A REVIEW OF MOBILITY INDIA

1998 TO 2003

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In 1996 she moved to the sponsorship department which is the funding support unit of Action Aid India. She was in charge of the department till 2001.

She moved to the Regional office as Regional Manager for Karnataka, managing programmes working on Child Rights, Disability, Violence Against Women, HIV/AIDS, Trafficking, Tribal issues and Urban Homelessness.

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He served as a consultant to UNESCO, UNICEF, WHO, Cheshire Home International, etc., for various developmental activities dealing with disabilities. He is also serving as an Educational Advisor of CBM International, Germany, which provides assistance to organizations to serve persons with visual impairment and other disabilities in most of the developing countries.

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CHAPTER-1
MOBILITY INDIA

ABOUT THE ORGANIZATION:

Mobility India (MI) was set up in Bangalore in 1994 as a non government organisation to promote mobility for persons with disabilities, especially those in rural areas and urban slums, through setting up of workshops in grassroot organisations and by training their personnel in orthotics and prosthetics. Over the years MI has grown to take up a lot of associated activities like Community Based Rehabilitation (CBR), Direct Services, Training of second generation rehabilitation personnel, Research and Development, Advocacy and Networking that helps integration of people with disabilities into the mainstream society.

Vision

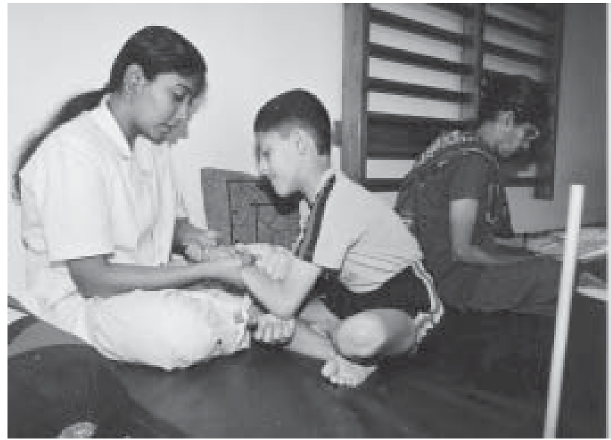
'Persons with disabilities are an integral part of society and entitled to equal rights and the best quality of life'.

Mission

'To promote mobility in persons with disability especially in rural areas through awareness creation, advocacy, research and development, improved services and all other activities to promote integration of persons with disabilities into society'.

Objectives :

1. To create awareness of the need for and benefit of mobility aids and rehabilitation facilities in those involved in rehabilitation of people with disabilities and positive attitudes towards people with disabilities through workshops, conferences and awareness building programmes.
2. To provide technical support for the creation and strengthening of the rehabilitation aids and appliances facilities, primarily in rural areas through partner organizations.
3. To develop the right kind of human resources to enable many more people with disabilities, especially those living in rural India to become mobile through training programmes of orthotics, prosthetics, rehabilitation therapy and CBR.
4. To promote appropriate technology in rehabilitation with a focus on community based rehabilitation and people with disabilities from the slums of Bangalore.
5. Provide opportunities for people with disabilities to train in income generating skills so that they become capable, self-reliant



individuals who can lead a life of dignity and productivity and also to facilitate employment for people with disabilities.

6. To promote simple therapeutic techniques to prevent or correct deformities and to avoid unnecessary surgery wherever possible.
7. To carry out research and development to promote appropriate technology with new designs of mobility aids and improve their effectiveness and suitability for users in India, especially rural India. Locally available and inexpensive materials and techniques will be a priority.
8. To network with government organizations, non-governmental organizations nationally and internationally, professionals and non-formally trained rehabilitation workers in the field, in order to provide linkages for the benefit of people with disabilities.
9. To initiate and participate in advocacy programmes that promotes equal rights, opportunities and participation of people with disabilities.

BRIEF HISTORY

In early nineties, Action on Disability and Development (ADD) a Non governmental Organization in United Kingdom used to receive requests directly and through its branch ADD-India to take care of the rehabilitation needs in rural areas. As a response to the need, ADD-UK had to set up a separate unit as its branch in India "ADD MOBILITY" in Bangalore in 1991. It was managed by Kevan Moll who was employed by ADD-UK. Seeing the growing need, in December 1993, a decision was taken to make ADD-Mobility as an independent, Indian organization. Chapal Khasnabis an Orthotist & Prosthetist by profession was appointed to lead this transformation and emergence of the new organization. Mobility India (MI) was thus formed, had its own board and was registered on 2nd August 1994. The transformation was completed by mid 1995.

It was agreed at that time, that Mobility India, ADD-India and ADD-UK will work as sisters' organizations. ADD-UK will support both the organizations in India with an understanding that ADD-India will work to organize people with disabilities and to change society's attitude whereas, Mobility India will work to ensure rehabilitation for people with disabilities and access equal rights. Mr. Sundar Egbert Secretary of ADD-India was nominated as President of Mobility India. Beside ADD-UK, Action Aid India and MISEREOR came forward to establish Mobility India.

Some of the significant events since its inception include, setting up of mobile workshop in 1996, the rehabilitation aids workshop by women with disabilities in 1997, the Kolkata Regional Centre

in 1998, the initiation of the research and development unit in 1998, first external evaluation in 1998, the CBR programme in urban slums in 1999, the audit of public places in Bangalore city in 2000 and setting up of the millennium building – a model accessible building and starting direct services in 2002 and various training programmes in the field of rehabilitation with focus on community based rehabilitation.

RECENT DEVELOPMENTS

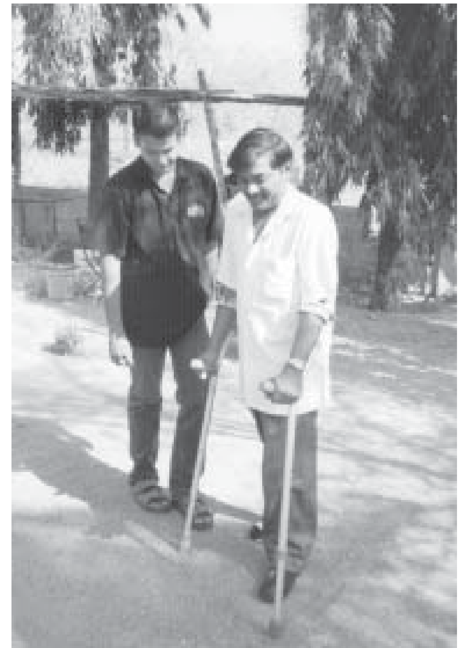
In April 2002, the Millennium Building on Disability - Mobility India's Rehabilitation Research and Training Centre was set up to house all its activities. This disability friendly building which was built as a model for the whole country has all the modern accessible features to meet the needs of persons with various disabilities. The Centre houses an Orthotic and Prosthetic Workshop with modern equipments to cater to the needs of persons with physical disabilities. The Therapy unit is well equipped to help people in home adaptation, sensory integration of children with cerebral palsy and people with any type of orthopaedic and neurological conditions.

The Research and Development wing of MI is set up to develop orthotic and prosthetic components and mobility devices. It has recently developed Pre Fabricated Knee Ankle Foot Orthosis (PFKAFO) components for which MI has applied for patenting. The centre also has a fully mechanized Jaipur foot unit managed by a group of women with disabilities including speech and hearing impairment.

CHAPTER 2
MAJOR ACTIVITIES

In its first decade of existence, Mobility India's scope and reach has grown tremendously from support to rural based partners on orthotics and prosthetics to a wide range of activities including training of second generation of rehabilitation personnel, to provide direct service, research and development, fundraising – both local and overseas, advocacy and networking. Mobility India has also moved from a single disability to a multi disability focused organisation. A brief description of their activities is given below.

PARTNERSHIPS: One of the objectives of MI is to provide technical support for the creation and strengthening of the rehabilitation facilities especially by setting up prosthetics & orthotics workshop with therapy facilities, primarily in rural areas through partner organizations. The term "Partner" is used by Mobility India to denote an organization, which is provided technical assistance by MI to strengthen its rehabilitation activities. The organization helped is also not expected to report to MI as a requirement. Both the organizations indicate the role played by each other in providing services to persons with disability at the intervention of MI. At present (2003) MI supports 24 partners through the Bangalore and Kolkata centers. Over the last 9 years, Mobility India has provided support to 50 grassroot organizations mostly in rural India. It is a policy that every year, Mobility India withdraws regular support to few old established partners and adopts new ones to reach out to more people with disabilities.



COMMUNITY BASED REHABILITATION: WHO and UN bodies promoted CBR for the past two decades to ensure rehabilitation services reached all persons with disabilities in the world. The core principles of CBR are Rehabilitation at the Home/community setting, Community Participation, Local resource utilization and cost effectiveness. The CBR programme of MI was initiated in 1999 with a focus on children with disabilities. The CBR programme covers 15 slums in Banashankari WARD 56. The total population in this area is 50,000 where MI has identified 474 persons. The aim is to practice the principles of CBR, which uses a holistic and sustainable approach. The aim of the CBR programme is to integrate people into the mainstream through enhancing their family income. The CBR programme also aims at empowerment of PWDs through appropriate assistive devices, education of disabled children and through group formation in the slums. The CBR area is very close to MI office in Bangalore. Beside its own CBR programme, MI also promotes and assists its partner

organization to set up CBR programme in the areas it's working and link it up with rehabilitation facilities.

TRAINING in Prosthetics, Orthotics, Rehabilitation Therapy and Community Based Rehabilitation: Capacity Building of grassroot organization to deal with disability rehabilitation issues is one of the first priorities of MI. MI is running Certificate courses of short and long duration in Orthotics, Prosthetics, Rehabilitation Therapy and Community Based Rehabilitation. These are courses designed by the organization and being run for the past two years. The courses are yet to be recognized by the Rehabilitation Council of India. About 75 people are trained every year through these courses, which include participants from rural and urban parts of India and its neighbouring countries like Sri Lanka, Nepal and Bangladesh. In the current year, MI also has trainees from Angola and Ethiopia.

RESEARCH AND DEVELOPMENT: Majority of the people with disabilities cannot afford commonly available assistive devices such as orthoses (calipers), prostheses (artificial Limbs), wheelchairs, and other mobility devices. Devices which are available are often not appropriate. According to Government of India report, only 10% population can access such facilities. To address this huge need, MI established its own research and development unit to develop quality but affordable orthoses, prostheses, mobility devices and its components. The PFKAFO is one of the developments of MI that has helped thousands of disabled people from the drudgery of using the conventional metal calipers that are heavy, not user and environment friendly.

ADVOCACY: The major objectives of advocacy related activities are to take up issues on behalf of persons with disabilities and their organizations, and to support activist groups and to facilitate formation of new associations. These are mostly senior staff members of MI who are engaged in advocacy at different levels. MI is perceived as a major player in the field of disability and expectations are high. MI is also equally active in National and International arena to influence policy matters in the field of rehabilitation for the benefit of people with disabilities, their families and especially for those who are poor and most marginalized like women with disabilities.

NETWORKING: MI is actively networking directly and through its partner organization with like-minded organizations, Government departments, International and National developmental agencies, organizations of United Nations and Professional bodies of National and International level. The major objectives of networking are to create a support base for MI

and its various activities, to share resources, expertise and skills with other organizations. MI is also helping many international donor agencies in identifying new partners, guiding them and also evaluating projects supported by donor agencies. MI has signed a tripartite agreement with two leading International NGOs such as Christoffel Blinden Mission (CBM) – Germany and Handicap International (HI) – France to assist each other in need. Mobility India has similar agreement with ABILIS – Finland, MIBLOU- Switzerland and Jaipur Limb Campaign (JLC) – UK. MI also networks regularly with Disability and Rehabilitation Unit of World Health Organisation – Geneva, International Society for Prosthetics & Orthotics (ISPO) – Denmark and Orthotics & Prosthetics Society of India (OPSI)

DIRECT SERVICES: This service to persons with disabilities was initiated in 2002 after the millennium building was setup with its disability friendly and modern rehabilitation infrastructure. The services include provision of all kinds of orthoses, prostheses and other kinds of assistive devices like wheel chairs, walkers, hearing aids, mobility aids, mobility cane and rehabilitation therapy – both physiotherapy and occupational therapy. A wheelchair bank and accessible mobile vans are part of MI's direct services. Besides providing service from its resource centres in Bangalore and Kolkata, MI also reaches out to large areas through its mobile workshops. Government of Karnataka uses this facility regularly to reach out to various rural districts of Karnataka.

SUPPORT SERVICES TO LOW INCOME COUNTRIES: The initiative in this direction came from the international funding agencies which were keen to utilize the expertise of MI in developing similar programmes elsewhere. In April 1998 MI organized CBR training in Vietnam and that was the beginning of a new role for MI. So far, it provided expertise to countries like Bangladesh, Vietnam, Mongolia, Sri Lanka, Mozambique, Ethiopia, and Sierra Leone. These activities were generally initiated on behalf of International Developmental Agencies, since it started its training programmes.

REGIONAL RESOURCE CENTRE: The only regional Centre of MI is based in Kolkata. It was established in 1998 and takes care of partners in the eastern parts of the country such as West Bengal, Orissa, Bihar, Jharkhand and Chattisgarh. Besides catering to the needs of the partners, the Kolkata region focuses on Research and Development and acts as a sourcing/ procurement center for various components required in the preparation of orthotic and prosthetic devices in MI Bangalore and to its partners. Besides the above the Kolkata center

also has initiated a small outreach programme and is involved in Fund raising. The Kolkata center has 6 staff and is headed by one of their senior Orthotist & Prosthetist who has been with MI for about 6 years.

CHAPTER 3

MANAGEMENT AND OPERATING SYSTEM

MANAGEMENT STRUCTURE: MI has evolved a structure on the pattern of a business organization where quality, efficiency, innovativeness and performance are the major concerns. At the apex level there is a Governing Board constituting 7 members. This Board meets 4 times in a year and is the highest decision making body. It reviews the progress, and approves the plans and financial reports. The responsibility of leading the organization rests on the Executive Director, in whose absence Officiating Director assumes the same responsibility. Majority of the board members have personal experience of disability and are women.

At present MI has a total staff of 59 . In the management hierarchy, there are four programme managers who are responsible for all planning and developmental activities. After moving into the new building, MI has further restructured its functioning by introducing a cadre of operation management. The operation managers are responsible for day-to-day functioning of the organization and report to programme managers. Below them are programme assistants and therapists. Then are the personnel of support services, which include administration, finance, information, etc. There are only few volunteers whose role is peripheral and they have no say in administrative and financial matters. Out of the 59 staff 23 are women and 17 have personal experience of disability.

MI Staff Welfare Association (MISWA) was formed in 2002, as a registered trust to cater to personal and family needs of the employees. It runs a canteen, provides saving and credit facility to its members. It also takes responsibilities of day to day cleaning and maintenance of the building.

OPERATING SYSTEM: MI has evolved a system of daily, weekly and monthly meetings for effective functioning. Operation managers are responsible for most of the routine work

and directly report to programme managers. There is an emphasis on advance planning and teamwork for which a system of daily reporting is developed. The job description of each staff is spelled out in writing. The responsibility of planning and meeting targets lies on programme managers who directly deal with the Executive director and in absence to Officiating Director. Every month a consolidated report is prepared which reviews the progress in meeting the targets. There is a system of annual review by the senior staff that generally takes place in the month of February.

In the last one year particularly, MI has put greater emphasis on training its staff for open and effective communication. It has tried to build an environment in which hierarchy is not a barrier for its staff to express their views and grievances. It is gratifying to see MI staff working as a close-knit family. MI is also trying to train its staff in multi-skills so that they can easily switch over from one job to another.

WORKING WITH PARTNERS – In the present set up, MI is functioning through its partners to reach out to people with disabilities and local communities. As is evident from the annual reports, MI is trying to build up the capacities of its partner organizations to reach out to persons with disabilities. There are annual meetings with the partner organizations, which are joined by MI staff and resource persons. These meetings review the progress, plan ahead and address critical issues regarding mode of functioning, role of MI, resource sharing and implementation of Disability Act.

BUSINESS PLANNING AND BUDGETING: As the records show, MI prepares its 5 year long-term business plan on regular basis. Besides, it also prepares detailed annual plan which is part of 5 year business plan in which all senior staff participates. These business plans work out in detail the specific targets and time frames. The business plans also specify the staff responsible for a particular target and the progress is monitored accordingly. MI has long-term partnership with Equality Works who are specialized management agency in UK. Mr. Derek Hooper comes twice a year for capacity building of staff, reviewing the work plan and preparing future plan.

Thinking five years ahead is a good yardstick of the internal strength of the organization. If this long term planning are any pointers, it looks like MI intends to focus more on financial sustainability, training programmes, research and development, CBR and advocacy. This long term planning is more based on the collective will of the organization with view of the

changing disability scenario in India and outside, policies of funding agencies and future needs of persons with disabilities.

The business plan of MI can be put in three categories. First, are those where emphasis is on income generation, such as mobile van service, wheelchair bank, supply of aids and appliances to poor countries, overseas consultancy, etc. It is expected that such business will meet part of the MI's expenses (salary of the staff) and will sustain the organization in the case of depleted international funding. The second type of business plan pertains to training courses, direct services and Research & Development, which can at least recover the programme expenses. The third type of business plan include direct service to poor, CBR, advocacy and support to partner organizations, a component where no financial return is expected. These are the activities for which MI is primarily dependent on the whims, policies and priorities of funding agencies.

HUMAN RESOURCE UNIT: An HR unit was established in 2002 to enhance employees' skills, efficiency and commitment. These efforts aim to improve overall functioning of the organization. After shifting into new premises, there was sudden growth of the organization and many new staff were recruited. The need for HR unit was felt to clarify roles and responsibilities for developing an efficient managerial system. The HR Unit is engaged in four types of activities:

1. Staff development: On-job and in-house training of the staff routinely to enhance their managerial competence.
2. Proper induction of new staff; MI is in the process of evolving a policy and procedure for inducting new recruits. An induction manual for new staff is being prepared. Priority is given to women and people with disability in recruitment.
3. To formulate and update disciplinary and grievance policy to ensure fairness, transparency and human approach in such matters.
4. Staff support and review system: to maintain a personal file of each staff; everyone's job description is reviewed and communicated.

CHAPTER 1V

EVALUATION FINDINGS

NEED: Mobility India conducts periodic review of their work both externally and internally. While an internal review is an annual feature, external reviews are conducted every five years.

The last external review was conducted in 1998. The purpose of the evaluation is primarily to ensure that the growth of the organisation is in tune with the objectives laid out by the organization and to ensure that the growth is relevant and making an impact on the lives of people with disabilities. MI has sought the assistance of the evaluators to critically analyze the performance of the present functions and suggest ways to improve in the years to come.

MANDATE:

I. To study the impact of MI's work with its partner organizations, its current work and alternatives for the future.

II. Impact of CBR in the community and in the lives of PWDs and their involvement in the programme.

III. To study the need and impact of MI's training programme.

IV. Research and development- Quality, appropriateness, acceptance rate, new innovation and Marketing.

V. The role of MI in advocacy and networking towards rights based approach and creating awareness.

VI. MI's impact on Low income countries in addressing the need.

VII. Direct Rehabilitation services- level of access to the poor and impact on People with disabilities

VIII. Impact of the work at MI's Regional Resource Centre

IX. Sustainability and perspective of MI's future needs and its Development.

METHODOLOGY: The evaluation team had preliminary discussions with the core team of MI about the general parameters under which the evaluation should be conducted. The team desired to adopt an emergent and participatory oriented evaluation, thereby involving the staff of the organisation at various points of the evaluation. In addition to the general

parameters formulated by the evaluation team, the senior staff members of MI, who were responsible for decision-making, took part in the discussions at the beginning to set the terms of reference of the evaluation. The evaluation team came up with nine major areas of analysis and formulated questions to be raised and observations to be made in order to arrive at results that would reveal the present potentiality of MI and its future capabilities to expand to serve more persons with disabilities.

The evaluation team visited MI office both in Bangalore and Kolkata, had discussions with the staff-individual and group, met the board members, had discussions with the current batch of trainees, visited partner organizations and the CBR programme to collect data and facts for evaluation

The techniques used were interviews, focus group discussions, observations and study of documents available at MI and partners.

FINDINGS:

EVALUATION OBJECTIVE - I

To study the impact of MI's work with its partner organizations, its current work and alternatives for the future.

Process: The evaluation team gathered information on Partnerships through visits to 6 partner organizations in Karnataka(3), Andhra Pradesh(1) and West Bengal (2). The team also had discussions with MI core team in Bangalore and Kolkata. The areas covered were partnership decisions, objectives of the partnership, achievement, strengths, impact on the community and the perceived changes, and areas for strengthening the partnership.

Impact of MI's Partnerships

Quality of Care in Orthotics and Prosthetics: One of the major criticisms against CBR is the poor quality of care made available to disabled persons in rural areas, which MI is proving to change, by their high quality interventions. Persons with disabilities, who approach the Partner NGO's of MI, get the best of care available, at their doorstep. This was seen at Gram, in Nizamabad, at the Kolkata center, at Asha Bhavan in Belari and at the Women's workshop in Bangalore. There was a mix of professional and caring support given by the trained and committed team of MI. For e.g.: at Gram, we could specifically observe early identification of disabilities in children and early intervention before the age of two and three years. In Belari Asha Bhavan, support

provided by Kolkata regional centre to more than 40 disabled children too was commendable.

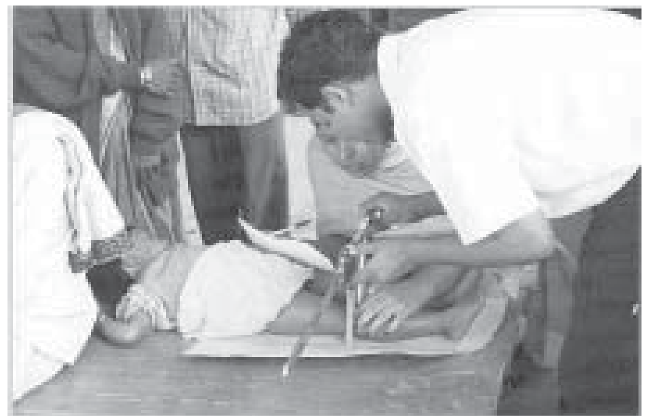
Technically qualified staff in inaccessible areas: One of the major identified constraints of disability rehabilitation in India is to get technically qualified people in the area of CBR to work in rural areas. Hence, the efforts of MI to get professionally trained people regularly into the rural areas of India are highly commendable. The staff of MI visits the projects periodically and does the needs assessment of people, assess the improvement in gait and mobility, the quality of the aids and appliances, provides suggestions, referrals, repairs the aids and appliances and provides simple therapy to the people. For e.g. the MI staff visited Gram 4 times every year for 3 years continuously.

Orthotics workshops in grassroots organizations: Lack of resources and facilities in the rural areas for CBR is mitigated through this attempt of MI. MI assisted in setting up Orthotics workshops in all the organizations visited except one. In few workshops both orthotics and prosthetics work gets carried out on regular basis. MI supported workshops are of different kind, different scale and managed by different authorities. For example, MI supported National Institute for Mental Health and Neuroscience (NIMHANS) an organization of Government of India, Women's Workshop, a trust by the women, and Gram, a NGO working for rural development to set up orthotics workshop. The facilities of the workshops were also utilized as could be seen in all the workshops.

Training of Rehabilitation Personnel: Lack of trained staff in the rural areas is one of the major problems of rehabilitation in rural India and hence the training of project staff is having and will have a major impact in the coming years. Most of the trainees at the training centre were from partner organizations of MI. Most of the current staff members at partner organizations are trained in orthotics, prosthetics, rehabilitation therapy and Community Based Rehabilitation Programmes by MI.

Other Positive reflections of the Partnership.

Systems of Monitoring and Reporting by MI: After every visit MI staff makes detailed visit report with special reference to each person seen and assessed. This is sent to projects and during visits the progress on the recommendations of the previous visit reports are followed up. Partners meet are held annually to discuss partnership issues and the minutes are recorded and circulated. It also plays very important role in reviewing MI's activities and future direction. Though in Partner support, MI focus on workshop,



therapy service and Community Based Rehabilitation Programmes, but it also supports in other areas as and when requested.

Support to organizations in Fund raising: MI helps all their partners in Fund raising. The services provided by MI to the partners are all free. In the case of GASS, AWWD and Women's workshop special efforts are made by MI to raise funds for them.

RAWWD and AWWD: These two are exceptional partnerships as both focused on women with disabilities and were clearly functioning on a rights perspective. Established in 1997, in Bangalore is RAWWD an all women's workshop, wherein eight disabled women run and manage an orthotic workshop. AWWD is a new organization initiated by a disabled woman an ex-staff of MI with the focus on creating a movement of women with disabilities.

Areas to Improve

Perspective Shift: Though most of the partner organizations are carrying out Community Based Rehabilitation projects, the major focus of MI and its partners continue to be only on locomotor disabilities and mobility alone. Though the project staff are trained as multipurpose rehabilitation workers they have very little knowledge and skill to deal with any other disabilities. The skills of MI staff too need to be improved to deal with other disabilities. Here again the focus is on minor to moderate disabilities as could be seen in Gram, Asha Bhavan and Women's workshop in Bangalore. There were very few cases of severe disabilities. (This was seen in the Community Based Rehabilitation Programme and direct services of MI, Bangalore) Also the focus in most partners seemed to be on children. The focus also needs to shift to the most vulnerable groups in both rural and urban areas.

Participation of Partners: MI provides all the support to partners free of cost. This has resulted in less participation by the key management staff of partner organizations in any rehabilitation processes. Community involvement too could not be observed in any of the partner projects in analyzing problems and taking decisions. There should be more clarity on the role of partners and MI if the partnership has to grow to the mutual satisfaction of all parties. There needs to be a Memorandum of Understanding with the partners so that the institutions are accountable in utilizing the technical services of MI. MI should also do a periodical evaluation of the effectiveness of the partner in reflecting the vision of MI.

Convergence of Empowerment and Rights Perspective: Mobility is important for the empowerment of all disabled persons. However, efforts should also be made

to see that mobility leads to attainment of other rights by People with disabilities. The implementation of the Act and the constitutional rights of Persons with disabilities was not the primary objective of most of the partners.

Some of the partners of MI are still approaching the issue of disability from a welfare and charity angle. MI in Bangalore does work on Advocacy and policy influencing. They have organizations like the AWWD, and women's workshop as models. But, this has not changed the attitudes of majority of partners towards gender issues in disability or rights issues in disability.

EVALUATION OBJECTIVE 2:

To study Impact of Community Based Rehabilitation Programme in the community and in the lives of PWDs and their involvement in the programme.

Process: Visit to the community based rehabilitation field areas and families, discussion with community based rehabilitation programme staff, discussion with Sangha members, and reports. The areas covered were Self Help Groups (SHG), earning, understanding SHG concept, sustainability, impact on the community and the rights perspective.

Impact of community based rehabilitation programme

Awareness among Persons with Disabilities: There is an increased awareness among the people with disabilities on disability issues. They were aware of the schemes and programmes of Government and MI, of the importance of education of disabled children, had conviction that disabled people can be independent and earn income, learned simple exercises and insisted that their children continued with use of assistive devices. This was evident from discussions with mothers of disabled children. All disabled children were in schools and using assistive devices.

Platforms for disabled people and families to come together: The sanghas (forum) formed by MI meet every fortnight to discuss micro credit issues as well as needs of people with disabilities. This gave them a feeling of solidarity besides helping them in saving habits and managing their houses better. Other family issues and issues related to children were also part of the discussions. The sangha women were articulate and spoke about their trip to meet the ex-Prime Minister of India for their housing needs, and participating in a Rally.

The Self-Help Groups promoted by

disabled women seems to be working well. The workshop to produce assistive devices by eight disabled women in Bangalore is a classic example of how successful these groups could be.

Access to Resources and Technology for PWDS: Children have access to quality education and assistive devices, health resources, mothers have access to information and money, and families have easier access to livelihood opportunities. Almost all of them had access to disability pensions and scholarships. Some are given loans to start various kinds of income generating activities which has a market in the community itself. It also supports a computer training unit in the community to ensure children and others can get familiar with up to date knowledge and technology.

Other Positive Observations

Trained and committed team: The community based rehabilitation team are committed and trained. Some belong to these communities and have good acceptance. The staff with disabilities acts as role models for communities.

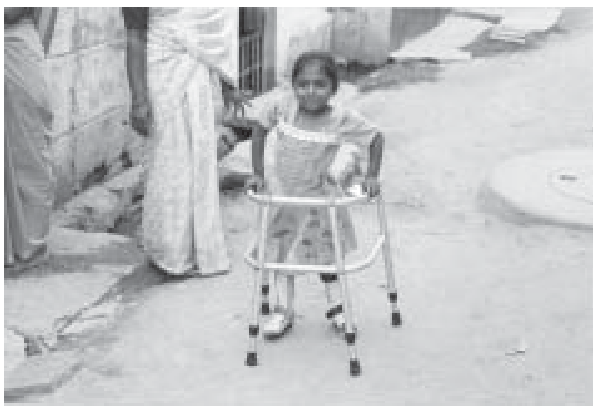
Areas to Improve

Larger Coverage and focus on the most marginalised people: Special efforts should be made to identify the most vulnerable families and communities in slums like single women households, women headed households and people below the poverty line. Special focus should be given to severely disabled people. The focus of the community based rehabilitation programme seems to be on mobility and education of children and IGP for families. The social aspect of rehabilitation, which is an integral part of community based rehabilitation programme, was missing. A larger coverage of the slums with the slogan of "something for all" should be the agenda.

Advocacy and Policy Influencing with a Rights Perspective: This element was not obvious in the community based rehabilitation programme. Legal aid training, discrimination issues by the state, issues of Governance, Implementation of the Act, etc. are key elements of a CBR programme in a rights perspective, which are not very evident here. The advocacy effort as explained was ramps built in a school. Why is MI providing for facilities and not demanding from the Government to meet the needs of disabled people in education, vocational training, IGP etc.

Cadre Building and Disabled Peoples Organizations: In a Rights Perspective, building of institutions of disabled people and creating a cadre of disabled people as activists is a must, which needs to be

strengthened in the CBR programme of MI. Inter SHG meetings are very rare and there is no thinking among SHG members that they can facilitate a DPO formation. The concept of self-help has not emerged in the Self Help groups. At present, parents of persons with disabilities mostly manage the Self-Help Groups in the slums. The involvement of persons with disabilities themselves in the self-help groups needs to be encouraged.



Dependency & Power relationships: The Communities definitely saw MI and their staff as people with resources - technical and monetary. The current scenario is of an agency that will give them help.

EVALUATION OBJECTIVE III

To study the need and impact of MI's training program

Process: In order to study the quality of training programme, the evaluation team collected information on the following parameters.

1. Curriculum
2. Training module
3. Profiles of trainers
4. Profiles of participants
5. Examination and results
6. Information on the alumni of the training
7. In-service programs organized for the trained persons, etc.,

The evaluation team had a detailed discussion with the trainees of the certificate courses along with the staff who are involved with training activities and also conducted separate interviews with six randomly selected trainees on scope of the training, learning materials, evaluation system, Attainment of skills, Curriculum, Quality of lectures, Understanding of other disabilities, Ability to transfer skills after the training in CBR setting, Work of already trained people and Focus on women with disabilities.

Positive aspects with regard to training programmes

Planning for training: The faculty members have well organized documents pertaining to training programmes. The programme schedule, directions to the trainees, availability of source materials for study, etc., are fully available. The planning of the training programme is good.

Use of Technology: The faculty is making use of technological advances in providing training. As the institute is also involved in production of orthoses and prostheses of all types, the trainees are exposed to the modern techniques involved in production of such devices.

Project placement: The trainees are placed for practical training in partner organizations with which MI works. As most of the partner organizations are located in rural areas, the practical experience of the trainees seems to be good.

Profiles of Trainees: The trainees are drawn from many parts of India and from the neighbouring countries too. MI indicates that there is a good demand for the training programmes at present. The trainees have different background in terms of their work in the past and level of knowledge. Some of the trainees are persons with locomotor disabilities and their presence develops awareness among other fellow trainees on the needs and characteristics of persons with disabilities. All the trainees are in their mid 20s and have some experience of working in the field and as a result to some the training is simple. They indicate that the training sessions are useful and their practical training in MI and partner organizations is also good. They all indicate that their knowledge about locomotor disability is adequate. It is very encouraging to witness so many women and people with disabilities in rehabilitation personnel training programmes.

Preparatory Training: As the medium of instruction is English and many trainees are not fluent in English, the training in spoken English is a part of the training programme. This preparatory training seems to have positive impact on the overall language ability of the trainees.

About trainers: The faculty is also well motivated and willing to undertake work. The faculty is young and takes great care about classes, lectures, etc. Presence of some trainers, who are also disabled, is making the training rich. Though the trainees who are disabled treat them as models, it instills confidence in other trainees that persons with disabilities can become independent.

In summary, the training is supported by effective documentation, proper scheduling, with trainees and trainers representing diverse cultures and skills, and are exposed to modern technology, especially in the production of assistive devices.

Areas to Improve: Though there are some good points with regard to training, the evaluation team is of the opinion that there is a lot of scope for improvement. Such areas are enumerated

Structure of the Curriculum: The curriculum does not follow principles of curriculum construction. For example, the distribution of instructional hours, guidelines pertaining to weightage to theory and practical, distribution of instructional units within each course, and allocation of instructional hours within each unit, etc., are not clear in the curriculum. The marks for papers are also unequal and this makes it difficult to set question papers too. Therefore, the course of study should also accompany a structured guideline describing the above parameters. MI should also seek the Rehabilitation Council of India to get recognition for its training courses. It seems MI's application is lying with RCI for more than a year for recognition. The daily management of the training such as clarity on daily schedules too needs improvement according to the trainees.

Evaluation System: The evaluation system is more of internal and as a result, there is a likelihood of students not studying the entire curriculum for examinations. In the future, external examiners may be involved.

Setting of question papers by external examiners may also be encouraged in the forthcoming courses.

Understanding on other disabilities is not sound: As Mobility India is concentrating more on persons with locomotor disabilities; the exposure of the trainees to other disabilities is limited. For example, the trainees were not able to provide definitions for blindness, deafness, etc., though these topics were included in the curriculum. Therefore, MI may try to bring resource persons from other disciplines too and provide information on all categories of disabilities.

Enrichment course should not become a part of the main course curriculum: MI is insisting on the learning of English and Computer Training as a part of the course. This is inevitable keeping in view the trainees, most of whom do not possess adequate skills in communicating in English. Though these bridge courses are necessary for enriching the learning of the trainees, it cannot be a part of the course. The instructional hours spent on learning English may be devoted for the learning on content areas pertaining to disabilities.

Need for enrichment training to staff of MI: Though the young team of the MI is committed, their knowledge about the current trends in rehabilitation services needs to be expanded. There seems to be a need for in-house in-service training for the staff in various areas of knowledge such as education of visually impaired children, sign language for the deaf, etc. This suggestion comes with a view that the MI is of vital importance to the community and more

people from other disability areas are also likely to approach MI for services. As the CBR approach cannot deny services to any type of child with disabilities, the staff that is teaching the trainees should also have more exposure about other disability categories and latest trends in services for persons with disabilities nationally and internationally.

Need for the focus on Rights Centered Approach: The trainees seem to be focusing more on "the client-centered approach" as they feel their role as providers of knowledge and skills to disabled persons. The role of community and other entities of the society in the overall rehabilitation of the students are not fully stressed by the trainees during the discussions. It gives an impression that the trainees recognize them mostly as service providers and not service facilitators. This shift in approach is also necessary.

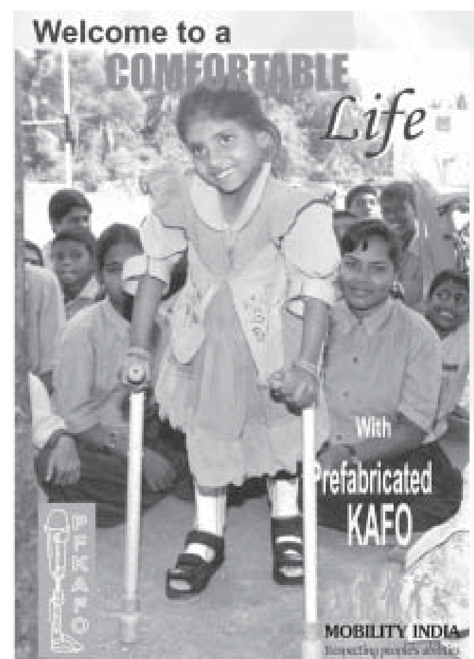
EVALUATION OBJECTIVE IV

Research and Development

Process: The evaluation team proposed to gather information on the overall objectives of the Research and Development unit, research activities conducted so far, current research activities and future plans. Within this framework, the team wanted to ascertain the quality of research, alliances of Mobility India with other organizations, use of appropriate technology, research application on affordability and accessibility to the community, new innovations, marketing strategies, etc. The evaluation team visited various departments of the institute and also had a detailed discussion with the staff of the R & D cell. The products of the institute were also shown to the evaluation team.

IMPACT:

Pre Fabricated Knee Ankle Foot Orthosis (PFKAFO or commonly known as above caliper): MI has produced an indigenous kit of PFKAFO that will enable people to avail of an orthoses the very same day and it can be worn with any footwear or even bare foot. The plastic supports of it makes it light weight and is also economical. PFKAFO challenges the time and cost factor involved in production and usage of conventional metal calipers. The organization has applied for patenting of this product. It took six years of research and analysis of 6000 measurements to bring out this product.



Other Products: The other products of the Research and Development unit include MI Orthotics Knee joint which has a good demand in the market. MI is continuing its research and development work for further improvement

in PKAFO technology and Below Knee Prosthetics technology.

Scope for Improvement:

Research on CBR: The activities of the Research and Development cell are confined mostly to the production of appliances and not into the service delivery models in community based rehabilitation, self-help group activities, etc. The staff members are not sure whether the institute would undertake research into these areas. As the primary thrust of the Mobility India is to promote community based rehabilitation services, the R & D unit may expand its activities by conducting efficacy studies to evolve cost-effective strategies to serve more persons with disabilities in the community through indigenous methods

Involvement of Partners: The partners of MI are not involved in research and development. It is evident from the discussions that the partners are helped mostly in the production of assistive devices and delivery of services and not involved in research and development activities.

Market and PFKAFO: The R & D cell has not carried out a systematic investigation on how the MI kit is better than the products available in outside market.

EVALUATION OBJECTIVE V

Role of MI in advocacy and networking towards rights based approach and creating awareness

Process: MI lists advocacy as one of its objectives. The research team wanted to know to what extent the present MI activities are directed toward advocacy and creating awareness about the capabilities of persons with disabilities. The team interacted with staff and also went through reports to know the target groups of MI for advocacy, nature of issues, material developed (various modes) for advocacy, media reports, reports of MI about advocacy programs, programs conducted directly and also with partners, understanding of the staff of MI about rights based society. Analysis is done on all the three aspects, Creating Awareness, Advocacy and Networking. In this area the evaluation felt to focus on Achievements rather than impact.

Networking

Achievements:

1. Formed a group called 'Friends of MI' comprising of about 60 people from different walks of life.
2. Interacted with senior Government officials for speedy implementation of the Disability

Act, though its area of operation is primarily confined to Karnataka state.

3. MI has networked with many international organizations, like ABILIS from Finland, Christoffel Blinden Mission - Germany, CBR Forum/Misereor - Germany, Handicap International - France, Jaipur Limb Campaign-UK, Miblou- Switzerland, World Health Organization - Switzerland and the like.
4. It has assisted many Government departments in implementing the People with Disabilities Act, to provide rehabilitation services in special schools, etc.

Areas to Improve

1. MI has primarily networked with partner organizations and with donor agencies on a regular basis. Networking with other likeminded organizations is sporadic and event-specific. MI has the capacity to play a leadership role at the national and international level.
2. MI needs to network with other development agencies, beside those in the field of disability. If disability is viewed as a developmental issue, there are wide range of Governmental and non-Governmental agencies with which MI can collaborate on a regular basis. In the similar vein, it needs to network with activist groups; support them and highlight their concerns.

Creating Awareness

Achievements:

It is part of the mandate MI to create awareness, play an active role in advocacy and network, so as to promote mobility of people with disabilities in the rural areas. MI is endeavoring to create awareness about the services and products developed by them; to bring awareness about the rights, schemes and programmes related to disability; and to create awareness about problems, challenges and resources of persons with disabilities and local communities.

The target groups for creating awareness are: general public, local communities, and persons with disabilities, professionals and government. The awareness is created through mail, corporate contacts, news letter published 4 times a year, through mass media (TV and radio), website. MI has a very good collection of audio-visual aids for public awareness.

MI has established good rapport with media and its activities are widely covered. There was a wide coverage of Mobility India and its activities by Doordarshan, Star News and other popular TV and radio Channels. These channels gave good coverage to MI on International Day of the Disabled (October 3). A small film (Lost Smile)

was made for public screening; awareness programmes were organized in slums. MI has made special efforts to raise public awareness about accessible, non-handicapping environment

Areas to Improve

State and National Level role: MI does not have a clear policy and perspective as far as building awareness at the national level is concerned. Most of such activities are sporadic, like celebrations of International Day of Disabled. There is a lack of continuity and long term planning. MI has sufficient manpower and information material to engage in awareness campaign at various levels. MI is actually reckoned for its active role in Bangalore city to build awareness among the masses and its impact is noticeable. Indeed, MI is expected to play much larger role at the national level.

Delinking from Fund raising for MI: Awareness activities of MI are generally tagged with fund raising and dissemination of its own mobility devices. Thus, often larger issues of mainstreaming of persons with disabilities do not get the prime slot in its business plans.

Advocacy

Achievement

MI is a member of Bangalore based Disability Network and Disability Activist Forum for implementation of the Disability Act. Government recognized agency to conduct workshops on the Disability Act and the National Trust Act. MI is part of the state access audit team and has been instrumental in making many public buildings barrier-free in Bangalore city. Many of the senior staff are engaged in advocacy in their individual capacity also

Areas to Improve

***Rights Advocacy Function*:** Advocacy is still not a major thrust of MI and it is generally tagged with other activities. It was not seen as a priority area for MI for historical reason. At present MI does not have any staff in its management structure to deal with issues of public policies. It is desirable that every staff member should contribute toward advocacy and awareness. However, a unit may be created to plan and coordinate activities in this domain. This information unit may directly deal with the issues of public interest, provide necessary information, participate in implementation of the Disability Act and highlight rights of the physically challenged in different fora. This unit can plan awareness campaign in schools through films, quizzes, etc. on a regular basis.

Campaign and Sensitization of masses: Special efforts need to be made to procure and document films, CDs, posters, stories available with different sources. In this information age it is cost-effective to duplicate such material and make it available for public dissemination on a regular basis. Such efforts can go a long way in sensitizing masses and media about the challenges faced by the people with disabilities. Changing social attitudes should become a campaign.

Role of Partners: There is enough scope to invite partners of MI to participate in such campaigns and provide them necessary resources and information material. MI needs to develop a clear policy and plan to change attitudes and misconceptions which people have about disability and its causes. Prevention and early detection of disability should be a shared vision of all MI partners.

EVALUATION OBJECTIVE VI

MI's impact on low-income countries in addressing the need

Process: The team collected reports of the organization as far as its outreach to developing countries and also interacted with the staff to get information on MI's plans, data on demand for MI services (from India / abroad / funding agencies), data on assistive devices imported, effectiveness of MI's reach to low-income / literacy states, and Crisis intervention of MI in India

Comments: Indeed it is too early to make any objective assessment of the impact of MI services in low-income countries. Though it is realized in many of these countries that Indian experience may help them in developing their own programmes, initiatives in this direction are at a very preliminary stage. This is one of the domains in which MI is likely to concentrate in near future and discover its new role as a resource hub. In this venture the spotlight is more likely to be on technology transfer rather than sharing the experiences in the field of CBR.

Positive Points:

1. At present, the neighbouring countries know MI's services. It is evident from the fact that the trainees for short-term and long-term programmes are drawn from various states of India and the neighbouring countries too.
2. MI is taking all efforts, especially through the Executive Director to make its services known outside the country. The participation of the Executive Director in international fora is giving visibility to the organization outside the country.
3. The devices are also on demand from the developing countries and the prices are affordable.

Therefore, MI in general seems to address the issues of the low income countries too

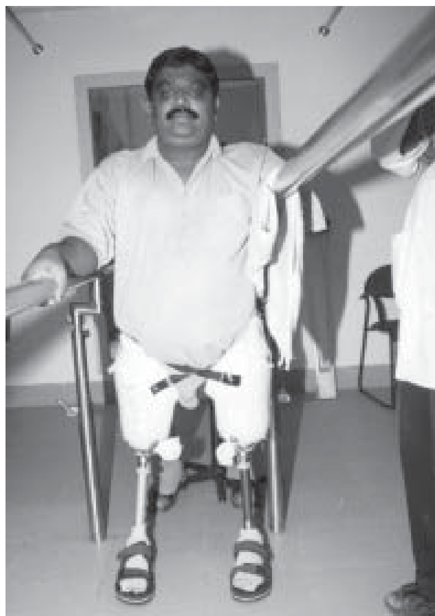
Scope for Improvement:

1. As MI is emphasizing more on community based rehabilitation, its model programmes should be sound enough for the low income countries to emulate. While the CBR work is implemented, the resources spent on the programme and the creation of self-help groups create an impression that it is a costly affair which low income countries may find difficulties in implementation. Therefore, MI needs to look into the cost-effectiveness in its outreach program as well as in its regular activities.
2. From the discussions and observations, it is noted that the demand for lightweight calipers is growing in and outside the country. MI can work on it and establish links with other disability related organizations and Government bodies for getting wider market for its products within and outside the country.
3. Internationalisation of MI should not be at the cost of Persons with disabilities in the country. While reaching out to the disabled people outside the country, care should be given to ensure that the in country services has its optimal coverage.

EVALUATION OBJECTIVE VII

Direct Services

This is one of the very new ventures of MI initiated in 2002. It is too early to evaluate this. The group discussed with the staff about direct services, made observations and had discussions with a few disabled people and their families who were there at the center.



Positive Aspects:

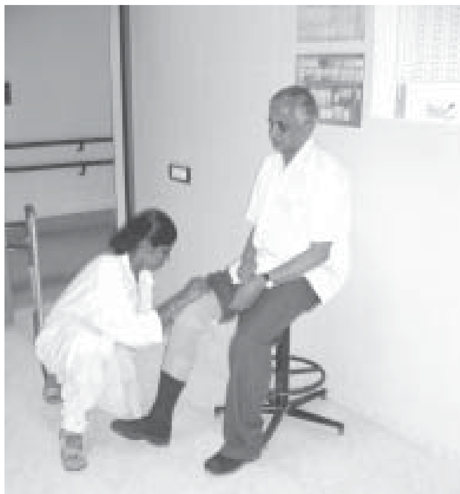
Meeting the requirements of disabled people local and outstation: People came from far and near to access the services.

More Awareness on MI locally: This has helped in creating awareness on activities of MI in Bangalore.

Comprehensive services at one place: The facilities are comprehensive including a canteen and rest rooms for the day and night for families too at economical rates.

Good quality care: Right from the security to the reception and to the professional staff, people are warm and cooperative and offer active support.

Fund Raising Opportunity: Donations are collected for services according to the income levels of people.



Areas to Improve

MI needs to reach out to more PWDs.

Need for a social worker within the team: The focus was on medical rehabilitation and physical fitness of people, leaving a huge gap in the area of psycho rehabilitation of people.

Need for medical doctors within MI: This gap was expressed by the trainees as well as some of the clients.

Use of local Language to facilitate awareness among locals: All written communication in both the centers are in English, giving only room for English reading people to access facilities in an informed way.

EVALUATION OBJECTIVE VIII

To study the impact of MI's work at its Regional Resource Centre.

Process: The process of evaluation included

1. Visit to the Kolkata center and general discussions with the staff
2. Visit to partner organizations Association of Women with Disabilities and Asha Bhavan.
3. Discussions with Mr. Gautam Chowdhury, one of the Board members
4. Discussions with clients from Bangladesh and
5. Facilitating analysis and self reflection of the work by the staff

Major Impact of MI's work by the Kolkata Region

Quality of care to Persons with disabilities: "Something for all instead of everything for a few" was one of the slogans in CBR. But MI is providing more than something to persons with disabilities. The quality of care to Persons with Disabilities by MI is excellent. The disabled persons who get in touch with MI get the best of professional care with regard to rehabilitation service which includes orthotics and prosthetics. The quality of equipments are excellent, suited to the needs of disabled persons, light weight and environment friendly. The care by the committed and professional staff are very high. During the visit, the personalized and professional care given to the clients and partners were observed. For e.g.; the client from Bangladesh was not very sure of using calipers but with gentle persuasion and professional approach, he was convinced and attempted to try out a caliper. The team spents more than three hours with this particular client and immediate efforts were made to meet his needs.

The persons with disabilities are treated with dignity. There were no power equations either with clients or with partners. With partners the

relationship was of friends. The Kolkata center takes care of ten partners. (Partnership has been separately discussed.)

Reaching the Unreached areas of India: Most disability rehabilitation projects are located in urban India and access to resources and professional support was a major challenge for organizations located in rural areas. MI through its partnerships has reached out to people in rural areas of India. Disabled children in particular in rural areas of India have benefited from MI's work. The partners are in Bihar, Chattisgarh, Orissa and rural areas of West Bengal. where there is no such NGO catering to the mobility needs of disabled people in rural India.

Setting Up of Orthotic Centres in rural areas: Establishment of Orthotic repair workshops in all the partner organizations is yet another obvious impact of MI's work. The staff from the projects are trained as multi purpose technicians to maintain these workshops. They are not only trained in technical aspects but also in record maintenance, stocks and inventory.

Other Positive reflections of the Kolkata Centre

Committed Staff and close-knit team: The staff at the Kolkata center is very committed to MI. The staff are very sincere, hardworking and willing to go through a self review with openness and enthusiasm. The vision and purpose of MI, the genuineness and credibility of the organization, the freedom and opportunities for creativity and innovation available for staff were some of the factors inspiring them to work in MI as per the self review. The review process reinforced the observation that as a team they have a very close understanding between each other and is without any power dynamics. Everyone pitched into support each other's work.

Initiation of the community based rehabilitation programme: The team has ventured into initiating a community based rehabilitation programme through identified disabled people themselves in 2 wards, which has a population of fifty thousand people. They are currently in the process of doing a survey and identifying persons with disabilities with the help of another NGO called Evergreen Welfare Society. This is a self-initiative of the regional team with limited resources. We met with the 2 new staff of the CBR programme, but could not visit the wards.

Research and Development: The R&D support provided by the Kolkata team to the Bangalore team is very significant. Some of the work includes design support, follow-up from fabrication stage to the final product, Development of hand tools like Lateral bender and knee aligner etc. Besides this, a large part of their time is spent on sourcing/procuring quality materials for MI and ensuring their timely transportation and availability in Bangalore.

Areas to improve

Advocacy and Policy Influencing: Advocacy and Policy Influencing is very person centered in MI. The team saw this as work of Mr. Mahesh, Programme Manager (CBR) and Mr. Chapal, Executive Director. The team has not understood the significance of policy influencing in their work and had no idea, which policies MI was attempting to change, or influence. They said some work in this area was done by MI Kolkata during the time when a disabled person was working with them focusing on Accessibility whereas this should have been fundamental to MI's work in Kolkata centre.

Networking and Alliance Building: MI Kolkata does very little Networking and Alliance Building. This aspect particularly with state and other resources NGOs should be strengthened. Here again they said some work was done when a disabled person was working with them. At that time they used to participate in the Disabled Activists Forum consisting of staff from 20 NGOs and participated in the access audits of public buildings in Kolkata. In the recent past they have made attempts to network with NIOH, Indian Institute of Cerebral Palsy, Dr. B.C Roy Hospital and YMCA.

Rights Based Approach: The approach of MI is as an excellent service provider and the focus is on empowerment of PWDs through rehabilitation service. It is very important for MI to look at the issue from a Rights Perspective and play the role of a catalyst. MI should look at the issue holistically and should move to fundamental rights of freedom, dignity and equality. The basis of the work did not seem to be on the implementation of the PWD Act or building the leadership of the people on claiming their Rights.

Community Participation: One of the major components of CBR is involvement of communities in the rehabilitation of persons with disabilities. This aspect seemed to be very weak and needs to be stressed upon.

Dealing with other disabilities: MI is still focused on physical impairments or locomotor disabilities. There is a need to build up the skills of the staff to deal with other disabilities.

Better utilization of the Kolkata Centre: The center catered to the needs of the partners only. There was absolutely no effort to cater to the needs of the general disabled public. This would have led to better integration of MI with the community around it.

EVALUATION OBJECTIVE IX

Sustainability and Perspective of MI's future needs and its development

Process: Any development organization needs to be self-sufficient. The evaluation team looked into the sustainability aspect of the organization from the point of view of generation

of funds, expenses, and long-term plans. The team collected information from the reports and through interaction with the staff on matters regarding funds flows and utilization for different activities, availability of corpus funds, staff recruitment and benefit policies, ability to meet the expenditure from own sources, projected budget for the subsequent years, etc.

Positive Points:

1. As a development organization, Mobility India has a system and clear lines of communication. The meetings at various levels are enabling the organization to streamline its work. Staff members meet once a month and the operational managers meet once a week. The activities are classified as CBR, advocacy, training, workshop, mobile service, production, research and development, fund-raising, human resources management, therapy, Information Technology, and networking with partners

2. MI at present is financially self-sufficient as it is able to generate funds from International Donor Agencies, most reputable Indian Trusts, corporate sectors, IT sector, and also through the sale of products, training and consultancy.
3. MI is using major conferences and professional meetings to explain the activities of the organization, which enables them to generate some funds to serve people with disabilities.
4. The organization is also doing SWOT analysis from time to time to review its strategies.
5. MI has also invited external evaluation to study its effectiveness. This is positive sign for a growing organization.

Scope to Improve:

1. At present, MI seems to be depending mostly on funds from foreign sources and through donations to sustain its activities. Efforts are required to generate funds from Government schemes so that the activities and coverage of persons with disabilities can expand.
2. MI needs to work with accrediting bodies of the country to get recognition for its training courses. Otherwise, the scope will not expand in the future.
3. Shift towards a Rights perspective will ensure that Mobility India has to spend less on meeting the immediate poverty needs of people with disabilities.

CHAPTER V

CONCLUSION AND RECOMENDATIONS

Mobility India is a unique NGO in the area of disability rehabilitation in India - which believes in the potential of disabled persons, which is managed, and run by mostly disabled persons. The Board has a gender balance and disability balance. The Board plays a very active role by meeting every quarter and by actively participating in the decision-making processes. The Board members are professionally qualified from various walks of life and bring in their professional expertise to MI.

The Executive Director, is a visionary whose dynamism, hard work and humility echoes through every staff of MI. More than 35% of the 59 staff in Mobility India are disabled people themselves. Staff capacity building is part and parcel of MI and most of the senior staff have come up from the lower rungs. The staff members are highly committed and professionally qualified.

Mobility India has clear written down policies and has a clear vision and mission. The administrative hierarchy is well defined and the management is proactive to changes. MI's systems are very good.

The organization provides professional, humane and high quality care to people with orthopaedic disabilities. The value of caring support and dignity of human beings is upheld

Standing, left to right : Mr. Chapal K, Ms. Christy Abraham, Ms. Albina S, Mr. Dibyendu Ghoshal, Mr. Amit Kumar, Mr. M.N.G. Mani and Ms. Ritu Gosh

Sitting on wheelchairs, left to right : Prof. Ajit K Dalal and Mr. Mahesh C

by the organisation. The organization caters to the needs of about 7000 disabled people within the country directly and through its partners.

It promotes rehabilitation in un reached areas through motivation and technical support to partner organizations especially in rural areas. MI is volunteering its services to strengthen the services of small NGOs in different parts of the country. The involvement of MI with the activities of such small NGOs has resulted in mutual benefits – The NGOs could receive the technical expertise of MI whereas MI uses such a variety of experiences for enriching the learning of its students and staff.

The CBR programme of Mobility India reaches out to poor people who live very close to MI centers in Bangalore and Kolkata, in the urban slums. Though to a small group of disabled people, it attempts to provide spaces for disabled people and their families to come together and discuss issues of disability rehabilitation.

Mobility India provides training of rehabilitation personnel, which is a great need of the hour for the country. The training courses are well planned and structured and have a great demand from within and outside the country. MI trains approximately 75 people every year on orthotics, prosthetics, rehabilitation therapy and community based rehabilitation. Trainees come from rural India and its neighbouring countries even from few African countries.

The Research and Development wing ensures technology brought closer to people and made user friendly. The PFKAFO is an example of 6 years of research of MI to develop indigenous devices to people saving cost and time.

The Direct services cater to the needs of all disabled people through modern technology and caring professionals. Services are charged for according to the abilities of people.

MI is called upon to play a larger role to cater to other low-income countries as the challenges of disability have similar dimensions and constraints in most of the developing countries and Indian experience can be of much value in planning their disability services. It supported Bangladesh, Sri Lanka, Guyana, Vietnam, Mongolia, Mozambique and Sierra Leone in various aspects related to rehabilitation service.

MI is a key player in the national and international level on issues of rehabilitation and especially in the field of orthotics and prosthetics. Besides recognition from the Government of Karnataka, it has also got recognition from many international organizations. The Executive Director is a frequent visitor to Disability and Rehabilitation Unit of WHO at Geneva and he was on 3-month mission with them starting from May 2003.

MI s currently financially stable through funds from donor agencies and local fundraising efforts including direct services and sale of products. Most of the evaluation exercise took place in absence of Executive Director and it was planned in that way which really proves the transparency and strength of the organization.

However, just as its strengths and achievements the organization too has some limitations, which need to be taken, care of. This includes

1. Technical orientation: Focus on assistive devices and lack of focus on social rehabilitation aspects of attitudes, integration within families and communities. This is evident in the CBR

programme, in the trainings and in its partner organizations.

2. Single disability orientation: The organsiation particularly in its CBR programmes and its training programmes should give thrust to other categories of disabilities.

3. More institutionalized: Though the organizational policy says the focus is on CBR, but some of the partner organizations follow Institute Based Rehabilitation(IBR)model and the focus is on institutional care. The millennium building though developed as a model and it gives the feeling of MI's IBR programme with association of lots of CBR programmes.

4. Lack of Rights Perspective: The perspective of rights of persons with disabilities is lacking within the team, the trainees, and the partners of MI – may be due to historical reason as was explained later that MI considers that as a job of its sister organization ADD-India. The Human rights violations on persons with disabilities or the Implementation of the Act is not referred to while looking at the medical, economic and educational needs of Persons with Disabilities. The Act is referred to mostly only in the context of Barrier free environment.

5.Advocacy limited to mobility and devices: MI says it has not been given the mandate to work on advocacy and policy influencing during its formation. Whatever advocacy MI has done so far is on the mobility needs and quality of assitive devices for people with disabilities. There has to be a shift to look at advocacy for the rights of people with disabilities if MI is looking at CBR as its base for work.

6.Coverage of vulnerable groups and more geographical areas: The CBR programme and partnerships should look at reach to the most poorest and marginalized communities such as widows, single women households, BPL families, dalits and minorities etc.

7.Co-ordination with government: The current Co-ordination with the Government is for training of Government personnel on the Act and provision of barrier free environment. This has to be extended to even judiciary and legislature if required to ensure all aspects of the Act are implemented.

8. Sustainability: MI seems to be depending mostly on funds from foreign sources and through donations to sustain its activities. Efforts are required to generate funds from Government schemes so that the activities and coverage of persons with disabilities can expand.

In summary, Mobility India is a professionally managed organization with a tremendous capacity for becoming a leading organization in the country, provided the following aspects are attended to.

1. MI is becoming more of an institution and therefore, its outreach and CBR should be expanded. It should dismantle the barrier of language and ambience it has created within the centers in Bangalore and Kolkata,
2. MI is more technology focused with a tilt on locomotor disabilities. It needs to expand into social rehabilitation and other disabilities too.
3. MI needs to adopt a model which would have right mix of medical, social and rights centered approach.

4. The CBR component is not fully strengthened. Cadre Building and development of Disabled Peoples organizations should be strengthened in the CBR programmes.
5. The documentation is excellent and technical but it is highlighting its own difficulties, system, etc., but it should address the community issues. The data prepared by the organization should be presented in analytic terms too to know its strengths and limitations.
6. MI needs to make a thorough process analysis in terms of its approach, cost, etc. The reports provide bits of information about the partner organizations, achievements, etc., but it may include the chronological developments of events, and focus on human interest stories.
7. Advocacy and awareness areas should not be confined to celebrations and fund-raising. The programmes should look at the possibility of community enrichment as far as disability issues are concerned. MI should build upon its vast experience to reach out to the masses, make people aware of the rights of the physically challenged, and at the same disseminate information about the availability of rehab facilities.
8. Mobility India may become Mobility International in terms of technology, training, etc., but it should focus on strong CBR programmes if it wants to become a model programme in the country and neighbouring nations.
9. MI needs to come up with a compendium of achievements of the last ten years. This holistic information is missing.
10. The training programmes should get the recognition from RCI.
11. Networking with other like minded organizations within the country.