INTRODUCTION

People with disabilities, who make up 15% of the world population, 8 in 10 live in developing countries. Far too many people with disabilities live in poverty, and many suffer from social exclusion and face widespread barriers in accessing their basic needs and are denied access to education, health care, employment, social and legal support. And in those developing countries, 9 out of 10 children with disabilities don't go to school.

Majority of India's persons with disabilities live in rural areas, and rehabilitation services and access to essential assistive devices is very minimal. Rehabilitation services and assistive devices can be critical to enabling people to learn and communicate more effectively, participate in home, school and work environments, live independently, and improve their quality of life. Though there are many rehabilitation centres in the cities only a small percentage of persons with disabilities are able to benefit from these affordable and appropriates services.

Mobility India (MI), an independent, democratic and secular disability and development organization, was established in Bangalore, Karnataka, India in 1994, to bring a change to make **rehabilitation services** available for majority of people with disabilities who are poor living in rural and urban areas and are not within the accessible range of rehabilitation service provision. Mr. Chapal Khasnabis, the founder Executive Director was instrumental in establishing and shaping Mobility India. His vision and determination are the guiding forces behind MI's success

Mobility India is committed to a Human Rights Based Approach and strives for the inclusion of people with disabilities, their families and other disadvantaged groups in all development activities and to ensure that people with disabilities have equal rights and a good quality of life. MI aims to contribute to the realisation of the Convention on Rights of Persons with Disabilities (CRPD), Incheon Strategy to "Make the Right Real" for Persons with Disabilities in Asia and the Pacific, and national legislations on disability.

VISION

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

PRIORITY

People with disabilities, the poor, particularly children, women and older people

FOCUS
Disability-inclusive development

MISSION

- Assisting in poverty reduction among people with disabilities and facilitate their inclusion and participation in all developmental programs such as access to health, education, livelihood and social security benefits.
- Promoting Inclusive Development & Rights Based Approach
- Making rehabilitation services accessible in unreached areas
- Developing appropriate human resources in the field of Disability, Development and Rehabilitation at national and international levels
- Capacity Building of grassroots organizations in the field of disability, development & rehabilitation through effective partnerships
- Development and promotion of the availability of appropriate technology at an affordable cost and
- Realize the aspirations of the Convention on the Rights of Persons with Disabilities(CPRD), Incheon Strategy to "Make the Right Real" for persons with disabilities and all related National Legislations on Disability and Development

Mobility India's Rehabilitation Research and Training Centre – "**Millennium Building on Disability**" established in 2002, is a state of the art model disabled friendly building with various accessibility features for all. It is an ideal model of how a building can influence Changes in the Disability field and it houses various activities such as rehabilitation services, developing appropriate human resources to provide prosthetics/orthotics/wheelchair and therapy services, assisting in poverty reduction programmes, access to education, livelihood, healthcare, housing, promoting human rights and so on. It is also the only Training centre in Karnataka in particular and South India in general to train and develop manpower especially persons with disabilities in the field of Orthotics, Prosthetics and Rehabilitation and also promotion of Community Based Rehabilitation.

Its Regional Resource Centre in Kolkata, established in 1998, caters to the rehabilitation needs of the relatively economically backward North-Eastern Region. In addition, MI has set up Field Offices in Bangalore slums and peri-urban and rural areas of Karnataka.

MI has perfected a blend of disability and non- disability at all levels, and is an innovative organization of abilities and commitment to addressing the real needs of the people. Mobility India has come up in a big way since its inception. It has grown tremendously because of the need. MI has a team of 138 staff, of which 44 are PWDs; and 47% women). - across all levels of the organisation, from board members to the grass root levels. The staff members are excellent role models for others with disabilities in project areas who may never have seen someone with a disability in paid employment. They also help to change community attitudes by showing the potential capacity of people with disabilities.

Mobility India reaches out to people with disabilities who are less privileged and are not within the accessible range of rehabilitation service provision. This is due to factors like poor socio economic conditions, lack of awareness, lack of appropriate services, education and lack of basic health care facilities.

KEY AREAS OF WORK

- **1994 : Capacity Building of grass root organizations and Awareness Raising** in all aspects of rehabilitation is strengthened, to deliver quality rehabilitation services, establishing/ upgrading prosthetics/orthotics workshop with therapy facility. Through its mobile workshop, people can avail the services even in remote rural areas. These organisations are in the Southern States, East and North Eastern part of India.
- **1999: Habilitation and Rehabilitation Services**: Provides a full range of affordable, appropriate prosthetic, orthotic and other assistive devices along with physio & occupational therapy services and wheelchair service provision and accessible city taxis for wheelchair users.
- **1999 : Community Based Inclusive Development Programmes in line with WHO CBR Matrix and CRPD:** Working in 23 urban slums of Bangalore, 154 villages in per-urban and in 225 villages in rural areas
- **2002 : Training in Disability, Rehabilitation and Development:** Mobility India runs training programmes to develop professionals to work at the grass root level, enabling a positive change in the disability field. Conducts various long term training programmes in prosthetics and orthotics, rehabilitation therapy, and short term trainings in wheelchair service provision and community based rehabilitation in line with WHO and ISPO guidelines. It is the first school in India of having accreditation of International Society of Prosthetics and Orthotics.
- **Development and promotion of appropriate technology**: Good quality and affordable prosthetics/ orthotics components, machines, tools equipment's and developmental aids are developed , that are cost effective, light weight and durable to benefit the needs of people with disabilities and could be fitted in a quick possible time. Transfer of technology within the country and to other developing countries **Jaipur Foot Production Unit –**It is most advanced accessible production unit for making good quality Jaipur foot to meet the need of people with disabilities within India and other developing countries. Another unique feature is, it is run and managed by women with disabilities
- **Collaboration and Networking** with organizations, universities and research institutes at local, national and international levels - World Health Organisation (WHO), International Society for Prosthetics & Orthotics (ISPO), Rehabilitation Council of India (RCI), Rehabilitation International, Motivation-UK, Rajiv Gandhi University of Health Sciences and so on.
- **Research and Publication:** Conducts research activities related to disability, rehabilitation and mobility/ assistive devices and Quality of Life

Every year approximately 3000 to 4000 people get benefit with our services

SIGNIFICANT ACHIEVEMENTS

- **1997** - the rehabilitation aids workshop by women with disabilities
- **2002** - starting direct services and various long term as well as short training programmes in the field of disability, development and rehabilitation
- **2003** facilitating agency for ABILIS (Finland) reaching to the remotest grassroot organisations and promoting rights based approach
- **2003 -** the launch of pre – fabricated orthotic & prosthetic components

- **2006** MI hosted the Consensus Conference on wheelchairs in Bangalore, organized by WHO, ISPO and USAID.
- **2008 and 2009.** MI was involved in reviewing the WHO training packages on wheelchair service provision
- **2009 -** MI was involved in reviewing the WHO CBR Guidelines and contributed to the guidelines and the Disability Report of WHO.
- **2012** - The 'First CBR World Congress' was convened by Mobility India in its capacity as the Organizing Secretariat, held at Agra

A MATRIX OF CHANGE - INCLUSION
IMPROVING THE QOL OF PWDS THROUGH CBR

The experience of MOBILITY INDIA in starting a CBR programme in 1999, in the urban slums of Bangalore city, Karnataka State, India and later expanding to Peri-urban and Rural areas of Karnataka - Inclusive Community Development

Genesis

In 1998, Mobility India with support from the United Nations Economic and Social Commission For Asia and the Pacific (UNESCAP) started work on the “Trainers’ Training Programme on Non-Handicapping Environment” in 5 slums of Bangalore City. This project was part of a pilot project which was being implemented in three Asian cities using guidelines to train disabled people as trainers "to promote a non-handicapping environment" developed by UNESCAP. The pilot project was a 12-month training to work as “change agents” to address the needs of persons with disabilities especially in poor communities, of which 14 were students with disabilities (7 men and 7 women) were trained by Mobility India.

In this process a number of barriers to development and inclusion were identified. Their first barrier was the difficulty they faced in being accepted by the community, both as persons with disabilities and as resource persons for the community. The attitudinal barrier of lack of acceptance was far greater than the barrier of poor drainage, for example, which proved relatively straightforward to address.

During the community study it was found that children with disabilities in the school going age are under-represented in schools and young adults with disabilities were usually home bound, were not involved in decision making process in their families nor were they involved in productive activities. Most of which had more to do with the widely held belief that it is not much persons with disabilities are capable of. Even if parents wish to send their children to school, the educational facilities available were not sensitive to the needs of children with disabilities. As a result many of the children and young adults with disabilities were isolated.

It was also found that most of the persons with disabilities were less likely to have received treatment (medical/ rehabilitation) for their particular disability. There was also a general lack of awareness about the prevention, identification and rehabilitation of people with disabilities.

The start of the CBR programme -

Based on these experiences in the slums, the community based rehabilitation programme of Mobility India started in 1999. During the planning phase MI conducted a door to door survey with volunteers from the local community to identify and prepare a brief case study of the persons with disabilities identified in the slums and their needs were assimilated.

Following which the CBR programme was initiated with the main objective to promote an environment in which both disabled and non-disabled children who are not in school are

encouraged to go to school, obtain an education and therefore have greater opportunities in life. Again, the initial thrust was on provision of rehabilitation services and assistive devices. But this model was more on medical and charity. MI soon realized in the long term it makes very little difference in the lives of people with disabilities as the core issue to be addressed was **POVERTY.**

The programme was then re-designed to involve young adults with disabilities and parents of children with disabilities by organising them into self-help groups. Facilitating its members in setting up income generating schemes relevant to the local community such as vegetable vending, small business that enhances their income and in sustaining their children in school. Hence MI strategy had been to address both poverty alleviation and education. **This again** prevented pwds from realizing their full potential and not much involvement in the community activities.

Current project information: Mobility India is presently working in the 23 urban slums of Bangalore, rural and peri urban areas of Karnataka in 369 villages and working with the poorest people. Currently the CBR programme promotes a rights based approach with increased focus on poverty alleviation and social change to bring sustainable change to people with disabilities and their families, The focus is on building capacity in empowerment to advocate for their rights, access to appropriate health care and rehabilitation, inclusive education, livelihoods, and to be able to fully participate in the social, cultural and economic activities in their communities. The two-way link between poverty and disability makes community development process imperative.

Objective of the project is: Empowerment of people with disabilities and their community to access and enjoy their rights and entitlement in society through community based interventions

The project is built around the CBR Matrix and the UNCRPD guidelines. The project plan gives importance to alleviate poverty in the region and its activities demonstrates linkages with various stakeholders in the community to address the issue. Capacity building of PWDs and community for active participation and to take up ownership of the project once the funding is over is given importance. Local structures are empowered to take up this role, in a rights based approach. Cross cutting issues like gender, child protection, HIV/AIDS, Accessibility and barrier free environment, environment, appropriate technology, socio-cultural, attitudes, etc is worked out in the plan. Disability is placed as a development issue and plan shows efforts taken in mainstreaming disability in general community development programmes.

Community-based initiatives aims at the local community structures / federations / DPOs to take over the programme, ensuring local funding of continuing activities

Empowerment and Sustainability is only possible with Community participation:

Mobility India has followed the strategy of community mobilization and sensitizing the entire community, involving key stakeholders participation and ownership from the day one, to take a collective responsibility and make necessary modifications for the full participation of people with disabilities in all areas of social life. The approach is guided by two principles: not to be adversarial and to promote authentic grassroots participation in coalition of

stakeholders and in seeking to support the admirable provisions of government policy by bridging the gap between them and local community practice

The programmes was on building the capacities and empowering persons with disabilities and their families, community in creating awareness, dissemination of knowledge, developing their ability to critically review issues while making informed choices concerning their well being.

A process by which people are enabled to become actively and genuinely involved in defining the issues of concern to them, in making decisions about factors that affect their lives, in formulating and implementing policies, in planning, developing and delivering services and in being responsible to take actions to achieve change and live a life with status and dignity.

The CBR programme has been able to draw extensive support from the local community, local government, elected representatives and other resource agencies in Bangalore. Mobility India's technical and training resources have been employed in developing and implementing effective and appropriate rehabilitation plans for all children and adults with disabilities in the project area.

Project Planning and Design

- A separate project design is made for each project area to ensure it is relevant to the local context and the needs of local stakeholders.
- Activities are more closely aligned with CBR matrix and built around the CBR Matrix and the CRPD guidelines.
- At the start of project in each area, field workers are selected from the local community and a baseline study conducted to identify people with disabilities
- Focus group meetings conducted with various stakeholders, with particular priority given to people with disabilities and their families. Information from the focus groups is then analysed and are then used to raise awareness of the project and develop annual action plans.
- Withdrawal from the project area, is developed at the planning stage to ensure the sustainability of the CBR activities and in implementing the CBR components.
- MI adopted a 'twin-track approach' to carry out both 'service-based' and 'rights-based' activities

Mobility India's approach for ensuring community participation and ownership

- Recruiting CBR personnel and engaging volunteers from local communities, which helps in understanding local situation, influencing people and also they continue to become the permanent resource for the community (knowledge and skills obtained over the years) which supports in sustainability of the programme.

- Identified and influenced the key leaders in the official positions of power (local government leaders, community group leaders), and identified people who have influence in the different development sectors (health, education, livelihood and social).

- Conducted consultation meetings with different stakeholders to understand their views on the issues of people with disability and the community as whole.

- The community's negative attitudes towards people with disability was because of limited knowledge about disability—Various awareness programmes organized to raise people's awareness on disability, importance of education, health that benefits the larger community and the action they can take towards creating inclusive society.

- To build the trust and credibility within the community various activities were initiated which was not only benefiting peoples with disabilities even other community members for e.g. (Health awareness programme, health screenings, school improvement, sanitation, accessibility etc).

- Provided the technical supports for the activities of the other stakeholders in the community e.g. (Training school teachers on different teaching methodology, training primary health centre workers on early identification and intervention of impairments etc.).

- Included other marginalized members of the community in all activities of the programme for eg (Self-help group, children's group, educational programmes, general health programme, cultural activities etc).

- Create a positive approach towards children with disabilities by focusing on their abilities and their capacities to learn, influencing the local government policies to make existing education facilities accessible and inclusive for children with disabilities, setting up community education centres in each village, training the local volunteers as community tutors and ensuring people with disabilities receive appropriate rehabilitation services

- Encouraged people with disabilities, their family members and disabled people organisations to take part in different events for addressing the community issues along with other members of the community.

- Collaborating and networking with local governance, NGOs and other institutions to create opportunity for skill development and employment. Capacity building is an ongoing process in the entire process.

As a result of this

- Most of the activities of the programme are been carried out with the contribution of the community (personnel, kind and financial).
- Community has adopted positive attitudes towards people with disabilities and their families.
- Community has been involved in identifying people with disabilities, their problems and finding solutions for the same.
- Community has created the opportunity for people with disabilities and their family members to have equal participations in their activities.
- PWDs are having equal participation in all the activities of life
- Inclusive Policies are developed – (Right to Education, 3% reservation in all the poverty elevation schemes, Policy for youth)
- Self -confidence and self-esteem have increased
- Increased in acceptance and socialization in community

- Improved in the economic status of the families

Few activities as an example:

Importance of Education leading to Inclusiveness and Development

Community Supplementary Education centre: One of the objectives of the CBR is to improve the quality of village schools and ensure access to education for all children including those who are disabled or marginalised for any socio-economic and cultural reasons. Mobility India believes that involvement of the entire community is required to improve the education system, to ensure access to education and make the school environment inclusive.

Mobility India initiated supplementary education centres for supporting children with disabilities and non-disabled children to improve their physical, mental and social developments. This centres functions every day 2 hours in the evenings. This activity also further supports in building and strengthening the relationship between children with disabilities and non-disabled children. As mentioned above with various consultation and awareness programme the community understood the benefit of the activity and their responsibility. The community contributed 90% of the expenses of running this centre in forms of (human resource- volunteers, place, electricity, teaching materials etc). Mobility India provided technical support (training the tutors) and paid small monthly honorarium. This honorarium is paid to increase their interest and motivation. The local government and community have now taken responsibility in paying this honorarium for teachers.

Children voices - **Children's Parliament** A very important initiative by Mobility India on how children with disabilities are actively engaged in creating social change in their communities. Mobility India believes that children are the great resources and the best change agents for any social reform

Children's voices and opinions are seldom heard and often recognised as disobedience in a hierarchical Indian Society. They are rarely part of the privileged class in the society that can have an opinion on any issues; they are expected to perpetuate the trusted cultural traditions with all the prejudices attached, such as preference for a male child to be in school or to have a better opportunity for education, living standards, sports and recreation. Children with disabilities, especially girls with disabilities have less opportunity to enjoy all these opportunities. One hand there is less facilities and political will and on the other all kinds of negative social norms and stigmas.

Towards this, the CBR programme introduced the concept of Children's Parliament to encourage children to use their voices in order to motivate the community to respect the rights of children and promote inclusion, local schools in particular.

Children's parliaments are organised at a local village level in the CECs, where children with and without disabilities meet and discuss issues relevant to them and their village. Mobility India supports children with disabilities to be included in the children's parliaments in order to develop a sense of responsibility and leadership amongst themselves. Children are elected as ministers (in areas such as education, health, Social Affairs etc) and develop an action plan to address issues that are raised by the group.

Achievements

- The rate of school drop-outs is declining; the members initiated visits to each house and with the help of counselling, children were re-enrolled to school. Moreover, children with disabilities uses wheelchair and their parents' faces difficulties in bringing them to school since they as well need to go for work. The children group members have taken the responsibility to assist these children to school regularly.
- Health, Hygiene and Safety is promoted by the children group members in regular intervals through rallies and awareness programmes. By doing so, many changes have taken place in the villages and the roads and, drainage system are in better condition as a result which has helped the entire community.
- Another children's group took up the issue on poor cooking of food in their government school giving mid-day meals. Most of the time the rice was not well cooked and many children were not able to have lunch properly. Children often complained of stomach pain and were irregular to school. The group therefore gave written complaint to the school management committee and visited one of the school management committee member's home and discussed the matter. The committee took the issue seriously; currently they also make sure that one of the members visit the school every day to check the food before providing it to children.
- Another issue taken up by the children's group was about one of the school toilets which had no door. It was becoming difficult for the girls to use the toilet. This issue too was shared with the school management committee, Education Officer and member of the panchayath. The committee has decided to construct a new school with better facilities as this was already in consideration and they also took the members of the children's group to show the place where the school with accessible toilets will be constructed as early as possible.
- A village had no working street lights, which made it difficult for people to see at night especially those with difficulties seeing. The children's group identified one young girl with low vision who had difficulties attending her coaching classes in the evening because there were no working street lights. With the help of the local governance, the group members mobilised resources and within 18 days the entire village was provided with the street lights. The whole community benefitted from the children's group's initiative to provide street lights so this girl with low vision can get to her class.
- One of the groups identified a child with severe disability in their village whose parents were not interested to send him to school. The mother of the child was not able to carry him every day to school as their house was located on the 1st floor. The childrens' group visited the boy's house and motivated the mother. They offered to take him to the centre with the support of a wheelchair if the mother was willing to somehow help the child come down the stairs. Now the child is attending coaching class centre (CEC) regularly.
- During elections in Karnataka, the members of the children's panchayat conducted a rally in their respective villages encouraging all persons with and without disabilities to vote and emphasized on the right to vote for persons with disabilities.
- At the time of data collection for Census 2011, all groups conducted awareness in their villages and among their peers on the need to ensure that persons with disabilities are included in census 2011.

Reflection

1. Girls' participation (CWDs and Non-CWDs) shows an increase. The increase indicates a perspective change in the society. It shows that the society is improving towards **MDG 3: Promote gender equality and empowering women**.
2. Ensuring enrolment of children with disabilities in the mainstream education programme, retention and re-enrolment of school drop-outs by lobbying through local governance and with SHGs has created awareness on education encircling a wider platform. **MDG 2: Achieve universal primary education**
3. The participation of CWDs has helped to promote Social Inclusion. The step to pressurise the concerned authority to have accessible infrastructure encourage CWDs to attend school without hesitation **(CRPD Art.24, 29, 30)**
4. MI has been able to draw extensive support from the local community. Local government , elected representatives and other organizations. Disabled persons along with their family members and the community are now aware of their rights and their collective strengths, have the necessary skills and resources to ensure access to existing services and facilities. PWD's and their families have come together and formed self help group through which they are able do savings and credits, this activity helped them to initiate their own income generation programmes, support their children access education and attain appropriate health services.
5. The community (NGOs, Govt, Institution, Hospitals) are actively involved in all the process of the programme and also including disability as one of the agenda in their activities. Person with disability have started to be seen as full members of society who have important contributions to make to their families and communities.

<u>Some of the good practices</u>

- **2 Volunteers** were trained along with the community facilitators to take up the project implementation even after Mobility India withdraws from the target area. Currently both the volunteers are taken as staff of the **society** and they are resuming work with responsibility.

- A **guideline for utilization of 3%** was developed in line with CBR Matrix and is being passed to all the panchayath of the taluk. As a result of this, they have included disability as one of the agenda during their panchayath meeting and are utilising 3% of budget allocation for the development of persons with disabilities in areas of (Education, fee and rent for running resource center, Medicine, Surgery, Summer camp, ID Camp, vehicle for referrals, Eye camp, Prizes for Sports and Culture event).

- **Political Participation:** Persons with disabilities and their families are motivated to actively participate and as a result, 7 members have been elected at the panchayat level -5(F) and 2(M).

- **A co-operative society** with an objective to develop unity among PWDs, their family members & other marginalised groups and improve the economic status of the families is formed and registered as **Janapriya Angavikalara Sangha.** . Through much lobbying, a **land** has been sanctioned by the government to Janapriya Angavikalara Sangha.

- **Capacity building and Skill transfer:** Capacity building initiatives taken up especially for family members of persons with disabilities in therapeutical services, simple repairs and maintenance of assistive devices. Capacity building of local carpenters, welders, masons and others in the community for making required developmental aids/ adaptations as per needs of persons with disabilities taken up.

- **Resource Mobilisation:** Initiated to collect regular donation from companies, institutions, local panchyats and individual donors. Outsourcing jobs are routed through the Janapriya Angavikalara Sangha so that there is regular income as well as monitoring and follow-up. These are grants through which the DPO – Chaitanya Angavikalara Ookuta operates.
- **Human Resources:** local community members are resourced as volunteers, free services are also provided by the health professionals, college students are taken as interns.
- **Local Panchayat**: Assisting in utilisation of 3% budget within their administration for persons with disabilities through awareness building, guiding local panchayat in developing an **annual action plan on the lines of CBR Matrix**:

Health
- Conduct assessment programme and support for aids and appliances
- Support for corrective surgery
- Conduct awareness programmes
- Conduct eye screening programme and provide spectacles

Education
- Provide educational materials for children with disabilities and children with learning difficulties
- Provide honorarium for Coaching class teachers
- Provide reward for children with disabilities

Livelihood
- Support for initiating Income generation programme
- Support to undergo vocational skill training
- Equal opportunity for PWDs under Rural Employment Guarantee Act

Social
- Ensure barrier free environment in public places
- Support for accessing bus pass
- Support for accessing Disability Identity Card
- Support in constructing disabled friendly latrines as per their need
- Organize sports events
- Make wall writings in all the villages to create awareness on different schemes
- Organize inclusive summer camp

Empowerment
- Quarterly once meeting to be conducted with PWDs to review the action plan
- Ensure that all the departments to present their programmes and budget related to PWDs and their family members during the gramshaba
- Ensure children with disabilities are given equal opportunity during the children gramshaba

Picture from Neraluru Panchayat

Total Allocation for 2013-14 is Rs.500,000/-

- **Health:** **Rs.150,000**
- **Education:** **Rs.125,000**

- **Livelihood: Rs. 100,000**
- **Social: Rs. 75,000**
- **Empowerment: Rs. 50,000**

- **To enjoy rights and access entitlements** :Mobility India supports people with disabilities to form SHGs and then establish larger Disabled People's Organisation (DPO) made up of representatives of the SHGs. The DPO has undertaken a range of different advocacy activities
- **Local access audit team:** after trainings on accessibility and universal design, a local resource team of nine members (cross disability) is formed within the members of the Chaitanya Disabled Peoples Organization - 2 people using wheelchairs (PPRP, Spinal cord injury), 2 people with visual impairment, 1 low vision, 1 person walking with the support of crutches, 1 walking without a stick, and 1 boy with neurological problems, apart from this 1 carpenter who is also a father of disabled boy is being included because he can support in taking the appropriate measurements and also help in designing the structure with local resources.
- As a result of lobbying with the authorities, the group has been successful in making **1-Panchayath office, 2-Schools, and 1-Police station accessible. A policy has also been formulated** and circulated to the planning department to ensure that all upcoming public infrastructures have accessibility features.

Key Factors of Mobility India's Success

Provision of disability specific supports and services to enable participation of people with disabilities in the community

Mobility India's approach to rehabilitation has been particularly successful because most of the **CBR workers (Community Facilitators) are themselves persons with disabilities** and have become role models in the community. In project implementation, they were not only able to empathise with other persons with disabilities, but also empower them by building their confidence to actively participate in the programme for self-development.

Provision of rehabilitation and assistive devices either in centre-based or community-based settings are central to Mobility India's approach as it is a useful way to access communities and gain their trust. It improves people's functional abilities which enable them to actively participate in their communities. However as culturally it is considered inappropriate for women to receive rehabilitation services from men, Mobility India strategized **training and employing women with disabilities in technical areas** such as prosthetics production

and as therapy assistants in order that women even from rural communities could have access to rehabilitation services.

Therapy services are part of a broader CBR approach. People with disabilities receive home-based therapy and assistive devices as needed with support from the rehabilitation professionals - (Therapist, Rehabilitation Therapy Assistants, Prosthetics and Orthotics Technicians). Their prime focus is on health and they network with other medical health professionals in and around the area, while the field workers (Community Facilitators) support people with disabilities on other development areas - education, livelihood, social, empowerment and in mainstreaming. Activities taken up are for example to form SHGs, advocate with schools, employers and community members to increase their participation in the community. These approaches complement each other and any one approach would not be as effective without the other.

Using such a comprehensive approach to rehabilitation requires significant coordination. Mobility India has found that using a team (including therapists, CBR workers etc) to develop each individual intervention plan and then bringing the same team together to review the plan has been a successful way of ensuring a coordinated approach.

Empowering people with disabilities to advocate for their rights

Mobility India works with SHGs and DPOs to develop their advocacy skills and support them to claim their rights. It was found that advocacy is far more effective and sustainable when local people with disabilities themselves are empowered to advocate as they know the issues most important to them. The project has found that people with disabilities have for many years experienced their rights being ignored or abused. Often the first step to empowerment is supporting people with disabilities to understand that they have a right as any other person to equally access all benefits afforded to citizens in their society. Once people with disabilities have received training, the project helps to establish linkages between DPOs and the local/State bodies to ensure a platform is in place for people with disabilities to voice their concerns.

Building capacity of governments, institutions and service providers to implement disability inclusive approaches

As well as providing direct rehabilitation support, Mobility India carefully selects and establishes partnerships with other organisations operating at a grass roots level, to build their capacity to provide rehabilitation and assistive devices and implement disability inclusive approaches. As part of this project, five new partner organisations were selected in Andhra Pradesh state to receive support from Mobility India. This significantly increases the outreach of the organisation and allows people living in rural areas to access services closer to home rather than needing to travel to the cities. Mobility India has found that developing a small number of partnerships, each which last for three to five years; agreeing clearly on roles and responsibilities; and signing formal agreements with the partners has assisted to make these relationships successful.

While Mobility India, in partnership with DPOs, has helped increase government awareness of the rights of people with disabilities it has not been as involved in increasing the capacity of governments to uphold these rights. As a result, local government often call on Mobility India for advice and assistance and then rely on the organisation to implement the activities under various schemes.

CONCLUSION

MI's experience of implementing CBR programmes has highlighted the fact that social exclusion and lack of access to basic services disable a person more than his/her impairment. Community participation is important for the success of CBR programme. Community mobilization strategy should be the essential elements in CBR programme. Engaging community members and empowering them will ensure in removing the barriers which exist in community and play an active role in the inclusion of people with disabilities and their families in community activities with a multi sectoral approach that covers all aspects of life, including attitudes change in the communities

Community participation can involve a significant shift from providing activities for existing and potential audiences to involving them in the development of activities. Community development approach should support in integrating disability perspective into every facet of community activity, from childhood education to nutrition, from agriculture to sanitation, and income-generating enterprises. The medical model cannot be ignored as there are disability specific interventions to reduce impairments and enhance functioning through necessary healthcare services. Programmes that engage community deeply in the work of community development raise more resources, achieve more results, and develop in a more holistic and—ultimately—more beneficial way. All these strongly emphasizing the need for community participation in the CBR programmes in all stages for achieving the goals, and sustainability of the programmes.

CBR must adapt different models based on the situation, but it need to be in the perspective of right based.

LEAVE NO ONE BEHIND, INCLUDING THOSE WITH DISABILITIES

Ms. Albina Shankar
Director
MOBILITY INDIA
1st & 1st "A" Cross, J.P.Nagar 2nd Phase
Bangalore 560078. Karnataka – INDIA
Tel: +91-080-26492222/ 26597337/ 26491386 (Ext-111)
Mobile: +91 9845467862
Fax: +91-080-26492222 Ext.110
Mail: albina@mobility-india.org