



*Annual Report
April 2007 - March 2008*



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,

The year saw Mobility India (MI) successfully move into its teens. We are now 14 years old and it is very rewarding to see the progress of the organization in this time. Looking forward the challenge is to build even further our capacity to make a positive impact in the disability and development sector.

This year MI has made significant achievements both nationally and internationally. Each of our activities directly or indirectly brings about changes to the lives of people with disabilities and their families, improving opportunities and quality of life. The recent Convention on the Rights of Persons with Disabilities (CRPD) boldly reinforces the fact that disability is a human rights issue and people with disabilities must enjoy all human rights and fundamental freedoms. This reinforces our philosophy and the work which we are doing all these years. MI activities focus more on rights to health care including rehabilitation services, education, livelihood, Inclusion and participation.

Our enduring partnership with Christoffel Blinden Mission (CBM) over the last 10 years has resulted in many projects leading to many milestone achievements. Our latest initiative is a Community Based Rehabilitation programme in Anekal Taluk, Bangalore District and it is the first time MI has received funding support from CBM – AusAid, a South to South collaboration.

Similarly our long term partnership and support with Disability and Development Partners (DDP), we are continuing our work on the Education and Livelihood Opportunities (ELO) programme which we initiated last year in Chamrajnagar district, Karnataka. This programme promotes high quality inclusive elementary education, with a major focus on disabled and otherwise excluded children. ELO's overall goal is to improve mainstream education for all children, while working for the inclusion of marginalized, mostly disabled children.

MI hosted a workshop on 'Validation of the WHO CBR Guidelines' organized by World Health Organisation, Rehabilitation Council of India and Leonard Cheshire International. 30 Disability/CBR experts from different parts of India attended the workshop. Outcome of the workshop was further enriched by attendance of Ms. Poornima Singh, Joint Secretary, Ministry of Social Justice & Empowerment.

Another achievement has been our training programmes in rehabilitation science. MI has always responded to the need for trained rehabilitation professionals at all levels. We had applied for recognition and accreditation from the International Society for Prosthetics and Orthotics (ISPO). After a detailed evaluation, ISPO has recognized our training programmes, and have accredited 'Category II single discipline for Lower Limb Orthotics and Lower Limb Prosthetics course. We are the first training school in India to have ISPO accreditation.

Taking our success with training a step further, we have submitted a proposal to the Rajiv Gandhi University of Health Sciences, Karnataka, to conduct a Bachelor's programme in Prosthetics & Orthotics from the 2008 academic year.

In each of our key activities - Rehabilitation Services, Community Based Rehabilitation, Research & Development, work at the Regional Resource Centre in Kolkata, we have expanded our activities and are pleased that we are reaching more and more disabled people and their families.

It is a great privilege for me to present this Annual Report on behalf of Mobility India. I take this opportunity to acknowledge the contribution from our supporters in progress - National/State Government, funding agencies, International NGOs, grass-root partners, corporate & individual donors, and volunteers who have reaffirmed their faith in us.

As always, I would like to thank all our board members for their guidance and support and my colleagues to make this happen.

Best Regards



Albina Shankar
Director



Rehabilitation Services

If one went purely by the definition of disability rehabilitation, it means dealing with restoration of function despite physical disability. The story of Shreekant that unfolds ahead is one of the many thousands of people with disability in India that would require intervention. When 9-year-old Shreekant came to Mobility India he presented several challenges. He had fluid retention in his brain and un-fused spinal column. Both conditions went undetected and eventually leading to his loss of mobility by the time he was 6 months old. He and his parents live in Bellary, North Karnataka. His parents were led to Mobility India in their continuous search for better avenues for their child's challenge with mobility. (See opposite page for detailed story)

Mobility is an essential human right. The continuing objective of Mobility India's Rehabilitation Services is to make its services available to a large number of people by giving them a wide choice suited to their life style, comforts, affordability, and local accessibility. Every year depending upon the needs of our clients and the constant feedback received from them new features have been added.

Table of Assistive Devices

Nature of service	Numbers
Orthoses	1670
Prostheses	179
Walking Aids	331
Hearing Aids	10
Others	1980
Surgical Referrals	70

Wheelchair Services	Numbers
Wheelchairs Given	44
Wheelchairs Hired	35

Table of Therapy Services

Nature of service	People Benefitted
People Assessed	1948
Regular Therapy Follow up	581
Gait Training	345
Functional Devices for eating, writing	28
Exercise materials	60
Developmental Aids	41

Service Features

Therapy services: It focuses on bringing about functional independence of each individual accessing the service. This objective is achieved by considering the needs of the individual, lifestyle, and active involvement & consultation with family members.

Provision of wheelchairs: It is done by conducting an assessment which details the abilities of the person, life style and accordingly the wheelchair is modified. There after mobility skill training is given for proper usage of wheelchair.



The Rehabilitation team comprises of Prosthetists & Orthotists, P & O technicians, Physiotherapists, Occupational Therapists, Therapy Assistants and Orthopaedic & Neurology consultants

Service Highlights

- ◆ 70% of service users below poverty line
- ◆ Workshop equipped to fabricate & assemble all kinds of simple to advanced technology in assistive devices
- ◆ Maximum number of technicians and therapy assistants with disability in service area
- ◆ Recreational and sports activities for service users conducted every year

Shreekant Sai's story...

Shreekant bubbles with confidence and energy and like most young children in Karnataka dreams of becoming a software professional.

When Shreekant was a baby, doctors failed to detect the following- Hydrocephalous, wherein there is fluid retention in the brain and Spina Bifida, an un-fused Spinal Chord that leads to loss of sensitivity in the lower limbs.

Shreekant's growing up years were spent in a wheel chair being totally dependent on his parents for all his activities of daily living. His parents kept exploring different avenues to better his mobility and reduce his dependency on others. Their search got them to Mobility India.

After being thoroughly assessed, suggestions were made for Shreekant's rehabilitation. The process began with intensive therapy to condition his lower limbs for fitment of assistive devices. He was measured for and fitted with calipers (Hip Knee Ankle Foot Orthosis) that would support his legs as well as hip region. Shreekant chose the colour blue for his calipers. He was then trained to walk with his assistive devices.

The entire process though long drawn, has brought about a renewed sense of happiness for Shreekant and his family members. To watch his son who was in a wheel –chair for over 9 years, take a few tottering steps with the calipers is indeed something that Srinivasulu, Shreekant's father cherishes.

Says Shreekant, " I will walk very soon and I want to be a software professional in future."

Cheers Shreekant!!! We wish you all the best!



New Approaches, New Techniques

Every year MI has ensured that its rehab team as well as service users are introduced to new technology. The focal point is to bring in technology that is low cost and user friendly keeping in mind the needs of the large population with disability that is not able to afford assistive devices. Mr. Paul Forsling, a CPO from Team Ortoped Teknik, Sweden provided inputs on new design for the Dynamic Ankle Foot Orthosis and Supra Malleolar Orthosis. He conducted a Hands- On Training programme in this technique. In the programme, assessment of 3 CP children and one adult hemiplegic was done followed by fabrication and fitment procedure with use of new technology

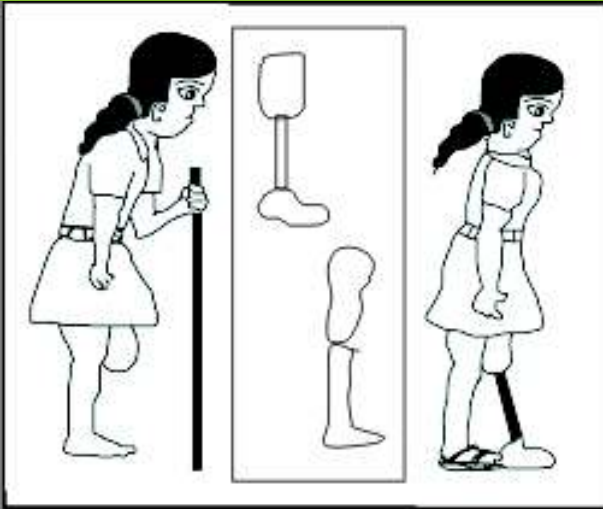


A few advantages of this technique-

- ◆ Better Functionality –user gets movement with mechanical joints
- ◆ Reduced Fabrication Time
- ◆ Reduced Cost
- ◆ Low Maintenance

Mobility - an essential human right

Rehabilitation Services



*At the Workshop
- technicians at work*



*Wheelchair Mobility Training
- provides functional mobility
and postural support*

*Finger painting
- introducing finger dexterity &
colour concepts*



New Limb, New Life
- enhance self esteem, dignity and respect



Therapy Session
- improving eye hand coordination

Better Mobility
- self confidence for the user



*First is mobility,
leading to improved quality of life!!!*

Training & Development

Mobility India is the first organization in India to be accredited by the International Society of Prosthetics & Orthotics (ISPO) in Cat II single discipline in Lower Limb Prosthetics and Lower Limb Orthotics.

The training courses are offered following guidelines of Cat II Single-discipline training programmes of WHO & ISPO. They are -

- Lower Limb Prosthetics (Module I) – 18 months
- Lower Limb Orthotics (Module II) - 18 months
- Lower Limb Prosthetics and Orthotics (combined Module I and II)- 36 months
- Rehabilitation Therapy Assistant (RCI recognized) – 1 year

The main focus of these programmes is in adopting a community-based approach that meets the needs of the people with disability, especially from the urban slum areas, rural areas and low-income countries.



The training programmes address the stark imbalance of large populations of disabled people and the lack of trained technicians to cater to the needs. They are aimed at creating professionals to work at the grass root levels, who can bring about a positive change in the disability scenario.

Key Achievements

Accreditation: The process for getting accreditation was long drawn and rigorous. A detailed evaluation was conducted by ISPO education committee members Mr. Daniel Blocka, Dr. Bakht Sarwar and Mr. Carson Harte. Subsequently the accreditation was awarded.

Mr. Sharad Ranga and Mr. Vijay Gulati conducted the evaluation for the renewal of RCI recognition of RTA course and awarded the same.

Training Programmes- a Comprehensive report

Course	Duration	Total No.	No with disability	Male	Female	Indian	Overseas
Lower Limb Orthotics	18 Months	6	1	2	4	4	2
Lower Limb Prosthetics	18 Months	6	1	6	0	3	3
Rehab. Therapy Assistant	12 Months	7	2	2	5	7	0
Diploma in Prosthetics & Orthotics - 2nd year	36 Months	10	0	10	0	2	8
Lower Limb Orthotics (Clinical Practice)	6 Months	9	1	7	2	5	4
Lower Limb Prosthetics (Clinical Practice)	6 Months	5	0	7	0	1	4
CBR Workers	6 Weeks	14	6	7	7	14	0
CBR Managers	1 Week	23	0	16	7	22	1
Hydrotherapy Workshop	4 Days	13	1	8	5	13	0
Wheelchair Workshop	5 Days	12	1	8	4	12	0
Wheelchair Prescription course	3 Weeks	8	2	6	2	4	4
Wheelchair Assembly Course	3 Weeks	7	2	5	2	5	2
Total		120	17	84	38	92	28

Going forward: On recommendation from RCI a proposal was submitted to Rajiv Gandhi University of Health Sciences, Karnataka to conduct Bachelor's programme in Prosthetics & Orthotics for the academic year 2008 - 2009. RCI conducted an inspection of the same.

Venkateswamma –A role model

It is a warm & sunny afternoon in Bestvarpet in Andhra Pradesh. A team of technicians from Mobility India is visiting the town's NGO –BIRD. An assessment & fitment programme of assistive devices for people with disabilities is in progress. Venkateswamma is a member of this team of technicians. She is encouraging the women who have gathered by sharing her own experiences. She says, "It was 7 years ago (2001) that a team from MI visited my village. I had polio as a child and I was hobbling around with a stick for mobility. The team fitted me with a device and I was able to walk without a stick. They also told me about a training programme which they conduct at Bangalore, (Orthotic Technician) that I enrolled for. Now, I am able to make assistive devices for other women with disabilities, as I understand what they need."



Life has come a full circle for Venkateswamma, aged 25, hailing from Nethivarapalyam village of Prakasham district in Andhra Pradesh. The opportunity offered by Mobility India to train in a purely technical course did cast many apprehensions in the minds of her family. She came to Bangalore in 2002 and trained to be an Orthotic Technician. On completing her course she continued to work in MI as a staff. Since then she has travelled extensively to rural areas of Andhra Pradesh, Tamil Nadu & Karnataka (through MI's Partner Support Service) motivating others especially women with disabilities to start wearing assistive devices and live a life of better mobility and better opportunities. Her journey from a rustic, dependent individual to a self-reliant, confident and completely independent life has been remarkable and is sure to inspire many women with disabilities in future.

Hydrotherapy Workshop

Many people with disabilities would love to swim but there are not adequate trainers, who could train them, so they are deprived from enjoying swimming.

Ms. Beryl Kelsey of Halliwick Association U.K., conducted the workshop to teach swimming to disabled using Halliwick Concept. The aim of the course was to train the instructors to teach people of all ages with special needs to be as competent and independent as possible in water. 13 participants attended the workshop. Daya had polio as child and had never experienced swimming. She says, "It felt very nice to be in water. I was hesitant initially, but the trainers encouraged me and I was able to float in water."

Need in the North East

North East India comprises of states commonly known as the "Seven Sisters". They are Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland and Tripura. The states have had a long history of insurgency and hence a slow down in the socio economic development of the region. Bed Kumar's account gives you an idea of the status of rehabilitation services in this region.

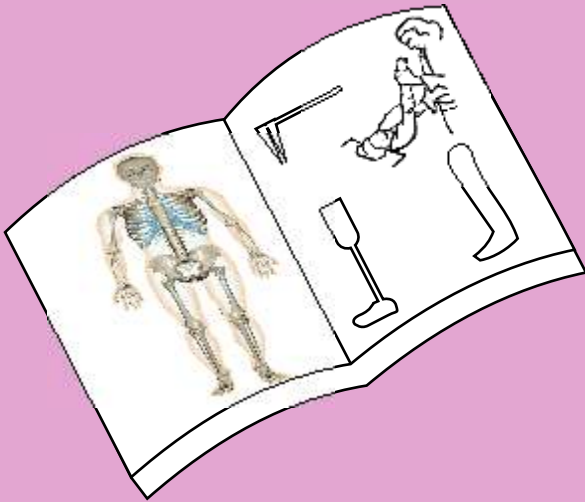


I am Bed Kumar from Tuimairang Para village, Tripura, 60km away from Agartala. There are only 2-3 P&O professionals in my state. People with disabilities cannot access basic rehabilitation services due to lack of appropriate rehab service centres and properly trained professionals.

I recently completed my training programme (Diploma in P&O) in Mobility India. I now work at Fernando Rehabilitation Centre, Agartala that also serves the other North Eastern states of Arunachal Pradesh, Assam, and Nagaland where the need for Rehab Services is similar.

Creates professionals to work in grassroot organisations

Training & Development



*Classroom Learning
- introduction to skeletal system*



*Interactive Learning
- anatomy lesson*

*Wheelchair Prescription Course
- needs assessment before
prescribing the right wheelchair*





*Align it right
-practical session on assembling &
aligning an orthosis*

*Clinical practice & exposure
-working in a rural fitment
programme*



*Student clinical presentation
-being evaluated by
Mr. Miguel Fernandes, ICRC*

Passing the test!!!

Community Based Rehabilitation

Community Initiatives play an important role in enhancing the quality of life and the inclusion of people with disabilities and their families into society. It creates opportunities for people with disabilities to have access to health, education, and livelihood opportunities to ensure holistic development of the individual and their families within the community. To achieve this outcome, the activities revolve around building multi- sectoral linkages for a community based and inclusive development of people with disabilities.

The CBR programme was initiated in 1999. The initial thrust was on education for children with disabilities, followed by formation and empowerment of the self help groups, access to health, access to government welfare schemes.

Mobility India's CBR programme currently covers a population of 2,31,428 from the 23 slums in Banashankari, LR Nagar, Avalahalli and GG Halli in Bangalore city. We have identified 893 persons with disabilities from these areas and we are actively working with 864 families.

<i>Types of Disabilities</i>	<i>Nos.</i>
Blindness	26
Low vision	67
Locomotor Disability	427
Speech and Hearing impaired	91
Mental Illness	14
Multiple impairments	132
Mental Retardation	82
Other impairments	6

Afreen Taj ...My Story

I am Afreen Taj. I am 9 years old and live with my parents, brother and sister in Kaverinagar. My father is a bus driver and mother stays at home to look after us. Until 2 years ago I had trouble walking. I had pain in my right leg.



A lady from Mobility India came home one day and suggested that we go to an orthopedic doctor. The doctor said they have to operate my leg as I had septic arthritis. My parents did not have money for the operation. During this time my mother became a member of a self-help group named Makkala Jyothi Sangha formed by Mobility India in our area. The group with the support of MI helped us a lot for my medical treatment and also for my education.

After the operation, MI gave me a plastic support for my leg (KAFO) and regular therapy was also provided twice a week. My family and the neighbors were surprised to seeing me walking and playing with other children without any difficulty. I am very happy that I am able to do many things by myself.

I am going to school regularly now. During the time of my surgery and recovery, my school used to send me notes to study at home. I attend the coaching class centre of Mobility India which is close to my house and the teacher there helps me cope with my studies. I recently participated in the sports meet organized by MI and enjoyed myself very much.

Families like Afreen's have been able to access basic needs, thereby improving their socio economic condition to live a life with dignity

Given below is a table that details all the thrust areas and key achievements-

		Activities	No. of people accessing the service
Health	Awareness Programme	Care to be taken during Ante Natal Care/Post Natal Care Importance of Nutrition Importance of Immunization, HIV/AIDs and Reproductive health	433
		Ante Natal Care follow up	44
		Post Natal Care follow up	60
		Immunisation follow up	95
		Nutritious food	308
	Family Planning	Operation(permanent)	20
		Temporary	34
		Orientation for Primary Health Care	94
		Link Workers	19
	Rehabilitation	Medical Asst Referral	467
		Corrective surgery	12
		Fitment of aids and appliances	155
		Home based therapy Follow up	133
		Eye camp	1
	Education	Follow up	Children with Disability attending school regularly
Children with Disability attending Regular school			145
Children with Disability attending Special school			56
No Children with Disability access to		Scholarship from MI	110
		Scholarship from government.	55
		Disabled children attending school	38
		School made barrier free	1
		Facilitating Self Help Group to ensure regular functioning of coaching of classes.	22
		Children access coaching class	300
		Youth accessed computer training	35
Livelihood Employment	Skill training for Person with Disabilities		17
	Skill training for family members		8
	No. of Person with Disabilities(PWD) and Families accessing job opportunities	By family	24
		By PWD	22
	No. of New Income Generation Programmes initiated	By family	18
By PWD		10	
Empowerment	No. of Self Help Groups(SHG) to facilitate		21
	Total no. of members in Self Help Groups (SHG)		416
	No. of members aware of the rights of Person with Disabilities		346
	2 Disabled People's Organisations formed		30

Community Based Rehabilitation Programme



*Health
-home based access to
rehabilitative services*



*Inclusive Education
- increased access, participation & achievement*



*Wheels of Happiness
- mobility to access rights
and enjoy life.*





Livelihood
- supplementing her family's income,
running a petty shop

Empowerment
-leadership training for
Self Help Group Members



Recreation and Sports
- important for individual health and
well-being

Inclusive development - inclusive society!!!

Education & Livelihood Opportunities

Mobility India is presently committed to a programme covering two hoblis - Kasaba and Harave – in Chamrajnagar District. This programme's goal is to achieve high quality inclusive elementary education in the mainstream government system while working for the inclusion of disabled and other excluded children into it. Using a holistic approach including components such as poverty reduction (through Self Help Groups of disabled children's families and other community members with disabilities) and rehabilitation services, the programme is designed to take account of all the factors that affect children's access, enrollment, retention, achievement in education and joy of learning, and will mobilize communities to demand children's rights to elementary education.



Thrust Area	Activity
Kasaba Hobli	
Education	<ul style="list-style-type: none"> ◆ Local Education Governance Data collected from 46 schools in 40 villages. ◆ There are 121 disabled school going children and 35 children receiving home based education. ◆ 12 Shikshana Gram Sabhas were conducted with participation of 599 people. ◆ A further 12 Community Education Centers have started working in the hobli.
Health	<ul style="list-style-type: none"> ◆ A total of 436 people with disabilities have been assessed of whom 183 are children. ◆ In October 2007, Individual Education Rehabilitation Plans (IERP) were included to improve the conditions of children with intellectual disability. So far the project has identified 115, (males 64 and females 51) with intellectual disability.
Empowerment	<ul style="list-style-type: none"> ◆ 44 Self Help Groups have been formed with 624 members.
Harave Hobli	
Education	<ul style="list-style-type: none"> ◆ Local Education Governance Data collected from 39 schools in 35 villages..
Health	<ul style="list-style-type: none"> ◆ A total of 817 people with disabilities were identified of whom 145 are children.
Empowerment	<ul style="list-style-type: none"> ◆ 9 Self Help Groups have been formed with 139 members.

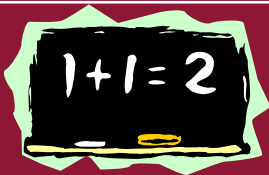
Health and rehabilitation is a central element of this programme. Every month a technical team from MI carries out assessment, fitment and follow up in Chamrajnagar. 7 students from Chamrajnagar are undergoing Rehabilitation Therapy Assistant Courses and two are in the Lower Limb Orthotics Course at MIRRTC.

Shilpa's story...

When Shilpa was born 8 years ago, her parent's joy knew no bounds. But their joy was short-lived. Shilpa had polio and soon her parents realized that she would not be like other children in their village. Extreme poverty, absence of facilities resulted in Shilpa crawling about and being carried by her parents to school. At school Shilpa would remain in a corner till her father came back to get her, as her teacher did not know how to respond to her needs.

In late 2006, Mobility India identified Shilpa as part of their survey for the ELO programme in Chamrajnagar. Her condition was assessed and she was given assistive devices and also provided with a wheel chair to enhance mobility in school. The field workers have helped the family build a toilet outside her home, that she can use. At school, the teachers were sensitized to Shilpa's need. In the last year and half, Shilpa has made significant progress in school. She is starting to read and write and has made a lot of new friends. Her parents are members of Self Help Group that encourages savings schemes. These savings will help them take a loan for enhancing their farming efforts and earn better.

The ELO programme aims to ensure that families like that of Shilpa's get the right education and livelihood opportunities. In this way, not only is ELO contributing to Millennium Development Goal 2, it is also helping to reduce poverty by producing material improvements to disabled people's lives.



*Health
-Rehabilitation team
of Therapists and
Prosthetists & Orthotists
on field visit*



*Group Empowerment
- being together increases mutual support*

Creating opportunities for social development!!!

Support to Grassroot Organisations - Partner Support

Disparities in the rural-urban setting have created an imbalance in the socio- economic profile of people in India and other developing countries. In a country like India where 70% of population resides in rural setting rehabilitation services have made little inroads into villages.

Mobility India reaches out to more number of people with disabilities with focus on early intervention because of its association with grass root partner organizations in rural India. Most of these organizations have roots in the community where no rehabilitation facilities exist.

Through its mobile workshop, services are made available over large distances and definite changes ensured in the person's life.



Activity	Organizations Supported
Establishing and upgrading repair and orthopedic workshop with therapy facilities.	<ul style="list-style-type: none"> ◆ Brethren Institute for Rural Development (BIRD), Kumbam ◆ Marianilayam Social Service Society, Kurnool ◆ Hubli Hospital for Handicapped, Hubli ◆ Grameena Abhyudaya Seva Samsthe, Doddaballapur
Technical support in the areas of prosthetics and orthotics with therapeutic interventions. Referrals and surgical intervention	<ul style="list-style-type: none"> ◆ Timbaktu Collective, Anantapur ◆ Wayanad Sarva Seva Mandal(WSSM),Wayanad ◆ HEALS, Chittoor ◆ Brethren Institute for Rural Development (BIRD), Kumbam ◆ Marianilayam Social Service Society, Kurnool ◆ Hubli Hospital for Handicapped, Hubli ◆ Grameena Abhyudaya Seva Samsthe, Doddaballapur ◆ NIMHANS, Bangalore
Capacity building in the areas of fundraising, administration, finance and technical training	<ul style="list-style-type: none"> ◆ Rehabilitation Aids Workshop by Women with Disabilities(RAWWD), Bangalore ◆ Brethren Institute for Rural Development (BIRD), Kumbam ◆ CSI Rehabilitation Centre, Kodaikanal ◆ SAMUHA, Raichur

Transfer of Technology - Ethiopia

The Prefabricated Orthotic component was introduced in Ethiopia in 2005 with an aim to reach out to more number of children affected with locomotor disabilities. This alternative Orthotic technology, developed by MI in 2003, is cost effective and involves reduced fabrication time. The project partner for this process has been HN-ACD, an Addis Ababa based organization. The project is funded by DDP, UK. As a part of the project 400 sets of prefabricated components were sent to HN-ACD in two phases for fitment.



In partnership with MI, HN-ACD set up its P&O workshop with therapy facilities in May 2007. The technical staff has been trained at MIRRTC. The trained technicians and therapy assistants have started fitting orthoses and providing gait training to children with disabilities. Most of the children with Cerebral Palsy from the community are accessing the services from the new workshop. HN-ACD has now on record 105 users of PFKAFO.

Partner Support



Partners (South)

ANDHRA PRADESH

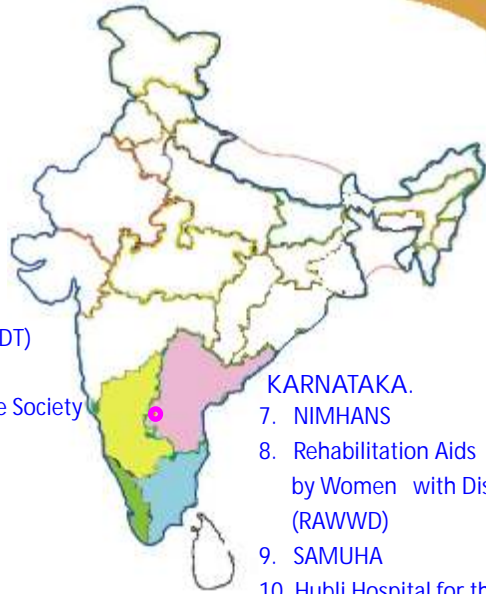
1. Brethren Institute for Rural Development (BIRD)
2. Rural Development Trust (RDT)
3. Timbaktu Collective
4. Marianilayam Social Service Society

KERALA

5. Tropical Health Foundation of India (THFI)
6. Wayanad Sarva Seva Mandal(WSSM)

TAMIL NADU

12. CSI Rehabilitation Centre
13. Voice Trust



KARNATAKA.

7. NIMHANS
8. Rehabilitation Aids Workshop by Women with Disabilities (RAWWD)
9. SAMUHA
10. Hubli Hospital for the Handicapped
11. Grameena Abhyudaya Seva Samsthe



*Waiting His Turn
- at a fitment programme
in Andhra Pradesh*

*Appropriate Technology
- assistive devices produced
and provided at community level*



*Empower Women with Disabilities
- access services and realize their aspirations*

Services at door step!!!

Regional Resource Centre, Kolkata

Set up in 1998 after a thorough assessment of the need, the Regional Resource Centre in Kolkata is making inroads into the Eastern & Northeastern regions of India. The core area of expertise is setting up workshops and building the capacities of the local organization in strengthening their rehabilitation services. In cases where organizations do not have a rehab facility, the RRC fabricates the assistive device and provides therapy services.

Over the years it has added a Community Outreach programme that covers 3 wards in the Garden Reach slum pocket of Kolkata. The programme supports 120 children in medical intervention and education.



Having working experience on accessibility survey issues, the centre was approached by Disability Activist Forum (DAF- a group of NGO work for disability field) to conduct an access audit of Rabindra Sadan, the oldest art, culture & recreation centre in Kolkata. The survey has been completed and the recommendations have been handed over to DAF, who in turn submitted it to Commissioner of Disabilities.

Activity	Organizations Supported	
Establishing and upgrading repair and orthopedic workshop	1. Ferrando Rehabilitation Centre, Agartala, Tripura 2. Howrah South Point, Jalpaiguri, WB 3. Asha Bhavan, Berhampur, Orissa 4. Ferrando Rehabilitaion Centre, Barapani, Meghalaya	5. Padhar Hospital, Betul, Madhya Pradesh 6. HN-ACD, Addis Ababa, Ethiopia 7. Mahavir Seva Sadan, Kolkata, W.B.
Technical support in the areas of prosthetics and orthotics	1. Makhla Muktodhara, Hoogly, WB 2. Association for women with disabilities, South 24(Pgs), WB 3. Sanchar, South 24 Pgs, WB 4. Paras Padma, South 24 Pgs, WB	5. Cini Asha, Kolkata, WB 6. Shishu Bhavan, Kolkata, WB. 7. Sangam, Asansol, WB 8. Shishur Seva, Kolkata, W.B.
Direct Rehab Services	No.of People covered- 259	No. of Assistive devices - 411

Partners (North East)

WEST BENGAL

1. Asha Bhavan Centre
2. Association of Women with Disabilities (AWWD)
3. Howrah South Point
4. Makhla Muktheadhara

CHATTISGARH

5. Raigarh Ambikapur Health Association (RAHA)



ORISSA

6. Asha Bhavan (Holy Cross Convent)
7. Vikash Deepti

TRIPURA

8. Fernando Rehabilitation Centre (FRC)

MEGHALAYA

9. Bethany Society
10. Fernando Rehabilitation Centre (FRC)



*Setting up a new workshop
-checking installation
of machinery*

*Working at grassroot level
-assembling devices in
a small workshop*



*Community outreach
-play way therapy
for a child with disability*



*Improving Rehab
services in East
& North East!!!*

New Initiative

CBR Programme in Anekal Taluk, Bangalore supported by CBM AusAID

Anekal is a taluk of Bangalore district and lies in the southern part of the Bangalore metropolitan area around 40 kilometers from downtown Bangalore. The Anekal project draws on disability and development expertise from Mobility India.

Mobility India has extended the community based rehabilitation programme in 28 villages in one of the hobli named Attibele. This extension is in response to an identified need in Anekal Taluk. MI would address the issues through awareness creation, Better access to primary education, access to rehabilitation services, training and employment opportunities for people with disabilities.

5 staff members have been recruited and their capacity building processes to work in disability & development is on.



Research & Development

Research and development of low cost, light weight and user friendly assistive devices that suit the needs of Indian people has been the hall –mark of MI right from its inception. Over the years the R& D has designed and developed many Orthotic & Prosthetic components that have won international acclaim as well as wide user acceptance. The products have been field tested and are now being widely used in India, Sri Lanka, Bangladesh, Nepal, Ethiopia, Mozambique, Rwanda, Cambodia, Vietnam, Afghanistan, Philippines & Nigeria.



The 2 major ones being –

- ◆ Prefabricated Knee Ankle Foot Orthotic Components
- ◆ Trans tibial Metal Modular Components(TTMMC)

This year the focus of research was on the following-

Below knee modular prosthetic components-

- ◆ Developed components to reduce the cost of the limb.
- ◆ Jaipur foot modified and made suitable to use with the same modular components.

Metal ankle joint (Orthotic Component)- Mr. Paul Forsling, a CPO from Team Ortoped Teknik, Sweden provided inputs on new design for metal ankle joint. This initiative has been supported by DDP and Swedish Institute. The benefits of this new design are -

- ◆ Better ankle movement available for use on uneven surface or hilly area.
- ◆ Ankle movement gives a better gait for the AFO/KAFO user.
- ◆ PFKAFO can be fitted only with an external ankle joint.

Networking

Facilitator for ABILIS-funding

ABILIS Foundation is a development fund, founded by people with disabilities in Finland. ABILIS Foundation supports activities that contribute towards equal opportunities for disabled people in society through human rights, independent living, and economic self-sufficiency.

Mobility India is a facilitating agency for South India and North Eastern India. MI was approached by 72 projects, visited 23 projects and awarded 6 projects with ABILIS funding. At present we have 13 ongoing projects.



Through this funding we could see the changes in the disabled people's life—they have become earning members in the family, and the community also has started recognizing their potential and is approaching them to be a part of their development work.

Training for SSOs from Sri Lanka

Orientation/training programme was organized for Social Service officers (SSO's) of Sri Lanka – the purpose of the visit was to have both exposure and training – to know the welfare system which can be put into practice in Sri Lanka. 17 persons (14 Service Social Officers + Director of Department of Social Welfare) visited from 4th October to 12th October 2007.

Validation Meeting on WHO-CBR guidelines

MI hosted a 3 days' workshop organized by World Health Organization represented by Mr. Chapal Khasnabis, Technical Officer, Rehabilitation Council of India - Ms. Aloka Guha, Advisor and Leonard Cheshire International-Mr. Gopal Mithra for the validation of the draft Guidelines on CBR. This workshop was aimed to get feedback from implementers on efficacy and areas for improvement, and was attended by 30 disability/cbr experts from different parts of India. This was held between 19th to 21st November 2007 at MI.

The opening ceremony was attended by Mr. Das Suryavanshi, Commissioner Disabilities, Karnataka and the concluding ceremony by Ms. Poornima Singh, Jt. Secretary, Ministry of Social Justice and Empowerment.



4th South Asian Regional Conference in CBR, Kathmandu, Nepal

Albina Shankar attended the conference and presented a paper on Community Based Rehabilitation Services of MI. Many organizations from India and other Asian countries came together to share knowledge, expertise of their CBR programmes.

Global Training programme- Tanzania

Albina Shankar was invited as a resource person to contribute to CBMs Global Training programme on Disability, Prevention of Disabilities and Rehabilitation. She was involved in the development of the training module “Bridging Barriers between persons with disabilities and services” at Dar Es Salaam, Tanzania in February.



World Congress of International Society of Prosthetics and Orthotics (ISPO)- Vancouver, Canada

Ritu Ghosh, Dibyendu Ghoshal, Amit Kumar and Soikat Ghosh participated in the Congress. The Congress had more than 2050 participants in various delegations from 37 countries. 3 papers were presented in two different symposiums & one in free paper category. “Appropriate Prosthetic Technology for Developing Countries” & “CBR and its linkage with Prosthetics and Orthotics” were presented in the symposiums. Free paper presentation was on “Impact study of trained single discipline personnel in Prosthetics and Orthotics in India”

National OPSI conference-Hyderabad

MI staff participated in the 18th National OPSI conference held in Hyderabad . The following scientific papers were presented-

1. CBR and its linkages with P&O services,
2. CIR-Wu casting system,
3. A step towards appropriate approach in Wheel chair services & training provision ,
4. Impact of single discipline Prosthetics and Orthotics education in India,
5. Transfer of prefabricated technology in developing countries



Rajiv Gandhi University of Health Sciences - Evaluation

MI is planning to start Bachelors Programme in Prosthetics and Orthotics. RCI has requested MI to send the affiliation from University as a pre-requisite for recognition with RCI. In regard to this, Rajiv Gandhi University of Health Sciences and State Council of Vocational Training has been approached. Dr. Rajagopal and Dr. Arun from RGHUS visited MI on 25th March 2008 for the evaluation of the training activities.

Acknowledgement

Mobility India has completed fourteen years of its existence we know that this would not have been possible without your support.

Special thanks go to...



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



...Our volunteers, individuals and corporate donors.

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Member

Receipts & Payments Account for the Year Ended 31st March-2008

RECEIPTS	AMOUNT	PAYMENTS	AMOUNT
To Opening Balance		By Personnel Costs	9714668.00
- Cash on hand	20525.00	" Operating Costs	2287104.56
- Cash at Bank	9196226.36	" Governing Body Meetings	2570.00
" GRANTS FROM		" Rehabilitation Services	8253422.20
- Christoffel Blindenmission (SARO) South	5195958.75	" Support To Grassroot	
- Christoffel Blindenmission (SARO) North	1452693.75	" Organisation (Partners & Seminar)	3198289.26
- MIBLOU	1617315.63	" Research & Development	6209879.75
- Katholische Zentralstelle Fuer Entwicklungshilfe Ev	1148912.50	" Training	2559079.70
- Stichting Liliane Fonds	290000.00	" Urban & Rural Community	
- Zurich Financial Services	1234053.00	Based Rehabilitation	3708209.40
- Abilis Foundation	908042.00	" Project	
- Terre Des Hommes	1960316.00	" Capital Expenditure	1159855.50
- Disability Development and Partners	15198959.00		
- Motivation	605588.00	" Deposits Loans Advances & Others	1167136.02
- ISPO	466733.00		
- ICRC	990389.00	" Fixed Deposit	25502563.42
- FC Terbutt/BG hall	298625.00		
- Handicap International Colombo	289938.00		
" Donation	15374549.00		
" Donation - Training Fees and Others	6678281.00		
		" Closing Balances	
" Interest From Bank	5245481.51	- Cash on Hand	32050.00
" Deposit, Loans & Advances	525353.00	- Cash at Bank	4962305.94
" Current Liabilities	59194.25		
GRAND TOTAL	68757133.75	GRAND TOTAL	68757133.75

PLACE : BANGALORE
DATE : 10.07.2008

AS PER OUR SEPARATE REPORT OF EVEN DATE
IN FORM FC - 3 ATTACHED,
For CHARLES PRABAKAR & ASSOCIATES,
Chartered Accountants

 PRESIDENT
 TREASURER
 DIRECTOR
FOR MOBILITY INDIA
 PRESIDENT
Mobility India
 TREASURER
Mobility India
 Director


 (CHARLES PRABAKAR)
 MEM NO.18391


Our Mission



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

- Providing Rehabilitation 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 & Legislations

Sponsor

Physical/Medical Rehab

- Wheelchair Rs. 7,000/-
- Calipers(orthoses) Rs 3,500/-

- Artificial limbs (prostheses) Rs. 3,500/- onwards
- Therapy for a month per person Rs. 1000/-

Education

- Education/fees for one child(Rs 2000/-)
- Coaching class for a child Rs.1000/-

- Desk Top Publishing (Rs 2500/-)
- Basic Computer training for a child (Rs 600/-)

I am donating Rs..... by Cheque/ Demand draft number
.....Towards

(DD/Cheques to be made in the name of Mobility India)

All donations are eligible for tax exemption under section 80G



Mobility India

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