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HANDICAP INTERNATIONAL

A DUTY TO GROW

JACQUES TASSI, CHAIRMAN OF THE HANDICAP INTERNATIONAL FEDERATION

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In the autumn of 2014, as we set about the task of defining the strategy that would underpin our ambitions for the next ten years, we worked together to take stock of today's world and envision what the future might hold for our operations. Unsurprisingly, some of our conclusions were extremely alarming. Our world is one of increasing turmoil, deepening divisions and escalating violence, while the radicalisation of new or resurging conflicts is making civilian populations more and more vulnerable and complicating the delivery of aid. Climate change is accelerating, hitting poor communities the hardest and challenging our ability to manage the consequences, with as many as 200 million climate refugees expected by the year 2050. In the meantime, more than 60 million people have already been uprooted by war, and their numbers continue to grow.

It is our duty to provide more and better responses to meet the challenges resulting from this global upheaval, and this is what our organisation's new strategy sets out to do. To develop it, we chose to look back and draw inspiration from our ideological roots, the revolt against injustice. We appraised and confirmed our mission and scope of action with the sole purpose of being capable of bringing more solidarity to an increasingly perilous world. We are now looking to quadruple our action between today and 2025 in order to keep pace with the growing needs of the most vulnerable.

This ambition is summed up in the definition of our vision -a vision that is shared by all those who work for Handicap International: "Outraged by the injustice faced by people with disabilities and vulnerable populations, we aspire to a world of solidarity and inclusion, enriched by our differences, and where everyone can live in dignity".



2015 was a year marked by numerous humanitarian emergencies. We worked in 59 countries and our activity grew by 9%, largely as a result of these emergencies.

The human tragedy being played out in Syria is horrific. In 2015, our teams devoted more time than ever to providing urgent assistance to civilians caught up in the conflict, whether still in Syria or living as refugees in neighbouring countries. We continued to deploy the full range of our expertise in an intervention of unprecedented scale for Handicap International.

Our response to the violent earthquake that struck Nepal in April, served not only to highlight the effectiveness of our action,



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but also to reaffirm the significance of the development – emergency – development continuum. Indeed, the disaster preparedness and mitigation activities we implemented before the earthquake, together with the rehabilitation services we had already put in place, played an important role in protecting the population and saving lives.

This continuum was also apparent in our response to the Ebola outbreak in Sierra Leone.

As for the organisation's finances, we are pleased to report that, for the second year running and despite the large-scale investments made in 2014 and 2015, the results are very satisfactory. Our gross margin will allow us to move forward with the operational as well as the innovative aspects of the new strategy.

Thus, 2016 has started off with the introduction of a range of innovative operating approaches. These include 3D printing technology for the production of prosthetics and cutting-edge information and communication solutions, such as mobile health supported by SMS, online training and telemedicine, all developed in cooperation with international partners. Already underway in Togo and Madagascar and in the planning stage for Syria, Handicap International's DNA is clearly visible in these research & development trials which are getting our new strategy off to a positive start.

OUR VALUES, HANDICAP INTERNATIONAL'S CHARTER

Guided by our aspiration to promote and defend human dignity, we identify with ethical principles to which our approach to disability lends a special meaning:

Humanity

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We see disability as a reason for bringing human beings closer together. Toward this end, we strive to facilitate access for people with disabilities to all aspects of society. We adopt a comprehensive approach in our work in order to provide people with a response that meets their specific needs and improves their living



conditions. We respect the populations with whom we work. In all our activities, including advocacy and communication, we endeavour to acquire the best possible understanding of people's beliefs, culture and practices and to establish their trust. We draw advantage from operating in a cross-cultural environment, reinvesting what we learn to enhance our actions.

Solidarity

We focus on situations of extreme vulnerability – socioeconomic or political insecurity, armed conflicts, natural or man-made disasters – in which people with disabilities are at particular risk of being overlooked as a result of the disruption to traditional expressions of community-based solidarity. We encourage all initiatives designed to strengthen or to reinvent these systems. We use our competencies to prevent disabilities and to provide access to essential services in the fields of emergency response, health, rehabilitation, social and economic inclusion and civil society support in order to satisfy the needs of the people who are our reason for being.

Impartiality and equity

We support the principle of equal opportunities for all and undertake to deliver aid that is adapted to the needs identified. We work alongside people with disabilities to assist them in obtaining the same rights as any other person.

Independence

We assert our NGO status, implement our mission with no political agenda and reject all attempts to direct or control our activities. Aware of the constraints of our working environment, we maintain our capability to decide where, with whom and with what funds we work.

Commitment

In carrying out our actions, we are determined to do no harm, to overlook nothing and to denounce and combat discrimination. Defence of the humanitarian space and humanitarian law, promotion of the rights of persons with disabilities and the fight to prohibit weapons with unacceptable humanitarian consequences are particularly important parts of our Federation's mission. We stand prepared to bear testimony to any intolerable acts that we may witness.

PRESENTATION

A FEDERAL NETWORK

The Handicap International network is made tions: the French association – which founded the network in 1982 and has since been officially recognised as a public utility organisation - and the associations that have formed subsequently in Belgium (1986), Switzerland (1996), Luxembourg (1997), Germany (1998), the United Kingdom (1999). Canada (2003) and the United States (2006). The Handicap International Federation is entrusted by its members with implementing programmes on federal network. In 2014, Handicap International Foundation is created by decision of the Board. The Foundation is conceived as a think the federal network actors. As such, it is mandated by the Federation to define the ethical framework underlying the action of all the entities of the Federal network.

A MANDATE TO DELIVER **INTERNATIONAL AID**

Handicap International is an independent and impartial international aid organisation operating in situations of poverty and exclusion, conflict and disaster. It works alongside people with disabilities and vulnerable populations, taking action and bearing witness in order to respond to their essential needs, improve their living conditions and promote respect for their dignity and their fundamental rights. Handicap International was co-laureate of International Campaign to Ban Landmines. In 1999, the organisation obtained special consultative status with the United Nations. In 2008, the Nansen prize was awarded to the United Nations Mine Action Coordination Centre for South Lebanon in recognition of the work carried out by its deminers. These deminers included three Handicap International Conrad H. Hilton humanitarian prize for our actions in support of people with disabilities coping with situations of poverty, exclusion, conflict and natural disaster.

2015 **KEY FIGURES**

NUMBER OF PEOPLE TO HAVE BENEFITED DIRECTLY FROM THE ACTIONS OF HANDICAP INTERNATIONAL **AND ITS PARTNERS*:**



119 317



618 086 Mine action and other weapons

736 O **Basic needs***

STAFF ***



- including:
- 2462
 national staff on the ground
 - 295 ► expatriate staff on the ground**
 - 182 Staff working for programmes and programmes' monitoring in the head offices
 - staff working in fundraising, /()/ 、 communication and general services

CONTENTS

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HANDICAP INTERNATIONAL **NETWORK'S BUDGET**



- from more than one service or activity.
- Water, sanitation, shelter, livelihoods.
- ***

NEPAL **PREVENTING DISABILITY AT ALL COSTS**



On 25 April 2015, Nepal was hit by a violent earthquake of magnitude 7.9. Although this earthquake was less powerful than had been feared. 8.000 people lost their lives and more than 22,000 others were injured. Working in Nepal for the last 15 years, our teams were already implementing preparedness activities in readiness for this kind of disaster. In collaboration with the communities and local authorities, staff had been running a long-term project that included drawing up emergency rescue plans, improving early warning and evacuation systems and strengthening procedures for treating the injured, while incorporating solutions to meet the specific needs of people with disabilities.

Thanks to their expertise and in-depth knowledge of the country, they were able to launch an immediate response even before the earth stopped shaking, providing assistance in some 20 hospitals and

medical facilities and setting up fixed and mobile rehabilitation camps in seven districts.

Reaching victims posed a major challenge because many of the affected communities were far from the country's capital city of Kathmandu. Handicap International's teams distributed survival kits, managed aid supply storage centres near Kathmandu and in four other districts and organised the transport of this aid to distribution points in far-off villages to assist the other NGOs operating there. The teams used this opportunity to sensitise these NGOS to disability issues, and encourage them to adapt their emergency response to the specific needs of people with disabilities.

They also organised group and individual psychosocial sessions to help victims recover from their trauma and set up a hotline for people to contact Handicap International and access our services.

A study carried out by an independent institute, the URD group, has since assessed the impact of the disaster preparedness project set up by Handicap International before the earthquake. The assessment has confirmed the usefulness of this project, run in close cooperation with the Nepalese Ministry of Health and Population. It was seen to have significantly improved the coordination of the emergency response, helping to save lives and reducing the number of amputations.

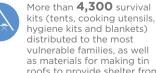
Six months on, our teams are still supporting survivors, providing guidance and technical assistance to the MoH to ensure physical therapy services are included in the health care system and new rehab units set up in earthquake-affected districts.

(EY FIGURES



More than **10,500** functional rehabilitation sessions delivered to more than 4,000 people.

More than **2,300** mobility aids (walking frames, wheelchairs and crutches) and other specific equipment supplied to more than 2,200 people.



distributed to the most vulnerable families, as well as materials for making tin roofs to provide shelter from the monsoon for more than 11,000 people.



201 trucks made available to other humanitarian operators.

SIERRA LEONE – EBOLA OUTBREAK HELPING THE COUNTRY BECOME EBOLA FREE!

On 7 November 2015, the World Health Organization declared the end of the Ebola outbreak in Sierra Leone. More than 14,000 people had contracted the virus and 3,955 of them did not survive¹. Handicap International played an essential role in an integrated system put in place to break the virus transmission chain and contain the epidemic. Calling on expert advice, we deployed our logistical know-how and set up the only centralised ambulance service in the Western Area district of Sierra Leone, which includes the capital, Freetown. Our teams transported patients suspected of having contracted Ebola to treatment centres and disinfected their homes. At the height of the epidemic, they were handling dozens of cases daily. The



ambulances could be called out four or five times a day for interventions lasting at least two hours.

Other Handicap International teams provided prevention advice, ensuring it was available in a format and location that was accessible to people with disabilities, such as people with low vision or hearing loss. Partners, local authorities, voluntary community workers and disabled people's organisations helped to devise and disseminate adapted prevention messages.

There are no more active Ebola cases in Sierra Leone, but Handicap International is on the alert in case of further outbreaks.

1. http://apps.who.int/ebola/ current-situation/ebola-situation -report-11-november-2015

KEY FIGURES

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250 ambulance decontamination workers.

4,857 patients presenting symptoms of Ebola transported to treatment centres.

Almost **1,800** homes disinfected.

30 ambulances and 15 decontamination vehicles.

238 community rehabilitation volunteers.

16,877 vulnerable people taught about Ebola prevention

SYRIAN CRISIS: SYRIA, LEBANON, Jordan, Iraq WARDING OFF A HUMANITARIAN TRAGEDY



It has been almost five years since the war in Syria began and the violence is still escalating. More groups are joining the conflict, the bombing of populated areas is intensifying, light weapons are circulating freely and delivering humanitarian aid is becoming more and more difficult. Caught in the crossfire, civilians are paying an extremely heavy toll in a war where human rights violations are a daily occurrence.

Handicap International's teams provide support to the most vulnerable people in Syria, as well as in the neighbouring countries of Iraq, Jordan and Lebanon where Syrians have sought refuge. Focusing on those with injuries or disabilities, older people and the isolated, Handicap International has already assisted some 600,000 beneficiaries and their families.

Caring for the injured JORDAN, LEBANON, SYRIA

AND IRAQ

Each day sees yet more victims of shootings and explosions. Our teams are working in hospitals, clinics and specialised treatment centres, providing care for the injured, either directly or through support to local associations. They are also working in rehabilitation centres, providing physical and functional postoperative rehabilitation for patients, supplying adapted orthopaedic devices, distributing mobility aids like wheelchairs and walking aids, specific equipment like adapted toilet seats and pressure relief mattresses and training care staff in basic rehabilitation techniques.

Repairing minds

JORDAN, LEBANON, SYRIA AND IRAQ

In 2015, our psychosocial support activities for refugees and displaced people increased in scale. Through individual support and discussion groups, our teams helped people express themselves and re-engage with the outside world.

Addressing disability issues JORDAN, LEBANON, SYRIA AND IRAQ

Handicap International supports and raises the awareness of other aid agencies on disability, inclusion and vulnerability issues. We work closely with local and international aid and development organisations to ensure that services delivered to refugees in camps and communities are accessible to people with disabilities. In addition, our teams carry out regular evaluations of installations and amenities (water, sanitation facilities, schools, etc.), especially in camps. On the basis of their findings, they make technical recommendations, donate material, train staff and equip facilities.

Finding the most vulnerable

JORDAN, LEBANON AND IRAQ Handicap International runs fixed and mobile Disability & Vulnerability focal points. Our teams visit camps and communities to identify the most vulnerable people, determine the full range of their needs in terms of accommodation, health, nutrition, etc., and help them access basic services and infrastructures. When the teams are unable to address these needs directly, they refer people to other aid organisations, while continuing to follow their cases.

Assisting the most exposed families

In Syria, Handicap International distributes food and essential household items to families in besieged or hard-to-reach areas. Teams have reached more than 94,000 people with essential aid since the start of our intervention in the country.

Building financial self-reliance

JORDAN AND LIBYA

We have stepped up our aid to refugees by providing financial assistance in the form of monthly cash transfers which enable families to cover their day-to-day needs, such as food, clothes, medicines or accommodation. This assistance is given to extremely vulnerable families who are identified by our teams.

Clearing dangerous weapons and teaching civilians to live safely amid them

SYRIA AND IRAQ

Explosive remnants of war are a lethal threat for those living in or trying to return to Syria and Iraq. The world's most comprehensive humanitarian mine actor, Handicap International has been running prevention activities in Syria since October 2013 and in Irag since December 2014. The risk education teams meet with refugees and displaced people in camps and urban areas to explain the dangers of explosive remnants left on roads and in houses, how to identify them and the importance of staying away from them. In May 2015, teams also began prevention and clearance activities in Kobane (northern Syria) and over the summer, five tons of explosive devices were removed from the ruins and safely destroyed.



Foundation: focus on the Syrian Crisis

Humanitarian, political and military issues are inextricably linked in the parts of the world affected by the Syrian crisis. For this reason, Handicap International's Foundation works extremely closely with programmes, analysing the legal implications of their actions and ensuring that the organisation remains impartial by offering advice on partners, settings and contexts and types of interventions. The Foundation also analyses humanitarian law violations, monitors respect for refugees' rights, assists the programmes and Advocacy Unit with situation updates and ensures that issues identified in the field are addressed during international meetings.

09



KEY FIGURES



33,699 beneficiaries Rehabilitation



81503 people aware of the risks of mines and other weapons.



9879 beneficiaries Protection Service and Mental Health.

* An individual may be counted several times if he has received several services.

PALESTINE PROTECTING THE LIVES OF GAZA'S CIVILIANS



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In Gaza, civilians have been living with the threat of explosive remnants of war since the conflict in the summer of 2014. The hostilities ended over a year ago, but there are still an estimated 4,500 explosive devices buried in the ruins, making all movement dangerous and completely paralysing reconstruction efforts. Gazans have returned to their neighbourhoods, but their lives are constantly at risk. Handicap International raises their awareness to the danger of these weapons, many of which remain primed to explode, and

helps them acquire reflexes that could save their lives. Working closely with community leaders, our teams organise sessions tailored to specific audiences, such as farmers, teachers and people working on reconstruction projects or foraging for scrap-metal in bombed-out areas. The sessions last 35 to 40 minutes and are attended by 5 to 20 people. The message they deliver may seem simple, but it is vital: "Don't touch anything that looks suspicious! Mark the area and call the authorities."

Our teams also inspect damaged and destroyed buildings for explosive devices. Civil engineering teams are called in to clear rubble and the demining team neutralises any explosive devices.

KEY FIGURES



More than **10,000** people taught to spot, avoid and report weapons.

SENEGAL FREEING CASAMANCE FROM THE THREAT OF MINES



Handicap International has been working in Senegal for 20 years. Our projects include maternal and child health, inclusive education and vocational inclusion and HIV/AIDS prevention. We have been engaged in the fight against landmines in the Casamance region since 1999, running awareness campaigns to prevent accidents and, in 2006, we built an orthopaedics and rehabilitation centre at the Ziguinchor regional hospital to assist mine victims.

The conflict between the Senegalese army and the rebels of the Movement of Democratic Forces in the Casamance finally appears to be drawing to a close, but the population continues to live with the threat of explosive remnants of war. In December 2015, demining operations suspended three years earlier were re-initiated in the towns of Ziguinchor and Kolda, which has led to the release of 55,000 square metres of land, opened up bush villages, and enabled the region to go back to cultivating its agricultural land. We are working in coordination with Shelter for

Life, a humanitarian organisation whose actions include repairing roads to reconnect communities and economies and facilitate development.

The team of 14 includes four deminers and a dog-handler with two explosive detection dogs. Demining work is necessarily slow and painstaking because it involves the tricky process of first clearing high and dense vegetation. The deminers and dog-handler work in teams of two and then another dog is used to double-check the area. Each team can make an average of 2,500 square metres safe per week and by August 2016 almost 60,000 people will be able to benefit from the land released. ►

KEY FIGURES



4945 beneficiaries of clearance activities, almost 80,000 indirect beneficiaries.



4676 people sensitized to the risks of mines and other unexploded weapons and nearly 22,500 affected by prevention messages.



DEMOCRATIC REPUBLIC OF CONGO REDUCING RISKS DURING PREGNANCY AND DELIVERY

Handicap International has been working in the Democratic Republic of Congo (DRC) since 1995. In the province of Kinshasa, our teams implement activities that range from preventing the causes of disability to promoting an inclusive society.

In 2015, one in every 144 women died during pregnancy¹, one in five children died soon after birth and one in ten before the age of five. Our Maternal and Child Health and Rehabilitation projects attempt to reverse these catastrophic figures, providing professional support throughout pregnancy, a safe environment in which to give birth, prevention and early detection of disability and functional rehabilitation care for children with disabilities. Our teams also train community health workers to educate pregnant women about the importance of antenatal care. Thanks to their efforts, the number of women attending all four antenatal consultations has risen from 22% to 38%. Midwives and nurses are also trained in detecting the risks of disability and how to ensure a safe delivery for mother and child.

Children with disabilities detected at birth or during early childhood are referred to our rehabilitation teams working in hospitals or to partner organisations. Community health workers are trained to identify children living in remote areas who are in need of care and refer them to the mobile clinics. These



clinics are available to beneficiaries who live too far from health facilities, and the teams that run them also diagnose other children and deliver basic health care. Consultations are provided free of charge and a solidarity fund ensures that the poorest families receive physiotherapy sessions and technical aids at a reduced cost. During their rounds, these clinics also hold information sessions on disability and its early detection and give advice on family planning and child nutrition to parents and expectant parents.

The team also set up community clubs where women can meet and talk freely about sexuality and maternity issues. These clubs provide an opportunity to discuss and clarify common myths and misconceptions.

Hospitals have also been provided with medical equipment,

including delivery tables, phototherapy devices, weighing scales, blood pressure gauges, supplies for Caesarean sections and curettages, etc., and physiotherapy rooms have been refurbished and equipped.

1. http://www.who.int/gho/maternal_ health/countries/cod.pdf?ua=1

KEY FIGURES



3,281 women benefited from services.

702 children were identified as having disabilities and referred.

7,920 children under the age of five received regular pre-school consultations.

442 people trained

CAMBODIA PROVIDING REHABILITATION: A CRUCIAL STEP TOWARDS SELF-RELIANCE

More than 30 years after its creation in the Cambodian refugee camps in Thailand, Handicap International continues to support Cambodia's most vulnerable citizens. In 2002, after setting up seven of the country's 11 rehabilitation centres, we began managing the centre in Kampong Cham province. The number of beneficiaries has since quadrupled and production of prosthetic and orthotic devices has increased. The centre's specialised teams provide a comprehensive package of services, including orthopaedics and physical therapy, mother and child health and economic inclusion. Twenty-one people work in the centre, among them four physiotherapists, five orthoprosthetic technicians and three social workers. Patients receive lifelong follow-up and the care is provided free of charge. Many of the patients are mine accident survivors, but beneficiaries are increasingly victims of traffic accidents.

KEY FIGURES



2,976 persons receiving rehabilitation services, half of them are children.



Focus on road safety

Road accidents are the leading cause of death worldwide among 15-29 year olds and some 260,000 children are killed every year. Cambodia does not have an official road safety policy. Since 2003, Handicap International has been running a project to teach the public about the risk factors related to road accidents. Our team also implements advocacy and supports initiatives with the government and civil society. There are some conclusive results: helmet usage has risen to 85% in 2011, up from 7% in 2004¹. But there is still much to be done in terms of controlling speeding and drunk driving, building safe roads and introducing adapted legislation.

Recognised as a leading NGO in the field of road safety by international bodies and agencies, governments, the private sector, and civil society organisations, Handicap International is a permanent member of the United Nations Road Safety Collaboration.

Handicap International runs road safety projects in six countries: Laos, Cambodia, Vietnam, Haiti, Kenya and the DRC. 1. *"Statistical studies of helmet usage", Handicap International.*

KENYA ENSURING AID REACHES THE MOST VULNERABLE

Handicap International has been working in partnership with the International Rescue Committee in the Kakuma refugee camp since April 2014. With more than 180,000 refugees from 13 different countries living in this camp in north-west Kenya, ensuring that the most vulnerable among them have access to humanitarian aid is a major challenge. One person in ten is living with a disability and is therefore more exposed to violence and discrimination. For people with disabilities, accessing the camp's health services, education, food distribution centres and water points is problematic, as sadly these services were not designed with everyone's needs in mind. As

a result, Handicap International endeavours to strengthen protection for the most vulnerable, especially people with disabilities and their families. Our teams assess needs and facilitate access to basic relief by referring the most vulnerable to organisations that can provide them with adapted assistance. Handicap International also offers direct support to these families by providing rehabilitation sessions, distributing mobility aids and fitting prosthetic and orthotic devices. To ensure people receive the everyday care they need, families and communities are trained in simple functional rehabilitation techniques while, in an effort to extend the range of services available to them,

our teams also teach other aid operators about disability issues and train them in functional rehabilitation and sign language. Finally, to combat discrimination and violence against people with disabilities, they raise public awareness with a view to fostering a more inclusive community and improving disabled people's living conditions.

KEY FIGURES



2578 rehabilitation service recipients.

350 people caring for children in handicap formed.



HAITI TRAINING FUTURE REHABILITA-TION WORKERS

On 12 January 2010, Haiti was hit by an earthquake of extreme violence that left 200,000 people dead and 300,000 injured. Handicap International estimated that between 2,000 and 4,000 people were in need of an orthopaedic device and functional rehabilitation, but the country had only 13 physiotherapists. When our emergency response came to an end in 2012, we began developing experimental training for rehabilitation technicians in partnership with Don Bosco University. The 18-month course offers training in both physical and occupational therapy, with students alternating between two months in the classroom and two months of practical experience in hospitals or with an NGO. The students, who are each supported by a tutor, gain immediate hands-on experience of dealing with the real needs of the people injured in the earthquake.

In 2015, the graduation ceremony of 72 new rehabilitation technicians was attended by the Ministry of Public Health and Population, USAID and AFD - a long-awaited sign of official recognition.

KEY FIGURES



Over **700** beneficiaries of rehabilitation service.

CHINA PROMOTING DISABILITY RIGHTS: DISABLED PEOPLE'S ORGANISATIONS AT THE FOREFRONT

China is the world's most populated country with 1.4 billion inhabitants. Among them are some 85 million people with disabilities¹, most of whom endure extreme hardship. Handicap International has been working in China for 15 years, defending their rights and providing rehabilitation expertise.

On 30 November 2015, Handicap International's programme organised the East Asia Disabilities Forum in Beijing, the first of its kind to be devoted to disability studies and sharing good practices between China, Japan and South Korea.

Our programme is also working with Chinese civil society and the government to promote the inclusion of people with disabilities. For example, our teams provide support to the advocacy initiatives of local organisations such as One plus One and the CIDDN². In 2015, One plus One ran a nationwide campaign called "Month of Disability Voice" to promote disability rights. A free telephone hotline was also set up for people with disabilities to call in situations of distress and radio programmes were broadcast addressing disability issues.

In Yunnan province, Handicap International's teams are providing training for health and rehabilitation professionals to consolidate their skills and enable them to deliver care adapted to the needs of people with disabilities. They are also helping community workers in 12 villages to provide communitybased support.

1. National study of China's disabled population, 2006.

2. One plus One Beijing Disabled Persons' Cultural Development Center and China Intellectual and Developmental Disabilities Network.



KEY FIGURES



10,538 direct beneficiaries of the Rehabilitation project.

4, of Rig

4,314 direct beneficiaries of the Defending Disability Rights project.

83 associations implemented 168 activities in 64 towns during the Month of Disability Voice.

WORLDWIDE PRESENCE IN 2015 341 PROJECTS IN 59 COUNTRIES

CANADA

UNITED STATES

Emergency response

Mine action

k Inclusion

Rehabilitation

Prevention and health

Disability rights and policy

Handicap International network Germany, Belgium, Canada, United States, France, Luxembourg, United Kingdom, Switzerland.

- Countries where activities were started in 2015: Guinea-Bissau, Central African Republic, Ukraine.
- Countries where activities closed down in 2015: Bosnia and Herzegovina.

The borders and country names shown in this map do not imply an opinion by Handicap International as to the status of these territories. Central and South America 01 / Bolivia (A) (A) (A) 02 / Colombia (A) (A) (A) 03 / Cuba (A) (A) 04 / Haiti (A) (A) (A) (A) 05 / Nicaragua (A)

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Europe

06 / Germany 🖄 🛟 🕮 07 / France 😹 🕮 08 / Ukraine 🐼 😪 UNITED KI

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BELGIUM LUXEMBOURG

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SWITZERLAND

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FRANCE

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North Africa

09 / Algeria 🐼 😹 🛟 🏵 10 / Libya 😂 11 / Morocco 😹 🛟 🏵 12 / Tunisia 😹 🕮

West Africa

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Central and East Asia

- 42 / China 🔊 🖄 🕥 🕀 🕮
- 43 / Democratic People's
- Republic of Korea 😣 💽 🕮
- 44 / Kyrgyzstan 🖄
- 45 / Tajikistan 📎 🕮

<u>South Asia</u>

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- 46 / Afghanistan 🧟 🖄 🕓 🕮
- 47 / Bangladesh 🐼 😣 🖤
- 48 / Inda 🧟 📎 🕾
- 49 / Nepal 🐼 🐼 🔍 🕾
- 50 / Pakistan 🐼 🖄
- 51 / Sri Lanka 🖄 🔇 🕾

South-East Asia

- 52 / Cambodia 😣 💽 🕀 🕮
- 53 / Indonesia 😣 🖭
- 54 / Laos 🧟 😣 🕥 🔂 🕮
- 55 / Myanmar (Burma) 🤮 😥 💯
- 56 / Philippines 😣 🕀
- 57 / Thailand 🤒 🖄 📎
- 58 / East Timor 😣 🕮
- 59 / Vietnam 🖄 🔇 🕀

Middle-East

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Southern, Central and East Africa

- 31 / Burundi 🐼 😣 🕥 🗇 🕮
- 32 / Ethiopia 🔊 🖄 🕥 🕀
- 33 / Kenya 🤮 🖄 🚫 🛟 🕮
- 34 / Mozambique 🤮 🖄 🕀
- 35 / Democratic Republic
- of the Congo 🐼 🤮 🐼 🚫 🕀 🏵 36 / Central African Republic 🐼
- 37 / Rwanda 🔊 🖄 🕥 🔂 🚈
- 38 / Somalia (incl. Somaliland and Puntland) 📎 🏝
- 39 / Republic of South Sudan 🐼 😣 🚯 📢 🕀 🕮
- 40 / Tanzania 🕀 🕮
- 41 / Chad 🧟 🕥

Indian Ocean 23 / Madagascar

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A SOLID FOUNDATION FOR OUR NEW STRATEGY

The growth in our field activities last year – due in part to our response to the earthquake in Nepal – led to a 9% rise in funding requirements. A substantial increase in both our private and public fundraising allowed us to finance this growth.

Our institutional donors remained faithful in 2015, granting us €87.4 million in project funding in support of our growing portfolio of projects, most associated with emergencies.

The excellent efforts made by all our national associations in raising funds on behalf of the Nepal earthquake victims helped increase net private fundraising up to €58.9 million.

Our investment in major donor development also met success. In 2015, we received two large bequests, one from Germany for 450 K€ and the other from Luxembourg for 300 K€. To mention also in 2015, two exceptional donation in France, one of 1,200 K€ from the liquidation of an association and one of 300 K€ presented by the Federation of War Amputees of France.

In short, it has been another very good year, with these results bolstering our financial stability still further. Our cash position is stable and healthy, our operating costs are under tight control and the surplus from 2015 will help to boost our reserves. We have the means to respond better and faster to humanitarian crises while enhancing our investment capacity. This is excellent news, as we are now in a position to invest in the launch of our 2016 strategy and ensure its successful deployment for the next decade.



ÉRIC VAN DE KERKHOVE, TREASURER OF THE HANDICAP INTERNATIONAL FEDERATION





INSTITUTIONAL FUNDING: CONTINUED GROWTH

Institutional funding for the Handicap International federal network rose again in 2015, finishing more than 11% up on 2014.

These good results are due to a significant increase in public institutional funding, notably from American, Canadian, French and UK development agencies, and to emergency funds from the European Commission (ECHO).

We also received substantial funding from the United Nations and the Dutch and Swiss development agencies. Now entering their second year, our two framework agreements with Belgium and Luxembourg are ensuring good financial cover for many of Handicap International's development projects.

Many of our institutional donors provided generous support to our response to the Syrian crisis – inside Syria and in neighbouring countries, and to the second civil war in Iraq. Other emergency interventions – the earthquake in Nepal, the humanitarian crises in Ukraine, Central African Republic and Yemen – also attracted considerable institutional funding, as did our large-scale response to the Ebola crisis in Sierra Leone and Liberia, implemented in cooperation with the

Sierra Leone and Liberia, implemented in cooperation with the British government.

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Public funding still represents the majority of our institutional funding. $\hfill \hfill$



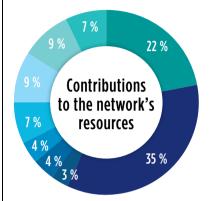


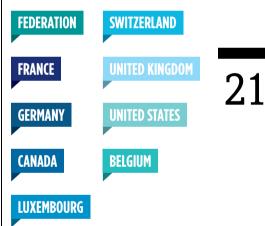
DEVELOPING NEW REVENUE STREAMS FROM MAJOR SPONSORS

To preserve Handicap International's independence and ensure the sustainability of our actions, we seek to maintain a significant proportion of private resources in our financial structure, especially donations from the general public. This strategy affords us the freedom to respond swiftly to emergency situations without having to wait for institutional funding.

Traditionally, most of our donations from the general public have been raised through direct mail and street collections. However, in 2012, we diversified our income streams, and have since been developing fundraising activities targeted at corporations, private foundations and major sponsors. This type of fundraising has met with particular success in Germany, the United States and Luxembourg.







The federal network enables Handicap International to develop and diversify:

- its financial, institutional and private resources;

- its human resources, through the recruitment of

volunteers and expatriate staff;

– its technical skills, through the acquisition of additional know-how.



HANDICAP INTERNATIONAL'S FUNDING AND FINANCE MANAGEMENT PRINCIPLES

Diversity of funding sources

To maintain its independence and ensure the long-term future of its actions, Handicap International relies on two sources of funding in the countries in which the Handicap International network is established:

- primarily, funds raised from the general public through donations, solidarity sponsorship, legacies and the sale of craft, fair trade and co-branding products;
- secondly, grants from institutional donors (United Nations, European Union, the regional or national branches of international cooperation agencies) or private bodies (foundations, associations, companies);
- Handicap International also draws benefit from its expertise and know-how by charging governmental agencies and international bodies for expertise and consultancy services.

As a result of its mixed funding structure (private donations and institutional funding) and its international activity in contexts of crisis, disaster, reconstruction and development, Handicap International's financial statements cannot be compared with those of other types of organisation.

Public generosity: a vital source of funding

Funds raised from the general public not only allow the organisation to directly finance the implementation of its programmes, but also to leverage additional funding for implementing actions on a larger scale. In fact, institutional donors are usually only willing to provide funding if the organisation is able to co-finance the programme concerned with funding raised from the general public. Public generosity is therefore the driving force behind the funding of Handicap International's activities.

Pooling donations for greater equity

Handicap International has always made it a rule not to allocate donations to a given programme (except in the case of solidarity sponsorship), but rather to pool donations so they can be used on all of its programmes. It can thus mobilise funding at any time for wherever needs are greatest and most urgent. This practice of pooling unrestricted funds is complementary to that of institutional donors who designate funds to specific projects.

A reserves policy to ensure financial security

In order to preserve its financial security and that of its actions, Handicap International's federal network builds up reserves of association funds and liquid assets. These reserves enable the organisation to cope with any fluctuations in resources. They also cover the need for working capital caused by the time-lag between the implementation of activities and the receipt of institutional funding and allow Handicap International freedom of initiative and independence of action in implementing its social missions. Lastly, these reserves enable Handicap International to finance its strategic development projects.

Financial transparency

Handicap International has made financial transparency one of its key management principles. Its aim is to be capable at any time of accounting for the use of all the funds entrusted to it.

In addition to internal controls, the Federation and the eight member associations of the federal network undergo numerous external audits. The accounts of each member association are certified by a statutory auditor in their own country, and then the combined accounts are signed off by the Federation's statutory auditor, Ernst & Young. The financial reports on the use of institutional funding produced by the organisation are also frequently audited by external auditors. Finally, the French Court of Auditors (Cour des Comptes) can audit the Federation and the French national association (as it is headquartered in France) at any time.

Methodology used in establishing the statement of utilisation of funds (CER)¹

The Statement of Utilisation of Funds, or CER from the French Compte d'Emploi des Ressources, is drawn up in conformity with the

French decree of 11 December 2008 and using methodology approved by the Handicap International Federation's Board of Trustees. Using common accounting principles, the CER is established on the basis of the cost accounts produced by each entity in the Handicap International network, and in conformity with the accounting regulations in effect.

- Each utilisation heading includes the direct costs and the management costs of the activities concerned.
- Expatriate and national staff costs are charged directly to the programme concerned.
- Costs incurred on development education work relate to the social mission, so are classified under that heading. This is the case for costs related to the International Campaign to Ban Landmines and cluster munitions, for example.

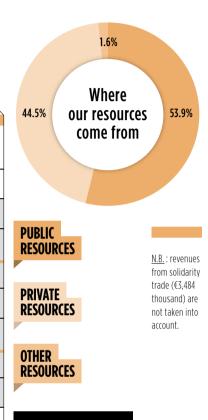
- Costs relating to information to the general public (the website, for example) are included under "Administrative costs".
- Exceptional income and expenditure for the financial year are incorporated into each heading of the CER. Provisions and write-backs, together with designated funds, are shown after the total of uses and sources of funds, in accordance with the new regulations.
- Finally, the heading "Uses of funds raised from the general public" is calculated as the difference between the cost of each utilisation heading and any other funding allocated to them (mainly institutional funds).

1. As the Federation is headquartered in France, we apply French accounting regulations.



ORIGIN OF FUNDS

INCOME	Seneral Johnson	or jungs
Non-designated, unused resources raised from the public in previous periods brought forward at the art of the period ¹		13,828
Resources raised from the public ²	58,879	58,879
Other private funds ³	10,152	
Total resources raised from the public	69,030	
Grants and other public subsidies	79,347	
Other income	2,410	
Total income this financial year	150,787	
Provisions write-back	527	
Unutilised prior period designated resources brought forward	826	
Change in dedicated funds raised from the public		- 365
Total income	152,139	72,341
Total uses financed by resources raised from the public		- 55,028
Balance of resources raised from the public not used and not designated at the period end ⁴		17,314



AT 31st DECEMBER 2015 IN THOUSANDS EUR This table is based directly on Handicap international's annual financial statements. As such, the figures have been rounded up.

1 - Non-designated, unused resources raised from the public in previous periods brought forward at the start of the period: constitute the "initial stock of donations". it corresponds to the part of the associative funds resulting from the raising with the public and not used during the previous exercises.

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2 - Resources raised from the public: punctual donations, bydirect debi, sponsoring, legacies, etc. raised in the year.

3 - Other private funds: institutional financing resulting from foundations, associations, and sponsors.

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4 - Balance of resources raised from the public not used and not designated at the period end: constitute the 'final stock of donations' not used at the end of the year. This stock, integrated into associative funds, contributes to the financial safety indispensable to the perpetuity of the social missions.

USES OF FUNDS

other of times as a contraction of the second secon	1015 ¹⁰¹⁰ 11585	
34,415	82,922	117,337
19,283	369	19,652
1,196	8,617	9,813
54,894	91,908	146,802
	1,418	1,418
	1,191	1,191
	2,728	2,728
54,894	97,246	152,139
1,043		
- 910		
55,028		
	34,415 19,283 1,196 54,894 54,894 54,894 1,043 - 910	34,415 82,922 19,283 369 1,196 8,617 54,894 91,908 1,418 1,418 2,728 2,728 54,894 97,246 1,043 -910

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AT 31ST DECEMBER 2015 IN THOUSANDS EUR This table is based directly on Handicap international's annual financial statements. As such, the figures have been rounded up.

1 - Social missions: implementation of Handicap International programmes throughout the world. A programme includes more than one project. **2 - Fundraising expenses:** include fundraising expenses – general public (campaigns), and other fundraising expenses (other private funds, application for grants and other public subsidies).

3 - Administrative costs: includes the general services expenses as well as the information and awareness expenses, the internet website for example.

6,70 € 12,20 € For each €100 spent in 2015 by the Handicap International network* SOCIAL MISSIONS FUNDRAISING EXPENSES

Handicap International again struck the essential balance between funds spent on social missions, more than 80%, and those allocated to administrative costs and fundraising. For many years, we have been doing everything in our power to maintain this ratio, as the end beneficiaries of our social missions are our reason for being. Spending on administrative

costs was thus tightly controlled compared to 2014, while the 7% rise in the cost of fundraising from the general public can be attributed to significant growth in our donor portfolio, with almost 40,000 new donors in 2015.

<u>N.B.</u>: costs from solidarity trade, that is to say ≤ 1.975 thousands of direct costs (in the heading "Fundraising costs") and ≤ 79 thousands of operating costs, are not taken into account.

* The Handicap International network includes the Federation and the 8 national associations: Germany, Belgium, Canada, United States, France, Luxembourg, United Kingdom and Switzerland.

DISTRIBUTION OF PROGRAMMES COSTS

Africa and the Indian Ocean €39.7 million

Burkina Faso / Niger	6.16 %
Burundi	4.95 %
Central African Republic	0.56 %
East Africa / Tanzania	0.65 %
Ethiopia	3.07 %
Kenya / Somalia	8.04 %
Madagascar	3.00 %
Mali	17.76 %
Mozambique	4.13 %
RD Congo	13.56 %
Rwanda	6.60 %
Senegal / Cape Verde	4.93 %
Sierra Leone / Liberia	13.26 %
Sudan	6.91 %
Tchad	1.63 %
Togo / Benin	3.69 %
West Africa	1.10 %

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Asia €25.7 million

Afghanistan	6.98 %
Bangladesh	5.36 %
Cambodia / Thailand	11.85 %
China	4.99 %
Democratic People's Republic of Korea	3.35 %
India	3.57 %
Indonesia	2.69 %
Kyrgystan / Tajikistan	0.90 %
Laos	13.27 %
Myanmar (Burma)	2.05 %
Nepal	16.56 %
Pakistan	3.62 %
Philippines	16.44 %
Sri Lanka	5.30 %
Vietnam	3.05 %

Central and South America €7.0 million

Bolivia	15.41 %
Colombia	23.41 %
Cuba	6.52 %
Haiti	52.51 %
Nicaragua	2.15 %

North Africa and the Middle-East €38.2 million

Egypt / Iraq / Jordan / Lebanon /	
Palestinian territories / Syria / Yemen	90.24 %
Libya	2.20 %
Morocco / Tunisia / Algeria	7.56 %

Europe €0.5 million

Ukraina

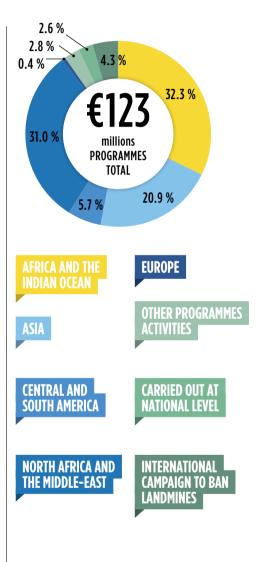
100.00 %

Other programmes activities €3.5 million

Carried out at national level €3.2 million

Other programmes activities	42.05 %
Fondation Handicap International	15.89 %
Publications / Magazine Déclic	18.27 %
Campaign to promote the inclusion	
of people with disabilities	23.79 %

International Campaign to Ban Landmines €5.4 million



This table is based directly on Handicap International's annual financial statements. As such, the figures have been rounded up.

<u>N.B.</u>: the programmes accounts are expressed in full costs, that is, after distribution of administrative costs on programmes, analytically calculated according to a calculation rule validated by Handicap International's auditor.

NETWORK'S COMBINED BALANCE SHEET

ASSETS

Fixed assets ¹	14,396	15,121
Institutional donors	11,568	11,651
Current assets ²	14,366	13,187
Cash disposal ³	33,505	32,693
Total assets	73,835	72,651

LIABILITIES

Association funds ⁴	33,425	30,206
Provisions for risks and charges ⁵	2,959	2,272
Allocated funds ⁶	1,191	826
Institutional donors	15,521	16,385
Current liabilities ⁷	20,621	22,834
Conversion differences liabilities	118	127
Total liabilities	73,835	72,651



AT 31ST DECEMBER 2015 IN THOUSANDS EUR This table is based directly on Handicap international's annual financial statements. As such, the figures have been rounded up.

1 - Fixed assets: buildings, vehicles, computer hardware, and so on, as well at head-office as on the field.

2 - Current assets: inventories of raw materials / client receivables and related accounts, and funding organisations.

3 - Cash disposal: cash at bank and in hand. Part of this disposal is placed in SICAV, without-risk financial investments.

4 - Association funds: security funds created at the creation of the Association. They are intergrated in the treasurery and allow to finance the actions while waiting for the intstitutional donors funds.

5 - Provisions for risks and charges: provisions to cover current disputes or possible risks on funding contracts.

6 - Allocated funds: allocated funds to specific projects and not used during the period

7 - Current liabilities: include suppliers and other liabilities like tax and social liabilities, as well as funds received from funding organisations but not used durig the period.

HANDICAP INTERNATIONAL FEDERATION: FINANCIAL FIGURES

FEDERATION'S BALANCE SHEET

The eight national associations that form the federal network entrust the Federation with exclusive responsibility for the implementation of international aid projects, advocacy and political initiatives at the international level, the preparation of the medium-term strategy and the development of common policies and operating procedures.

ASSETS

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Fixed assets ¹	13,820	14,817
Institutional donors	9,929	10,218
Current assets ²	17,146	14,830
Cash disposal ³	20,271	19,764
Total assets	61,166	59,629

	tog.	1014
Associative funds ⁴	24,708	21,857
Provisions for risks and charges ⁵	3,198	2,593
Allocated funds ⁶	1,191	826
Institutional donors	13,372	15,616
Current liabilities ⁷	18,697	18,736
Total liabilities	61,166	59,629

AT 31 DECEMBER 2015 IN THOUSANDS EUR

This table is based directly on Handicap international's annual financial statements. As such, the figures have been rounded up.

 Fixed assets: buildings, vehicles, computer hardware, and so on, as well at head-office as on the field.
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7 - Current liabilities: include suppliers and other liabilities like tax and social liabilities, as well as funds received from funding organisations but not used durig the period.



HANDICAP INTERNATIONAL FEDERATION'S INCOME STATEMENTS

EXPENSES	103	1014
Purchase and changes in inventory	- 118	- 127
Other purchases and external expenses	42,644	39,001
Taxes and similar expenses	1,464	1,444
Wages, salaries and social charges	54,231	48,522
Fixed asset depreciation and provisions	2,394	2,582
Other operating expenses	20,465	20,142
Operating expenses	121,079	111,565
Financial expenses	1,851	1,442
Exceptional expenses	544	278
Total expenses for the year	123,474	113,285
Commitments on restricted funds	1,191	826
Corporate income tax	48	62
Total expenses	124,713	114,172
Net income	2,809	2,077
General total	127,522	116,249

INCOMES

	' 5	14
Donations, legacies and solidarity	37,780	32,450
Funding from public sources (grants)	77,076	72,306
Private institutional funding	7,782	4,626
Write back of provisions and depreciation, transfer of charges	355	1,304
Other operating income	1,717	1,579
Operating incomes	124,711	112,265
Financial incomes	1,770	1,724
Exceptional incomes	217	267
Total incomes for the year	126,697	114,256
Carry over of restricted funds not used from previous year	826	1,992
Total incomes	127,522	116,249
General total	127,522	116,249

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AT 31ST DECEMBER 2015 IN THOUSANDS EUR This table is based directly on Handicap international's annual financial statements.

As such, the figures have been rounded up.

Operating incomes and expenses:

purchases, overheads, wages, taxes, depreciations and provisions for expenses, donations and fundings for incomes. Financial incomes and expenses: loans, investments and exchange gaps. Exceptional incomes and expenses: assets transfer, penalties. Commitments on restricted funds: restricted funds not used in the exercise. Income taxes: taxes on financial operations. Carry over of restricted funds not used from previous year: restricted funds used in the exercise.

HANDICAP INTERNATIONAL'S PARTNERS FOR THE YEAR 2015

International public bodies

- European Union: DG DevCo, DG ECHO.
- United Nations: MINUSTAH. UNDP, UNHCR, UNICEF, UNMA, UNOPS, OCHA, UNSCAR, WFP (PAM), WHO (OMS), UNWRA.
- Other: International Organization for Migration. OPEC Fund for International Development (OFID).

National public bodies

- Ministries, embassies and local authorities: Australia, Belgium, Benin, Canada, Colombia, Finland, France, Germany, Great Britain, Japan, Luxembourg, Monaco, Netherlands, Norway, Spain, Sweden, Switzerland, United States

Private organisations

- Adra Royaume-Uni
- AEGE
- AIR PROD
- Aktion Deutschland Hilf
- Asia Injury Prevention Foundation
- Association française contre les myopathies
- Association pour la Médecine et la Recherche en Afrique
- Bazar International
- Big Lottery Fund
- BNP Paribas
- Boccard
- Care
- Caritas
- Catholic Relief Services

- Chaîne du bonheur
- Comic Relief
- Crédit Coopératif – Croix-Rouge française
- DAI
- Danish Refugee Council
- Dorothea Haus Ross Foundation
- Eckhardt GmbH
- ELEG
- Esmee Fairbairn
- Fédération internationale de football association
- Fédération internationale de la Croix-Rouge
- Flemish Foundation for Traffic Knowledge
- Fondation Anesvad
- Fondation APRIL
- Fondation Argidius
- Fondation Drosos
- Fondation Ford
- Fondation Medicor
- Fondation OAK
- Fondation OCP
- Fondation Orange Mali
- Fondation Sanofi Espoir
- Fondation Symphasis
- GEODIS
- GlaxoSmithKline
- Global Fund
- GOAL
- Google.org
- Harikar NGO
- Helpage International
- Helping Hand
- International Rescue Committee Pakistan
- International Service
- Islamic relief
- John A. Baldessari Endowment Fund of the California Community Foundation
- John Baldessari Family Foundation

- John Hopkins University
- John Snow, Inc.
- Kaufland Warenhandel GmbH & Co. KG
- Loterie nationale belge
- Maison Hermès
- Max's
- Mectizan Donation Program
- Médecins du monde - Mines Advisory Group
- Rovaume-Uni
- Mott MacDonald Ltd
- National Alliance for Risk Reduction and response Initiatives
- Options UK
- Oxfam Royaume-Uni
- PAU Education
- Plan Royaume-Uni
- Population Services International
- Rozalia Stiftung
- Sanofi
 - Sanofi Pasteur
 - Save the Children Royaume-Uni
- ShelterBox
- Smart Pharma Consulting
- Société Générale
- Start Fund
- Stiftung Elementarteilchen
- Terre des Hommes - The Allan and Nesta Ferguson foundation
- The Victor and Christine Anthony Family Foundation
- Unifor (Canadian Auto Workers)
- Walt Disney Company France
- World Diabetes Foundation
- World Education
- You and Me Community

HANDICAP INTERNATIONAL FEDERATION'S BOARD OF TRUSTEES 2016-2017

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