

Annual Report

April 2021 - March 2022



Table Of Contents

Mobility India helps fight COVID -19	7
Physical Rehabilitation & Assistive Technology	10
Education	15
Research	22
Community Based Inclusive Development Programs (Chamarajanagar, Tumkuru Urban Slums, Bengaluru)	25
Inclusive Development Centre Guwahati, Assam	37
Networking and Collaboration	40
Awards and Recognition	42



About Mobility India

Mobility India (MI) was established in 1994 in Bangalore as a Society, to reduce the wide gap between the need for, and availability of, rehabilitation services. MI is a pioneer in Disability, Rehabilitation, and Development sector and has championed Physical Rehabilitation & Assistive Technology (PR&AT) worldwide, Community-Based Inclusive Development, and Persons with disabilities rights in India for 27 years. The team members are



committed to inclusive development, have deep experience in conflict settings, and embody an entrepreneurial spirit to innovate and improve the lives of people with disabilities, their families, and older people.

The core strengths are Rehabilitation and Assistive Technology services coupled with the latest technology with therapeutic interventions, Innovative Product Development. Education and Research- certificate to university level for allied and health care personnel in 25 states of India and 33 countries and the only Prosthetics & Orthotics training school in India recognized by the International Society of Prosthetic and Orthotic (ISPO) and its courses are recognized by Rehabilitation Council of India and affiliated to Rajiv Gandhi University of Health Sciences. Active, from the grassroots, regional to national and global levels of engagement. MI has also worked with 350 grassroots organizations by focusing on less resource settings. Its approach is person centered and forms strong inclusive community structures through its Community Based Inclusive Development programs thus promoting sustainable development. Academic research, awareness-raising, networking, and collaboration and framing health care, inclusive education, and development strategies at national, international, and global levels.

MI was awarded the National Award for 'Outstanding Work in the Creation of Barrier-Free Environment for Persons with Disabilities' by the Ministry Of Social Justice And Empowerment, Department Of Disability Affairs, Government of India in 2014 and the State Award for the Best Services & Achievement in the Disability Sector in 2017.

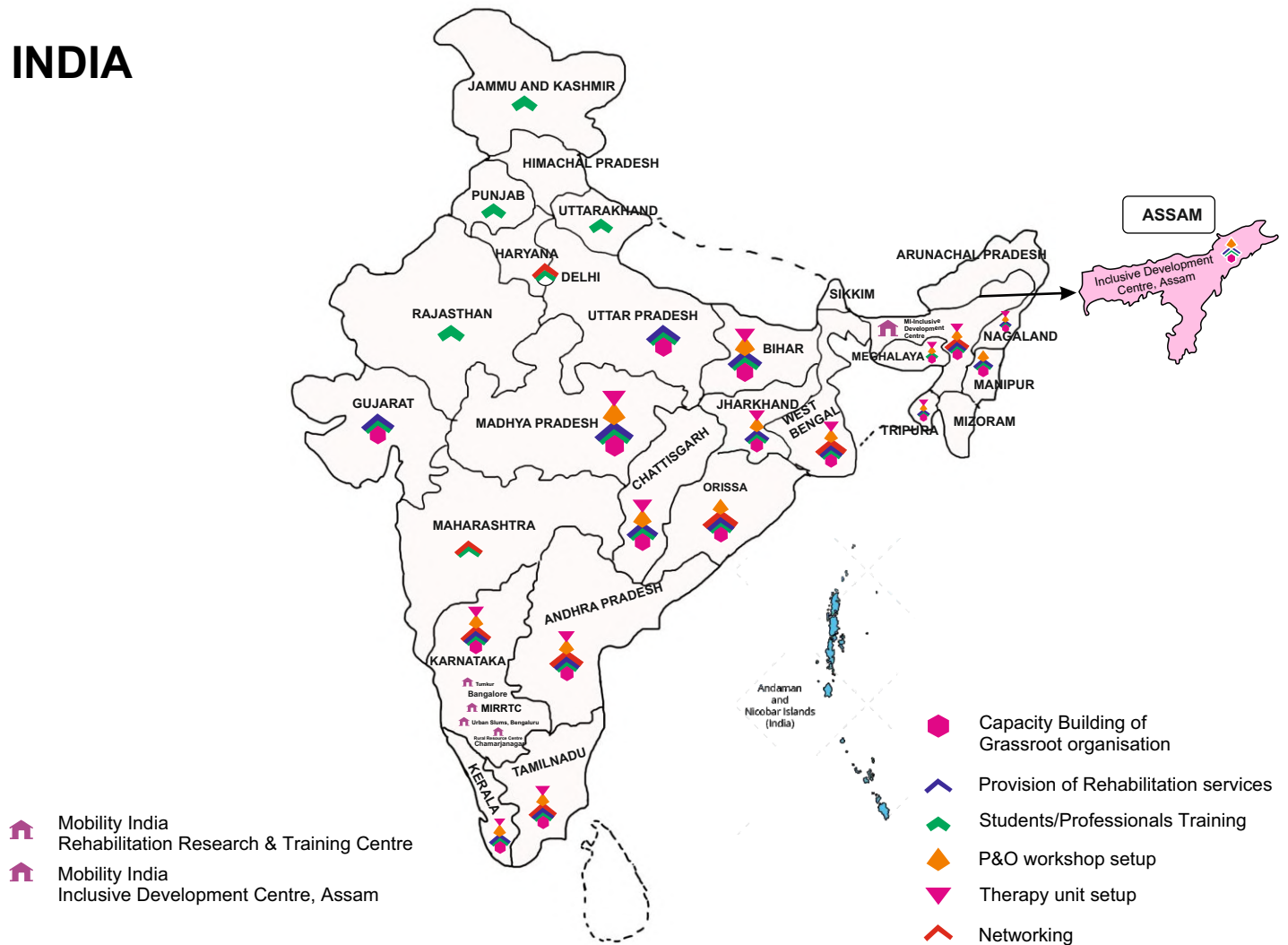
MI collaborates and networks with UN agencies such as WHO, UNICEF and international agencies like ISPO and ISWP and with leading institutions and Universities both National and International organizations like NITI Ayog, ICRC, CBM, IIT Madras, IIT Bombay, IIT Delhi, IISc and DEBEL (Ministry of Defence, GOI) etc

Mobility India mainstreams gender, disability, human rights, and inclusion in its staffing, services, and capacity development programs. MI team is comprised of 102 (48% W, 27% PWDs).

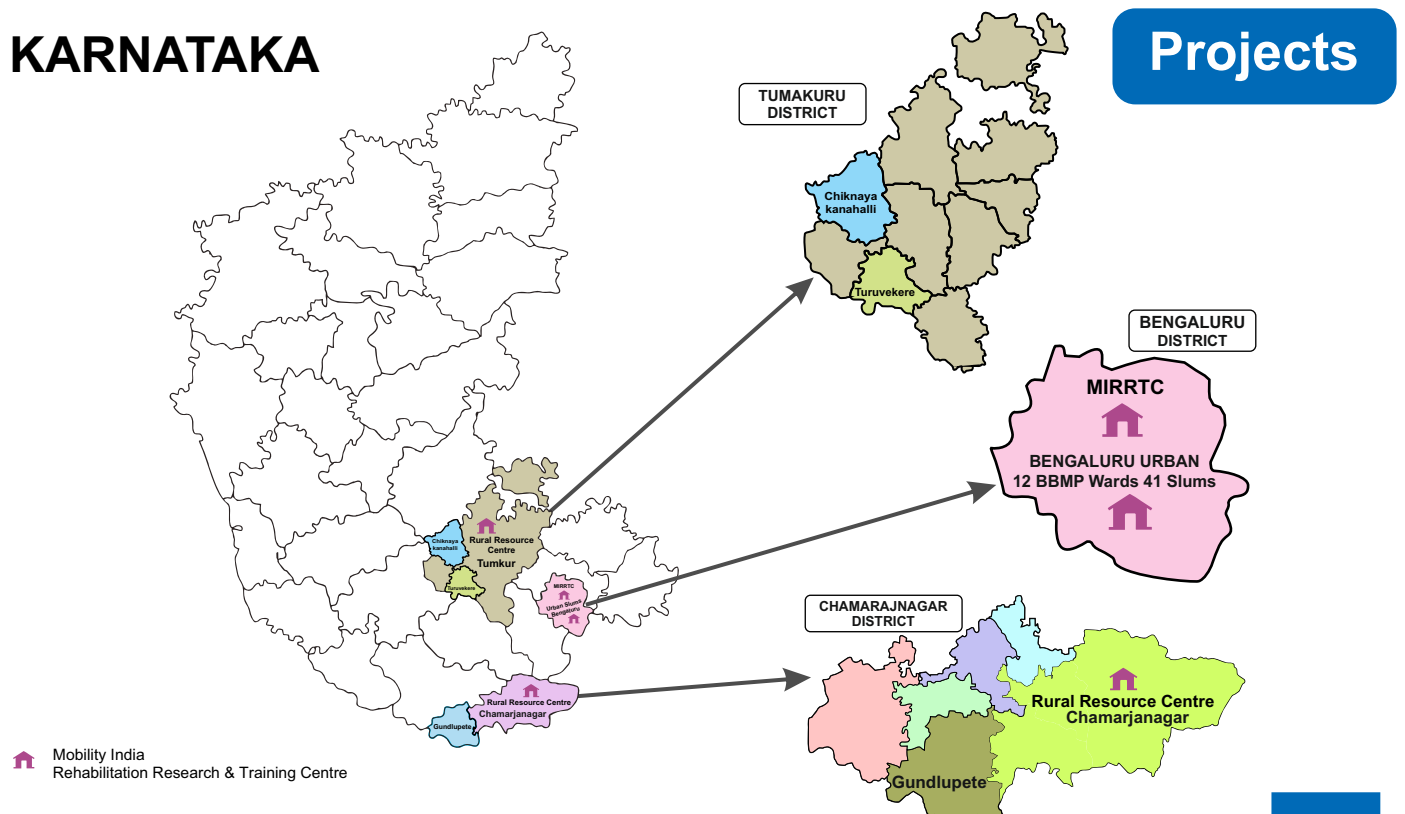
MI aims to promote and achieve the SDG 1: Eradicate poverty targeting the most vulnerable. SDG 3: Good health and well-being, SDG 4: Inclusive and Equitable Quality Education for All, SDG 8: Promote sustainable economic growth and Livelihood Opportunities, where persons with disabilities and their families are included.

Mobility India-reach over 27 years

INDIA



KARNATAKA



Networking and Collaboration



GOVERNING BODY MEMBERS



Dr. Gift Norman
President
Independent Consultant



Dr. Mrs. Elizabeth Thomas
Vice President
Rtd. Principal of a college and an ICSE school and presently training teacher for pre-school



Mr. K. L. Vinaya
Secretary
Retd. General Manager National Bank for Agriculture and Rural Development (NABARD)



Mr. Seshadri Nagaraj
Treasurer
Retd, Vice President (HR and Finance)



Dr. Charles Prabakar
Member
Practicing Chartered Accountant



Dr. Ashish Kumar Mukherjee
Member
Formerly India Spinal Injuries Centre, Member – Board of Governors & Director General. D.G. H. S. (Govt. of India), Chief Medical Council of India, Medical Advisor - WHO and Sec. Gen. Indian Red Cross Society



Dr. Sujatha Srinivasan
Member
Professor Department of Mechanical Engineering, IIT Madras

VISION

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

MISSION

- Assisting in Poverty Reduction
- Promoting Inclusive Development
- Facilitating access to services related to Rehabilitation and Assistive Devices
- Developing appropriate Human Resources in the field of Disability, Development, Healthcare, Rehabilitation, and Assistive Technology at national and international levels
- Capacity building of grassroots organizations in the field of Disability, Development, Rehabilitation and Assistive Technology
- Research and Develop appropriate Assistive Technology and improving its access at an affordable cost
- Realizing the aspirations of the Convention on the Rights of Persons with Disabilities (CRPD), Incheon Strategy to “Make the Right Real” for persons with disabilities and all related National Legislations.

PRIORITY

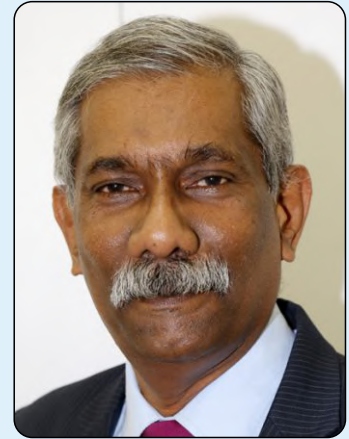
People with disabilities, especially the poor, children, women and older people.

CORE VALUES

- Respect
- Honesty
- Safety
- Innovation
- Quality

Message from the President

Mobility India has completed 27 years of yeoman service to persons with disabilities; providing accessible and affordable rehabilitative services and assistive technology, offering relevant training programs to build human capital in the field of rehabilitation both nationally and internationally and engaging in innovative research.



Like every other organization, MI had its share of distress caused by the Covid pandemic. However, the staff were ready to the challenge and overcame the difficulties with total dedication and determination, under the dynamic leadership of the Executive Director, Ms. Albina Shankar. Innovative methods such as providing tele-rehabilitation consultations and services, were initiated. Despite the drop in number of people accessing the services and the production of assistive products, the organization exhibited excellent operational and financial resilience.

Mi's footprint is always expanding with its community-based services being implemented in two taluks of Tumkur District, besides reaching out to persons with disabilities in Chamarajanagar and the North East. A new unit of MI is being established in Hyderabad, to broaden its reach and explore new opportunities. A costing exercise of the different units is ongoing with the help of an external consultant. The strategic plan for the next five years has to be developed during the coming year.

Despite evident progress, challenges remain. Overseas funding is steadily coming down, requiring MI to find ways to look to local resources. The retention of staff, especially the senior experienced ones, is a challenge. Innovative approaches to providing rehabilitation services such as home-based care, mobile rehabilitation units and use of digital technology are avenues that need to be explored further.

I must place on record my sincere appreciation of all the MI staff for their total commitment, unwavering loyalty and dedication to the organization and the vulnerable groups they serve. I wish to also thank my colleagues on the Governing Board for the continued support in the governance and operations of MI. Let us look forward to another year of success and achievements.

Dr. Gift Norman, M.D.,
President

Executive Director's Message

Looking back on its 27 years journey of 'Changing Lives and Creating lasting impacts' for millions of people with our shared sense of purpose united by a common purpose, and commitment to keep people connected to their community and to each other.

As 2022 comes to a close, there were many challenges, in the fight against COVID-19, but there was also the opportunity to learn, reflect, adjust and support in the right direction brought in many accolades and feathers.

MI was awarded accreditation by the International Society of Prosthetics and Orthotics (ISPO) with the distinction (ISPO CAT 1) for the Bachelor in Prosthetics and Orthotics (BPO) program. MI is the first institution in India and the SAARC region to get this prestigious accreditation and the seventh in Asia. With this certification, Mobility India will continue to be a leading institution in India. Over the last two decades have trained 7652 rehabilitation personnel/ professionals representing 34 countries and 25 states in India.

With the overwhelming support from Azim Premji Philanthropic Initiatives (APPI), Mobility India has expanded its Community-Based Inclusive Development programs to Chikkanayakanahalli and Turuvekere Taluks of Tumkur Districts with a focus on inclusive education, health care, and rehabilitation services. The centers in Chikkanayakanahalli and Turuvekere started their operations in April 2021, amidst the second wave of COVID 19 and we continue to implement the CBID program in 210 villages (two Taluks-Chamarajanagar and Gundlupet), of Chamarajanagar District.

During the second wave, the rehabilitation services and supply chains were disrupted. The community personnel played a critical role during this time raising awareness around safe hygiene practices and providing ration kits, and health and hygiene kits for people in the poorest and remotest rural areas. Nutritious food and essential medicines were provided for children with severe disabilities who needed adequate food and nutrition.

Relying more on digital connectivity, Mobility India continued with the equitable access to tele rehabilitation services, that were rolled out during the start of the pandemic and reached to more people in need.

Enabling children to continue education was very crucial during the pandemic. Many of them had psychological and emotional problems as a result of their isolation or confinement during the lockdown. Besides the capacity building of community education center tutors, connected with most-at-need children to provide support and ensure uninterrupted learning both virtual and at school.

We know this work can't happen in isolation, I extend gratitude and thanks to our Government, Donors, UN agencies, International and National agencies, Professional bodies, Institutions, Universities, Hospitals, Civil society organisations, Corporates, individuals, sponsors, clients, their families, and volunteers.

I consider myself fortunate to be part of a robust organization that is built on a solid foundation, supported and guided by the Governing Body members and dedicated staff, working against all odds. Moving ahead, in 2022 and beyond, Mobility India is steadfast in its mission to achieve inclusive development for all.

Warm Regards

Ms. Albina Shankar
Executive Director





Mobility India helps fight COVID -19

**100% vaccination coverage for the most vulnerable
and children aged 12 and above at
Honganuru and Arakalavadi (Primary Health Centres),
Chamrajanagar Taluk**

Humanitarian support

Financial assistance was provided to the families of people with disabilities, counseling services and ensured vaccination, to those living in rural areas in Chamrajnagar District, Chikanayakanahalli and Turuvekere Taluks of Tumkur District, Bangalore urban slums, and Dimoria Block, Assam



Support for Livelihood opportunities

Rural communities again witnessed a severe dip in earnings. In order to strengthen the existing livelihoods, 115 people with disabilities were supported to start poultry and vegetable cultivation by providing 300 chicks (including medicine and supplements) and vegetable seeds and cultivation equipment at 7 GPs of Dimoria Block, Assam.

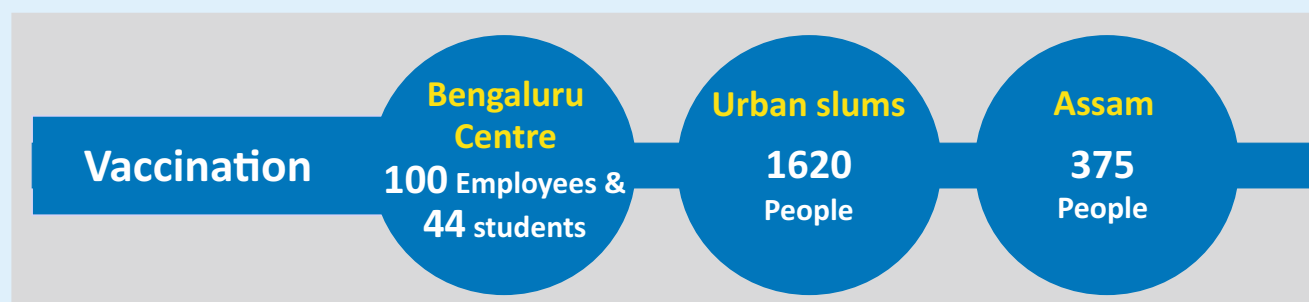


Equitable access to safe and effective vaccines is critical to ending the COVID19 pandemic.

Vaccine hesitancy was a huge challenge when it was first introduced, fuelled by misinformation and mistrust amongst the general public that the vaccine was unsafe, particularly in rural areas.

A series of awareness programs were conducted across the projects areas in the 38 urban slums in Bangalore, Chamrajnagar District, Chikanayakanahalli, Turuvekere, of Tumkur Districts, as well as in Dimoria Block, Assam. On the importance of vaccines and their safety, people with disabilities were encouraged to participate.

MI provided support to health departments in organizing/supporting vaccine drive camps in different BBMP wards.



Door-to-door vaccination and reaching people in the remotest areas.

The COVID-19 vaccine drive was launched in October 2021 at **Honganuru and Arakalavadi (Primary Health Centres) of the Chamrajanagar Taluk**

The vaccination drive in collaboration with the Primary Health Centre, Block, and District level health departments, Gram Panchayaths, and Education Department was conducted in the remote rural areas, around 32539 residents live in the 21 villages

An awareness programs at the village level was conducted in Honganuru and Arakalavadi (Primary Health Centres) with the support of Gram Panchayat and Primary Health Centre with the involvement of Asha and Anganwadi workers, school children, and community facilitators to combat COVID-19

Provided storage equipment for vaccines, carrier boxes, personal protective equipment kits, and needle destroyers to the Arakalavadi and Honganuru PHC's.



Name of the PHC	Dose 1	Dose 2	Booster	15 to 18 years		12 to 14 years		Total
				Dose 1	Dose 2	Dose 1	Dose 2	
Arakalawadi	638	5708	174	240	240	235	0	7235
Honganuru	794	6925	5	223	223	248	0	8418
Total	1432	12633	179	463	463	483	0	15653



Physical Rehabilitation & Assistive Technology

Physical Rehabilitation (PR) and Assistive Technology (AT)

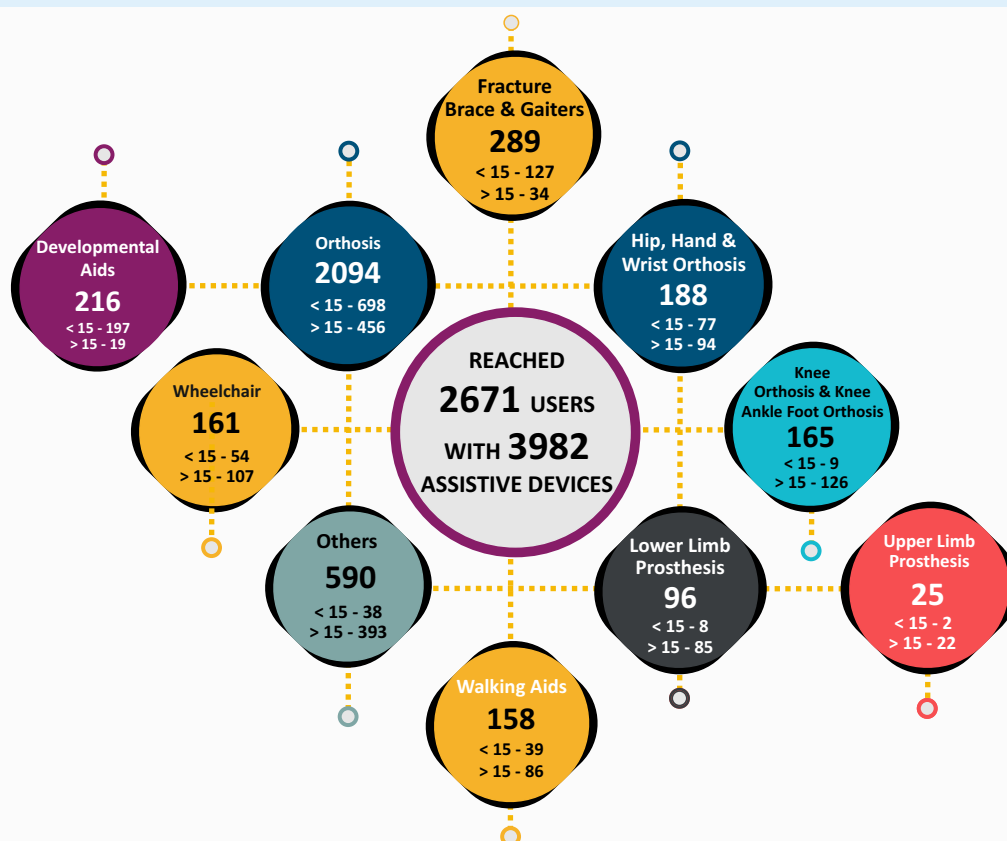
India is home to 2.68 crore persons with disabilities; among them, literacy rates are 55%, and only 36% are employed, mostly in the informal sector. The impacts of COVID and the lockdown disrupted health and rehabilitation services, and the lack of transportation for persons with disabilities show that they not only faced significant health impacts but several had to cope with the loss of income. Many were restricted to staying in bed or being isolated without any devices, therapy, and care.



Populations who can benefit are growing due to a myriad of factors, including the aging population, the prevalence of non-communicable diseases, conflict with demographic and epidemiological transitions, and COVID-19, yet, most people in need do not have access

Increased access to PR&AT will have a significant impact on optimizing functioning and driving better health, social inclusion, and economic gains among people in need in particular rural communities. In the current year, Mobility India has included a few new devices, to support people in need. MI follows a multidisciplinary approach. The team consists of prosthetists and orthotists, physiotherapists, occupational therapists, technologists, therapy assistants, and health workers.

MI's technical capacity in providing physical rehabilitation coupled with technology and innovation and its strong presence in the operational areas has led to a strong direct connection with communities, organisations, and networks of the partners, leading to the promotion of inclusion of persons with disabilities.



Telehealth for provision of Rehabilitation and Assistive Technology services during the COVID-19 pandemic



COVID-19 has widely affected the delivery of rehabilitation services. As a result, most existing AT users faced difficulties in acquiring assistive products, repairs of their assistive devices, and therapy interventions thereby developing secondary complications. In response, Mobility India tele-rehabilitation (TR) has emerged as an alternative care model. The rehabilitation team reached out to people on the different digital platforms to keep service providers and users

connected remotely and thus minimizing the access barriers. WhatsApp and Skype were used to reach the users. The users and their families were supported with the technology know-how and the requirements.

The process of AT delivery was complex and challenging, but it was possible and implemented. Images and videos of AT products (wheelchair, positional devices, orthosis, prosthesis, etc.) were prepared and shared with users for the decision-making process, final prescription, and user training. The provision of rehabilitation services and AT devices such as prostheses, orthoses, wheelchairs, developmental and other appropriate mobility devices with therapeutic interventions - virtual therapy sessions, virtual assessments, and online modes of services was delivered. It is a viable alternative cost-effective method to improve access to AT and rehabilitation services.

Therapy Services



User's feedback - these are a few we can select



usha prashanth

★★★★★ 11 months ago

Good service, good moral support, good support by the tutors ,homely atmospher.

Mr.Sanjay is gentle man. Most service oriented person .
And staff A.Ram is also service oriented person .we
thanks for each and everybody.



Amreen taj Taj

★★★★★ a year ago

Very happy with your service n good exercises with
experience doctors



Bhuvan Gowda. K

★★★★★ a year ago

Am very happy and very much satisfied for their excellent
service and the product what is my son using I.e.,
footware,wheelchair,hardware,etc..which is very
comfortable and it's design is very nice. Staff personnel
are very cooperative and kind, the therapist whom we met
I salute their kind service. Our prayers to them for their
success. Thank you Mobility India, we ste blessed to have
you in our life 😊😊😊😊😊



Geetha Praksh

★★★★★ a year ago

Am very happy and very much satisfied for their excellent
service and the product what I am using I.e., footware,
which is very comfortable and it's design is very nice.
Staff personnel are very cooperative and kind, the
therapist whom we met I salute their kind service. Our
prayers to them for their success. Thank you Mobility
India, we ste blessed to have you in our life

Appropriate and timely intervention helped Mr Sarad Lama, who was bedridden, to become mobile.



Mr. Sarad Lama, 45, a native of Darjeeling, West Bengal, was a successful contractor and took care of his family. In the early stages of the infection, he was unaware that he had acquired gangrene, and that the infection was growing within his body. He was unable to reach the hospital on time due to the COVID-19 pandemic and lockdown. In 2020, his infection progressed to the point that his legs had to be amputated; since then, he has been confined within the four walls of his room.

He had plans to travel to Jaipur for his artificial limbs, but his uncle's acquaintance in Bangalore introduced him to Mobility India. A virtual assessment was done by Mobility India's clinical team, and he was recommended to perform pre-prosthetic stump management until he could visit Mobility India, along with virtual assistance provided during the entire process.

He was re-assessed on his first day at Mobility India in order to determine whether his stump was suitable for the fitting of a prostheses. The virtual sessions were very helpful to him in bringing maturity to his stump for the fitting of a prostheses. Sarath Lama's rehabilitation costs have been sponsored by Global Calcium.

At MI, he was fitted with the Stubbies (a short prosthesis commonly used by bilateral amputees). He wore the 18-inch tall stubbies, which did not have knee joints, and trained for a few days to regain stability while being monitored by the clinical team. His balance improved with each passing day.

It was on the 9th day that he was able to walk using Stubbies. As his condition improved, the clinical team decided to increase the height of the stubbies by five inches, then train him for another four days until he regained his balance, and then fitted the knee joint to his prosthesis, and he began training and was able to walk more easily and maintain better balance. Currently, he is using the prosthesis at home and practicing in order to become accustomed to its use. His training is being monitored virtually by the team. In three months' time, he will return to MI for a re-evaluation.



Sarath Lama quoted

“MI provided me with an excellent experience and the clinical team make me mobile again. They provided amazing services for people like us”.

A Road accident, a stroke and a survivor: Mrs. Sarvamangala's story



Mrs. Sarvamangala, 65 years old, a homemaker is a native of Bangalore, living with her husband, has two children and both are married.

While traveling from Mysore to her home after an event, she met with an accident. At the hospital, she was unable to move her left side and was told by the physicians, that her left side was immobilized as a result of a stroke. She spent nearly three months in the hospital. After being bedridden for almost three months, despite undergoing home-based therapy through a private therapist, her condition did not improve.

She was referred to Mobility India by her doctor and was unable to

visit Mobility India because of the COVID-19 pandemic and 2nd lockdown. The rehabilitation team assessed her at home and gave her virtual therapy assistance, an ankle foot orthotic for her left leg, and a sling to support her wrists. When MI started functioning, she came in a wheelchair, with continuous therapeutic intervention, today she is able to walk and carry out her daily activities.



Mrs. Sarvamangala says,

“I am thankful to Mobility India for the rehabilitation services I received, it is a new life to me”.



Education

Education

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

Since 2002, Mobility India has been offering multi-disciplinary courses in the areas of assistive technology, including prosthetics, orthotics, wheelchairs, rehabilitation therapy, and community-based rehabilitation and developed rehabilitation professionals at different levels in India as well as in developing countries. The courses focus on technical/clinical skills development and include an all-around personal and professional attitude development of the students. Students apply their knowledge and experience real-time skills in the environment.

MI is the first institution in South India to start a Bachelor in Prosthetics & Orthotics in 2008 and Master's in 2021 and is affiliated with Rajiv Gandhi University of Health Sciences (RGUHS) Karnataka and recognized by Rehabilitation Council of India. Mobility India is the only institution in the country that has been awarded International Society for Prosthetics and Orthotics accreditation.

In addition conducts various short-term courses for professionals/personnel for their continuing education and skill development, innovation, action research, and capacity building of institutions.

To date, 7652 candidates representing 34 countries and 25 states of India have been trained in the various courses as well as rehab professionals have upgraded their knowledge and skills.



BPO, MPO & CRT Inauguration



ISPO Evaluation



Sports



15th Batch DPO Graduation Day

Mobility India becomes the first institution in the SAARC region to receive ISPO accreditation.

Mobility India is the only Indian institution with ISPO CAT II certification. MI is striving for ISPO CAT 1 certification and met with ISPO in 2010 and 2015. Several stakeholders shaped MI's accreditation process.

Since 2019, we have increased our efforts. However, we had to slow down in 2020 because of COVID-19. The MI team never gave up; each member realized the value of this accreditation and worked for it with confidence.

Ms. Mary and Mr. Alaa conducted a comprehensive audit of CAT 1 from November 15-19 November 2021. In addition to completing the evaluation, the audit team also interviewed students and faculty. Mobility India's compliance with all international standards by Mobility India was thoroughly examined. Since this was the first virtual audit, the MI team had to work hard to make sure that all the important data was available to the audit team.



Mobility India was awarded accreditation by the International Society of Prosthetics and Orthotics (ISPO) with the distinction (ISPO CAT 1) for the Bachelor in Prosthetics and Orthotics (BPO) program for three years. The program is affiliated with the Rajiv Gandhi University of Health Sciences (RGUHS), Karnataka, and recognized by the Rehabilitation Council of India (RCI), New Delhi.

Mobility India's Bachelor in Prosthetics and Orthotics (BPO) program received ISPO CAT 1 accreditation for three years. The program is affiliated with the Rajiv Gandhi University of Health Sciences (RGUHS), Karnataka, and recognized by the Rehabilitation Council of India (RCI), New Delhi.

MI is the first institution in India and the SAARC region to get this prestigious accreditation and the seventh in Asia. This is one of the most significant achievements made by MI. With this certification, Mobility India will continue to be a leading institution in India and the SAARC region, and students will continue to provide excellent prosthetic and orthotic care.



First Institution in India

Bachelor in Prosthetics & Orthotics (BPO) Programme Awarded as an ISPO Accredited Prosthetist & Orthotist Level Training (Formerly known as ISPO CAT I)

20 Years of Quality Education

7th among Asian countries to get international accreditation



Course Name	Affiliation/Recognition	Graduated		Ongoing		Admission		TOTAL
		F	M	F	M	F	M	
Bachelor in Prosthetics & Orthotics (BPO) 4 ½ years	RCI, RGUHS and ISPO	5	16	25	39	4	13	102
Prosthetics & Orthotics (ISPO CAT II) 36 months	ISPO	1	2	0	2	2	16	23
Certificate in Rehabilitation Therapy (CRT) 12 months	RCI	6	17	0	2	3	3	31
Master in Prosthetics & Orthotics (MPO)	RCI and RGUHS	0	0	3	6	3	5	17
		12	35	28	49	12	37	173

Continuing Rehabilitation Education (CRE)					
	Date	RCI accreditation	Total	M	F
Fall and the older adults (virtual)	21st August 2021	YES	51	34	17
Role of Multidisciplinary Team and assistive device (s) in Children with cerebral palsy (online/Virtual)	Jan 08 2022	YES	64	37	27
CRE on Advanced upper extremity prosthetics	May 7th-10th 2022		13	4	9
CRE on Developing trends in prosthetics and orthotics technology and rehabilitation on	30th June 2022		58	38	20

Workshops/Orientation			
College visit	Purpose	Date	Total
Sri Devaraj Urs Medical College	Capacity building on "Orthotics and Prosthetics for	6th March 2021	2000

WSTP-Basic and intermediate					
		Date	Male	Female	Total
WHEELCHAIR SERVICE TRAINING PROVISION - BASIC LEVEL (WSTP-B) - Blended learning	P & O and PT of Sudan	5th to 14th Sept 2021	8	4	12
Wheelchair Service Training Package-Intermediate Level (WSTP-I)		12th to 23rd Jun 2022	5	2	7

DIVERSITY OF OUR STUDENTS OVER 20 YEARS



Eliminating deterrents for Education

The pandemic has caused vast gaps throughout the nation. The pandemic also led thousands of school and college attending students to become orphans and were unable to afford educational expenditures. One of the largest gaps that we are still to address is the dropout rate in schools and colleges owing to the pandemic.

At Mobility India 3 students from North East who are undergoing Bachelors in Prosthetics and Orthotics lost their parents and were not able to complete their education. We are grateful to MIBLOU - MI's benefactor who had stood with us in all the circumstances and supported to continue our operations, extended the financial support which enabled the 3 students to continue their education. We also received funds from Bhumi towards the support of two students, currently undergoing their training.

WHO - Training in Priority Assistive Products (TAP) - Training conducted on the absorbent module

Currently, more than one billion people globally need assistive products, yet only one in ten have access to the proper products. 2016 witnessed the publication of the Priority Assistive Products List (APL) by the World Health Organization (WHO). Staffing shortages have been cited as one of the leading causes of such limited access. WHO acknowledges that qualified staff are necessary for the effective evaluation, fitting, user training, and follow-up of assistive equipment. Without these four essential processes, assistive devices are often of little use, are abandoned, and may cause physical injury.



Mobility India, in collaboration with the WHO Assistive Products (TAP) team, the six training modules developed by the World Health Organization with the support of the primary/community healthcare professionals to increase access to assistive products at the community level.

In 2020-2021, pilot training in mobility, vision, and self-care was done. In continuation, the Washable

Absorbent module was covered in this year's training. This was the first training of its type in India. 28 members attended the training. Following the four processes of service provision and the usage of absorbent materials, a practical session was conducted with incontinent service users. Learners obtained a comprehensive understanding of the various types of washable absorbent products.

The RCI accredited online CRE webinar

"Falls and the Elderly and Role of Multidisciplinary team and assistive devices in children with Cerebral Palsy: improving long time care"

MI conducted two virtual webinars for 65 participants from India and the SAARC region (special educators, prosthetists and orthotists, physiotherapists, rehabilitation therapy assistants, speech therapists, and PG students). Participants learned how to enhance and maintain the functional capacities of older adults, as well as preventive measures for healthy ageing. Programs, strategies, and mechanisms for preventing falls promote local and national policy changes and the need for lifelong support and care for children with cerebral palsy. Parents' and the multidisciplinary team's responsibilities in providing rehabilitative care for children with cerebral palsy.



Mobility India Alumni Mentorship Program (MIAMP)

Capacity building of professionals helps in developing the knowledge, attitude, and skills of the workforce. It assists professionals in acquiring desirable skills and staying current on the latest technology and interventions required for the people with whom they work. Mobility India understands the importance of continued skill development and creates a nurturing environment for passed-out graduates.

Two Alumni Mentorship Programs (AMPs) were held on "Inspiring Journeys of Women in Prosthetics and Orthotics" and "Become an Internationally Certified Wheelchair Service Provider (WSP) - Recent Guidelines". 88 students and graduates from 13 countries, Cameroon, Somalia, Yemen, Lebanon, Solomon Islands, Togo, Afghanistan, Albania, Saudi Arabia, Malaysia, Bangladesh, Nepal, and India attended the webinar. The session was very interactive and inspired the students to envision their future in the profession and encouraged the younger generation to pursue this noble career path and learned about the demand for Certified Wheelchair Service Providers, recent developments and trends in wheelchair service provision, and procedures to upgrade

ALUMINI MENTORSHIP PROGRAMME
Inspiring Journey of Women Prosthetics & Orthotics Professional

Panelists



Ms. JAISHREE NAIR
Specialist P&O
Hamad Medical Corporation, Qatar



Ms. MAMTA
Ortho-Prosthetist
ICRC, Iraq



Ms. NEHA SINGH MITRA
Director
Shakti Healthcare Clinic, Noida



Ms. RINKU MONDAL
Program Manager
Asha Bhawan, Kolkata



**MODERATOR
Ms. SHUBHLATA**
Trainer P&O
Mobility India, Bengaluru



Ms. SMITA NAYAK
Demonstrator
PDUNIPPD, Delhi

9th April, 2021
Time: 4.00pm to 5.00pm (IST)

For Registration:
https://docs.google.com/forms/d/e/1FAIpQLS0aF4Xm5u8bWwVXp7OvC1a8BS_Np5q4u4BKYy_w_Dw1e5d0m7apm1_8xk

ALUMINI MENTORSHIP PROGRAMME
Become an Internationally Certified Wheelchair Service Providers(WSP) - Recent Guidelines

PARTICIPANTS
Limited to Mobility India Students & Alumni

LIVE WEBINAR

SPEAKERS



MS. KRITHIKA KANDAVEL
RESEARCH AND TRAINING COORDINATOR,
International Society Of Wheelchair Professionals
Department Of Rehab Science & Tech
University Of Pittsburgh



MS. VENNILA PALANIVELU
SENIOR MANAGER - THERAPY TRAINING
ISWP Certified Wheelchair Trainer
Mobility India, Bangalore

MODERATOR
MS. SHUBHLATA
TRAINER P&O
MOBILITY INDIA, BANGALORE

ORGANISED BY:
MOBILITY INDIA,
BANGALORE, INDIA

Sat, 3rd July 2021 - 4:00 pm to 5:00 pm IST (Indian Standard Time)

FOR REGISTRATION:
<https://forms.gle/6BuMkoxczFK8h4qU6>

National Capacity Building for P & O & PT professionals from Sudan

For the health and well-being of those with mobility disabilities, a suitable wheelchair is often necessary. Professional personnel is needed for providing adequate wheelchair services (WSP). Key to the development of sustainable wheelchair supply systems is building capacity and providing proper education. Mobility India, in collaboration with the International Committee of the Red Cross, provided professionals in Sudan with The Wheelchair Service Training Package-Basic Level (WSTP-B) Virtual training. This is the first time virtual training has been performed in a nation where internet facilities are not fully developed.

From September 5 to September 14, 2021, the training was done in collaboration with local facilitators from the International Committee of the Red Cross, Sudan. Twelve participants (PT and P&O) from NAPO, ICRC Sudan, and their local partners attended the training program. The local Ministry and the Indian Embassy in Sudan were the Chief guests at the concluding ceremony. Participants appreciated the quality of the training.



Publications

"A review of innovation strategies and processes to improve access to AT: Looking ahead to open innovation ecosystems." Assistive Technology 33, no. sup1 (2021): 68-86.

Holloway, Catherine, Dafne Zuleima Morgado Ramirez, Tigmanshu Bhatnagar, Ben Oldfrey, Priya Morjaria, Soikat Ghosh Moulic, Ikenna D. Ebuonyi et al

This study provides insight into the identification of relevant and adoptable innovation strategies and processes that are being deployed in the AT arena to increase access to AT.

<https://www.tandfonline.com/doi/full/10.1080/10400435.2021.1970653>



Parents Perceived Effects on Usage of the Adaptive Positional Devices for Children with Delayed Developmental Milestones. RGUHS Journal of Allied Health Sciences Year: 2021, Volume: 1, Issue: 3, Page no. 1-4,



Soikat Ghosh Moulic^{1}, Riyaz Hussain², Sama Raju², Ritu Ghosh¹*

This paper gives an insight into the parent's perceived effects on the usage of the adaptive positional device for children with delayed developmental milestones that it helped in physical abilities, communication, psychosocial and personal care. The parents felt relief from long-term engagement with children which created enough time for household and earning activities.

<https://journalgrid.com/view/article/rjahs/411>

Low Cost Modified Reverse Walker to Assist Children with Cerebral Palsy in Hands-free Walking: A Pilot Study- RGUHS Journal of Allied Health Sciences, Year: 2021, Volume: 1, Issue: 1, Page no. 18-24,

Minakshi Sharma, Sanyam Bajracharya*

This research demonstrates how a low-cost, customized reverse walker enables a child with cerebral palsy to play and acquire abilities while enjoying socialization, so enhancing their self-confidence and self-worth, which are necessary for a happy life.

<https://journalgrid.com/view/article/rjahs/37>





Research

Research

Produce evidence-based and practice-based knowledge that could raise a better understanding of global problems, their gaps, guidance, and decision-making in the field of rehabilitation, education, and development. Mobility India carries out clinical research to determine the safety and effectiveness (efficacy) of assistive devices and therapeutic treatment regimens intended for human use. These could be used for product development, prevention, and treatment.

The First ISO 7176 Wheelchair Testing Laboratory in India



Approximately 8 million children in India are not able to access appropriate wheelchairs that are intended to promote their health, education, and engagement in society, according to the United Nations. In response to this, the University of Pittsburgh, Mobility India, and Participant Assistive Products are working in collaboration to develop a new postural support wheelchair in India called **KidStart**. The United States-India Science and Technology Endowment Fund is sponsoring this project.

Mobility India launched the first ISO 7176 fatigue and stability testing laboratory in its premises in January. This laboratory aims to ensure that quality assured wheelchairs are used in service delivery. It offers additional opportunities for training and education to wheelchair service providers. A team of experts from the University of

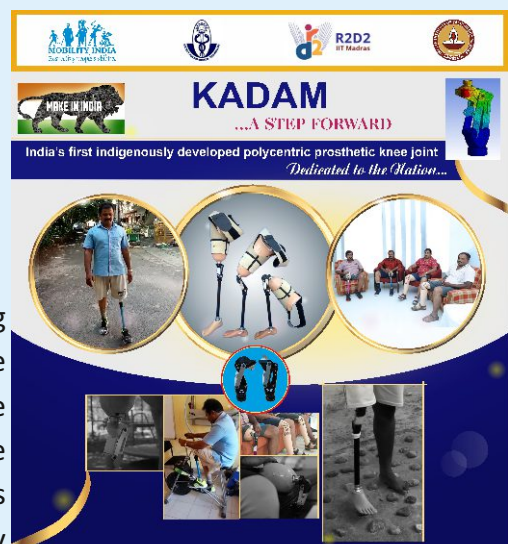
Pittsburgh and Participant Life has built the capacity of the staff involved in this research. MI has received the CUB sample chair and has completed the assembly process.

KADAM - India's first indigenous polycentric prosthetic knee joint

developed to improve the conditions for thousands of above-knee amputees by the researchers at the Rehabilitation Research and Device Development Lab (R2D2) at the Indian Institute of Technology Madras (IITM) in collaboration with the Society for Biomedical Technology (SBMT) and Mobility India.

Mobility India conducted extensive clinical trials in various geographic settings, including urban, per-urban, and rural areas. The continuous feedback from these trials has helped to enhance and ensure the design is user-centric and functions in a variety of environments. This is the first indigenous polycentric prosthetic knee developed in India, titled 'KADAM' (meaning 'step' in Hindi), which was unveiled on March 17 in the presence of the Secretary of Defence Research and Development Organization, Director of DEBEL, and other dignitaries.

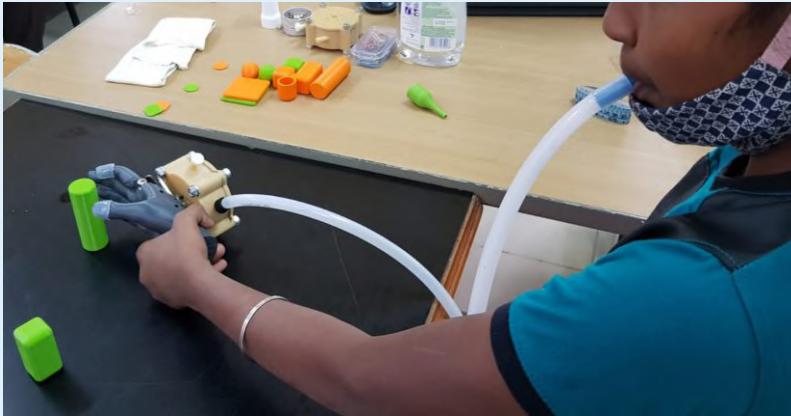
The **KADAM** knee joint aims to provide better stability during the stance phase and also have 160 degrees of flexion where amputees can squat easily on the Indian bus. The joint has the facility of aligning from active mode to a safety mode. The above knee amputees can now walk with the natural gait, it improves users' mobility and their quality of life by increasing community participation, access to education, livelihood opportunities, and overall wellbeing.



Breathe-driven Upper extremity prostheses for children aged 3 to 17 years in India

Over 40 million individuals worldwide are estimated to have limb differences – most with no access to any form of prosthetic care. Besides, upper-limb prosthetics currently available to users are often neither affordable nor appropriate, especially in low-resource settings. Children only have one design and size. Being a body-powered system, the design's functioning is quite challenging.

Although several different prosthetic options exist (suitability dependent on the level of upper limb difference amongst other factors) little progress has been made in developing new approaches to power and control of body-powered devices compared to sophisticated externally powered prosthetics.



A qualitative study to understand people's needs and experiences of using washable absorbent incontinence products and related service provision requirements for adults and children is conducted for people, living in Papua New Guinea, Romania, and India.

Incontinence (the involuntary loss of urine or faeces) is a worldwide health and social care issue. The ability of people with incontinence to properly manage leaks is crucial to maintaining their health and quality of life. It is most common for individuals to use washable or disposable absorbent products, although many people are forced to use materials such as old clothing as improvised containment methods. Skin damage, social isolation, anxiety, sadness, and exclusion from everyday activities such as school or work can be caused by inadequate confinement.



The objective of the study was to understand more about the needs and experiences of people (children and adults) using washable incontinence products in different settings. Examine the impact of washables on individuals' daily activities and well-being. Identify barriers and facilitators to the provision and use of washable products in different settings.

The WHO Assistive Technology (AT) team is undertaking a COVID-19 Response AT project in India in collaboration with Mobility India. This research study will collect data on the perspectives of adults and children receiving washable absorbent products as part of the wider project and service providers (those working in local health/rehabilitation centres who provide the products) on the usability and acceptability of washable products

Study on provision of toys as per the abilities of children with Cerebral Palsy for recreational activities from RDT operational areas- Phase 1

The COVID-19 pandemic created a bigger challenge for providing home-based therapy services, and the children with Cerebral Palsy were not able to attend the schools where therapy was provided. Rural Development Trust, MI's partner approached to suggest and provide the appropriate toys for therapeutic and recreation.

Ms. Ritu Ghosh and Mr. Sama Raju conducted the study. The objective of the study was to identify the children with CP who need toys. To train the rehab team on "Gross Motor Function Classification System (GMFCS) levels. To collect the data based on GMFCS levels and to recommend affordable toys based on the needs of the children. The study outlines some of the key conclusions. Play toys would assist CP children to maintain their abilities when not able to access therapy services. All children with CP must be categorized by GMFCS levels to determine their assistive device and toy needs. Children with CP require positioning devices, mobility devices, and orthotic devices to play with toys.

Flexmo axillary crutches

Flexmo axillary crutches Flexmotiv Technologies Pvt. Ltd. developed crutches for those with locomotor disabilities to facilitate mobility. The unique design of the crutch helps in energy restoration and mobility assistance for anyone using it with or without other assistive devices.

Mobility India conducted 120 user trials to evaluate the product's performance in the Indian scenario (slippery, slushy, and stony terrain) and evaluated the product's quality of life improvement, service, user acceptance, and overall success. The trials were done in urban, peri-urban, and rural areas in two phases.



The outcome of the clinical trials

- 61 out of the 80 users agreed to utilize the Flexmo axillary crutches for certain indoor mobility situations.
- For individuals with good upper limb strength and trunk control, the forward propulsion capability was helpful on various terrains.
- It is appropriate for someone with a strong trunk and upper limb control.
- The crutches' quality and design are being evaluated to see if they comply with guidelines and failure factors identified in clinical trials.

Based on the outcomes of this clinical study, Flexmo will analyze the report and work towards modifying the design of the crutches to enable their use by a greater number of people.



Community Based Inclusive Development Programs

**(Chamarajanagar, Tumkuru
Urban Slums, Bengaluru)**

Community-Based Inclusive Development program (CBID) contributes to the improved well-being and inclusion of people with disabilities, their families, and the disadvantaged groups in 210 villages (two Taluks - Chamarajanagar and Gundlupet, six hoblis, 49 Gram Panchayats) of Chamarajanagar District, Chikkanayakanahalli and Turuvekere Taluks of Tumkur District, Karnataka

Mobility India will carry out programs to increase access to inclusive education, health care services, early identification and intervention, rehabilitation and assistive technology services with therapy facilities, improved livelihood opportunities, and reduced discrimination, stigma, and realization of their human rights.

Mobility India extends its program to Chikkanayakanahalli and Turuvekere Taluks of Tumkur District, Karnataka

Mobility India's rich experience and learnings and the need were the basis to start a more comprehensive and intensive inclusive disability development program in Tumkur. The focus is on inclusive education, health care, and rehabilitation services.

The centres in Chikkanayakanahalli and Turuvekere started their operations in April 2021 but had to stop operations due to COVID for some time. In June 2021 the operations commenced.



Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all"- Inclusive Education



Education is one of the most important tools and pillars of human development. Children with disabilities are frequently marginalized in education, with enrolment, primary school completion, and literacy rates consistently lower than those of non-disabled children.

Inclusive Education is an integral part of the Mobility India community-based inclusive development program. It reaffirms bridging the social category gaps in access, participation, and learning outcomes

in school education. Mobility India's education program emphasizes the importance of inclusive education in regular schools ensuring equity in educational opportunities for all learners from an early age, benefiting children with learning disabilities, mild or borderline intellectual disabilities, and children with other disabilities based on their specific needs by breaking physical, attitudinal, and informational barriers. The inclusion of children with disabilities is desirable from a human rights perspective.

Training on inclusive education

MI in collaboration with the Department of Education conducted training at Chamarajanagara, Turuvekere, and Chikkanayakanahalli. 125 participants (63 teachers and 62 SDMC members). The SDMC members and teachers were oriented on the National Curriculum Framework 2005, the Right to Education Act-2009, The Rights of Persons with Disabilities Act-2016, and the National Education Policy 2020, which support inclusive education.



Teachers and SDMC members realized the important role they need to play in children's holistic development, identifying children with disabilities, and creating a barrier-free environment.

'Inclusive Community Education Centres' provide children with and without disabilities a conducive learning environment and additional learning support beyond classroom teaching. These are the driving forces behind children's academic and extracurricular success, preparing them to realise their rights and entitlements.



In Chamarajnagar, 15 community education centers are functioning, and 350 children (boys 30, girls 26, boys 142, girls 152) use these services. Children come together as a group for their learnings, and activities and to represent their needs and opinions to the school authorities, community, and local

authorities through the Children's parliaments.

Capacity Building of Community Education Centre Tutors

Teachers receive additional education and training to help support children with disabilities. These strategies break down barriers among parents, peers, school administration, and communities, leading to more accessible curricula and infrastructure.

Tutors get a continuous support in education in language and content development, developing lesson plans and activities, choosing teaching methods and materials, and evaluating students' progress. The



experienced tutors share experiences and demonstrate the monthly session approach with the beginners. The tutors have developed Kannada, English, Science, and Social Studies activity booklets for the learning kits. The kit is designed for children with all kind of disabilities.

Health care, and Rehabilitation services

Promoting Inclusive Health at Chikkanayakanahalli and Turuvekere Taluks

Identifying and intervening quickly to assist children and families addresses challenges before they become entrenched. Health and community workers play a vital role in the early detection and intervention of a child's development. Eight awareness programs were held to educate village health workers (ASHA, Anganwadi, and Village Rehabilitation Workers, Panchayat Development Officers, and Cluster Resource Persons) about disability and its causes, early identification, the importance and benefits of assistive products, rehabilitation services, social security schemes, child rights, Rights of Persons with Disabilities Act 2016, and National Education Policy.

538 participants learned about 21 types of disabilities, their causes, assistive devices, and social security benefits. Through enhanced awareness among ASHAs, Anganwadi workers, Village Rehabilitation Workers, Panchayat Development Officers, and Cluster Resource Persons, they were able to identify children and adults and refer them to appropriate services.



Parent's sensitization

35 parents were oriented on the benefits of rehabilitation services, basic therapy exercises, assistive devices, and disabled child care..

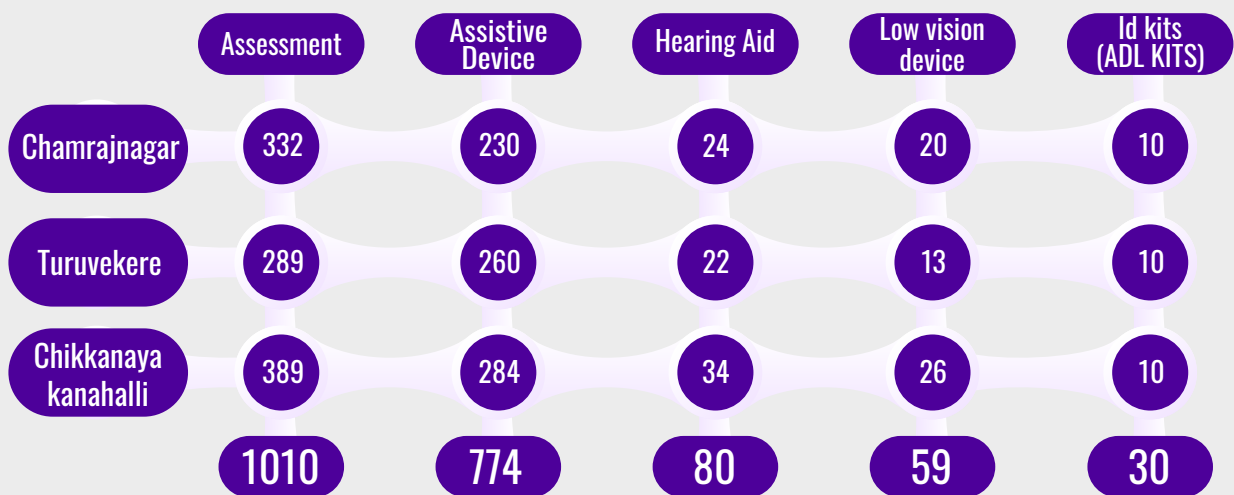
Two new parent groups were formed in Chikkanyakanhalkkli, Turuvekere, and T B Cross. This group of parents at the taluk level would ensure children with disabilities in Chikkanyakanhalkkli and Turuvekere have access to rehabilitation services provided by Mobility India that reaches communities via school Anganavadis, therapy centers that are established in their taluks, and doorstep visits.

Earlier they were accessing rehabilitation services from Bangalore or Shimoga. They now feel fortunate as there are therapy centres in their Taluks.



Medical care and Provision of rehabilitation and assistive technology services at Chamrajnagar, Chikkanayakanahalli, and Turuvekere Taluks

Mobility India's holistic approach toward community programs includes rehabilitation and therapy. Children with physical, speech, hearing and visual impairments were assessed and fitted with assistive devices to prevent further deformities. Rehabilitation team members assess each person's requirements to identify the appropriate device. Users requiring corrective surgery were referred to medical institutions.



Repair and Maintenance Service

Regular follow-up of assistive devices, therapy services, and gait training are important for effective rehabilitation. As with any device, assistive technology must be regularly examined. Regular maintenance ensures a device's long life, effectiveness, and durability.

MI Orthotic and Prosthetic Technicians provide repair services in community therapy and assistive product service centers and at the doorsteps through the Mobile workshop vehicle. 106 users utilised the services in Chamrajnagar, Turuvekere, and Chikkanayakanahalli.



Mowrya, 2 years old, resides in Turuvekere, Tumkur District. His father is a taxi driver and his mother is the primary caregiver and housemaker. Mowrya has cerebral palsy and epilepsy. He was taken to the Indira Gandhi Hospital in Bangalore and the Manasa Hospital in Shivamogga, yet there was no improvement.

Mowrya was thoroughly assessed by the Mobility India team, he exhibited poor head control, drooling, poor sitting balance, speech delay, spasticity in both upper and lower limbs, and tightness. He was enrolled in a home-based therapy intervention and provided with a special chair that enables him to sit in the proper position. All these interventions have improved his trunk balance and his sitting posture. His parents are confident that with regular therapy interventions and developmental aids, he will become less dependent on them and be able to perform a few everyday tasks independently.



Design, Develop and Disseminate IEC and health information materials in vernacular language.

6 types of posters on the standing frame, Gross Motor Function Classification System (GMFCS), child development milestone chart, early signs of disabilities, hearing impairment, and Rights of Persons with Disabilities Act 2016 have been provided to 185 Anganwadi, Block Resource Centres, Gram Panchayats and schools.



Strengthen the existing 4 Therapy and AT centres at Chamarajnagar



The COVID-19 pandemic rendered AT and rehab services more challenging. To continue these services, Mobility India launched Tele rehabilitation in June 2020. CBID projects linked users remotely to guarantee equitable access to rehabilitation services for the poor.

91 children with disabilities received 370 virtual therapy sessions from rehabilitation therapy and speech therapy assistants. The

parents were educated on pandemic prevention methods and encouraged to be vaccinated. 395 therapy sessions were provided to 141 (male-83, female-58) children with cross-disabilities. Repairs, gait training, trials, and fittings are done in therapy centers. The center offers disability, assistive products, and disability rights information. These centers provide parent sensitization programs. Local Anganwadi and school teachers visit the centers for disability information and assistive devices. In therapy centers, speech therapy and ADL training are provided

Two Therapy and AT centres at Chikkanayakanahalli and Turuvekere

Chikkanayakanahalli and Turuvekere have two new therapeutic centers established. Therapy services are provided by therapists and therapy assistants twice a week. Strengthening, stretching, drooling exercises, fine and gross motor activities, standing balancing with activity, ADL training, and walking training are provided to children with physical disabilities. The



parents are oriented on therapeutic exercises and activities they can perform with their children at home. Parents of speech and hearing children are provided with information regarding the care and maintenance of hearing aids, an introduction to Lining's six sound tests and their purpose, oro-motor exercises, and activities designed to establish and maintain their baselines.

The center provided assessments, fitment, referral assistance, and gait training to 457 children with cross-disabilities, while 352 therapy sessions were provided to 159 children with disabilities

3 virtual awareness programs on Black fungus, common eye conditions in children, and child sexual abuse. Mr. Paramesh Reddy and Dr. Santhanu addressed black fungus risk factors, symptoms, prevention, and treatment. Dr. Sneha, an ophthalmologist, addressed refractive errors, cataracts, squint/strabismus, and amblyopia. Muktha Foundation Director Ashwini provided information on how to prevent sexual abuse in children, 2 categories of sexual abuse, and 8 warning signs. 30 member's participated which included community tutors and staff.

Bangalore Urban Slums

Disability Inclusive Development in the 12 BBMP wards, and 41 Slums in Bengaluru Urban Districts to bring change in the lives of people with disabilities.

Promoting the Rights of Children with Disabilities

COVID-19 forced mankind to deal with a VUCA world. The pandemic affected social, educational, economic, political, agricultural, and psychological issues, mainly the vulnerable children's well-being. Malnutrition amongst children with severe disabilities was on the rise.

To ensure the safety of children, especially those with disabilities, Mobility India conducted 21 trainings on child protection and safeguarding for Anganwadi workers, Asha workers, school development committee members, teachers, SHG members, and Disabled People's Organizations. 585 participants pledged to protect their children from abuse and harassment.



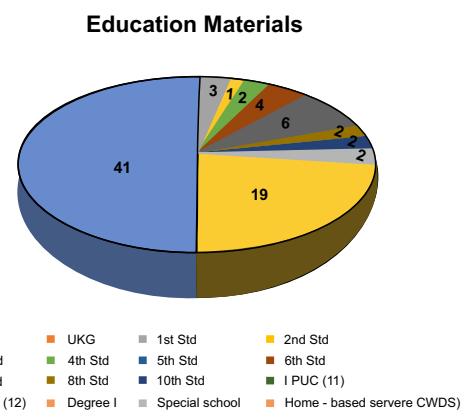
“Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all”- including children with disabilities.

Children's education has been hit hard and schools have been deeply impacted by its closures to reduce the impact of COVID-19. Schools had opted for online teaching, and most low-income students did not have internet facilities thereby leading to not attending classes. There were significant disruptions to education like class cancellations, and postponements of examinations which affected children's academic, social, physical, and mental health. The pandemic effect was more on children with disabilities as they were separated from their friends and supportive school environment.

Mobility India worked with local stakeholders to assist children in continuing their studies and attending classes safely. 130 children with disabilities who live below the poverty line were supported during and after the COVID pandemic, to attend classes and they performed well.

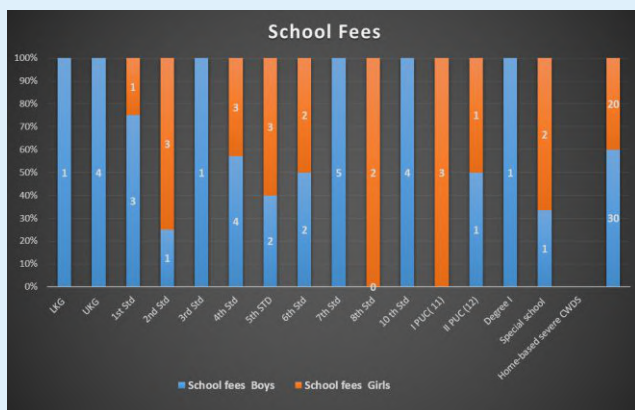


Children with disabilities enrolled in school have difficulty purchasing teaching and learning materials due to their parent's financial difficulties, especially during the COVID 19 pandemic, as many of them lost their employment. Through this project, Mobility India provided them with a variety of teaching and learning materials. They were able to continue their education, and improve their academic performance as a result of this. The program reduced the burden on parents as well as the stress on students. The students were more focused on their learning.



Learning contributes to the overall development of the child. Mobility India identified and selected 80 children with disabilities studying in different classes and provided them with teaching and learning materials that support the regular curriculum. Children with disabilities have continued their education in different schools in CBR working areas. Exams have been taken and they have been promoted to higher levels.

School fees for Children with disabilities



A major component in acquiring knowledge and valuable skills in the learning environment. Hence, there is an urgent need to build more educational facilities and also upgrade the present ones to provide safe, inclusive, and effective learning environments for all. School dropout rates are higher for children from poor households than for those wealthy households. Rural and urban disparities remain significant.

Disabled children are one of the most marginalized and excluded groups in society. Despite their poverty, they are subjected to daily discrimination in the form of negative attitudes and are often excluded from health care, education, and even a decent standard of living. Children without education are less likely to be able to achieve their potential and are more likely to live in poverty as adults. As a result of the COVID 19 pandemic, many children with disabilities were not able to access online education from their schools. In many schools, the yearly school fee has not been reduced. Parents of children with disabilities have lost their jobs and income-generating activities. Parents were unable to manage their day-to-day expenses, including paying their children's school fees and purchasing learning materials for their children.

During the COVID 19 Pandemic, a series of meetings with parents, community-based organizations, teachers, and educational institutions and realized that children were dropping out of school due to financial difficulties and job loss. Mobility India motivated parents and community stakeholders to enroll children with disabilities in schools and discussed with school management ways to continue to educate children with disabilities.

50 students from LKG to degree level who had not paid their school fees, and each was provided with Rs. 4500 for the payment of their school fees. Children who received the fees have continued their education, appeared for the examination, and been promoted to the next grade level.

Fifteen-year-old **Ummehani** hails from Bengaluru and lives with her mother. She is the breadwinner of the family and earns Rs. 2500 per month. At the age of seven, Ummehani had difficulty in walking and needed support. Doctors diagnosed her with hemiplegia.

Mobility India identified the family and provided Ummehani with hand and leg splints. Using these devices, she manages all her activities independently. She is in grade ten, her academic performance is good and she participates in all sports and cultural activities.

During the COVID-19 pandemic, her mother lost her job and forced Ummehani to discontinue her education due to the hardships that she was facing. Mobility India supported her education fees and learning materials, which enabled her to continue her education.



Gender equality and empowerment of women and girls with disabilities - towards full and effective participation and gender equality

Mobility India aims at creating a society free of gender discrimination and violence, in which women, particularly women with disabilities, have equal rights and may become agents of change. Promotes and assists women from self-help groups to improve their capabilities and strengthen their voices, focusing on girls with disabilities in school, employment, skill up-grading, etc. at the individual and collective levels.

Workshops conducted on women's rights, leadership, prevention of sexual harassment policy for working women with disabilities in different sectors, and education for girls with disabilities were attended by 63 women and girls, and this increased their decision-making and increased participation in families and communities.

COVID- 19 impact on people's livelihood Seed funding for entrepreneurs



Sustainable Development Goal 1, calls for the end of poverty in all forms, including the lack of food, ensuring clean drinking water, and sanitation. Achieving this goal includes finding solutions to new threats caused by climate change and conflict. **SDG 1** focuses not just on people living in poverty, but also on the services people rely on and social policies that either promote or prevent poverty.

As a result of the COVID 19 pandemic, people with disabilities who operated micro-enterprises in urban slums were compelled to close their businesses and lost their livelihoods. Their financial situation has been adversely affected by financial crises and they required assistance with their financial needs and income generation activities.

Mobility India supported **64** people with disabilities and upgrade their businesses, MI provided each entrepreneur with the financial assistance of **Rs 5000**. The members were followed up on a regular basis and provided with technical inputs to help them improve their business. Their business has improved, and they are able to earn income from their business and support their families.

Najmunnisa, a 57-year-old woman, lives with her ten children in Bengaluru slums. After the loss of her husband, she and her two sons work as daily wagers to support the family.

Slowly she started having hearing and vision loss, hearing aid and spectacles were provided to her which helped her to continue the work at the Agarbathi factory. Her declining health prevented her from continuing her work at the Agarbathi factory. Subsequently, she started a small IGP - making dosas in her home, her earnings was between 300 to 400 rupees per day.

The pandemic resulted in her losing her business and making it difficult for her to manage the family. Mobility India provided seed money for her to restart her income-generating activities. Slowly, she is now able to earn a living from her dosa business and takes care of her family.

The services provided by Mobility India are much appreciated by her.



Ensure healthy lifestyles and promote well-being for all ages - Access to health and rehabilitation services.



Menstrual Hygiene Management Enables Women and Girls to Reach Their Full Potential

Social, cultural, and religious restrictions on menstruation and menstrual practices affect menstrual hygiene management for women. The majority of girls, especially those with disabilities, are not prepared or aware of menstruation, so they face many difficulties at home, at school, and at work.

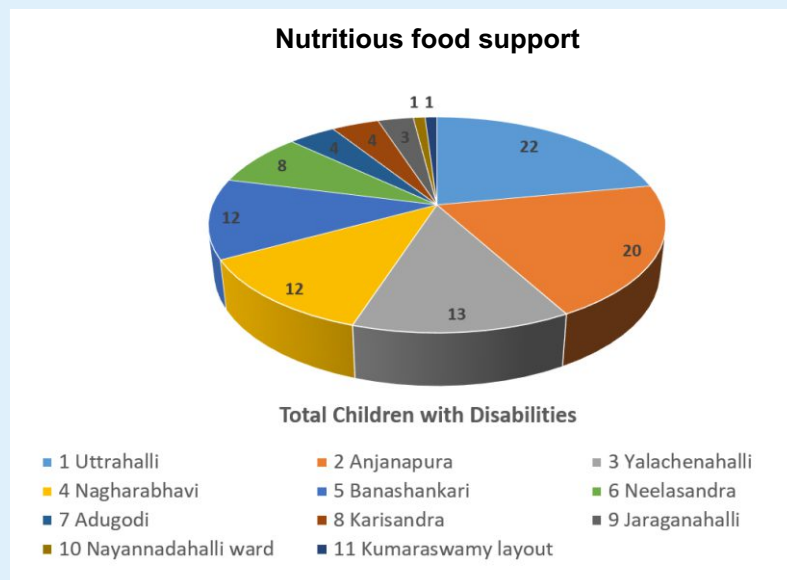
Mobility India conducted 7 orientations on menstrual hygiene for adolescent children with disabilities. Girls learned about menstruation hygiene and management, sanitary pad disposal, sanitary cup usage, pain control, and healthy eating. 209 girls from Banashankari, Fayazabad, GG Halli, Anjanapura, Rajendra Nagar, Avalahalli, and the Teachers' colony were trained.

Nutritious food kits for children & people with disabilities

Sustainable Development Goal 2 aims to achieve "zero hunger". Access to nutritious food is often an issue of concern to families because of poverty, especially children with disabilities who are at a greater risk. The pandemic has led to a massive loss of income and had a long-lasting impact on the economy. Poor daily wage families who were already struggling to make ends meet were now starving and the most vulnerable are people with disabilities and their families are suffering as well. The children are worst hit especially children with severe disabilities who require good nutrition.

MI is supporting nutritious food to 100 malnourished children with disabilities (56 boys and 44 girls) from 34 slums in the Bengaluru Urban District.





Deepika 10-year-old hails from Bengaluru girl lives with her grandmother. She has an older sister. Her grandmother is the family's sole income source. As a means of earning a living, she performs domestic work. She earns Rs.2000/- per month, which is very little to support a family. In addition, Deepika's uncle provides financial support for the three of them.

Mobility India supported her to undergo corrective surgery for the contracture of her legs and she was followed with an ankle foot orthosis to improve mobility and prevent tightness. She was an epileptic child and she is provided regular medicines. She goes to a special school.



During the pandemic, the grandmother lost her job and the family could not meet its basic needs. Deepika became malnourished and became ill.

Mobility India provided her with nutritious food and medical assistance. Now her condition is improved and her family is grateful for the support received

Essential medicines

Mobility India has provided medical support to **124** children and adults with disabilities who are malnourished and taking continuous medication for epilepsy, vitamin deficiency, skin allergies, as well as muscle and bone weakness. Several children's parents are finding it difficult to purchase regular medicines for their children due to the loss of their jobs and living in poverty.



Provision of Assistive Devices (Mobility devices, development aids, wheelchairs, hearing aid, etc, and medicines)

Sustainable Development Goal 3, regarding "Good Health and Well-being", "To ensure healthy lives and promote well-being for all at all ages. The targets cover and focus on various aspects of healthy living and a healthy lifestyle.

Assistive technology facilitates and promotes inclusion, participation, and engagement of individuals with disabilities in their families, communities, and various aspects of society, such as the political, economic, and social spheres. In addition, these serve as tools for reducing the consequences of gradual functional decline, preventing primary and secondary health conditions, as well as for reducing the expenses associated with health care and welfare.

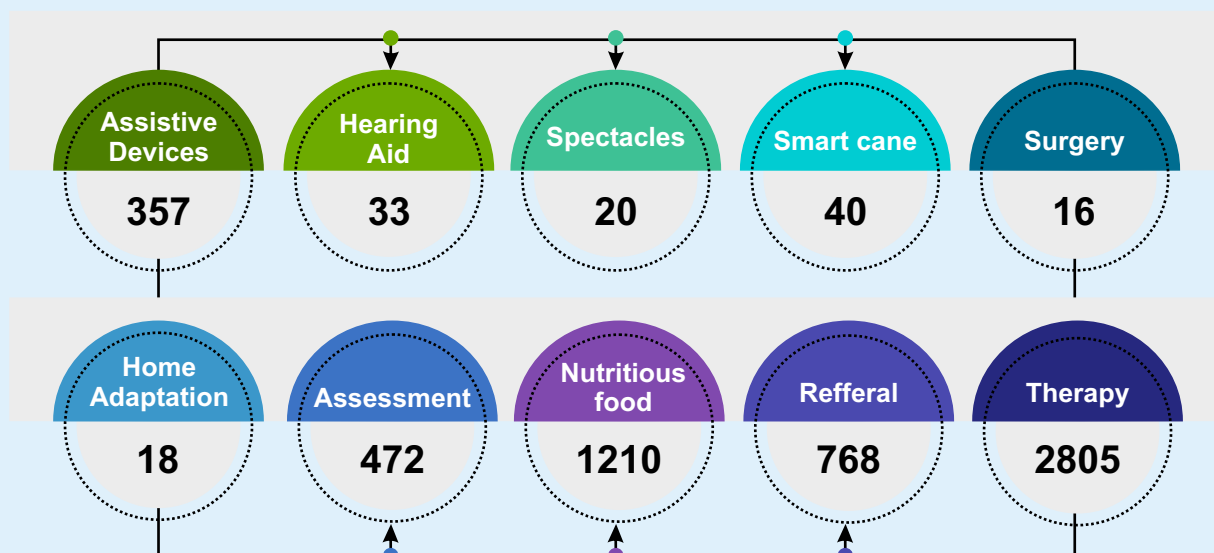


The COVID-19 pandemic hindered AT and rehab services. Most AT users faced challenges procuring devices and therapy services, having assistive devices repaired, following up on therapy interventions, and developing secondary complications.

To support these services, Mobility India started Tele rehabilitation in June 2020 to make services accessible to persons unable to travel. In community-based inclusive development (CBID) programs, users were connected remotely to ensure equal access to rehabilitative services for the poorest in the community.

181 people acquired assistive devices. 62 disabled people received virtual therapy. Disability-related health and daily activities are improving. Families learned about COVID-19 and indoor/outdoor cleaning.

OUR REACH





Inclusive Development Centre Guwahati, Assam

Dimoria is in Assam's Kamrup (Metro) district. Mobility India works in 83 villages in Dimoria Block to encourage sustainable development by developing inclusive communities, prioritizing the needs of persons with disabilities, and empowering local communities to ensure equal rights, improve health and well-being, / livelihood, autonomy, and safety of vulnerable people, including persons with disabilities through better access to physical rehabilitation and Assistive Technology (PR&AT)

Gender and Disability

Women with disabilities have been described as being doubly marginalized on account of their disability and their gender and they are more vulnerable to poverty and social exclusion, and often have limited social, political, and economic opportunities and lack of access to basic services. Women with disabilities may also be at greater risk of sexual and physical violence and abuse. Girls with disabilities often experience discrimination, for example in education and family life.



Mobility India strengthens the voice and autonomy of persons with disabilities, an awareness program on Gender Sensitization and Women's Rights was organized in collaboration with the Legal Cell for Human Rights (LCHR) in the villages of Dhupguri, Khetri, Maloibari, Topatoli, Nartap, and Digaru. 265 members actively participated and gained an understanding of the social roles, active participation of women, gender and development, inclusion, and empowerment of women and girls with disabilities. This is supported by Article 6 of the Convention on the Rights of Persons with Disabilities (CRPD).

Physical Rehabilitation and Assistive Technology

There is a significant unmet rehabilitation need in the Northeast, emphasizing the importance of improving health systems to provide rehabilitation services. With an aging population and an increase in chronic illness, rehabilitation is an essential service that must be provided.

Mobility India partnered with several organizations and governmental departments to enhance the method for identifying people with disabilities. 192 Persons with disabilities in rural areas across several northeastern states (Meghalaya and Nagaland) and the districts of Dibrugarh, Tezpur Karbi Anglong, Morigaon, Kamrup, Kamrup Metro, and Chirang were provided quality health care services and assistive technology to live a dignified, independent life and improve participation in the community.



Stakeholders Meeting

Establishing and strengthening networks and partnerships in rehabilitation is important and there are multiple mechanisms by which rehabilitation can do this, and be tailored to the organization of services in the local context and potential referral mechanisms of service users to the MI center to increase access to rehabilitation.

One-day stakeholder meeting was organised in collaboration with the International Committee of the Red Cross (ICRC), New Delhi. State Program Officers of Inclusive Education from SSA, Assam, State Consultants from RBSK, NHM, Kamrup Metro, Indian Red Cross Society, Barooah Cancer Institute, Jirsong Asong, Women Development Centre, St. John's Hospital, Baptist Christian Hospital, and Cure India were part of the program.

The workshop paved the way for collaboration among different government agencies, community organizations, and hospitals to provide quality physical rehabilitation services and assistive technology to people with disabilities in the region.



International Day of Persons with Disabilities

International Day of Persons with Disabilities falls on the 3rd of December each year. The theme for 2021 is "Leadership and Participation of Persons with Disabilities Toward an Inclusive, Accessible, and Sustainable post-COVID-19 World." The theme highlights the additional challenges faced by persons with a disability during the coronavirus (COVID-19) pandemic and the aim, once the virus is under control, of ensuring that the future is inclusive, accessible, and sustainable for all.

A program was organised at the Polasong L.P. School in the Dimoria Block in collaboration with Samagra Siksha Abhiyaan (SSA). The event was attended by 387 people, including district-level education officials, eminent writers, local government officials, school teachers, community members, children with and without disabilities, parents, and caregivers. The event featured recreational activities like singing, dancing, drawing competitions, and inclusive games. Books were provided to winners and participants as a method of encouraging reading.



World Braille day

WORLD Braille day is observed globally on the 4th of January. The day aims to recognize the right of access to braille by blind people and raise awareness of the importance of braille as a means of communication in the full realization of human rights for blind and partially sighted people.

In collaboration with Samagra Siksha Abhiyaan a program was organised at Bherakuchi School, Dimoria Block. Educated 54 students, teachers, parents, and community members on the importance of preventing blindness, the major causes of blindness, the importance of braille, and also social security schemes for people with visual impairment followed by a cultural program.



Nengsam SHG: Paschim Kiling is in Khetri GP, Dimoria Block, Kamrup Metro (Assam). 35 Karbi households live 5 kilometers from Khetri-GP. Most residents work as daily laborers. Some farmers use forest wood. Farmer's markets sell homegrown vegetables. Paschim Killing has no pucca road. The market and hospital are 5 miles away. The monsoon worsens the problem.

Mr. Dhruba Jyoti Deka, a Mobility India (MI)

Community Volunteer, identified a few disabled people in the village in September 2018. Individuals received therapy and assistive devices after the assessment. In a few months, Mr. Dhruba gathered 11 disabled people and formed an SHG named Nengsam, meaning "peaceful." MI provided leadership, communication, documentation, and financial literacy training after forming this SHG. CV conducts twice-monthly gatherings where participants pay Rs. 100 and grant 3% interest on loans. SHG members acquire loans for poultry and goat production. MI taught SHG members about pigs, goats, and kitchen gardening. After training, members get piglets, goats, poultry, seeds, and agricultural equipment. Members raise pigs, goats, and chicks as a source of income.

During the pandemic and COVID-19 lockdown, MI supported one SHG member in establishing a grocery business in Paschim Kiling. Before this shop existed, villagers traveled five miles to get supplies.

SHG members' meetings focused on social security, health, and growth. SHG members mobilized community members to access social security systems. Awareness-raising worked. Every family had a pucca latrine and a house through the Pradhan Mantri Awaas Yojana (PMAY). Farming and finance benefited them.

SHG members were initially wary of strangers. They now collaborate with Gaon Sabhas. Dilip Tumung of Nengsam SHG is now in charge of a women's community hall.

Nengsam SHG promotes inclusive education. Monthly contributions provided teaching materials. The school provides education and a midday meal. Nengsam SHG's shop supplies for midday meals. SHG members encourage parents to enroll 20 dropout children (including special-needs children).

Paschim Kiling is represented in Dimoria Block-level DPO Jeevan Jyoti by Nengsam SHG president Dilip Tumung. Nengsam SHG maintains pigs, goats, and chickens for revenue. Nengsam SHG is constructing a pucca road in Paschim Kiling. Building roads started after members addressed the issue with authorities.



Networking and Collaboration

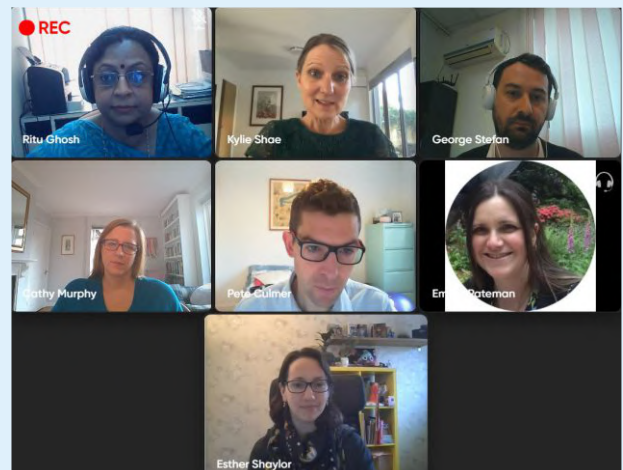
Networking and Collaboration - VIRTUAL

Despite COVID-19 bringing many different challenges, there have been some welcome changes. The sudden and widespread shift to working from home during the pandemic had an increase in time spent on work time gained from commuting. There has been extensive expansion and growth of virtual meetings, workshops, seminars, and events worldwide. This has been the networking frontrunner during COVID-19, with reduced lead times, costs, and logistics, so this new way of working is welcomed, and the audience reach is more than previously possible and has increased its networking and collaboration by actively participating in the international, national, state, and district levels, as well as by becoming members of various decision-making committees for developing policies, guidelines, and strategies.

Many clinical and other training programs with Indian and international experts were conducted, received professionals and trainees from other organizations on study/facility visits, and provided internship opportunities for students, and collaborated with researchers within India and overseas in translating ideas into research objectives and conducting studies. MI's experience at the grassroots level, knowledge transfer occurs, and it is incorporated as part of the strategy developed by many international agencies such as WHO, ISPO, ISWP, and others, serving as the voice of people from low-income countries.

The institution of Mechanical Engineers (IMechE), London held a virtual conference,

organized by WHO, UNICEF, and the University of South Carolina and hosted by Leeds University. The theme of the conference was "Incontinence technology in low resource settings". Mrs. Ritu Ghosh, Academics Director, was a panelist at a session as part of the IMechE Challenge and shared regarding absorbent products. 60 engineers attended to understand the gaps, challenges, and evidence available in incontinence technology provision in low-resource settings.



Bangalore South Zone Block Inclusive Education Resource Teachers (BIERTs) training



A three-day orientation program was organized by Mobility India on inclusive education and rehabilitation, from 6th to 8th September 2021 in collaboration with the Spastic Society of Karnataka, and the Association of People with Disabilities. Twenty teachers attended the workshop and acquired information on classroom management, learning processes, individual education plans, community and parent involvement in inclusive education,

assistive devices, therapy services, daily living skill training, and how to plan and implement activities at school and therapy centers. Participants in this training program included representatives from the Azim Premji Foundation

Muthoot Finance donated fully automatic electric wheelchairs to seven persons with disabilities from the Bangalore urban project. These wheelchairs help in improving the mobility of people with disabilities belonging to the financially weaker sections of society.

K. J. George, MLA, Sarvagnanagar inaugurated the ceremony and provided the wheelchairs. George M Alexander, Deputy Managing Director of Muthoot Finance Ltd, presided over the event.



Mr Wasim and Mr. Tanveer's wheelchairs required a modification, which was done by Mobility India: head and armrests, lap trays, lumbar support cushions, trunk pads, and footrests, to ensure that they can sit properly. In addition to allowing them to be mobile, the wheelchair has enabled them to continue working.

Wheelchair Modifications



Promotion of accessibility in the vicinity of J P Nagar in collaboration with Women of Wisdom (WOW), BMLRC, and the Directorate of Urban Land Transport (DULT) developed a draft plan to make JP more accessible and create sustainable neighborhoods. The plan includes improvements to junctions, access to the metro, parks, and accessible roads leading to Mobility India and Samarthnam.

ವಿಶೇಷ ಚೇತನರಿಗೆ ಸಾಧನ ಸಲಕಣೆ ವಿತರಣೆ

[illegible]

ಈ ತೀರದಲ್ಲಿ 25 ಮಕ್ಕಳಿಗೆ ವಿವಿಧ ರೀತಿಯ ಸಾಧನ ಸಲಕರಣೆಗಳನ್ನು ಗ್ರಾ.ಪಂ ಅಧ್ಯಕ್ಷರಾದ ಸವಿತ, ಮುಖ್ಯೋಪಾಧ್ಯಾಯ ನಟರಾಜ್, ಮೊಲಿಲಿಟಿ ರುಮಾನ, ಕುಮಾರ, ಹೇಮನಾಥ್, ಶೋರುಕ್, ನಂದಾ, ಗ್ರಾಮೀಣ ಪುನರ್ವಸತಿ ಕಾರ್ಯಕರ್ತರಾದ ಕೆ.ಜಿ.ಮಮತಾ, ಲಲಿತ, ಧನಂಜಯ, ಇದ್ದರು.

ಇಂಡಿಯಾ ಸಂಸ್ಥೆಯ ವ್ಯವಸ್ಥಾಪಕರಾದ ಎಸ್.ಎನ್.ಆನಂದ್ ವಿತರಿಸಿದರು.

ಈ ಸಂದರ್ಭದಲ್ಲಿ ಗ್ರಾ.ಪಂ ಕಾರ್ಯದರ್ಶಿ ಸಾಹುರ್ದ,
ಸಂಯೋಜಕ ಜಾನ್, ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತರಾಂ,
ಆರ್.ಸುಧಾಮಣಿ, ಮಹಾದೇವಸ್ವಾಮಿ, ರಾಜ,
ಫಿಜಿನೋ ಥೆರಪಿಸ್ಟ್ ಸಂಜೀವಿನಿ ಬೆಕ್ಕಿಟ್ಟಿ, ರಂಜಿತ,
ರಮಣ, ಕುಮಾರ, ಹೇಮನಾಥನ್, ಚಿದೇಶ್, ನಂದಾ,
ಗ್ರಾಮೀಣ ಪುನರ್ವಸತಿ ಕಾರ್ಯಕರ್ತರಾದ
ಕೆ.ಜಿ.ಮಮತಾ, ಲಲಿತ, ಧನಂಜಯ, ಇದ್ದರು.

ಮಕ್ಕಳಿಗೆ ಆರೋಗ್ಯ ತಪಾಸಣೆ ಹಾಗೂ ಮಾತಿನ ತರಬೇತಿ ಶಿಬಿರ

[illegible]

ಅಧಿಕಾರಿಗಳಿಗೆ ಸಂಬಂಧಿಸಿದಂತೆ, ಅವರ ಅಧಿಕಾರ ವ್ಯಾಪ್ತಿಯಲ್ಲಿರುವವರನ್ನು ಸೂಚಿಸುವ ಸೂಚನೆಗಳನ್ನು ನೀಡುವುದು.

ಈ ಮೂಲಕ ಅವರ ಸಾಮಾನ್ಯ ಅಧಿಕಾರ ವ್ಯಾಪ್ತಿಯಲ್ಲಿರುವವರನ್ನು ಸೂಚಿಸುವ ಸೂಚನೆಗಳನ್ನು ನೀಡುವುದು.

ಅಧಿಕಾರಿಗಳಿಗೆ ಸಂಬಂಧಿಸಿದಂತೆ, ಅವರ ಅಧಿಕಾರ ವ್ಯಾಪ್ತಿಯಲ್ಲಿರುವವರನ್ನು ಸೂಚಿಸುವ ಸೂಚನೆಗಳನ್ನು ನೀಡುವುದು.

ಶ್ರೀಮಾನ್ ಮಹೇಂದ್ರಪ್ರಸಾದ್ ಮುಖರ್ಜೀಯವರು
ಮಾನ್ಯ ಮಹಾಶಯರಾದ ಸರ್ವಜಿತರವರನ್ನು ಸಂಭವಿಸಿ, ಅವರಿಗೆ
ಅಗತ್ಯವಿರುವ ಸಾಧನ ಸಲಕರಣೆಗಳನ್ನು ಒದಗಿಸಿ

ವೆಳುಬಿಡುವುದನ್ನು ಮುಂದುವರಿಸಲು ಸಿದ್ಧರಿಲ್ಲ ಎಂಬ
ಮಾಹಿತಿ ನೀಡಿ, ಬಾಲಕನ ಪಾದಗಳ ಮೇಲಿನಿಂದ
ಪ್ರಶ್ನೆ ಕೇಳುವಂತಹ ರೀತಿಯಲ್ಲಿ ಮೇಲ್ದಿಕ್ಕಿನ
ರೇಖೆಯನ್ನು ತೆಗೆದುಕೊಂಡು ಚಿತ್ರಿಸಿದ್ದಾರೆ.



Staff Participation at National and Gait Conferences

- Ms. Albina Shankar and Mr. Pradeep Education co-ordinator attended the virtual session on "Assistive technology Innovation for Inclusive Education" organized by the Ministry of Education, Government of India
- The technical team attended the 19th Staffordshire Conference on Clinical Biomechanics on April 30 & May 01
- Ms. Vennila participated in the World Physiotherapy Congress virtually along with ICRC partners on 31st May and shared the experiences and lessons learned from the congress among participants from CMC, Nepal, and ICRC Delhi.
- Education Coordinator and speech therapy assistant attended 3-day online training organized by CBM, Bangalore on ISELF (Indian Social-Emotional Learning Framework) for teachers, mental health professionals, and organizations working in the SEL space from 16th June to 18th June 2021.
- The rehabilitation team attended the WHO TAP online training on the Absorbent module. This is the first of its kind in India.
- Mobility India conducted a three-day orientation program in collaboration with Azim Premji Foundation (APF) for Block Inclusive Education Resource Teachers of Bangalore South Zone, on the inclusive education and rehabilitation
- Ms. Ritu represented as a member from India in the "Peer Review Group for Amputation contributing to the development of the WHO's Package of Interventions for Rehabilitation for Amputation".
- Special Educator Mr. Rajanna attended training for state-level Master resource person training for BIERTs (Block inclusive education resource teachers) at Bangalore. The training was organized by (SSK) Samagra Shikshana Karnataka on Individual Education Plan and its importance, the role of parents, teachers, and children, preparation methods and to plan for each child based on his or her competencies and evaluation of the same
- Ms. Minakshi on "Innovative Technology for All Disabilities" gave a virtual presentation at the CRC webinar on Dec. 3rd
- On behalf of the National Institute for Locomotor Disability, Kolkata, Mr. Soikat conducted a workshop on "Role of digital transformation and 3D printing in assistive technology".

MOBILITY INDIA

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



RECEIPTS & PAYMENTS ACCOUNT FOR THE PERIOD APRIL-2021 TO MARCH-2022

(Amounts in ₹)

31-Mar-21	RECEIPTS	31-Mar-22	31-Mar-21	PAYMENTS	31-Mar-22
1,50,793 1,95,12,322	To Opening Balances Cash on hand Cash at bank	72,833 1,12,10,116	4,28,51,050 62,00,599 91,37,182 8,53,875	By Personnel Costs " Administrative Costs " Rehabilitation Services " Capacity Building, Partnership and Seminar	4,79,40,480 65,68,391 1,14,55,159 11,26,215
-	" Grants			" Design & Development of Orthotics & Prosthetics Components	30,660
58,18,020	- CBM	19,22,339	28,500	" Human Resource Development in Disability & Rehabilitation	27,35,728
13,10,670	- Charities Aid Foundation, America	22,27,500		" Community Based Rehabilitation Programmes	1,53,26,654
	- MIBLOU	26,65,422	19,79,508		
	- Staffordshire University, UK	8,06,290	1,21,80,387		
	- Jiv Daya Foundation	1,25,000		" Capital Expenditure	34,78,695
	- University of Oxford (Department of Engineering Science) Giving Foundation	1,32,000	5,97,866	" Advances & others	15,61,090
69,01,262	- State Bank of India , Bangalore	13,99,263	10,98,274	" Fixed Deposits	84,19,941
29,64,400	- International Committee of the Red Cross - New Delhi	42,94,833	53,14,698		
7,74,580	- Society for Biomedical Technology (SBMT), Bangalore	2,16,000		" Closing Balances	38,199
53,55,000	- World Health Organisation	10,95,600		- Cash on hand	
	- Azim Premji Philanthropic Initiatives Pvt Ltd.	1,81,69,800	72,833	- Cash at bank	1,10,59,746
	- Indo-US Science and Technology Forum(IUSSTF)	-	1,12,10,116		
10,35,045	- Allergan International Foundation	47,64,955			
3,50,000	- CAE Simulation Technologies Private Limited	-			
8,50,000	- Flexmotiv Technologies Pvt Ltd	4,00,000			
45,80,812	" Donation	67,21,803			
1,24,98,124	" Education Programme	1,54,10,359			
1,02,07,299	" Orthotics & Prosthetics	1,58,00,206			
95,92,729	" Bank /FD Interest	1,26,23,095			
16,50,329	" Misc Income/ in Kind	22,90,943			
79,73,504	" Advances & Others	68,52,433			
9,15,24,889	Total	10,97,40,959	9,15,24,889	Total	10,97,40,959



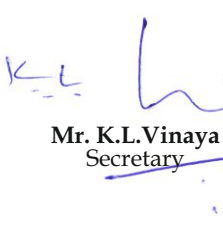
As per our report of even date attached,
For Shankar Sridhar & Mukundh
Chartered Accountants
Firm Reg No.: 007273 S


Mukundh S
Membership No : 202437

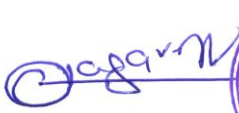

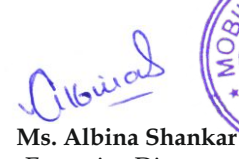


For Mobility India

Dr. Gift Norman
President




Mr. K.L. Vinaya
Secretary

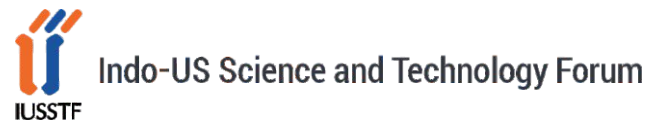
Mr. Seshadri Nagaraj
Treasurer




Ms. Albina Shankar
Executive Director

Place - Bengaluru
Date - 1st September, 2022

Big Thank You

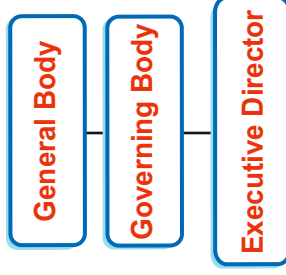
Mobility India is able to implement its vision and strategic programming to move forward with the generous support and funding of our donors who share our belief in the possibility of a brighter future.



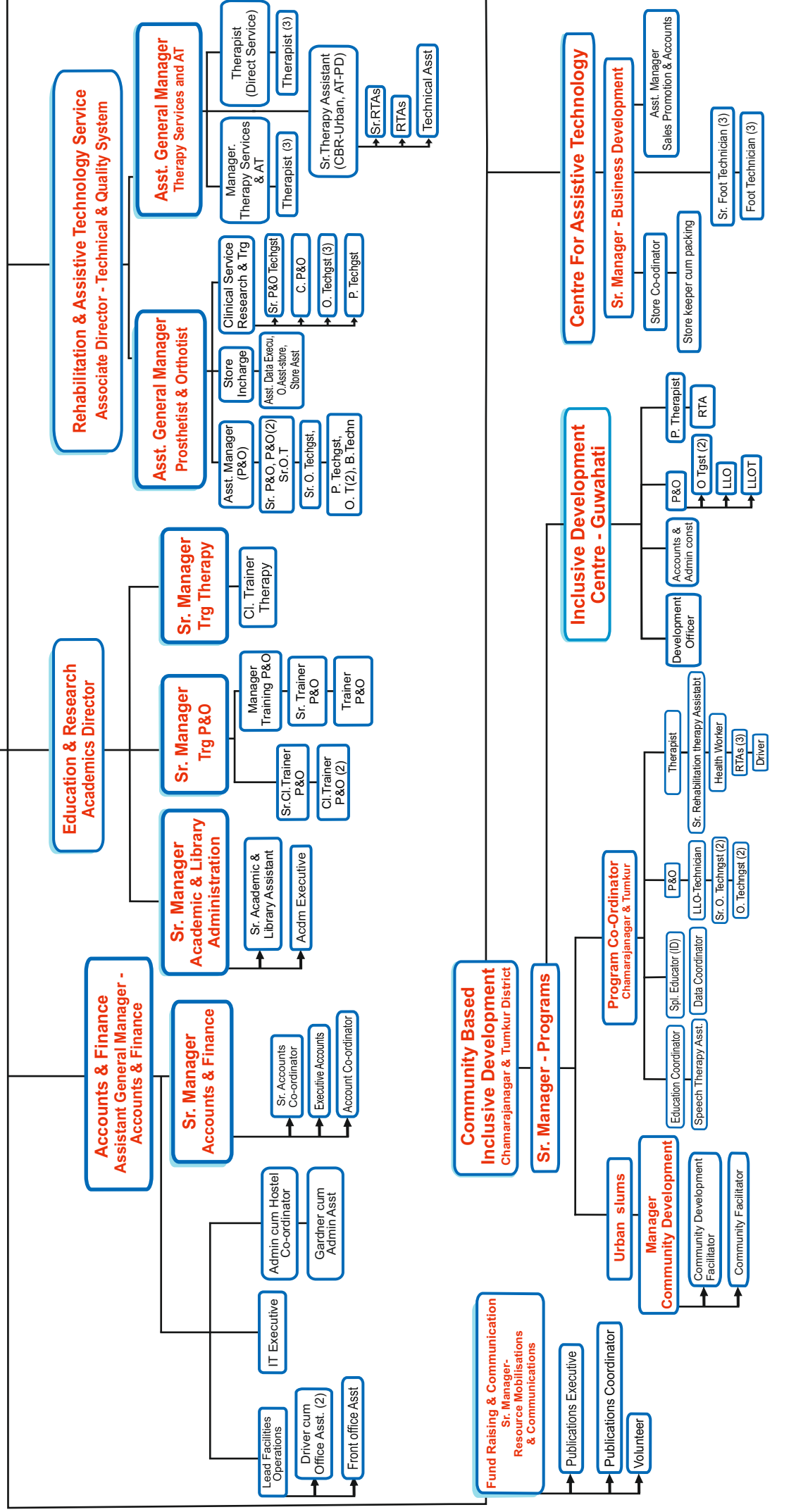
...Trusts/Foundation, Corporate Donors, Institutions, Volunteers, Individuals and friends of Mobility India

ORGANOGRAM

As of 31st March, 2022



	M	F	Total	MWD	WWD	Total PWD
General Body -	6	7	13	0	4	4
Governing Body -	5	2	7	0	1	1
Existing Staff -	53	49	102	14	14	28





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