

Syria, a mutilated future

A focus on the persons injured by explosive weapons

In March 2016, the Syrian conflict entered its sixth year, and violence there continues unabated. The scale of this humanitarian tragedy is unprecedented, with staggering statistics: 250,000 dead, 1 million injured.¹ Almost half of the country's pre-war population has been displaced, either internally (7.6 millions) or in other countries (4.6 million refugees).²

This paper is designed as a follow-up to a previous publication "Causes and types of injuries encountered by Humanity & Inclusion while working with Internally Displaced Persons (IDPs)

and refugees from Syria", 2014. It provides information on a wider sample of beneficiaries, over a longer period of time, allowing us to better assess the situation. It focuses on the injuries and psychological trauma observed by Humanity & Inclusion while working with internally displaced persons in Syria and Syrian refugees in the neighbouring countries, based on the initial assessment of their situation. It draws attention to the short and long term consequences that victims of explosive weapons face, in a context of limited immediate and sustainable care.

QUICK FACTS

- Among 25,000 persons with injuries assessed by Humanity & Inclusion teams, **67%** sustained injuries directly related to the crisis; among them, **20%** are women, **16%** are children and **8%** are elderly.
- Among the injuries sustained as a result of the crisis, **53%** are due to the use of explosive weapons. This large number is particularly appalling.
- **89%** of people with injuries due to the use of explosive weapons have permanent or temporary physical impairments.
- In Syria, more than **50%** of public hospitals and health centers are either partially functioning or closed (World Health Organization, December 2015). This lack of access to health services worsens the impact of explosive weapons.
- **80%** of people injured by explosive weapons expressed signs of high psychological distress.
- **66%** of them were unable to carry out essential daily activities because of their feelings of fear, anger, fatigue, disinterest and hopelessness.

1. United Nations High Commissioner for Refugees, last update, December 2015 - except Lebanon, November 2015.
2. Ibid.

Since 2012, Humanity & Inclusion has witnessed in Syria and its bordering countries the dramatic impact of violence on civilians, while assisting vulnerable people by enabling individuals and families to meet their needs. This is accomplished through the distribution of vital relief items, as well as the provision of physical and functional rehabilitation services³, psychosocial services and risk education programs. In particular, Humanity & Inclusion witnessed the destruction and casualties caused by the intensity of the use of explosive weapons in populated areas in Syria. It has repeatedly condemned it: extremely affected

both physically and psychologically, civilians are the first victims of this pattern of violence.

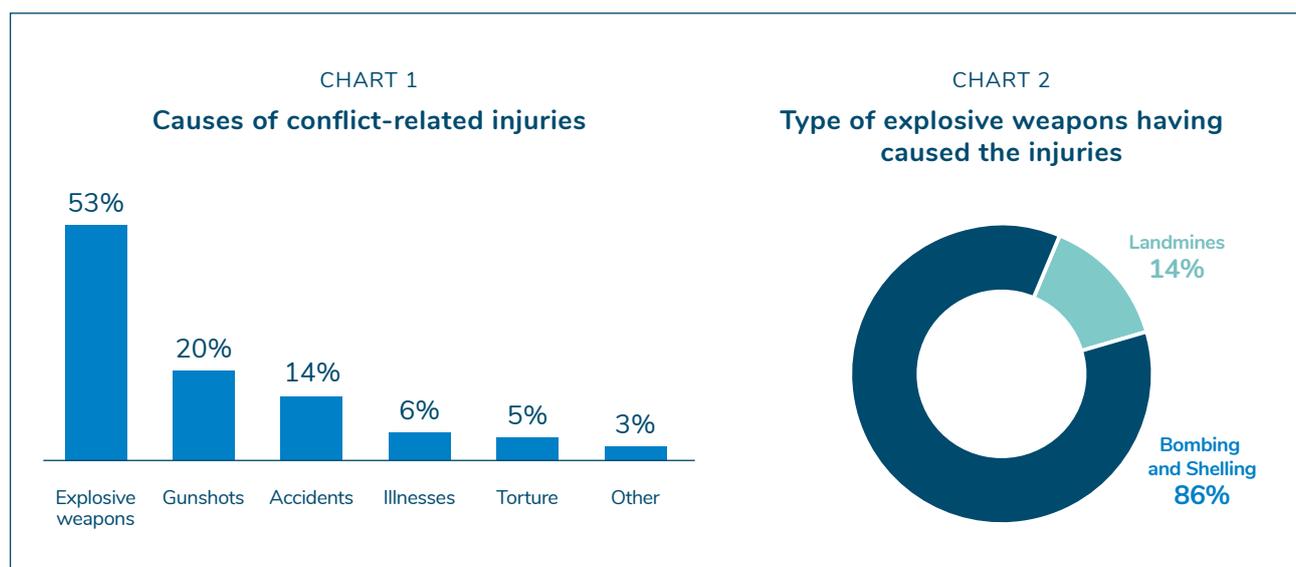
Humanity & Inclusion calls on all parties to the conflict to take immediate action to protect civilians and prevent future casualties by stopping the use of explosive weapons with wide area effect in populated areas. Humanitarian access has to be ensured to address the urgent needs of the people affected by the conflict. It calls on the international community to provide adequate assistance to the victims of the conflict, including timely access to health services, to ensure their full recovery and inclusion into society in the longer term.

A high number of conflict-related injuries due to explosive weapons

Due to the nature of Humanity & Inclusion's identification mechanism, people with injuries represent 37% of the total sample considered for this factsheet and people with disabilities represent 36%.

Among the persons with injuries, **67%**⁴ displayed **new injuries as a result of the crisis**. 20% of the newly injured are women or girls, 16% are children (0-17 years) and 8% are elderly (over 60 years old).

Additionally, **22%** of people with injuries assessed by Humanity & Inclusion, who are often facing permanent impairments, are heads of household, with an average of 5.5 dependents per household.⁵ Post-crisis work should therefore include socio-economic reintegration measures, implemented at an early stage.



3. Rehabilitation services include the donation of assistive devices, prosthesis and orthotic devices.

4. Out of 14,249 persons with injuries assessed in North Syria, Jordan and Lebanon. The link between the crisis and the injuries was not mentioned for the 10,848 persons with injuries assessed in other parts of Syria; but we can assume that the rate of injuries related to the crisis is even higher within Syria.

5. The average number of family members was available only for the beneficiaries assessed in Lebanon and Jordan, not in Syria.

Our analysis also highlights the main causes of injuries related to the crisis. Chart 1 shows that there is a very high proportion of injuries caused by explosive weapons.

Among the injuries sustained as a result of the crisis, 53% are due to the use of explosive weapons. This large number of direct victims related to the extensive use of explosive weapons is particularly appalling.

17% of the direct victims injured by explosive weapons are children (0-17 years), 9% are elderly (over 60 years old) and 21% are women and girls, revealing the great need to protect civilians from the harm caused by this pattern of violence.

Explosive weapons, especially those with wide area effects and when used in populated areas, are prone to have indiscriminate effects. As a leading cause of injuries and death at the time of use, explosive weapons may also fail to explode on impact. These unexploded ordnance contaminate populated areas and can cause significant numbers of injuries, impairments and deaths long after the conflict.

The second most reported cause of injuries are small arms and light weapons, with 20% of injuries being sustained as a result of gunshots. 14% of injuries are due to crisis-related accidents.

The widespread use of explosive weapons in Syria

In order to document and analyze weapons contamination in Syria for programming purposes, Humanity & Inclusion gathered data on the types and locations of the use of conventional weapons in 2015. Compiling secondary data, its teams created a consolidated database of incidents to map the frequency and severity of incidents and evaluate the level of weapons contamination.

Between December 2012 and March 2015, 77,645 incidents were recorded following conventional weapons and improvised explosive devices (IEDs) use in Syria. Explosive weapons have been and continue to be used massively by all warring parties: they represent the greatest threat to civilians and account for 84% of recorded incidents.

75% of recorded incidents occurred in densely-populated areas, suggesting that the belligerent had no intention of distinguishing between the civilian population and infrastructure and military targets, which constitutes a violation of International Humanitarian Law.

Source: The use of explosive weapons in Syria, a time bomb in the making, Humanity & Inclusion, may 2015.

The impact of explosive weapons worsened by the lack of access to health services

The short and long term physical consequences of explosive weapons must be considered in a context of restricted access to healthcare. Since the beginning of their involvement in reaching the most vulnerable affected by the Syrian crisis (people with injuries or disabilities, elderly people, infants and many others), Humanity & Inclusion teams have witnessed an increasing pattern of

hardship and serious physical, psychosocial and economic impact on the civilians affected by the conflict. In Syria and in neighboring countries, people with injuries face multiple challenges to access healthcare. A significant proportion of victims have a combination of several injuries, complicating their care, treatment and recovery process.

In Syria

The collapse of key health infrastructures in Syria has dramatically increased the levels of vulnerability, particularly for people with disabilities, injuries or illnesses, who are facing harsher conditions every day in terms of response to their basic needs (food, water and sanitation, shelters etc.) and access to appropriate medical services and treatments.

In a recent report⁶, Médecins Sans Frontières clearly highlighted the **link between the use of explosive weapons and the destruction of health facilities in Syria**.

In 2015, they recorded 94 aerial and shelling attacks against 63 MSF-supported facilities, including the total destruction of 12 facilities. In December 2015, the World Health Organisation estimated that 57% of the country's 113 public hospitals and 51% of Syria's 1,783 public health centers were either only partially functioning (i.e. shortage of staff, equipment, medicines or damage to the building in some cases) or closed down.⁷

In neighbouring countries

Access to basic healthcare, maternal and child health services as well as specialized services for people with specific needs, such as those with chronic diseases, is also a concern for refugees in Jordan and Lebanon. Untreated chronic diseases and injuries can lead to severe complications (stroke, coma, gangrene, kidney problems and blindness) and higher mortality. In emergencies, minor health conditions like a cold or minor wound can quickly become incapacitating and have serious consequences, especially for older people. The absence of or limited amount of appropriate medications can increase the risks of onset or progression of disability.

Protracted displacement, often caused by the use of explosive weapons in populated areas, depletes the financial reserves of refugee families and financial constraints are a major barrier to access to healthcare.

For recently injured people and other vulnerable people, in particular people with disabilities, the downfall of health services and of the community support system due to the conflict has direct dramatic consequences:

- A lack of medical supplies and/ or equipment for basic quality care,
- A lack of qualified healthcare workforce,
- The overburdening of remaining healthcare institutions,
- The absence of preventive measures to reduce complications and risks of additional impairments,
- The almost total lack of early- and long-term physical rehabilitation services,
- The continuous displacement and uprooting of vulnerable persons, weakening their health status,
- The general insecurity impeding access to health services, and
- The high psychological distress preventing family members and caregivers of the injured and vulnerable to cope with the situation.

Among the main obstacles, we can mention:

- The shortages of drugs and medical supplies due to increased demand, and the fact that health staff at primary and secondary level are overwhelmed,
- The expensiveness of treatments for chronic conditions like asthma, diabetes, hypertension and cardiovascular disease,
- The lack of information about available basic and specialized care such as physical rehabilitation, and
- The absence of, or deterioration of, assistive devices such as mobility aids (wheelchairs, crutches) or specific items (anti-bedsores mattress), which can make a disability more severe and create a barrier to accessing services.⁸

6. Médecins Sans Frontières, "Syria 2015: documenting war-wounded and war-dead in MSF-supported facilities in Syria", February 2016.

7. http://www.emro.who.int/images/stories/syria/Revised_WHO_SitRep_December2015.pdf?ua=1

8. Help Age and Humanity & Inclusion, "Hidden Victims of the Syrian Crisis: survey among a total of 3,202 registered and non-registered refugees, in Jordan and Lebanon", 2014.

Facing the short and long term consequences of the different injuries

Among the sample of people with injuries caused by explosive weapons, **47% had fractures or complex fractures, including open fractures of lower and/or upper limbs.** After a fracture, there is an urgent need to align broken bones under the supervision of orthopaedic specialists, who are desperately needed but yet severely lacking in the current context. When no appropriate emergency medical care is provided, observations on the ground in crisis settings have shown the occurrence of pain, severe muscle contractions, and bone deformities that become irreversible leading to restrictive mobility, as well as skin injuries and infections.

Among the sample, **15% of the victims from explosive weapons have undergone amputation.** Immediately after an accident, victims need safe and prompt emergency care and surgical care: in some cases, it might actually prevent the amputation. They also need correct skin care for their residual limb in order to avoid complications, additional impairments or death.

In the immediate aftermath of an accident, persons injured need to be prepared and coached to start mobilizing their residual limb and strengthen their muscles. This must be followed by the provision of prosthetic services two to three months after amputation. The lack of trained personnel and diminished numbers of medical staff in Syria impede affected people from gaining access to these specific services as well as to other basic services, often leading to avoidable complications, and even death.

Following an amputation, it is crucial for the person to consult with specialists and gain the support of their peers and family so they can learn to accept the consequences of the loss of a limb (pain, phantom pain, reduced muscular strength and independent ambulation perimeters). Moreover, the person will need lifelong follow-up and periodic maintenance of their prosthetic limb(s), as such items need to be replaced or repaired every three to five years for adults, and up to twice a year for children.



Rajab, 63, suffered severe injuries in both legs when his house was bombed in Syria, in 2013. © C. Fohlen/ Humanity & Inclusion.

Malak, five years old, is from Syria. In December 2015, she was injured, with her brothers and sisters, in an air strike. Her father recalls the incident:

“We were at home with the children. [...] My wife and I heard the sound of bombs nearby, so we went outside to see what was going on. Just as we left our house, the room where our children were sitting took a direct hit. I’ll never forget what I saw when we ran inside: my children were lying in a pool of blood and the walls of the house had collapsed around them. [...]”



Malak, 5, injured during a bombing in 2015 in Syria.
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Although Malak was immediately taken to Jordan for treatment, her left leg had to be amputated.

“When we arrived at the hospital,” says Malak’s father, “an ambulance took us straight to the Jordanian border. That’s where the youngest of my four children (eight months old) died of her injuries. We buried her in Jordan, close to Ramtha hospital, where my other children were cared for. Then we were transferred to the Zaatari camp.”

10% of people surveyed who were injured by explosive weapons were facing peripheral nerve damage. Early detection of nerve damage needs to be assessed as soon as possible, in order to avoid muscular contractions and further paralysis. Rehabilitation specialists need to provide advice and adapted rehabilitation exercises during the period of bone consolidation in a complex fracture or on correct positioning of the affected paralyzed limb. Unfortunately, due to the lack of access to healthcare providers or specialised humanitarian actors, this early detection of peripheral nerve injury is rarely undertaken. This will lead to permanent effects, such as paralysis, ultimately leading to loss of function (with permanent consequences in most cases) in a person’s everyday activities (eating, washing, personal care, walking etc.).

5% of the victims from explosive weapons suffered from a spinal cord injury leading to the paralysis of lower limbs or paralysis of lower and upper limbs. Neurological changes in the body after a spinal cord injury lead to pain, stiffness, change in muscle tone and cardiac complications depending on the level of injury. The injured person will need on-going support and their direct family members must act as caregivers for the rest of their lives. Psychological adjustment

must be accompanied by peer advice and support, psychological counseling and other mid- to long-term mental health psychosocial services. Economic support is also particularly important. The lifelong follow-up should consist of re-planning daily routines such as going to the toilet and bathing, as well as determining their role in relationships and their family, knowing that specific advice and help should be provided in accordance with their gender (sexual counselling, family roles) and cultural background.

In total, among the victims of explosive weapons considered for this factsheet, 89% had a permanent or temporary physical impairment. Economic loss due to the foregone income, when the victim is the head of the family, and the expenses in follow-up care, home adaptations, accessibility and daily life adjustments for mobility (wheelchairs, motorised transport, mobility aids for daily living activities etc.) need to be compensated for with dedicated social programmes and sustainable support schemes. All these services are currently lacking in Syria and are overwhelmed in neighbouring countries. These issues should be considered central by donors and international agencies in their development programmes, funding mechanisms and long-term post-crisis planning.

A toll on mental health and wellbeing that cannot be ignored

Conflicts and disasters are traumatic events that can give rise to different patterns of emotional suffering and have a potential long-term impact on a person's wellbeing and mental health. In itself, the suddenness, loudness and violence of an explosion is enough to create acute stress reactions.

The repeated use of explosive weapons, especially in populated areas, such as what we witnessed in Syria, dramatically increases the level of fear and distress. Health professionals highlight that "in comparison to natural disasters, intentional mass casualty events are associated with higher rates of long term psychological symptoms".⁹

Among the 361 beneficiaries injured due to explosive weapons assessed in Jordan between April 2015 and March 2016, **80% expressed at least one sign of high psychological distress.**

Among the assessed beneficiaries, the feelings most regularly expressed were anxiety and fear, often associated with sleep difficulties. The main

emotions expressed were sadness, boredom and difficulty enjoying daily activities:

- **75% of children under 5 assessed felt so afraid that nothing could calm them down, 66% of adults felt so angry that they felt out of control and so afraid that nothing could calm them down;**
- **More than 50% of the people with injuries due to explosive weapons felt uninterested in things that they used to like, and 66% were unable to carry out essential daily activities because of their feelings of fear, anger, fatigue, disinterest and hopelessness,**
- **65% were so upset that they tried to avoid places, people, conversations or activities that reminded them of the traumatic event.**¹⁰

The sample we are considering is composed of people with physical injuries due to the use of explosive weapons. However, as explosive weapons lead to the large-scale distress of the overall population, we consider that the victims of explosive weapons encompass the wider population exposed to explosive violence.



Fteim, 102, injured during a bombing in 2013 in Syria.
© Tom Shelton / Humanity & Inclusion

Fteim was seriously injured in October 2013 when a bomb hit her house in the district of Hama. Fteim is 102.

"I was in my home alone. Suddenly a bomb hit my house and the wall fell down on me. The neighbours came and took me to the hospital in Hama. They cut my leg off. I stayed two months to recover."

"I have three children. [...] I don't have anyone else, so I came to Lebanon with them. My children are good to me and take care of me."

"Unfortunately I can't go back to Syria because of my leg – I can't move. I want to go back but I can't. I hope the situation improves and then we can go back home."

"All of us had houses in Syria but now everything is gone. Where is my leg? Before, I could come and go all by myself, but now I can't do anything."

9. Center for Disease Control and Prevention, "Blast Injuries: bombings and mental health", June 2009.

10. These results report the percentage of persons injured by explosive weapons who responded that they have felt the described symptoms of mental distress "some of the time", "most of the time" or "all of the time", in the two weeks preceding the assessment.

Relentless use of explosive weapons in populated areas also results in the destruction of civilian infrastructures and forced displacement. It therefore disrupts the environment and system of support of families and communities. Homes and possessions are destroyed or left behind, individuals feel unsafe and helpless, and familial or inter-personal relations are jeopardized, increasing the risk of long-term traumatic impact.

The emotional reaction and resilience of each person can of course be very different, and depends on several aggravating factors: injury of self, injury or death of loved ones, separation from or lack of information on the situation of loved ones, and witnessing of frightening scenes.

People affected physically by explosive weapons can present different symptoms of distress including physical reactions (fatigue, tightening in throat, headache etc.), emotional reactions (irritability, anxiety etc.), cognitive reactions (confusion, recurring nightmares, difficulties concentrating or making decisions etc.), and other difficulties (sleep problems, crying easily, hyperactivity, hypervigilance, social withdrawal etc.).¹¹ These reactions can be normal reactions to abnormal situations and can be temporary, but can also be the symptoms of longer-term mental health issues, such as depression, severe anxiety disorders, suicidal or homicidal thoughts and post-traumatic stress disorder. Emergency responders and other healthcare personnel may also experience these symptoms, resulting from continued exposure to death and devastation caused by the use of explosive weapons in populated areas.

These symptoms must not be ignored. As described in the first part of this document, the use of explosive weapons can result in multiple injuries, resulting in temporary or permanent impairments. **Humanity & Inclusion's teams also witness in their daily activities the psychological impact of these injuries, including traumatic amputation of limbs.** Loss of function, sensation, independence and changes in the body affect the person's wellbeing. The treatment of severe and complex injuries can also add to the emotional distress.

After months of fighting to recover, and dealing with the overwhelming thoughts of never being able to regain the previous level of independence, an injured person can experience a severe depression. For people with an amputation, for example, dealing with the difficulties of daily activities might lead them to feel that they don't play a useful part in their family and community.

People with spinal cord injuries show the highest level of distress, with 75% of the injured feeling too afraid to be calmed down, and unable to carry out essential daily activities because of their feelings of fear, anger, fatigue, disinterest, hopelessness. Multiple factors, including the lack of independence and other above mentioned issues, can be overwhelming and limit their social inclusion.

11. Center for Disease Control and Prevention, "Blast Injuries: bombings and mental health", June 2009.



View of the city of Kobani, Syria, after months of bombings and shellings. © Ph. Houliat / Humanity & Inclusion

Recommendations

After years of conflict, the living conditions of the Syrian population have seen a dramatic deterioration. The civilians who have stayed in Syria are facing very precarious conditions, with random access to essential services such as health and food. The refugees in neighbouring countries are facing limited livelihood opportunities and overstretched services in host countries. Victims of explosive weapons are in desperate need of immediate access to adequate health services in order to deal with their injuries, and avoid complications or death. In addition, the psychological consequences of this long and brutal conflict have marked an entire generation of Syrians.

Following these recommendations will help prevent further casualties and respond to the needs of victims. In accordance with international humanitarian law, Humanity & Inclusion recommends that the following actions are taken:

To the parties to the conflict:

- Commit to stop using explosive weapons with wide area effects in populated areas in order to avoid further civilian casualties.
- Ensure that the entire conflict-affected population has safe and unhindered access to adequate humanitarian assistance, as well as unhindered opportunity to flee the conflict zones.
- Allow and facilitate the safe passage of relief convoys and humanitarian personnel into and across territories within their control, especially to facilitate emergency access to and transportation of injured.
- Respect and protect medical facilities and staff, including emergency response teams, cease all attacks on them.
- Ensure communication with the populations in order

to raise awareness regarding the risks posed by unexploded devices and conventional weapons.

- Ensure safe storage of weapons and munitions in accordance with international standards.

All stakeholders, including States, International Organisations, UN agencies and other actors on the field, should call on parties to the conflict to respect the above recommendations and condemn any use of explosive weapons in populated areas in Syria.

To donors and international agencies:

- Prioritize funding in accordance with the needs of the persons affected by the conflict; paying particular attention to injury, disability, age and gender related vulnerability factors.
- Ensure response to the basic needs of the persons affected by the conflict and to the specific needs of persons with disabilities and other vulnerable groups, within all humanitarian activities and frameworks, including for mental health care and psychosocial support.
- Eliminate existing barriers (physical, institutional and attitudinal) to basic services through ensuring comprehensive accessibility.
- Support the implementation of large-scale risk education, clearance and victim assistance efforts, including physical and functional rehabilitation, in Syria. These efforts should be maintained on the long term as explosive weapons will leave immense numbers of unexploded ordnance in or near civilian area.
- Within call for proposals, include resources for better data collection, monitoring and reporting measures on vulnerable people including persons with disabilities, on the effects caused by the use of explosive weapons.

Methodology

The factsheet is based on two different samples.

Figures on injuries have been collected by Humanity & Inclusion and its partners through direct interviews with IDPs and refugees in hospitals and rehabilitation centers, refugee camps and communities in Syria, Jordan and Lebanon (Bekaa region) between June 2013 and December 2015. The analysis is based on a total of 68,049 beneficiaries assessed by Humanity & Inclusion teams. Among them, 25,097 are people with injuries: 14,471 in Syria, 7,823 in Jordan, and 2,803 in Lebanon.

Depending on the type of intervention in each area, the primary intention of these interviews was to identify the overall situation and needs of individuals and families. This included an assessment of their basic needs and of their specific needs related to physical and functional rehabilitation and to mental health and psychosocial support in order to design and provide personalized support.

The data was collected by Humanity & Inclusion teams and analyzed in view of producing this factsheet.

The snapshot on mental health and psychosocial impact relies on the psychosocial assessment of 361 beneficiaries injured due to explosive weapons that took place in Jordan between April 2015 and March 2016.

The psychosocial workers used the mental health and psychosocial support needs assessment tool developed by the World Health Organisation and the United Nations High Commissioner for Refugees.¹² The purpose of this tool is to identify people with symptoms of severe distress who urgently need mental health care.

The description of the short- and long-term consequences of injuries caused by the use of explosive weapons and their psychological consequences was provided by Humanity & Inclusion experts on physical and functional rehabilitation and psychosocial support.



View of Zaatari Camp, Jordan. © Bas Bogaerts / Humanity & Inclusion

12. WHO and UNHCR, "Assessing mental health and psychosocial needs and resources: Toolkit for humanitarian settings", 2011.

Limitations

Information used for this factsheet was found through Humanity & Inclusion's identification mechanisms that focus on the most vulnerable, including people with injuries and people with disabilities, and on the areas where Humanity & Inclusion is active. Therefore it should not be considered as a comprehensive picture of the situation of the whole Syrian population. For the

same reason, the findings presented cannot be extrapolated from the sample of assessed people to the wider refugee and IDPs population. The data provided on psychological impact should be handled with care since the sample chosen for the analysis is small compared to the total number of beneficiaries.

Definitions

By *Internally Displaced Person (IDP)*, we refer to "people or groups of people who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized State border."¹³

By *refugee*, we refer to "a person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it."¹⁴

By *explosive weapons*, we refer to "weapons activated by the detonation of a high-explosive substance creating a blast and fragmentation effect. [...] Explosive weapons that raise particular concerns when used in a populated area are those that have a 'wide impact area' in such an environment. [...]"

- 1) Those that have a wide impact area because of the large destructive radius of the individual munition used, i.e. its large blast and fragmentation range or effect (such as large bombs or missiles);
- 2) Those that have a wide impact area because of the lack of accuracy of the delivery system (such as unguided indirect fire weapons, including artillery and mortars); and
- 3) Those that have a wide impact area because the weapon system is designed to deliver multiple munitions over a wide area (such as multi-launch rocket systems)."¹⁵

By *person with injuries due to the crisis*, we refer to any person with injuries caused directly by gunshots, explosive weapons or other kind of violence (torture for example) and persons with injuries indirectly resulting from crisis related events (crisis-related accidents, for example when a person was injured by falling or being involved in a car accident, while attempting to flee a bombing or a combat zone).

By *mental health and psychosocial problems*, we refer to "social problems, emotional distress, common mental disorders (such as depression and post-traumatic stress disorder), severe mental disorders (such as psychosis), alcohol and substance abuse, and intellectual disability".¹⁶

13. United Nations, "Guiding principles on internal displacement", 2004.

14. Article 1, Convention relating to the Status of Refugees, 1951.

15. International Committee of the Red Cross, "Report of the Expert meeting on explosive weapons in populated areas: humanitarian, legal, technical and military aspects", Chavannes-de-Bogis, Switzerland, 2015.

16. UNHCR, "The emergency handbook", <https://emergency.unhcr.org/entry/49305/mental-health-and-psychosocial-support>



Qusai, 12, sustained multiple injuries due to shelling in Syria in 2014. © Frederik Buyckx / Humanity & Inclusion

Humanity & Inclusion's actions in Syria, Lebanon, Jordan, and Iraq

Humanity & Inclusion has been providing humanitarian response to the Syrian crisis since May 2012, assisting the most vulnerable individuals, including people with injuries and/or disabilities, older and isolated people, in four countries (Lebanon, Jordan, Syria and Iraq):

- More than 410,000 people (individuals and their families) were assisted by Humanity & Inclusion since the start of emergency response,¹⁷
- In addition more than 267,000 people received explosive remnants of war risk education.

In those countries, Humanity & Inclusion provides support to hospitals, clinics and specialist care centres. It also works in rehabilitation centres providing physical and functional rehabilitation, fitting orthopaedic devices, and distributing mobility aids and special equipment.

Humanity & Inclusion's teams visit camps, makeshift encampments and communities to identify the most vulnerable people, including people with disabilities, to determine their needs and to promote their access to basic services. The organisation follows outreach modalities including both mobile and centre-based teams.

Humanity & Inclusion has stepped up its psychosocial support for people affected by the Syrian crisis (IDPs and refugees). The organisation runs one-on-one and group

discussions to help people communicate and renew their ties with the outside world.

In Jordan, Lebanon and Syria, the organisation has increased assistance aiming at covering essential needs by providing vulnerable families with financial or in-kind assistance to enable them to meet their daily essential needs (food, medication, rent etc.).

Humanity & Inclusion works closely with local and international aid organisations to ensure services provided to refugees living in camps and communities are accessible to vulnerable people including those with functional limitations, and builds the capacities of other humanitarian operators on disability, inclusion and vulnerability issues.

The organisation conducts prevention activities in Syria and Iraq linked to the threat posed by conventional weapons and improvised explosive devices, building on its extensive experience of neutralising mines and explosive remnants of war. Risk education teams meet with refugees and displaced people in camps and urban areas (in particular children) to inform them of the dangers that explosive devices pose on roads and in homes. The organisation carried out prevention and weapons clearance activities in Kobani between May 2015 and March 2016. By the summer of 2015, its field teams had removed one tonne of unexploded devices from the rubble and destroyed them.

17. Figures as of 30 November 2015 (except Iraq - December 2015) - "Beneficiaries" include individuals, family members and caregivers.