

The people Handicap International and its partners reached in 2016*





599.534 Mine action and other weapons



235,679 Basic needs***

132,774 Rehabilitation



233,779 Inclusion

We are grateful to the beneficiaries who have given us permission to share their stories.

*NB: Data not exhaustive. People may be counted more than once if they have directly benefited from more than one service or activity.

From this page on, the report uses "Handicap International" to refer to the global Handicap International network, which includes the Handicap International Federation, eight national associations, and program offices in 56 countries. * Water, sanitation, shelter, livelihoods

Source: Handicap International

in the Kisangani region of the Democratic Republic of the Congo. © Kelvin Batumike / Handicap International her baby during a accination at a health center in Togo. © Régis Binard / Handicap International Co-winner of the 1997 Nobel Peace Prize, Handicap **International works with** people with disabilities and other vulnerable populations living in situations of poverty, exclusion, conflict, and disaster. We take action and bear witness to respond to their essential A boy with an intellectual disability at a school in Dire needs, improve their living Dawa, Ethopia learns the conditions, and promote respect alphabet. for their dignity and rights.** © Julia McGeown Handicap Interno Handicap International's logistics eceives rehabilitation support team supplies aid to a remote area in rom Handicap International south Haiti, after Hurricane Matthew. in Lebanon. © Till Mayer / © Handicap International Handicap International

Dear Friends,

Handicap International teams continued their exceptional work in 2016 supporting people who otherwise fall through the cracks in humanitarian and development systems: vulnerable people, including people with disabilities. We strive to correct this injustice by keeping a vigilant watch for people who are otherwise invisible, ensuring their specific and basic needs are met

Our staff's unwavering efforts provided vital aid and care to Syrians living in camps and communities across Syria, Lebanon, Jordan, and Irag. We also focused on reducing the overall toll of war worldwide, even after the fighting stops. Handicap International became one of the first international humanitarian agencies granted full authorization to demine in Colombia after decades of civil war. We were honored also to receive one of the first grants from the U.S. government to demine there.

Among the many humanitarian emergencies in 2016, conflict in northern Mali has created severe food insecurity. Alongside our partners. Handicap International supported approximately 65,000 people with cash transfers and food vouchers there. The year also saw natural disasters, creating upheaval in the lives of thousands, along with injury to many in places like Ecuador and Haiti.

Our development projects made it possible for more children with disabilities to attend school, for more adults to enjoy their right to vote, for drivers and pedestrians to learn how to stay safe on busy roads, and for professionals to become physical and occupational therapists, among other things. A special thanks to the IKEA Foundation for helping refugee children find safe places to play in three Asian countries.

To accelerate the employment of people with disabilities, we helped plan the inaugural Harkin International Disability Employment Summit, which attracted high-level representatives and grassroots implementers from 30 countries.

In May, at the World Humanitarian Summit in Istanbul, we co-launched the Charter on Inclusion of Persons with Disabilities in Humanitarian Action. This key document has so far convened strong support. However, the United States Government has not yet signed, and this remains a key advocacy objective for our organization in the coming months.

Another key objective is to encourage States and combatants to refrain from using explosive weapons with wide-area effects in populated areas. Such bombings are deadly for civilians, and cause complex

traumas. They also force millions from their homes, a phenomenon we documented in a ground-breaking report, Qasef: Escaping the bombing. Also in 2016, we launched a "Stop Bombing Civilians" advocacy campaign, and are grateful to 11,700 Americans who signed our petition.

Throughout the year, the Handicap International Federation reviewed our global brand. We're very proud to say that beginning in early 2018, we will adopt a new name in the United States—one that's more aspirational—to pave the way for welcoming more partners and support.

Handicap International U.S., a member of the global Handicap International network, had another strong year financially in 2016. With support from institutional partners, individual donors, foundations, and corporations, our U.S. office channeled \$13.5 million to support people striving to live in dignity in 56 countries. This critical funding provided 9% of the network's global budget.

Thank you for making it possible to help the world's most vulnerable people. Together, we are creating a better world.

Executive Director

Board President

OUT OF 3,233 HANDICAP INTERNATIONAL.

2,522 ARE LOCALLY INTERVENTION*

*Staff is expressed as annual equivalent full-time positions

HANDICAP INTERNATIONAL U.S. BOARD OF DIRECTORS*

Nancy A. Kelly, President Christine Kanuch, Treasurer Tony Searing, Secretary Jeff Meer Dr. Susan Girois Jacques Tassi

*as of December 31, 2016

HANDICAP INTERNATIONAL NETWORK

The U.S. office of Handicap International is a 501(c)(3) organization and a member of the Handicap International network, which includes the Handicap International Federation headquartered in Lyon, France, and eight national associations.

Handicap International U.S. and the national associations in Belgium, Canada, France, Germany, Luxembourg, Switzerland, and the U.K. raise funds and awareness in support of programs in 56 countries. The Handicap International Federation implemented 337 projects in 2016. This Annual Report summarizes our actions in 2016. Many of these projects are ongoing



run and play with his friends with his new leg provided by our donors. © S. de Groeve Handicap International

Handicap International is grateful for each and every aift we receive.

In 2016, our community of donors helped us respond to emergencies, prevent injuries from weapons and road accidents, and promote the full inclusion of people with disabilities in the workplace, in schools, and within communities.

Each story we share in this **Annual Report is a reflection of** the collective impact you have on the lives of people around the world.

We never forget that your gifts make our work possible. Thank you.

We are pleased to recognize on these pages the generosity and commitment of our 2016 leadership donors: individuals, foundations, and corporations who contributed a total of \$1,000 or more between January 1, 2016 and December 31, 2016.

\$25,000+

Anonymous The Victor and Christine Anthony Family Foundation

\$10.000-\$24.999

John A. Baldessari Endowment Fund of the California Community Foundation John Baldessari Family Foundation

\$1,000-\$9,999

Anonymous (7) Ark Foundation The George Backer Family Foundation, Inc. Baiwan Fund L Gerard Bashein Rakesh Bhalla Boccard Pipe Fabricators, Inc.

Arthur Brown

Laure Castets

Diane Monico

Robert and Linda Burns Family Fund Michael Burton, Colonel USAF (ret.) David Bywater Paul and Pearl Caslow Foundation **Robert Garthwait** Betsy and Larry Gile Susan and Stephane Girois Jim and Christine Kanuch Ajay Kapoor and Gina Febbraro

Nancy A. Kelly Steven and Deborah Krupp John and Christine Lancaster The Leighty Foundation Dotty Nittler John O'Donnell Paul and Joyce Rheingold Family Foundation John Samsundar Eugenia Schuler Alexander von Streeruwitz John Dix Wavman

As First Responders, the following donors made monthly gifts to Handicap International during 2016. We are grateful for their steadfast support of our programs around the world.



Anonymous (8) James Ahearn Sara Al-Rashed Dennis Andrzejczyk Shira Arcus Janice Arkatov Anthony Averbuch Sachidanandan Balasubramanian Juan Balda Harry Bambrick William Bault Tarzi Benazzouz Mica and Ben Bevington Rakesh Bhalla Bruce Bigony Denette Blakemore Domnica Bottea Michael Burton, Colonel USAF (ret.)

Gerda Carmichael Alice Cary

Justin Chan Vanessa Cheung Merle Dinse Judith Donaghue **Bob Ewert** Randall E. Fellman Sara and Josh Goldberg Seymour Hanan Zailena Bte Huyup Arshad Igbal Sophia Jan Julio Junior Eugene Katzin Alice Kleinhans Anja Kondo John and Christine Lancaster Carol Light in memory of Alex Redmountain Michele and Jeremy Lunsford Robert Makoski Albert Malkasian Linda Marquez Jeff and Richelle Meer Sharon Meltzer Suzanne Miller Bhawani Mishra Casey Mokres

Edwina Nassiri **Rob Neal** Camille Page Hilliard Paige Paul Pangrace Janice Phillips Irene Piccone Robert Poignant Pamela Rabidoux Hope Randall Susan Renner-Smith Amanda Roe Margaret Rowe Aleja Salanda Paul Savage Ricardo Simão Karen Stickle William Stockard Bo Svensson James Tait Reisa Tomlinson Gary Towne Robert van der Kam Claire Vandevoorde Sandra Villavicencio Anaceli Villegas Ingrid von Streeruwitz Roxanne Warren

INSTITUTIONAL PARTNERS

Our work is also made possible by our institutional partners. In 2016, they supported projects in more than 20 countries.







U.S. ANNUAL REPORT 2016

The above lists include only donations received by the U.S. office of Handicap International. HANDICAP INTERNATIONAL

Improving lives among the world's displaced

AT THE FOREFRONT OF ACUTE HUMANITARIAN CRISES TO ENSURE ALL ARE INCLUDED

KENYA

Kenya is home to nearly 554,000 Somali, South Sudanese, and other refugees. In Dadaab, one of the world's largest refugee camps with more than 245,126 people, Handicap International helped people with disabilities remain healthy and strong by providing rehabilitation services. This allowed vulnerable refugees to maintain their independence thanks to Handicap International-provided crutches,

by providing rehabilitation services.
This allowed vulnerable refugees to maintain their independence thanks to
Handicap International-provided crutches, wheelchairs, and other mobility devices.

At the Kakuma camp, our teams trained community health workers to provide in-home

At the Kakuma camp, our teams trained community health workers to provide in-home care. To ensure other emergency actors know how to support people with disabilities and to protect the most vulnerable from discrimination and violence, Handicap International also provided rehabilitation training in health centers and within the community to increase the availability of high-quality care.



A physical therapist plays with Malak, five, in Jordan. © E. Fourt / Handicap International

JORDAN

The crisis in Syria has pushed 721,000
Syrians across Jordan's border. Our teams
working in Jordan's Za'atari and Azraq refugee
camps estimated that among injured Syrians in Jordan,
explosive weapons caused 50% of injuries. One young
refugee who knows this well is Malak. The five-year-old
(shown left) lost her leg when a bomb struck her family's
home in Syria. After working hard through physical therapy
sessions with our team, she was fit with a new artificial leg,
and today runs around with her friends. In 2016, Handicap
International teams in Jordan helped individuals like Malak
regain independence through rehabilitation, psychosocial
support, mobility aids, and more.



LEBANON

Since the start of the Syrian crisis, more than 1 million Syrians like 20-year-old Ali (shown right) have flooded into Lebanon,

a country the size of Connecticut.

Among them, roughly one-third of refugees are living with injury, illness, the effects of older age,

and disability. Handicap International has cared for refugees there since 2012, providing physical therapy, wheelchairs, canes, walkers, braces, artificial limbs, and psychosocial support. In hospitals and clinics, staff have supplied rehabilitation equipment and organized physical therapy sessions. Separately, physical therapists and social workers also traveled house-to-shelter to help people receive the specific care they needed to regain strength of mind and body.

Photo above: Mamdouh, 71, from Syria, receives a new leg in Lebanon. © Till Mayer / Handicap International







GROWING TOGETHER THROUGH PLAY

Living in a refugee camp is incredibly difficult, especially if you're a child with cerebral palsy like Kyan (shown left). Play is a fundamental right for all children, including refugees, but it's often overlooked.

In 2016, the Growing Together project launched thanks to generous support from the IKEA Foundation. The four-year project will bring play to children in refugee camps in Thailand, Bangladesh, and Pakistan. It will focus on displaced children living amid forgotten crises, and ensure they have accessible playgrounds where they can grow, develop, and have the freedom to be children.

Photo Left: Saw, his brother Kyan, and a Handicap International therapist at the rehabilitation center at Mae La refugee camp in Thailand.

© W. Huyghe / Handicap International

This is especially important for kids like Saw, 12, and his little brother Kyan, four, who live at the Mae La refugee camp in Thailand. Kyan meets with Handicap International physical therapists twice a week to help keep his body from becoming stiff. Our teams also teach Saw how to massage Kyan's muscles on the days he doesn't go to a physical therapy session. "It's thanks to Saw that the effects of Kyan's cerebral palsy haven't gotten worse," says Kan, a Handicap International physical therapist.

Saw is a great big brother, and his number one priority is taking care of Kyan. He rarely has time to play, so while Kyan works with our team, Saw gets a rare treat: an opportunity to play with toys provided by IKEA Foundation at the center. With a new playground being built at their camp, the brothers will soon be able to play and meet other children, and learn how to just be kids.

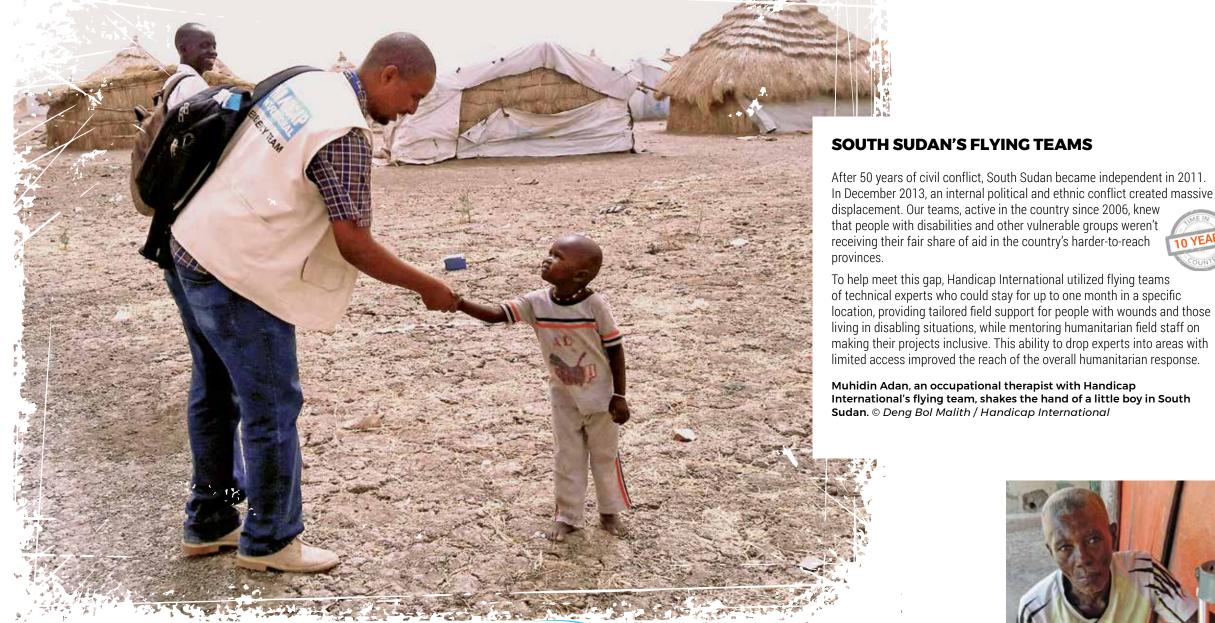
6 HANDICAP INTERNATIONAL

Teams that go the extra mile

HUMAN RIGHTS DON'T STOP AT THE **EDGE OF TOWN**

MALI FOOD FOR PEACE

Mali have resulted in the displacement of hundreds of thousands of people, and created severe food insecurity for more than 3.8 million. To support the needs of the most vulnerable-people with disabilities, pregnant women, children, and older people-Handicap International and a consortium of partners provided essential support to people in northern Mali. Cash transfers and food the rate of malnutrition. Our teams also worked to



SPOTLIGHT

HAITI AFTER HURRICANE MATTHEW

On Oct. 4, 2016, a Category 4 hurricane hit Haiti, killing more than 1,000 Haitians, and affecting more than 2.1 million people. Handicap International launched an immediate response to ensure that no one was left on the sidelines. Teams distributed emergency kits and household items, allowing Haitians to build makeshift shelters.

Two mobile teams in the city of Les Cayes helped care for the injured, assessed the state of hospitals and rehabilitation services, and supplied wheelchairs and crutches

Lorestal (shown right), who has arthritis and injured his knee in the disaster. received rehabilitation care and crutches. In addition to providing support in Lorestal's hometown of Les Cayes, two other teams of physical therapists and social workers traveled through the mountainous Sud region and provided rehabilitation and psychological support.



Lorestal, who has arthritis, sits with his new crutch in Haiti. © Handicap International

The hurricane damaged many of southern Haiti's roads. In response, logistics experts set up a land and sea-based transportation system to move shelters, tools, and hygiene kits to people living in the hard-to-reach regions of Sud, Grand Anse, Nippes, and Ouest. They reopened main roads to transport aid and restore economic activity, and removed more than 2,800 tons of debris that had piled up in storm drains.

Ongoing political conflict and security issues in

vouchers allowed them to purchase food to reduce strengthen the livelihoods of very poor households in northern Mali by promoting farming activities, repairing irrigation canals, and keeping livestock healthy.



TAKING STRIDES IN NEPAL

People living with disabilities in Nepal deserve the right to live independently, and to enjoy full access to their communities—even if they live in villages perched on precipices in the Himalayas. The Strengthening Rehabilitation in District Environs (STRIDE) Project has improved the quality, accessibility, and sustainability of rehabilitation services in Nepal since 2010, providing rehabilitation to more than 27,000 people living with disabilities.

Nirmala and Khendo, who each lost a leg after the 2015 earthquake. stand tall after receiving support from Handicap International in Nepal. © L. Veuve / Handicap International

U.S. ANNUAL REPORT 2016 HANDICAP INTERNATIONAL



PROTECTING CIVILIANS IN SYRIA AND IRAQ

The war in Syria has robbed hundreds of thousands of people of their lives, while displacing and injuring millions more. In Irag, coalition forces launched an offensive to retake the beleaguered city of Mosul in late 2016, with more than 100,000 people fleeing the city into camps for the internally displaced by the end of the year.

In addition to providing care and treatment for people's visible and invisible wounds, Handicap International taught civilians to

spot, avoid, and report the landmines, cluster munitions, and other explosive devices that can torment communities for decades after conflict. Our goal is to educate as many Syrians and Iraqis as possible.

Since 2013, more than 400,000 Syrians have benefited from our risk education sessions. In 2016, more than 106,000 Iragis were helped by these life-and-limb saving lessons. In Iraq, deminers also began to identify, collect, and destroy more than 1,000 explosives in the governorates of Kirkuk and Diyala.





lost four fingers and one eye in a cluster bomb accident at age nine, working as a Handicap International deminer in Laos. © Molly Feltner / Handicap International

More than 50 years after the U.S. dropped its first

bombs on Laos during the Vietnam War, the country remains heavily polluted by cluster munition remnants,

which have killed and maimed more than 50,000 people since 1964. In September, Laos welcomed President Barack Obama, the first sitting American president ever to visit. President Obama met with survivors of unexploded ordnance blasts, including former Handicap International Ban Advocate Thoummy Silamphan, and made a \$90 million

pledge to clear weapons from the country.

In November, thanks to our donors, we celebrated 20 years of action in Laos. In that time, our teams have released more than 37.5 million sq. ft. of land, removing more than an estimated 24,000 explosive remnants of war. Still, the country is not yet free from the scourge of these weapons and sub-munitions, and civilians live in danger. To keep people as safe as possible, our teams worked hard to clear land and taught them how to spot, avoid, and report the weapons they find.

SECURING WEAPONS IN NIGER

In many countries, aging stockpiles of weapons are becoming unstable, and poor or insecure storage of weapons, especially in busy city centers, produces the potential for disaster. To limit the risk of accidents in Niger, Handicap International helped the country's

armed forces secure their weapons and munitions stockpiles. Weapons experts also helped to construct and repair storage facilities, and destroyed obsolete weapons and munitions, protecting thousands of civilians.

Photo right: A physical security and stockpile management expert destroys ammunition by placing it in an incinerator designed by Handicap International in Niger. © Handicap International



SPOTLIGHT

AN HISTORIC VISIT TO LAOS

Colombian government granted Handicap International authorization to conduct mine clearance operations, assigning our deminers to three of the country's regions. Much of 2016 was spent training nearly 50 Colombian men and woman to become deminers.

casualties, Colombia holds a title that no country aspires to: home

to the second largest number of landmine victims in the world, with

80% of survivors having disabilities. All but one of its 32 regions are

since 1990) and conventional landmines.

polluted with deadly and disabling unexploded ordnance—a

mix of improvised explosive devices (used systematically

As parties to the conflict brokered a peace deal in 2016, the

Our multi-year, \$2.6 million mine clearance operation funded by the U.S. Department of State's Office of Weapons Removal and Abatement (WRA) has a specific focus on indigenous land in the Meta region, but Handicap International is also active in the regions of Cauca and Caquetá.

U.S. ANNUAL REPORT 2016

Leaving no one behind

PAVING AN INCLUSIVE PATH **WAGED EMPLOYMENT IN** SENEGAL

When trying to earn a living, people with disabilities commonly encounter significant barriers, including discrimination and inaccessible

workplaces. Senegal is one of 37 countries benefiting from Handicap International's efforts to place people with disabilities in waged employment by partnering with local businesses and job placement services, and by providing employees with training and job-related accommodations. Focused on personalized support, training, and advocacy work in Senegal, the project celebrated employment for more than 500 people across 90 employers.

processing firm

in Senegal.

© E. Fitte-Duval / Handicap

International

OPENING SCHOOL DOORS IN BURKINA FASO

Why do children with disabilities find it so difficult to attend school? In many places, including Burkina Faso, children with disabilities are more likely to be hidden at home and missing from official records. There are many reasons for this, but often a family is afraid of how a child will be accepted socially. Handicap International uses an approach known as community based rehabilitation, which has an education component, to help break down prejudices and stigma against people with disabilities and encourage families to send their children to school. We work with parents, teachers, and community groups to educate them about the rights of people with disabilities. We have also been working with the government for several years to

improve national data collection so that we can understand the big picture of disability and education in Burkina Faso, and count every child.

Students watch as their peers complete a puzzle in an inclusive classroom in Burkina Faso. © Erwan Rogard / Handicap International

PROTECTING SRI LANKANS WHEN DISASTER STRIKES

In the north and east, Sri Lanka is particularly vulnerable to natural disasters, experiencing regular floods and landslides. Handicap International reduced the impact of natural disasters on populations living in these disaster-prone areas. In conjunction with other humanitarian organizations, our teams worked with members of 23 communities to build their preparation, risk reduction, and emergency response capacities. People with disabilities are included from the start in planning which in turn improves state, district, and national policies and practices.

Handicap International's team doing an assessment of Kegalle district, an area affected by landslides and flooding caused by a cyclone in Sri Lanka. © S. Krishanthi / Handicap International





SPOTLIGHT

BANGLADESH: THE GRADUATION MODEL

Globally, 82% of people with disabilities live on less than \$1 a day. Since 2011, Handicap International has piloted and refined a project in Bangladesh targeting the ultra poor, and helps to "graduate" them, sustainably, out of poverty in about 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

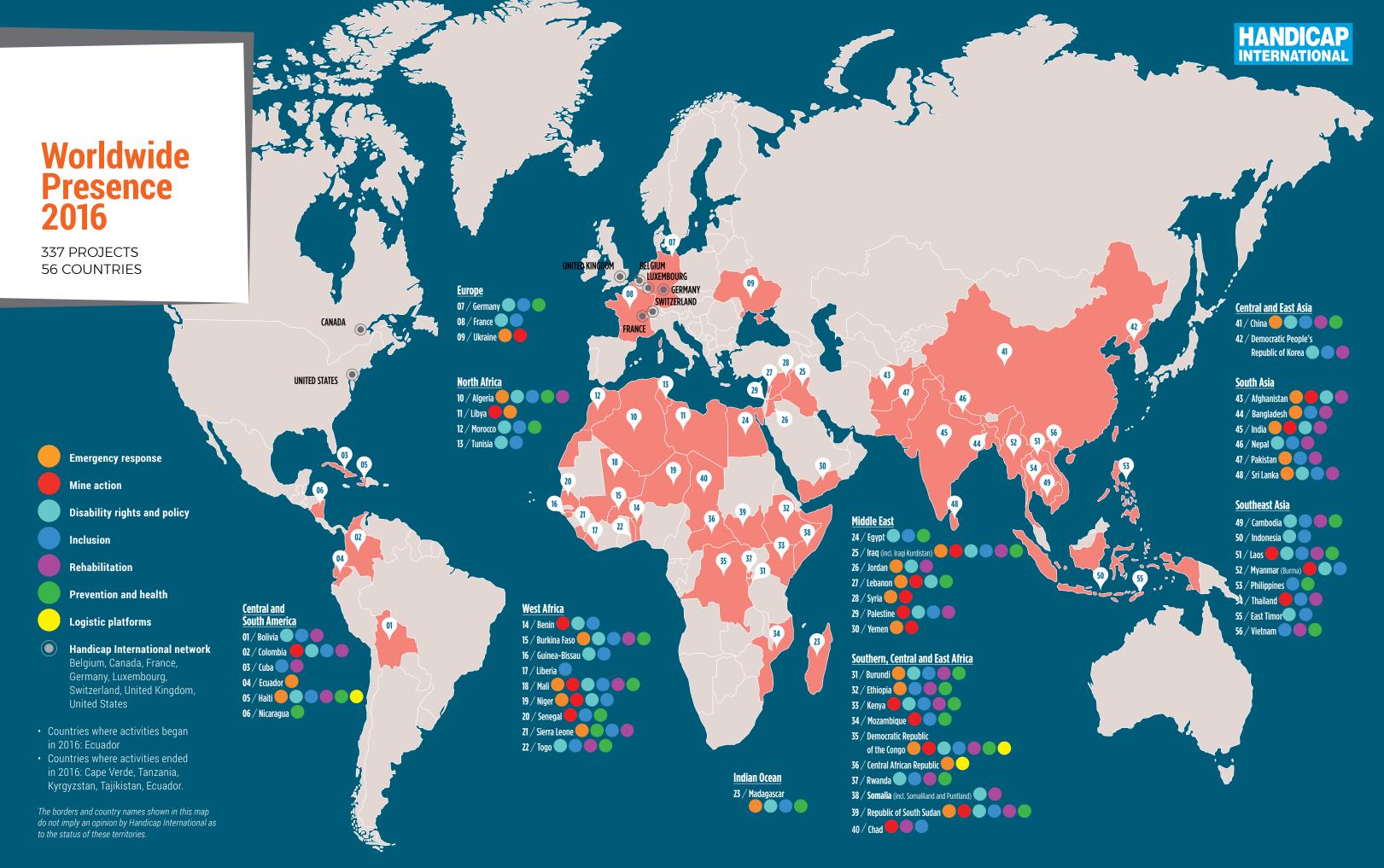
Sitakunda Upazila, a sub-district in rural Bangladesh. While Abul, who walks with a cane, had access to a job, the work conditions would be considered exploitative per International Labour Organization standards. He was contracted on a day-to-day basis and was required to show up seven days per week. 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.



© Angela Kohama / Handicap International

U.S. ANNUAL REPORT 2016 13 HANDICAP INTERNATIONAL



U.S. ANNUAL REPORT 2016 15

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 extremly 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.



SPOTLIGHT

BUILDING TOMORROW'S CAPACITY IN VIETNAM

Launched in 2015, the Advancing Medical Care and Rehabilitation Education project develops standardized medical and functional rehabilitation care protocols, and strengthens the capacity within the Ministry of Health to identify and support people with physical impairments, including those due to brain lesions caused by traumatic injury or exposure to Agent Orange. Despite an increased awareness of the impact of brain lesions on the quality of life in Vietnam, there remain serious gaps in service provision and unmet individual needs. This project will improve the lives of 8,000 Vietnamese adults and children with disabilities, train 480 health and rehabilitation staff, enroll more students in therapist diploma programs, and reinforce the country's rehabilitation centers.

Photo right: A rehabilitation center physician examines a baby in the Nha Trang province in Vietnam. © Layla Aerts / 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



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



U.S. ANNUAL REPORT 2016



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 discrimination due to disability increases, as does incidence of disability 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 humantiarian 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



HARKIN

Handicap International's Director General, 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 lowa 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.

HANDICAP INTERNATIONAL

U.S. ANNUAL REPORT 2016 19

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. Signatories commit to respecting five core principles for delivering aid that is more inclusive of persons with disabilities. The U.S. Government has vet to sign the Charter.

DISABILITY TREATY

The U.S. failed to make any moves towards ratifying the United Nations Convention on the Rights of Persons with Disabilities (CRPD) in 2016. This landmark treaty, based in part on the Americans with Disabilities Act, has been ratified by or acceded to by 173 countries at the time of printing, and 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, and the U.S. team supports all ongoing efforts to encourage the President to bring the Treaty to the Senate for advice and consent to ratify.



MINE BAN TREATY

More than 80% of the world's countries are States Parties to the Mine Ban Treaty, which bans the use, production, and transfer of antipersonnel landmines. Sadly, the Obama Administration chose not to bring the U.S. closer to joining the Mine Ban Treaty in

President Obama's final year of office. However, the U.S. remains the world's leading supporter of conventional weapons destruction, spending more than \$2.6 billion in nearly 100 countries since 1993. Handicap International continues to work closely with the U.S. Campaign to Ban Landmines.

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

CONVENTION ON CLUSTER MUNITIONS

The U.S. made no further moves to join the Convention on Cluster Munitions, despite years of evidence that the vast majority of casualties are civilians. The Cluster Munition Monitor 2016, a document co-produced by Handicap International,

> found that in 2015, 97% of victims of cluster munitions were civilians, and 36% were children.

Still, we welcomed two steps in the right direction in 2016. In May, the U.S. suspended sales of cluster munitions to Saudi Arabia. In August, weapons manufacturer Textron Systems, the last U.S. manufacturer of cluster munitions, announced that it would halt production of its Sensor Fuzed Weapon, due to a drop in global demand.

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 IVILIANS launched a campaign denouncing and seeking to prohibit the use of explosive weapons in populated areasnow 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.



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, accountability, governance, impact, and innovation.

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



Financials

2016 U.S. EXPENSES BY PROGRAM AREA

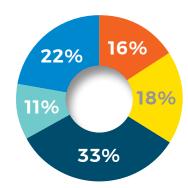
Mine Action

Emergency

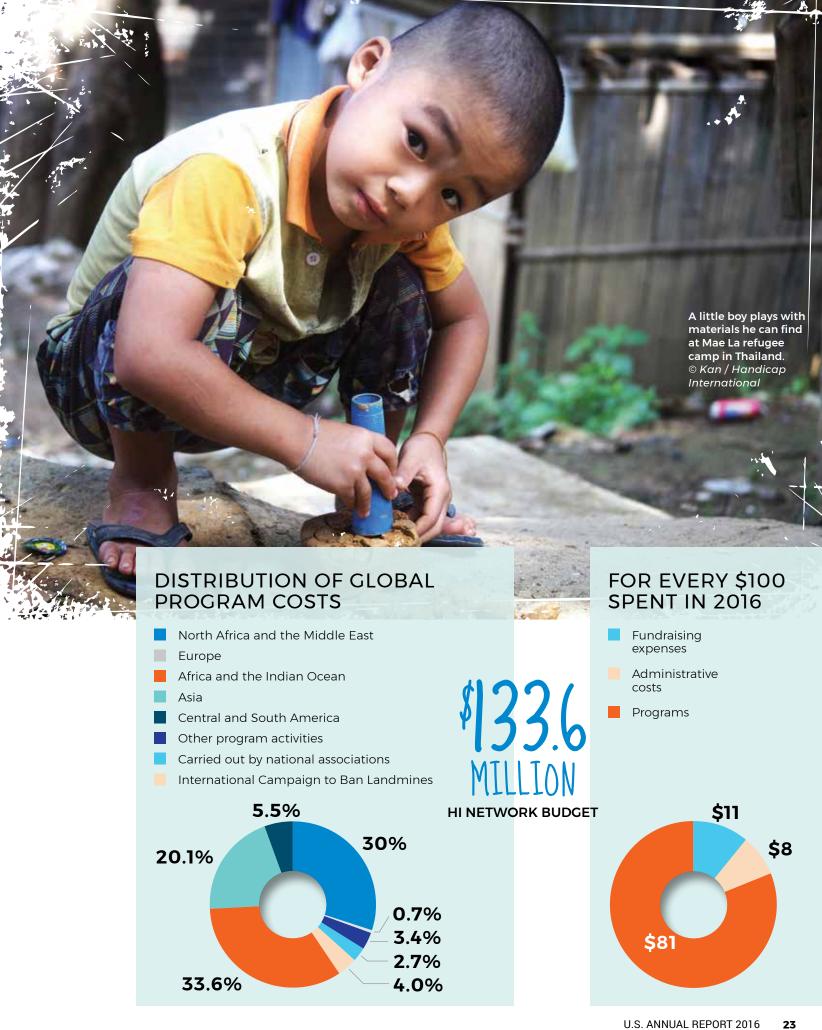
Rehabilitation

Prevention & Health

Disability Rights & Inclusion



STATEMENT OF ACTIVITIES	2016	2015
REVENUES		
Foundation grants	1,746,420	1,474,760
Government grants	13,092,192	13,858,465
Contributions In-kind contributions	308,846 79,385	543,378
Interest income	1,924	1,367
Total revenue	15,228,767	15,877,970
EXPENSES		
Program service	14,025,211	15,164,244
Supporting services	744004	667,346
Management and general Fundraising	744,084 365,646	305,377
Total supporting services	1,109,730	972,723
Total expenses	15,134,941	16,136,967
CHANGE IN NET ASSETS		
Change in net assets	93,826	(258,997)
Net assets at beginning of year	614,582	873,579
Net assets at end of the year	708,408	614,582
STATEMENT OF FINANCIAL POSITION		
ASSETS		
Current assets		
Cash and equivalents	2,744,379	844,558
Accounts receivable	21,971	20,990
Grants receivable - Foundations Grants receivable - U.S. Government	14,000 4,029,470	4,102,799
Prepaid expenses	18,035	17,848
Total current assets	6,827,855	4,986,195
Fixed assets		
Equipment	9,950	9,950
Less: Accumulated depreciation and amortization	(9,950)	(8,637)
Net fixed assets		1,313
Security deposit	7,042	7,042
Total assets	6,834,897	4,994,550
LIABILITIES AND NET ASSETS		
Current liabilities Accounts payable and accrued liabilities	75,478	97,451
Deferred rent	3,346	-
Due to HI-Federation	2,564,919	2,600,588
Due HI-affiliated organizations	3,448,955	1,645,497
Total current liabilities	6,092,698	4,343,536
Deferred rent	33,791	36,432
Total liabilities	6,126,489	4,379,968
Net Assets		
Unrestricted	330,026	330,026
Temporarily restricted Temporarily restricted reserve	131,382	37,556 247,000
	247,000	247,000
Total net assets Total liabilities and net assets	708,408	614,582
וטנמו וומטווונופט מווע וופנ מטטפנט	6,834,897	4,994,550



U.S. ANNUAL REPORT 2016 2

