

COLLECTION OF TESTIMONIES AND CASE
STUDIES CONNECTING REHABILITATION
AND THE SDGS

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SDG 1 NO POVERTY

1. Case study - HI Bangladesh

Recognising the linkages between disability and poverty, Humanity & Inclusion (HI) has been implementing a disability-inclusive poverty graduation model in Bangladesh since 2011. The model, initially developed by BRAC to target households with basic unmet needs, aims to systematically include persons with disabilities as project holders and income earners.

In addition to the standard 'graduation programme' activities (consumption support, asset transfer, building savings, skill building, social integration, coaching, etc.), HI included disability-specific support, ensuring that beneficiaries had access to rehabilitation, adapted tools and adjustments needed to increase their functional autonomy and employability. HI's work on an inclusive poverty-graduation model embeds rehabilitation and personalised social support as central components to increase the ability of beneficiaries to be economically independent. Rehabilitation project staff reached out to households to assess their needs and understand whether these can be met at the household level or referred to specialised services.

The programme initially targeted 600 persons with disabilities in the Sitakunda Region via a DFID-funded programme. After the success of the pilot, HI scaled this initiative in partnership with DFID's Global Poverty Action Fund. With phase 2 (2015-2018), HI doubled the beneficiary target to 1,200 persons with disabilities and their households, and expanded the geographic scope to Kurigram Sadar. The approach was effective: 98% of extremely poor beneficiary households in Kurigram Sadar graduated from 'extremely poor' to 'poor' status (including women-headed households, which represented 38% of the total), lifting hundreds of persons with disabilities and their families out of extreme poverty, and ending their dependency on social safety nets.

In addition to showing high rates of 'graduation,' these outcomes have been sustainable, with the vast majority of graduates in Sitakunda or Kurigram Sadar being set to continue to earn sufficient income to avoid falling back into extreme poverty, thus contributing to progress towards SDG1. The success of the inclusive-graduation model has translated into implementation by HI in other countries, including Chad, Mali, Burkina Faso, and South Sudan.

2. Testimony - Liliane Foundation Uganda

Irakoze is a 2 years old Rwandese living with his mother and 3 siblings in the outskirts of Kampala. Irakoze has Cerebral Palsy (CP), which has affected his development. His father left them in a small rented house with no income or extended family to support them. Irakoze was identified by a community mobiliser after he noticed the child could not sit, was often sick and cried a lot. Within STEP, his mother was informed about the diagnosis and, together with the fieldworker, developed an intervention plan. The mother has been coached on facilitating sitting with a CP chair, relieving her from the everyday task of carrying Irakoze.

With assistance from a nutritional programme and a long-term plan to develop income generating activities for his mother (SDG1), Irakoze has been better fed and is no longer malnourished. As a result, his health has improved. His mother is part of a parent-support group and the quality of life of the family is continuing to improve.

3. Testimony - HI Rwanda

Martha is 3 years old Congolese with Down syndrome, living in Kiziba Refugee Camp in western province, Rwanda. At first, Martha could not stand or walk. His mother, a cultivator stopped her activities in order to take care of Martha. He was isolated and couldn't play with other kids. Since the

family depended on the mother's occupation, their income gradually decreased and it ensued in poverty and a lack of food.

In 2017, HI took Martha to its rehabilitation centre in the camp. A few months later, Martha started standing up and walking. He can now stand, walk and run quite comfortably. Martha's mother has more time to cultivate again. She is now able to buy food, clothes and take care of her house by herself. Martha now started an Early Childhood School and interacts with other kids, the mother is doing well and their family's living standard improved a lot (SDG1).

SDG 3 GOOD HEALTH AND WELL-BEING

1. Case Study - Liliane Foundation

The STEP pilot was designed as a response to an observed increase in neurodevelopmental impairments such as cerebral palsy, and to improve the approach to rehabilitation. This one-year pilot was launched in May 2018 is implemented by the Liliane Foundation and co-funded by Dioraphte. STEP aims to change the approach to rehabilitation and improve the outcomes of existing services. Through these activities, the pilot aims to improve the quality of life and functioning of children with cerebral palsy and their caregivers. The pilot includes 158 children and their caregivers in Kenya, Tanzania, Uganda and Cameroon. STEP contributes to healthy lives and wellbeing through improving the quality of the intervention process and improving the knowledge and skills of fieldworkers by providing training, support tools and coaching. Coaching caregivers is also a key component of the pilot.

While the project is ongoing, caregivers have already reported gaining confidence in caring for their child and have observed improvements in their child's health and wellbeing. Caregivers also reported increases in their own wellbeing, reporting improvements in their health, social activities, and economic activities among others. Fieldworkers report a renewed zeal for working with families and children with complex needs such as cerebral palsy.

Picture: Liliane Foundation

2. Testimony - Kheir d'Afrik Ivory Coast

Yvonne is 45 years old and lives with her husband and three children in Ivory Coast. She is a care giver in a Centre in Bouaké. In January 2018, she developed a stomach ulcer which rendered her sick and nauseous for three consecutive months. During that time, she was not able to go to work and the financial situation of her family became quite unsustainable. Her employers and friends supported her and her family during that period.

After her ulcer, Yvonne started to develop neck pain which kept her from walking. She first thought it was linked to her eyesight, thus in May 2018 she consulted a specialist and changed her glasses. Nevertheless, the pain persisted and in July 2018 she was barely walking. Following a neurology consultation, Yvonne did radiography and was prescribed some pain killers. Following an MRI, the doctor asked her to wear a neck-brace from September 2018 on and she wore it until mid-January 2019.

In January 2019, a humanitarian mission of chiropractors (Kheir d'Afrik) came to the centre where she works. She had two consultations during which assessed her neck pain. Yvonne was also advised to reduce the use of the neck collar, exercise regularly and have two physiotherapy sessions per week.

Following the intervention of Kheir d'Afrik, Yvonne does not need to wear the neck collar anymore and is doing well. She does not feel the pain, can go to work and undertake all the necessary activities. She is progressively recovering financially.

3. Testimony - Kheir d'Afrik Burkina Faso

Clémentine is 47 years old and lives with her husband and 5 children in Burkina Faso. She works as a cleaner and occasionally sells peanuts. In 2014, she had a motorcycle accident and subsequently fell several times in her own house. As a consequence, her right leg and arm, her back and knees were injured. For her motorcycle accident Clémentine was treated in the hospital but could not go back for financial reasons after she fell at home. She was thus limited in her functioning; it reduced her mobility and affected her ability to do her job. Sometimes, the pain even kept her from going to work. Her sister tried to support her but she was also very sick.

At some point, Clémentine was able to undertake some physiotherapy sessions in a Red Cross care centre and then in a rehabilitation centre for persons with disabilities run by the humanitarian organisation of chiropractors Kheir d'Afrik. For four years now, she has accessed regularly rehabilitation services. Since then, Clémentine was able to go back to work and continues to do the exercise showed to her by rehabilitation professionals.

4. Testimony - HI Palestine

Ahmad is a 14-year-old boy, living in the North of the Gaza Strip, an urban area with difficult access to health services. In June 2018, Ahmad received a gunshot by live ammunition during one of the Great March of Return "GMR" demonstrations. He was injured in his right leg, close to the knee, and as a result has experienced difficulties in performing daily activities, including walking and dressing by himself. Since then he has felt depressed and helpless. "I cried during the nights, because I wasn't able to play with my friends or to take care of myself," he recalls.

In August 2018, HI reached Ahmad, through a local organisation within a partnership collaboration called Baitona for Community Development. Based on a comprehensive assessment and consultations with Ahmad's family, an individual rehabilitation plan was prepared for him, including weekly visits, physiotherapy, occupational therapy and psychological support. Through these interventions, Ahmad regained his ability to perform basic tasks and learned how to use crutches to move around more freely. The interventions also prepared him physically and psychologically to return back to school.

"I went through dark moments and I lost faith that I would regain my normal life," he told HI's team. "Now I can dress by myself, especially the shoes and play with my friends". His mother reports proudly that even though he suffered concentration difficulties following his injury, he got high marks in his first semester at school, "thanks for HI team and efforts" she completed.

Photos taken by: Mohammed AL Nateel- Hard Skills Company

5. Testimony - HI Lebanon

Hothayfa is an 18 years old Syrian young boy, who chose to remain in Syria with his brother to continue going to school when the rest of their family moved to Bekaa Valley in Lebanon, seeking for a safer place.

Hothayfa was hit in one of the bombardments, while he was going home from school. He suffered damages to his kidney, liver and to his spinal cord. Hothayfa needed surgical operations. He was completely paralysed and had to lie in bed for several months, dealing also with the trauma and

uncontrolled fear whenever he heard the sound of war, guns and missiles. "I lived a terrible and serious period after I was injured in Syria; where I was desperate and I thought that my life was over because I had no optimism that I will be able to move again". During those long months, his parents did not know that he had been injured in the bombing. When the family heard about it, they did everything to get him to Lebanon. His mother succeeded to bring her son to Lebanon through a three-day trip in challenging conditions.

Humanity & Inclusion provides emergency intervention for the most vulnerable persons and their family members in North Lebanon and Beqaa area. When HI mobile team reached Hothayfa and his family, they immediately provided him with a bed and a wheelchair. Then, they started physiotherapy sessions so that Hothayfa could sit and stand up properly. But unfortunately his health situation deteriorated as he needed surgery. "My condition deteriorated, the despair returned, and I was angry and screaming all the time, I was not sure if there was anyone who would help me in the follow up of my treatment process". Hothayfa's situation was affecting the whole family members who were observing his daily suffering: "it was very difficult to see everyone around me moving and I was just sitting unable to do anything". At that time HI Psycho-social team intervened at the level of the family and helped them in decreasing tension and depression.

After surgery, the HI mobile team reinstated the physiotherapy sessions. "Today I feel improvement in my physical and psychological condition" said Hothayfa. He is able to sit, walk using crutches and able to transfer to/ from wheelchair. Also, Hothayfa feels that his relation with his family is good again, he has new friends around. "I have great hopes and I believe that my life will be better, I will go back to school for I have dreams for my future..."

SDG 4 QUALITY EDUCATION

1. Testimony - HI Nepal

Nirmala and Khendo were seven when the earthquake struck Nepal in April, 2015. In the district of Okhaldhunga, Nirmala, was trapped under a collapsed wall. At the same time, in Sindhupalchok, Khendo, was buried under the ruins of her house.

The two girls were sent to the Bir Trauma Center hospital in Kathmandu, and both had a leg amputated. The girls were there for almost three months and then moved to the National Disabled Fund, Humanity & Inclusion (HI)'s partner rehabilitation centre. With the support of HI, six months after the earthquake the children received prostheses and re-learned to walk. 'They have made tremendous progress. They support each other. Their friendship is their strength' says Sudan Rimal, a physiotherapist for HI.

Initially the girls attended the rehabilitation centre every month for rehabilitation sessions, for physiotherapy that helped them to stretch their muscles and become more flexible. Now they go less frequently, but regularly so that modifications can be made to their prostheses as they grow.

'We adapt their prosthesis every six months, according to how much they grow. They become more aware of their bodies and the importance of rehabilitation exercises. They tell me when they are hurting, and where. [...] They challenge each other to do the exercises, to progress. They are impressive' explains Sudan Rimal. Nirmala and Khendo now go to school and are in second grade.

'Teachers have also been trained to teach rehabilitation exercises to children,' says Sudan Rimal. They love English, badminton and playing hide and seek. And when we talk to them about the future, Nirmala replies, with shining eyes, that she dreams of becoming an actress. As for Khendo, she will be a teacher, 'to help people become good person'.

2. Testimony - HI Sudan

Grato is a 17 years old boy living in his sister's village of Kator district, at the periphery of Juba. At the age of 3, he contracted a bone disease leading to impairments of his lower limbs. Since then, he was staying at home on the ground, and could not move or was very limited in doing so. HI's team assessed Grato's situation and the project provided him with a tricycle. This has changed his life and he can now attend school. He is a good student and intends to become a pilot.

3. Case Study - Liliane Foundation

Liliane Foundation invests in inclusive and equitable quality education for children with disabilities through the provision of assistive devices, physiotherapy and surgeries. Basic principle of the Liliane Foundation is that children themselves are at the core of the project. An illustrative example is the annual campaign 'We ring the bell'. The campaign started in the Netherlands, but it developed into a worldwide campaign. Children at schools in Africa, Asia, Latin America and the Netherlands, 'ring the bell' together. By making a lot of noise, they draw attention to the urgent fact that many children with disabilities are not in school.

In 2018 a specific toolkit for children was developed and distributed: the "Welcome to school case", to assess in a playful way the (physical) accessibility of their schools for children with disabilities, in line with SDG4's ambition to promote disability-sensitive education facilities. The evaluation showed that the campaign is a powerful tool to mobilize local communities, local leaders and government officials and create energy and urgency around the topic of inclusive education.

In 2018 the bell was rung by 264.540 children at 1.584 schools in 26 countries. Evaluation showed various results: from sign language trainings to teachers, adjustment of school buildings, to children with disabilities reporting that thanks to the increased attention they felt less timid and alienated, and they had more positive interactions with their peers without disabilities.

Picture: Liliane Foundation

4. Testimony - Liliane Foundation Bolivia

Mariana is a 22 years old woman who lives in Bolivia. Mariana experienced brain damage as a baby, due to a disease that left her partially paralysed. With the support of the Liliane Foundation, Mariana got access to quality essential health-care services. Mariana received physiotherapy, occupational therapy and speech therapy. She also received psychological support and is followed by a neurologist, an orthopaedist and a nutritionist.

In the past years, Mariana has done her exercises and her perseverance has really provided results. She learned to talk better and was able to walk by the age of ten. She can dress autonomously, eat and go to the toilets, and prepare some food herself. The young Bolivian is fully involved in her community; at home, at school, and nowadays she even participates enthusiastically and successfully in various sports.

5. Testimony - Liliane Foundation Chad

Sosthene is an 11 years old boy from Chad, paralysed in both legs as a result of polio. For years, he spent his days in the yard, when his brothers would go to school, alongside other children from the neighbourhood. Sosthene was not allowed to go to school himself. His family saw education for a child with disabilities as a waste of time but he thought differently.

One morning he made a decision and went to school too but crawling. After that day, Sosthene's family has recognised that he had the right to go to school and learn among its peers and since then,

Sosthene has gone to school every day. He has now a hand-bike provided by Liliane Foundation which he uses to go to school. In addition, he is followed by medical specialists.

6. Case Study - DRRRA Bangladesh

Disabled Rehabilitation & Research Association (DRRA) has been intervening in Satkhira district of Bangladesh for 2 decades. Children with disabilities are now studying in educational institutes with inclusive environment with an appropriate education approach thanks to that. The methodology is to promote formal, non-formal and special education along with lifelong and pre-vocational options. It is benefiting families by reducing economic burden of special education services. DRRA has ensured each student's educational placement and required services on an individual basis.

DRRA's intervention also takes place in hard to reach communities where transportation and accessible means are a struggle. Parental and family member's engagement in school programs and with the health and rehabilitation services is important. Thus, professionals are able to transfer knowledge to them, make the activities self-sustaining. It also opens lifelong learning opportunities for children and youth with disabilities.

Bangladesh enacted several policies to ensure access of all children to education; however, the country is still in the early stage of implementing inclusive education. Therefore, the DRRA intervention strategy towards inclusive education is considering as a model for future Disability Inclusive Education System.

Photo: DRRA

7. Case Study - HI Rwanda, West Bank and Gaza

Many children with disabilities identified by HI's education projects require rehabilitation services to support their inclusion in schools, so links between education and rehabilitation services are crucial. In some countries, HI runs specific rehabilitation projects. In other countries, the education project focusses on basic capacity building of rehabilitation staff specifically related to increasing a child's ability to access education and on training for parents to ensure that they can support their child (e.g. improving mobility and independence, positioning for learning, fine motor skills, inclusive sports etc.). Moreover all HI projects advocate for policy change at national level, and where there is an existing IE policy, the project is strongly embedded.

The "Access to Services" model is a guide for HI staff to analyse the contexts and actors in specific countries, related to a particular theme (including practical tools on data collection and analysis). This helps to frame the support needed for users, service providers and decision-makers. This approach ensures that Inclusive Education projects are intrinsically linked to rehabilitation services and other support and specialist services, where this is appropriate and feasible. To create an inclusive society all citizens should have access to mainstream and more specific services according to their needs and choices. A child with disabilities needs access to mainstream services (education, health), support services (such as assistive technologies and adapted transport) and specific services (such as individual needs assessments and diagnostic services).

Expanding the provision of Assistive Devices to improve access to education is necessary. HI works to increasing the range of (ideally) low cost assistive devices available, making use of evidence backed new technologies where costs permit (e.g. screen reader software for visual impairment, voice output communication aids (VOCAs) or apps for tablets, software to interpret sign language, and digital hearing aids etc.). Devices for children with sensory and communication impairments are increasingly

included in projects, and this trend will continue in addition to traditional devices for children with physical impairments (e.g. crutches, wheelchairs etc.).

Case Study 1: Rwanda

In Rwanda, HI has developed pilot national standards and tools for IE, in collaboration with the government. It includes a practical checklist for teachers to use in classrooms, monitoring tools to check children's progress and a list of standard IE requirements for all mainstream primary schools. The project also supports individual families by setting up microfinance initiatives and support groups for parents of CWDs focussed on their education. It focuses on improving accessibility in schools and playgrounds by building ramps, accessible toilets and other universal design features. HI finally supported the development of a multi-disciplinary educational assessment service, strengthening referrals to rehabilitation services and the rehabilitation training given to parents and teachers in schools (e.g. physiotherapy)

Case Study 2: West Bank and Gaza

In the West Bank and Gaza, HI advocated for disability mainstreaming within education services within emergency and non-emergency programmes at a national level. The project provided accessible psycho-social support for children to help them cope with the school environment and deal with any trauma experienced. HI strengthened links between special schools and mainstream schools, and supported the transition process into mainstream. Finally the project worked to strengthen existing referral networks and build capacity with rehabilitation staff such as speech therapists, so they can provide assessments for low tech communication aids for the classroom for example.

SDG 5 GENDER EQUALITY

1. Testimony - DRRRA Bangladesh

Disabled Rehabilitation and Research Association (DRRA) first met Astomi Malo in 2002 when she was 12 years old and living in the Satkhira district Bangladesh. She had physical difficulties due to post-polio paralysis. The DRRRA rehabilitation team enrolled her in a CBR project and started rehabilitation.

When Astomi was 20 she worked on a DRRRA CBR project and started delivering CBR while also studying for a degree in the Arts. Astomi was appointed as a Community Mobilizer in 2008 and was fully involved with Self Help Group mobilization, conducting training sessions, and advocating at local and national levels. This experience not only contributed to the success of the project, but also built her leadership skills. In 2011 Astomi realized her dream of becoming a leader.

With the support of DRRRA, she formed a Disabled People's Organisation, Narikontha Unnayan Songstha (NUS), and now leads a team of 35. NUS works on health, education and empowerment for persons with disabilities through service delivery, school enrolment, and social safety net issues, as well as advocacy with local government.

Astomi's achievements as a women leader and mentor to persons with disabilities were first recognised in 2013 when she was awarded the Joyeete Award (a Bengali word which means victory of women). She went on to win the award for the second time in 2018. Astomi was also recognized as 'best woman entrepreneur 2018' of Shyamnagar Upozila, Satkhira by the Department of Youth Development.

Photo: DRRRA

2. Testimony - HI Egypt

Fatma is a 3 years old Egyptian girl. She lives in a poor family with her parents and siblings, she is the 5th kid and the youngest girl. She was born with a disability following complications during her mother's labour. Firstly, her parents were ashamed of her disability and kept her at home, even Fatma's relatives could not see her.

A CBR team heard about it and first tried to get in touch with Fatma's mother at their home. She denied having a daughter with disabilities. Later, they found her waiting besides the CBR unit and she told them that Fatma had a congenital disability. The CBR team started visiting Fatma at the family home, before convincing her mother to go to the unit. The mother joined a peer-support group alongside with other mothers and started allowing her daughter to join social activities.

Nowadays, Fatma goes to the CBR unit and a health unit. Fatma's family and people in the community have changed their opinion on her disability. She now goes out of the house and meets new people.

3. Testimony - MoveAbility Nicaragua

Melania is a 66 years old woman living in Nicaragua. She was only one year old when she severely burned her feet walking on blazing embers that were used in the family kitchen. Due to their difficult economic situation, her parents could not pay for adequate care in time and both of Melania's feet had to be amputated. When her accident happened in 1953, the prostheses were not yet manufactured in Nicaragua, which meant that Melania had to move on her knee since she was a baby.

Her living conditions have been precarious and Melania had to work in the markets selling spices to support herself. She therefore goes to work every day by moving on her knees.

Her 11 children also being in complicated financial situation means they were not able to help her. She emphasizes: "My children have their own families, I do not want to be a burden to anyone, I can still work and earn a living. I don't want to beg to survive and I prefer to work. As long as I can, I will continue to go to the market every day."

It is only at the age of 66, that she received her very first prosthesis. She was cared for by Rafael Bermudez, who had just graduated as Prosthetist/orthostist thanks to a MoveAbility grant. Melania was fully supported and accompanied to take her initial steps. For the first time she was standing up. Melania often continues to move on her knees. She explains: "I've been moving like this all my life, that's all I know. I still need a little more time to adjust and above all I have to get used to a new way of seeing the world."

4. Testimony - MoveAbility Ivory Coast

Séverine is a 42 years old women living in Ivory Coast. She has polio since the age of two years old. "I always said that I did not want to lie in bed, and that I would work," she explains to visitors in the tailoring workshop in Abidjan, where she spends much of her days. Unable to use her crutches following an accident three years ago, Séverine sought help from Vivre Debout, an Ivorian NGO providing assistive devices and rehabilitation services for persons with disabilities.

"Vivre Debout gave me a wheelchair and trained me in tailoring. My godmother and kind nuns gave me two sewing machines. With these I started my business in 2015." Vivre Debout is an organisation which provides crutches, wheelchairs and other assistive devices for persons with disabilities, works to strengthen their autonomy and advocates for their rights. The devices they produce for their patients are manufactured according to each person's individual needs. "A wheelchair, for example,

must be just as specifically adapted to suit the person using it, as a prosthetic leg needs to be for an amputee”.

Supported by the ICRC MoveAbility Foundation since 2012, Vivre Debout has greatly expanded its rehabilitation services in recent years. In addition to its center in Abidjan, it has opened a satellite center in Bouaké.

5. Testimony - MoveAbility Tajikistan

Sadafmo is a 41 years old woman with disabilities. She was born in Dashtijum, a remote mountainous village of Tajikistan. In 1995, when she turned 18, her parents decided to marry her to a villager. On her wedding day, she lost her right leg to a mine and her body was full of debris.

The same year, Sadafmo was fitted with a prosthesis in Azerbaijan, with ICRC’s support. When she came back to Tajikistan, she finally celebrated her marriage. She lived for 2 years with her husband and their son, until her mother-in-law kicked her and her son out, saying that her disability was a burden on the family.

After her accident, Sadafmo felt ashamed and alone because of other people’s regard on her disability. The burden of stigma was heavy for her and she did not feel able to get out. The help and support she received at the Rehabilitation Centre helped her to rise up again, believe in herself and even find a profession. She successfully completed a sewing and embroidering course at a Boarding School for persons with disabilities.

Today she dedicates her life to her son’s education, to her work, but also to promoting the rights of persons with disabilities. In 2007, she participated to an International Conference for Demining which took place in Columbia. She raised the issue of anti-personnel mines in Tajikistan and called for an immediate demining campaign.

SDG 8 DECENT WORK AND ECONOMIC GROWTH

1. Testimony - Caritas Egypt

Mohamed is 27 years old and lives in Alexandria, Egypt. He is the youngest child in his family and he has Down syndrome. His family has always been supportive, but they struggled to teach him self-care and to socially engage him as he had extreme anti-social behaviour. That was until he joined the vocational rehabilitation and employment program implemented by Caritas Egypt. The program provided him and his family with counselling and support, trained him on independence, basic literacy and numeracy skills, appropriate job behaviour, communication and how to address colleagues, supervisors and clients at work. Equipped with basic education and relevant job skills, Mohamed was able to access employment market on an equal basis as his peers (SDG8). He is now employed as an assistant pastry chef in a confectionery and pastry factory assisting the chef in preparing all sorts of sweets and pastries. According to his parents, Mohamed is a new person: joyful, self-confident, sociable, and successful. Moreover, he joins the programme team in awareness-raising with prospective employers on employing persons with disabilities, showing the potential of persons with disabilities to work and contribute in the workplace.

Photo: SETI/Caritas

2. Testimony - HI Cox’s Bazar

In 1991, Mohammad lost both his legs to a landmine in Myanmar. At that time, he managed to receive a pair of prosthetic legs for himself. In August 2017, he had to flee Myanmar and arrived in

Bangladesh with his family. In this context, Mohammad was forced to abandon his prosthetic legs and crutches. He is now 50 years old and lives in a block in Cox's Bazar, Bangladesh. Before these events, Mohammad was a tailor and the only breadwinner of his family. To continue earning a living and supporting his family, he improvised by attaching plastic bottles to his amputated legs in order to be able to pedal the sewing machine.

HI's rehabilitation mobile team identified him through house visits. They assessed his situation, provided him with assistive devices and made modified his home to make it more accessible. In collaboration with ICRC, HI managed to provide him with a pair of new prosthetic legs.

Mohammad can now walk independently again. He managed to comfortably resume his fulltime job as a tailor and is making his own earnings, thus, supporting his wife and three children.

Credit: Ovijit Baidya

3. Testimony - HI Rwanda

Uwitonze is an 18 years old Congolese boy living in Kigeme refugee camp, Rwanda. He was born blind and with an impairment to his left leg. At 12 years old, he lost both his parents due to a war outbreak in DRC in the year 2012. After this, Uwitonze was cared for by another family.

Uwitonze did not attend school with other children. He was isolated from other children and could not play with them. After five months, Uwitonze found his aunt, a business owner but she had to stop her business to take care of him.

In 2017, HI provided him with both a white cane and a left knee- ankle -foot orthosis. He is now able to walk around by himself and his aunt resumed her business. Uwitonze joined a school of tailoring and he is now employed as a tailor and earns a living.

4. Testimony - HI Palestine

Zaki is 27 years old man, living in Rafah Southern of Gaza Strip. He is married and has one child. He used to work as a freelancer journalist and at his father clothes shop in the evening to support his family. In July 2018, Zaki was injured and fractured his right leg because of an explosive gunshot when he was covering the Great March of Return "GMR" demonstrations which started in March 2018.

As a result, Zaki had severe pain especially in the night, infected wounds, inability to walk and inability to perform activities of his daily life. He also couldn't do his job. It started to affect him psychologically, he became nervous and isolated. "I couldn't sleep at night, and the pain killers were useless. My leg was burning and I used to scream as crazy" he added. One month after the injury, HI reached Zaki, through a local organisation within a partnership collaboration called EL-Amal Society for Rehabilitation. He received multidisciplinary rehabilitation services including physiotherapy, occupational therapy, psychosocial support, wound dressing care, assistive device (crutches) and family training for three months.

Now Zaki can walk without using any assistive device, he performs autonomously activities of his daily life like dressing up and putting on shoes. Zaki returned back to his job at the clothes shop and gradually is coming back free-lance journalism. His return to work improved his psychological wellbeing and ability to support his family. Zaki said, "I'm grateful to the rehabilitation teams who restored my hope in life."

Photos taken by Ahmad Aqel- EL Amal Society for Rehabilitation

5. Testimony - HI Lebanon

Amina is a Lebanese woman who used to live with her husband and daughter in a poor neighbourhood in Tripoli, Lebanon. Amina was a sales woman in a clothes shop to be able to provide for her family including her 70 years old mother. At 30 years old, Amina started to develop symptoms (shakiness, walking issues, bowel problems, bladder control problems, and continuous feelings of exhaustion). Doctors diagnosed her with a multiple sclerosis disease. Due to financial restrictions, Amina did not get the appropriate treatment, and her situation deteriorated. Moreover, her situation was worsened by the fact that she had divorced her husband and was away from her 6 year's old daughter at that time. "At that time I get depressed, felt that am useless, and unable to change anything" Amina claimed.

Amina's neighbour, who used to be a HI beneficiary, advised her to contact HI's hotline number and call for help "I thought million times before I took the mobile phone and called HI hotline number": Amina said. After that call, and based on a rehabilitation assessment, Amina started to receive physiotherapy sessions from HI mobile team. Then she was referred to "The Forum of People with Disability" partner's centre in order to continue rehabilitation and improve her mobility. The rehabilitation was accompanied by psychosocial support.

Amina showed great improvement in her mobility. Now, she can walk at home with the help of the walker that she received from HI and go outside using the wheelchair received from "The Forum". Moreover, after 6 years of depression and isolation Amina started to have an active social life again which increased her self-confidence and improved her relational skills.

"Today I feel stronger than ever", Amina confessed. After being a beneficiary of "The Forum", she is now leading peer-support groups to provide support to others who experienced similar situations. "Here we all feel as one family in the Forum", Amina Says. Now, Amina is 38 years old and is attending training courses to improve her Computer and English language skills. Amina now claims that "we are not disabled by the disability we have, but we are able by the abilities we have".

SDG 10 REDUCED INEQUALITIES

1. Case study - HI Nepal

Since 2015, HI has been supporting the Nepal Ministry of Health to expand the coverage of rehabilitation services in five remote districts (Rasuwa, Nuwakot, Dhading, Sindupalchok, Dolakha) as part of the response to the long-term needs of people injured following the deadly earthquake that hit Nepal in April 2015. Basic physiotherapy units were integrated in districts hospitals. Physiotherapists and social workers ensured needs identification, management of impairments, delivery of assistive devices, counselling and referrals to other services, either in the rehabilitation units or during outreach. As a result of the strengthened local health system, all communities in the five districts have benefitted from the new services, including older people, people with chronic diseases and persons with disabilities. From August 2015 to December 2017, a total of 9,725 people received rehabilitation services. Of these, 54% were women and girls and around 17% were earthquake survivors. A pilot intervention was also implemented in Nuwakot district, which aimed to strengthen the local health sector emergency preparedness by supporting the District Hospital and three Primary Health Care centres to develop mass casualty management plans. Inclusiveness of local preparedness plans was improved through the establishment of a Vulnerability Focal Point to facilitate the identification of vulnerable individuals, ensure effectiveness of first response, and allow rehabilitation follow-up.

2. Case Study - MoveAbility South Africa

Abdul Hamad Kipango, 11 years old, and Musa Hussein Msfari, 9 years old, two boys from Dar Es Salaam, Tanzania, both underwent a lower limb amputation after a road accident. They recently took part in 'Jumping Kids', a pilot prosthetic training programme in South Africa. The programme aims increase the support available to children living with lower limb amputations without access to adequate prosthetics.

Rehabilitation professionals attended a workshop where they received training on the latest prosthetics technology, methods and rehabilitation techniques. The workshop was followed by manufacturing and fitting of sports prosthetic devices. Among the participants in the programme were two ortho-prosthetists from Tanzania, where there is a substantial unmet need for access to assistive technology.

The training was supported by MoveAbility, and hosted by Ottobock South Africa, Icexpress Prosthetics and Jumping Kids. In partnership with the Tanzania Paralympic Committee, a sports training programme is also being developed with the JMK Youth Park in Dar Es Salaam. This programme will reduce inequalities in access to sport and allow the two boys and other children with disabilities, to play sports in and out of school with classmates and friends without disabilities. Musa hopes that it will also help him to achieve his dream of becoming one of the next Tanzanian Paralympic athletes!

3. Case Study - HI Palestine

HI developed a project in the Rafah Governorate in the Gaza Strip (occupied Palestinian territories) to address urgent injury care and rehabilitation needs of the casualties of border clashes ("March of Return") in the Gaza strip. The emergency rehabilitation and psychological intervention was crucial and needed to adequately respond to the vital post-operative needs of persons with injuries. Indeed, the Great March of Return (GMR) crisis considerably affected service provision in Gaza.

This project supports the recovery of persons with injuries. The first level is under the responsibility of medical organizations and the Palestinian Ministry of Health (MoH) and the project ultimately intervenes at the prevention level in order to minimize and decrease as much as possible the likelihood of disabilities and amputations due to the GRM crisis. It provides timely and quality multidisciplinary rehabilitative services. Psychosocial Support Services (PSS) is similarly provided and addresses trauma symptoms and aims at enhancing the wellbeing and resilience of injured persons so that they may develop coping mechanisms and psychologically recover.

Through the project, 40 professionals perform rehabilitation, post-operative and psychological care to persons with injuries due to the GMR crisis. Besides, HI provides assistive devices as per the prescribed needs, and technical support to partners. HI works to enhance referral mechanisms and support trauma pathways. From May 2018 and up to March 2019, HI has assessed 2,278 persons with injuries out of whom 2,225 have received multidisciplinary rehabilitative services. Those injured benefitted from 40,000 multidisciplinary sessions. HI has also distributed 725 assistive devices including wheelchairs, elbow and axillary crutches, and anti-bed sore mattresses. Recently, HI procured 1,000 assistive devices to be at partners' disposals in order to respond to persons with injuries' needs.

SDG 11 SUSTAINABLE CITIES AND COMMUNITIES

1. Stats - HI Nepal

During the earthquake in Nepal, more than 8,000 people lost their lives and over 22,000 others were injured. Here's Handicap International's involvement in figures:

- 16,000 rehabilitation and psychosocial support sessions for more than 6,000 people. HI has distributed more than 4,700 walkers, wheelchairs and crutches to people affected by the disaster.

- 4,300 first aid kits and equipment to build roofs for more than 2,200 families.

- 9,000 people received warm clothing, blankets, protective roofs, ropes and mattresses during the winter of 2015.

- 5,400 tons of humanitarian material was stored by HI and then transported to remote communities (more than 350 truck routes for 37 organizations).

- 160 households received goats, enabling them to find a new source of income.

- Another 294 households received financial support enabling them to find new jobs.

HI also made it possible for the most vulnerable to access humanitarian services (education, health care, etc.) from other organizations. Part of the work revolved around raising awareness among humanitarian workers about the importance of taking account of the most vulnerable.

2. Stats - HI Nepal Rehabilitation

Today, HI supports five rehabilitation centres and hospitals enabling thousands of Nepalese to benefit from physiotherapy care and to be paired. The organisation offers financial support to victims of the earthquake helping them to find new livelihoods (raising goats, small shops, etc.) or new jobs, especially for people with disabilities.

HI is also strengthening access to schools for disabled children. The association develops tools and teaching materials adapted to children with disabilities, in collaboration with the Ministry of Education. In addition, HI is working with communities and local authorities to create contingency plans that take people with disabilities into account to improve emergency alert and evacuation systems.

Finally, HI improves the protection, rights and living conditions of prisoners. The association prevents ill-treatment (including torture) and prevents long-term after-effects of imprisonment.

3. Case Study - MoveAbility Vietnam

MoveAbility has supported sporting initiatives and events for many years in Viet Nam. Their aim is to raise awareness among communities and persons without disabilities and encourage persons with disabilities to have a better image of themselves.

MoveAbility together with the national DPO and Da Nang Orthopaedic Rehabilitation Hospital, organised a running competition for persons with disabilities from the centre of Viet Nam to celebrate the International Day of Persons with Disabilities.

60 competitors in 11 delegations representing 5 provinces participated in this day of competition, despite the very difficult weather conditions. Although the rain made the race difficult, it did not affect the moral of runners and participants, for whom the event was an opportunity to get together, have a good time and raise awareness on disability.

4. Case Study - Diakonia Palestine

Diakonia and the Norwegian Association of Disabled (NAD) are supporting "The Disability Rights Program (DRP)" implemented by a network of DPOs, Civil Society organizations, local municipalities, and some government ministries in Palestine. The program was first initiated in the early 90s and

today covers 329 local communities in the West Bank and Gaza, reaching 53,000 persons with disabilities from all ages through funds from SIDA, NORAD and the EU.

DRP has been implemented in a context of occupation and political instability in Palestine which influenced the development process. Persons with disabilities are among the most marginalised and disadvantaged social groups in economic, social, cultural and political terms. They live in poverty and lack education opportunities, employment potentials, social protection and social security and often denied the chance to participate in their communities. Women with disabilities in Palestine are particularly vulnerable due to discriminatory practices. DRP adopts the WHO CBR guidelines including a focus on; health, education, livelihood, social, and empowerment rights. CBR addresses all the SDGs and has become sustainable since the local municipalities took over the financial responsibilities, adding to the community ownership.

The program works at the community level through home visits, raising awareness, changing attitudes, mobilization of local resources, and inclusion in public schools. At the district level, it focuses on services to make them more accessible, open, affordable, and on shifting from sheltered services to short-term specialised services. At the national level, it works on policies, changing laws and specifically on inclusive education and national guidelines for teachers in place. Over the years, DRP also worked on mainstreaming disability to non-disability focused development actors and has strengthened a movement for Youth with disabilities in the West Bank.

Photo 1: Credit: Palestinian Vision Organization (Palvision)/ Bihimitkom Society for Youth with Disabilities-West Bank

Photo 2: Credit: Al Salam (Peace) Sports Club for persons with disabilities-Gaza