

MOBILITY INDIA

Annual Report

April 2011 - March 2012





About us

Mobility India (MI); an independent, democratic and secular disability and development organization (established in Bangalore, 1994 as a registered society) is committed to ensuring that people with disabilities have equal rights and a good quality of life, particularly those who are poor, living in rural areas and urban slums. The activities focus on rights to health care including rehabilitation services, education, livelihood, social inclusion & participation, training and research & development. Mobility India's Rehabilitation Research and Training Centre in Bangalore, a model of disability friendliness, house all its activities. Regional Resource Centre in Kolkata was established in 1998.

Mobility India aims to contribute to the realisation of the Convention on Rights of Persons with Disabilities (CRPD), Millennium Development Goals (MDG's) and related National Legislation. Mobility India is committed to a Human Rights Based Approach, and strives for the inclusion of people with disabilities in all development activities.

Governing Body Members

President : Mrs. Romola Joseph, Social Worker

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

Secretary: Dr. Gift Norman, Community Health Doctor

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

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

Mr. Kishore S. Rao, Managing Trustee of Karunashraya Bangalore Hospital Trust, Cancer Centre.

Ms. Sonia Sharma, Communications;

VISION

An Inclusive Community where people with disabilities, their families and other disadvantaged groups have equal rights and good quality of life

PRIORITY

To work for people with disabilities, the poor, particularly children, women and elderly.

FOCUS

Disability Inclusive Development

MISSION

Enhance 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
- Human Resource Development in Disability and Rehabilitation
- Capacity Building of grassroots organizations in the field of disability & development through effective partnerships
- Development and promotion of appropriate technology





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Foreword

Dear friends,

Each year around this time, we step into a period of reflection on the learnings and practices of the past one year and the path forward - to focus our work more towards **Disability Inclusive Development** in the coming years.

One of the highpoints is the nomination and recognition of MI as the Organizing Secretariat for the 1st Community Based Rehabilitation World Congress - the first ever Global Congress to be held in Agra from 26 -28 November 2012. The Congress promises to realize the benefits of CRPD and promote CBR to achieve development and human rights for all, reaching everyone everywhere especially the poorest of the poor.

Mobility India has been promoting CBR since 1999, with increased focus on poverty alleviation and access to basic needs. The programme has reached out to 4797 persons with disabilities and their families (1000 peri-urban, 1050 urban, 1627 rural and 120 CWDs in Kolkata). It has also raised awareness on disability, development and rehabilitation for 15,430 people. The year also witnessed MI being chosen as the nodal agency representing the rural Chamaraj Nagar and urban Bangalore at the district level.

Mobility India realized years ago in order to make rehabilitation services accessible, there is a need to address the disparity between the requirement and the availability of trained personnel that persists in the developing countries, MI has taken up this challenge by offering various training programmes to provide personnel with an appropriate level of education and training, necessary in facilitating people in need with quality rehabilitation services. So far, 292 students have trained to become qualified professionals ready to achieve their highest dreams. It is estimated that 2.54 million people with disabilities accessed services from these professionals from India and other developing countries.

MI's rehabilitation services cater to a wide spectrum of users, ensuring quality, which necessitates a constant inflow and testing of newer ideas, methods and approaches that lead to sustainable rehabilitation services. This year, an initiative of MI and Christian Medical College, Vellore with support of International Committee of the Red Cross – Special Fund for the disabled (ICRC-SFD) and ISPO witnessed a 3 day consensus seminar on the “Development of Quality Control Tools For Prosthetics and Orthotics appliances” - the first seminar of its kind in the Indian P & O field.

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, financial and technical guidance from donors – national and 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 as we continue to champion for the development and human rights for persons with disabilities, their families and communities.

Best Regards



Ms. Albina Shankar
Director





Human Resource Development in Disability & Rehabilitation

An estimated void between the need and availability of trained personnel in rehabilitation services is mostly prevalent in the developing countries where majority of the world's disabled population resides with poor access to health and rehabilitation services. MI envisaged years back the need that persisted and to meet the requisite, MI has been working towards this impediment by offering various training programmes to develop and bolster personnel with adequate level of education and training, which is necessary in facilitating people in need with quality rehabilitation services. The training programmes have constantly been targeted towards aspiring candidates from rural India and low & middle-income countries to make such facilities within reach to people with disabilities.



Trainers' Guide: Book Published

A Trainers' Guide to the Rehabilitation Therapy Handbook was published in 2011 by Mobility India. It is designed to be used in conjunction with the Rehabilitation Therapy Handbook (Volume I&II) that was published the previous year. The handbook encourages trainers/students to understand issues related to rehabilitation therapy and solve problem. The Trainer's Guide helps to facilitate a better understanding of the concept and to their ideas by giving an array of solutions to the problem solving issues encountered when working in the field. The solutions to the activities and questions are authored in accordance to the universal understanding of the concepts which makes it a user friendly guide that is useful in any settings apart from enhancing the teaching and evaluative methodologies of the trainers.

Rehab therapy services reaching to Nagaland

Caselet 1.1:

Few months awaits Jenny to become a professional in Rehabilitation Therapy Assistant. She is first from Nagaland to have come for a course on RTA (recognized by Rehabilitation Council of India). The organisation 'Cherry Blossoms Society', Dimapur to which she has been volunteering since her school days plans to facilitate her learning to assist therapy services to many from the community. She says "Mobility India RTA programme has equipped me to develop a deeper understanding of disability and the different elements in Rehabilitation services, from preparing developmental aids, attending to service users for their therapy. The programme has fortified the will within me to pursue higher education in this field".



Jenny conducting therapy in Dimapur, Nagaland

Reflects the Global Presence of MI in training healthcare professionals from 17 countries in Rehabilitation Science

It is estimated that 2.54 million people with disabilities received services from 292 trained candidates in last 10 years : 190 Prosthetics & Orthotics Technologist; 102 Rehabilitation Therapy Assistant.



All	
Bachelor in Prosthetics & Orthotics (BPO)	
Lower Limb Prosthesis (LLP)	
Lower Limb Orthosis (LLO)	
Diploma in Prosthetics & Orthotics (DPO)	
Rehabilitation Therapy Assistant (RTA)	

Clinical staff training

Mr. Bert Van Koll from International Committee of Red Cross – Special Fund for Disabled (ICRC- SFD) conducted a 2 weeks follow-up workshop on polypropylene technology to refurbish the 5 P&O trainers on trans-tibial & trans-femoral prostheses.

Knowledge building

Upgrading the knowledge and skills of health personnel / professionals and anganwadi teachers, primary school teachers, home based tutors, parents etc. on Disability and Rehabilitation is one of the core objective ascertained by the rehab/CBR professionals through orientations, workshops, seminars & Continued Rehabilitation Education in the community. In the context, 15,430 people were upgraded and sensitized this year.

Graduation Day

2011, 30th December was an important day for the 22 students from India, Nepal and Palestine completing their programmes in Lower Limb Orthotics (LLO. Lower Limb Prosthetics (LLP). Now, as Orthotists and Prosthetists professionals, they will render their services in their respective communities.

Transition from a trainee to a trainer

Caselet 1.2:

Mohammad Nayaz's association with MI goes back to the year 2003 when he joined as a trainee for Lower Limb Prosthetics (LLP). His perseverance to learn made him an integral part of the rehabilitation team. Also, after being trained in wheelchair service provision, he became a part of the trainers' team to impart a module on wheelchair service provision for training programme in P & O and Rehabilitation Therapy following World Health Organisation (WHO) guidelines. He says, *"It is a great transition period from a trainee to a trainer; It has helped to build my skills better and improve as a technologist"*.

Working with other P&O professionals enthused in him to pursue his career forward. 2010, he enrolled for the programme in Lower Limb Orthotics and today he is one of the ISPO certified technologist.



Top: Mr. Bert Van Koll ICRC-SFD during a follow up session

Bottom: 22 P&O professionals on their graduation day





Computer Lab & Library

To enrich and disseminate knowledge to the students necessitated the need to strengthen the academic infrastructure of the organisation. In accordance, a new computer lab and upgraded library was inaugurated on 14th Dec by Mr. Miguel Fernandes, Head of the Regional Office for Asia, International Committee of the Red Cross (ICRC).

Quality of Life - Studies

Mobility India has been associated with eight studies over the last 4 years, to have an analytical perspective of the need and use of mobility devices and to understand the impact of such provision, in enhancing the quality of life of people with disabilities and their families since, such investigative studies facilitates in contributing and influencing stakeholders at different stages too.

For the reasons similar, Mobility India has been necessitating studies relevant to the areas concerned; a known fact that research contribution in examining quality of life of prosthetics and orthotics users is limited and fewer studies examine their thoughts and feelings too. Moreover, such studies from the developing world are almost non-existent. Therefore, to contribute to the field, a study on *The Impact of Prosthesis/Orthosis Provision on the Quality of Life (QOL) Of People With Disabilities* was carried out with a sample size of 60 men and women with mobility impairment in the project area using *WHOQOL-BREF questionnaire* which measures the following four domains: *Physical health, Psychological health, Social relationship & Environment*. The study revealed that 43 subjects were the first time recipients of any orthosis/prosthesis, and among them 33 were male and 10 were female. It was also reflected that despite Government schemes and programmes for provision of prosthesis or orthosis, people who need those can hardly access it.

Besides prosthesis and Orthosis, wheelchair is an important rehabilitation aid for people with disabilities (PWD) too, who otherwise face multi-dimensional obstacles in their respective lives. Therefore, *'The Quality Of Life of manual wheelchair users from urban areas in Bangalore'* was studied with a sample size off 33 subjects to understand the overall impact on the life of a PWD after receiving a wheelchair. The results showed that there was no significant change in the QOL except for a slight lower variation in the psychological domain of manual wheelchair users. This study has opened an avenue to conduct a comparative study by taking a bigger sampling size to have a tangible understanding of



Quality of Life of manual wheelchair users.

Moreover, there are many factors that lead to impairment in a person; poliomyelitis was one among the many factors that had a substantial impact on the life of people here. It is only in February 2012 that India was officially struck-off from the list of polio-endemic countries by the World Health Organization (WHO). Though only a single case of polio was reported in earlier part of last year, there are many who are with post-polio syndromes in the country. In the context, '*Poliomyelitis Patients in South India – a Study Measuring Quality of Life*' was conducted with a sample size of 91 in collaboration with Jönköping University, Sweden; the study accentuated that people with post-polio syndromes are affected by living environment and the number of rehabilitations services like; orthopedic devices, education and job opportunities.

The year contributed to another QOL study on women with disabilities in partnership with Jönköping University titled '*Quality of life scores of women with disabilities in the lower limbs using orthotic or prosthetic devices compared to quality of life of the non-disabled population pertaining to the MI Project areas*' with a sample size of 119 using WHOQOL-BREF questionnaire. The preliminary results stated that disabled and non-disabled in total, who are living in the urban slum group scored significantly *lower* in the *environmental domain* compared to the urban group; disabled women who are married and have children scored low in quality of life compared to the non-disabled women. However, disabled women who have regular income had higher score than non-disabled women.

From the following studies that MI has been conducting or being associated with, it can be stated that prosthesis/ orthosis provision do make a positive impact on the Quality of Life (QOL) of people with disabilities besides enhancing their mobility. However, there is also a section of the society that expects a drastic change in their life and invariably score less in QOL.



Top : Sharing a moment with his family member

Bottom: An appropriate device enhances Quality of Life



A study in collaboration with Kempegowda Institute of Medical Sciences, Bangalore.

'Does prenatal testosterone have a role in development of Cerebral Palsy' – a study conducted to determine the potential role of prenatal testosterone in development of cerebral palsy disorder. The study was carried out with 48 cerebral palsy children, 28 male and 20 female in age group of 7- 12 years. Age matched healthy children (27 males & 25 females) formed the control group. The length of the second and fourth digits (2D:4D) of the hand was measured for both the groups

This study clearly establish that testosterone is a non- causative factor in development of cerebral palsy.



Rehabilitation Services

Rehabilitation is essential for people with disabilities to achieve their highest attainable level of health. Every year people from different places irrespective of being marginalized by social, economic and cultural environmental factors visit MI to reinforce their dream of being rehabilitated.

MI's rehabilitation services cater to a wide spectrum of provision that entails to affordable, appropriate orthoses, prostheses, wheelchairs and other mobility devices, along with physiotherapy and occupational therapy. Ensuring quality of life for persons with disabilities, however, thrives for constant need of newer ideas, methods and approaches that lead to sustainable rehabilitation services.

The year witnessed Mobility India forwarding into a process of elevating and strengthening improved facilities to its service users.

Mobility India Gait Training Approach for Unilateral Lower Limb Amputee.

Adaptation to prostheses is a long process and varies from individual to individual. The rehabilitation team of prosthetist, orthotist and therapist together address individual needs, which allows more efficient rehabilitation. In order to capacitate the therapists with better precision on goal setting and prescription of appropriate level of gait training in different surfaces to each individual – a gait training protocol was introduced.

Mobility India's (MI's) new approach to gait retraining for unilateral lower limb amputees, considers amputee's pre-amputation functional ability and mobility, established through the Amputee Mobility Predictor with prosthesis (AMPPRO) and Locomotor Capabilities Index-5 (LCI).

- ✓  AMPPRO measures an individual's pre-ambulation mobility and functional capabilities to ambulate with prosthesis. It evaluates *transfers, sitting, standing balance and various gait skills.*
- ✓  LCI-5 is an outcome measure used during discharge and 3 months of follow-up gait training of the service user. It measures the service users' perceived capability to carry out the locomotor activities with prosthesis and gives clarity to the therapist to make decisions regarding discharge and follow-up visit.

The goal setting procedure though an approach for the therapists to be methodical in providing their services, it is a motivation for the service users too. As they successfully complete a step forward towards their final prescribed destination of balancing their gait in different surfaces, it gives a positive drive to complete the rest of the sub stages as well – a clear path view towards independence.



The service user is undergoing balance training through play approach

Table 2.1:

Rehab service Provided	Bangalore
Assessment	2220
Therapy	748
Wheelchair services	106
Developmental aids and mobility devices	200
Prostheses / Orthoses	4802
SFAB Splint Fabricated	
Home Based Therapy	5970



Before intervention

Keerthi:
stands tall



At present, Keerthi is regularly undergoing training and very soon we will be able to see her walk without any support.

Keerthi:

Caselet 2.1:

5 year old Keerthi attracts everyone's attention due to her lively and talkative nature. She lives with her parents and elder brother in Hubli, Karnataka. Her father works in a provision store. She is one of the brilliant children in the kindergarten where she studies.

Soon after Keerthi was born, her parents noticed the deformity, but decided to wait for her to grow up and then to consult a doctor for any medical intervention. However, when she was referred to the hospital, the doctors said that little Keerthi will not be able to walk like any other children of her age since, she is born with congenital deformity –phocomelia (in this, hands and/or feet are attached to abbreviated arms and legs). Due to the impairment, Keerthi had to crawl to move around places and always needed someone to support for her day to day activities.

Keerthi and her parents attended a health camp where the doctors referred them to Mobility India where she was fitted with an artificial limb, she was given intense gait training to ensure she could walk properly with her prosthesis, and she was also provided with a wheelchair.

After 5 years Keerthi was able to stand tall and take her first step and was thrilled to move around with her new prosthesis. She went around the entire centre showing her happiness that she could walk independently. Keerthi's mother was in tears to see her daughter walk and the thought that she will be able to walk without support in days to come.

Development of Quality Control tools for Prosthetics and Orthotics :Seminar

Perceptions of quality control measures and protocols are varied across the Indian P&O schools and amongst practitioners. This has a direct impact on the quality of assistive devices. Quality control in prosthetics and orthotics service delivery is the key and holds high importance.

MI and Christian Medical College, Vellore with support of International Committee of the Red Cross – Special Fund for the disabled (ICRC-SFD) and ISPO conducted a 3 day consensus seminar on the “*Development of Quality Control Tools For Prosthetics and Orthotics appliances*”. This was the first seminar of its kind in the Indian P & O field.

Representatives were from across the P&O spectrum from educationist from national and international training institutes to private practitioners, professional working at rehabilitation centres associated to hospitals/ NGOs, multi-national companies and also from the educational committee of ISPO.

Quality control evaluation steps for each production process and draft protocols for P &O devices were formulated.

Way forward....For implementing the protocols and carrying out a pilot study to collect evidence

- Protocols-all professionals to put it to practice**
- Training institutes should implement for a month – and then make a recommendation to the RCI for including into the curriculum through the expert committee on P&O.**
- Private sectors/ practioners also need to implement the protocols**
- Evidence collected on trial of protocols to be submitted to MI & CMC**



Delegates during the session



Ms. Albina Shankar greeting Mr. Carson (ISPO) during the seminar on Quality control tools for P&O



Community Based Inclusive Development

'A strategy initiated and promoted by the World Health Organisation for a cross-sectoral, human rights based approach towards inclusive development. This approach for community development is focused on involving people with disabilities, their families, community and their organisations as primary stakeholders'

CBR ensures people with disabilities and their family members access the key essentials of life, such as health, education, livelihood with a strong focus on empowerment, promoting inclusion and participation in all developmental and decision making process.

The ascribed strategy has been one of the core principles of Mobility India covering:

- 23 Urban Slums, Bangalore
- Peri-urban in Anekal Taluk, Bangalore-44 villages
- Rural Settings in Chamrajnagar District - 225 villages

Urban slums, Bangalore and 44 villages of Peri-urban settings in Anekal taluk)

Apart from working towards making health services accessible, CBR also stresses on the need to strengthen the underlying determinants in order to improve the knowledge about health among community members.

The 2001 consensus states that there are 225 million adolescents under the age group of 10-19. Adolescents access to and use of health services is limited; one of the reasons for the deficiency is the knowledge gap and the lack of systematic evidence that illustrates the multi dimensionality of young people's lives and concerns.

Tracing the root cause for such susceptibility entails that generating discussion on healthy diet for mother and child is welcomed in an open forum, what impede is the community to come forward with issues related to reproductive health – the stigmas and taboos attached repress many questions within them on reproductive health. The year therefore witnessed the incessant effort to mitigate such issues in the community by promoting awareness programmes on reproductive health in schools, colleges & for the SHG members; 165 students from schools and colleges were targeted and 113 number of SHG members was part of the awareness building programme – an initiative to further sensitise that such factors are an important determinant in preventing disability too. Cervical and breast cancer camps were also conducted to prevent or remediate existing problems apart from awareness building on the daily intake of nutritious food for a healthy living.



Awareness programme on Reproductive health

International Day of Persons with Disabilities, 3rd December 2011

“The eye is the window to the world, at the same time, it is the window of the soul- Shakespeare” 35 million people are blind or going blind in the developing world. The number of people awaiting corneal transplant is outnumbering the available donors

An eye donation registration camp was organized by Mobility India in Anekal where 165 people came forward and registered for the benefit of many who do not have it.

Health table 3.1

		Urban		Peri-Urban	
		Adults	Children	Adults	Children
Promotion	Awareness programmes	2200	760	7600	910
	Awareness messages/wall writing	8		4	
	Orientation for Government Teachers/ Primary health workers	Primary Health Workers: 104	Teachers: 207	Primary Health Workers: 250	Teachers: 231
Prevention	Ante Natal Care	499			
	Post Natal Care	407			
	Immunization	368			
	Nutrition support	347			
	Screening children in school	380		1353	
Medical Care	General Health Camp	225			
	Eye & Hearing Camp	327		247	
	Breast/ Cervical cancer camp	123			
	Corrective surgery	3		16	
	Cataract surgery	59		83	
Rehabilitation	Assessment	159		139	
	Therapy Follow-up	197		186	
	Home adaptation	17		50	
	Referrals	310		152	
Assistive devices		New aids and appliances: 117	Repair: 38	New aids and appliances: 107	Repair: 47



Education Level	Urban	Peri-Urban	
Early Childhood Anganwadi, UKG, LKG, Balwadi	154	16	
Primary Age group: (6-9) years	244	102	
Secondary and Higher Age group: (10-16) years	216	43	
Non-formal	Special School	20	
	Home based	61	32
	Coaching class	12	27
	Total	CWDs 60	Non-CWDs 181
Life-Long Learning	211	169	

Education bring the opportunity to make a difference:

One of the objectives of the CBR is to improve the quality of government schools and ensure access to education for all children including those who are disabled or marginalized for any socio-economic and cultural reasons. Also, to work toward children with disabilities' active engagement in creating social change in their schools and their communities.

Chandan's home based learning:

Case let 3.1:

Seven year old, Chandan is a vivacious child. As he grew older, his parents realized that he had developmental delays and also, had frequent epileptic attacks. Chandan underwent a medical intervention and during the process he was diagnosed with Cerebral Palsy (CP).

Chandan is under the Activity Based Education (ABE) template adopted by Sarva Shiksha Abhiyan (SSA). Once he was enrolled in the program it became apparent to everyone that he has a natural aptitude for studying. Chandan has managed to channelize his interest in studies into other avenues such as puzzle solving. He can now identifies colours, vegetables, fruits and body parts and capable of identifying people and their professions as well. He now communicates through sign language without any hassle and even expresses to the others to stop explaining something when he has already grasped a concept.

Chandan undergoes regular therapy to improve on his developmental delays under the aegis of Mobility India, and he is provided a Standing Chair to improve his posture. Consequently his mobility has increased to a point where he now moves around in his home freely. Like most other children of his age, he loves watching movies and cartoons on the television with his favourite being the one depicting the adventures of Bal Hanuman (Character from Indian Mythology). He also enjoys playing with the plastic bat and ball in his possession and often makes a game out of it with his cousin.

Chandan's parents are delighted with his rapid progress and are evaluating his options for further education.



Chandan undergoing home based education

Livelihood: Access to decent work opportunities

MI's focus is on poverty alleviation. The links between poverty, disability and livelihood means that community development process is essential. Therefore, to reinforce the socio-economic status of people with disabilities and their families in the community, MI has networked ceaselessly to mobilise job opportunities under the proposed Government of India scheme of 3 percent reservation in private and public sectors.

In the context, such efforts have paved the way in channelizing work of a pen manufacturing company in the local community. An achievement to its credit; though the Peri-urban CBR project's unwavering effort from the time of identifying the company's nature of work, to carving their way to convincing for outsourcing the assembling of pen pieces, to persons with disabilities and their families, witnessed a yearlong negotiation. However, the agreement that came along this year from the company has ensured and strengthened the economic growth in the community. The society '*Janapriya Angalavikalara cooperative*' (Federation of persons with disabilities and other disadvantaged groups formed by MI) was introduced as the structured body for supervising and coordinating the assembling of pen piece work in different centers of the villages. The initiative has benefited 84 members (26 disabled people, 35 disabled family members and 23 members from poor family) to earn enough income to lead dignified lives and contribute economically to their families and communities

Maimunisa: self - employment opportunity to others

Case let 3.2:

Maimunisa, a hearing impaired by birth defines the purpose that disability is not a barrier to life – a role model in her community today. Under the aegis of Mobility India, she was given a hearing aid and was encouraged to start her micro-enterprise of agarbatti – making (incense stick) along with her two sisters (who have similar impairment) as she was skilled in the work after being employed in an agarbatti-making factory for years. The venture which she started with the help of loan from the Self-Help group flourished and a steady income also added to the family income. Moreover, the hard-work paved the way to a steady growth in their business and received a return of 100/- to 120/- per day. This motivated her to expand her business which has generated employment opportunity for the community too.



Courtesy: Gitika

Maimunisa drying the incense sticks



Skill Development

	Urban	Peri-Urban
PWDs	19	17
Family/ Community members	65	39

Self Employment

PWDs	19	17
Family members	65	39
Poor family members		8

Wage Employment

PWDs	34	43
Family members	55	20
Poor family members		10

Financial Services

PWDs	26	8
Family members	33	9

Social Protection

ID card	29	27	
PHP	21	33	
Widows Pension	39	31	
Old age pension	61	26	
Niramaya Medical Insurance	7	11	
Educational scholarship Govt.	Mobility India	95	47
	Government	36	
Bus Pass		48	

Empowerment

Empowerment and sustainability is only possible with Community Participation.

People are enabled to become actively and genuinely involved in defining the issues of concern to them, in making decisions about factors that affect their lives, in formulating and implementing policies, in planning, developing and delivering services and in taking action to achieve Change.

A success to its credit, Mobility India has also been chosen as the nodal agency at the district level to make sure the utilization of 3 percent reservation for persons with disabilities in the poverty alleviation programmes by Gol.

Disabled People's Organization (DPO): Effective self-advocacy

It is ascertained that persons with disabilities are the best spokesperson to represent their needs & aspirations; advocating for their rights and thriving for a barrier free environment. In this context, Chaitanya DPO is formed in Attibele.

One of the important activities that Chaitanya addresses is physical accessibility. They formed within them an access audit team of nine members (cross disability) to address the issues in the public places, especially the bus stops, police stations, court and local governance offices.

The access audit report was then submitted to the Deputy Commissioner (DC), Bangalore in the grievance meeting. As a result most of the places were made accessible with the help of the local governance and the community. Thereafter, a policy was formulated by the local government to ensure that the upcoming public infrastructures have access features.



Access audit being carried out in public offices and bus stands

Empowerment
Table 3.4.

	Urban	Peri-Urban
Advocacy & Communication		
Issues	19	29
Members	347	416
Community Mobilisation		
Alliance group	Group 5 Members 112	Group 28 Members 87
Family members	6 CWDs: 28 Non-CWDs: 62	28 CWDs: 87 Non-CWDs: 380
Cooperative society		339
Community Members (from different field)		
Political Participation		
Participating in community meeting	234	
Attending Panchayat meeting		169
Self-help Group		
Groups	42	34
PWDs	183	119
Family Members	671	132
Others		172
Disabled People Organisation		
DPO	4	1
PWDs	97	24
Family Members	23	3
Others		172

Communication which has no boundaries - dance Case let 3.3:

Swarnapriya manages to keep a cheerful disposition despite the various hurdles she has had to face. 25 years of age, she lives with her 3 brothers and parents in the Banashankari area of Bangalore.

Swarnapriya was diagnosed with PPRP (Post - Polio Residual Paralysis) as a child. Due to her condition she found it extremely hard to move around freely. However she did not let her difficulty impede her progress, as she took to knitting and underwent vocational based training to ensure her development did not remain stagnant.

Swarnapriya was identified by Mobility India's community facilitator for the CBR (Community Based Rehabilitation) programme. In order to improve Swarnapriya's mobility a wheelchair was provided to her. Although Swarnapriya was coping admirably well with the help of her wheelchair, she always had the desire within to learn dance and perform someday in a social gathering. The community facilitator often during follow-up visits seen Swarnapriya learn steps observing dance programmes aired in the television.

A dance studio 'Swing n Sway Innovative' approached MI to take part in a cultural programme to promote dance as a medium which has no boundaries. The programme was a platform that helped her to live her dream into reality. She participated in the event with only a week's worth of preparation and training at the hands of a member at the Studio. Although Mobility India had a few other wards participating, Swarnapriya was the only participant giving a solo recital. She received a standing ovation at the end of her performance.

Swarnapriya's success has given her more courage and reinforced her determination to make the best of the opportunities made available to her. She does not intend to rest on her laurels and is open to performing again at a similar event if an opportunity is afforded to her.



	Urban	Peri-Urban
Personal assistance		
Support from neighborhood and friends	32	73
Relationships, marriage & family		
	2	7
Recreation, Leisure & sports		
	CWDs 287	Non-CWDs 328
	CWDs 271	Non-CWDs 314
Justice		
PWDs	22	22
Family	39	24

Swarnapriya is glad that she has been able to explore her potential. She is also thankful to her family and Mobility India for having encouraged her to follow her dreams.



Swarnapriya performing in cultural programme

ELO.....5 years: A transition to Community development programmes



When Mobility India began work in Chamarajnar with the support of DDP, many parents in this relatively poor district of Karnataka State- especially parents of disabled children – did not send their children to school. The situation after 6 years of the project's existence in Kasaba and Harave (76 villages) has improved; the school enrolment has risen from 74% to nearly 100% and retention up from 66% to 90%.

Impact assessment in Chamrajnagar

Besides the changed education scenario in the programme areas, ELO's continuous effort in resource mobilization has fostered the community with a number of revenue streams: the auto rickshaw cooperatives, interest payable on SHG loans, and greater economic security and income among programme stakeholders which ensures and contributes to socio-economic stability.

The deliverables achieved through the successful approaches adopted has transpired the extension of the project in 2011 to 3 Hoblis: *Santhamaralli, Haradanahalli, Chandakawadi* reaching out to 152 villages in addition 76 villages, total comprising of 228 villages. The focus being health, education, livelihood, social and empowerment.

Child focused activity

To create an inclusive community, children have a pivotal role to play. Accentuating their role and rights towards the community has been promoted through Children Grama Sabha, inclusive excursions and inclusive summer camps.

The children Grama Sabha conducted witnessed 4887 children from 27 Panchayat coming forward to voice issues concerning them and community at large.



News clippings of children's participation in Grama Sabha And awareness programme



Children at Grama Sabha



Children at CEC



Community Mobilisation

	Rural	
	Group	Members
Alliance group	—	—
Children's group	6	CWDs: 28 Non-CWDs: 62
Cooperative society	—	—
Community Members (from different field)	—	—



Non-formal

	Rural	
	CWDs	Non-CWDs
Special School	5	
Home based		
Coaching class	27(CEC)	
Total	229 (Boys:128: Girls:101)	1275 (Boys:635: Girls:640)



Recreation, Leisure & sports

	Rural			
	CWDs	Non-CWDs	CWDs	Non-CWDs
	287	328	271	314

Health & Hygiene

One of the important determinants to an individual's health & hygiene is rooted to proper sanitation. When spoken about the community at large for better infrastructure in terms of toilet construction towards sanitation facilities, accessibility is seldom conjured. In the context, the significance to create awareness on hygiene and proper sanitation was felt in Chamrajnagar too. Awareness building was carried out extensively in the project areas – focusing on poor households with disabled family members who had the greatest need for a toilet. 225 accessible toilets were constructed with the support from MIBLOU, Switzerland, local government and individual family contribution.

Livelihood

Strengthening livelihood opportunities in the project areas of the Chamrajnagar district emerged the identification of poor households with special focus on the disabled family members for income generation opportunities through the proposed 'Swarnjayanti Gram Swarozgar Yojana' (SGSY) scheme of GoI. Nurturing the beneficiaries with skill up gradation programmes has led to the formation of 10 self-help groups (162 members) spread across 10 villages – a means of escalating the household income in the rural areas through propagation of skill identification and up-gradation.



Chinu sits in an accessible toilet



SGSY meeting

Livelihood Table 3.3

Self Employment

	Rural
PWDs	20
Family members	45

Wage Employment

PWDs	10
Family members	200

Financial Services

PWDs	120
------	-----

Social Protection

ID card	75
PHP	56
Widows Pension	22
Old age pension	15
Niramaya Medical Insurance	0
Educational scholarship Govt.	—
Mobility India Government	67
Bus Pass	17

Health table 3.1

Promotion

	Adults	Rural Children
Awareness programmes	2899	4887
Orientation for Government Teachers/ Primary health workers	52	246

Prevention

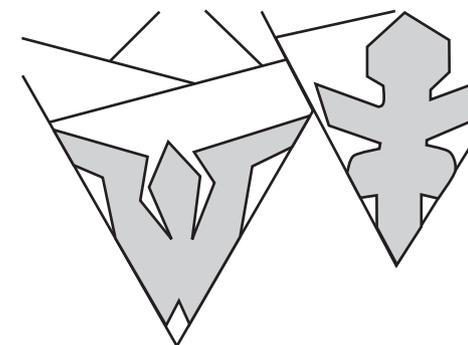
Immunization	560
Screening children in school	10236

Medical Care

General Health Camp	900
Eye & Hearing Camp	1451 (Eye Camp: 1250; Hearing Camp: 201)
Corrective surgery	6
Cataract surgery	35

Rehabilitation

Assessment	167
Therapy Follow-up	1587
Home adaptation	5
Referrals	102





Regional Resource Centre, Kolkata

The geographic inaccessibility of North-eastern part of the country added to slower overall growth and development in the region and was also witness to the absence of appropriate rehabilitation services for persons with disability. Therefore, to cater to the people in this part of the country, Mobility India set up its regional resource centre in Kolkata, 1998.

The regional resource centre supports grassroot partners with the provision of assistive devices and establishing of orthopedic workshops with therapy facility. The activities of the centre also include design & development of prosthetic and orthotic components, a key activity of Mobility India and. Also, the outreach programme reaches out to 100 children with disabilities and their family members in the slums of Garden Reach.

Provision of assistive / mobility devices, educational support, medical care and nutritional support for children, which leads to their participation in various social and cultural events.”

This is a narration of my life from the time I was affected by polio and the journey since then.

I am Dr. Rajib Kundu. I work as an Associate Professor of Anatomy in the Government Medical College, Kolkata.

At the age of 5 due to poliomyelitis infection, both my lower limbs were paralyzed. With regular physiotherapy within 6 months I regained partial strength in my left limb; on the other hand my right limb was completely paralyzed.

The period in between '90s and early part of 2000 I received my medical degree and worked in a few hospitals as an intern and thereafter completed my post-graduation. Throughout this period, I was constantly being monitored by orthopadecians for my clinical condition.

However as days went by, my mobility started decreasing. I could hardly walk for 15-20 minutes by 2000. With this clinical condition and mental agony I came to the Kolkata unit of Mobility India (MIK) in the early 2010 where they conducted a complete assessment of my medical condition. I received my first caliper from MIK in mid-2010. Though, it was painful to make the caliper straight initially however, by late December 2010 I managed to walk with the caliper. I was also given a specially designed foot insert for left side to maintain the medial arch.

In early 2011 I had a severe attack of low back pain, muscle spasm (over left gluteal region), which made me completely bed ridden for more than 2 weeks. To relieve me from the condition, several modifications were done to my appliances by MIK team.

Today, I walk with great confidence and ease. There is a significant improvement in all my activities. I seldom use the wheelchair and prefer to be in my calipers with which I can stay for 12 -14 hours. This has reinforced my confidence after a painful journey where I was always assured by the team whenever I needed it.

Kudos to the Mobility India Regional Resource team.....

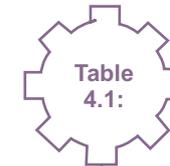


Dr. Rajib Kundu walks with great confidence today

Community Programme in Kolkata



Children on their way to puja celebration



Rehab Service Provided

Assessment	439
Prosthesis & Orthosis	678
Developmental Aids	255
SFAB Splint Fabricated	2970

All is well

A cultural programme was conducted to encourage and bring out the potential of children with disabilities (CWD). Children were seen performing various dance, skits & songs – a fun filled programme that was enjoyed by 110 CWDs and their families. Education materials were distributed among the children during the event to promote education.



Excursion trip to Science City, Kolkata



Children performing skit



Development and promotion of Appropriate technology

Mobility India thrives to develop prosthetic and orthotic components that are appropriate, affordable, user friendly and reaches out to a wide spectrum of people.

Orthotic knee joint (Deluxe)-

MI is working on the development of a new design of an orthotic knee joint with design specified to-

- ☑  Weight resistance
- ☑  Increased angle of flexion at 130 degrees at the knee.

Made out of stainless steel, the orthotic knee joint could be made available for larger usage after clinical trials and fittings. This will make a large impact in the orthotic field.

Transtibial components

A new version of modular trans - tibial components is being developed. The new design will have a secured locking mechanism that is an improvisation of the existing design. With this design in the inventory, MI will have more than one option in the said variant to offer people.



The modified PU ankle joint (in Mobility India, Kolkata):

One of the achievements to the centre's credit is the redesign and modification of the existing PU(Poly Urethane) ankle joint: used in the callipers, which is a highly functional design

Working with service users pertaining to different conditions of impairment, it was observed that the AFO/KAFO (Ankle Foot Orthosis/Knee Ankle Foot Orthosis) which was fitted to them usually did not adhere to the comfort level. ALIMCO's ankle joint was used in some cases in order to provide the appropriate relief; however the thought to incorporate the ankle joint had given a remarkable comfort when walking and after such observation PU ankle joint was developed. This joint is used in the calipers and has made a remarkable improvement for children with cerebral palsy, club foot deformity and for persons with neurological conditions

✓  Simple in design,

✓  Light in weight,

PU ankle joint has been field tested with more than 100 clients and this has been shared with other practitioners as well so that, more numbers of people are benefitted in improving their mobility. ***It has been fitted to more than 2500 clients in all over India.***



PU Hinge Dorsiflexion Assist &
PU Ankle Joint



Ankle Foot Orthosis (AFO)
fitted with PU ankle joint



8 years old Nazima Khatoon (Cerebral Palsy) enjoys her walking
after receiving Bilateral AFO with PU Ankle joint and walker



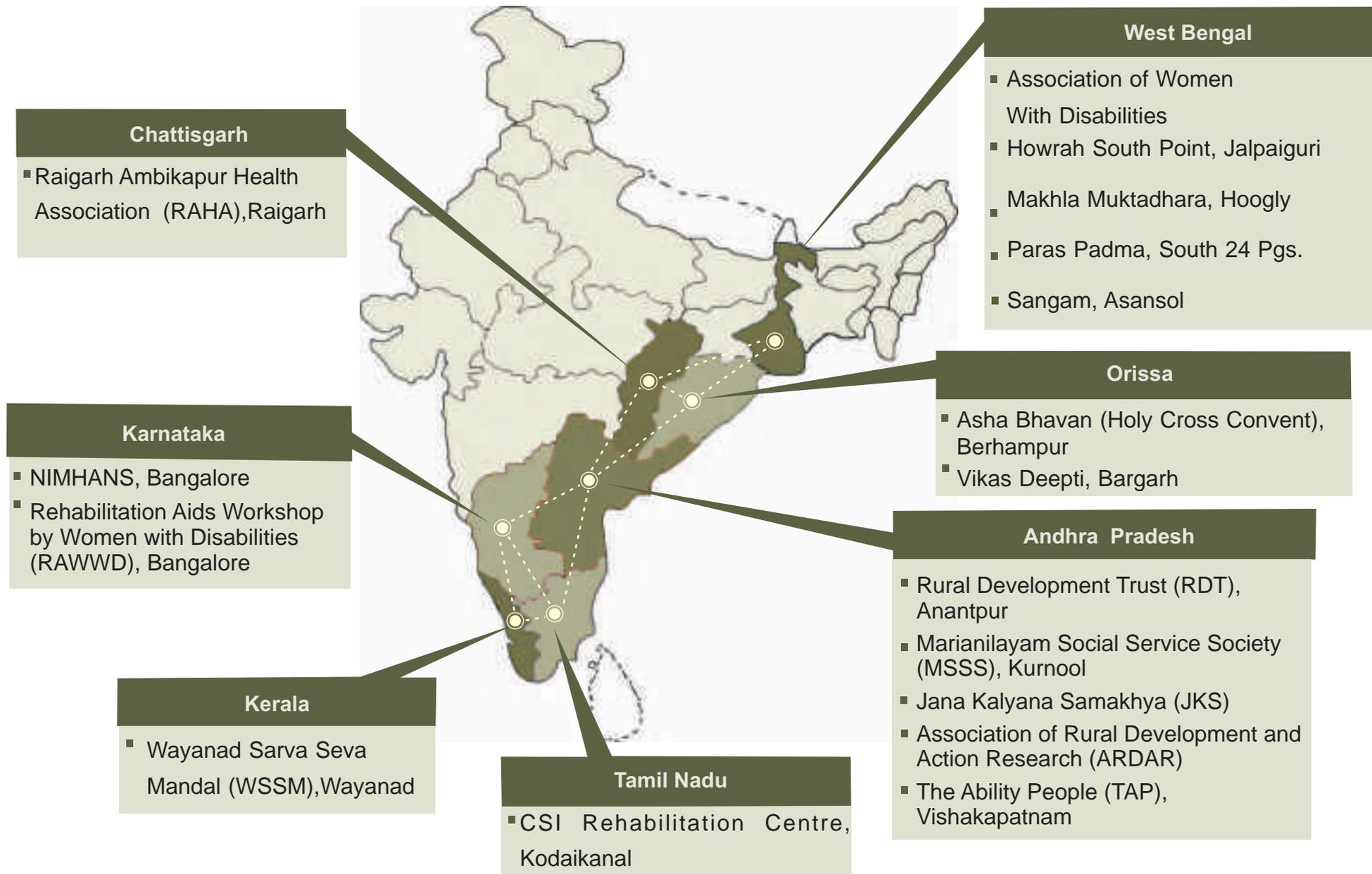
Build capacity & partnership with grassroots organisations

Mobility India partners with grassroots organisations with the focus on early intervention and provides technical support in creation and strengthening of rehabilitation services in rural India – mostly reaching out to people especially in need of prosthetic, orthotic and therapy services – an approach best suited to facilitate the expertise and empower people of the community to be their own assistance and improve the Quality of Life of people with disability.

Mobility India adopts new partners every year and reaches out to more number of people with disabilities.

- *Awareness programme and training on disability, rehabilitation & development and early identification is capacitated to the staff*
- *Provision of assistive devices and promotion of CBR.*

Partners



The year had three organisations from Andhra Pradesh who have partnered with Mobility India: *Jana Kalyana Samakhya (JKS)*, *Association of Rural Development and Action Research (ARDAR)*. 634 assessments were carried out for the south partners this year.

Abilis Activities

Abilis Foundation, Finland is a development fund that focuses on empowering grassroots level organisations that are an initiative of people with disabilities in the Global South (developing countries) thus allowing its grant making mechanism to reach those who are vulnerable. Mobility India is the facilitating agency for Abilis. Mobility India organizes workshops to the development / disability organisations to understand the process of Abilis funding.



Mid-term Evaluation

and currently 14 grassroots organisations are being supported by the agency through Mobility India.



(Kochiram in her tricycle)

Kochiram Baskey

Kochiram Baskey is 20 year old and lives with her family in Hoogly district, West Bengal. Kochiram had limited mobility and most of the time she was in the lying position due to the condition of her having brittle bones and she being very weak. She was identified under the project of Graham Bell Centre for the Deaf – an Abilis funded organisation. The facilitator from the organisation counseled her to reinforce her confidence and thereafter she was provided with a tricycle, which helped her to improve her mobility. She was enrolled in one of the vocational training programme (embroidery) of the organisation with a registration of VRCH (Vocational Rehabilitation centre for the handicapped, Govt. of India) for duration of 9 months. Furthermore, she also received a scholarship of 170/ rupees per month during her training programme. Kachiram now earns a steady income and this has also made the family members happy to see their daughter being independent.

1st CBR World Congress

26-28 November 2012 , Agra, India

CBR : THE KEY TO REALIZING CRPD



It was in the late seventies that WHO initiated CBR which evolved significantly over the years. The 1st Community Based Rehabilitation (CBR) World Congress is organised by CBR India Network to be held in November 2012 in Agra, India. Mobility India is the Secretariat and Ms. Albina Shankar, Director of Mobility India is the Organising Secretary for the Congress.

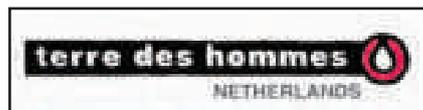
The World Congress is a step towards the establishment of CBR Global Network that witnesses the participation of CBR Africa Network, CBR America's Network, CBR Asia Pacific Network and the Disabled Peoples Organizations; 1200 delegates are expected from 86 countries, for the very first time to realize and promote CBR and implementation of the CBR Guidelines to achieve development and human rights for all.

Ms. Albina Shankar, Director; Mr. Jai Kumar and Mr. Anand, CBR Programme Managers attended the 2nd Asia-Pacific CBR congress in Manila, Phillipines. In the congress, Ms. Albina Shankar made a presentation on the forthcoming 1st CBR World Congress to be held in 2012 in Agra, India and invited the participants to be part of the 1st world congress. Two papers on Mobility India's experience in working with communities and inclusive education were presented during the congress by Anand and Jaykumar.

Networking and Collaboration

- ☑ MI is selected as the nodal agency in the district level of Karnataka representing rural and peri-urban Bangalore.
- ☑ Ms. Ritu Ghosh & Mr. Soikat Ghosh were selected as expert members on NIEPMD, under MSJE Ethics Committee.
- ☑ FATO seminar, Arusha, Tanzania- Soikat attended the seminar at Arusha and made a presentation about MI with more focus on training as there is a high need for developing human resources in the field of disability and rehabilitation in the region. He visited Handicap National, Ethiopia- to conduct an assessment of the rehab service provision of the centre.
- ☑ Networking is being strengthened with SBMT (Society for Biomedical Technology) DEBEL, IISC and IIT Chennai to develop an indigenously designed prosthetic knee joint with 4 bar pneumatic mechanism.
- ☑ 2 Netherland Physio students completed their internship of two weeks in the therapy department.
- ☑ An Australian volunteer had drafted practical guidelines on Biomechanics-I for BPO Course (1st year).

BIG THANK YOU TO ALL



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

RECEIPTS & PAYMENTS ACCOUNT FOR THE PERIOD APRIL-2011 TO MARCH-2012

(Amounts in ₹)

31-03-2011	RECEIPTS	31/03/2012	31-03-2011	PAYMENTS	31/03/2012
	To Opening Balances		15,750,613	By Personnel costs	15,324,936
53,548	Cash on Hand	36,112	5,239,865	Administrative costs	6,013,087
4,454,426	Cash at Bank	6,884,036			
			10,205,685	Rehabilitation Services	11,412,592
	" Grants		2,336,300	Capacity Building,Partnership and Seminar	3,365,151
	- CBM (SARO) South Ausaid	13,586,780	6,750,811	Design & Development of Orthotics &	
7,340,918			3,970,316	Prosthetics Components	9,364,981
1,594,814	- CBM (SARO) North	1,207,515		Human Resource Development in	4,919,821
2,042,590	- MIBLOU - Switzerland	2,519,924	6,909,606	Disability & Rehabilitation	
10,563,735	- Disability and Development Partners-UK	2,917,490		Community Based Rehabilitation Programmes	6,748,624
1,088,898	- Zurich Financial Services (UKISA)	1,353,620	1,546,544	Capital Expenditure	2,481,995
1,625,340	- Abilis Foundation - Finland	1,620,001	1,956,166	Advances & others	3,732,395
2,546,496	- Terre Des Hommes-The Netherlands	3,332,820	20,611,976	Fixed Deposits	7,785,061
1,501,824	- International Committee of the Red Cross-Vietnam	2,240,990		Closing Balances	
55,230	- International Society for Prosthetics and Orthotics-Denmark	24,153	36,112	- Cash on Hand	60,800
142,029	- Friends of Mobility India, UK	-	6,884,036	- Cash at Bank	9,171,079
306,575	- Stichiting Liliane Fonds, The Netherlands	270,000			
531,055	- World Health Organisation - Geneva	362,395			
150,000	- Sight Savers International				
	- Voluntary Service Overseas	100,000			
12,183,241	" Donation	13,887,646			
10,955,518	" Training Fees & others	7,862,218			
14,115,502	Orthotics & Prosthetics Components	15,896,371			
1,400	" Membership Fees	1,810			
10,006,582	" Interest form Bank	4,853,291			
	Others				
180,000	Sale of Vehicle	145,000			
758,308	" Advances & Others	1,278,350			
82,198,029	Grand Total	80,380,522	82,198,029	Grand Total	80,380,522

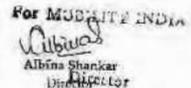
For Y V S Vinod & Associates
Chartered Accountants



Lokesh Talanki FCA

Bangalore, 25th August 2012

For Mobility India


Dr. C.M. Thyagaraja
Treasurer
For MOBILITY INDIA

Albina Shankar
Director



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