making the plaster-free cast.

MI Digital Transformation and 3D Printing of Assistive Devices

Mobility India is the first organisation which carried out proof-of-concept studies on weight-bearing prosthetic sockets and developed the sockets through Digital transformation and 3D printing. The concept of digital transformation and 3D printing could be the next-generation technology in the field of AT.

The findings of the proof-of-concept studies were published in the International Journal of 3D printing in Medicine of future science group.

The concept of enabling fabrication of prosthetic and orthotic devices with additive manufacturing via digital transformation–received the best innovation award during the National Conference on Assistive Technology for All-2030 held in Bengaluru.

MI has not only designed Trans tibial weight-bearing socket, but it also undertook the design and printing of Supra malleolar Orthosis (SMO), hand splint and cranial orthoses. However, there is a need for further pilot studies and longer clinical trials.



MI's USP: Foot Production Unit:

MI ventured into the making and supplying quality Jaipur foot. The unit is one of the most modern advanced accessible production units for making good quality Jaipur foot. The unique feature is, it is run and managed by women with disabilities largely belonging to lower-income groups.

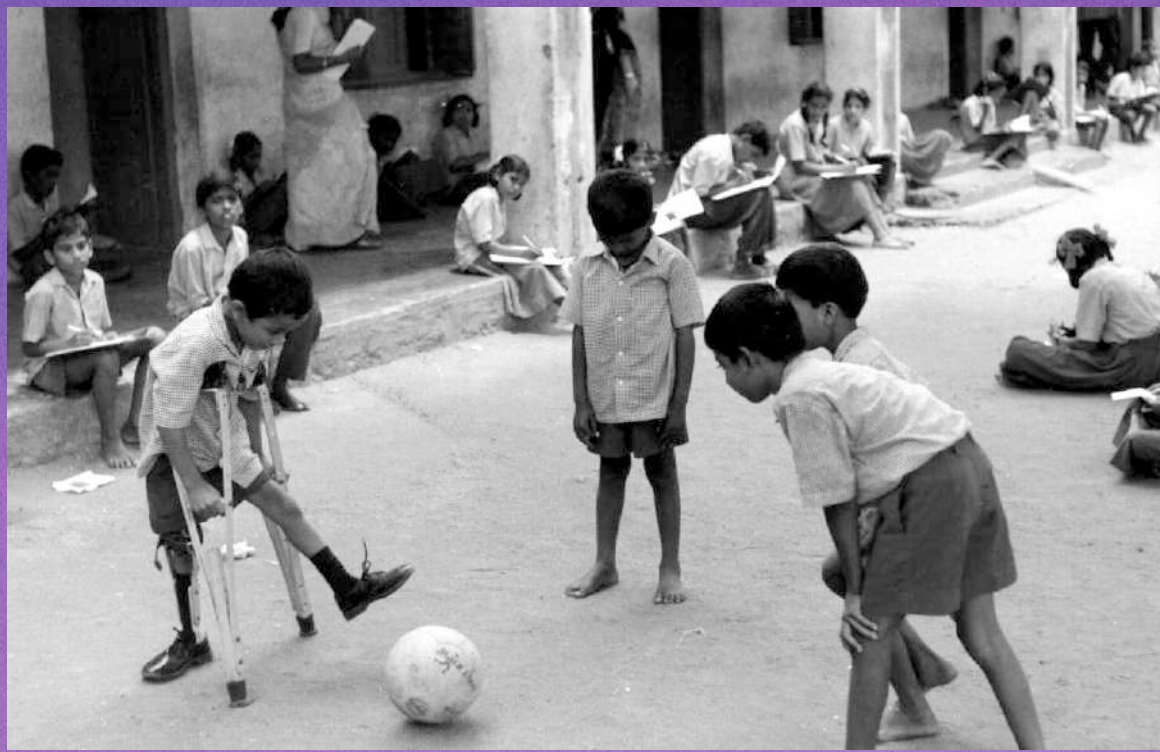


Awards:

MI has received national and international awards and recognition for its path-breaking research and development efforts:



- Rehabilitation Engineering and Assistive Technology Society of North America (RESNA) awarded Mobility India for designing a low-cost seating cushion.
- The lightweight plastic SATHI Transtibial Prosthesis received 'The Centre for International Rehabilitation Yeongchi Wu International Educational Award'.
- Mobility India won the first place in The Enable Makeathon for low-cost pre-fabricated Twin device -organized by The International Committee of the Red Cross (ICRC) and the best innovation award at 5th International Conference of Physical Therapy (INCPT) held at AIIMS, New Delhi.



Community Based Inclusive Development

Addressing Poverty through Community Based Inclusive Development (CBID) programs - A Matrix of Change

Mobility India has been playing a pivotal role in poverty reduction and ameliorating the living conditions of persons with disabilities, their families, and other disadvantaged groups, through its CBID programs since 1999.

Mobility India's CBID programs are located in the urban slums of Bangalore; the peri-urban areas, Anekal Taluk, rural areas in Chamrajnagar District, Karnataka and Dimoria Block in Assam. The programs in each of these areas include, facilitating access to health care services, establishing a physical rehabilitation workshop, provision of assistive devices, home-based therapy services, setting up therapy centres to provide therapeutic interventions for children, promoting inclusive education, livelihood, and social opportunities, community mobilization and formation of self-help groups and Disabled People's Organisations (DPOs).



Quality Education for All: Enabling Inclusive Education:

Mobility India has helped families to establish after-school clubs, community education centres at the village level that are designed to support children with disabilities who may not receive an effective education solely through a mainstream school and self-help groups. In addition to educating parents, MI also trained teachers and community tutors to better accommodate children with disabilities in their classrooms.

Disabled people's organisations (DPO): To foster an environment of mutual support and encouragement, Mobility India established self-help groups who receive information on access to relevant government schemes, benefits, and entitlements, training on leadership and human rights, partake in local self-government (grama panchayats), recreational and cultural activities, the livelihood of its members, and conduct awareness training activities to change community activities. Once the SHGs are established, MI supports them to set up Disabled people's organisations and trains them in all aspects of the CBID programs, to increase access to services and improve the wellbeing and with the intention that they will run the programs in the future.



Ganesh Mani: the promising young entrepreneur

Shri. Ganesh Mani lives in L. R. Nagar, Bangalore born in a poor family was brought up by his single mother. He is the youngest among his siblings of four brothers and a sister. His mother could not afford to send him to a good school. He was affected by polio when he was 5 years old and was largely confined within the four walls of his house. The MI team met him when he was 10 years and sponsored his education that included basic computing skills, and provided him assistive devices. A couple of years later, he lost his mother and his family abandoned him.

Ganesh worked with the MI R&D team as a workshop assistant for about a year. Unfortunately, he did not have the prerequisites for joining any of the formal training programmes at MI but did short stints in various tool-making workshops. Today he runs a small-scale industrial enterprise from where he supplies wooden ankle blocks of all sizes for MI's Jaipur Foot Unit. Ganesh stays with his sister and family. Ganesh also spearheads the 'Koramangala Anga Visalia Okootta', a group for disabled youth in his locality. Through this group, he helps persons with disabilities with job placements and in receiving government entitlements and schemes.



Ganesh has started a chapatti making unit, he also manufactures paper bags and does screen printing, employing only people with disabilities.

From being a reclusive child with a disability, who faced so many hardships, today Ganesh, with MI's support, is a successful entrepreneur as well as a mentor for the disabled who advocates for their rights.

Zabi & Haseena add Beauty to their Lives

Zabiullah, an entrepreneur, married Haseena, a trained beautician are proud parents of two children and they live in the slums of Pragathipura, Bengaluru. Zabi & Haseena feel they have achieved a great deal in their lives. One may wonder why! Having had polio as a child, Zabi spent many of his childhood & adolescent years crawling on fours to move around his house. He was dependent on his parents for his livelihood. MI provided him with corrective devices to support his mobility, along with therapeutic interventions. Gradually, he was able to walk and found work as an assistant at a nearby petrol station. Later he opened his stationery shop with a SHG loan and also owns a chicken shop. Now he supplies meat to MI's canteen.

Haseena too grew up experiencing the devastating effects of paralytic polio, and a scar on her face made it worse. MI changed her outlook on life, supporting her with corrective and plastic surgeries, providing assistive devices, along with home-based therapy. MI supported her interest in training as a beautician which eventually led her to open a beauty parlour.



Zabiullah & Haseena's ability to access regular services and become active contributors to the community and society at large have come about with the multi-pronged approach of MI's CBR programme. This independent mobility proved to be the “first step” in the progress of their lives.

Haseena and Zabi are running their businesses successfully and supporting their families. Societal respect and recognition among family and the local community followed.

CBID

Memorable Touching Tales

Rural & Peri Urban stories

Doddamma: An all rounder

Ms. Doddamma lives in Doddarayapet, Chamarajanagar Taluk, Karnataka. She was diagnosed with rheumatoid arthritis when she was 24 years old. She been bed-ridden for a significant period of her adult life.

Doddamma tried to identify an organization that worked with people in situations like hers but did not find one anywhere close to her until Mobility India started working in Chamarajanagar.

The Rehabilitation Therapy Assistants (RTA) provided her regular therapy and developed an exercise routine. Beyond her therapy, Doddamma has found a new meaning to life after she began interacting with Mobility India. She took advantage of many training programs conducted to improve her knowledge and skills on various topics. She is now Secretary of Chiguru Federation, a registered society formed by people with disabilities. She advocates with govt. departments, local leadership, banking officials on behalf of persons with disabilities and senior citizens. She feels that with so many people- particularly those with disabilities- lacking education in this rural area, it is important to share whatever knowledge she can to help others to live better lives. Doddamma is rendering her service as a CEC tutor for the past 11 years. She is one of the eminent tutors who works selflessly for enhancing the education of children with disabilities and learning difficulties.



Jayamma: a brave woman

Ms. Jayamma hails from Heggotara, Chamarajanagar Taluk, Karnataka. She contracted polio when she was one and lost mobility below her hips. She completed schooling, but her parents passed away within six months of each other and Jayamma had to take over the responsibility of looking after her family.

While she embraced this, Jayamma was determined to get ahead in her life. When she attended a training led by a man who was blind, she was so inspired and became determined to do as well, whatever challenges she might face. Her first step was to join a local Self Help Group (SHG), where she learned of the rights of people with disabilities and the facilities they can access from the government. She soon decided to contest in the Gram Panchayath elections to serve people with disabilities. Sadly, during the campaign, Jayamma faced discrimination and resistance to her candidature but persisted. Although she wasn't elected, the confrontation drew a lot of attention to the needs of people with disabilities and officials said that they would be included in future Panchyath activities.



Jayamma was able to avail of a modified two-wheeler from her Gram Panchayath. She is the President of the Chiguru Block level federation for a second time. She is leading the federation efficiently and building the capacity of the board members towards the effective functioning of the federation.

Jayamma continues to encourage SHGs, and researches grants and schemes for people with disabilities, in all departments and local government and she is appointed as SHG facilitator in her Panchayath under the Sanjeevini program (KRLM).

She also got trained in agriculture and is a resource person to train others in many federations. Being interested in sports, she participated and won prizes at district level competitions in wheelchair and tricycle races. “I have had this desire my whole life to prove people wrong, to show them I could do things they didn’t think I could do”, she says with a confident smile.

She is invited as a chief guest by many organizations and federation and has been awarded the “Brave Woman” award. To add a feather to her accomplishments, she is getting married soon.



A Trend Setter



Shri. Manjunath, 34 years, lives in Bommasandra, Attibele Taluk, Bengaluru. He was severely affected by polio when he was as little as three months and rendered immobile. He was identified and assessed by the CBR project team. They realized that, given his age and severity of his condition, not much medical rehabilitation was possible and, therefore, they should concentrate more on improving his economic and social status. He was thus motivated to become a member of the local SHG. Today he runs his TV

repair shop and earns a monthly income of Rs.15,000. After joining the SHG, his confidence level has improved considerably.

He rides a moped, has many friends who are like an extended family, shares his joys and sorrows with them, participates in sports and other cultural activities, and has become more visible in the community. Further, he represents the panchayat in the Janapriya Angavikalara Sangha (co-operative society) and is also a Secretary of the Chaitanya Angavikalara Okkoota (disabled people's organisation). In these capacities, he takes part in the Grama Sabha, can lobby for panchayat support for people with disabilities, and campaigns for their rights & entitlements in various forums. What is more, with the moral support extended by his family, friends, and well-wishers, Manjunath is a happily married person today.

He gratefully acknowledges how the CBR Project has helped him break myths, transform his life and turn himself into a trend-setter and a great source of inspiration in his panchayat.

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Namma Aramane Community Education Centre

Namma Aramane Community Education Centre: Mahadevaswamy K, a 14 year old child with speech and hearing impairment, is from a village in Chamarajanagar district, Karnataka. He comes from a poor family, his mother is working on daily wages and he has three elder siblings.

Mobility India identified and enrolled him to its Community Education Centre (CEC). Initially, he was neither attending school nor the CEC. He found it difficult to participate in CEC activities and was unable to communicate with his other friends and participate in cultural activities.

Mobility India referred him to the Speech and Hearing Institute at Mysore and provided with a hearing aid. MI also provided him with learning material to improve his learning skills and motivated him to attend the CEC regularly. Subsequently, he made many friends and was able to communicate with them, teachers and tutors through sign language. He was also given a scholarship and a monthly pension. He improved gradually and began participating in various co-curricular and child rights related activities, like leadership training, children parliament at Taluk and District level, summer camp, Skill-based program and Children Club. He received many prizes and certificates in drawing, sports and cultural activities. He is currently studying in the 9th standard at a government high school.



Sowgandhika Community Education Centre

This was started at Ummathuru village in Chamarajanagar District, Karnataka, to bring children with disabilities into mainstream schooling. Rudresh was one such child with disability who benefitted from the Community Education Centre.

Rudresh is a 16 year old child with Cerebral Palsy, studying in 9th standard and lives with his parents and siblings. His parents were very depressed to see their child struggling to walk or stand. Because of their poor financial status, he was not taken to any hospital for care.

The rehabilitation team from MI identified and provided therapy along with the appliances. He began attending school and the CEC independently. The group activities at CEC and continuous support from his tutor, peers and the rehabilitation team, he was able to participate in all activities. At the “Inclusive Summer Camp” he made paper bags, wooden masks and also participated in folk dance and songs. At the end of an exciting day, he says;

“I’m very happy as each activity was very interesting and I enjoyed taking part in it. Through this camp I have new friends who helped me to do my daily activities. I used to feel shy and feared to mingle with others, but now that feeling is gone”.





Mobility India Extends to North India

REGIONAL RESOURCE CENTRE (RRC), KOLKATA

Rehabilitation services and assistive technology is not as accessible in other regions of India. Realising the acute need of rehabilitation facilities in the rural areas, MI established its first Regional Resource Centre (RRC) in Calcutta in 1998 with a fully-fledged prosthetics & orthotics workshop. It started with supporting 5 NGOs working in West Bengal, Orissa and Madhya Pradesh. Subsequently, expanded its coverage to Agartala, Assam, Bihar, Chhattisgarh, Jharkhand, Manipur, Meghalaya, Nagaland, Tripura and Uttar Pradesh and supported around 66 organisations. The centre also supported in the design & development of prosthetic and orthotic components, a key activity of Mobility India.



In collaboration with Disability Activists Forum, RRC created awareness about disability and existing government policies, due to which 50% concession was made available for people with disabilities in all the Tourists Lodges run by the Government in Kolkata.

RRC also advocated and facilitated creation of a disabled-friendly accessible environment at the Calcutta Metro, Calcutta Airport, Science City,

Rabindra Sadan, the oldest art, culture & recreation centre in Kolkata and Maktab-E-Islamia School in Garden Reach. Two organisations in Northeast were provided technical advice on making their new training building barrier-free.

Community outreach in 'Garden Reach'

Inclusion & Changing Lives

Over the years RRC added a Community Outreach Programme and an office was set up in the community to facilitate therapy activities that covered 6 Wards in the 'Garden Reach' slum pockets of Kolkata. The programme supported 120 children with disabilities in education, assistive devices, home-based therapy, medical and surgical intervention and supplementary nutrition for malnourished children. .

Three Self-help groups consisting of 27 members were formed and they initiated micro-credit and income generation activities and also assisted members in obtaining income certificates, ration cards and disability certificates.



Capacity building of grassroots organisations in 12 states

The core areas of technology transfer and were in the form of setting up orthopaedic workshops with therapy units, repair and maintenance workshops, training of rehabilitation professionals and building capacities of local organizations in strengthening their rehabilitation services. The RRC's mobile workshop was able to serve the remotest areas, providing rehabilitation services at the doorstep.



The Club Foot Programme Regional Resource Centre staff were trained in the management of Club Foot intervention. They started fabricating club foot braces (Steenbeek Foot Abduction Braces) to benefit children with club foot.

Include Vidya Campaign 2015, MI was involved in inclusive education of children with disabilities partnering with CBM and thus complementing the Govt.'s Sarva Siksha Abhiyan program

Due to unforeseen circumstances, the Regional Resource Centre at Kolkata had to be closed in January 2017. We are very thankful to our friends in Kolkata for their support.



Transformation of Gritty Little Md. Noor

Noor lives in Kolkata was diagnosed with Cerebral palsy when he was six months and was unable to crawl as a baby. He was provided with assistive devices and home-based therapy service. After a couple of years he started walking short distances without any support.

He started studying at home and regularly comes to MI's field centre for therapy and often attends tuition and drawing classes. All these gave extra boost to his self-confidence and his ability to mix with other children. With assistance from MI, Noor has also obtained a Disability Certificate as well as other documents like a train and bus pass, etc. He has joined a local school for formal education and he rides to school in his bicycle.



Inclusive Education made possible for Shahin Parveen

5 year old Shahin Parveen comes from a poor family in Garden Reach slums of Kolkata. During one regular home visits, Shahin was identified with brittle bones that restricted her mobility. She was unable to walk and would drag herself to move around in the house. As such, she was confined to her house and was unhappy her left leg was deformed and there was no possibility of any surgery to correct her deformity. However, after series of assessments, she was provided appropriate assistive devices and therapy interventions.

She was encouraged to enrol in a school and fortunately Makatab E. Primary school was made accessible. Finding new friends and interacting with them helped her to widen her horizon and this positive change helped her to be independent, gain confidence and participate in all social activities. She can climb 2-3 steps which was at one point only a dream!



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 adequate treatment. However, with rare grit and determination, Ruksana managed to complete class XII. Her parents did not have the means to send her for higher studies, so Ruksana had to settle for vocational training in sewing and embroidery. It was at this juncture that she came to know of a medical assessment program being organised by MI in her locality and decided to attend it. She was assessed and received a light-weight 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 family income. All these have brought Ruksana back into social mainstream.





**Reaching out to the Northeast
Inclusive Development Centre,
Guwahati, Assam**

India's Northeast region, home to 44 million people who live in eight states

The North East Region comprises, Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura. It is an area of enormous ethnic, cultural, religious and linguistic diversity.

Rehabilitation services and programmes are inadequate in terms of access, quality and coverage in the entire Northeastern region of India, which is home to an estimated 6.6 million persons with disabilities; 70 percent of them being in Assam. There is a paucity of information about disability and services in this region that makes it difficult to understand the gaps and challenges.

Since 1998, Mobility India's Regional Resource Centre in Kolkata, West Bengal, has been supporting and facilitating organizations through capacity building and training, assisting in setting up or upgrading P&O workshops and physiotherapy units in the eight states of this region.

Subsequent to a situational analysis of disability and rehabilitation services in the NE region, MI opened an 'Inclusive Development Centre' in April 2015, a regional office for the North East in Guwahati, Assam, to strengthen support to the eight states of the region. MI has been playing a significant role in promoting Community Based Inclusive Development (CBID) programmes focusing on inclusion and improving access to rehabilitation services and assistive technology.



Community Based Inclusive Development

Mobility India Inclusive Development Centre aims at poverty reduction and the creation of more accessible and inclusive communities of persons with disabilities and their families in the development process and programs. More specifically, it has promoted and built inclusive communities in Dimoria Development block of Kamrup (Metro) District, Assam, empowering locals to actively engage with their communities and work towards ensuring equal rights through increased access and opportunities to quality health, education and livelihood services.

Rehabilitation Services and Assistive Technology

Mi's thrust is on creating awareness on the need and benefits of various assistive devices concerned with mobility, visual, speech & hearing impairments. MI set up a workshop in Dhupguri, near Khetri, Assam. Four students from Northeast received training at MI, Bangalore, as Lower Limb Orthotic Technologists and Rehabilitation Therapy Assistants. This team, along with other Rehab Professionals are addressing the AT services for people in need.



Channelling Children to Inclusive Education

MI has been promoting inclusive education, an important component of Samagra Shiksha Abhiyan (SSA), a Government of India programme to promote universal access, equity and quality of education. Mobility India has helped families to establish self-help groups. In addition, MI is educating parents of their children's rights, training teachers to accommodate disabled children in their classrooms. MI's rehabilitation therapy services for children with disabilities, through SSA Resource Centre, Assam, has helped such children be part of mainstream education. Considering the risk of abuse that children with disabilities face, MI works towards preventing abuse, exploitation and neglect that children suffer by creating a protective environment.



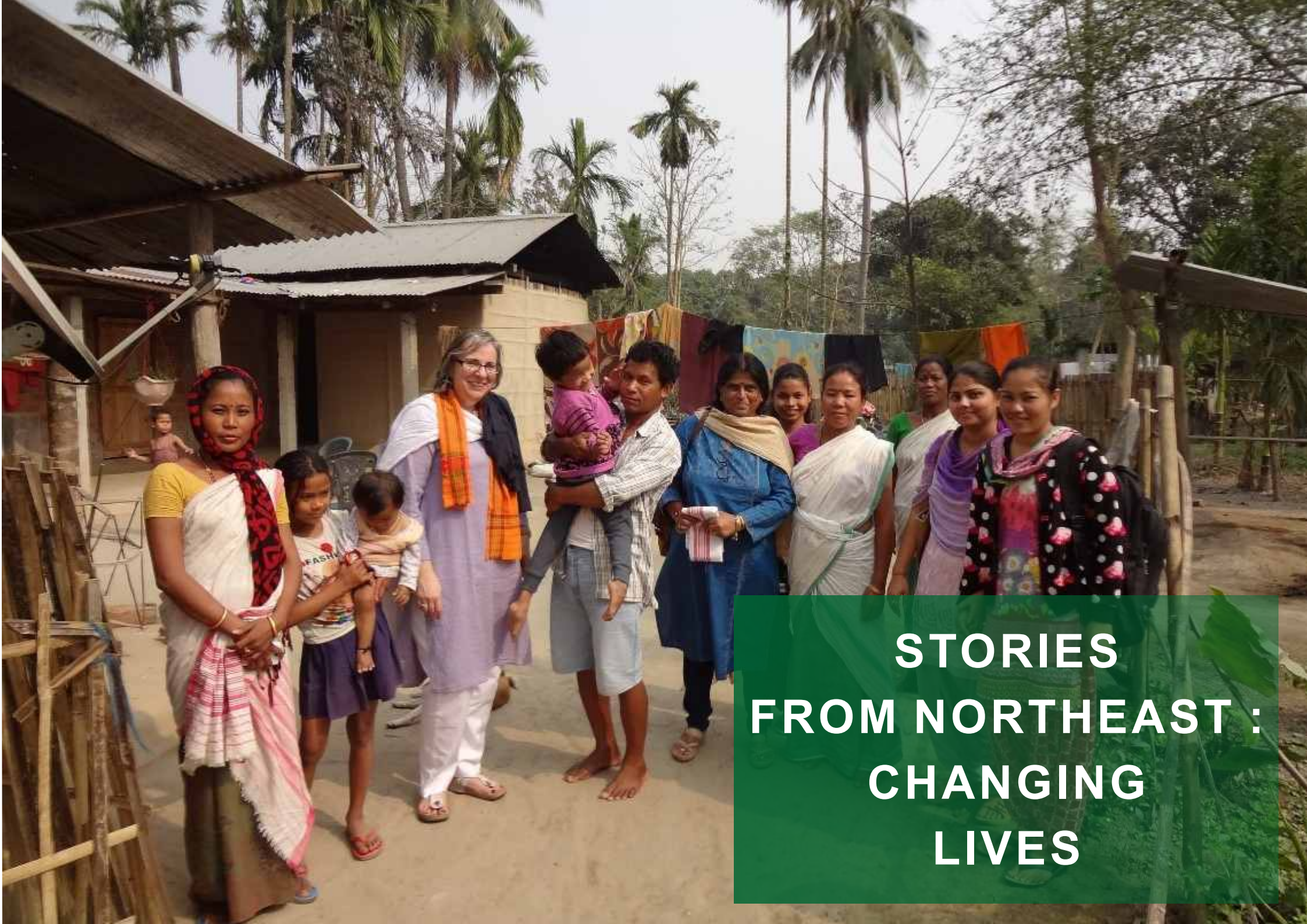
Promoting Rural Entrepreneurship in the Northeast: a big step; lives transformed.

People with disabilities often find it difficult to earn a living because they can't access education, training opportunities, resources or loans to get started. Mobility India through its programmes has trained people with disabilities or their family members in vocational and life skills and supported them to find jobs or start their own business.

This has unlocked hidden skills of persons with disabilities and MI has offered skill development training programme in bamboo craft, water hyacinth craft, handloom weaving and livestock rearing etc. This has provided ample opportunities and opened opportunities for the region's persons with disabilities to explore alternate, profitable livelihood opportunities.

Thus, MI's Inclusive Development Centre has elevated the quality of living among a multitude of persons with disabilities and their families in North-Eastern India.





**STORIES
FROM NORTHEAST :
CHANGING
LIVES**

Keeping Life's Wheels Moving!

Ms. Renu K lives in the Khetri village in Dimoria Block, Assam suffered a spinal cord injury that left her paralysed from her waist down. Her husband is a cultivator and a daily wage earner. She could not contribute to the family due to her physical condition.

A second-hand wheelchair that she had been given did not help at all as it was not the right fit. MI provided her with a wheelchair, customising it to her needs, and trained her in mobility skills. From then on, it helped her to find new avenues to contribute largely to the family. MI's intervention made a life-changing difference for Renu.



Journey towards self reliance!

MANJU TERON's lives in the tribal village Topatoli in Dimoria Block, Assam, ringed by hills and forests.

Her family ekes out a living mostly from agricultural activities. She stopped studies after Class 9 as her family could not afford it. Her mobility was affected due to Post-Polio Residual Paralysis in her early years, and her low self-esteem kept her confined to her home until the MI team persuaded her to enroll in Topatoli Mili-Juli Biseshvabe Sakhyam, a self-help group comprising of persons with disabilities and their care-givers. MI had organized water hyacinth craft training with North Eastern Development Finance Corporation. She learnt the craft quickly making eco-friendly water hyacinth craft items like handbags, purses, jewellery boxes, and yoga mats, and taught others too. Her handmade items have sold well helping her to contribute financially to her family.

Manju has become a role model among persons with disabilities and felicitated as 'A Local Champion' by the Ministry of Women and Children, under the 'Beti Bachao Beti Padhao' scheme..





Donor's Speak

Sweet Success

How strange it seems to be writing this while casting my mind back just a quarter of a century ago. How Mobility-India and MIBLOU have both grown in stature, together.

In 1995, it was an honour to meet Mr. Chapal, one of the founders of Mobility-India. We had heard so much about his dedication to promoting a radical change in the disability world. MIBLOU placed their trust in him, felt and knew that collaboration would be a success. So started our various joint efforts that have endured these 25 years. Small things to begin with; their first photocopier, the RAWWD unit, launching Mobility-India into research for local fundraising and the Trainee Sponsorships

Then, later, on to bigger plans such as helping finance the construction of their wonderful accessible building. Next to this is support to their partner organisations, collaborating in various orthopaedic programmes and being by their side for many other projects that needed funds.



Jo and Brian, my parents and founders of MIBLOU loved M. Chapal's modern perspective to a long-term view to change the disability scenario in India. They were most thrilled in April 2001 to come, accompanied by two of their grandchildren, to inaugurate this wonderful building named MIRRTC. Since then, the monkey tree planted that day has grown as tall and rooted as the success of Mobility-India.

But what is the meaning of success and how do you go about being successful?

Easy to say, but it takes exceptional hard work, imagination and heartbreak by a truly remarkable and dedicated team to become a success. So let's just look at the myriad of milestones conquered by the Directors, all the staff and the managing committees.

With Mr. Chapal's legacy carried on with pride and efficiency by a great leader and director, Mrs. Albina, who, by the way, was also part of the founding team 25 years ago. MIBLOU is so proud to see a woman successfully leading this fantastic organisation that regularly continues to receive national recognitions.

That's truly success with a capital 'S' !!

It is certain that Mobility-India's fame and success has spread throughout this sub-continent. Many other countries that needed to uplift their millions of physically challenged citizens thankfully found a role model to conform to.

In conclusion, Miblou is profoundly proud to have been together with Mobility-India during these 25 years of sweet success. Our humble wish to Mrs. Albina and all staff at Mobility-India and their successors is that your next 25 years will continue to be just as successful.

Marika Millar
Exécutive Director
MIBLOU



Message from CBM

By Sara Varughese



The CBM - Mobility India partnership dates back to the year 2000. A reflection on the collaboration over the decades highlights a journey of learning, sharing and growth together. There are successes to cherish, there are challenges overcome and there has been much learning. In the development of the centre, the training courses, the rehabilitation programme, community based inclusive development projects and campaigns, CBM is proud to have been part of the journey of Mobility India. We supported financially, but also with expertise, learning and opportunities to expand and grow.

CBM proposed new avenues of work and Mobility India has always delivered, and taken the ideas forward, far beyond what was first envisaged. Mobility India has often been the testing ground for various initiatives, and shared experience, expertise and resources for other partners around the country.

The partnership still continues in different areas of the country and different aspects of work towards the goal of inclusion.

CBM takes this opportunity to wish Mobility India all success in all future endeavours.

Sara Varughese
Country Director
Christoffel Blindenmission (CBM) India Liaison Office

Christoffel Blindenmission (CBM) India Liaison Office

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Message by Kamala Achu

It gives me great pleasure to write about our partnership and warm send greetings to Mobility India for this Silver Jubilee year. In October 2008, DDP and MI took a moment to reflect on a partnership that had begun in 1994, when MI was founded.

We were then right in the middle of implementing 'Education and Livelihood Opportunities' (ELO), a major 5-year inclusive education programme in Chamrajnagar district, covering 76 villages in two hoblis that was to be concluded in 2011. ELO followed the learning, previously gained in the 'Makkala Bhavishya' project in the Banashankari slums when we had asked the simple question 'why are disabled children not in school?' which led to education and rehabilitation interventions for more than 1,000 children. The ELO programme promoted disability awareness and created the conditions for disabled children (and girls) to enjoy the benefits of education, increased enrolment and reduced dropout rates and at the same time supported parents and disabled adults in the community to establish 84 self-help groups, set up enterprises,



and savings. In ELO, we developed the whole community approach, a coalition of parents, school and supplementary teachers, community facilitators, rehabilitation and inclusive education specialists, block education officials and banks. The self-help groups continue to this day, supported by their Maha Sanghas and Chiguru, the SHG federation.

We started with a common interest, inappropriate assistive technology, embodied in the Jaipur Foot, to promote its use widely within India, and to improve its quality through a standardised production process and at the same time support rural rehabilitation centres. In committing to the building of MI's training and rehabilitation centre (MIRRTC) and state of the art P & O workshop, we also set up the Jaipur foot production unit, employing disabled women who are producing quality feet which are distributed to rehabilitation centres in India and elsewhere.

Very early on there was the example of MI's 'can do' approach when we set up an accessible taxi transport, converting regular vehicles to transport wheelchairs users within the city.

Continuing the technology theme, we developed and produced prefabricated knee ankle orthotic (PFKAFO) components and an ankle joint, and these were trialled in Ethiopia, with introductory training for technicians from all over East Africa and the participation of TATCOT and ISPO representatives. PFKAFOs have reduced fitting time for people with polio who need callipers, and continue to serve MI with an income stream.

We believe in South to South cooperation and to this extent we facilitated MI's first international exchanges, to Sri Lanka, Ethiopia and Mozambique and in turn, MI provided their technical expertise to DDP's rehabilitation programmes in Ethiopia and Mozambique. In the course of our long partnership other relationships emerged namely with Timbuktu Collective and Venkatesh Balakrishnan; with Ruma Banerjee and Manjula Nanjundaiah of Seva in Action; and Sangeeta S.K of Kiran Society.

When MIRRTC opened its doors in 2001, we started 'Partners Training' bringing together trainees from



Angola, Mozambique, Ethiopia, Bangladesh and Nepal to join Indian trainees undertaking MI's P & O and Rehab Therapy courses. MI's record of training technicians from least developed countries is unsurpassed.

The 2008 review was an attempt to initiate a discourse on sustainability given DDP's other demands, the changing funding scenario in the UK especially towards India, and MI's phenomenal growth. As it turned out the ELO programme was to be our last major work together and it was a wonderful way to draw a close to our formal partnership. The depth and breadth of our partnership and achievements cannot be summarised in a few words. Our partnership has been exciting, eventful, enjoyable and at times a rollercoaster.

We worked with enthusiasm and belief, and together we can still be proud that many thousands of disabled people in India and elsewhere have benefited because of our efforts. We send you our sincere congratulations and best wishes for another 25 brilliant years

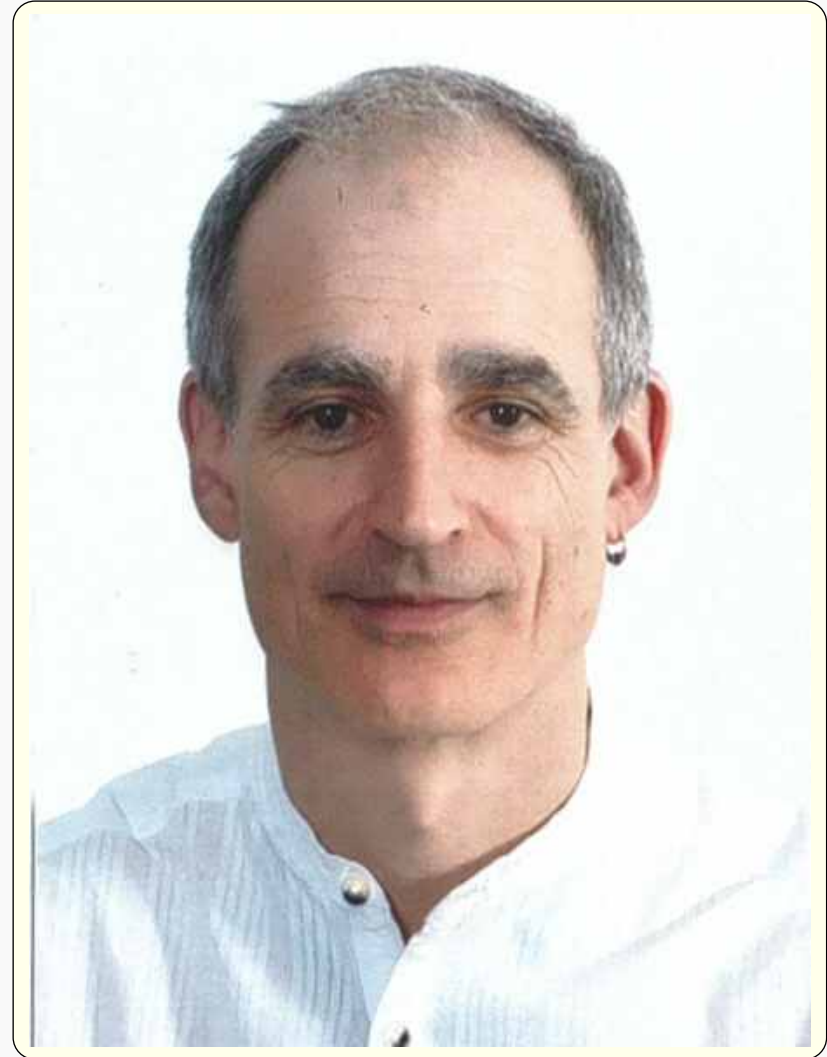
Kamala Achu



Mobility India and the International Committee of the Red Cross (ICRC); 15 years of fruitful partnership

On the 25th anniversary of Mobility India, I would like to express my deepest gratitude for an eventful and extremely rewarding 15 year long partnership. I also take this opportunity to congratulate Mobility India on the immense amount of work achieved in these years to improve the lives of persons living with disabilities.

Our journey began in 2004 with ICRC specialised support to Mobility India in strengthening its training centre. Over the years, Mobility India has established itself as a premier training institute for prosthetics and orthotics (P&O) professionals with recognition from the International Society for Prosthetists and Orthotists (ISPO), providing training in ISPO P&O Category II as well as P&O bachelor's level. Our interactions have also resulted in the establishment of the national initiative of quality control system for the physical rehabilitation services.



In many ways, Mobility India is a model for the physical rehabilitation sector. It provides sustainable, affordable and quality physical rehabilitation services through multi disciplinary approach and strives for comprehensive care even in the most challenging of cases, like those of children with Cerebral Palsy. I especially value Mobility India's commitment towards social inclusion, which is now an essential part of its institutional practice, with many staff members being persons with disabilities. These members serve in varying capacities, from support staff to clinical experts and whenever required, the working environment is adapted for their needs. An interesting example being the prosthetic feet manufacturing unit which is fully adapted for wheelchair users. Mobility India has also set an example through its gender practices, not only do women serve at all levels within the institution, Mobility India works with communities and grass-root organisations to eliminate gendered discrimination of persons with disabilities.

Further, Mobility India has paved the way for the sector in the exploration and testing of new technologies, which it actively undertakes along with research and development.

In 2016, Mobility India won Enable Makeathon 1, an ICRC competition on assistive technology, with innovation Twin Device; a combined sitting and standing support device for children with Cerebral palsy.

Besides supplying the physical rehabilitation sector in India with qualified professionals, Mobility India's training centre has trained nationals, with ICRC sponsorship, from Bangladesh, Gaza, Nigeria, North Korea, Sudan, Tajikistan and Yemen. These professionals now work in various ICRC supported physical rehabilitation centres as part of local organisations.

Mobility India is an inspirational partner for ICRC as it is constantly looking for ways to do more, reach further and serve better. Its ideas and dreams are supported with realistic plans, needs assessments and feasibility studies. All this makes Mobility India a reliable partner for ICRC and we eagerly look forward to taking this partnership to new heights.

Marc Zlot
Physical Rehabilitation, Program Coordinator, ICRC
Geneva



Message from Kate Bradford Zurich Community Trust

Zurich Community Trust's India programme ran for 24 years, making it our longest running programme. We are especially proud of the contribution we made to building the capacity of our NGO partners.

We have supported Mobilty India since 2000 with funding and provided unique month long development opportunities for many Zurich employees sharing their HR, marketing and communications business skills.

However, the learning has not been one way. We too have learnt a great deal from the partnership which has helped us to improve our UK programmes.

Along the way we have met some awesome people and treasured.

Kate Bradford



Coping with Disability with a Renewed Personality

Dr Elizabeth S. Thomas, Educationist and Vice President, Mobility India

I was afflicted by polio when I was 5 ½ years old, resulting in total paralysis of my left leg. My parents took excellent care of me and gave me the best possible holistic medical care. I received tremendous emotional support from my parents, siblings, husband, children, teachers, peers and friends that enabled me to enjoy my life and carry out my responsibilities. I recall the headmistress of the school in Kerala, that I first attended, had prepared my classmates about a disabled child joining their class; how they must interact and help me! That was tremendous forethought on her part, 65 years ago, to make it an 'inclusive' educational institution! Some of the friends I made in that school are still my very dear friends! In fact, it was this friendly disposition and support from various people that encouraged me to take up my doctoral research entitled 'The Relationship between the Attitude of the Family and the Adjustment made by the Orthopaedically Disabled'.



Many orthopaedic doctors, physiotherapists and orthotists have helped me to get on my feet again after the attack of polio!! When I was 20 years old, one of the orthopaedic surgeons had warned me, that unless I wear full-length calliper all the time, I might develop back problems when I am 40 years old! I became more cautious after that advice in the use of my calliper. I am who I am today, thanks to the excellent treatment I received from them, and still doing so.

Teams that make assistive devices should be aware of the patient/client's expectations, working conditions, activities engaged in and financial status. In a paper I presented at an ISPO conference in Vietnam, I stated that they should follow 3As: Availability, Accessibility and Affordability. My belief is that if the disabled client is happy and satisfied with the management of rehabilitation, and the assistive device, then, that individual and the family will be ambassadors for the organization and its team!

The staff at Mobility India have helped me immensely with their expertise and patience with timely and apt therapy and perfecting my assistive device. I used to wear callipers with a shoe, almost like a boot, attached to the brace. In those days, women wore sandals or slippers, and so, I felt my shoes were very conspicuous! When MI fitted me with a plastic calliper on which I can wear shoes or sandals I felt almost 'liberated'! I gratefully acknowledge the staff for their hard work and sincerity.

I want to congratulate Mr. Chapal Khasnabis, the first Executive Director for his vision that has helped the small sapling he planted (MI) grow into a big banyan tree! The Almighty God has helped me to serve on MI's Board in different capacities, help MI in whatever way I could ever since joining the organisation as a volunteer as well as a client 23 years ago. I want to end my admiration for the organization with a quotation from the book of Psalms 68 v35 in the Holy Bible: 'Awesome is God...HE is the one who gives power and strength to his people.'



**STAFF
SPEAK**

Jaikodi: a woman with grit

Jaikodi and her brother Jai Kumar aged 5 and 3 years respectively, contracted polio and their legs were paralysed within a week of one another. The entire family's life changed in a moment; a happy family was immediately branded a "cursed" family! Household expenditure soared in the search for a possible cure or at least rehabilitation. Their parents stood firm against the stigma and prejudices and decided that their children should be educated like other children. Admitting children with disabilities into a regular school was not easy at that time.

Jaikodi went to a school run by the Association of People with Disabilities in Bangalore. There, she had her first experience of physiotherapy and orthoses, which consisted of heavy metal braces with black boots. As this school had classes only up to 7th grade, she had to go to a regular school to continue her education, where the setting was quite hostile. She quickly learnt tricks to cope with the attitudinal barriers and also with the inaccessible physical environment and she completed a Diploma in Computer Science

Jaikodi approached Mobility India for a pair of light-weight plastic orthoses and for the first time she could walk without the heavy men's black boots! When the orthoses were delivered, she was offered a job as a secretary and currently involved in Fundraising and Communications

Jaikodi is now married and has a daughter. She is a role model to many and an example of how a woman with a disability can overcome many obstacles and societal barriers and live with dignity. Jaikodi says she is always grateful for the fortuitous turn taken in her life, thanks to Mobility India. "I feel happy and joyful at Mobility India, it is a great place to work for excellence in its inclusive practices especially for women with disabilities".

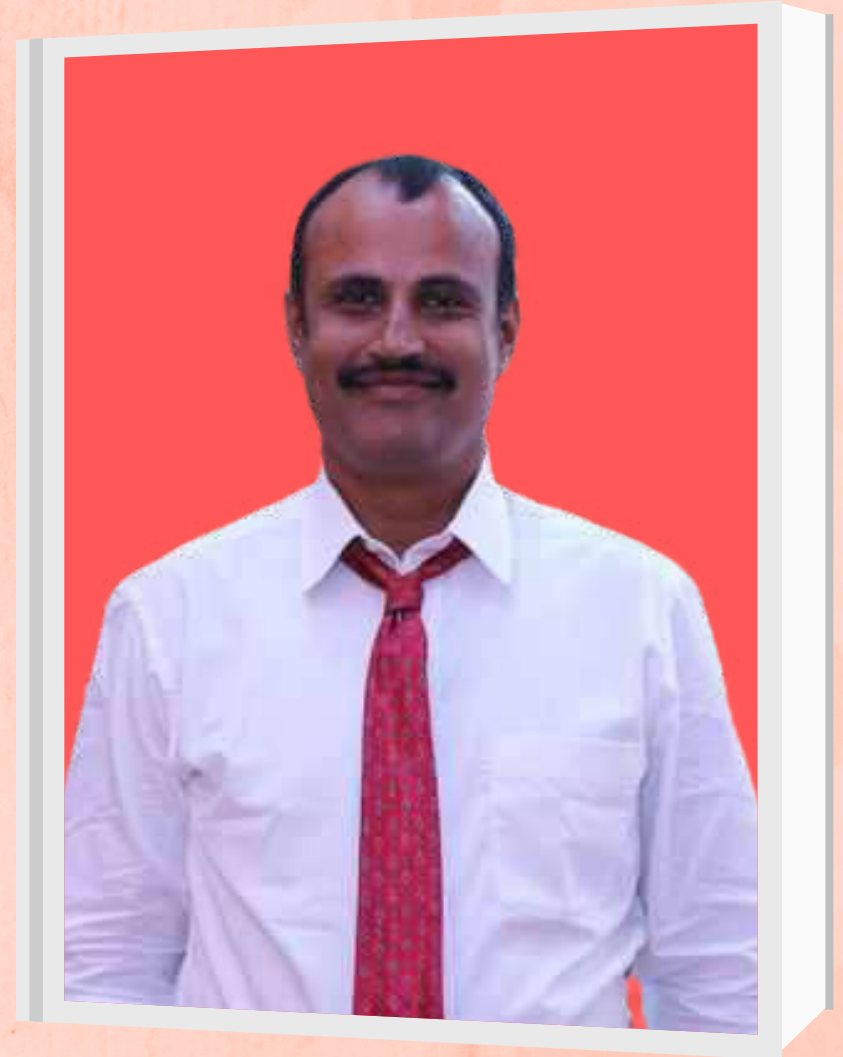


Muthappa, a man wearing many hats

Muthappa Chikkamariappa grew up in a farmer's family, in Girigowdanadoddi village, Bangalore rural district. Aged 2, polio struck him, he reiterates that it was not easy growing up. As a young boy, Muthappa dreamt of becoming a politician, serving the public. His dreams were big!

Muthappa obtained a Diploma in Electronics Mechanics and worked as a casual labourer in Indian Telephone Industries, Bangalore. He was introduced to Mobility India through its Community Based Rehabilitation programme and joined the organisation in 2002. “You can learn as much as you can,” says he, leveraging his interest in computers and other matters. Muthappa started as a Technical Assistant. Dibyendu, a former Assistant Director in MI realised the potential, determination and dedication in Muthappa, so trained and encouraged him to take more responsibilities. Today, Muthappa is a key member of the organisation working in its IT department as the Lead Facilities Operations

He appreciates and thanks Mobility India for giving him opportunities to enhance his professional growth. During his leisure time, he takes part in dramas and mimicry of his favourite movie stars. He is happily married and has two loving sons. He believes one should not fear disability, but through hard work and sheer determination can accomplish anything. “Disability was not a deterrent for his progress”!



The background features a light blue watercolor texture. A solid dark blue horizontal band spans the middle of the image, serving as a backdrop for the white text.

Testimonials from Clients and Students

It was Mobility India that helped me “get back on my feet” and gave me a wonderful sense of confidence. I’m 89 years and going strong.

Have always appreciated the spirit of service that is in their environment. Thank you Mobility India, may you keep blessing the many in need of your service.

Blessings, **Susie John**



Rajib Kundu:

I am Dr. Rajib Kundu. I work as an Associate Professor of Anatomy in the Government Medical College, Kolkata. At the age of 5 due to a poliomyelitis infection, both my lower limbs were paralyzed. With regular physiotherapy within 6 months, I regained partial strength in my left limb; on the other hand, my right limb was completely paralyzed. In the period between the '90s and early part of 2000, I received my medical degree and worked in a few hospitals as an intern, and thereafter completed my post-graduation. Throughout this period, I was constantly being monitored by orthopaedecians for my clinical condition. However as days went by, my mobility started decreasing. I could hardly walk for 15-20 minutes by 2000. With this clinical condition and mental agony I came to Mobility India, Kolkata in early 2010 where they conducted a complete assessment of my medical condition and I received my first caliper. Though it was painful initially, however, I managed to walk wearing it. I was also given a specially designed foot insert for the left side to maintain the

medial arch. In early 2011 I had a severe attack of low back pain, muscle spasms (over the left gluteal region), which made me completely bedridden for more than 2 weeks. To relieve me from the condition, several modifications were done to my appliances by the team. Today, I walk with great confidence and ease. There is a significant improvement in all my activities. I seldom use the wheelchair and prefer to be in my calipers with which I can stay for 12 -14 hours. This has reinforced my confidence after a painful journey. Kudos to the Mobility India Regional Resource team...



Pauline Savea

Ms. Pauline Savea is a Lower Limb Orthotist from Samoa who had completed her course in 2016 and presently works at the Mobility Device Service in Samoa.

She recalls, “while studying at MI, I mostly enjoyed the practical studies which made the students independent. The study at MI has helped me to be the person I am today, here in my country. Now that I have acquired the knowledge, I can help most of my country people with diabetes by providing offloading devices and also to those with lower limb impairments by making lower limbs orthoses to support their deformities and protect their lower limbs from getting worse”.



The Silver Year

*Celebrating 25 Years of
Existence*

*National Conference On
Assistive Technology
for All 2030*



ANNIVERSARY CELEBRATIONS

MOBILITY INDIA
AT 2030

AUGUST 2-3, 2019
BENGALURU



ANNIVERSARY CELEBRATIONS





MOBILITY INDIA organises

National Conference on ASSISTIVE TECHNOLOGY FOR ALL 2030

Improving access to quality and affordable assistive technology
For **EVERYONE, EVERYWHERE**

In collaboration with
NATIONAL INSTITUTE FOR EMPOWERMENT OF PERSONS WITH MULTIPLE DISABILITIES (DIIVYANGJAN)
Department of Empowerment of Persons with Disabilities (Divyangjan), Ministry of Social Justice & Empowerment, Government of India



AUGUST 2 - 3, 2019, BENGALURU



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Mr. Chapal Khasnabis
Founder Executive Director
Mobility India

Programme Manager
Global Cooperation on
Assistive Technology (GATE)
World Health Organization

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To commemorate the silver jubilee (25th anniversary) of Mobility India, the first-ever National Conference on Assistive Technology (AT) was envisioned by Mobility India (MI) and held on 2nd and 3rd August 2019, in Bengaluru. This was the first conference of its kind in the Asia-Pacific region. The theme of the Conference was, "Improving access to quality and affordable assistive technology for Everyone, Everywhere". The objective was to work towards developing India as a leading AT powerhouse and to improve access to quality and affordable assistive technology in India and beyond.

The National Conference drew in a range of stakeholders from the health, allied health services and rehabilitation sectors,

National and International NGOs, UN agencies, Universities, Disabled People's Organisation (DPOs), professional and user associations, disability activists, researchers, engineers and academia, AT users, caregivers and family members.

There were 27 eminent speakers with expertise in AT from the government, private sectors with experience of working at the policy level to grassroots levels. There were 536 delegates from over 27 states and 17 countries. The technical sessions had 16 keynote speakers, focusing on Innovative Assistive Technology Solutions, Universal Design, "Make in India", and other related themes. 11 scientific presentations focused on the user-centered approach in creating impactful solutions for disabled, emerging, and innovative

assistive technologies with interdisciplinary research, AT services delivery systems. There were 39 poster presentations.

A short film about Mobility India was screened and exhibition, in sync with the theme of the conference, which had a diverse display of products from 24 companies and 4 academic institutions was organized. Around 200 school children and 135 college students visited the exhibition.

The conference served as a platform for knowledge sharing and learning, raising awareness, and allowing the exchange of views and ideas with others. It highlighted the scale and significance of the emerging need for assistive products.





Key recommendations to improve access to Assistive Technology

Improving access to assistive technology requires a people-centered, assistive technology ecosystem in India. An overarching policy is crucial across all proposed areas through innovation, new technologies, quality, affordable products and appropriately trained personnel for effective service provision.

- 1) A dedicated fund for AT in the Health Ministry.
- 2) Universal Health Coverage for Persons with disabilities and elderly which includes AT and therapy.
- 3) Special online groups/portals to allow Persons with disabilities the choice of service providers of simple and affordable innovations/devices.
- 4) Strengthen research and development, service delivery and follow-up mechanisms with service users including awareness.
- 5) Inclusive design of the built environment to be mandated for all government/public/commercial buildings and spaces.
- 6) Develop Priority Assistive Product List for India and a National Accessibility and AT policy.
- 7) The convergence of government with NGOs, research institutions, business & industry and global funders to take innovative, low-cost AT solutions from ideation to prototyping, testing, manufacture, distribution and selling.
- 8) Government to enable 4G Internet connections across the country to enable inclusion of persons with disabilities and better access to information and AT.
- 9) Introduce cross-disciplinary courses in academia and professional training colleges, and programmes for multi-skills of professionals and personnel.
- 10) Greater awareness and sensitization for persons with disabilities, families and other stakeholders, including through inclusion and diversity education for government, public, private and social sectors. On the 2nd day, towards the latter part of the conference, the celebrations of the Silver Jubilee of Mobility India commenced with a glittering ceremony. Five staff members who had put in 20+years of service were appreciated and honored with 'Long Service Awards'.







Awards



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 was awarded to Mobility India on 3rd December, 2014, at Vigyan Bhavan, New Delhi.

My dear Albina and staff,

Mobility India....National Awardee for Empowerment of Persons physically challenged.

V.P Marika has just alerted me to this piece of excellent news. And I join in with her enthusiasm at the Governments recognition of the immense part and leadership that you have undertaken and spearheaded with MI over these past 20 years.

What a hard steep uphill road you have had to climb all these years...and to me YOU HAVE NOW REACHED THE TOP!. I know that you will all do whatever is in your power and hearts to continue to keep Mobility India right on top in all aspects of your work. My very sincere congratulations to you Albina and all for making it happen.

Rest assured that MIBLOU will be trumpeting this news in our next MIBLOU INFO for all our donors and supporters to relish this unique award to MI. J'ai Hind!

My warmest regards.

Mr. Brian. J. MILLAR

Founder & President, MIBLOU

Dear Albina,

Credit goes to all of you. Congratulation. Enjoy and celebrate - Proud of your achievement.

Mr. Chapal Khasnabis

Technical Officer, WHO
Founder Director, Mobility India

Dear Albina,

A hearty congratulations from all of us at CBM. It is well deserved and a recognition of all your efforts and the hard work of your dedicated team CBM is proud of being partner to you in this.

Warm regards,

Dr. Sara Varughese

Regional Director, CBM

Dear Albina and ALL the Staff esp All the CBR Teams,

I congratulated you on the phone, but felt I must place on record to ALL the Staff Members, as I have seen over the years how diligently you all worked, going to Shops/Offices Vidhana Soudha, MG Road & other roads, High ways & by ways, slums, semi-urban localities and villages and especially Chamarajnagar; these great strides you confidently took have earned accolades at the World CBR Conferences, other conferences and esp at the time of the International Wheel Chair Conference.

My family also sends their warmest greetings to ALL, as they were there at MI's 20th year Celebration of the Dazzling Dance when you, Albina, as MI Director, was publically scolded by our Chief Guest, for not applying for this Award and honour for the past so many years. May God continue to guide MI to greater achievements especially for the benefit of the poor.

Ms. Romola Joseph

Secretary, Mobility India

- Awarded NIPMAN Foundation - Microsoft Equal Opportunity Awards 2019 in the category of Enabler: Physical Accessibility
- Recognized for its outstanding work as an NGO in rehabilitation for persons with disability by Dept. Psychiatric Social Work, NIMHANS on their Diamond Jubilee celebration of the Department of Psychiatric Social Work.
- Certificate of Merit for the contributions and philanthropic activities at the National CSR Leadership Congress & Awards, instituted by World CSR Day and World Sustainability organisation
- Mobility India received 'The Super Achiever Award' on the occasion of N S Hema Memorial Award 2017 for the Disability sector in Karnataka
- Ms. Albina Shankar – Director won the best Women Director of the year 2016 at India Women Empowerment & leadership summit.



- Best Indian NGO Award in the medium category for the South, instituted by the Resource Alliance and the Nand & Jeet Khemka Foundation for setting and promoting best practices in resource mobilization, accountability and transparency.



- Mr. Soikat Ghosh Moulic- Assistant Director Technical (P & O services and Partner support) given 'Professional Contribution Award' by the Oxford college of Physiotherapy, Bengaluru for his outstanding work in the field of Rehabilitation.

- Banjara Academy and APD jointly acknowledged Ms. Kamala - community facilitator for achievement in community awareness.

- Ms. Ritu Ghosh - Assistant Director-Technical awarded for her distinguished professional achievement by Orthotics and Prosthetics Society of India.



- Provision Asia presented the UN International Disability Day award for extraordinary work for helping the disabled community.
- Awarded best stall in ACCESS 2003, Hyderabad
- Mr. Chapal Khasnabis - Executive Director awarded the fellowship of Orthotic Prosthetic Society of India.



Mobility India Staff Members



Chamarajanagara



Guwahati



Acknowledgments

Writing the journey of Mobility India is harder than I thought and more rewarding than I could have ever imagined. This book is a vivid record of 25 years of a joyous journey so far, right from its inception to the present. This year marks Mobility India's 25 years of service in the inclusive development sector, especially for the well-being of the most vulnerable populations; people with disabilities, older people, and people living with chronic conditions and living in poverty.

None of this would have been possible without the support of my board members. Dr. Ashish Mukherjee was the first who came up with his idea that the journey of the organisation is to be captured and written as it would help and guide many across the horizon.

A very special thanks to the Editorial Committee's, Mrs. Romola Joseph, Dr. Mrs. Elizabeth Thomas, Mr. Vinaya K L for their help, keen insight, and patient in reading every word and bringing the stories to life. Our heartfelt thanks to Dr. Gift Norman for his meticulous editing and guidance and to Dr Charles Prabakar for his ongoing encouragement. Mr. Kotachari, of the publication unit in the design of the book.

So many people have been with us on this joyous journey-some since the beginning, others not so long. But many believe in what we are about! Thank you to all contributors who sent in valuable material. There are far more people than we can ever list by name, and they have all believed in us. That is awesome-and humbling.

Mrs. Albina Shankar

Abbreviations

ADD	Action on Disability & Development	MI	Mobility India
AT	Assistive Technology	MIRRTC	Mobility India Rehabilitation, Research and Training Centre
APD	Association of People with Disability	OPSI	Orthotics and Prosthetics Society of India
CBID	Community Based Inclusive Development	PFKAFO	Pre-Fabricated Knee Ankle Foot Orthosis
CBR	Community Based Rehabilitation	RGUHS	Rajiv Gandhi University of Health Sciences
CEC	Community Education Centre	RRC	Regional Resource Centre
CRPD	Convention on the Rights of Persons with Disabilities	RAWWD	Rehabilitation Aids Workshop by Women With Disabilities
DEBEL	Defence Bioengineering and Electro Medical Laboratory	RCI	Rehabilitation Council of India
DRDO	Defence Research and Development Organisation	RPD	Rights of Persons with Disabilities Act
DPO	Disabled people's organisation	SHG	Self- Help Group
HI	Handicap International	SBMT	Society for Biomedical Technology
IDC	Inclusive Development Centre	TTMMC	Trans Tibial Metal Modular Components
IE	Inclusive Education	UNESCAP	United Nations Economic and Social Council for Asia and the Pacific
IISC	Indian Institute of Science	USAID	United States Agency for International Development
IIT	Indian Institute of Technology	VIT	Vellore Institute of Technology
ICRC	International Committee of the Red Cross	WHO	World Health Organisation
ISPO	International Society for Prosthetics and Orthotics		
ISWP	International Society of Wheelchair Professionals		



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