



**ANNUAL REPORT 2010**

Handicap International

# HANDICAP INTERNATIONAL ACTING WHERE IT COUNTS

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## KEY FIGURES IN 2010

### PRESENCE IN THE WORLD

Operations in **63** countries  
**310** projects

### SUPPORT

More than **2 million** signatures were collected as part of Handicap International's campaigns to ban landmines and cluster munitions.

More than **3,200** partners

### PERSONNEL

**4,006** national staff in the countries in where we work <sup>(1)</sup> and 296 expatriate staff or staff working on programmes run from head office <sup>(2) (3)</sup>

**282** head office staff <sup>(2)</sup>



© W. Daniels / Handicap International  
 Haiti / Reynane after being fitted



Jacques Tassi,  
 chairman of  
 the Handicap  
 International  
 Federation.

© J.-J. Bernard / Handicap International

## THE BEGINNING OF A NEW CHAPTER

In 2010, in Haiti and Pakistan in particular, Handicap International fully assumed the role it set for itself when it first decided to refocus on humanitarian action. Since taking this deci-

sion, our organisation has taken all the steps needed to enable it to offer a rapid and increasingly broad response to major crises. Our successful merger with the NGO Atlas Logistique in 2006 brought us the specialised expertise we required and the setting up in 2009 of the Handicap International Federation, made up of a network of national associations all raising funds for our programmes, has provided us with the necessary reach and drive to achieve this goal.

The increasing recognition of our response capabilities at the international level is evidence of how far we have come. In helping to organise relief efforts, we have undoubtedly made a significant contribution; but the uniqueness of our organisation in the field - our ability to pro-

1. Direct and indirect posts as on 31st December 2010, including programmes managed by Handicap International Belgium.  
 2. Expressed as annual equivalent full-time posts, including the head offices of the Federation, national associations and Handicap International Belgium.  
 3. Expatriate staff and salaried employees working on programmes run from head office (landmine and cluster bomb ban advocacy, development education and raising awareness of the rights of persons with disabilities).

## PRESENTATION

### ASSOCIATION STATUS

Created in France in 1982 and governed by the French law on associations of 1901, Handicap International became a Non-Governmental Organisation (NGO) with public benefit status in 1997. It was co-winner of the Nobel Peace Prize in 1997 for its role in the International Campaign to Ban Landmines. In 1999, Handicap International obtained special consultative status with the United Nations.

### AN INTERNATIONAL SOLIDARITY MISSION

Handicap International is an independent and impartial international aid organisation operating in situations of poverty and exclusion, conflict and disaster. Working alongside persons with disabilities and other vulnerable groups, our action and testimony are focused on responding to their essential needs, improving their living conditions and promoting respect for their dignity and their fundamental rights.

### A FEDERAL NETWORK

The Handicap International network is made up of the French association that founded the network in 1982, and the associations formed over subsequent years: Belgium (1986), Switzerland (1996), Luxembourg (1997), Germany (1998), United Kingdom (1999), Canada (2003) and United States (2006).

With the exception of Handicap International Belgium, which has an operational base, the Handicap International Federation is entrusted by its members with implementing social missions for the entire Handicap International federal network.



vide aid adapted to the most vulnerable, within the time and space constraints of a crisis, with a particular focus on persons with disabilities - is beginning to be seen as essential.

The outcomes obtained in 2010 show how right we were to take this gamble, however daring it may have seemed at the time. They confirm the legitimacy of a reorganisation full of promise that is now a cornerstone of our federal project. This paradigm shift has generated both enthusiasm and apprehension. Our network's ambition to take action anywhere in the world has meant introducing a new multinational system of governance – "without borders" in the true sense – and called for deep-seated changes. But we have come to grips with these changes, and today the eleven

members of the federal board of trustees – from seven different countries – offer a fine example of this desire to operate as a truly supranational organisation.

The gains in terms of our impact and our ability to influence events are significant and tangible. By ensuring we have the means to be present from the start of a humanitarian crisis, we are fulfilling our primary mission while laying the necessary foundations for the years of reconstruction and development that follow.

Being more responsive and with greater visibility as a recognised first responder to emergency situations, our technical skills and our capacity for action in the field of development have also continued to grow. Through our dem-

ining actions, we have stepped up our fight against mines and cluster munitions to reduce the threat to civilian populations. As part of our risk education activities, we are teaching local residents simple techniques that allow them to carry on with their lives while remaining alert to any residual dangers. Our credibility in promoting the universalisation of the international conventions on mines and cluster munitions and disability rights that we have helped to introduce has grown as a result.

In short, 2010 has demonstrated, perhaps more quickly than we had anticipated, the added value of a resolutely federal structure operating as a global organisation in support of our social missions and our combats. Yet another welcome outcome!

## EMERGENCIES AND CHRONIC CRISES AN ENHANCED CAPACITY FOR INTERVENTION



© L. Radick / Handicap International — Haiti

### “CASH FOR WORK”

Rubble was cleared in Petit-Goâve and Grand-Goâve as part of a “Cash for work” project. These projects consist of recruiting local residents to perform paid work in the public interest.

In figures: 330 people benefited from the scheme

### HAITI EARTHQUAKE

- ▲ 230,000 dead
- ▲ 300,000 injured
- ▲ 1.3 million homeless
- ▲ Between 2,000 and 4,000 amputations



© S. Sommella / Handicap International — Haiti / Transitional shelter

**ONE OF THE CHALLENGES FACING THE HANDICAP INTERNATIONAL NETWORK HAS BEEN TO SECURE THE MEANS TO TAKE QUICKER, MORE EFFECTIVE ACTION DURING LARGE-SCALE HUMANITARIAN CRISES. THE ORGANISATION'S INTERVENTION IN HAITI AND PAKISTAN IN 2010 CALLED FOR THE DEPLOYMENT OF EXCEPTIONAL LEVELS OF HUMAN AND MATERIAL RESOURCES. IT ALSO HAD AN UNPRECEDENTED IMPACT IN THE FIELD.**

Two major natural disasters occurred in 2010, one in Haiti and the other in Pakistan, both unprecedented in scale and each demanding a different response. However, in both situations we were able to systematically set up “disability and vulnerability focal points” where the most vulnerable were able to find support and guidance for themselves and their families.

Handicap International was also intent on maintaining a presence in contexts of chronic crises, providing relief to populations forgotten by the media. These include refugee camps which can sometimes operate for decades, and where people are totally dependent on humanitarian aid to survive.

### EMERGENCY RESPONSE // Haiti

The day after the earthquake that hit Haiti on 12th January 2010, Handicap International, present in the country since 2008, mobilised a team of some one hundred national staff and five expatriate staff to help organise the initial relief effort. Rarely in the history of Handicap International have its teams had to employ the full range of the organisation's expertise in one place and in so short a time. Up to 540 people, including 70 expatriate staff, were working in the field at the same time, in chaotic circumstances prolonged by the cyclone season and a cholera epidemic.

A total of US\$15.25 million was necessary to meet emergency needs. By the end of 2010, however, we had already started planning longer-term projects in partnership with local operators, including training for orthopaedic technicians and rehabilitation professionals. The level of activity will remain high in 2011 during the transition from the post-emergency to the development phase.

### Health – Care

On 13th January, Emergency Response Division dispatched a project manager to Port-au-Prince to coordinate care for the injured. The goal was to relieve the medical teams and hospitals overwhelmed by the crisis. Post-operative care often had to be performed in tents set up next to health facilities.

Nine “disability and vulnerability focal points” were set up in Port-au-Prince, Petit-Goâve and Gonaïves, in partnership with the German NGO, CBM. The injured and disabled were gradually identified, provided with care and then referred to facilities suited to their specific needs. As well as staffing these intermediate care facilities, the mobile teams provided home follow-up to patients and raised the awareness of families and communities to the support they could provide to people with disabilities.

▲ In figures more than 82,000 people benefited from basic care and physical rehabilitation activities.

### Orthopaedics and rehabilitation

Handicap International's functional rehabilitation centre was up and running within weeks, ensuring the earliest possible care for the injured and amputees. It took just eight weeks to supply the workshop with components for temporary emergency prostheses, equip the gymnasium and organise the referral of the first patients.

▲ In figures 10,000 people benefited from functional rehabilitation care — 900 people were fitted with orthopaedic devices.

### Logistics

Building on actions underway prior to the earthquake (launched in the wake of the cyclones in 2008), Handicap International organised and managed two warehouses of 3,000 sqm and 2,500 sqm. This helped relieve congestion at the airport and provided stor-

age space for humanitarian aid. Using our fleet of vehicles, we rapidly distributed our own aid and that of some one hundred other aid operators.

▲ **In figures 50 six-wheel drive all-purpose lorries — 20 flat-bed lorries — 20,000 tonnes of aid transported.**

### Distribution of humanitarian aid

Tents, cooking utensils and a range of basic equipment were distributed to the largest possible number of earthquake victims. We also supplied wheelchairs and walking aids to the injured and disabled. By reaching out to the local population, the teams were able to identify the specific needs of the most vulnerable, particularly people with disabilities and isolated children and women.

▲ **In figures 5,000 tents were provided as shelter for 26,000 people — 30,000 items were distributed to 43,000 beneficiaries.**

### Transitional shelters

Handicap International also took part in the reconstruction effort in aid of the most vulnerable Haitian earthquake victims. Specialists from the organisation designed a wooden shelter that is resistant to earthquakes and hurricanes and accessible to people with disabilities. These shelters, available since September 2010, can accommodate families of an average of five. They are built on concrete mountings and can be put up in four days. These building projects are set to continue in 2011.

▲ **In figures 1,000 transitional shelters are under construction — 4,000 beneficiaries.**

## EMERGENCY RESPONSE // Pakistan

Handicap International has been present in the province of Khyber Pakhtunkhwa (KPK) in the north-west of Pakistan since 2009. The population of this province has born the brunt of the conflict between the Pakistani army and the Taliban. In August 2010, after record flooding, new needs emerged. The organisation therefore expanded its activities and extended its presence to Sindh province in the south of the country.

### In Khyber Pakhtunkhwa province

Our pre-existing activity combined with our emergency actions ensured the construction and rehabilitation of facilities providing access to drinking water, water distribution, the management of "disability and vulnerability focal points", the opening of a dozen inclusive reception centres (CFIS or Child Friendly Inclusive Spaces), the promotion of hygiene, the distribution of hygiene packs, and risk education to raise awareness to the danger of mines displaced by the flooding.

▲ **In figures 10,000 people benefited from health**



© R. de Bengy / Handicap International — Pakistan / Sindh, distribution of water in the displaced persons camps

**and disability actions — 3,000 children benefited from CFIS services — 100,000 benefited from water distribution — 17,000 hygiene promotion sessions were carried out.**

### In Sindh province

New activities were introduced to provide relief to flood victims, including the distribution and treatment of water, the promotion of hygiene practices, the rehabilitation of sanitary facilities and the building of transitional shelters.

▲ **In figures 500 temporary shelters built — 4 water treatment stations for 170,000 people (estimate).**

## EMERGENCY RESPONSE // Elsewhere in 2010

### Philippines

In the Philippines, Handicap International came to the assistance of the population in the wake of cyclone Ketsana in September 2008, and again after cyclone Megi in October 2010, which hit the north and north-east of Manila respectively. As part of its relief effort, it organised the distribution of basic equipment, carried out clearing and sanitation operations, and built temporary shelters.

### Indonesia

Already on site in Java, the organisation extended its actions to the neighbouring island of Sumatra in September 2009 following an earthquake off the coast of the city of Padang. A "disability and vulnerability focal point" was set up and homes, a hospital and a school were rehabilitated. In October 2010, following the eruption of Volcano Merapi on the island of Java, Handicap International's teams provided respiratory physiotherapy care.

## CHRONIC CRISES

Handicap International maintained action in long-term crisis settings. This included a heightened presence in the Democratic Republic of Congo and continuing action in refugee camps for Somali refugees in Kenya, Congolese refugees in Burundi, and mainly Burmese refugees in Thailand. It also renewed its commitment to working in two forgotten crisis situations — Afghanistan and the Palestinian Territories.



© W. Daniels / Handicap International — Haiti / Logistics

### Democratic Republic of Congo

Present since 2000 in the east of the Democratic Republic of Congo, where the security situation continues to deteriorate, in 2010 Handicap International set up a logistics platform project in Grand Nord Kivu. The organisation also helped meet the needs of populations affected by recurring conflicts and insecurity in the territories of Walikale, Beni and Lubero. In addition, Handicap International provided logistical back-up to agencies and organisations working or wishing to work in these areas.

## DEVELOPMENT

# A LONG-TERM COMMITMENT IN SETTINGS OF EXTREME POVERTY



© B. Franck / Handicap International — Kenya

Care being delivered to a child with cerebral palsy as part of the community-based rehabilitation project at the Hagadera / Dadaab refugee camp



© V. de Viguier / Handicap International — Afghanistan / Functional rehabilitation Centre, Kandahar Hospital

**HANDICAP INTERNATIONAL CONTINUED TO CONTRIBUTE TOWARDS THE DEVELOPMENT OF THE WORLD'S POOREST COUNTRIES IN 2010, INCLUDING IN A NUMBER OF COUNTRIES OTHERWISE OVERLOOKED BY INTERNATIONAL DEVELOPMENT ASSISTANCE PROGRAMMES. THE ORGANISATION HAS DECIDED TO FOCUS PRIMARILY ON THE MOST MARGINALIZED GROUPS LIVING IN CONDITIONS OF ACUTE POVERTY. SINCE 2005, THERE HAS BEEN A STEADY GROWTH IN OUR DEVELOPMENT MISSIONS IN ALL THE REGIONS IN WHICH WE ARE RUNNING PROGRAMMES.**

Disability issues are now an integral part of all our action, including health, social and educational inclusion, advocacy activity and risk reduction. Our approach consists in improving access to available public and private services, while supporting the deployment of new services to meet the specific needs of people with disabilities. Depending on the situation, the organisation either intervenes directly, by developing and implementing programmes, or supports its local public and private partners. Handicap International also supports civil society representatives in carrying out advocacy actions targeted at local public authorities.

## REHABILITATION

Rehabilitation represented 23% of Handicap International's activities in 2010. This is one of the organisation's longest-established areas of expertise and demands significant resources.

### Afghanistan

In Kandahar, where the war and insecurity make it difficult to access health services - in particular for people with disabilities - Handicap International has formed a partnership with the city's hospital, where it runs the functional rehabilitation service.

▲ In figures 6,600 people benefited from physiotherapy care, orthoses, prostheses, wheelchairs and other types of mobility aids.

### Kenya

The Somali refugee camps set up Dadaab in 1991 are now home to some 300,000 people, the world's largest refugee population. In this setting, where the most vulnerable are particularly at risk, Handicap International has developed rehabilitation care services.

▲ In figures 7,800 beneficiaries.

### Togo, Mali, Rwanda

In most of the countries in which it works, Handicap International endeavours to improve access to rehabilitation services for disabled people and enhance rehabilitation techniques and the training of professionals.

In 2010, in Togo, Mali and Rwanda, the organisation set up a research project to address the key issue of the financial accessibility of rehabilitation care, which poses a particular problem in poor countries. In-depth analyses were performed into subsidy mechanisms and equity funds with a view to providing the most vulnerable sections of the population with sustainable access to rehabilitation care.

## HEALTH

18% of Handicap International's activities were devoted to health projects in 2010. The organisation's global approach includes everything from disability prevention to case-managing the sequelae of chronic diseases such as diabetes. Particular attention is paid to neglected tropical diseases, such as lymphatic filariasis and Buruli ulcer. We are continuing to run our AIDS projects in Africa and Asia, and we also set up a number of new mental health projects in 2010.



© J.-J. Bernard — Senegal / HIV/AIDS prevention

## Togo

In the maritime region of Togo, a Buruli Ulcer project was launched focusing on prevention and the training of caregivers and care, rehabilitation and psychological support staff. Early and adapted case-management of the disease helps prevent irreversible disabling sequelae. This project contributes to the national Buruli ulcer control programme.

▲ In figures 270 beneficiaries, children and young adults.



© J.-J. Bernard / Handicap International — Togo / Buruli ulcer

## Rwanda

In a country still marked by the violence of the 1994 genocide, post-traumatic stress remains a major public health issue. Handicap International supports local operators who train mediators to identify people suffering from post-traumatic stress and organise discussion groups. If this mediation is not insufficient, the patient is referred to a more specialised care service.

▲ In figures 40 mediators and 3,600 beneficiaries.

## SUPPORT FOR CIVIL SOCIETY AND PUBLIC POLICIES

A number of advances were made towards the universalization of the international convention on the rights of persons with disabilities in 2010. For its part, Handicap International continued to push for concrete change in line with the convention's key principles. We support the advocacy action of civil society organisations in the countries in which we work in order to help bring about these changes. 20% of our organisation's activities are devoted to these crucial issues.

To help ensure the adoption of inclusive policies at local level and develop the availability of accessible services, we are helping the public authorities implement their decentralisation policies.

## Madagascar

In the urban districts of Mahajanga and Diégo Suarez, in the north of the island, Handicap International coordinates and networks the country's different local stakeholders. Its goal is to identify existing services for people

with disabilities, strengthen them if necessary, make them more accessible, and raise their profile. Both these districts have set up social support offices dedicated to accessibility.

## Egypt, Palestinian Territories, Lebanon, Jordan, Syria, Yemen

In conjunction with the Arab Organisation for Persons with Disabilities (OAPH), Handicap International is working to identify, raise awareness of, and disseminate best practices. Disabled people's organisations have implemented a major advocacy initiative to ensure the application of an inclusive policy in their country. This activity directly involved 412 people in 2010.

## INCLUSION

Educational, economic and social inclusion activities formed a major part of Handicap International's action in 2010. These activities, by their very nature, take root over time and require a multi-disciplinary approach.

## Morocco

In Casablanca, Handicap International provides support to a local partner, the Amicale marocaine des handicapés (AMH). This association networks different social actors with the aim of helping disabled people to develop personalised life projects. Once a project is off the ground, follow up is carried out to ensure the beneficiaries' continuing access to services.

By supporting the structuring of AMH and the training of its staff, Handicap International aims to enable the association to operate autonomously.

▲ In figures 4,800 beneficiaries.

## Niger

As a result of the political crisis rocking the country since 2009, international aid to Niger has been suspended. However, Handicap International is continuing to run an "education for all" project in the capital Niamey. The project consists in identifying children with disabilities who do not attend school. The child's needs are diagnosed and appropriate action is taken to support their inclusion in a mainstream school or a specialised centre.

▲ In figures 3,447 beneficiaries.

## NATURAL DISASTER RISK MANAGEMENT

In south and south-east Asia, Handicap International continued to implement initiatives to improve the management of natural disaster risks. The Philippines, Indonesia, Pakistan, Afghanistan, Nepal and Bangladesh have been periodically affected by earthquakes and extremely heavy monsoon rainfall. Local prevention mechanisms have been adapted to take into account the needs of people with disabilities. They include, for example, sound alerts to warn the visually impaired of the imminent threat of a natural disaster.



© J.-J. Bernard / Handicap International — Togo / Buruli ulcer, functional rehabilitation exercises

## MINES, CLUSTER MUNITIONS AND ARMED VIOLENCE MOVING CLOSER TO A WORLD FREE OF LANDMINES AND CLUSTER MUNITIONS



© Handicap International — Niger / Raising awareness to the danger of mines

### HUMAN RESOURCES

- ▲ For demining actions
  - 150 national staff
  - 10 expatriate staff
- ▲ For risk education (including victim assistance)
  - 100 national staff
  - 5 expatriate staff



© J.-J. Bernard / Handicap International — Mozambique

Maputo Centre. Elina was carrying her baby on her back when she stepped on a landmine. He was unhurt.

**THE ULTIMATE AIM OF OUR DEMINING ACTIONS IS TO RETURN CULTIVABLE OR WORKABLE LAND TO THE LOCAL POPULATION. SINCE 2009, HANDICAP INTERNATIONAL HAS REORGANISED ITS DEMINING ACTIONS AND, IN ADDITION TO CONTINUING ITS ANTI-MINE AND CLUSTER MUNITION CAMPAIGNS, IT LAUNCHED A NEW ACTIVITY IN 2010 AIMED AT REDUCING ARMED VIOLENCE OUTSIDE CONFLICT SITUATIONS – A CONSTANT FACTOR IN SOME COUNTRIES.**

### ANTI-MINE ACTION

High levels of funding have given new momentum to our demining programmes, allowing some countries to see the light at the end of the tunnel. In 2010, the total budget for anti-mine action reached US\$6.68 million. The effectiveness of these projects was heightened by the use of "land release", a technique which consists in systematically conducting intensive surveys of suspected mined areas. By involving all the local actors, these surveys are able to establish with almost total certainty whether there is actually a danger of mines, thereby freeing up demining resources for areas that really are polluted. Three of the countries in which Handicap International is working (Uganda, Senegal and Mozambique) have entered the final phase of their demining programmes. These countries should be mine-free within two to three years.

#### Mozambique

Started fourteen years ago, progress on Mozambique's demining programme has speeded up over the last two years as a result of additional funding. Handicap International's teams estimate that their demining work will be finished by 2014. Out of one and a half million square metres of land cleared, two thirds have been returned to the local population.

▲ In figures 1.5 million sq.m. demined — 80 national staff and one expatriate staff member.

#### Bosnia

Handicap International has carried out its anti-mine actions in the Balkans in phase with the region's development perspectives. In Bosnia, as well as controlling the quality of the demining actions carried out by a local partner, the organisation has begun a number of development projects in conjunction with commu-

nities, including the construction of new roads and the rehabilitation of wells for agricultural purposes.

▲ In figures 318,000 sq.m. demined and 50 development projects related to demining actions — 20 national staff and 2 expatriate staff members.

#### Senegal

The association continued to run its demining, education, mine risk education and victim support projects in 2010. The technical skills of deminers were consolidated, and seven members of its national staff were awarded EOD Level 3 after attending a training course in Benin. This is the highest possible qualification and allows a deminer to operate as a team leader or to work independently. There was also an increase in the number of women deminers in teams trained by Handicap International.

After five years of waiting, a contract to be funded by the European Union was finally signed with the UNDP (United Nations Development Programme). This contract will enhance the organisation's capacity for action in 2011 through the addition of a new machine that will speed up demining operations.

▲ In figures 279,000 sq.m. demined — 40 national staff and 2 expatriate staff.

#### Democratic Republic of Congo

In June 2010, the programme was reorganised following the take-over of demining activities from Handicap International Belgium. Demining operations, data collection in the Eastern Province, and Maniema and risk education have since resumed. Surveyors visited 773 villages and checked 1,410 km of road to evaluate the presence of mines in two districts of the Eastern Province.

▲ In figures 20 national staff and three expatriate staff.



© J.-J. Bernard / Handicap International — Senegal / Mine clearance expert, Casamance team

## Lebanon

After 18 months of work, the depollution of the ruins of the Palestinian refugee camps of Nahr El-Bared was completed in March 2010. Located close to Byblos, in the north of Lebanon, the project consisted of locating and destroying explosive remnants of war in urban areas, prior to the launch of reconstruction projects. A new demining project was also launched in the mountainous tourist region to the north of the country.

▲ **In figures 12,504 explosive remnants of war were found in Palestinian refugee camps — 30 national staff and three expatriate staff.**

### GOAL ACHIEVED

End of demining operations in Chad

## RISK PREVENTION

Risk education activities were carried out in twelve countries: Afghanistan, Algeria, Bosnia,

Iraq, Mozambique, Niger, Uganda, Pakistan, Democratic Republic of Congo, Senegal, Somaliland/Puntland and Tadjikistan.

## Pakistan

A new risk education and danger awareness method for use in emergency settings was tested successfully in Pakistan. The floods of August 2010 displaced mines in Swat valley and the local population found itself exposed to a heightened risk of accidents. The teams deployed by Handicap International therefore taught inhabitants and displaced persons how to make living and travelling in polluted areas safer.

▲ **In figures 3,500,000 people received risk education in the affected area (estimate).**

## Niger

Around Agadez, in the centre of Niger, hundreds of civilians and military personnel have fallen victim to mines and unexploded ordnance. In 2010, the government finally began to address the problem, focusing first on risk education. Handicap International trained awareness-raising workers and helped local opera-

tors to develop their own prevention tools and carry out awareness sessions for the affected populations.

▲ **In figures 300 awareness-raising workers trained in villages and communities at risk.**

## REDUCTION IN ARMED VIOLENCE

More than 740,000 people around the world are killed each year in violence resulting from armed conflict and small- or large-scale criminal activities, and almost two thirds are killed outside war zones (source: [www.genevadeclaration.org](http://www.genevadeclaration.org)). The injured are frequently left with disabling sequelae.

In October 2010, Handicap International launched a new activity to help reduce armed violence, working alongside communities and local operators. The goal is to promote awareness and bring about behavioural changes, while limiting the proliferation of light arms and making arms held by communities secure. Evaluations were carried out in three priority countries: Uganda, Kenya and Mauritania.

## NATIONAL ASSOCIATIONS THE IMPACT OF THE FEDERATION CAN ALREADY BE SEEN

2010 WAS EXCEPTIONAL AS IT WAS THE FIRST FULL YEAR OF OPERATIONS FOR THE NEW FEDERAL NETWORK, MAKING COMPARISONS WITH PREVIOUS YEARS DIFFICULT. HOWEVER, THE INITIAL BENEFITS OF OPERATING AS A FEDERATION CAN ALREADY BE SEEN IN THE IMPROVED VISIBILITY OF OUR NATIONAL ASSOCIATIONS AND THE OVERALL INCREASE IN THEIR FINANCIAL CONTRIBUTIONS AND CAPACITY FOR INTERVENTION.

### PRIVATE FUNDRAISING: A GENERAL INCREASE

The creation of the Federation at the end of 2009, combined with the organisation's effective intervention in the aftermath of the disaster in Haiti in January 2010, have undoubtedly heightened Handicap International's visibility

and increased international recognition for the quality and relevance of its work. Throughout 2010, each of the national associations used this international legitimacy to strengthen its own brand-image and heighten understanding of the campaigns run by the Handicap International network. The impact was particularly strong in the United States and Canada,



two countries with large Haitian communities where Handicap International benefited from unprecedented media coverage during the crisis. Heightened visibility and greater recognition led to an increase in private donations in all countries in 2010, and several major donations were received, including one from the Bette Midler Foundation in the USA.

## INSTITUTIONAL FUNDRAISING: AN EXCEPTIONAL YEAR

The amount of institutional funding secured by the national associations and the Federation increased significantly between 2009 and 2010. This was mainly due to contracts signed to fund our emergency operations in Haiti and Pakistan, but also to an increase in the level of coverage for development projects, mainly via public funding (82%). There are, however, major differences in funding patterns between countries. In Switzerland, most funding comes from private institutional funds, whereas in Luxembourg the opposite is true, especially after the signing with the Ministry for Foreign Affairs of a new 4-year (2010-2013) framework agreement worth some US\$16 million.



© W. Daniels / Handicap International — Haiti / Rehabilitation

## MINES AND CLUSTER MUNITIONS: A SUCCESSFUL COLLECTIVE EFFORT

The first meeting of state parties to the convention on cluster munitions ended on 12th November 2010 with the unanimous adoption of the Vientiane Declaration. This declaration binds states to comply with their obligations

under the convention by implementing concrete actions within a strict timeframe and by committing the funding necessary to do so. This action plan requires state parties to move more quickly to destroy their stockpiles, clear polluted land and strengthen victim support.



© J.-J. Bernard — Public Awareness

The national associations, all of which contributed to this success, are continuing the fight by raising public awareness and constantly applying pressure on their governments. Each national association is faced with a very different political situation. Switzerland and Canada, for example, have not yet ratified the Oslo Treaty, and the United States has signed neither the Oslo Treaty nor the Ottawa Treaty. Although advances have been made, a lot of work is still needed to keep the public informed of the issues at stake and maintain levels of mobilisation and concern.

In this domain, the European member associations of the Handicap International federal network - Belgium, Luxembourg, France, UK and Germany - have benefited from generous European funding for their development education activities. These funds have been used to fund the organisation of popular events such as the Shoe Pyramid, for example, and to keep websites for the general public up and running. DVDs have also been produced on different issues and circulated to networks of teachers and voluntary workers.

In the United States, the association is coordinating a coalition of American NGOs against cluster munitions and mines which is endeavouring to persuade its government to sign the Ottawa treaty as a first step forward.



© J.-J. Bernard / Handicap International — Togo / Education for all

### KEY POINTS

- ▲ In Germany, fundraising from the general public passed the one million euro mark for the first time.
- ▲ In the USA, receipts were up US\$700,000 on 2009.

## ACKNOWLEDGEMENTS

# HANDICAP INTERNATIONAL'S PARTNERS FOR THE YEAR 2010

## HANDICAP INTERNATIONAL FEDERATION'S BOARD OF TRUSTEES

### BUREAU

Chairman – Jacques TASSI – director – member of Handicap International France's board of trustees

General Secretary – Colin NEWHOUSE – director

Treasurer – John LANCASTER – retired

Member of the board – Philippe CHABASSE – consultant – associate member of Handicap International France's board of trustees

### MEMBERS

François FOUINAT – retired

Pascal GRANIER – doctor

Maryvonne LYAZID – director

Joyce MCNEILL – assessment advisor

Elke SCHWAGER – prosecutor

Richard VARCONI – physiotherapist

Pierre-Jean VIGNAND – director – member of Handicap International France's board of trustees

### PUBLISHING EDITOR

Jacques TASSI

### International public bodies

▲ European Union: EuropeAid, ECHO.

▲ United Nations: OCHA, UNDP, UNHCR, Unicef, UNMACA, UNMAS, UNRWA, WFP.

▲ Other: World Bank, International Trust Fund, Global Fund.

### National public bodies

▲ Agence française de développement.

▲ French Ministry for Foreign Affairs: support mission for the international work of NGOs, humanitarian action department, crisis centre, embassies and development agencies

▲ Other French ministries: Fonjep, FRIO.

▲ French regions, departments, towns and prefectures: the Rhône-Alpes Region, the General Councils of Bouches-du-Rhône, the Grand Lyon, Towns of Lyon and Paris, the Île-de-France Region, other towns and general councils.

▲ Théâtre national de Chaillot.

▲ Governments (ministries and embassies): Germany, Australia, Belgium, Canada, Quebec International Development

Programme, Spain, United States, Finland, Great Britain, Ireland, Luxembourg, Mali, Monaco, Norway, Netherlands, Sweden, Switzerland, Togo.

### Private organisations (European Union)

Aktion Deutschland Hilft  
Aktion Mensch  
Association française contre les myopathies  
Big Lottery Fund  
Caritas  
Chaîne du Bonheur  
Christian Blind Mission  
Cluster Munition Coalition  
Colas  
Cordaid  
Drosos  
FIFA  
Abbé Pierre Foundation  
Abilis Foundation  
Argidius Foundation  
Berenger Foundation  
Air France Corporate Foundation  
Crédit coopératif  
Corporate Foundation  
Fondation de France  
Fondation EDF  
Lord Michelham of Hellingly Foundation  
Meko Foundation  
OAK Foundation  
OL Foundation  
Pro Victimis Foundation  
SEB Foundation  
Stammbach Foundation  
GlaxoSmithKline  
Médecins sans frontières  
Rhein Zeitung  
Secours islamique français

Solidaime  
Solidarité laïque

### Private organisations (outside of the European Union)

American Friends Service Committee  
American Red Cross  
Canadian Auto Workers  
Canadian Landmine Foundation  
Envol  
Elma Foundation  
Mectizan Donation Program  
Open Society Institute  
West Africa  
Plan international  
Smile Train  
Soros  
Wellspring

### Corporate

Air France  
Aurilis  
Bonduelle  
Chaussée  
Crédit coopératif  
Crédit mutuel Centre-Est  
Europe  
Dispatch  
DPPJ  
EBP  
EDF  
GL Events  
IBM France  
Ipsos  
Irfan Le Label  
Leroy Merlin  
Max Colleate  
Mondadori  
Moullins Soufflet  
Mutualité française  
Robert Bosch France SAS

sanofi-aventis  
sanofi-pasteur  
SEJT Presse  
Shurgard  
Sier  
Smart Pharma Consulting  
Société générale  
SPL Procity  
Studyrama  
TT Transfert  
UITSEM-Smerra

### Media

Amaury Médias, Courrier international, France Bleu, Groupe M6, La Vie, LSA, Mon quotidien, NRJ, Rue89.

### Communications agency

MgA / Groupe 361°

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