

# MOBILITY INDIA



**Annual Report**  
April 2010- March 2011



# Our Vision

An inclusive society where people with disabilities have Equal Rights and a good Quality of Life



## Our Mission

Enhance the quality of life of people with disabilities and their families by:

- Assisting in the reduction of poverty
- Supporting in meeting basic needs such as healthcare, education, livelihood and housing
- Providing rehabilitation services & promoting and strengthening orthopedic workshops with therapy facility in remote areas
- Developing appropriate human resources to provide prosthetic, orthotic, wheelchair and therapy services and Community Based Rehabilitation
- Promoting Community Based Inclusive Development (CBID)
- Designing and developing appropriate, low cost orthotic and prosthetic components
- Supporting in the implementation of the Convention on the Rights of Persons with Disabilities and related National Legislations

### Our Priority

women, children and elderly persons, especially the poor in rural & urban areas

# About Us

The first 5 years : Mobility India (MI) was set up in Bangalore in 1994 as a registered society to promote mobility for persons with disabilities, especially those in rural areas and urban slums. In the initial years we partnered grassroot organizations to provide assistive devices, facilitated setting up of workshops and conducted short term training for their personnel in orthotics and prosthetics. Some significant events since its inception include, setting up of mobile workshop service in 1996, the Rehabilitation Aids Workshop by Women with Disabilities (RAWWD) in 1997, the Regional Resource Centre in Kolkata in 1998, the initiation of the Research and Development unit in 1998 and the CBR programme in urban slums in 1999.



A decade: Over the years MI has diversified its activities. A unique taxi service for wheelchair users was introduced in 2000 and we worked towards setting up of the Rehabilitation, Research & Training Centre in 2002, a model accessible building. We started direct rehabilitation services and various training programmes in the field of rehabilitation with focus on community based rehabilitation in 2002. Some major strides were made on the Research and Development front with the launch of pre – fabricated orthotic & prosthetic components in 2003 - 04.

16 years : National and International recognition for our training programmes from Rehabilitation Council of India and International Society for Prosthetics and Orthotics came through in the years 2005 - 06. From certificate programmes in Prosthetics & Orthotics (18 months & 36 months duration), we launched the Bachelor's programme in the same discipline in the year 2008.

In 2006 we hosted "Consensus Conference on Wheelchair for Developing Countries". The Conference was jointly organized by ISPO, USAID & WHO and 88 delegates from all over the world participated.

Our operations in the Community Based Rehabilitation programmes scaled up from the urban slums to reach the rural areas (76 villages in Chamrajnagar, Karnataka) in 2006-2007 and the peri-urban areas (44 villages in Anekal Taluk, Karnataka) in 2008.

Hosting the ABILIS Asian Partners Seminar on Mainstreaming Human Rights Based Approach to Disability in Development in 2009 and being selected to conduct the Piloting of the WHO Wheelchair Training Package in 2010 have been some highlights of the past 16 years.

## Governing Body Members

President : Mr. Anil Prabhu, Chief General Manager (Retd), State Bank of India

Vice President: Mrs. A. Sathyavathi Shamshuddin, Former Principal, Govt. College

Secretary: Mr. Ramesh Ramachandra, IRS, Chief Commissioner of Customs (Retd), New Delhi

Treasurer: Mr. Philip De Costa, Additional Director (Retd), Defence Research & Development Organisation, Ministry of Defence

Members:

Dr. Elizabeth Thomas, Former College Principal

Mrs. Romola Joseph, Social Worker

Dr. C. M. Thyagaraja, Director, City Engineering College, Bangalore

# Foreword

*Dear Friends,*

*Looking back at the year gone by, Mobility India has had another year of enriching experiences.*

*We have a first to our credit - in June/July 2010; World Health Organization (WHO) selected Mobility India for Piloting the Wheelchair Training Package (based on the Guidelines on the provision of manual wheelchairs in less resourced settings). The two-week training focused on the basic module and was conducted by WHO staff, MI trainers and two wheelchair users. 14 participants from the Indian subcontinent took part and provided valuable feedback on the content of the package. Before the piloting, MI was also a part of an expert committee in developing the first draft of the training package, to complement the recommendations outlined in the Guidelines.*



*The training programmes which started in 2002 have been continuing and expanding from Certificate level to Bachelor's programme in Prosthetics & Orthotics. 168 students from 15 countries including India were trained in Prosthetics and Orthotics. MI's Certificate programme for Rehabilitation Therapy Assistant (RTA) has trained 93 personnel from 8 countries including India. Another 383 personnel from the rehabilitation sector were trained in basic concepts of CBR and 90 in Wheelchair Service Provision. Trained personnel have returned to their respective regions to support people with disabilities to achieve and maintain optimal functioning in their environment.*

*Every person with disability is unique with his / her individual abilities. A significant challenge for mid-level therapists, especially those working in rural areas, is to tailor the theoretical knowledge they have learnt in the classroom. A need was felt to revise the Therapy Manual published earlier in 2000, to match contemporary content and teaching approaches for the Rehab Therapy students. After 3 years of intense work and contributions from rehabilitation experts from various parts of the world, a "Rehabilitation Therapy Handbook" was published.*

*The past 11 years has seen MI's CBR programmes scale up from urban slums to rural areas and to the urban periphery. Over the years the understanding about disability and CBR has also evolved considerably. The approach for community development is in involving people with disabilities, their families and their organizations as primary stakeholders. The programmes seek to ensure that all individuals are supported in their own communities; enjoy equal rights and opportunities as other members in society to the wider development in the community.*

*The programmes in 23 Bangalore slums and 44 villages in the peri-urban setting of Attibele (Anekal) have continued to reach out to people with disabilities with various interventions.*

*The 5-year Education & Livelihood Opportunities (ELO) programme covering 76 villages spread in Kasaba and Harave hoblis of Chamrajnagar, Karnataka has worked on inclusive education, livelihood opportunities, rehabilitation services and disability issues to create a solid base and gained credibility with the district administration. This programme has established another milestone of institutional partnership on rights work for shared learning across the sectors. Moving forward, MI is now extending work to an additional 3 hoblies to create a Taluk wide impact.*

*Over the last 16 years MI worked with over 80 grassroot organizations in the South and North East of India and set up 30 orthopedic workshops with therapy facilities for people to access prosthetic / orthotic services in their own communities. This year, at the request of International Committee of Red Cross (ICRC), we have refurbished the workshop in Dimapur (Nagaland). This region has had a long history of insurgency and conflict in the past 20 years and as a result there is a gap in the rehabilitation services for people with disabilities.*



*We have continued our efforts in developing appropriate technology in prosthetics and orthotics by modifying the design of the Jaipur foot and making it lighter and more adaptable to different amputee conditions as well as technologies.*

*I am happy to share with you the highlights of the year and the stories of change that inspire us to work better each year. I take this opportunity to thank our Board Members for their support, also to all the donors, national and international organisations, programme partners, people with disabilities and their families and well - wishers for their continuing support over the years. Sincere thanks to all my committed staff members for working relentlessly to take this forward.*

Best Regards



Albina Shankar

Director

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# Human Resource Development in Disability & Rehabilitation

Conducts Bachelor programme in Prosthetics & Orthotics, ISPO CAT II Single Discipline Courses in Lower Limb Orthotics/ Prosthetics, Certificate course in Rehabilitation Therapy and short courses in Community Based Rehabilitation and Wheelchair Service Provision

Soon we will complete a decade in conducting training programmes in prosthetics, orthotics and rehabilitation therapy and community based rehabilitation. Personnel trained so far have returned to their respective regions to assist people with disabilities with rehabilitation services, in particular therapy and assistive devices.

India, Nepal & Yemen are countries that we would specifically like to mention:

In India there are 200 million \* people with disabilities who constitute 2.13 % of the total population. India has limited human resource to address the needs of these people. Of the professionals being trained in the country many choose to work abroad, at the national level & to some extent at the state level. Not many people prefer the district or the Taluk level where most people with disabilities reside. 168 personnel have been trained and have gone back to work across the country.



- ▶ 168 in Prosthetics / Orthotics
- ▶ 383 in Community Based Rehabilitation
- ▶ 93 in Rehabilitation Therapy
- ▶ 90 in Wheelchair Service Provision.

Nepal has been affected by civil war in the recent years. 31 personnel have been trained in prosthetics, orthotics and rehabilitation therapy and are working to step up the Nepalese rehabilitation services in five rehabilitation centres in different regions of the country. Their services reach people with disabilities who cannot access rehabilitation due to the difficulty and cost of travel in Nepal.

Yemen too has had a civil war situation since 1962. Escalating conflicts have continued between the Northern & Southern parts of the region and there is a huge need to carry out relief and rehabilitation work. To care for the wounded and disabled, the ICRC has set up prosthetic & orthotic rehabilitation centres across Yemen. Since 2004, Mobility India has trained 14 students from Yemen in Prosthetics & Orthotics.

## Students at Work

**Mohammed Aldalou on working in Gaza...** There are approximately 5000 disabled people requiring Prosthetic & Orthotic services in Gaza. Of these 60% use orthoses and 40% use prostheses. Mobility India's training in the use of different materials has helped me. I have introduced some of these ideas to the Artificial Limb and Polio Centre (ALPC), where I work, specially the Poly Propylene Knee Ankle Foot Orthosis.

*ICRC and Rehab Services in Gaza, Palestine Territories :*

*Considering long-term impact and the need for quality services provided in the future, the ICRC has sponsored 4 people to study Prosthetics and Orthotics (2009-2012) at Mobility India.*

*"Disabled persons require support in order to recover from their physical wounds and their disabilities. The ICRC is responding to such needs, thus enabling them to come one step closer to reintegration within their community", explains Khuram Shaikh, ICRC physical rehabilitation manager.*

### Training at Mobility India...

“ I gained a great deal of knowledge in the field of Orthotics. My training has helped me to help the disabled of Gaza.



*Mohammed receiving certificate from Prof. Claude Le Coultre, Chairperson, ICRC - Special Fund for the Disabled*

**Future Plans...** I am looking forward to continuing my studies and would like to do a course in prosthetics.

## Manigandan



Manigandan aged 21, lives in Banashankari, Bangalore. He enrolled in the Rehabilitation Therapy Assistant (RTA) training programme in 2009 and completed his training in 2010. Since then he has been visiting urban slum programmes of Mobility India to provide home based therapy to children and adults with disabilities. Under the guidance of a Physiotherapist, Mani enables people with disabilities to effectively cope with their limitations in movement, daily functioning and activity through various exercises. He also guides family members and caregivers in simple exercise and techniques for continuing therapy through the day.

Mani's training was sponsored by MIBLOU, Switzerland.

## Students under training

**Jigme Chojay** is from Bhutan, the nation tucked away in the Eastern Himalayas. He started out by training in Physiotherapy and found work in the Gidakom Rehabilitation Centre based in Thimpu, the capital city. Getting to know of Mobility India's training in Prosthetics & Orthotics, Jigme with the support of the Ministry of Health of his country decided to enroll for the combined module in Prosthetics & Orthotics in 2010.

According to Jigme, over 300 people visit the only rehab centre based in the capital city each year. There is not a single trained Prosthetist & Orthotist from within the country. Jigme wonders how people living away from Thimpu even get assistive devices and how they repair it if they manage to have one.

On completing the training, Jigme will be able to provide rehab services in Bhutan. There is a need for a locally based technician who could fabricate assistive devices for people in far flung districts. Being trained in physiotherapy as well as prosthetics & orthotics Jigme will be able to add great value to the rehabilitation services required in his country. In the meantime Jigme says he is happy to soak in the hands-on experience and the varied learning he gets while at Mobility India.



Course	Duration	Total No.
Lower Limb Orthotics/ Prosthetics	18 Months	30
Rehabilitation Therapy	12 Months	2
Prosthetics & Orthotics (Combined Module)	36 Months	8
Bachelor in Prosthetics & Orthotics	4 Years	12
Wheelchair Service Provision	10 days	22
CBR Managers / Workers	4 weeks	10
Other trainings		
*Upgrade knowledge of allied health personnel on disability issues (Primary Health Workers, Anganawadi and parents of Children with Disability)	1 - 2 days	460

## Renewal of Recognition for LLO/LLP courses from ISPO

Mr. Thomas John Carson Harte and Mrs. Lise Kristine Davidson Hjelmstrom, ISPO representatives evaluated the single discipline training programme and gave approval for renewal to ISPO Committee for continuation of Recognition for the next 3 years.

## Affiliation & Recognition



Rehabilitation Council of India,  
New Delhi



Rajiv Gandhi University of Health Sciences,  
Karnataka



International Society for  
Prosthetics & Orthotics

## WHO Pilot wheelchair training

### Changing lives

Minakshi (18) spends a better part of her day in a wheelchair. As a person with muscular dystrophy, the wheelchair is the only means for her mobility. An appropriate, well-designed and well-fitted wheelchair can be the first step towards her inclusion and participation in society.

The wheelchair is one of the most commonly used assistive devices for enhancing personal mobility, which is a precondition for enjoying human rights and living in dignity. Wheelchairs assist people with disabilities to become productive members of their communities.

Due to lack of prescriptions or fitting standards, often wheelchairs are distributed without cushions or an appropriate seating configuration. In 2008, the World Health Organization Guidelines on provision of manual wheelchairs in less resourced settings was published as the first step towards developing a system of wheelchair provision.

Subsequently, in June 2010, WHO selected MI to conduct its piloting of the basic module of wheelchair training package. The Piloting of training package and a video shoot was done at Rural Development Trust, Anantpur (our grass root partner) and at our Attibele Community Based Rehabilitation project area. Different kinds of wheelchair models were available during the piloting and video shooting. 12 participants from across India, Nepal, East Timor and Australia attended the training.



### Rehabilitation Therapy Handbook

The revised edition of "Rehabilitation Therapy Handbook " was published this year. A Therapy Manual was developed prior to this in the year 2000. With changing times, a need was felt to revise contents of the manual. Special mention goes to Ms. Emma Tebutt (Physiotherapist UK) who liaised with MI staff and different experts from around the world to write and review different chapters and to 'Friends of Mobility India UK'.



The Rehabilitation Therapy Handbook was released on 21st August 2010 by Ms. Romola Joseph, Governing Body Member, Mobility India and Ms. Emily Hancock, Physiotherapist, UK (representative of Friends of Mobility India, UK). This handbook will be a reference guide to students, trainers, rehabilitation professionals and educational institutions. The book in 2 volumes is available for private circulation.



## Community Based Initiatives following CBR Matrix

CBR promotes inclusive development and empowerment of persons with disabilities and their families. Inclusive development is a process of ensuring all marginalized / excluded groups be included in the development process

MI initiated the CBR programme in urban slums in Bangalore in 1999. Over the years it has extended these programmes in the rural and peri - urban settings of Karnataka.

## Programme Coverage



- 23 Urban Slums, Bangalore, covering a population of 2,73,000 and reaching 1201 people with disabilities.
- 76 Villages, Education & Livelihood Opportunities Programme(ELO), Chamarj Nagar District, covering a population of 48,529 and reaching 1737 people with disabilities.
- 44 Villages, Anekal Taluk, Bangalore Rural District, covering a population of 2,32,272 and reaching 789 people with disabilities.

## Changing Lives

Priyanka, lives in Bommasandra, Bangalore and wants to train others in embroidery. Priyanka loves doing embroidery. Creating intricate patterns in multiple hues, she seems to find answers to the intricateness of life.

Having a disability since birth, Priyanka never went to school. She had Spina bifida (a birth defect that involves the incomplete development of the spinal cord and also limits mobility) She was unable to walk without assistance and had to be carried around. Her siblings helped her read and write, also speak a few lines in English. The family did their best in keeping her comfortable with their limited resources and knowledge.



Further changes in Priyanka's life happened about 3 years ago, when Mobility India started work in Anekal hobli. Priyanka was given home based therapy and fitted with assistive devices that enabled her to start walking on her own. Experiencing new found mobility, Priyanka has made visits to the nearby wild life national park and the museum along with other children in the project area.

As she strings the threads for the next design she is making, Priyanka talks excitedly of learning new embroidery techniques and teaching few others in her neighborhood.

## Changing Lives

Ashwini has her sights set high, aiming to study medicine and be a heart specialist. Getting an A grade in most subjects, this doesn't seem tough. Her family is happy to see their daughter shine in academics, an opportunity they were not sure she would get.

Ashwini has dwarfism, short stature resulting from a particular medical condition (at times a hormonal disturbance). Dwarfism is a highly visible condition and often carries negative connotations in society and can lead to ridicule in childhood and discrimination in adulthood. Ashwini's family of four, parents and a young sibling live in Bhavani Nagar (Banashankari). Mobility India's intervention has helped the family understand her condition and get support for education.

This awareness has encouraged the family to overcome the stigma and support Ashwini's keen interest in studies. She also regularly attends the Coaching Classes conducted by Mobility India where her academic excellence is a source of inspiration and learning for other children with disabilities.

Aspiring of being in the medical profession, Ashwini proudly shows off her report filled with 'A's and remarks of excellence.



Education



Until three years ago, Chandrappa was the sole bread winner of his family of four. A daily wage worker, he loaded transport vehicles with vegetables by carrying gunny bags on his back. A faulty maneuver while lugging weight resulted in a spinal injury and paralysis waist down. From an active life, Chandrappa had to be in bed and wait for assistance for his daily living activities.

Lying in bed, Chandrappa's main concern was income for his family. His wife tried to bring in some income by selling flowers at the temple nearby. Steeped in debt, he was at his wits end on how to manage his medical needs and that of his family and feared he may have to pull his two children out of school.

Through interventions of Mobility India, Chandrappa could set the wheels in motion. Home based therapy and a modified wheelchair got him mobility. Enrolling in the local Self Help Group (SHG) and interacting with other people with disability he was motivated to set up his petty shop.

Chandrappa sells biscuits, fruit, bottled water, juices from the shop. In the evening the shop doubles up as a snack eatery selling crispies and fried eggs. His wife and son come along to lend a helping hand.

Chandrappa is happy that his financial burden is easing and his children are able to continue school uninterrupted.

Livelihood

## Changing Lives

Ramesh spends a better part of his day tending to his crop of either vegetables or flowers. Cultivating beans, potatoes and the seasonal chrysanthemum, he supports his family comprising mother, wife and a 9 month old baby.

Success did not come easily to Ramesh. He had polio as a child. Growing up, he decided to remain in the profession he knew best, agriculture. Driven and defined by varying climates, technologies and availability of capital to invest, farming is a risky activity. He went in search of loans but was denied. Farming loans are harder to procure if one has a disability.

Disillusioned, Ramesh even tried seeking employment in factories and offices but gave up due to difficulties in commuting. It was only when he enrolled in a Sangha (SHG) for people with disabilities did he start getting the benefits. Soon the Sanghas in Attibele came together to form the Janapriya Angavikalara Cooperative Society.



### Janapriya Angavikalara Cooperative Society

The society was formed with the objective to make people with disabilities economically independent, eradicate discrimination towards people with disabilities in society and lead good quality of life. The cooperative society provides credit facilities, saving and insurance schemes to the members. It lends money at a lower interest rate which has enabled disabled people to strengthen their economic condition, buy tangible assets and increase their incomes.

Ramesh takes an active role in the monthly meetings of the Society. This group of, for and by people with disabilities has already garnered memberships of 198 people with disabilities at Anekal from 32 Sanghas initiated by Mobility India.

The success of the Society's initiatives has given people like Ramesh the impetus to be financially independent and also be involved in advocating the rights of disabled people and the chance to dream on... he plans to cultivate roses very soon...



MI's experience of CBR provides practical lessons learnt and methods to the wider development community.

## Health

Promotion	Urban	Peri-Urban
Awareness programmes	1687	7290
Awareness messages /Wall writing	20	18
Orientation for Government Teachers / Primary health workers	199	239
Prevention		
Ante Natal Care	458	
Post Natal Care	448	
Immunization	378	
Nutrition support	269	
Screening children in school	117	193
Medical care		
General health camp	321	
Eye and hearing camp	312	409
Corrective surgery	17	8
Cataract surgery	67	41
Rehabilitation		
Assessment	278	168
Home based therapy	176	226
Home adaptation	8	23
Referrals	294	137
Assistive devices	271	182



## Education

Early Childhood	Urban	Peri-Urban
Anganwadi, UKG, LKG, Balwadi	19	25
Primary	73	96
Secondary and Higher	63	62
Non-formal		
Special School	26	
Home based	37	48
Coaching class	27	21
Resource centre	20	11
Life-Long learning	122	189



## Livelihood

Social Protection	Urban	Peri-Urban
Identity Cards	52	54
Physically Handicap Pension	33	64
Widow pension	27	19
Old age pension	42	31
Niramaya Medical insurance	26	29
Educational scholarship	96	
Government scholarship	27	31
Skill Development		
People with Disabilities	24	11
Family/Community members	33	6
Self Employment		
People with Disabilities	9	15
Family/Community members	6	20

## Social

Personal assistance	Urban	Peri-Urban
Support from neighborhood & friends	41	16
<b>Relationship, marriage &amp; family</b>	5	3
<b>Cultural and arts</b>		
Children with disabilities	204	189
Non Disabled Children	256	212
<b>Recreation, leisure and sports</b>		
Children with disabilities (CWDs)	179	197
Non Disabled Children	217	234
Person with disabilities (PWDs)	27	16
Family	17	23



## Empowerment

Advocacy and communication		Urban	Peri-Urban
Issues		11	17
Members		263	377
Community mobilization			
<b>Alliance group</b>	Groups	2	
	Members	70	
<b>Children's group</b>	Groups	2	2
	CWDs	16	16
	Non-disabled	25	25
Cooperative Society members			203
Community members			437
Political participation			
Voting		469	277
Self-help groups			
Groups		30	32
People with Disabilities		157	181
Family members		546	171
Disabled people organizations(DPOs)			
DPOs		4	1
People with Disabilities		89	18
Family members		14	2

## Education & Livelihood Opportunities programme, Chamarajnagar

The Education & Livelihood Opportunities programme run in partnership with Disability and Development Partners (DDP), UK in Chamarajnagar is an innovative and comprehensive programme designed to improve the quality of mainstream primary education for all children while working for the inclusion of disabled children.

### Some highlights

40 Community Education Centres (CEC) have been set up in Kasaba & Harave Hobli to support village primaries to meet the special needs of different children. 40 community education tutors and 12 home based tutors have been well trained in meeting children's differing needs using teaching and learning materials on language, mathematics and environmental science. The programme has also taken up the improvement of school infrastructure to provide a barrier free environment promoting the enrollment and retention of children with disabilities in school.



### Federation of Self Help Groups of people with disabilities

Chiguru Angavikalara Okkuta (CAO) formed on 2nd July 2010 is a registered federation of Self Help Groups of people with disabilities and parents of childrens with disabilities. The main goal of the federation is to promote an inclusive society for social, economic, political and rehabilitation development of people with disabilities and promotion of society where the people with disabilities are recognized as equal citizens. 81 Angavikalara Swa Sahaya Sanghas (AVSS) have taken membership in this Federation from Harave and Kasaba Hobli.



### Linkages with local governance and government departments

The ELO programme has built multi – sectoral linkages for people with disabilities to have access to skills development and work opportunities leading to their economic empowerment, better participation in community life and enhanced self-fulfillment. Locally accepted trades like animal husbandry, silk worm rearing, tailoring, dairy, farming, carpentry, vending and petty trade have been undertaken and people gainfully employed or self employed.

● Livelihood Programmes .....	634	● Latrines Constructed.....	153
● Children in Individual Education Plan.....	49	● Health and Rehabilitation.....	337
● Children in Community Education Centres..	907	● Total Members in 85 Self Help Groups...	1174

## Changing Lives, ELO

Varalakshmi (14) sits surrounded by alphabet flash cards, animal pictures at the Community Education Centre in Mudlamole (Kudluru GP, Chamrajnagar). The tutor assists her learning and also encourages her to participate in group activities to solve puzzles, identify basic colours and learn to write her name. One may wonder about the disparity in the learning goals of a teenager, but that has been the case with young Varalakshmi who has intellectual disability.



Awareness of Varalakshmi's disability happened when her teachers noticed that she fell back in her studies and did not mingle with other children. Raising 2 daughters and a son with his income as a daily wager was in itself a challenge for her father Nagashetty. Added to this was the stigma that he had a “weird” child. Varalakshmi was kept home shielded from the outside world and secluded.

ELO's intervention in Mudlamole brought in some hopes for Varalakshmi and her family. A self help group(SHG) was formed for the disabled in the village. Nagashetty also became member of the group. The group was enlightened about disability causes and prevention. Health Assessment camps were conducted for the group. Savings, internal lending, bank linkage and skill trainings were a few activities of the group. Nagashetty could find financial support through the SHG and also change his perception about raising his daughter with disability.

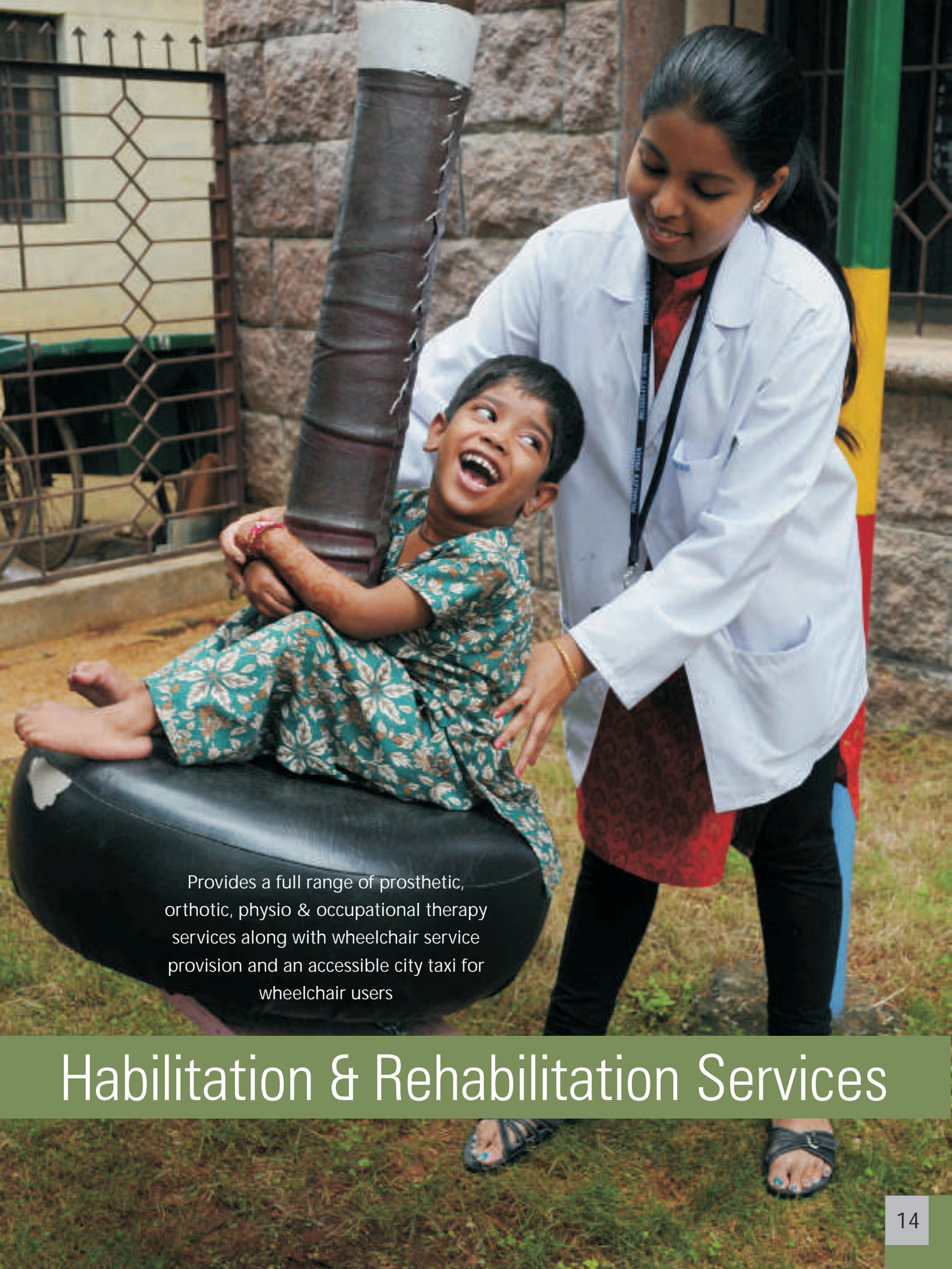
Time spent at the CEC, have made a difference in Varalakshmi's everyday activities. The family is enthusiastic and involved in the process of Varalakshmi's inclusion into society.

### ELO... these past 5 years

Chamrajnagar was chosen because it was known to be 2nd poorest district in Karnataka; an area mostly ignored in community development generally and education for children with special needs specifically. Baseline research also showed extremely unenlightened attitudes towards disability & low awareness of rehabilitation and education possibilities for disabled children.

The ELO programme has made a great impact in the lives of people in Chamrajnagar. There is change in attitudes towards disabled children's education from low awareness and apathy to commitment, mobilization and enthusiasm; also a complete change in attitudes towards child rights. There is new appetite for collective action for social change, e.g. in Panchayat elections, having a grass root federation (Chiguru). Empowerment of community citizens to cater to the educational needs of their community's children is visible at the CECs.

Improvements in individual and family livelihoods through skills training, bank loans etc to sustain children in education will remain and continue to grow.



Provides a full range of prosthetic, orthotic, physio & occupational therapy services along with wheelchair service provision and an accessible city taxi for wheelchair users

# Habilitation & Rehabilitation Services

## Rehab interventions - changing lives

When Perumal thinks of the first time he visited Mobility India for assistive devices, it is a very dismal image. Losing both his limbs to a road traffic accident, he came with apprehensions about being able to make the transition – of being fitted with assistive devices, being able to recover his balance and get back on “his feet”.

The rehabilitation team set him 'SMART' goals like being able to walk from his bedroom to kitchen to have his meal in the space of 3 months. Another goal was to walk to the market to shop for vegetables in 5 months.



Perumal's progress was closely monitored and recorded using functional outcome measures such as the 'Timed Up and Go test' and 'Functional Reach test'. These captured the transition in his rehabilitation progress. Therapy helped to maximize his skills and abilities to achieve independence in daily activities to lead a meaningful and satisfying life.

### New approaches

**Outcome Measures:** The rehabilitation team has started using functional outcome measures to record client's progress with therapy. These measure the client's ability to carry out everyday activities e.g. standing up from a chair, walking and reaching forward. They are carried out before treatment, during therapy and at the end of therapy. They are tested in the same way each time so that a clear picture of the client's improvement over a period of time can be obtained. The outcome measures that have been implemented at Mobility India so far are: The Timed Up and Go Test, the 10m Walk Test and the Functional Reach Test.



### SMART goals

SMART goals are a new addition and are being used by the rehabilitation team to focus therapy more on activities that are relevant to the client. The goals are set by the clients and the therapist so that progress is monitored and can be measured together.

Mobility India reaches out to people with disabilities who are less privileged and are not within the accessible range of rehabilitation services provision. It provides access to affordable, appropriate orthoses, prostheses, wheelchairs and other mobility devices, along with physiotherapy & occupational therapy services. The team works with every individual to provide the skills and strategies to encourage independence, and offer support and encouragement every step of the way.

## Testimonial



Mark, born on 20th Dec 1992, was fine till a bout of chickenpox in 1997 affected the neural impulses resulting in nervous tremors and impaired mobility. In 2004, a pediatric orthopedic surgeon was consulted and surgery to release hamstring muscles was recommended. Post surgery calipers (KAFO) would be required and the orthopaedic told us that Mobility India is the best in India for this. We did as advised and a fitting for KAFO's was taken in February 2004, though the distance of 15km was daunting. Mark's frame after being bed bound for 4 months was thin and delicate. There was no way Mark would be able to lie down on the steel sheets to have a casting done. Understanding Mark's needs, the Prosthetist/Orthotist rapidly took the casting on the cushioned areas of the treatment room. I understand this is not protocol, but here is what I have always experienced at Mobility.

There is a system in place but it is understood from the spirit of which it has been put into place. Since 2004 Mark and I have made several trips to Mobility India and with each trip my admiration and respect deepens. My pleasant experiences are not confined only to the orthotics department. Starting at the gates - from the security guards and the drivers to the receptionists, the cashier, the canteen staff, the trainees, every member has a special relationship with us.

Today, the distance of 15kms is not daunting. It's similar to visiting a loved relative; the anticipation of the destination overtakes the ride. Mark has grown from KAFO's to AFO's. He has grown from not being able to walk to walking comfortably with elbow crutches and AFO's.

Mark is privileged to be part of the best of its kind in India.

**Rosita Sequeira**

( Mark's mother)

### Services Provided

Assessments	2232
Orthoses / Prostheses	3477
Therapy	784
Wheel chair service	123
Developmental Aids & Mobility Devices	1757

### Home Based Therapy

By Rehab Therapy Assistants	4793
By Therapist	2016



Reaches out to more number of people with disabilities with the focus on early intervention through its association with grass root partner organizations in rural India

## Build Capacity & Partnerships



### Partners (South)

#### ANDHRA PRADESH

1. Rural Development Trust (RDT), Anantpur
2. Marianilayam Social Service Society(MSSS), Kurnool
3. Brethren Institute for Rural Development (BIRD), Cumbum

#### KERALA

4. Wayanad Sarva Seva Mandal(WSSM), Wayanad

#### KARNATAKA.

5. NIMHANS, Bangalore
6. Rehabilitation Aids Workshop by Women with Disabilities(RAWWD), Bangalore

#### TAMIL NADU

7. CSI Rehabilitation Centre, Kodaikanal

### Partners (North East)

#### WEST BENGAL

1. Association of Women with Disabilities (AWWD),Subhi
2. Howrah South Point, Jalpaiguri
3. Makhla Muktaadhara, Hooghly
4. Paras Padma, South 24, Pgs.
5. SANGAM, Asansol

#### CHATTISGARH

6. Raigarh Ambikapur Health Association (RAHA), Raigarh

#### ORISSA

7. Asha Bhavan (Holy Cross Convent), Berhampur
8. Vikash Deepti, Bargarh

## Training at Rural Development Trust, Anantpur

A training session on provision of "Manual wheelchairs in less resourced settings" was conducted at Rural Development Trust, Anantpur. The hands-on training took the participants to wheelchair user's homes to have practical understanding of the user's living environment and make suitable adaptations of the surroundings.

12 rehab personnel including prosthetic & orthotic technicians, rehabilitation therapy assistants and a physiotherapist participated in the training programme.

At the end of the training the participants gained exposure on fabricating pressure relief cushion, assessment & prescription and wheelchair mobility skill training in various environmental situations.

A workshop on AFO fabrication for Cerebral Palsy & Spinal Cord Injury Persons was also conducted at the same location for 12 personnel.

Through such short trainings, Mobility India strengthens the capacity of grass root organizations in all aspects of rehabilitation, mainly to form a link between their prosthetic and orthotic services and the community based rehabilitation.



## ABILIS activities



ABILIS Foundation is a development fund, founded by people with disabilities in Finland in 1998. Its mandate is to support the activities empowerment of disabled persons in the Global South (developing countries).

Mobility India is the facilitating agency for Abilis, Finland. To enable NGO's understand the process of Abilis funding, Mobility India organizes workshops to orient the NGO heads and staff.

Project proposals received from NGO's are then routed through Mobility India for screening and pre- funding evaluation before they are sent to Abilis headquarters in Finland for approvals.

Activity	Numbers
Projects supported with Abilis Funding	18

For the first time in all these years of work, MI visited Srinagar for an evaluation of an Abilis supported programme, the Hope Disability Centre. The centre has been working on women entrepreneurship and with all disadvantaged groups of society since 1999. The centre has also been able to form some Self Help Groups of people with disabilities amidst all the challenges of terrain, extreme weather conditions and most importantly the ongoing conflicts. Ms. Albina and Ms. Jaya along with Ms. Tuula Heima-Tirkkonen and Ms. Marina Kitaigorodski from Abilis conducted the evaluation.



# Regional Resource Centre, Kolkata



The RRC supports grassroots organizations in Eastern & North Eastern rural India where no rehabilitation facilities exist

In the past few years the Indian North-East region has been witness to conflicts and confusion. The geographic inaccessibility also has added to slower overall growth and development to reach these areas. The scenario is the same when it comes to availability of rehabilitation services in this region.

People with disabilities require interventions to reduce impairments and enhance functioning through

Services provided	
Direct Services	149
Outreach Prog	55
Partners & Other Org.	388
SFAB Splint fabricated	1324

healthcare services. Hence, in 1998, Mobility India chose to set up the Regional Resource Centre in Kolkata to facilitate work in the North East. The centre supports grassroot partners with provision of assistive devices and establishing orthopaedic workshops with therapy facility. The centre also supports in the design & development prosthetic and orthotic components, a key activity of Mobility India.

This year we refurbished the workshop in Dimapur (Nagaland), a region with a long history of insurgency in the past 20 years. In this scenario, the District Rehabilitation Centre wound up in 2007 after which the Indian Red Cross Society took a proactive role in its functioning.

Mobility India was asked to modernize the existing orthopaedic workshop. This refurbished facility now provides services to people with disabilities not only of Nagaland (27,000 as per the official estimate of the social welfare department) but also other North Eastern states that experience similar situations of conflict.

7 personnel were trained in Wheelchair Service Provision and 2 candidates are currently undergoing training in Prosthetics & Orthotics (ISPO Cat II) at Mobility India. 🙌



The Community Outreach programme for children with disabilities in the Garden Reach slum pockets of Kolkata provides assistive devices, home based therapy & educational support. Awareness programmes were conducted on health and disability issues for the SHG members. People were also given information on advantages Disability Certificate. The support goes out to over 100 children with disabilities and their family members. The children get opportunities to participate in cultural and sports events.

The centre also continues to produce the Steenbeek Foot Abduction Braces for children with club foot.



Research & Development  
of low cost, light weight  
and user friendly assistive  
devices.

# Development and Promotion of Appropriate Technology



## Jaipur Foot - modified to fit modular components

Design and develop orthotic and prosthetic components that suit the needs of people has been the hall mark of MI right from its inception. Over the years many of these components have won national and international acclaim as well as wide user acceptance.

After the successful production of below knee prosthetic modular components last year, Mobility India 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 along any endo – skeletal components. This new design has more benefits over the conventional one, which was causing cause problems in cases of amputees with a long residual limb and also Trans Femoral Amputees.



The Jaipur Foot is made by the skilled hands of women with disabilities. It is the most advance accessible production unit for making good quality Jaipur Foot to meet the need of people with disabilities within India and other developing countries. The women belong to low-income groups and the training (provided in 2003) and their subsequent employment has helped them fulfill their long cherished desire of achieving self reliance.



Noor Fatima is 16 and loves playing badminton. Born with a congenital deformity, she manages her schooling and high energy sports activities with a well – fitted prosthesis. She has been coming to Mobility India for over 6 years now and was one of the first users

of trans- tibial modular component developed a few years ago. Recently her prosthesis was assembled with the modular components along with the modified low ankle Jaipur Foot.



## Tools Development



Draw knife



Bending Fork



Apparatus Bending Braces

The tools in the picture gallery above are made indigenously to be used in any orthotic/ prosthetic workshop. The draw knife can be used in mould modifications and the bending tools for bar - bending in the fabrication and assembling process of orthotic components.

## Networking & Collaboration

### State Level

Mobility India is selected as one of the Members of the Core Committee of the State Commissioner for Disabilities Karnataka. MI took part in a 2-day Consultation on the Working Draft Bill of the Rights of Persons with Disabilities Bill 2011, followed by State Level Recommendations Meeting that was held in MI's Office.

Albina Shankar, Director took part in the Regional Consultative Workshop of 12th Plan Approach, organized by Confederation of Indian Industry(CII). The inputs by the members would get synthesized into the essentials for the Planning Commission while finalizing the 12th Plan.

### National Level

Seminar on National launch of WHO CBR Guidelines, New Delhi  
During the 1st Asia Pacific CBR Conference at Bangkok, the delegates from India agreed to form the CBR India Network. The Network is a part of the CBR Asia Pacific Network and CBR Global Network & International Alliance. Mobility India is the Secretariat for the CBR India Network.



CBR India Network convened a National Seminar during 10th and 11th December, 2010 in New Delhi on the theme CBR - A Strategy for Inclusive Development. This was the first seminar of its kind, 400 CBR workers, professionals, trainers and representatives of the DPOs from across India participated. The WHO CBR Guidelines was released. Seeing the success of this seminar, CBRIN is hosting the First CBR World Congress in India in November, 2012.

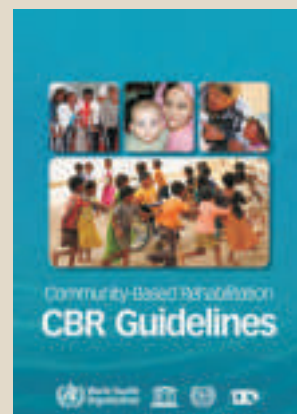
### Rehabilitation Council of India (RCI) Meeting

Ritu Ghosh, Deputy Director - Training attended RCI-Course Coordinator's Meeting on 24th and 25th March in Delhi. The BPO proposal for Lateral Entry was not accepted by RCI for the year 2011-12. It was suggested for the year 2012-13.

### International Level

#### Launch of WHO CBR guidelines, Abuja

The new WHO/UNESCO/ILO/IDDCCBR Guidelines were launched on 27 October 2010 in Abuja, Nigeria. These guidelines focus on key development areas – health, education, livelihood, social and empowerment. CBR is strategy which can be adapted to suit different contexts and make a contribution towards the implementation of the Convention of Rights of Persons with Disabilities and achievement of the Millennium Development Goals. Mobility India's contribution to this is 4 case studies that are featured in the document. Albina Shankar attended the launch at Abuja.



### WHO Quality of Life Study

Ms. Jenny Jonasson and Ms. Sofia Wallen, Swedish students of final year P&O, Department of Rehabilitation, University of Jönköping, Sweden did a study on more than 55 users having polio. They used WHO BREF QOL (Quality of Life) tool that comprises 26 items, which measure the following broad domains: physical health, psychological health, social relationships, and environment.

## International Society for Prosthetics & Orthotics

Ritu Ghosh attended meeting organized by ISPO/USAID on 9th May, 2010 for PO schools in Leipzig. She also attended the ISPO Congress from 10th to 15th May, 2010, participated in the trade fair as well as presented two papers.

## Staff Exchange Programme

As part of staff exchange programme for this year, Mr. Rajdeep, Programme Manager Training (Prosthetics) was placed in CSPO, Cambodia from 31st May to 2nd July 2010. The main objective of the visit was to know about documentation system in the training and the evaluation methodology of the students studying Prosthetics & Orthotics.

## Visit to Navajeevana, Sri Lanka

At the request of CBM SARO (S), a visit was made to Navajeevana, Sri Lanka to assess the technical areas and its linkages with community work. The rehabilitation service provision was assessed and many key areas of attention were identified, ranging from technology transfer, staff capacity building and strategy of service provision. Albina Shankar and Soikat Ghosh, Asst. Director - Rehabilitation Services were a part of the evaluation team.



## Disability Equality Training 3rd -11th Nov 2010, Malaysia

Jay Kumar, Programme Manager - CBR attended the 2nd Regional Training of Trainers on Disability



Equality Training (DET), in Kuala Lumpur, Malaysia. This was jointly organized by Japan International Corporation Agency (JICA) and Department Social welfare, Ministry of women, family and community development Malaysia. The training had two main objectives - to understand disability from the perspective of social model, to understand the difference between disability awareness programme and disability equality training and second to build the trainers skill.

## 1st Asia Pacific Convention on CBR, Malaysia

Albina Shankar, Anand SN, Programme Manager - ELO and Jay Kumar attended the CBR convention held from 13th-15th Nov 2010 in Malaysia.

## Pakistan Institute of Prosthetics & Orthotics Science(PIPOS), Peshawar Pakistan

Ritu Ghosh visited PIPOS from 7th - 12th Feb, 2011 as an ISPO evaluator to inspect the school for the ISPO Cat II programme.

ISPO has detailed appropriate education and training guidelines for the orthopaedic technologist (Category II). The evaluation includes students' entry requirements, teaching content, clinical training, quality and administrative procedures.



## North Korean Delegation

The Korean Federation for the Protection of the Disabled People ( KFPD), a civil society in Pyongyang have plans to implement programmes and projects targeting disabled people in the country. To have a better understanding of the work done in rehabilitation services outside DPR Korea, a 4 -member delegation visited Mobility India for an orientation.

## Obituary

Mr. D M Naidu founder member of Mobility India passed away this year. Mr. Naidu had been involved with the disability sector in various capacities for a long time. He was a firm believer of community based health care and rehabilitation of people with disabilities. His strengths were his deep sensitivity for the most marginalized, along with his managerial competence, wide network linkages and the respect he attracted through his simplicity and directness



## Acknowledgment

Mobility India will soon complete 17 years of its existence. We know that this would not have been possible without your support.

*Thank you*



'Mobility India wishes to thank the Australian Agency for International Development (AusAID) for its support of CBR Programme in Anekal Taluk, Bangalore



*...Our trusts/foundations, schools, corporate donors, volunteers and individuals*

# RECEIPTS & PAYMENTS ACCOUNT FOR THE PERIOD APRIL-2010 TO MARCH-2011

(Amounts in `)

31-03-2010	RECEIPTS	31-03-2011	31-03-2010	PAYMENTS	31-03-2011
To	Opening Balances		By	Personnel costs	15,757,886
22,809	Cash on Hand	53,548	"	Administrative costs	5,239,865
3,936,943	Cash at Bank	4,454,426		Rehabilitation Services	10,205,685
"	Grants			Capacity Building, Partnership and Seminar	2,336,300
5,303,454	- CBM (SARO) South	5,560,668		Design & Development of Orthotics & Prosthetics	6,750,811
3,472,719	- CBM (SARO) South AusAID	780,250		Components	3,970,316
1,678,069	- CBM (SARO) North	1,594,814		Human Resource Development in	6,909,606
1,838,228	- MIBLOU - Switzerland	2,042,590		Disability & Rehabilitation	1,546,544
5,209,475	- Disability and Development Partners-UK	10,563,735		Community Based Rehabilitation Programmes	1,956,166
1,131,371	- Zurich Financial Services (UKISA)	1,088,898		Capital Expenditure	20,611,976
1,230,753	- Abilis Foundation - Finland	1,625,340		Advances & others	36,112
1,797,525	- Terre Des Hommes-The Netherlands	2,546,496		Fixed Deposits	6,884,036
1,443,388	- International Committee of the Red Cross-Vietnam	1,501,824		Closing Balances	
90,281	- International Society for Prosthetics and Orthotics-	55,230		- Cash on Hand	
90,451	- Friends of Mobility India, UK	142,029		- Cash at Bank	
	- Stichiting Liliane Fonds	306,575			
490,357	- World Health Organisation - Geneva	531,055			
	- Motivation -UK				
	- Sight Savers International	150,000			
12,541,060	Donations	12,183,241			
8,566,795	Training Fees & others	10,955,518			
8,603,090	Orthotics & Prosthetics Components	14,115,502			
1,100	Membership Fees	1,400			
13,745,117	Interest from Bank	10,006,582			
	Others				
	Sale of Vehicle	180,000			
1,087,074	Advances & Other	7,58,308			
72,280,060	Grand Total	82,198,029	72,280,060	Grand Total	82,198,029

As per our report of even date  
for Y V S Vinod & Associates  
Chartered Accountants  
Reg No.: 012561S

Lokesh Talanki, FCA  
Managing Partner  
M.No.: 207539

108,738

for Mobility India

Philip De Costa  
Treasurer  
For MOBILITY INDIA  
Albina Shankar  
Director



School Enrollment campaign and street plays on Inclusive education at 65 Schools across Harave and Kasaba, Chamarajnagar, Karnataka

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