

ANNUAL REPORT

April 2012 - March 2013



About us

Mobility India (MI), an independent, democratic and secular disability and development organization, was established in Bangalore, as a registered society, in 1994. MI reaches out to persons with disabilities particularly those who are poor, living in rural areas and urban slums and who are not within the accessible range of services.

MI's Rehabilitation Research and Training Centre in Bangalore, a model of disability-friendliness established in 2002, spearheads all its activities, such as rehabilitation services; developing appropriate human resource to provide prosthetic, orthotic, wheelchair and therapy services; assisting in poverty reduction programs and access to education, livelihood, healthcare, sanitation & housing; promoting human rights and so on. Its Regional Resource Centre in Kolkata, established in 1998, caters to the rehabilitation needs of the relatively economically backward North-Eastern Region. In addition, MI has set up Field Offices for its Urban, Peri-urban & Rural CBR Projects.

MI has perfected a blend of disability and non-disability at all levels, and is an innovative organisation with commitment to addressing the real needs of the people. MI has a team of 138 staff, of which 44% are persons with disabilities and 47% are women.



Vision

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

Priority

People with disabilities, the poor, particularly children, women and older people

Focus

Disability-inclusive Development

Mission

Enhancing the quality of life of people with disabilities, their families and other disadvantaged groups by

- ▶ Assisting in poverty reduction
- ▶ Promoting Inclusive Development & Rights Based Approach
- ▶ Making rehabilitation services accessible in unreached areas
- ▶ Developing appropriate human resources in the field of Disability, Development and Rehabilitation at national and international levels
- ▶ Capacity Building of grassroots organizations in the field of disability, development & rehabilitation through effective partnerships
- ▶ Development and promotion of the availability of appropriate technology at an affordable cost and
- ▶ 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 on Disability and Development.

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Governing Body Members

President	Ms Romola Joseph	Professional Social Worker
Vice President	Ms Anuradha Samanth	Communications Consultant
Secretary	Dr Gift Norman	Deputy Director, Baptist Hospital
Treasurer	Ms A Sathyavathi Shamsuddeen	Former Principal, Govt College
Members	Mr Kishore S Rao	Past Managing Trustee, Karunashraya Hospital
	Mr Charles Prabhakar	Practising Chartered Accountant
	Mr Seshadri Nagaraj	General Manager (Finance & HR)

From the Director's Desk

People with disabilities, who make up 15% of the population, face widespread barriers in accessing their basic needs. Far too many people with disabilities live in poverty, and many suffer from social exclusion and face widespread barriers in accessing their basic needs and are denied access to education, health care, employment, social and legal support.

Since inception, MI has been striving to improve the quality of life of persons with disabilities in the poorest communities and aims to promote inclusion and seeks to make the key development sectors available and accessible for persons with disabilities. MI's growth over the past 19 years has been phenomenal, both organizationally and operationally.



The 'First CBR World Congress', convened by MI in its capacity as the Organizing Secretariat, was held at Agra from 26 to 28 November 2012. It was attended by 1300 delegates, representing 86 countries and various national, regional and international organizations. The Congress was co-sponsored by WHO, the Governments of Australia and the United States, and two International NGOs - CBM and Sight Savers. The theme was "CBR-The Key to Realising Convention on Rights of Persons with Disabilities"

MI has been promoting CBR since 1999, with increased focus on poverty alleviation and social change. The programme seeks to make the key development sectors such as health, education & livelihood accessible to PWDs and other marginalised groups with a view to achieving an Inclusive Community. The two-way link between poverty and disability makes community development process imperative. MI's CBR activities in Attibele Hobli, Anekal Taluk (Karnataka), initiated in 2008, successfully concluded in December 2012. The project had encouraged the participation of local PWDs at all levels, leading to changes in their quality of life and an exceptionally high level of sustainability. On 1 January 2013, MI launched a new peri-urban CBR project - in Jigani Hobli, also located in Anekal taluk. Jigani includes a conspicuously deprived tribal community, with a high prevalence of disability. MI's CBR projects in the urban slums of Bangalore and the rural areas of Chamarajnagar (Karnataka) made substantial headway in terms of their achievements under various components. The outreach activities in Kolkata's Garden Reach Area too proceeded well.

The training activities of MI entered the 10th year. So far, 338 students from 21 countries trained have become qualified P&O professionals. It is estimated that 2.54 million people with disabilities accessed services from these professionals from India and other developing countries. For the first time, an assessment of the learning styles of the students of the long-term training programs was conducted during the First Alumni Meet.

Another development during the year has further confirmed MI's increasing recognition. USAID has extended its support to MI for carrying out a research project on "Capacity Building of Institutions & Professionals for Rehabilitation Therapy Service Delivery in Eight Conflict-Affected North/ North-Eastern States". The project will commence on 1 April 2013 and continue till end of June 2015.

MI continued to provide the whole gamut of rehabilitation services, develop appropriate technologies & products, strengthen existing partnerships and establish new ones. MI's credentials as a facilitator of rehabilitation services as well as associated training, Research and Development and infrastructure, including building accessibility audit, have been growing over the years. This has evoked keen interest in professional circles and some institutions in and around Bangalore have sought MI's technical expertise.

I would also like to express my sincere thanks to all those who made our work possible: Board Members for their continuous guidance and support, donors for their financial assistance and technical guidance, and national & international programme partners, team members, and all those who, in one way or another, have made it possible to make a change. I am happy to share with you the highlights of this year and the stories of change.

A handwritten signature in black ink, appearing to read 'Albina' with a stylized flourish.

Ms. Albina Shankar
Director



Courtesy:Saif

Human Resource Development in Disability, Rehabilitation & Development

Increasing human resources

The majority of the world's disabled population resides in the developing countries. However, with an ever-increasing gap between demand and availability of trained rehabilitation personnel, the access to health and rehabilitation services remains poor in these countries. MI has been addressing this issue since its inception and been designing and delivering a range of training programs, both formal and non-formal, dealing with disability, rehabilitation, health care and development. The formal training programs are either long-term or short-term. They are structured programs targeted at aspiring candidates, particularly from rural India and low & middle-income countries. The non-formal training programs are short-term and generally address MI's in-house groups and project stakeholders. Occasionally, MI also conducts short-term dedicated training programs for external audiences. MI's HRD activities also include facilitating clinical training and exposure for its own staff, seeking/ extending professional consultation, and pursuing research studies in collaboration with other agencies and institutions. MI's training programs draw on the WHO's vision to "integrate disability education into undergraduate and continuing education for all health care professionals; involve people with disabilities as providers of education and training wherever possible; provide evidence-based guidelines for assessment and treatment emphasizing patient-centred care; and train community workers so that they can play a role in screening and preventive health care services" (*World Disability Report 2011*).

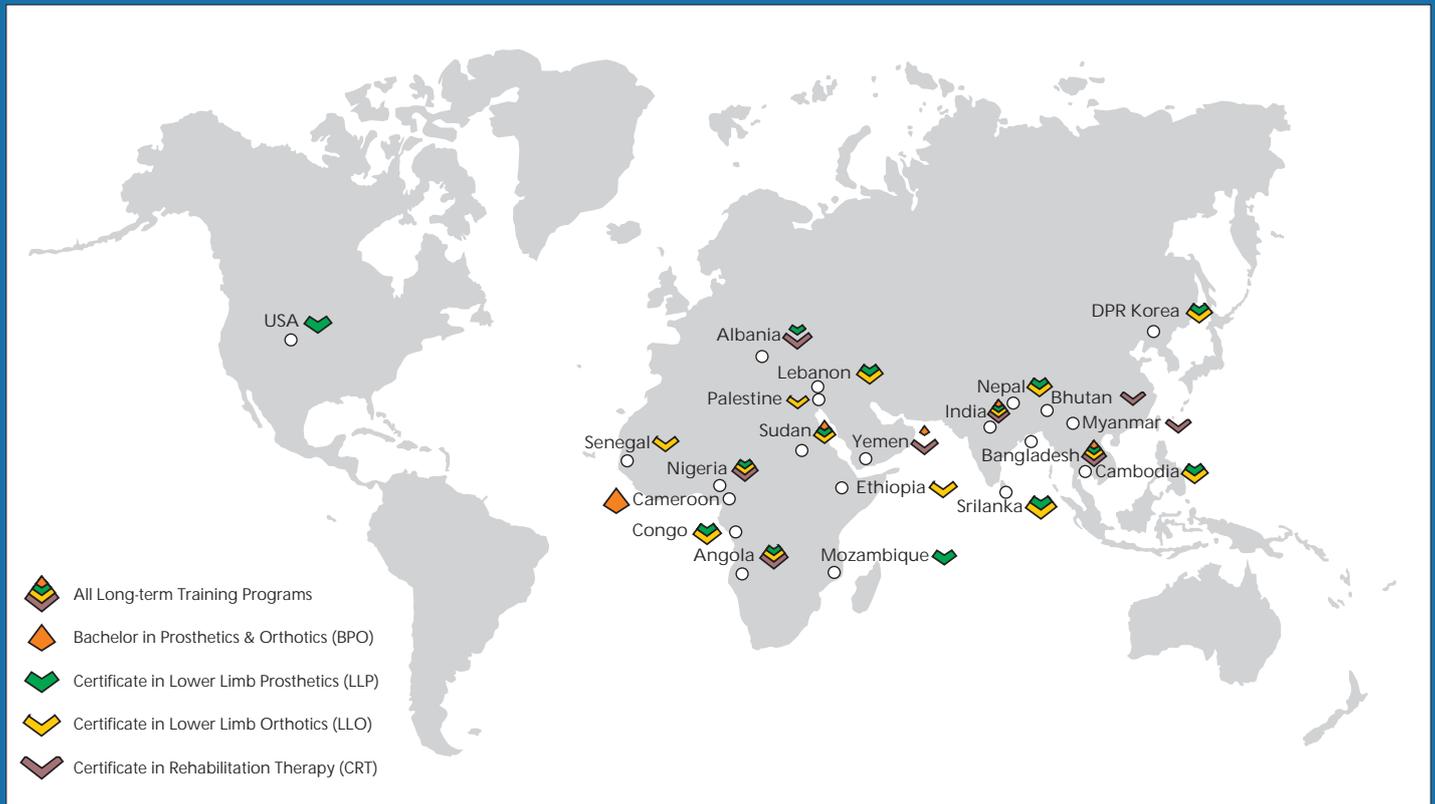
Long-term Structured Training Programs

During the reporting year, regular classes and preparatory, mid-term & semester examinations were conducted for all the four programs, viz. BPO, LLO, LLP & CRT (*see chart below*), as per schedule, clinical attachments and field visits were organized as required, and program promotional activities, including participation in educational fairs, were continued in full swing. English Language sessions and Math classes for weaker students, supported by the Accenture India team & other consultants, were also continued.

Title	Affiliation/ Recognition	Students/ Trainees (Academic Year 2011-2012)		Students/ Trainees (Academic Year 2012-2013)	
		Countries	Total	Countries	Total
Bachelor in Prosthetics & Orthotics (BPO) (4 yrs)	Rajiv Gandhi University of Health Sciences, Karnataka/ Rehabilitation Council of India (RCI), Ministry of Social Justice & Empowerment, Govt of India	India Nepal	4	India Nepal Sudan	10
Certificate in Lower Limb Prosthetics (LLP)/ Orthotics (LLO) (18 months each – separate modules)	International Society for Prosthetics & Orthotics (ISPO)	Bangladesh India Palestine	9	Bangladesh India Nepal Sudan	25
Certificate in Lower Limb Prosthetics (LLP) & Orthotics (LLO) (36 months – combined module)	International Society for Prosthetics & Orthotics (ISPO)	Bhutan India Yemen	4	Congo India Lebanon Sudan Yemen	10
Certificate in Rehabilitation Therapy (CRT) (12 months)	Rehabilitation Council of India (RCI)	India Nepal	7	Myanmar India	8



TRAINING OF HEALTH CARE PROFESSIONALS IN REHABILITATION SCIENCE: GLOBAL PRESENCE OF MOBILITY INDIA (2002-2013)



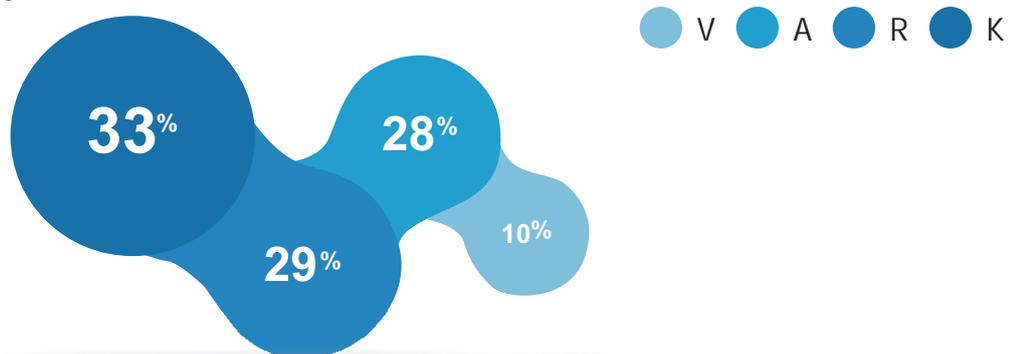
A total of 338 candidates - 228 Prosthetic & Orthotic Technologists and 110 Rehab Therapists - from 21 countries
More than 2.54 million persons with disabilities received their services

Assessment of Students' Learning Style

MI undertook an assessment of the learning style of the students of the long-term training programs. A total of 90 students of two ongoing batches (33 female and 57 male), completed the VARK* Questionnaire.

The data analysis indicated that 32% of students preferred learning by single sensory modality and 68% preferred multiple learning styles. Among the respondents, 10% were 'visual', 28% 'auditory', 29% 'reading/writing', and 33% 'kinesthetic' learners. The results of the study would help trainers understand student learning preferences, broaden their teaching strategies accordingly and create a more productive and enjoyable learning environment.

Single Mode of Learning Preferences - Overall



* The VARK questionnaire provides users with a profile of their learning preferences. These preferences are about the ways that they want to take in and give out information. VARK stands for 'Visual', 'Auditory', 'Read-write' and 'Kinesthetic', the four sensory modalities of learning as defined by Neil D. Fleming, the designer of the questionnaire and associated resources.

Graduation Day



The MI Graduation Day was celebrated on 15 December 2012. As many as 11 students from Bangladesh, India and Palestine successfully completed their LLO & LLP Programs and were all set to assume their challenging roles as orthotics and prosthetics professionals in their respective communities.

First Alumni Meet



The First MI Alumni Meet was organised from 31 January to 1 February 2013. A total of 66 former students of the LLO, LLP & RTA Programs, now representing various NGOs and private organisations in Albania, Nepal & India, attended the meet. Ms. Romola Joseph, President-MI, released a souvenir entitled *10 Years of Training Health Care Professionals*, on the occasion.

A survey of the participating alumni was carried out to assess various aspects of their experiences as professionals and their perceptions on job satisfaction, the quality of the training they received at MI, requirements *vis-a-vis* further skill upgradation, and so on.

Refresher Workshops



In conjunction with the Alumni Meet, nine Refresher Workshops were conducted on 31 January 2013. The workshops dealt with different topics like 'CRPD', 'WHO Guidelines on Wheelchair Service Delivery', 'Finding Valid Information from Websites', 'Foot Orthosis', 'Ischial Containment Socket', 'Gait Training Protocol', 'Outcome Measures for Balance & Walking Test', 'Supportive Seating' and '8 Steps in Wheelchair Service Provision'.

Special Technical Training

Mr Bert van Koll of ICRC-SFD conducted a training programme on "Poly Propylene Technology" for BPO students, from 15 to 31 May 2012.

Short-term Structured Training Programs

The CBR Workers' and Managers' Training Programs are two formal short-term structured programs periodically conducted by MI. These programs lay emphasis on the WHO CBR Guidelines, basic therapy interventions for common disabling conditions and role of CBR workers in the community. Another short-term program, periodically organized by MI, deals with Wheelchair Service Delivery as per WHO Guidelines. Programs of this category, organised during the year, are shown in the chart below:

Title	No. of Programs	Countries/States Represented	Total No. of Trainees
CBR Workers' Training Program on "Community Based Rehabilitation (CBR) following WHO Guidelines" (3 weeks)	1	Andhra Pradesh, Himachal Pradesh (Central Tibetan Administration, Dharmasala)	17
CBR Managers' Training Program on "Developing Project Proposals with Emphasis on Sustainability & Local Fund Raising Strategies" (5 days)	1	Andhrapradesh Karnataka	10
Workshops on "Wheelchair Assessment and Prescription for Persons with Neurological Disorders" (Based on WHO Guidelines on Provision of Wheelchairs in Less Resourced Settings)	3	Andhrapradesh Karnataka Tamilnadu	60
Training of Trainers Program on Disability Equality Training (DET) (5 days)	1	Afghanistan Bangladesh India Srilanka	8



Non-formal Training Programs



During the year, a substantial number of non-formal training programs of one or two days' duration each were organised for health care workers in disability issues including rights. These programs, mostly delivered in the nature of awareness, counselling, exposure and orientation sessions, were addressed to various target groups like project staff/ stakeholders, ASHA workers & PHC staff, CEC tutors, parents' groups, SSA teachers, health workers, and physiotherapy students.

The topics covered include: "Orthotics, Prosthetics, CBR, CRPD and Developmental Aids" ; "Accessibility and Barrier Free Environment"; "Diabetes"; "Assistive Devices for ADL"; "Parent Counselling"; "Types of Disabilities, Identification and Therapy Interventions" .



Rehabilitation Services

Assistive devices can enable people with disabilities to be independent

Every year, persons with disabilities from different places, irrespective of being marginalized by social, economic and cultural/ environmental factors, visit MI seeking a variety of rehabilitation solutions and services. Rehabilitation services and assistive devices can be critical to enabling people to learn and communicate more effectively, participate in home, school and work environments, live independently, and improve their quality of life.

MI's rehabilitation services include provision of a wide range of affordable and appropriate orthotic & prosthetic devices, wheelchairs and other mobility devices, along with physiotherapy and occupational therapy. These services are provided in two ways: (a) directly from the MI facilities in Bangalore and Kolkata, and (b) through the respective field offices responsible for MI's urban, peri-urban and rural CBR projects, exclusively to the project communities concerned. This year too, MI continued to provide the whole gamut of rehabilitation services, as described below:

- ▶ Assessment of persons with disabilities for possible rehabilitation interventions;
- ▶ Rehabilitation therapy provision (centre and home - based);
- ▶ Follow-up visits to the homes of service users in the CBR project areas;
- ▶ Fabrication and fitment of mobility/assistive devices, exercise materials, wheelchairs and developmental aids as per the individual needs;
- ▶ Fitment programmes at the grass root levels following assessments and measurements;
- ▶ Gait training for prosthetic & orthotic users with the support of MI ambulatory predictor index, focussing on the ADL and functional activities;
- ▶ Follow-up services for aids and appliances fitted at MI centre; and referral services



Rehab Services : 2012-2013

Services	MI-B	MI-K	Total
Assessments	2314	608	2922
Therapy Follow-up Sessions	4061	-----	4061
Home-based Therapy	5184	-----	5184
Prostheses/ Orthoses	4722	689	5411
Wheelchair Services	85	-----	85
Developmental Aids & Mobility Devices	204	102	306
SFAB Splints fabricated	-----	1592	1592
CTEV Shoes	-----	38	38
Mobile Workshop (Assessment, Fitment & Follow-up Trips)	3	17	20
Grassroot Organisations to which Technical Support was provided	9	5	14

Additionally, MI also carried out an internal audit of outcome measurement and goal setting to monitor the functionally oriented therapy services extended during the last six months. The rehabilitation wing continued to collect user feedback for its therapy and P&O services, look into the quality of the services, understand the users' satisfaction levels, and further improve the services.

Ensuring Follow-up Services

Ensuring a good quality of life for persons with disabilities greatly relies on the follow-up of rehabilitation services offered. This, in turn, substantially depends on continuous generation of new ideas and innovative approaches. With this awareness, MI has been setting up its own R&D programme involving the design & development of low-cost, light-weight and user-friendly assistive devices, particularly prosthetic & orthotic components; building up a broad institutional network; taking up collaborative research projects; and partnering with grassroot organisations in offering rehabilitation support by way of provision of assistive devices and establishment of orthopaedic workshops. The activities pertaining to these areas are described elsewhere, under the relevant sections, in this report.



In-house Training Programs

MI also ensures that the techno-managerial skills of its rehabilitation personnel are continuously honed through a series of in-house training programs. Some of the training programs of the kind, organized during the year, are listed below:

In-house Training Programs 2012-2013

- 1 Orientation Seminar on "Prosthetic Gait Deviations and Abnormal Gait Pattern"
- 2 Orientation Program for Therapy Staff on "Universal Design for All Accessibility"
- 3 Training Program on "Wheelchair Assessment and Prescription"
- 4 Training Program on "Foot Orthosis for P&O Staff"
- 5 Training Program for Therapy Staff on "Cushion Fabrication following WHO Guidelines"
- 6 Orientation Session on "Quality Check List for Developmental Aids"
- 7 Workshop on "SWOT Analysis"

Extending Technical Expertise

During the year, a number of organizations evinced keen interest in networking with MI in activities relevant to facilitation of rehabilitation services for PWDs as well as associated training, R&D and infrastructure, including building accessibility audit. Some of the projects proposed are briefly profiled below.

- ▶ MI accepted a request from the District Rehabilitation Centre (DRC), Bangalore Urban District, to assess the feasibility of setting up its facility in the premises of the Deputy Commissioner's Office, and also extend technical support for the implementation of the project.
- ▶ Mr Soikat Ghosh Moulic, Assistant Director, MI, gave a presentation on the latest trends in the provision of prosthetic, orthotic and rehabilitation services, in May 2012 at Hassan Orthopaedic Association. It focussed on various aspects of rehabilitation, highlighting the latest developments in the field and the initiatives that MI had taken to bring the benefits from such technological advances within the reach of the needy. The presentation evoked a very positive response with the association indicating that it was planning to take all possible support from MI in meeting the rehabilitation requirements of the Hassan region.
- ▶ Mr Soikat Ghosh Moulic and Mr. Amit Kumar, Assistant Directors, MI, were nominated to the Sectional Committee of the Bureau of Indian Standards (BIS) as Principal Member and Associate Member, respectively. Subsequently, the standards/ specifications proposed for the Jaipur Foot were set to receive BIS approval, after further consideration. The BIS also accepted the suggestion that MI could look into the standards now prescribed for the wheelchairs and work on the necessary changes and modifications, based on the current requirements of the PWDs and in compliance with the WHO guidelines.

Clinical Staff Training

In order to increase the number of appropriately skilled trainers and to improve wheelchair service provision worldwide based on the WHO Wheelchair Guidelines, WHO, with USAID support, has developed a comprehensive Wheelchair Service Training Package (WSTP) at the basic level. Mr Sama Raju, Programme Manager (Therapy Services), based on his known skills and experience in wheelchair service provision, was invited to attend this workshop to familiarize with the basic training package. The workshop took place from July 4 to 8, 2012 in Washington DC, USA.



Two P&O staff members, Mr V. Kamaraj and Mr K. Hariharan, attended a hands-on workshop on "Fabrication of Upper Limbs using CR Components", held at VIETCOT, Vietnam, from 10 to 23 June 2012.



Community Based Inclusive Development

Leave no one behind, including those with disabilities

Since 1999, MI has been promoting CBR with a rights based approach, with increased focus on Poverty Alleviation and social change for persons with disabilities, their families and other disadvantaged groups. The program seeks to make the key development sectors such as health, education and livelihood accessible with the goal of achieving an Inclusive Community. Since poverty and disability have a two-way link, MI's efforts in this direction involve considerable community development work.

MI has followed the strategy of community mobilization, participation and ownership from day one. During the year, through its CBR activities, MI continued to strive to improve the quality of lives of persons with disabilities, their families and community. It sought to strengthen their capacity to access and enjoy their legitimate social and economic rights and entitlements for improved economic status and dignity. MI's CBR Programme presently covers 23 urban slums situated in Bangalore and 379 villages spread over the peri-urban and rural areas of Karnataka.

Setting	Location/Coverage	Total Population	Persons with disability
Urban	23 urban slums in Bangalore	294956	969
Peri-Urban	44 villages in Attibele Hobli in Anekal Taluk, Bangalore Rural District*	146092	1479
	110 villages in Jigani Hobli in Anekal Taluk, Bangalore Rural District		
Rural	225 villages falling under 5 hoblies in Chamarajnagar District	287924	3997



* Project successfully completed in December 2012

Urban Setting

Bangalore

Health

The CBR team, with the help of the District Health Officer (DHO), has been creating awareness among the PHC staff about the causes, early identification and prevention of diabetes. So far, 43 staff members belonging to four PHCs have been oriented in this regard. It is planned to reach out to more such PHCs falling under the CBR project areas. Diabetes Screening Camps' are periodically organised in the project areas to identify cases. Further, interventions such as distribution of medicines and provision of suggestions on regimen to be followed and precautions to be taken to keep diabetes under control are offered free of cost.

Education

Training Programs have been organised in various project areas to orient *anganwadi* teachers to the monitoring of the development of pre-school children in their growing years and, thus, ensuring that the children reach all the milestones without any difficulties. These programs focus on methods for assessing the skill levels - fine motor, gross motor, cognitive, sensory, language, emotional, social and personal - of pre-school children and also analysing their strengths and weaknesses to facilitate early intervention where required. So far, 60 teachers have been educated in these aspects.

Empowerment

MI has been organising awareness campaigns and facilitating knowledge & information sharing among the project community, on their rights & duties, at various levels. These have had a substantial impact, especially on the youth, and been instrumental in paving the way to a progressive society by helping individuals develop a spirit of ownership and assume the role of community "spokespersons".

Livelihood

The livelihood-related initiatives taken under the CBR Project, have provided both the disabled and non-disabled adults and adolescents with access to training and work opportunities. Besides, family members of persons with disabilities have started receiving assistance either in starting their own income-generation programmes or seeking wage employment. Further, the project has been contributing to the creation of an environment wherein the capacities and employment potential of persons with disabilities, especially women with disabilities, are being increasingly recognized and valued by the employers, thereby opening up many new avenues for these sections of society.

Peri-urban Setting

Attibele

MI's CBR Project in Attibele Hobli, Anekal Taluk (Karnataka), covering 44 villages, initiated in 2008, successfully concluded in December 2012. The project had encouraged the participation of local persons with disabilities at all levels, leading to improvements in their quality of life and an exceptionally high level of sustainability of the CBR activities.

Positive Impact on Local Governance



The project has had a positive impact on local governance, with the administrations in the project areas beginning to draw up Annual Action Plans on the lines of the CBR Matrix and give due importance to the utilization of 3% of their budgets for persons with disabilities. There is also a noticeable change in their attitude, with their becoming aware of the fact that a community grows stronger only when every single one of its members, whether disabled or non-disabled, gets the opportunity to live up to his/ her full potential.

Neraluru Grama Panchayat

3% Reservation for persons with disabilities following CBR matrix components

Health

- Conduct assessment programme and support for aids and appliances
- Support for corrective surgery
- Conduct awareness programmes
- Conduct eye screening programme and provide spectacles

Education

- Provide educational materials for children with disabilities and children with learning difficulties
- Provide honorarium for Coaching class teachers
- Provide reward for children with disabilities

Livelihood

- Support for initiating Income generation programme
- Support to undergo vocational skill training
- Equal opportunity for PWDs under Rural Employment Guarantee Act

Social

- Ensure barrier free environment in public places
- Support for accessing bus pass
- Support for accessing Disability Identity Card
- Support in constructing disabled friendly latrines as per their need
- Organize sports events
- Make wall writings in all the villages to create awareness on different schemes
- Organize inclusive summer camp

Empowerment

- Quarterly once meeting to be conducted with PWDs to review the action plan
- Ensure that all the departments to present their programmes and budget related to PWDs and their family members during the gramshaba
- Ensure children with disabilities are given equal opportunity during the children gramshaba

Attibele: Sustainability at its best!

MI's CBR activities in Attibele, spread over 44 villages, was initiated in 2008. The project came to a successful conclusion in December 2012. Much ahead of its withdrawal from the project area, MI had put in place community structures, mobilized resources, built capacities and created assets to ensure the sustainability of the CBR activities. In implementing the CBR components, MI had adopted a 'twin-track approach' to carry out both 'service-based' and 'rights-based' activities.



Today, Attibele presents an exceptionally promising picture as the local community is sufficiently equipped and mentored to take over the project. Persons with disabilities and their family members have been empowered to carry the programme forward. 'Janapriya Angavikalara Sangha' (co-operative society) and 'Chaitanya Angavikalara Okkootta' (disabled people's organisation) are the culmination of the path-breaking approach adopted by MI. Creating a bench-mark of sorts in 'succession planning', MI has passed on the baton to these two groups. 'Janapriya Angavikalara Sangha' has the status of a registered trust and is, thus, a legally recognised body with 358 members. It comprises a General Body, 15 Directors on the Board and three committees - an Executive Committee, a Loan Committee and a Monitoring Committee. Organisationally and functionally both the groups draw inspiration from the grassroot-level SHGs, constituted by the local community members at MI's instance.

The groups are active and now able to mobilise funds from the respective panchayats, the government (by way of the 3% budget allocation for the disabled), and corporates & individuals (through donations and sponsorships). They continue to catalyse the activities, and are now expanding their services to cover not only the persons with disabilities but also other disadvantaged groups of the community. Though the groups are established, they approach MI for any consultation or technical assistance in key areas, including organisational development, networking and assistive devices.

Budding Parliamentarians make their Mark

In Attibele, 'Children's Parliaments' are organised at the village-level Community Education Centres (CECs), every Saturday. In these gatherings, children with and without disabilities participate and discuss issues relevant to them and their villages. Some of them are elected as 'Ministers' (with 'portfolios' such as 'Education', 'Health', and so on). These 'leaders' develop action plans to address the issues that are raised by their group. There are several instances of their campaigns having yielded exceptionally good results. These include: motivating the family members of school drop-outs to send their wards back to school; persuading eatery-owners to install waste bins in their premises; prevailing upon school managements to adhere to cleanliness while serving mid-day meals; obtaining assurances from the authorities concerned for construction of secure and accessible school toilets; and pressurising the local leaders to arrange for the repair of the street lights.



The budding parliamentarians also took out rallies in their respective villages to raise public awareness about the need for and the right of all eligible persons, including persons with disabilities, to vote. They also organized a campaign to create awareness among persons with disabilities to get themselves included in the census.

Manjunath's Metamorphosis

Manjunath, 34, was severely affected by polio when he was as little as three months and rendered totally immobile. He was identified and assessed by the CBR project team in 2008. They realized that, in view of his age and severity of his condition, not much of 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 own 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* Secretary of the *Chaitanya Angavikalara Okkoota* (disabled people's organisation). In these capacities he takes part in the Grama Sabha, is able to lobby for panchayat support for local people with disabilities and campaign 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.



Jigani

On 1 January 2013, MI launched a new peri-urban CBR Project - in Jigani Hobli, also located in Anekal Taluk. Jigani has 8 panchayats covering 110 villages with a total population of around 73625. Around 15 villages are occupied by the tribal community. Children with disabilities are mostly unable to enrol in school and dropout rates among them are significantly higher. As part of a baseline survey initiated by MI, it was found that, a majority of the PWDs have locomotor impairments, speech & hearing and intellectual disability. 90% of the PWDs do not have the 'disability' identity card and do not possess any knowledge of the government schemes and programs made available for their benefit. Some of the best practices of the pilot CBR Project in Attibele have been selected for implementation in Jigani.



Urban & Peri-urban CBR Projects: Achievements under various Components

Health	Urban	Peri-urban	Livelihood	Urban	Peri-urban
Promotion			Wage Employment		
Awareness programmes	2400	5500	People with Disabilities	47	28
Awareness messages/Wall writing	13	5	Family/Community members	31	34
Orientation for Government teachers/primary health workers	164	147	Social		
Prevention			Personal assistance		
Ante Natal Care	358		Support from neighbourhood and friends	211	356
Post Natal Care	287		Relationship, Marriage and Family	6	4
Immunization	390		Cultural and Arts		
Nutrition support	263		Children with Disabilities	176	251
Screening children in school	329	3851	Non-Disabled children	389	412
Medical care			Recreation, leisure and sports		
General health camp	311		Children with Disabilities	243	278
Eye and hearing camp	270	312	Non-Disabled children	365	478
Corrective surgery	4	12	Person with disabilities	97	177
Cataract surgery	47	33	Family	112	289
Rehabilitation			Empowerment		
Assessment	123	157	Advocacy and communication		
Home based therapy	204	147	Issues	14	24
Home adaptation	14	26	Members	319	434
Referrals	298	174	Community mobilization		
Education			Alliance Groups	5	
Early childhood			Alliance Group Members	117	
Anganwadi, UKG, LKG, Balwadi	166	12	Children's Groups	5	25
Primary	432	88	CWDs	9	78
Secondary and Higher	317	49	Non-disabled children	61	425
Non-formal			Co-operative Society members	110	358
Special school	16	11	Community members	145	201
Home based	61	31	Political participation		
Coaching class	354	571	Voting	437	389
Life-long learning	152	137	Self-help groups		
Livelihood			Groups	43	29
Social protection			People with disabilities	123	128
Identity cards	43	78	Family members	457	139
Physical Handicap Pension	37	59	Poor family members	64	149
Widow pension	24	47	Disabled people's organizations		
Old age pension	89	73	DPOs	4	1
Educational scholarship	97		People with disabilities	56	55
Government scholarship	51	68	Family members	8	12
Skill Development					
People with Disabilities	42	12			
Family/Community members	19	57			
Self Employment					
People with Disabilities	35	13			
Family/Community members	25	16			

Rural Setting

Chamarajnar

Chamarajnar is one of the poorest districts in Karnataka. When MI launched its rural CBR activities in Chamarajnar in 2007, many people in the district did not have access to basic facilities like health care, education and employment opportunities. This was all the more so with persons with disabilities who experienced exclusion from day-to-day activities. Further, baseline research in the project areas had shown extremely unenlightened attitudes towards disability and a low awareness of rehabilitation and educational possibilities for disabled children.



Over the past five years, MI's CBR Project has been making a great impact on the lives of the people in Chamarajnar. There is now a shift in attitudes towards disabled children's education from low awareness and apathy to commitment, mobilization and enthusiasm. Also, there is a complete change in attitudes towards child rights. There is a new appetite for collective action for social change, for instance, in panchayat elections. Community Education Centres (CECs) have become quite active with the community members being capacitated and empowered to cater to the educational needs of the local children. Further, individual and family livelihoods have improved through skills training, bank loans, etc., leading to better sustenance of children's education.

Health

Many community members in the project areas did not have access to basic sanitation facilities, putting their health at risk. A campaign was therefore launched to create an awareness of the importance of proper sanitation and hygiene, through wall paintings and street plays. The MI Project Team identified poor households with disabled family members who had the greatest need for a toilet. With financial support from MIBLOU (Switzerland) and local donors, the Project Team co-ordinated the construction of the toilets in partnership with the families concerned. Over the past four years, MI has thus assisted local families in constructing 350 accessible toilets. Many persons with disabilities no longer need to struggle themselves or bother others to carry them for long distances, when they need to answer nature's call. More importantly, they have reclaimed their dignity.

Education

Samudayadatta Shala (school towards community) programme of the Education Department has been acting as a forum for ensuring quality education for all, in particular, children with disabilities and for motivating community members to participate in all school activities. Consequently, there is an active involvement of the community, families, disabled people's organisations, group members and children themselves, with a view to making 'sustainable inclusive education' a reality.

An aspiring People's Representative

According to the baseline data, there is currently only one elected member of local government with disability in Kasaba Hobli, Chamarajnagar. Perhaps, Shashikumar may soon be another, as encouraging and facilitating participation in local governance is a very important part of the CBR Project. Now 22 and blind in his right eye, he is nevertheless half way through an Economics Degree. He has been a member of the local SHG for the past six years and currently holds the position of Secretary. He also assists the disabled of his village in accessing their specific rights and entitlements from the government.



After finishing his studies, Shashikumar says, he would like to run for local level office himself. He finds it frustrating that local government bodies routinely fail to disburse the funds that they are required by law to hand out, such as those for marking of 'World Disability Day'. These funds are meant for persons with disabilities to access the aids and appliances they need. If elected, Shashikumar says, this issue would be his primary focus. After all, he is no stranger to lobbying. The image above shows Shashikumar calling on the Development Officer of the local gram panchayat (village assembly) to tell him that his SHG needs a place to meet regularly. In the past, he was even successful in persuading the taluk panchayat (block assembly) to lend his SHG an amount of Rs.550,000/- to support its micro-enterprise loan scheme.

Nirmala gets a new Lease of Life

Born with a very obvious mouth and jaw deformity, Nirmala was extremely shy growing up. She was painfully aware of how she looked to others, but more than this she was not even able to speak or do simple tasks like eating properly because she could hardly open her mouth at all. Though she attended school until she was around 16, she could not speak in class. Neither could she communicate with her peers. She started shying away from society and spending most of her time alone. Following a surgery arranged by MI, Nirmala was able to open her mouth properly for the first time and began learning to talk and eat on her own.



With her self-confidence growing, Nirmala started working alongside her mother de-seeding tamarinds used in massive quantities in South India for making *sambar*. For this, they were able to take a loan of Rs. 15,000 from the local SHG, set up under MI's auspices, to purchase the raw materials they needed. Further, as part of a new project, Nirmala is also being offered the opportunity to go for vocational training. Computing is one option suggested for her, but her preference is for floral arrangement. Once she has her own job, Nirmala will be able to contribute to the household income, enjoy greater independence and, as her family expects, improve her marriage prospects too.

Rural CBR Project: Achievements under various Components

Health		Social	
Promotion		Personal assistance	
Awareness programmes	8817	Support from neighbourhood and friends	1120
Awareness messages/Wall writing/Wall posters	525	Relationship, Marriage and Family	2
Orientation to TP and city corporation members	120	Cultural and Arts	
Prevention		Children with Disabilities	354
Immunization	5600	Non-Disabled children	1574
Medical care		Recreation, leisure and sports	
General health camp	990	Children with Disabilities	456
Eye and hearing camp	825	Non-Disabled children	2900
Corrective surgery	13	Person with disabilities	2500
Cataract surgery	51	Family	3000
Rehabilitation		Empowerment	
Assessment	239	Advocacy and communication	
Home based therapy	5626	Issues	20
Home adaptation	6	Members	500
Referrals	294	Community mobilization	
Education		Children's Groups	27
Non-formal		CWDs	115
Special school	8	Non-disabled children	659
Home based	18	Self-help groups	
Community Education Centres	60	Groups	80
Community Education beneficiaries	1174	People with disabilities	687
Livelihood		Family members	418
Social protection		Poor family members	20
Identity cards	146	Disabled people's organizations	
Physical Handicap Pension	120	DPOs/ Grass root Fedarations	3
Widow pension	14	Member groups	75
Old age pension	25	People with disabilities	687
Educational scholarship	104	Family members	418
Skill Development			
People with Disabilities	77		
Family/Community members	103		
Self Employment			
People with Disabilities	53		
Family/Community members	254		



Regional Resource Centre, Kolkata

Huge unmet need for rehabilitation services

The geographically inaccessible North-Eastern part of the country, having a lower overall growth and development compared to the rest of India, also suffers from want of adequate rehabilitation services for people with disabilities. Therefore, to cater to the people in this part of the country, MI set up its Regional Resource Centre in Kolkata in 1998.



Rehabilitation Services

The Centre supports grassroot partners with the provision of assistive devices and establishment of orthopaedic workshops (also see section on 'Capacity Building & Partnership'). The activities of the centre also include design & development of prosthetic and orthotic components, a key activity of MI. The rehabilitation services provided during the year, are discussed in the section on 'Rehabilitation Services' in this report.

Outreach Activities

As part of its outreach activities, the Centre supports 100 CWDs and their families living in the slums of the Garden Reach area. The outreach programme comprises provision of assistive/ mobility devices, therapy services, medical care and educational & nutritional support to the children, with a view to ensuring that they have a good quality of life .

Awareness Creation

The activities carried out include: display of wall paintings on themes like "child abuse" and "early signs of disability"; holding sessions in schools on "disability issues", "inclusion process" and "mainstreaming"; organizing street plays by the CWDs themselves to drive home the message that the children are not 'disabled' but rather 'differently abled'; program for care-givers on "proper usage and importance of assistive devices"; and sensitization sessions for parents of CWDs.



Health Care Activities

The health care activities include: arranging corrective surgery for one CWD suffering from Torticollis; holding of general health check-up camp for 200 school children; provision of assistive devices to 59 children; extension of physiotherapy and follow-up services to 65 children; and training CWDs in 'home adaptation' techniques, providing home-based therapy for CWDs and nutritious food is provided to CWDs; and arranging disability ID cards for CWDs.

Educational Support

Educational support extended includes: arranging for the admission of 44 children at pre-school, primary, secondary and higher secondary levels; facilitating home-based special education for 25 CWDs; organizing biweekly after-school art and craft classes for children with disabilities and their siblings, which on an average 15-20 children attended; and provision of various educational materials, including school bags and stationery, to 34 children.



On 11 July 2012, a group of CWDs, accompanied by their care-givers as well as the MI staff and community volunteers, went on an educational tour covering the Birla Industrial Museum, Victoria Memorial and Birla Planetarium. The trip touching some key landmarks of Kolkata was organized with a view to giving the children a good exposure to their city, its heritage and culture. Children's day celebration was organized.

Influencing Positive Changes

The accomplishments in this area include: persuading the school authorities to shift the class of a 12-year old boy with autism and consequent difficulties in walking from the first floor to the ground floor, for his convenience; persuading the parents of a 10-year old girl with cerebral palsy, who was compelled to drop out of school, to send her back to school; and motivating the parents of CWDs to obtain the 'disability card' and, subsequently, four children receiving their cards and 10 others applying for them.

Social Back-up

The key activities carried out in this area include: networking with local government departments, agencies, NGOs, and educational & social service institutions; and organizing a series of eight soft skills development sessions for young adults and care-givers/ parents of CWDs covering themes such as 'rights', 'leadership', 'situation analysis', 'self-defence', 'social communication' and so on.

CBR Training

During the year, four one-day CBR Workers' Training Program were organized dealing with topics such as 'What is CBR?', 'Office Decorum, Documentation, Components of CBR and Role of SHGs', 'Disability', and 'Parents' Handling'.

One CBR staff member from the Regional Resource Centre attended a one week's Workshop on 'Project Proposal Writing and Local Fund-raising' held at MI-Bangalore during February 2013.

Special Engagements

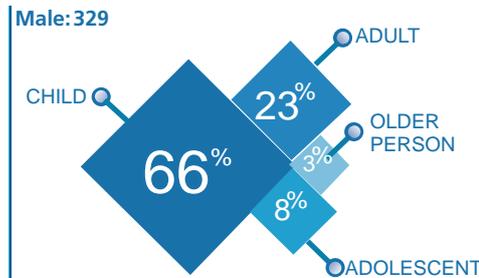
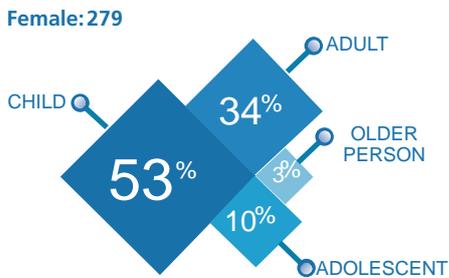
'International Day of Persons with Disabilities' was observed on 3rd December. Awareness programme was conducted in the Garden Reach locality and at all levels of the local government about the measures to be taken to ensure that persons with disabilities have access to basic needs, on an equal basis with others, as well as to identify and eliminate obstacles and barriers to accessibility.

The five-day-long celebration, called "We Can", started with the staging of a skit on five street corners in the Garden Reach neighbourhood. This was followed by a health check-up camp for both children with and without disabilities, in a local school campus; a non-competitive sit-and-draw event called 'Colour Splash'; and an item entitled 'Screenshot 2012' wherein a set of short films on disability issues were screened for the community members, followed by a short open-forum discussion. On the final day, a Cultural Programme was organized to showcase the talents of the CWDs and to motivate them as well as their family members and neighbours.



RRC - Service Users

Gender



Type of Disability



The Empowerment of Gritty Little Md. Noor

Noor is the third child of Md. Forz and Jahanara Begum. He was born in 2007 in a Government Hospital. When he was only six months, he was diagnosed as having Cerebral palsy. With weak lower limbs, he was unable to crawl as a baby. Since 2010, he has been associated with MI, Kolkata, and been receiving therapy, assistive devices and other services from there. Today, he walks short distances without any support, rides the bicycle and roams around in his neighbourhood, under supervision. In 2012, he started studying at home. Now, he recognizes Urdu and English Alphabets and even recalls rhymes. He regularly comes to MI's field centre for therapy and often attends tuition and drawing classes. All these have been giving 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 train pass, bus passes, etc. From the next academic year, he will join the local school and start his formal education.



Azam gets Barrier-free Schooling

A 12-year old boy with autism, named Azam, attends a regular school, Maktab-E-Islamia, in Garden Reach. He finds it difficult to walk. He cannot use staircases without someone supporting him. This academic year, his class was shifted to the first floor. MI CBR team intervened, and with their advocacy, the school authorities decided to keep Azam's class on the ground floor; instead they shifted some other class to the first floor, a class in which there was no child with any physical challenge.



Alisha's Transformation

Alisha is a 12-year old girl. She goes to regular school and lives with her parents and two younger sisters in Garden Reach. She was suffering from Torticollis. Her neck was tilted towards the left. Though even with that she lived her life like any other girls of her age, her classmates, local people and sometimes relatives used to make fun of her and taunt her for her tilted neck; and she would often get depressed.

Alisha was identified by MI CBR team at the beginning of 2012. She was a happy child, who used to sing and dance in a small group, but was reluctant to participate in social events. She was always a regular student of after-school tuition classes and art & craft classes. From time to time, she used to lose her temper and act very differently with others, especially with other children.



In between, the MI physiotherapist identified some deformity which was taking place in her spinal cord and lower back; there came a suggestion from consulting doctors for operation to minimize the tilt and release the tightness of her neck. The MI CBR team convinced her family to go for the corrective surgery. The surgery to release the stemocleidomastoid muscle was carried out on 4th January 2012, at the Rehabilitation Centre for Children.

The MI team noticed a huge change in her appearance and behaviour; as she no longer has a tilted head, she is now more confident. She is taking part in all cultural and social activities. And, in many activities, she is actually the leader. No one ever thought it possible to bring about such a transformation in Alisha; but it has all turned out for the better.



Development & Promotion of Appropriate Technology

Increasing the use and affordability

Design and development of low-cost, light-weight and user-friendly prosthetic & orthotic components, have been on top of MI's agenda right from its inception. Over the years, many of such components developed by MI have won national and international acclaim as well as a wider user acceptance. During the year, MI made substantial progress in its endeavour for developing appropriate technology and products as also promoting them.

Jaipur Foot Production Unit (JFPU)

After the successful production of below-knee prosthetic modular components two years ago, MI has worked on modifying the Jaipur Foot. The modified foot has a lower ankle base giving a wider scope for fitments and can be used with any endo-skeletal components. This new design has more benefits compared to the conventional one, which was causing problems in cases of amputees with long residual limb and for trans-femoral amputees. During the year, as many as 1402 pieces of Jaipur Foot of various versions were produced.



At the JFPU, the foot pieces are made by the skilled hands of women with disabilities. It is the most advanced 'accessible' production unit that comes out with good quality Jaipur Foot to meet the needs of people with disabilities within India and other developing countries. The women belong to low-income groups and the training provided and their subsequent employment have helped them realize their long-cherished dream of achieving self-reliance.

Development of an Alternative Ankle Block for Jaipur Foot

A technical evaluation of JFPU showed that the wooden ankle block was made of a single-piece solid block, which might split on being subjected to any procedure. Therefore, MI developed an alternative, a wooden ankle block with a layered structure, in which the bonding remains strong. Based on the feedback received from the users, the keel is being further modified and new extended keels are being designed. The new keels could make the foot pieces stronger and lighter.

Development of Orthotic Knee Joint - Deluxe

MI has developed a deluxe version of the regular Orthotic Knee Joint. It has the added feature of 130 degrees of knee flexion angle compared to 100 degrees of the regular version. The advantage is that a person using this joint can squat and sit cross-legged too. This is the first design of its kind developed in India. The new version of the orthotic knee joint is made of good quality stainless steel and is affordable.



Revised Designs of Trans-tibial Components

The designs of the trans-tibial metal modular components were modified based on the feedback after user trials. The new designs take care of the issues with the previous designs and are introduced for the use of persons with trans-tibial amputations.



Capacity Building & Partnership with Grassroot Organisations

Together we can do more

MI, in a synergetic partnership with grassroot organisations, focusses on early interventions and the timely rehabilitation of PWDs living in the rural areas of south, north and north-east India. As part of this mission, MI aims to support grassroot organisations, especially those with limited resources, in the following areas: (a) provision of assistive devices, (b) facilitation of access to appropriate assistive technologies, and (c) promotion of the development of such devices & technologies and other means that encourage the inclusion of people with disabilities in society. This unique approach has been conceptualized with a view to helping grassroot organisations become self-reliant in the rehabilitation of the persons with disability an improving the quality of life in the rural areas.



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

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

Current Partners

During the year, MI-B established partnerships with two more institutions: (i) Bhagvatula Charitable Trust (BCT), Vishakhapatnam, Andhra Pradesh and (ii) Port Mobility Centre, Dindigul, Tamil Nadu.

Currently, MI-B has partnership arrangements with 10 grassroot organisations spread over all four southern states, viz. Andhra, Karnataka, Kerala & Tamil Nadu. MI-K has partnerships with 7 organisations located in Chattisgarh, Orissa & West Bengal in the east (see chart on next page). These are in addition to the close linkages MI has established with several others through its CBR projects.

Partnership Activities

MI conducted a 3-day training program on “Activities of Daily Living Devices & Special Chair Fabrication” at RDT, Anantpur. A 10-member RDT rehabilitation team participated in the program. A staff capacity building program was also organized for the majority of RDT technical staff. The program dealt with “Designing of Trans-tibial Prosthesis using Polypropylene Technology”.

MI supported NIMHANS-Bangalore, through referral services and subsidised physical rehabilitation services for CWDs and PWDs with neurological problems and extended assessment services to Port Mobility Centre-Dindigul. Likewise, JKS-Vizianagaram and BCT-Vishakhapatnam sponsored students for MI's long-term training programs.

A 3-day workshop on “Designing Barrier Free Environment” was organized for the staff of MSSS-Kurnool, and CBR

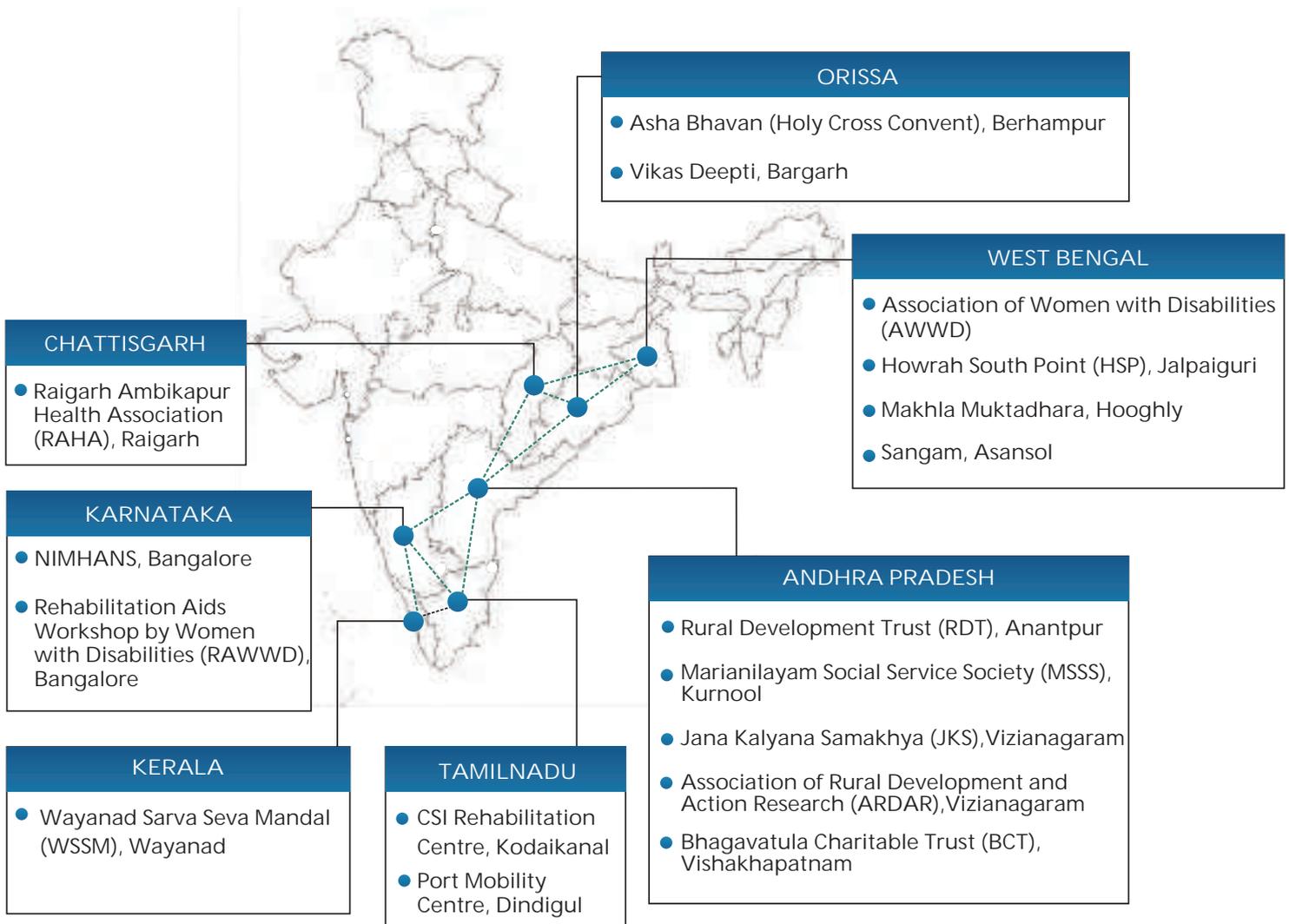
Project-Chamaraj Nagar. There were 17 participants in all. MI also conducted an evaluation of the CBR program of MSSS and presented the findings.

MI Rehabilitation and CBR teams visited BCT, Vishakhapatnam. The main purpose of the visit was to create awareness on disability, prevention and early identification of disability, etc. Assessments and measurements were carried out for 37 PWDs and appropriate rehabilitation programs were planned. The technical team also visited the Port Mobility Centre to review the setting up of the prosthetic and orthotic facilities and their subsequent use for fitment of prosthetic devices on PWDs visiting the centre.



MI continued to actively associate itself with the functioning of RAWWD, Bangalore. Some of the MI staff members were involved with the activities of RAWWD at the board/management levels.

Institutional Partners



Provision of Assistive Devices/ Promotion of CBR

Assessment and measurement programmes were organized at MSSS-Kurnool, WSSM-Wayanad, JEH-Trichy, JKS-Vizianagaram and ARDAR-Vizianagaram. A total of 220 people with disabilities benefitted with appropriate rehabilitation aids & applications.

A wheelchair fitment programme was organized at Chalakere, Karnataka. As many as 12 people were provided with wheelchairs and they were also trained in wheelchair usage.

MI supported nine grassroots organizations in the Eastern Region by providing assistive devices to the PWDs in their care or organizing fitment programmes for their benefit. The organizations included: AWWD, Sanchar, HSP, GBCD, Tomorrow Foundation, Society for the Visually Handicapped, Cini Moyna Rhdc, and Nir Ideal Home, all based in West Bengal, as well as Holy Cross Viklang Seva of Chattishgarh.



Annual Partners' Meeting

MI conducted the 17th Annual Partners' Meeting in July 2012. Most of the partners were represented at the meeting. They shared their best practices and learned from each other. The future plans of action were drawn up. In conjunction with the meeting, a workshop on "Social Fund Raising" was also organized.

ABILIS Funding Facilitation

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



During the year, a large number of proposals for funding were received, guidelines were sent to the short-listed organisations, followed by pre-funding visits and final award. Mid-term evaluation visits were also made to the premises of some of the existing ABILIS beneficiaries. During January 2013, it was decided that, for the current year, no fresh applications would be issued as there were many proposals pending. The new proposals would be looked into only from the third or fourth quarter of 2013.

MI hosted a two-day Orientation Workshop for the institutions having applied for ABILIS funding as also existing ABILIS partners. Subsequently, MI organized a one-day workshop on "Social & Local Fund-raising" for ABILIS partners. The objective was to enable the participants to understand the need for local fund-raising, sustainability and the new trends in fund-raising. Thirty members from 20 organisations participated in the programme. MI also arranged a two-day activity-based workshop for creating awareness of CRPD among ABILIS partners.

Ms. Jaykodi, ABILIS Facilitator, attended the "ABILIS Foundation Partners' Meet" in Helsinki, Finland, from 17 to 23 September 2012.



Networking and Collaboration

The current year witnessed a further expansion in MI's institutional networking and collaboration efforts. Apart from organizing the First CBR World Congress at Agra, MI actively participated in several seminars, conferences and professional events at home and abroad, held consultations/ organized clinical and other training programmes involving Indian and foreign experts, received professionals and trainees from other organisations coming on study/ facility visits, offered internship opportunities for students and collaborated with external agencies on research projects dealing with subjects of topical interest.

International Level

Seminars, Conferences and other Events

RI World Congress

Ms Albina Shankar, Director participated in the 22nd Rehabilitation International World Congress held in Incheon, Republic of Korea, October 29-November 2, 2012. This Congress had approximately 2000 participants. Ms. Albina made a presentation of MI's - Community Based Inclusive Development (CBID) work and promoted the upcoming CBR World Congress. She met with important RI members and other important stakeholders on rehabilitation and disability in the region.

In addition Ms. Albina attended the High-level Intergovernmental Meeting for a day, where the Governments adopted the Ministerial Declaration on the Asian and Pacific Decade of Persons with Disabilities, 2013-2022, and the Incheon Strategy to "Make the Right Real" for Persons with Disabilities in Asia and the Pacific. The Incheon Strategy provides the Asian and Pacific region, and the world, with the first set of regionally agreed disability-inclusive development goals.

1st CBR World Congress

The 1st CBR World Congress - the first ever global meet organised by CBR India Network took place in Agra, India from 26-28 November. Mobility India was the Secretariat and Ms Albina Shankar, Director, was the Organising Secretary for the Congress. The Congress was co-sponsored by WHO, Governments of the USA & Australia, and two international NGOs, viz. CBM International and Sightsavers. The theme was "CBR: The Key to realizing the Convention of Rights of Persons with Disabilities".



Being the 1st CBR World Congress, the response was overwhelming. This historic event brought together 1300 people from over 86 countries. The culmination of the 1st CBR World Congress was the establishment of the CBR Global Network, which brings together representatives from three existing regional CBR networks from Africa, the Asia Pacific, and the Americas.

Two papers on "Voices of Children towards Inclusion" and "Country Experience on Community Approach for Inclusive Education" were presented by Mr. Anand Program Manager (CBR-Rural) and Mr. Jaykumar, Program Manager (CBR-Urban & Peri-Urban).

ISPO World Congress

A delegation comprising nine staff members from MI participated in the 'ISPO World Congress-2013' held at Hyderabad from 4 to 7 February 2013. More than 1800 delegates from 85 countries attended the congress providing a great platform for developing and strengthening the institutional linkages.

Five presentations were made by MI during the congress on (i) "Mobility India Gait Training Approach for Unilateral Lower Limb Amputee", (ii) "Primary Impact of Wheelchair Service Training Package in the Field", (iii) "Orthotic Management of Children with Cerebral Palsy", (iv) "Assessing Learning Style Preferences of Rehabilitation Students attending MI Training institute" (This paper received the Best Paper Prize under "Advancing Education" category and a cash prize) and (v) "A Project on Prefabricated Special Chair".



USAID Workshop on Wheelchair Service

Ms. Ritu Ghosh, Deputy Director (Training), attended the USAID's workshop on Future Directions in Wheelchair Service Provision for Organisations working in the Area of Wheelchairs and Mobility Devices, held in Washington from 23 to 24 August, 2012.

National/ State Level

Seminars, Conferences and other Events

- ▶ Senior members of MI's CBR team participated in a five-day training programme on *Mainstreaming People with Disabilities in Rural Development Programmes*, organized by National Institute of Rural Development (NIRD).
- ▶ Ms. Vennila Palanivelu, Programme Manager-Training (Therapy) presented a paper on "Wheelchair Service Training Package: An Introduction" at OTICON-2013 (AIOTA Conference) held at Trivandrum on 28 February 2013.
- ▶ Two therapy staff, Mr Sudhakar and Mr. Dibyajyothi, attended the 51st IAP Conference held at Goa, from 22 to 24 February 2013. Mr. Dibyajyothi's paper won the First Rank in the 'musculo-skeletal' category.
- ▶ Mr. Amit Kumar, Assistant Director, participated in a meeting organized by Mr. Derek O'Brien, MP, Rajya Sabha, and several NGO's, to draft a report on the issues and problems faced by PWDs.

Collaborative Research Studies

New QOL Studies

Over the past four years, MI has been associated with a series of eight studies aimed at building up an analytical perspective on the need and use of mobility devices and at understanding the impact of the provision of such devices on enhancing the Quality of Life (QOL) of people with disabilities and their families. These QOL studies have been invoking a great deal of interest among policy-makers and stakeholders. During the year, MI participated in two new QOL studies, as described below:

Impact of Prosthetics and Orthotics Services on the Quality of Life (QOL) of People with Disabilities in India

The study, conducted by Mr. Chapal Khasnabis, was based on the data collected from a sample of 60 (43 male and 17 female) from MI's peri-urban CBR Programme in Attibele . The data were gathered using WHO-QOL-Bref tool, a questionnaire to measure QOL in four domains, viz. physical, psychological, social and environmental. The study shows that PWDs living in rural areas face significant barriers to access orthotic and prosthetic services and that they can have a better QOL with orthoses and prostheses, which lead to empowerment, inclusion and participation.



Quality of Life (QOL) of Women with Disabilities using Orthotic or Prosthetic Devices in South India

Women with disabilities living in developing countries generally suffer from triple discrimination because of the disability, gender and socio-economic position and are, therefore, assumed to have a lower QOL. In the present study, conducted by three students from Jönköping University, Sweden, in the *MI Project Areas (Urban, Peri-urban & Rural)*, *women with lower-limb disabilities using orthotic or prosthetic devices were compared to non-disabled women*. The sample size consisted of 119 women and data were collected using the WHO-QOL-BREF. The study results showed that socio-demographic variables like education, income, marriage and children affect domain scores and played a significant role in determining the QOL.



The results of the above two studies were presented at the ISPO World Congress 2013.

BIG THANK YOU TO ALL



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

MOBILITY INDIA

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

RECEIPTS & PAYMENTS ACCOUNT FOR THE PERIOD APRIL-2012 TO MARCH-2013

(Amount in ₹)

31-Mar-12	RECEIPTS	31-Mar-13	31-Mar-12	PAYMENTS	31-Mar-13
	To Opening Balances		15,324,936	By Personnel Costs	20,419,748
36,112	Cash on hand	60,800	6,013,087	" Administrative Costs	7,272,984
6,884,036	Cash at Bank	9,171,079	11,412,592	" Rehabilitation Services	12,920,566
	" Grants		3,365,151	" Capacity Building, Partnership and Seminar	15,626,725
13,586,780	- CBM South	18,404,008	9,364,981	" Design & Development of Orthotics & Prosthetics components	7,912,810
1,207,515	- CBM North	2,497,115	4,919,821	" Human Resource Development in Disability & Rehabilitation	6,339,535
2,519,924	- MIBLOU	1,502,217	6,748,624	" Community Based Rehabilitation Programme	5,058,150
2,917,490	- Disability and Development Partners	3,427,101	2,481,995	" Capital Expenditure	5,202,909
1,353,620	- Zurich Financial Services	1,392,836	3,732,395	" Advance & Others	854,574
1,620,001	- Abilis Foundation	1,721,462	7,785,061	" Fixed Deposits	18,888,597
3,332,820	- Terre Des Hommes-The Netherlands	4,220,684		" Closing Balances	
2,240,990	- ICRC Special Fund for the Disabled	500,000	60,800	- Cash on hand	93,741
24,153	- International Society for Prosthetics and Orthotics - Denmark	113,580	9,171,079	- Cash at bank	15,604,115
362,395	- World Health Organisation				
100,000	- Voluntary Service Overseas				
270,000	- Jan Vikas Samiti				
	- Jiv Daya Foundation				
14,032,646	" Donation & others	26,712,285			
7,862,218	" Training Fees & others	13,227,866			
1,810	" Membership Fees	1,300			
15,896,371	" Orthotics & Prosthetics Components	10,925,770			
4,853,291	" Interest From Bank	20,580,637			
1,278,350	" Advances & Others	1,735,713			
80,380,522	Total	116,194,453	80,380,522	Total	116,194,453

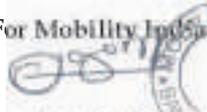
Chartered Accountants
For Y V S Vinod & Associates
Registration No.: 012581S




Lokesh Talanki FCA
Managing Partner
Membership No.: 207539

Bangalore, August 24, 2013

For Mobility India


Mr Sheshadri Nagaraj
Treasurer

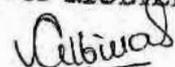
For MOBILITY INDIA

Albina Shankar
Director



Image © Robis Wyatt, humanitarian and development photographer



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