



Annual Report
April 2008 - March 2009



Our Vision



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

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Foreword

Dear friends,

On 2nd August 1994, Mobility India was formed from small but significant beginnings to make positive changes to the lives of people with disabilities. It has been an extraordinary journey of connecting people, overcoming challenges, recognizing capability instead of disability and improving the quality of life of people with disabilities through all our activities. Mobility India is now moving into its 15th year.



Mobility India received the India NGO Award 2008 for medium sized NGOs in the South for setting and promoting best practices in resource mobilization, accountability and transparency. This was instituted by Resource Alliance and the Nand & Jeet Khemka Foundation.

2008 - 09 – notable achievements

We reached a new milestone this past year by starting the Bachelor's programme in Prosthetics and Orthotics. There is a huge requirement of Prosthetists & Orthotists in India and the country has so far developed trained only 5% of the professionals required to meet the need for these services. There are only a few institutions offering degree level programmes based in the Northern part of the country. We are the first organization in South India to initiate such a programme and the only NGO Rehabilitation, Research & Training Centre to have a Bachelor's Degree programme in the country.

Our operations, especially in the Community Based Rehabilitation projects in the urban, peri-urban and rural areas, have scaled up. Developing partnerships that involve the community to take ownership in addressing issues of people with disabilities is the cornerstone of our work and our aim is inclusive development – promoting an inclusive society - and we work towards this following the WHO CBR matrix.

The Education and Livelihood Opportunities programme in Chamrajnagar, Karnataka celebrated its 2nd Anniversary on 18th January 2009. Our efforts are targeted towards strengthening the local self help groups consisting of people with disabilities and their families to be at the core of the programme and work closely with other stakeholders like the education department, Sarva Shikshana Abhiyan (SSA – Government programme for education) & local governance.

In our endeavor to promote appropriate technology our team was at TATCOT, Tanzania (a regional training centre providing courses in the field of orthopaedic technology in Africa) and conducted four days hands on workshops in prefabricated orthopaedic technology. In the future this technology would probably be in the curriculum of the institute and benefit many people with disabilities as a result.

As diabetes is on the rise worldwide as well as in Bangalore, we have introduced the diabetic management programme in our Rehabilitation Service. Many diabetic amputees visit the centre for ortho-prosthetic solutions. Cardio-vascular diseases too are on the rise and people visit our centre for therapy and assistive devices. Our overall focus is to achieve functional independence for all people visiting the centre for rehabilitation. Children with disabilities get therapy through play –way methods.

Our programmes & activities touched the lives of many people with disabilities and their families this past year. 144 SHGs formed with 2196 members, 1510 children in school, 5216 availed rehabilitation services and 2555 benefitted through livelihood opportunities.

Many challenges have been met promptly, decisively and effectively, but their magnitude seems to grow. With the continuous support from dedicated donors, corporate, individual donors and with the programme partners who complement our own expertise with their local knowledge and skills, we are committed to accomplishing our mission.

I would like to express my sincere thanks to our Board members for their continued support and guidance & my colleagues to make this happen.

Best Wishes

A handwritten signature in black ink that reads "Albina Shankar".

Albina Shankar
Director

Who we are :



Mobility India (MI) founded in Bangalore in 1994, addresses issues of people with disabilities, specially the economically weaker section of society with priority to Women and Children. 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, houses all its activities. Regional Resource Centre in Kolkata was established in 1998. The organisation has a perfect blend of disability and non-disability at all levels - an innovative organisation of abilities and commitment in its approach to address the real need.

Our Mission

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

- Providing Rehabilitation Services
- Developing appropriate Human Resource to provide prosthetics / orthotics /wheelchair and therapy services
- Assisting in Reduction of Poverty
- Facilitating access to basic needs such as Livelihood,Healthcare, Education, Housing etc.
- Promoting Human Rights
- Empowering Self-Help Groups and Disabled Peoples Organizations
- Supporting in implementation of the Convention on the Rights of Persons with Disabilities and related National Acts & Legislators

Governing Board Members

President: Dr. Elizabeth Thomas,Former College Principal

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

Secretary: Mr. Philip deCosta, Additional Director(Retd) Defence Research & Development Organisation, Ministry of Defence

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

Members:

Mrs. Romola Joseph, Social Worker

Mrs. Teresa Bhattacharya, IAS (Retd) Former Chief Secretary- Govt. of Karnataka

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



Yashoda, my wife has been coming for regular therapy sessions since October. A paralytic stroke brought about the disability in the right side of her body. With therapy and assistive devices she is slowly able to walk and has gained some independence in her activities. The staff here helped her overcome her initial reluctance to exercise and she now wears a smile while she enters the centre.

Ramachandra Reddy

Appropriate provision of assistive / mobility devices is most important in the successful rehabilitation of people who need them for mobility. At Mobility India importance of providing individual assessment, fitment and training on usage of devices are key features of the Rehabilitation Service.

Our Services are:

- ◆ Prosthetics & Orthotics
- ◆ Physiotherapy & Occupational Therapy
- ◆ Wheelchair Provision
- ◆ Accessible Mobile Taxi

Our services have personnel trained in its clinical, technical and training roles who work closely with users.



Checking the fit & comfort of Orthosis



Therapy session to improve balance

Mobility India Diabetic Management Programme - A New Feature

Studies have shown that prevalence of diabetes is about 12.4% in the city of Bangalore. In recent times, it is observed that there has been an alarming increase in the number of amputees (almost 15% of the total number of clients) provoked by diabetes (second cause of amputation after road accident) visiting the centre for management of complications related to diabetes and other vascular conditions.

This year we have begun by building capacity of all levels of staff on prevention and management of diabetes and its complications. Awareness programmes have also been conducted in the community project areas of Mobility India.

Some common diabetic conditions for which we offer ortho/prosthetic solutions at the centre

- Severe foot deformities
- Foot ulcers
- Insensitive foot
- Charcot's foot

Prabhakar is 33 and has diabetes for the past 6 years. An untreated wound resulted in amputation below the knee, leaving him unable to continue his well-paying job as software professional. Prabhakar came to Mobility India and was fitted with a prosthesis (artificial limb). With better functional mobility, Prabhakar is now exploring other gainful employment.



Vanaja - overcoming challenges



Vanaja, 26 hails from Bellary. She lives with her family very close to a railway track. About 4 years ago, she was at an unmanned level – crossing when a speeding train took away both her legs. As a result Vanaja spent 3 years at home unable to move and totally dependent on others for activities of daily living. The family was overwhelmed with the situation, hence unable to support Vanaja's recovery from the physical and emotional effects of the accident.

Determined to bring about a change, Vanaja with help of her maternal uncle came to Margadarshi, Bangalore (a hostel for

women with disabilities). Here she was trained in making paper bags.

Margaradarshi brought Vanaja to Mobility India where she was fitted with artificial limbs (prostheses). They made smaller ones initially so she could practice standing as she had not stood for over 3 years. After 6 months of practice, she came back for the prostheses to suit her original height.

“I am able to walk now. It feels nice. I do not feel neglected and cut off from society. I am happy now that I am able to meet people, do my work independently and earn some money”

Vanaja

Tables below indicate services this year.

Assistive Devices	Numbers
Orthoses	2885
Prostheses	166
Other Mobility Devices	1429
Walking Aids /Hearing Aids	138
Wheelchairs	179
Total Devices	4797

Therapy Service	People Benefitted
People Assessed	2285
Therapy Follow up/Gait Training	818
Total	3103

Home Based Therapy Service	Visits
By Therapists	1119
By Rehab Therapy Assistants	5130
Total Visits	6249



User needs best met with additional cushions and belt for better body balance

Yashoda, Prabhakar, Vanaja and over 3000 adults and children access the rehabilitation services for various disabilities each year. The intended impact of this activity is to restore functional mobility through therapy, prosthetic/ orthotic and wheelchair provision suited to individual needs and enables the individual to be independent, attend school, earn a living and be socially active, leading to a better quality of life.

I returned to work in Mukalla, Yemen, after completing my training in 2007. I make a lot of prostheses. The major disability caused by armed conflict is amputation. Each month about 100 people get assistive devices through the rehabilitation centre I work at.

*Hani Awad Salem Bamsood
Former student from Yemen*



Yemen has faced a civil war situation since the 1960's. The International Committee of Red Cross (ICRC) has been working to rehabilitate those affected. Earlier there was only one rehabilitation centre in the capital city of Sanaa. A few years ago a Prosthetic & Orthotic Centre was opened in Iben Saina Hospital in Mukalla.

Hani Awad Salem Bamsood came to Mobility India in 2004 to undergo training in Lower limb Prosthetics and Orthotics. He received certification as per ISPO CAT II Single Discipline in Lower Limb Prosthetics and Orthotics in 2007. 10 students have come in the subsequent years to be trained in Prosthetics/Orthotics. In future, they will work in various rehabilitation centres of ICRC in Yemen.

Human Resource Development in Rehabilitation

Human Resource Development in Rehabilitation fills gaps in rehabilitation service delivery by training personnel from India and other less resourced settings in Asia & Africa. This year Mobility India trained 47 students in Prosthetics / Orthotics & Rehabilitation Therapy, 30 in Community Based Rehabilitation & 16 in Wheelchair Service Provision courses.



CBR Managers in a session on Disability & Development



Sudhamani, Rehabilitation Therapy Assistant providing therapy at a village in Chamarajnagar

The aim is to provide learning opportunities which promote basic knowledge, skills, values and attitudes that will enable them to implement tasks, under supervision and direction, within a variety of health care and community settings.

Bachelor in Prosthetics & Orthotics (BPO)- Moving forward...

Mobility India is the first institution in South India to initiate a Bachelor Degree programme in Prosthetics & Orthotics and also has the pride of place in being the only NGO Rehabilitation, Research and Training Centre running the course in the entire country. There are only a few national institutes offering degree level programmes which are based in the Northern part of the country.



Ms. Kamala Achu-Director, Disability and Development Partners at the inaugural session along with Ms. Albina-Director & Ms. Ritu-Deputy Director(Training)

Prosthetists & Orthotists have become important members in a rehabilitation team. The need of the hour is to train more number of rehabilitation professionals in Prosthetics & Orthotics.

Mobility India realized the need for training various levels of rehabilitation personnel. Starting the degree programme in Prosthetics & Orthotics was the subsequent step after having the experience of running certificate & diploma level programmes in this discipline since 2002. The course is affiliated to Rajiv Gandhi University of Health and Sciences (RGHUS), Bangalore & recognized by Rehabilitation Council of India (RCI), New Delhi.

The course was inaugurated on 16th October 2008. Primarily, it will address the need of 20% of the population in South and the rest of India and other countries with less resources.

Our students say ...

We were trained in prescribing and assembling wheelchairs in addition to prosthetic and therapy training courses. We learnt about transfer techniques, care and maintenance of wheelchair and wheelchairs for slopes and uneven regions. After the training we have fitted 13 wheelchairs for people in remote villages. All of them are using their wheelchairs and feel that mobility has improved.



B. Sundaraiah,
Prosthetic Technician

Assembling and fitting appropriate wheelchairs in rural community projects



A. Narayana
Rehabilitation Therapy Assistant

Training Programmes- a Comprehensive report

Course	Duration	Total No.
Lower Limb Orthotics	18 Months	7
Lower Limb Prosthetics	18 Months	2
Rehabilitation Therapy	12 Months	12
Diploma in Prosthetics & Orthotics - 3rd Batch 3rd Year	36 Months	12
Diploma in Prosthetics & Orthotics - 4th Batch 2nd Year	36 Months	3
Diploma in Prosthetics & Orthotics - 5th Batch 1st Year	36 Months	3
Bachelor in Prosthetics & Orthotics	4 $\frac{1}{2}$ Year	2
Lower Limb Prosthetics/Orthotics (Clinical Practice)	6 Months	6
CBR Manager Course	1 Week	17
CBR Worker Course	6 Weeks	13
Wheelchair Prescription Course	10 Days	10
Wheelchair Assembly Course	10 Days	6
Total		93

Student Profile

Male	61
Female	32
Students with disability	16
National	71
Overseas	22



Wheelchair training session

Mobility India works with national and international organizations like World Health Organisation(WHO), International Society for Prosthetics & Orthotics (ISPO), Motivation-UK, Rehabilitation Council of India (RCI), Rajiv Gandhi University of Health Sciences (RGUHS), Karnataka & Manipal University, Karnataka to enhance the quality of the existing training programmes in Prosthetics & Orthotics, Therapy, Wheelchair Service Provision and CBR. It is associated with Asian/African Prosthetic and Orthotic schools like Cambodian School of Prosthetics and Orthotics, Sri Lankan School of Prosthetics and Orthotics, PIPOS-Pakistan, VIETCOT - Vietnam and TATCOT-Tanzania.



Ashwini (seated to the left) listens intently to her teacher while her classmate takes notes. Ashwini has visual impairment. Her classmates often help her by reading out lessons so she could make notes in Braille.

Ashwini had low vision as a child & over the years her vision deteriorated. By the age of 12, she lost her vision totally. She discontinued her education as the teachers in school were unable to support her specific learning requirements. Ashwini's family was clueless about her "dark "future. Her father abandoned Ashwini and her siblings and her mother became the sole bread winner of the family.

Ashwini hails from Kaveri Nagar (Banashankari Slum area). The CBR intervention helped Ashwini get mobility skill training and learn Braille. She was re – enrolled in regular school. Her mother was encouraged to become a Self Help Group member. Along with came access to government social schemes like identity card, bus pass and disability pension.

A confident Ashwini now frequently participates in cultural activities. She loves to dance and is a quick learner. She secured a first class in the Class X exams. A noteworthy achievement considering all the odds she had to face.

A definite transformation in her life - from isolation to inclusion, Ashwini is now in Class XI. She has chosen the Arts Stream with Economics as one of her subjects and is looking forward to studying further.

Community Based initiatives following
CBR Matrix
with focus on meeting basic needs

The Convention on the Rights of Persons with Disability covers rights to education, health, work, an adequate standard of living, social protection and a series of other protective measures to ensure people with disabilities are equal members of the community with equal rights and responsibilities.

Community Based Rehabilitation is a strategy to promote community based inclusive development promoting Quality of Life for persons with disabilities and their family members.

One of the key objectives is the inclusion of people with disabilities, playing a full part as citizens of their society with the same rights, entitlements and responsibilities as others, while contributing tangible benefits to the whole community.

Project Areas :

Urban Slums -Covering 23 slums in Banashankari, LR Nagar, Avalahalli & GG Halli in Bangalore.

Peri –Urban - Covering 44 villages of Attibele Hobli in Anekal Taluk, Bangalore.



From isolation to participation

Zabi & Haseena

Zabiullah, a customer service executive is married to Haseena, a trained beautician. Zabi & Haseena both feel this to be great achievement. One may wonder why they feel the way they do.

Having polio as a child Zabi spent many of his childhood & adolescent years crawling on fours for his mobility. Haseena too grew up experiencing the ill –effects of polio. Added to that was a scar on her face. Not having personal mobility and being dependent on family for everything did little for both their self esteem.



Winning hearts - Zabi and Haseena

Significant changes in their lives have happened through Community Based Rehabilitation (CBR) programme of Mobility India.

Zabiullah & Haseena's ability to access regular services and become active contributors to the community and society at large has come about with the multi –pronged approach of the programme. Both of them initially received health intervention in the form of assistive devices. This enabled independent mobility proving to be the “first step” in the process. Having mobility, Zabi and Haseena were able to attend computer & beautician's courses respectively. Zabi then found work as an assistant at a nearby petrol station and Haseena as an assistant in a local beauty parlour. Societal respect and recognition followed among family and the local community.

After gaining work experience of a few years, Zabiullah has now changed jobs and works with a leading mobile service provider. Zabi and Haseena are looking forward to their life together.

Urban Slums, Bangalore - A comprehensive Report

		Activities	No. of people accessing the service
Health	Promotion & Prevention	Awareness programmes on : Ante Natal /Post Natal Care Importance of Nutrition Importance of Immunization HIV/AIDs and Reproductive health Diabetes	600
		Self Care and hygiene for school children	416
		Orientation for Primary Health Care Link workers	20
		Ante Natal Care follow up	235
		Post Natal Care follow up	190
		Immunisation follow up	200
		Nutritious food	300
	Medical Care	Operation(permanent) Family Planning	47
		Temporary - Family Planning	58
		Medical Asst. Referral	255
	Rehabilitation Assistive Devices	Corrective surgery	12
		Fitment of aids and appliances	139
		Home based therapy Follow up	143
		Home adaptation	6
Eye camp		4	
Education	Number of Children with Disability accessing	School regularly	210
		Scholarship from MI	114
		Scholarship from government.	16
		Extra coaching class	361
	Coaching class centres	22	
School made barrier free	1		
Livelihood Employment	Skills Development	People with disabilities accessing skill training	63
		Family members accessing skill training	52
	Wage Employment	People with disabilities participating in career counseling	73
		People with disabilities accessing job opportunities	26
		Family members of people with disabilities accessing jobs	45
Number of new income generation programme initiated	14		
Empowerment Social	Self Help Groups(SHG) functioning		23
	Total members in Self Help Groups (SHGs)		594
	Members aware of the rights of People with disabilities		420
	People with disabilities and their family members participating in various advocacy programmes		72
Social Recreation Leisure & Sports	Children with disabilities participating in	Various recreational activities	246
		Annual Sports Meet	250
		Picnic	180

Community Based Rehabilitation programme in Anekal Taluk

Mobility India initiated the CBR programme in 28 villages in Attibele in early 2008. Since then, the programme has identified 738 people with disabilities. 27 Self Help Groups have been formed and 400 members sensitized on disability issues. The programme has expanded its reach to 44 villages this year.

Highlights of the programme



Equal participation of children in schools

- ◆ 18 children with disabilities in the age group of 5-14 were admitted to the local government schools and 4 children with severe disability was referred to “home-based education programme” under the Sarva Shikshana Abhiyan (SSA) department and 4 children enrolled in a Anganwadi centres (Early Childhood Education centre)
- ◆ Developing a partnership and involving the community (local leaders, Anganwadi and school teachers, leaders of women’s group) from the day one, has influenced the community to take more ownership in addressing the issues of persons with disabilities.

- ◆ Staff capacity developed to facilitate the PWDs, Families and the community through various programmes on disability and development.
- ◆ 50% PWDs and families are organized into Self help groups and Increase visibility of group members within the community



Ms. Gunawathy Fernandez, Regional Director, CBM-SARO (S) at Anekal along with Ms. Albina -Director and Community Facilitators



Awareness meeting of Self Help Group members at Attibele, Anekal

- ◆ 50 local leaders have taken major responsibility in activities like -
 - organising assessment and fitment programme
 - creating awareness on prevention of disability for the community
 - providing transport and financial support for people to access different referral services and government benefits
 - making accessible structures in one government school



An innovative and comprehensive programme designed to improve the quality of mainstream primary education for all children while working for the inclusion of disabled children.

Education & Livelihood Opportunities Programme Chamarajnagar

Education and Livelihood Opportunities programme in Chamrajnagar District is spread across Harave & Kasaba Hoblies which consists of 16 Panchayats with 76 Villages. It simultaneously tackles three interconnected elements - provision of education, livelihoods for the parents & physical rehabilitation for people with disabilities.

Its first objective is to enhance children's school access, enrolment, retention, enjoyment of school, educational achievement: to improve their life chances; satisfy their human rights and enhance their capabilities for full participatory citizenship. The programme has sensitized and built the capacity of the teachers, community education tutors, home based education tutors. 40 Community Education Centres(CEC) have been set up in Kasaba & Harave hobli to support village primaries to meet the special needs of different children. These centres are meant to encourage and facilitate an inclusive learning environment for non –disabled and disabled children focusing on play –way learning methods. The centres function after school hours. Tutors are mostly women with some education who are identified from the local community and 3 are themselves people with disability. 4 schools have been made accessible for children with disabilities.



Play-way-learning methods - children intently observing a painting session

Parents meetings are being conducted in the villages and parents actively participate in them and discuss issues like timings and activities of CEC, Role of Community Education tutor, role of Self Help Groups and Parents, follow up and monitoring CEC activities, making schools accessible, teaching and learning materials, sports materials, children attendance in CEC and regarding their learning.



Community members understanding the role of a Self Help Group

A total of 90 Self Help Groups have been formed in the 2 hoblis and have 1278 members. The members have undergone training in functioning of SHG's in book keeping, accounts, various disability issues, rights of children and people with disabilities. This process is to help the SHG's become self – reliant and to build their capacity to undertake activities such as savings and loan schemes, accessing benefits and entitlement, forming links with banks and taking loans and skill training.

A mini – rehabilitation workshop is now functional in Chamrajnagar to support the needs of the local disabled people.

A few more service highlights:

- ◆ Assessment and fitment camp was conducted at Chandakwadi and Santhamaralli Hoblies in coordination with the District Welfare Department for 113 disabled people
- ◆ Assessment and fitment was done for 642 people with disabilities of Harave and Kasaba Hoblies.
- ◆ Hearing Aids program, Neurological assessment and ortho assessment was conducted for 158 disabled people.
- ◆ 3048 regular therapy follow up visits were conducted by Therapist's and RTA's.
- ◆ 13 service users were referred for corrective surgery.
- ◆ Eye screening camp conducted for 43 visually impaired children of Harave Hobli.
- ◆ Awareness programs on aids and appliances for locomotor disability conducted for 1436 community participants with the involvement of service users across Chamrajnagar.



School Accessibility - Ramps and Railings to facilitate easier access



Support through provision of assistive devices & training on its use enable Manjunath to school

Manjunath - at school and learning

Manjunath (10) is one of the students in the CEC. He is slowly making friends with other students in the group. Manjunath has Cerebral Palsy. Owing to his disability he spent his early childhood years crawling. Manjunath lives in a large family of 16 members in a village called Mallyanapura. His parents Maregowda and Rajamma are illiterate and work for daily wages. The demands of looking after Manjunath were immense and his parents were at their wits end, not knowing what to do with him. They had visited many hospitals to find a solution but none was fruitful. The neighbors suggested to the family to shift Manjunath to an orphanage.

The ELO programme identified Manjunath and encouraged his parents to become members of the Self Help Group in 2007. They also suggested rehabilitation intervention for Manjunath.

Manjunath does not require a surgery. Through the SHG he is provided a wheel Chair to move around. A gaiter, an AFO [Ankle Foot Orthosis] and parallel bars outside his home support him to walk. A rehabilitation therapy assistant from Mobility India visits the family thrice a week to train Manjunath with various exercises for his hands and legs.

Manjunath has started going to school using the wheelchair with his brother. He attends CEC's regularly. An adaptable pen is encouraging his writing activities. His mother is hopeful that he will improve in his studies and other activities which are age appropriate.

Our partnership with Mobility India began in 1995. MI personnel visit our workshops and villages to informally evaluate the appliances provided by RDT technicians and give feedback for further improvement. Mobility India helped us design our 3 orthopaedic workshops and trained our engineering staff in disabled friendly constructions. 18 staff have trained at Mobility India in various training programmes. We cover 2321 villages. Each year about 4,500 - 5,000 persons get access to assistive devices. In our CBR Program we cover about 12,000 people with disabilities. MI intervention helped us carry out more organized work in the field of rehabilitation.

*Mr. Dashrath, Director Disability program
Rural Development Trust (RDT),
Anantpur, Andhra Pradesh*

We approached Mobility India in 2007 for partnership support. Mobility India sensitized the staff of VSVS to understand about disability, mobility for people with disability and to provide means to address the issue.

After Mobility India's intervention our vision and perception towards disability has changed. Technical skills of the staff members improved in assessing people with disability. 11 staff are under going training in various courses at Mobility India. Our services reach 4132 people with disabilities in 4 mandals of Nalagonda district and 3147 people with disabilities in 3 municipality areas.

*Father Joseph, Director
Vishwa Shanthi Vikas Samithi (VSVS),
Nalagonda, Andhra Pradesh*



Wheelchair mobility training for rehab professionals at RDT



Assembling assistive devices through mobile workshop at VSVS

Mobility India strengthens the capacity of grass root organizations in all aspects of rehabilitation to deliver quality rehabilitation services to persons with disabilities, establishing/ upgrading prosthetics/orthotics workshop with therapy facility. Through its mobile workshop, services are made available over large distance and definite changes ensured in the person's life. The organisations are in the Southern States of India. it has also established orthopedic/therapy workshops in Ethiopia.



Delivering quality assistive devices with collaboration of Margadarshi Association of People with Disabilities at Pavagada, Karnataka

Building Capacity of rehabilitation personnel in less resourced countries - TANZANIA

The Prefabricated orthotic technology was developed in 2003. The technology was transferred to technicians in Ethiopia in the year 2005. Continuing this activity this year the team visited TATCOT (Tanzania) which is the largest prosthetic and orthotic school in Africa and runs ISPO CAT I training program.

A four day hands- on workshop was conducted at TATCOT for 7 technicians in December 2008. All participants assessed and assembled orthoses using the prefabricated components on service users affected with disabling conditions mainly polio.

In future, this technology could probably be included in the curriculum at TATCOT as more rehabilitation personnel undergoing training would be aware of the same and use it for the larger benefit of people with disabilities in their native countries.



Training rehab personnel at the workshop in TATCOT, Tanzania

Building Capacity and Partnership- A Comprehensive Report

ACTIVITIES	ORGANIZATIONS SUPPORTED
Establishing and upgrading repair & orthopaedic workshop with therapy facilities	<ol style="list-style-type: none"> 1. Brethren Institute for Rural Development (BIRD), Cumbum 2. Grameena Abhyudaya Seva Samasthe (GASS), Dodaballapur 3. Hubli Hospital for the Handicapped (HHH), Hubli 4. Marianilayam Social Service Society (MSSS), Kurnool 5. Wayanad Sarva Seva Mandal (WSSM), Wayanad 6. Vishwa Shanthi Vikas Samithi (VSVS), Nalagonda
Technical support in the areas of prosthetics & orthotics with therapeutic interventions, referrals & surgical intervention	<ol style="list-style-type: none"> 1. Brethren Institute for Rural Development (BIRD), Cumbum 2. Grameena Abhyudaya Seva Samasthe (GASS), Dodaballapur 3. Hubli Hospital for the Handicapped (HHH), Hubli 4. Marianilayam Social Service Society (MSSS), Kurnool 5. Wayanad Sarva Seva Mandal (WSSM), Waynad 6. Vishwa Shanthi Vikas Samithi (VSVS), Nalgonda 7. CSI Rehabilitation Centre, Kodaikanal 8. Narendra Foundation (NF) Pavagada 9. Timbaktu Collective, Anantpur
Staff technical training	<ol style="list-style-type: none"> 1. Rehabilitation Aids Workshop by Women with Disabilities (RAWWD), Bangalore 2. Samuha, Samarthy, Koppal 3. CSI, Rehabilitation Centre Kodaikanal 4. Timbaktu Collective, (TC) 5. Vishwa Shanthi Vikas Samithi (VSVS), Nalgonda
♦ Students from partners enrolled in training programmes	<ol style="list-style-type: none"> 1. CBR Managers – Brethren Institute for Rural Development (BIRD), Cumbum – 4 2. CBR Workers – BIRD -2, Marianilayam Social Service Society (MSSS) Kurnool -1 3. Rehabilitation Therapy Assistants –BIRD -2 4. Lower Limb Prosthetics –BIRD -1 & Tropical Health Foundation of India (THFI) Kerala -1 5. Lower Limb Orthotics – GASS -1 & BIRD -1 6. Wheel Chair Prescription (WCP) –BIRD -1 & SAMUHA -1 7. Wheel Chair Assembly (WCA) –BIRD -1 & SAMUHA -1

Based on the request of International Committee of Red Cross, Mobility India visited the Red Cross Society, Chennai to support in modernisation of their existing rehabilitation facilities.



Our partnership with Mobility India began in 2002. Mobility India has helped us in setting up of furnished Workshop at Jalpaiguri, Refresher courses to staff, Technical support, quality guidance, material support and regular visits from Kolkata. Marium Tigga, our staff, was trained at Mobility India in Orthotics. Our organization supports around 460 children and adults each year.

*Ms. K S Devi, Vice President
Howrah South Point,
Jalpaiguri, West Bengal*

The partnership between AWWD and Mobility India was formed in the year of 2003.

Association for Women with Disabilities (AWWD) provides rehabilitation support to girls and women with disabilities. Mobility India supports AWWD by providing calipers, artificial limbs, walkers, crutches, special seats and splints to all women who need support. AWWD works both in rural and urban areas and covers over 582 villages and 16 municipal wards respectively. Each year the organization supports 300 – 350 girls and women with disabilities with several direct interventions.

Mobility India also helped AWWD to get funding support from Miblou and Abilis Foundation.

*Kuhu Das, Director
Association for Women with Disabilities(AWWD),
Subhi, West Bengal*

Regional Resource Centre strengthens the capacity of grass root organizations located in the Eastern and North-Eastern regions of the country. Capacity Building covers establishment of Orthopaedic workshop, extending technical support, provision of assistive devices to people with disabilities. It also supports the research and development initiatives of the organisation.

The Outreach programme supports 120 children with disabilities (CWD) in the Ward Nos. 133, 134 & 135 of Garden Reach area, Kolkata Municipal Corporation. The programme covers education, home based therapy, medical & surgical intervention and supplementary nutrition for malnourished. This year an office was set up in the community to facilitate therapy activities.

The Orthopaedic Workshop set up at Padhar Hospital, Betul, Madhya Pradesh was made fully operational with gait training facilities. The hospital is located in very remote hilly & tribal area in Betul district. It would offer rehabilitation services to people with disabilities in the region.



Children at the inauguration of outreach office in Garden Reach, Kolkata

Number of people availing services

Activity	No. of Persons Assessed & followed up	No. of Persons benefitted with Aids & Appliances	No. of Aids & Appliances Delivered
Direct Services	107	64	127
Outreach Prog.	62	43	78
Partners Support	297	148	279
Total	466	255	484

Consultancy Services:

Inputs on incorporating accessible features were given to Montfort Centre for Education, Tura in Meghalaya for making their new training building "Barrier free – building for all".

Building Capacity and Partnership- A Comprehensive Report

Activity	Organization Supported
Established Orthopaedic workshop with gait training facilities.	Padhar Hospital, Betul, Madhya Pradesh
Technical support in the areas of prosthetics & orthotics with therapeutic interventions. Referrals & surgical intervention	<ul style="list-style-type: none"> • Association of Women With Disabilities, South 24 Parganas, West Bengal. • Makhla Muktohdhara, Hooghly, West Bengal. • Asha Bhavan, Berhampur, Orissa. • Sangam, Asansol, West Bengal. • Paras Padma, South 24 Parganas, West Bengal. • Sanchar, South 24 Parganas, West Bengal. • Sabera Foundation, South 24 Parganas, West Bengal.
Staff Training & Practical Exposure.	"Accessibility, Mobility Aids and Barrier Free Environment" for the trainees from Orissa, Madhya Pradesh and West Bengal.
♦ Students FROM PARTNERS enrolled in training programmes –	Diploma in Prosthetics and Orthotics - Ferrando Rehabilitation Centre - 1



Sudhakar is 7 years old and would love to play football. Having polio as a child, Sudhakar can play only when supported by an orthoses (caliper). Sudhakar has been wearing an orthosis for mobility since a few years. As a growing child, he outgrows the orthosis has to replace it frequently.

This time around Sudhakar has been fitted with an orthosis using the ankle joint developed by Mobility India. With this he gets better movement for his ankles so he can happily kick away.

Very less research has taken place in the Indian subcontinent in area of prosthetic/orthotic components and technology. Mobility India has focused its research in both areas. In orthotics it has developed the prefabricated orthotic component technology in response to the large need of people with polio and other neuro-muscular conditions. In prosthetics it has designed the endoskeletal trans-tibial modular components.

It has been observed in the recent years that cases of below knee amputation are occurring three times more than above knee amputations. Vascular disease, road traffic accidents, diabetes are the contributory factors. This technology will offer the user a low-cost, light –weight and user friendly prosthetic device that can also be assembled and fitted quickly taking into consideration the socio-economic conditions of people with disabilities of less resourced settings in Asia and Africa.

At Mobility India, the Jaipur foot is made by the skilled hands of women with disabilities. It is the most advanced accessible production unit for making good quality Jaipur foot to meet the need of people with disabilities within India and developing countries - the first of its kind in India. There is an increasing demand for smaller sizes which prompted the design and development of the child size Jaipur foot. The Jaipur foot piece was earlier available in only 6 adult sizes.



Jaipur Foot fabrication process

Facilitating Agency for ABILIS, Finland

In partnership with ABILIS, we identify, promote and support organizations in promoting the rights of people with disabilities. Organizations that match the funding criteria of ABILIS are granted with funds for projects managed by and for people with disabilities. 10 organizations were visited for pre- funding evaluation and 6 organizations received funding for their projects.

Ms.Albina Shankar-Director and Ms. Jaikodi-Abilis Facilitator visited ABILIS, Finland to attend the Partnership Seminar and Human Rights Seminar which was scheduled from 19th to 24th May 2008- where all the ABILIS partners from different low income countries attended and shared their work experiences of their project areas.



Ms.Albina Shankar-Director and Ms. Jaikodi-Abilis Facilitator at the seminar in Finland



Ms. Taija Heinonen
Chief Executive, Abilis Foundation

We deeply mourn the passing away of Ms. Taija, our well wisher and supporter and great campaigner for the rights of people with disability.

- ◆ Ms. Ritu-Deputy Director(Training), participated as non-ISPO Board members to the ISPO Strategic Planning Workshop in El Salvador from March 31st – 3rd April attended by 18 participants from the America's, Asia and Europe. The participants represented the various disciplines that are part of the ISPO society. This meeting was held to discuss challenges faced, improve association to better ISPO's aims and objectives and progressively deliver better results in the sector.
- ◆ Ms. Ritu was invited by the education committee of ISPO to be an evaluator of the training institute SLSPPO (Sri Lanka School of Prosthetics and Orthotics) from 2nd - 5th June in Sri Lanka.
- ◆ Ms. Albina-Director was invited as a resource person to contribute to CBMs Global Training programme - Sessions on Disability, Development and Rehabilitation and the topic was Breaking barriers (between persons with disabilities and services, within communities, from services providers to target groups at Dar Es Salaam Tanzania in February as well as in June. She was also was invited by Ministry of Social Justice and Empowerment to make a presentation on "A holistic approach for access to physical environment" in Delhi.
- ◆ Mr. Soikat-Assistant Director(Rehabilitation Service) and Mr. Anil Assistant Director(Training) visited VIETCOT, Vietnam from 8th - 20th September 2008 to learn the Ischial containment socket design for trans-femoral prosthesis. This new fabrication technique will provide solutions in cases of amputation where the residual limb is minimal.
- ◆ Ms. Ritu was invited by World Health Organization (WHO) to attend meeting on developing training packages based on wheelchair guidelines 22nd - 24th October 2008 in Geneva.
- ◆ Ms. Ritu also attended the prosthetic and orthotic alliance meeting in Bangkok from 12th - 13th February 2009 to meet representatives of various prosthetic/orthotic schools for sharing of resources.
- ◆ Ms. Albina, Ms. Ritu, Mr. Anand-ELO Manager and Mr. Jaikumar-CBR Manager participated in the 1st CBR Asia Pacific Congress in Bangkok in February 2009 where two papers were presented by Mobility India on its CBR initiatives.



Ritu-Deputy Director(Training) at the ISPO Workshop in El Salvador



Anil-Assistant Director(Training) checking the fit of Ischial containment socket design prosthesis in Vietnam



Mobility India team at 1st CBR Asia Pacific Congress in Bangkok

Acknowledgement

15 years of challenge and beyond.....

Mobility India is going to complete fifteen years of its existence we know that this would not have been possible without your support.

Whatever we are today its because of you. Thank you



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



Receipts & Payments Account for the Year Ended 31st March-2009

RECEIPTS	AMOUNT	PAYMENTS	AMOUNT
To Opening Balance		By Personnel Costs	12876997.00
- Cash on hand	32050.00	" Operating Costs	3047543.00
- Cash at Bank	4962306.00	" Governing Body Meetings	6805.00
GRANTS FROM		" Rehabilitation Services	9368194.00
- CBM (SARO) South-AUSAID	9200228.00	" Capacity Building and Partnership	1374410.00
- CBM (SARO) North	2340514.00	" Research & Development	6873739.00
- MIBLOU	1339729.00	" Training	4024405.00
- Disability and Development Partners	6443501.00	" Urban & Rural Community	
- Katholische Zentralstelle Fur Entwicklungshilfe	179571.00	Based Rehabilitation Project	4406462.00
- International Committee of Red Cross	1525168.00	" Capital Expenditure	6923127.00
- Zurich Financial Services	1177382.00	" Deposits Loans Advances & Others	1933278.00
- Abilis Foundation	2034595.00	" Fixed Deposit	10843531.00
- Terre Des Hommes	2256237.00	Closing Balance	
- Stichting Liliane Fonds	300000.00	" Cash in Hand	22809.00
- Handicap International	308374.00	" Cash at Bank	3936942.00
- Motivation	1053917.00		
- International Society of Prosthetics & Orthotics	156081.00		
- Verna Morris/Ema	160834.00		
Donation	8801312.00		
Sale of Othotics, Prosthetics Materials	7117300.00		
Donation - Training Fees and Others	5737392.00		
Interest From Bank	8169016.00		
Sale of Vehicle	145500.00		
Deposit, Loans & Advances	891209.00		
Current Liabilities	1306026.00		
GRAND TOTAL	65638242.00	GRAND TOTAL	65638242.00

PLACE : BANGALORE
DATE : 30.06.2009



TREASURER
TREASURER
Mobility India

For **MOBILITY INDIA**



DIRECTOR
Director

AS PER OUR SEPARATE REPORT OF EVEN DATE
IN FORM FC - 3 ATTACHED
FOR CHARLES PRABAKAR & ASSOCIATES
CHARTERED ACCOUNTANTS



CHARLES PRABAKAR
MEM NO. 18391





Mobility India

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