1 MILLION INJURED

but how many more lives need to be rebuilt?

SYRIAN CRISIS
A MUTILATED FUTURE

march 2015
One million people injured, generations of Syrians sacrificed in the war.

Tens of thousands of victims of the Syrian conflict need orthopaedic fitting, a prosthesis or orthosis, and rehabilitation care.

Handicap International, which is already working in 4 countries (Jordan, Lebanon, Iraq, Syria) to provide orthopaedic fitting and equipment and to care for the injured highlights the urgent need for immediate care to avoid permanent disabilities.

There is a whole generation of mutilated people that need to be offered long term care. This legacy would be a heavy burden on the future of the whole country even if the conflict stopped today.
CONFLICT ESCALATION

The protests inspired by the Arab spring, which took place in March 2011 were repressed by government forces. The opposition armed and organised itself to resist.

At the end of 2011, the fighting intensified, and was marked by the battles of Homs and Aleppo in June 2012. Numerous different armed groups slowly became involved in the conflict. Diplomatic efforts failed. The number of refugees and internally displaced persons increased.

The use of cluster bombs and improvised explosive devices has been observed time and again. The regime is accused of having used chemical weapons.

During 2014, the regional impact of the conflict increased with new population movements as refugees sought refuge in Turkey, Jordan, Lebanon and Iraq. Faced with an offensive by the Islamic State group in Iraq and the Levant, an international coalition was formed and carried out air strikes.

1 http://www.unocha.org/syria

GENERATIONS OF PEOPLE MUTILATED

Four years after the start of the Syria conflict, the figures speak for themselves: over 191,000 dead, according to latest figures1, 1 million injured, 12.2 million people affected by the conflict (the equivalent of the population of Belgium), of which 7.6 million are internally displaced persons and 3.8 million are refugees, living mainly in five countries. 2014 was the bloodiest year, with more than 76,000 deaths. The violence affects civilians in an unacceptable way.

TENS OF THOUSANDS OF PEOPLE NEED ORTHOPAEDIC FITTING

The parties to the conflict have multiplied, as has the intensive use of explosive weapons in populated areas and the lawless circulation of light weapons. The escalation of violence seems to have no limits. The civilian population, which is caught in the cross-fire of the conflict, when not directly targeted by the warring factions, is paying a very heavy price for what has become an interminable war that ignores human rights on a daily basis.

The conflict is wrecking lives and mutilating bodies. Out of the million injured people recorded, Handicap International estimates that today that tens of thousands of them need prostheses, orthoses and rehabilitation sessions.

With no resolution to the conflict in sight, the number of people with injuries or in disabling situations can only increase.

The immense needs for orthopaedic equipment and functional rehabilitation calls for a response from organisations like Handicap International already working in the region, so that tens of thousands of victims can be helped back onto their feet, can be given a social and professional future, and can receive help in overcoming the psychological trauma caused by the violence.

600 professionals from Handicap International are working with the Syrians, these professionals notably include specialists in orthopaedic fitting and rehabilitation.
CHEAP BOMBS

« Barrel bombs are mass-produced in Syria. They cost next to nothing. All they require is an empty barrel filled with a mix of explosives, scrap iron (to do the maximum human damage possible), chemical fertilizer, and fuel (to increase the explosive power). These lethal devices are dropped by hand from helicopters. »
(Le Monde 20.11.2014)

RAISING AWARENESS OF EXPLOSIVE REMNANTS OF WAR

The presence of explosive remnants of war makes it necessary to carry out two types of interventions: firstly, awareness raising and risk education programmes, in order to teach the population to recognise the dangers and react in the right way, such as the ones Handicap International is currently deploying; then, demining operations to clear the hazardous areas. Demining operations cannot be carried out while the fighting is still going on.

THE APPALLING IMPACT OF EXPLOSIVE WEAPONS

Explosive weapons are regularly used in populated areas. They can take the form of mortar attacks, rockets, missiles and improvised explosive devices (IED). « Barrel bombs, » dropped from helicopters, are widely used by government forces. Cluster bombs, banned by the Oslo Treaty, are another form of explosive weapon employed by the warring factions. They have an extensive blast radius, which makes civilian populations even more vulnerable to their explosions. The Islamic State group probably used cluster bombs at at least one site in the north of Syria in August 2014. Government forces have used cluster bombs since June 20122. The documented use of chemical weapons by Bashar al-Assad demonstrates, if there is any need to do so, the scale of the indiscriminate attacks on the civilian populations3.

According to International Humanitarian Law (IHL), civilians must be protected from the consequences of hostilities and must not be made targets. These principles are constantly being violated in the Syrian conflict. The number of civilian victims illustrates the scale to which they lack protection.

A DEADLY LEGACY

When used in populated areas, explosive weapons indiscriminately kill and injure civilians on impact, leading to physical disabilities and psychological trauma. They reduce families to poverty and condemn survivors to different forms of social relegation. In the long term, they leave unexploded waste, called « explosive remnants of war », in neighbourhoods that have suffered an attack, and whose civilian infrastructures have been destroyed, making it impossible for them to return to normal life, in both social and economic terms. The impact these weapons have in human terms is particularly devastating.

2 http://www.hrw.org/node/129581
VULNERABLE REFUGEES

In April 2014, Handicap International and Helpage International published a joint study conducted in Lebanon and Jordan, *Hidden Victims of the Syria Crisis*, which assessed the situation of vulnerable people in the Syrian crisis. It gives an idea of the scale of the needs:

**30% of refugees in Jordan and Lebanon need specialised care:**

- One refugee in five is suffering from a physical, sensorial or intellectual impairment
- One refugee in seven is suffering from a chronic disease
- One refugee in twenty is injured and nearly 80% of the physical damage is a direct result of the conflict

**77% of elderly refugees (60 years or older) suffer from a disability, injuries, or a chronic disease;**

The refugees with disabilities, injuries or chronic diseases are twice as likely to show signs of psychological distress than the general refugee population;

**65% of elderly refugees show signs of psychological distress;**

**45% of refugees with specific needs experience difficulties carrying out simple daily tasks;**

Areeg Mahdawi, physiotherapist and rehabilitation project manager in Irbid, Jordan

«I manage the physical rehabilitation activities, which include physiotherapy, occupational therapy and psychosocial support. I manage the teams in the field and provide my technical expertise. I was a physiotherapist before joining Handicap International. I know the field well, the needs of the Syrian refugees, and the gaps to be filled...

The people we help have injuries, disabilities or mobility problems linked to age or chronic disease. Physiotherapy can reduce the risk of developing a permanent disability.

In recent months, we have seen increasing numbers of people with serious injuries. These people have increasing difficulties accessing local health care services, which are saturated and have to be paid for.»
Tens of thousands of people will need orthopaedic equipment/fitting or rehabilitation care.”

WHAT IS THE HUMANITARIAN SITUATION IN SYRIA AFTER 4 YEARS OF FIGHTING?

The awfulness of the situation cannot be overstated. The needs are immense, which is why several hundred humanitarian organisations are working in neighbouring countries. It is important to remember that Syrians represent the largest contingent of refugees in the world according to the figures from the United Nations High Commissioner for Refugees (UNHCR): 3.8 million refugees spread across five countries, forced to flee their homes leaving everything behind.

On top of that, 1 million people have been injured and more than 191,000 killed. The situation will only deteriorate because financial support from the international funding bodies cannot keep pace with the rising level of needs. We have seen a certain fatigue amongst the largest humanitarian aid donors and we are extremely concerned. While the funding bodies procrastinate, our teams see the suffering of the refugees every day. It is our duty to make their voices heard.

HOW IMPORTANT IS IT TO BRING HUMANITARIAN AID TO THE SYRIANS?

The top priority for all humanitarian organisations, both international and Syrian, is to provide emergency aid. They save lives by means of surgical operations through to food distributions to ensure families in the camps can eat.

However, they also support the host countries’ health services, which are saturated or ill-adapted to the very specific needs generated by the conflict. Health centres in Lebanon or in Jordan were not designed to cope with patients with typical war-related pathologies that are now flooding in. This is where humanitarian actors have an essential role to play in supporting local services that are overwhelmed by the scale of the needs. This is particularly true as regards the care management of disabilities.
IS THERE STILL AN EMERGENCY SITUATION?
Yes, more than ever. But we also need to adapt to a refugee situation which is now a long-term problem. Of the one million people with injuries, several tens of thousands will require orthopaedic fitting, either for a prosthesis or orthosis. This involves significant logistics to ensure that these people can actually receive the care they need at the centres equipped to carry out orthopaedic fitting. It also requires resources to be put into place to ensure these tens of thousands of people can receive rehabilitation sessions, and follow-up care including the repair and maintenance of their prostheses over decades.

WHAT ACTION IS TAKING HANDICAP INTERNATIONAL IN THIS AREA?
Our expertise in orthopaedic fitting and functional rehabilitation is vital in this war situation which sees so many people sustaining physical trauma and requiring amputations. We provide orthopaedic fitting in the host countries we are working in (Jordan and Lebanon). Over 2,700 people have been fitted by our teams since the beginning of the conflict. There is an immense feeling of satisfaction amongst all these people who are able to walk tall once again thanks to our work. Not only are they able to get about independently again but their dignity is also restored. In Syria itself, we are planning to provide distance training for technicians and guide them through the prosthetic or orthotic fitting process. This is in addition to the orthopaedic fitting projects that we have already set up in the country. This is a key area of intervention for us, which is also complemented by actions aimed to help the most vulnerable (psychosocial support, distributions etc.).

IS IT POSSIBLE TO WORK IN SYRIA?
Currently we are working both on the Syrian border and also within Syrian territory through Handicap International’s national staff and by supporting a dozen Syrian civilian organisations, and privileged partners within the country. We identify the most vulnerable people. Then, we refer them to existing health structures or dispense services directly (physiotherapy, orthopaedic fitting). We also carry out equipment distributions (crutches, wheelchairs etc.). To do this work we need to assess the needs. There are huge risks for our teams who need to get as close as possible to areas of fighting as the injured are not able to travel. At the same time, we are carrying out a large-scale assessment of the explosive remnants of war on Syrian soil to better target our risk prevention actions.

IN WHAT WAY IS HUMANITARIAN INTERVENTION PARTICULARLY DIFFICULT IN SYRIA?
We are in a conflict situation in which the areas where humanitarian intervention is possible are constantly changing. The front lines alter ceaselessly. We have to adapt constantly. The access we have to Syrian territory and to the victims is very limited. The provisions for access under international humanitarian law are not upheld and, as we have seen in recent months, humanitarian actors can become the targets of acts of violence. The fighting has become extremely complex, with warring factions, alliances and the breaking of alliances, multiple war zones etc.

WHY IS THE SITUATION FOR THE REMAINING POPULATION IN SYRIA OF SUCH GRAVE CONCERN?
There are no safe areas so families have no way of escaping the violence. They are permanently threatened by bombing raids, explosions and fighting. Because many of the neighbouring countries regularly close their borders, many of the families are simply unable to flee and are left to face the fighting. For Handicap International, protecting these people is absolutely essential. We have called on the international community numerous times to uphold humanitarian principles and provide assistance to the civilian populations.

VULNERABLE PEOPLE
Depending on the specific context in the countries where Handicap International works, «vulnerable people» includes people with injuries, people with disabilities, elderly people or people with a chronic disease.
Numbering 3.8 million Syrian refugees represent the largest refugee population in the world. The United Nations has warned that this figure will certainly increase in 2015

Having welcomed in 1.2 million refugees, the equivalent of a quarter of its national population, Lebanon’s hospitality is reaching its limits. Jordan has received 620,000 refugees into the country. 1.6 million are living in Turkey and 228,000 in Iraqi Kurdistan. 7.6 million people have been displaced within Syria itself.

Currently the refugees are mainly living in five countries in the region: Turkey, Lebanon, Jordan, Iraq and Egypt. Only 1.7% of the total number of refugees has been offered asylum by another country since the beginning of the crisis three years ago, according to Amnesty International.

In December 2014, Handicap International joined with around thirty international organisations to ask donor countries to increase their efforts and to allow the most vulnerable refugees into their countries.

Fleeing Syria and the fighting is becoming increasingly difficult for the civilian population. The rising flow of refugees has forced neighbouring countries, such as Lebanon and Jordan, to put in place measures intended to limit the number of new arrivals. Hence, the borders are also sometimes temporarily closed in contravention of every individual’s fundamental right to flee persecution.

The refugees’ living conditions are also getting worse: access to health services has become problematic for victims of the conflict within the neighbouring countries. Refugees have balance a ban on working, the necessity of covering the costs of their day-to-day needs and the growing tensions with the local populations. Handicap International is extremely concerned about the worsening situation while the funding for humanitarian aid is unable to cope with covering the needs.

In Syria, we estimate that there are 4.6 million people trapped in combat zones, to whom it is difficult, even impossible, to provide humanitarian aid.

Since 2014, three United Nations’ resolutions have called for the indiscriminate violence against civilians to cease; have reminded parties to the conflict of their obligation to facilitate humanitarian access to the wounded and to people in need; and, have decided to create four border crossings to guarantee this access. However the impact of these measures regarding access remains extremely limited.
600 PROFESSIONALS MOBILISED:
a major, complex, emergency response mission for Handicap International

Handicap International works in the host countries, with the most vulnerable people in the refugee camps or in the local neighbourhoods where they have found shelter. It is the most complex emergency response mission the organisation has ever run. It needs to draw on its expertise across the board to implement coherent actions in four countries (Lebanon, Jordan, Syria and Iraq). We have 600 professionals constantly working with the refugees and displaced persons. This number includes physiotherapists, social workers, logisticians, and coordinators etc., both expatriates and people recruited in the countries we are working in.

360,000 PEOPLE HAVE ALREADY BENEFITED FROM ACTIONS UNDERTAKEN BY HANDICAP INTERNATIONAL since the association’s operations were launched in 2012. The organisation provides orthopaedic fitting for people with amputations or disabilities, leads physical rehabilitation sessions, cares for the injured, and organises distributions of essential non-food items. The association’s teams also lead psychosocial support actions to treat people’s «invisible injuries» of the victims of the Syria crisis. Handicap International works:

HANDICAP INTERNATIONAL INTERVENT
> In the north and east of Lebanon: Tripoli and surrounding area, the district of Akkar and the Beqaa valley
> In Jordan: in the Governorates of Amman, Ajloun, Jerash, Irbid, Zarqa and Mafrak
> In Iraq, in the Governorates of Dohuk, Erbil and Sulaymaniyah
> In Syrian territory.

Loaï Zeitun, physiotherapist in Amman, Jordan

“I am a physiotherapist at the Al Maqased hospital in Amman. My role is to identify people who need our services, to evaluate their condition and help them regain their independence. I do this through rehabilitation sessions, including physiotherapy, occupational therapy, and psychosocial sessions if necessary.

For several months, we have seen an increase in the number of more complex cases. Before, most of our patients were suffering from fractures. Now, they have spinal cord injuries and head wounds resulting from the violence. These are the most difficult cases to care for and more time is needed to return them to partial or complete independence.”
FUNCTIONAL REHABILITATION

Functional rehabilitation consists of a range of care dedicated to helping people suffering from permanent or temporary disabilities to overcome their disability. It notably involves physiotherapists and social workers working together.

FOCAL POINTS

«Disability and vulnerability focal points» are temporary and flexible structures (a tent, a shelter or a prefabricated hut) set up at the heart of the affected communities. They are organised in the form of a network and are often accompanied by mobile teams, who ensure that vulnerable people have access to aid.

A mobile team might consist of a physiotherapist and a social worker. The former intervenes to provide balance and mobility exercises, etc., while the latter provides administrative support, listens to the beneficiary, and refers them if needed to the appropriate structure or organisation. They then ensure that the person has received the recommended service.

CARING FOR THE INJURED

In the Governorates of Amman, Irbid, Ajloun, Jerash and Mafraq (Jordan) and Tripoli (Lebanon), Handicap International deploys its expertise in around ten hospitals, clinics and specialised health centres providing care for the injured.

IN THESE STRUCTURES, THE ASSOCIATION CARRIES OUT:
> Post-operative physical rehabilitation for patients
> Specialised orthopaedic fitting (prosthesis and orthosis)

Handicap International also provides health centres with the equipment they need to carry out physiotherapy sessions (parallel bars, steps, etc.) and donates mobility aids (wheelchairs, walkers etc), and specialised equipment (pressure relief mattresses, commode chairs, etc.) to the people who need them.

These services are essential. With the help of regular exercises, patients who have lost their mobility can avoid the onset of a permanent disability. Rehabilitation work can ensure that those who have a partial loss of mobility avoid medical complications, are more comfortable, and are able to move about again.

Handicap International trains medical staff and people with disabilities in basic rehabilitation care. The families of injured people and people with disabilities are also trained in a range of practices that enable them to support their loved ones and improve their condition. This last point is vital as refugee families are constantly on the move.

The association has recently started providing a distance learning scheme on war injuries - which require very specific care - for its paramedical staff. Through a series of videos, the association’s physiotherapists can learn how to prevent the development of permanent disabilities resulting from these injuries.

ASSESSING THE NEEDS OF THE MOST VULNERABLE

The association has deployed both fixed and mobile Disability and Vulnerability Focal Points (DVFP). 190 volunteers comb the camps and neighbourhoods to identify the most vulnerable people, in particular persons with disabilities, in order to determine their needs (accommodation, health, food etc) and to improve their access to services and infrastructures. When they identify needs they cannot cover the volunteers refer them to other solidarity organisations, while continuing to follow up on them. The objective is to stop people being deprived of care because they cannot travel.

The aid dispensed notably includes physical rehabilitation sessions, the supply and fitting of orthopaedic equipment (prostheses and orthoses), treating superficial wounds and donations of mobility aid (crutches, wheelchairs etc.) and specialised equipment, such as pressure sore mattresses.

In Jordan and Lebanon, a hotline with a telephone number that goes through to a switchboard operated by Handicap International’s teams, allows vulnerable people to identify themselves and ask for assistance. The association can then visit them at their bedside or refer them to other international solidarity organisations. The aim being to adapt to the needs of the most vulnerable people and to the fact that refugees regularly change their place of residence.

In Dohuk and Erbil (Iraqi Kurdistan), Handicap International’s teams also transport people suffering from chronic diseases, or who need physiotherapy, to health centres and hospitals.

INCREASED PRESENCE IN THE COMMUNITIES

To increase its presence within neighbourhoods and areas where refugees are grouped and where the majority of needs are concentrated, Handicap International has developed numerous partnerships with local organisations specialised in primary health care and social welfare.
THE IMPORTANCE OF PSYCHOSOCIAL SUPPORT

This is a listening service aimed at restoring the confidence of people who have been traumatised by the conflict, or are suffering from a disability resulting from the conflict. Psychosocial support is provided systematically for the beneficiaries of orthopaedic fitting, for example. We make sure that they are ready to accept their new situation and their prosthesis and that they will use it. In the case of amputated children, Handicap International organises games in groups aimed at doing rehabilitation work through play.

> **In Jordan** (Amman, Irbid, and Mafraq) in particular, the association has equipped rehabilitation rooms - enabling people with disabilities, the injured and the elderly to receive treatment - in clinics and community centres where it offers regular consultations.

> **In Lebanon**, five new rooms equipped for rehabilitation purposes will be set up in the next few weeks within existing health structures, notably close to Tripoli and in the Beqaa valley.

> **In Iraq**, Handicap International works in partnership with public health structures in order to refer refugees and displaced persons to centres capable of meeting their needs.

TREATING TRAUMA

In addition to providing rehabilitation services, Handicap International has stepped up its *psychosocial support* actions for refugees and displaced Syrians. This support aims to help people communicate with others again and develop relationships with the outside world through discussion groups or individual support. If necessary, social workers refer patients to specialised structures.

WARNING THE POPULATION ABOUT THE DANGERS OF EXPLOSIVE REMNANTS OF WAR

The number of weapons and explosive devices increases daily in Syria. Explosive remnants of war remain present and dangerous long after the end of conflicts. Handicap International’s experience in the disposal of explosive remnants of war and in helping victims led us to set up preventative actions in Syria as of October 2013.
Risk Education teams meet with refugees and displaced persons in the camps and urban areas. They inform them of the dangers linked to the presence of explosive remnants of war in all the areas where fighting or attacks take place in the country: on the roads, inside houses, in the streets, in gardens etc. These actions ensure families, and in particular children, can identify dangerous devices and know to keep their distance from them. In Syria, more than 71,500 people have already benefited from awareness-raising actions.

**RESPONDING TO BASIC NEEDS**

**Syria:** the association supports displaced and settled families through distributions of food packages and hygiene kits. Nearly 37,500 people have benefited from this aid.

**Iraq:** In Dohuk, 3,750 blankets have been distributed to more than 800 displaced families. In Sulaymaniyah, between November and December more than 900 blankets and 490 heating units were distributed to the most vulnerable displaced families, living in makeshift shelters. In Erbil, Handicap International distributed blankets.

**Lebanon:** since winter 2013, the association has been distributing financial aid to refugee families in need to help them survive. Between December 2013, and October 2014, more than 27,000 people or 5,740 families benefited from financial assistance which helped cover the cost of their rent, water, basic domestic equipment, hygiene and the purchase of a stove and fuel. From December 2014 to December 2015, 1,440 Syrian families will once again receive financial assistance to help meet their basic daily needs.

**Jordan:** in the Governorates of Amman, Irbid, Ajloun, Jerash, Mafraq and Zarqa financial aid is given to Syrian refugees as well as to Jordanians in situations of extreme vulnerability, (elderly people and persons with reduced mobility). Between December 2013 and October 2014, more than 16,500 persons, or some 3,300 families benefited from this assistance. Between December 2014 and March 2015, 600 Syrian families were identified as extremely vulnerable and will receive further financial aid to meet their daily needs.
MAKING LOCAL STRUCTURES ACCESSIBLE

Handicap International works in close collaboration with local and international solidarity organisations to ensure that services for refugees are accessible to people with disabilities. Assessments of key facilities and equipment are carried out on a regular basis (water supply, sanitary facilities, registration areas, schools etc.), especially in the camps.

Handicap International also makes technical recommendations, donates equipment (handrails, steps etc.) and provides training for the relevant members of staff, as well as taking direct responsibility for adapting structures (adapting toilet facilities etc.).

Handicap International also advises international funding bodies to ensure that people with disabilities are taken into account when allocating funding.
Mohamad is 32 years old. Several months ago he was severely injured by a bomb. The injury to his left leg was so severe it had to be amputated, and his right leg was fractured. With support from Handicap International and from his family, Mohamad has received the treatment he needed and little by little has recovered his independence.

“I was walking along the road, carrying a gas canister. The next thing I knew I had been thrown to the ground,” explains Mohamad. A bomb had just been dropped on his house. He was taken to hospital urgently. “When the doctors saw my injuries they told me I would probably die. But that was not an option for me. I had to survive for my son.”

Mohamad, his wife and two-year old son arrived in Lebanon last August. They joined other members of their family, already living in Tripoli, a decision made by Mohamad in order to receive better quality care.

In September he started physical rehabilitation with Handicap International. Before receiving his prosthesis, Mohamad underwent physiotherapy sessions to strengthen his muscles, regain his balance and learn to walk once fitted with his prosthesis. In addition to specific equipment such as a commode chair, a bed, and a pressure relief mattress, he has also been given a wheelchair, walking frame, and crutches. The Handicap International team also helped to treat his injuries, in particular his fractured right leg.

Thanks to support from his friends and family and the assistance provided by Handicap International, Mohamad is today ready to take his first steps, unaided by his physiotherapist, Binan Abbas, “Two and a half months ago when we began rehabilitation, he couldn’t even get out of bed. We really did start from zero. Today he can walk using just a pair of crutches. I am really impressed by the progress he has made and his motivation.” Mohamad attempts to take a few steps in the living room without his crutches. Then, accompanied by Binan Abbas and Nadim, a social worker, he walks to the entrance of his 2nd floor apartment to practice getting up and down the stairs.

Elated and emotional all at the same time, this former entrepreneur explains: “I never thought I would be able to walk even a few steps without my crutches, or get up and down the stairs so quickly. Today is a momentous occasion! The support I have had from Binan and Nadim has been absolutely crucial. They have never treated me like I was in some way diminished, but simply as someone who needs a little help to get his independence back.”
Iman is a mother of five children, three of whom suffer from a disease which severely affects their muscular system. They sought refuge in Lebanon two years ago and have since been living in a house with 32 members of their family. Handicap International is helping Iman’s three children with disabilities to improve their mobility and help them to find their place in society.

After the death of her husband in a bombing raid, Iman moved several times before deciding to settle in Lebanon: «I was pregnant with my youngest son when my husband died. It is really hard to think that he will never know his father and will never see his face.» Iman and her five children now live with the rest of the family in a house situated in the Beqaa valley. «We live in the house with 32 other people. My husband’s cousin looks after us. We owe him everything, right down to the food we eat and the mattresses we sleep on,» she recounts.

Three of her children, Mirnaz, Hazar and Ahmad, all aged between 10 and 16 years old, suffer from a neuromuscular disease which severely affects their movement. Several weeks ago, Handicap International offered them muscle-strengthening sessions to improve their mobility. The association has also provided them each with a wheelchair. «Mirnaz, Hazar and Ahmad all need to make progress to be able to go about their day-to-day lives. That is the objective of these muscle-strengthening sessions. I have taught them all to use the wheelchairs. I also include their two younger brothers and their mother in the physiotherapy sessions. It is important that they are supported by their family, who not only provide encouragement, but can also learn the right ways of doing things, like moving them from the bed to the wheelchair, for example,» explains Abeer Ameen, a Handicap International physiotherapist.

The association has also given the three children balls, exercise books and crayons to help stimulate them through play and drawing. «Throwing and catching a ball, drawing and writing are important activities which strengthen the hands and fingers,» Abeer adds. The three siblings particularly enjoy these activities: «Now I can write my name. It was Abeer who taught me,» explains Hazar. «I really like helping my brothers and sisters!» adds Mohamad, their younger brother aged 7 years old.

Iman’s children are also supported by Handicap International’s psychologist, to help cope with the trauma they have experienced.

Mirnaz, Hazar and Ahmad have already seen benefits in their daily lives: «Since we got our wheelchairs, we can move about more easily. We can also get out of the house. Now, when the sun is shining, we can all enjoy being outside together,» says Mirnaz with a smile.
Haneen is 11 years old. When she was still in Syria, she was operated on for a tumour in her brain which seriously affected her mobility. Her family decided to flee to Jordan to ensure Haneen could receive the medical treatment and rehabilitation care she needs. With help from her family and Handicap International, Haneen is learning how to do everyday activities again.

Haneen, her parents and her younger brother arrived in Jordan in May 2014: «In Syria, we had no access to the health care that Haneen needs and there were no physiotherapists where we lived. So we decided to leave for Jordan in the hope that she could get treatment,» says her father.

Seven months ago, Handicap International’s teams first began to provide care for Haneen in order to start her physical rehabilitation. Suhad, a physiotherapist for Handicap International, explains: «Her motor skills were seriously affected by the tumour. So she needs to learn to walk again. To achieve this, we are doing exercises to strengthen her muscles and improve her balance.»

«We are also helping Haneen and her family to cope with the situation through psychosocial support sessions. It is important for Haneen to regain her self-confidence, in particular by playing simple games and doing craft activities. Today, we are making a necklace,» adds Ala’a Alanber, a psychosocial worker in Handicap International’s team at Irbid. The lively little girl has also received mobility aids and equipment such as a bed, a pressure relief mattress, and a wheelchair.

Handicap International’s teams aim to help Haneen regain her independence. That is why she will continue to receive follow-up care from Suhad and Ala’a for several weeks. In the meantime, «Haneen can now go to school thanks to the wheelchair that we gave her. Her father takes her there every day,» says Ala’a.
Safa a 7 ans. En juin 2013, elle a été gravement blessée dans un bombardement, suite auquel elle a dû être amputée de la jambe droite. Sa famille a ensuite décidé de fuir les combats pour trouver refuge en Jordanie où Safa est suivie par les équipes de Handicap International.

A few months ago, Safa’s family moved to Amman where they hoped they would be able to live more comfortably. She now lives in an apartment. Ahmed, her father, works in a local grocery store to earn enough to pay the rent and feed his family. «I earn 200 dinars a month and the rent alone is 150 dinars,» he explains.

Last January, Ahmed got back in touch with Handicap International’s teams. Amer Al Dakkak, a Handicap International physiotherapist specialised in prostheses and orthoses explains, «We saw Safa again at the end of January. Her father explained that she was using her prosthesis less and less as it had become uncomfortable. This is inevitable in children at Safa’s age who have been fitted when they were very young. Their bodies grow and the prosthesis needs to be adjusted to avoid causing pain and to avoid any long-term impact on how they walk.» Today is Safa’s third appointment with the team, «We have already made some adjustments to the socket for the prosthesis into which the amputated limb is fitted.» Amer continues.

After watching Safa take a few steps with her prosthesis, Amer and the prosthetic technician agree that she will need a new prosthesis. «We are going to take some measurements. In order to do this we make a plaster cast which is used as the model to make the new prosthesis. It will be ready in two weeks, for the next workshop for our patients who have received orthopaedic fitting,» explains Amer. «We will continue Safa’s follow up for another three to six months. We will keep adjusting her prosthesis as required.»
THE SYRIAN ARAB REPUBLIC

Syria, officially the Syrian Arab Republic, is situated in the Middle East between Lebanon and the Mediterranean sea to the west, Iraq to the east, Turkey to the north and Jordan to the south. The capital is Damascus. Aleppo, Homs and Latakia are the other main cities.

Syria is home to diverse ethnic and religious groups, including Kurds, Armenians, Assyrians, Christians, Druze, Alawite Shia and Arab Sunnis.

RECENT HISTORY

Modern Syria gained its independence from France in 1946. After several years of political instability driven by the conflicting interests of these various groups, Damascus came under the control of a mainly Alawite faction of military leaders who have ruled ever since.

The Baath government has seen authoritarian rule at home and a strong anti-Western policy abroad, particularly under President Hafez al-Assad from 1970 to 2000. In 1967 Syria lost the Golan Heights to Israel after the Arab defeat in the Six Day War. Civil war in neighbouring Lebanon in the 1970s allowed it to extend its political and military influence in that country.

Syria pulled its forces out of Lebanon in 2005, having come under intense international pressure to do so after the assassination of Lebanese former prime minister Rafik Hariri. A UN report implicated Syrian and pro-Syria Lebanese officials in the killing.

The government deals harshly with domestic opposition. Tens of thousands are estimated to have been killed in the suppression of the 1982 uprising of the Muslim Brotherhood in Hama in 1982.

Following the death of Hafez al-Assad in 2000 Syria undergoes a brief period of relaxation. Hundreds of political prisoners are released, but real political freedoms and a shake-up of the state-dominated economy never materialise.

In 2011-12 anti-government street protests progressively escalated into armed conflict and subsequently civil war.

The conflict has become increasingly drawn out and complicated with the multiplication of opposition groups and the involvement of jihadist factions. To date over 191,000 people have been killed.

THE SYRIAN ECONOMY

With a GDP per inhabitant of around $1,000, Syria is a relatively poor country (ranked 135th in the world out of 226).

Its industry is very underdeveloped, prior to the conflict it represented just 10% of its gross domestic product. Its industrial activities are mainly extractive:

> Oil: 29th oil producing country in the world with production of 26 million tons. Oil represents 75% of export income, at 3.8 billion dollars.

> Natural gas on which the authorities concentrate their efforts in terms of development notably as a substitute for oil for the country’s domestic energy requirements as its oil it reserved for export;

> Phosphate, with an estimated billion tons in reserve. 75% of production goes to the export market.

Manufacturing represents less than 6% of GDP and primarily concerns textile production (30% of manufacturing GDP and 15% of exports), the agri-food sector and construction.

Agriculture generates more than 30% of GDP and employs a quarter of the working population.

At the end of June 2013, the losses to the Syrian economy since the start of the conflict stood at an estimated 103 billion dollars, i.e. 174% of 2010 GDP, according to a report published by the Syrian Center for Policy Research (SCPR), in collaboration with the UN.