

Abou Wone works as a handler at fruit-processing firm Zena Exotic Fruits and participates in a professional inclusion project in Senegal.

© E. Fitte-Duval / Handicap International



SPOTLIGHT

BANGLADESH: THE GRADUATION MODEL



Globally, 82% of people with disabilities live on less than one dollar a day. Since 2011, Handicap International has piloted and refined a project in Bangladesh targeting the ultra poor, living on less than \$1 a day, and helps to “graduate” them, sustainably, out of poverty over two-to-three years. In our poverty alleviating programs, Handicap International supported more than 4,300 Bangladeshi households, giving people like Abul, (shown right) functional autonomy and access to individualized skill building courses and financial services.

Prior to encountering community livelihood workers at Handicap International, Abul spent two hours each day commuting on public transportation to a carpentry shop in Sitakunda Upazila, a sub-district in rural Bangladesh. While Abul, who walks with a cane, had access to a job, the work conditions would be considered exploitative per International Labour Organization standards. He was contracted on a day-to-day basis and was required to show up seven days per week. If the roads were washed out during monsoon season, he could not get to work and forfeited his daily salary.

Today, Abul works as a carpenter in a different shop closer to his home. He earns a salary, and enjoys other benefits, including sick leave. Because Abul can walk to work, he never misses a day during monsoon season and has a much better schedule: five, eight-hour days each week.



Abul takes a break from sanding a detailed wooden headboard.

© Angela Kohama / Handicap International

Worldwide Presence 2016

337 PROJECTS
56 COUNTRIES

- Emergency response
- Mine action
- Disability rights and policy
- Inclusion
- Rehabilitation
- Prevention and health
- Logistic platforms
- **Handicap International network**
Belgium, Canada, France, Germany, Luxembourg, Switzerland, United Kingdom, United States

- Countries where activities began in 2016: Ecuador
- Countries where activities ended in 2016: Cape Verde, Tanzania, Kyrgyzstan, Tajikistan, Ecuador.

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
- 02 / Colombia
- 03 / Cuba
- 04 / Ecuador
- 05 / Haiti
- 06 / Nicaragua

Europe

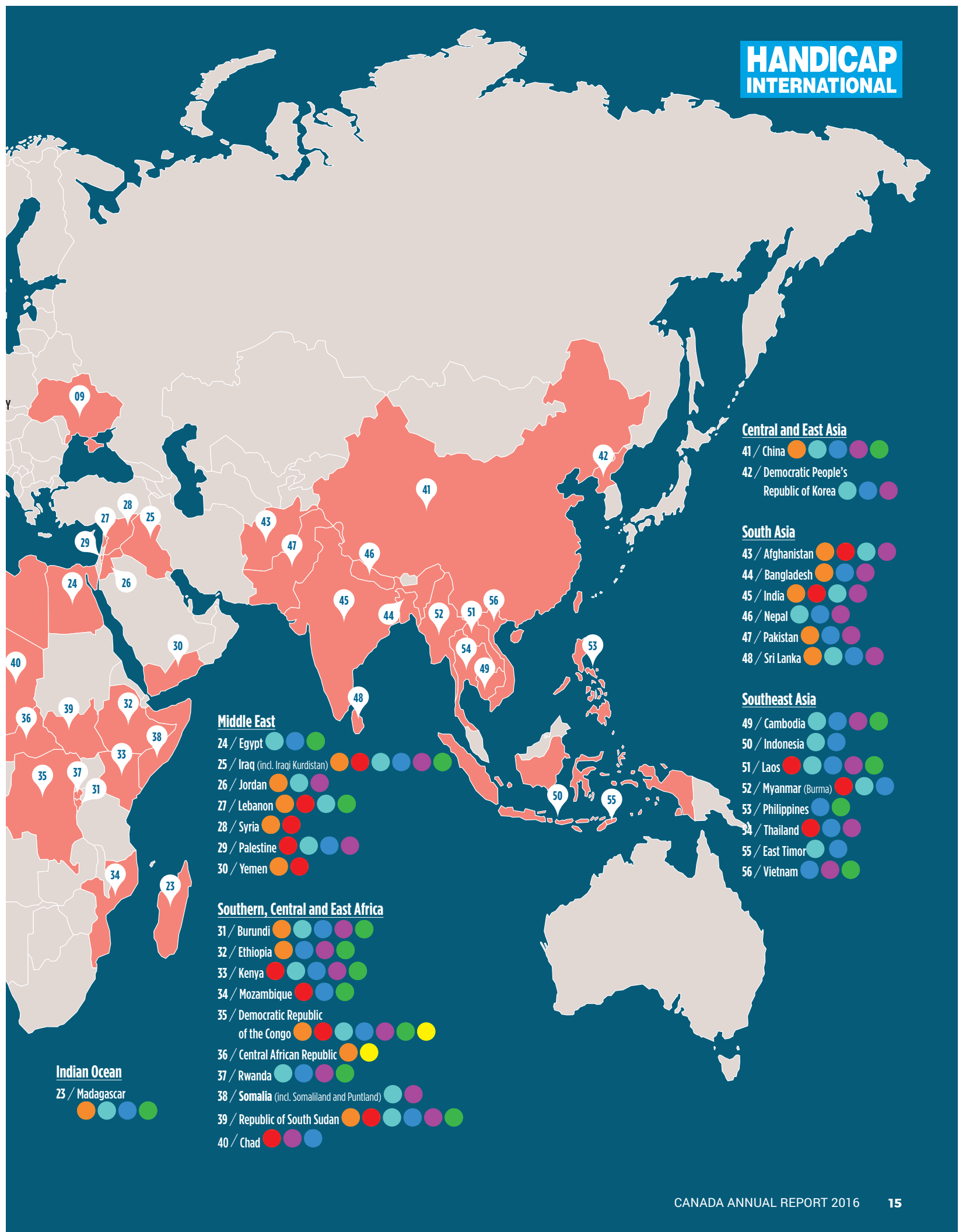
- 07 / Germany
- 08 / France
- 09 / Ukraine

North Africa

- 10 / Algeria
- 11 / Libya
- 12 / Morocco
- 13 / Tunisia

West Africa

- 14 / Benin
- 15 / Burkina Faso
- 16 / Guinea-Bissau
- 17 / Liberia
- 18 / Mali
- 19 / Niger
- 20 / Senegal
- 21 / Sierra Leone
- 22 / Togo



Stronger minds and bodies

PREVENTING
IMPAIRMENTS AND
CHRONIC DISEASES

STRENGTHENING MINDS IN RWANDA

More than 20 years after the genocide that left an estimated 800,000 people dead, Rwanda's population still suffers from an extremely high level of post-traumatic stress disorder. In 2016, Handicap International continued to provide one-on-one psychosocial support and organize discussion groups for victims and their families to help them overcome emotional trauma. It's important that individuals have support from an organization like ours, but even more so, that they have support from their community. One goal for our teams is to help individuals reintegrate into society, an important step in their recovery.



Alphonsine, a survivor of rape, receives psychosocial support from Handicap International in Rwanda.
© Wendy Huyghe / Handicap International

SPOTLIGHT

SECOND PRIZE SINGLE AT THE WORLD PRESS PHOTO CONTEST

Handicap International (HI) has long been committed to helping people living with mental health problems. With the "Touching Minds, Raising Dignity" program led by the French Development Agency and UNIFOR, our goal is to stop the social condemnation of people living with mental health problems in four countries long afflicted by crisis and post-crisis situations: Togo, Lebanon, Madagascar & South Sudan.

As part of the "Touching Minds, Raising Dignity" program, the photographer Robin Hammond met people living with these issues. HI mandated him to portray their reality. Hellen Alfred, 41, lives with a mental health condition, in Juba, South Sudan. She fell ill after the birth of her sixth child. The picture "Praying for a Miracle" won the People, second prize singles at the prestigious World Press Photo contest.



Hellen Alfred, 41, lives with a mental health condition in Juba, South Sudan. © Robin Hammond



GOING FOR GOLD

When an earthquake struck Nepal in April 2015, our team took immediate actions to help the injured. One individual who still receives our support is Ramesh Khatri. Ramesh had both of his legs amputated after a building collapsed on top of him. The rehabilitation team helped him recover and later to walk again.



After two years, Ramesh is training at the swimming pool in Kathmandu. He has won numerous medals from swimming meets and wheelchair races, and dreams of participating in the 2020 Paralympic Games in Japan.

Photo left: Ramesh takes a break from training in Kathmandu. Photo top: Ramesh learns to navigate stairs with his new artificial legs.

© L. Veuve / Handicap International

GAINING INDEPENDENCE IN THE DRC

The Democratic Republic of the Congo (DRC) is among the poorest countries in Africa, where 89% of people live on less than \$2 per day. Over the last 20 years, civil war in eastern DRC has resulted in millions of deaths and injuries and massive population displacement. Handicap International's TEAM Congo project enabled people with disabilities living in Kinshasa and Kananga, to achieve independence and fully participate in all aspects of life. The project provided quality rehabilitation and orthopedic training to rehabilitation professionals, socio-economic opportunities for women and girls with disabilities, and technical and mobility aids for those who require them.



Photo right: A young boy with new braces poses with his mother at the Mama Yemo General Hospital in the DRC.

© R. Colfs / Handicap International



Working together to find innovative solutions

ALTERING COURSE
TO IMPROVE LIVES

Nayda Montaño Romero holds her one-year-old daughter, Gretxel, who was born with clubfoot in Bolivia. © Jules Tusseau/Handicap International

GIVING BABIES A SOLID FOUNDATION

Clubfoot affects one out of every 800 children, making it one of the most common birth impairments among babies worldwide. If detected and treated early, a baby born with clubfoot can expect to walk unaided.

At the end of 2016, we negotiated a partnership with MiracleFeet, so that our teams in Bolivia and Sri Lanka can enhance clubfoot treatment programs in several clinics. The majority of clubfoot care providers are in the private sector and located in the biggest cities, so Handicap International trained healthcare workers in the public health system to extend treatment to people living in more remote areas.

Auk Sokhoeun, a baby with clubfoot in Cambodia. © Lucas Veuve / Handicap International



MAKING IT COUNT

During conflicts and natural disasters, the likelihood of experiencing disability increases due to injuries, poor health care and other causes. Yet in crises, people with disabilities and older people are rarely accounted for in a meaningful way that shows a true picture of their numbers and specific needs. As a result, they face substantial barriers in accessing humanitarian assistance and protection, leaving their needs unmet, and their abilities unused.

The Age and Disability Capacity Program (ADCAP) is a three-year program that aims to strengthen the capacity of humanitarian agencies to deliver an age and disability inclusive response. ADCAP piloted its "Minimum Standards for Age and Disability Inclusion in Humanitarian Action" in 2016, providing e-learning modules and other training materials, and supporting humanitarian actors as they worked to integrate vulnerable populations into their programs.

3D PRINTING

In many low- and middle-income countries, only 5%-15% of people who require artificial limbs and other devices can get them. In remote or dangerous areas, specialized health professionals can be scarce, and materials costly. Plus, poorly made or badly fitted artificial limbs can be extremely uncomfortable for patients, causing skin sores, pressure wounds, and muscle fatigue. That's why our team launched critical trials in Togo, Madagascar, and Syria to test how 3D printing might help scale services, offer a more economical alternative and possibly even a better fit and comfort.

During the trial, the team used small, portable, and lightweight 3D scanners to create a digital mold of the patient's stump. The mold could be adapted based on each person's needs before sending it to print. A 3D printer then creates thousands of layers of thermoplastic to produce a bespoke socket that fits like a glove over the patient's stump. Initial results are promising, but further research will determine if this technology can be scaled to benefit more people living in underserved regions.

Photo right: As part of the 3D printing trial, a woman in Togo tries a new artificial leg and practices walking.

© Jérôme Canicave / Handicap International



Handicap International Federation's CEO, Manuel Patrouillard, gives closing remarks at the inaugural Harkin Summit in Washington, D.C. © AUCD

SPOTLIGHT

PAVING A CAREER PATH

Worldwide, there simply aren't enough decent jobs available for people with disabilities, with a mere 20% of those eligible to work enjoying employment. The result is an annual estimated loss of \$1.37-1.94 trillion in GDP, according to the International Labour Organization.

Outraged by the lack of job opportunities for people with disabilities, retired Iowa Senator Tom Harkin created the Harkin International Disability Employment Summit with a goal of creating and sustaining decent, waged employment in careers for people with disabilities.

Handicap International, with decades of experience making livelihoods inclusive in nearly 40 low-income countries, joined the planning committee in 2016. The first Harkin Summit was held in December, in Washington, D.C., and attracted more than 180 business and civil society leaders, government officials, professionals with disabilities, and activists from 30 countries.

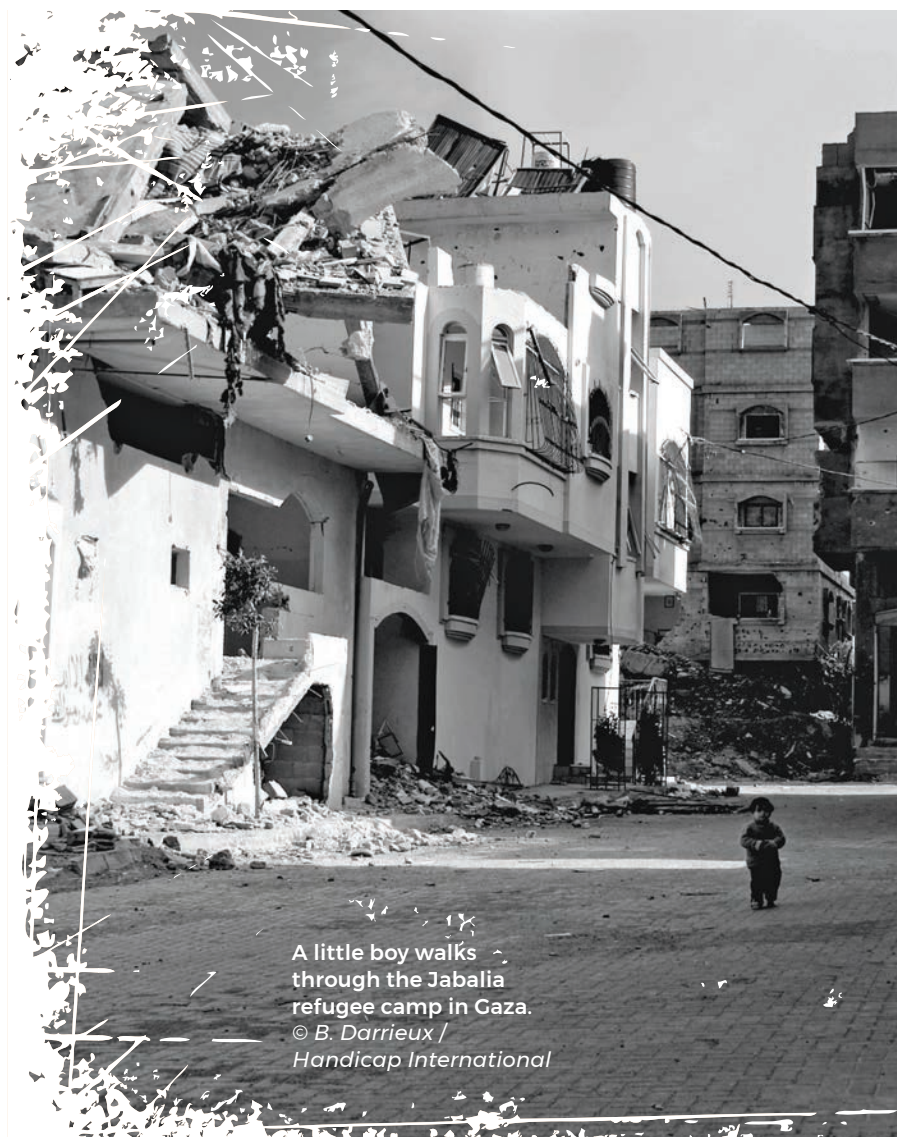
Advocating for a better world

PROTECTING HUMAN
RIGHTS

CHARTER ON INCLUSION OF PERSONS WITH DISABILITIES IN HUMANITARIAN ACTION

Extremely tough living conditions, the neglect of vulnerable people's specific needs, and a lack of access to healthcare services and facilities are just some of the problems people with disabilities commonly endure during a conflict or natural disaster. Humanitarian organizations are still not doing enough to include people with disabilities and meet their needs.

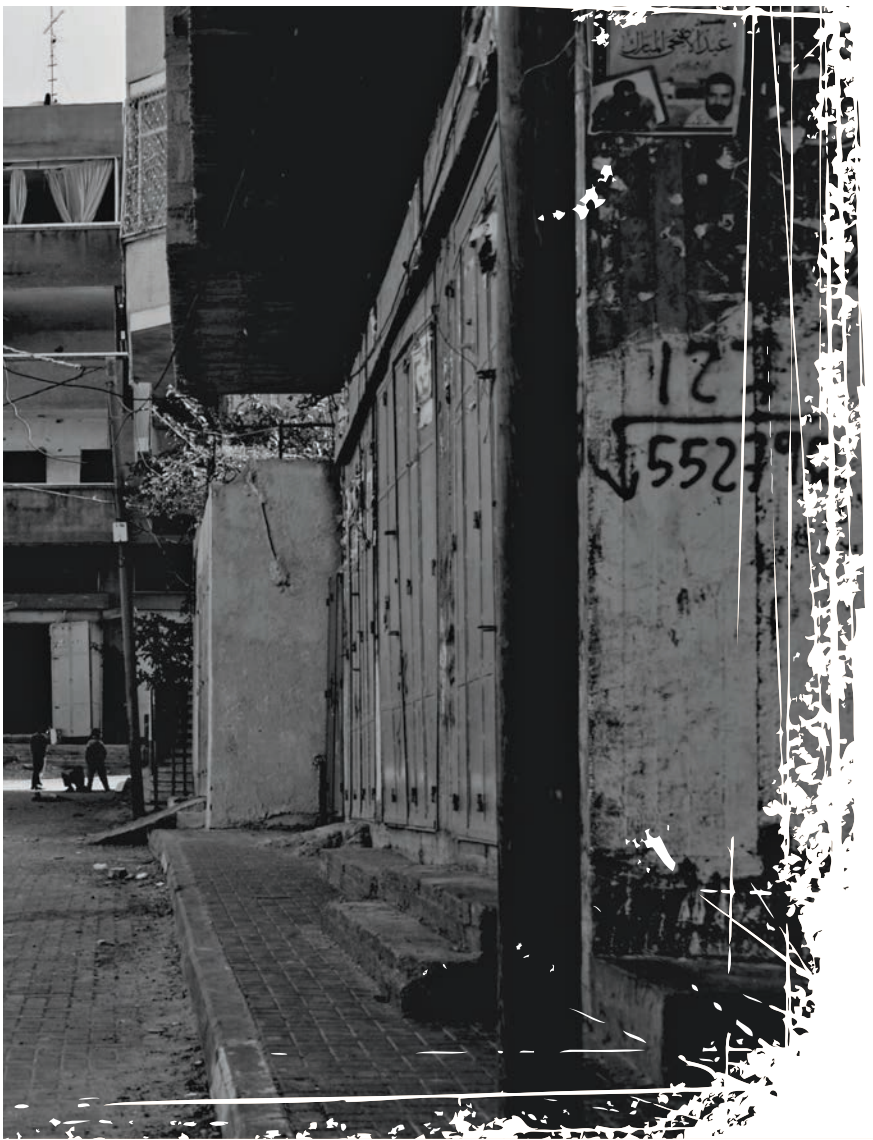
This is why Handicap International, along with other organizations, launched the Charter on Inclusion of Persons with Disabilities in Humanitarian Action in May 2016 at the World Humanitarian Summit. Since then, more than 150 nations, humanitarian organizations, funding bodies and NGO networks have endorsed the Charter. Endorsers commit to respecting five core principles for delivering aid that is more inclusive of persons with disabilities. The charter was endorsed by the Canadian Government on June 13, 2017.



A little boy walks
through the Jabalia
refugee camp in Gaza.
© B. Darrieux /
Handicap International



A little boy stands in
front of his uncle's
destroyed home in
Jalawla, Iraq.
© E. Fourt / Handicap
International



STOP BOMBING CIVILIANS

Conflicts in Syria, Yemen, Iraq, Afghanistan and Ukraine triggered more massive population displacements in 2016. Meanwhile, the unacceptable notoriously dangerous use of explosive weapons in populated areas persisted. Handicap International's report, *Qasef: Escaping the bombing*, confirmed that large-scale and indiscriminate bombing and shelling were forcing millions of Syrians to flee their homes, leaving aid organizations like ours to cope with one of the worst humanitarian crises in decades.

In 2016, Handicap International launched a campaign denouncing and seeking to prohibit the use of explosive weapons in populated areas—now the leading cause of death among Syrian civilians. Our petition urges governments to acknowledge the suffering caused to civilians by the use of explosive weapons in populated areas and to condemn their use.



DISABILITY TREATY

The United Nations Convention on the Rights of Persons with Disabilities (CRPD) has been ratified by or acceded to by 173 countries at the time of printing. This landmark treaty is making a tangible difference in people's lives all over the world. Handicap International sends a delegation to the UN Conference of States Parties to the CRPD every June. On December 1, 2016 in Ottawa, Hon. Minister Carla Qualtrough, Minister of Sport and Persons with Disabilities, and Hon. Minister Stéphane Dion, then Minister of Foreign Affairs, announced that Canada would ratify the CRPD's Optional Protocol in 2017. The ratification of the Optional Protocol means that individuals who have exhausted domestic remedies for discrimination can approach the CRPD committee for further assistance.

Financials

SPOTLIGHT

RECOGNIZED EXCELLENCE

In December 2016, NGO Advisor published its annual ranking of the world's top non-governmental organizations (NGOs), ranking Handicap International No. 8 out of 500. The criteria used to evaluate NGOs were transparency, accountancy, governance, impact, and innovation.

Since its founding, Handicap International has amassed numerous other awards and prizes. Here are some of the most prestigious ones.



HANDICAP INTERNATIONAL (HI) CANADA FIGURES

Statement of activities

RESOURCES

	2016	2015
Institutional Funding	9,168,784	8,322,111
Private donations	166,202	201,536
Handicap International Federation contribution	478,099	434,947
Rebiling, membership fees & interests	2,500	6,396
TOTAL RESOURCES	9,815,585	8,964,990

USES

International program support	9,306,775	8,503,494
Operational costs	500,693	449,183
Fundraising costs	5,778	8,725
Communication and marketing costs	2,339	3,588
TOTAL USES	9,815,585	8,964,990

In 2016 for HI Canada, nearly 95% of spending was related to carrying out our international projects. 5% was allocated to the organization's operations in Canada, and less than 1% was allocated to private fundraising and communications operations.

Figures verified by Montreal EY office.

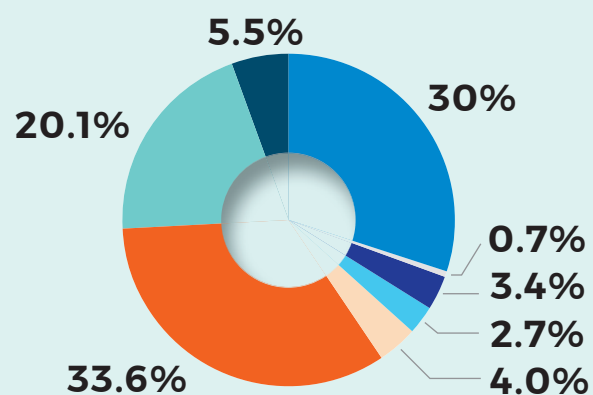
Complete financial details are available by request submitted to Handicap International Canada. In the event of errors or omissions in this document, only the verified financial statements apply.



A little boy plays with materials he can find at Mae La refugee camp in Thailand.
© Kan / Handicap International

DISTRIBUTION OF GLOBAL PROGRAM COSTS

- North Africa and the Middle East
- Europe
- Africa and the Indian Ocean
- Asia
- Central and South America
- Other program activities
- Carried out by national associations
- International Campaign to Ban Landmines

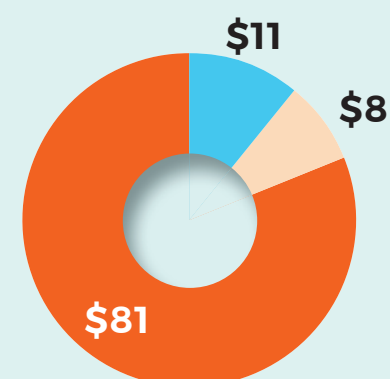


\$176.9
MILLION

HI NETWORK BUDGET

FOR EVERY \$100 SPENT IN 2016

- Fundraising expenses
- Administrative costs
- Programs





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