VULNERABILITY MULTIPLIED IN SYRIA

Report on the Survivors of Explosive Devices

JUNE 2017

A child playing on the balcony of a destroyed building, in Northern Syria – March 2016

AAR Japan
Association for Aid and Relief, Japan

EXECUTIVE SUMMARY

Over the course of 2016, the conflict in Syria escalated significantly, with devastating consequences for the population caught up in the midst of what has become a protracted civil war. Association for Aid and Relief, Japan (AAR Japan) has conducted outreach activities in northern Syria in 2016 with over 2,000 men, women and children that sustained injury and impairment as hostilities intensified. Almost 60 per cent of these were wounded in airstrikes, with over half of these incidents occurring in a four-month period between July and October.

Many survivors suffered from severe multiple injuries, including complex fractures, penetration or trauma wounds, having been struck by ballistic fragments or crushed under collapsed buildings. Despite the very serious nature of these injuries, including the loss of limbs, permanent paralysis caused by spinal cord injuries or sensory impairment, many of the wounded have been unable to access adequate medical care. **Almost a quarter of those facing these life changing injuries are children under the age of 18.**

LEFT UNTREATED

The medical and rehabilitation needs of those injured remain largely unmet, with an overwhelming demand for medical treatment, rehabilitation and prosthetics, in addition to the desperate need for mental health and psychosocial support. In the absence of appropriate care, untreated injuries will potentially lead to permanent impairment and a more significant degree of disability for many. **60 per cent of the survivors AAR Japan reached out have received no on-going assistance, with 35 per cent of those injured having access to either rehabilitation services or to an assistive device but only 5 per cent having access to both rehabilitation services and an assistive device.**

The impact of these injuries has been devastating for many, with over half of those interviewed now no longer fully independent in carrying out daily tasks. **239 survivors are very dependent in some or all aspects of daily life, with 37 of those injured totally dependent on others to carry out tasks such as toilet, washing, eating or sitting up in bed,** putting an enormous economic and emotional strain on individuals and their families.

ECONOMIC IMPACT

In most cases the economic impact of these injuries has been acute, with almost 90 per cent of surveyed survivors stating that they are no longer working, with men of working age those most affected. Many families have resorted to negative coping mechanisms, often having to choose between meeting the family's daily subsistence requirements or covering medical costs. Only 1 in 10 of those injured have received any financial aid or 'in kind' assistance.

Hundreds of thousands of lives have been lost and many more lives shattered by severe injury and impairment over the course of the conflict in Syria. The collective failure of the international community to protect those caught up in the hostilities has had devastating consequences, with many survivors sustaining serious and 'life changing' injuries. These people should not be failed a second time. The international community has a responsibility to ensure that those injured in the conflict have access to the care and treatment necessary to support optimal recovery, allowing survivors to rebuild their lives and regain dignity and self-esteem.

A scene of destruction caused by dozens of airstrikes and missile attacks in Northern Syria – July 2016

A survey taker interviews a Syrian man who lost his right leg after his house was struck by a barrel bomb – August 2016

INTRODUCTION

Whilst the escalation of hostilities in Syria over the course of 2016 has been well documented, the impact on the millions of Syrians surviving within the midst of this conflict is less well known. The purpose of this report is to add to the growing body of evidence on the scale of injuries sustained by the civilian population in Syria, caused principally by the indiscriminate use of explosive weapons. This evidence should be used to identify and respond to the specific medical and rehabilitation needs of the large numbers of children and adults that have sustained significant and life threating injuries, particularly over the last 12 months, as hostilities have intensified.

Most significantly the report draws attention to the consequences that survivors of explosive weapons face in the absence of appropriate medical care and rehabilitation; injuries that if left untreated will potentially lead to permanent impairment or disability. Through outreach activities the survey team identified 2,036 individuals who sustained injures over the course of 2016, with the functionality survey primarily designed to assist in the referral of the injured to medical and rehabilitation services where available. The deliberate targeting of health care facilities and health personnel during the Syrian conflict has been unprecedented, with profound consequences for those that have been injured. Many of these people have not received appropriate medical care for their injuries and as a result experience significant challenges in carrying out daily tasks, many now unable to live independently. Not only does this place an additional burden on families already living in the most precarious of situations, but also robs those suffering from severe injuries of dignity and self-esteem.

While little disaggregated data is available, survivors have often been neglected, despite increased vulnerability due to injury and impairment, with severe consequences for their recovery and wellbeing. The evidence presented in this report should be used to mobilize resources to address the ongoing immediate medical and rehabilitation needs of those injured as well as the socioeconomic impacts of serious injury on such a wide scale.

METHODOLOGY

Given the complex and dynamic operating environment within Syria, identifying and assisting those injured in the conflict has become a major challenge. Access by the international humanitarian community has been severely constrained or completely prohibited in many locations, restricting not only aid flows to communities but also impeding the collection of data from within Syria.

This report draws upon data gathered by a team of medical personnel in Syria, contracted by AAR Japan. The survey team undertook extensive outreach to identify 2,036 individuals who sustained injures over the course of 2016, primarily as a direct consequence of the war, by explosive devises or gunshots, but this also includes 11 per cent of survivors injured in traffic accidents[1].

Some of the survivors were difficult to locate, due to poor record keeping and significant levels of displacement, with referrals often taking place by word of mouth over the course of survey period. The survey team was composed of male and female medical personnel, enabling them to reach female victims. The team conducted outreach in the homes of those injured to ensure that 'house-bound' survivors would be included, with many families struggling to cope and feeling 'forgotten'.

Given the restrictions on movement and limited capacity, the survey team reached roughly between 1 and 2 per cent of the estimated population of two governorates within northern Syria[2]. Therefore, the data presented here can only be used to give an indication of the situation and should not be seen as a comprehensive survey.

The functionality survey was designed to assist in the referral of the injured to available medical and rehabilitation services. In the absence of referral services for those with paralysis and sensory impairment, AAR Japan deemed it inappropriate to include these 266 people in the functionality survey[3]. The functionality survey of the remaining 1,770 survivors provided detailed information on the level of independence in activities of daily living (ADL), combining factors related to individual impairment and injury and the injured person's environment, based upon self-assessment. The questionnaire was adapted from the Barthel Scale[4], covering 10 dimensions of daily life: dressing, eating, using the toilet, bathing, moving in bed, lying to sitting, sitting to standing, moving around, moving short distances under 100 meters and moving long distances over 100 meters. The people were assessed with an assistive device (AD) if they used one; 'help' refers to assistance from someone else.

Score	% Activity Done Unaided	Description
0	0-24%	Cannot perform daily activities without assistance; performing less than 25% of the task or requires more than one person to assist
1	25-49%	Moderate to maximum assistance; performing 25 to 49% of the task unaided
2	50-74%	Minimal to moderate contact assistance; performing between 50 and 74% of daily tasks
3	75-100%	Complete independently or modified independence; patient can perform 75% of daily tasks or more

Despite the very significant levels of psychological distress inflicted on the survivors, both in terms of injuries sustained but also in relation to the life changing consequences of these injuries, it was not possible to evaluate psychosocial needs within the scope of this survey.

Total survey population n=2,036 (male: 1,804, female: 232)
Functionality survey population n=1,770 (male: 1,569, female: 201)
Names used in the case studies have been changed to protect the identity of those interviewed.

[1] In the absence of adequate medical care and follow-up, the outcomes for many of these people are consistent with those wounded in explosions.
[2] OCHA 2014 https://www.humanitarianresponse.info/system/files/documents/files/Syria%20governorate%20profiles%206%20August%202014.pdf
[3] Due to nature of these people's condition, it was deemed inappropriate to subject them to invasive and possibly distressing questions in the absence of the ability to provide any assistance to them.
[4] The Barthel scale or Barthel **ADL index** is an ordinal scale used to measure performance in activities of daily living (ADL) designed to show the level of independence of a patient. Each performance item is rated on this scale with a given number of points assigned to each level or ranking.

BACKGROUND TO THE CONFLICT

Hundreds of thousands of people have been killed over the course of the conflict[5], with some estimates suggesting that 470,000 people, including 55,000 children, have been killed (Human Rights Watch, 2017). It is estimated that over 1 million people have been injured as a direct consequence of the war, with approximately 30,000 people suffering conflict-related trauma injuries each month (OCHA, 2016).

Explosive weapons[6] represent the most significant threat to civilians in Syria, accounting for over 8 out of 10 of recorded incidents in 2015 (Handicap International, 2015). Aerial bombardment and the use of cluster munitions increased significantly from 2015 as the conflict escalated, in addition to the risks of injury from landmines, improvised explosive devices (IEDs) and other explosive remnants of war (ERW). Many of the explosive devices used have steel cases that cause shrapnel or have been designed to incapacitate, injure or kill people (Médecins Sans Frontières, 2017). Blasts from explosive devises cause unique patterns of injury, normally only seen in combat, with penetration wounds from shrapnel and blunt trauma resulting in complex fractures being the predominant forms of injury. 89 per cent of cases involving explosive weapons resulted in permanent or temporary physical impairments (Handicap International, 2016). Explosive weapons used on such a large scale will continue to be a leading cause of death, disability and injury long after the conflict in Syria is over.

The targeted destruction of medical facilities and the killing of healthcare workers during the Syrian conflict is unprecedented, with profound consequences for those that have been injured. Doctors and other medical staff are forced to practice 'siege medicine', improvising to perform complex trauma surgery in the most challenging of circumstances. Without immediate access to adequate medical assistance, trauma surgery and post-operative care and rehabilitation, many of the complex injuries caused by explosive weapons are likely to lead to permanent impairment and reduced mobility.

A hospital in Northern Syria attacked by an airstrike – October 2016

[5] The UN has stopped compiling data on fatalities as it is not possible to verify much of the information, with claims and counter claims coming from all sides to the conflict.

[6] Explosive weapons entail explosive ordnance such as mortars, rockets, artillery shells, aircraft bombs, cluster munitions and mines, as well as improvised explosive devices (IEDs).

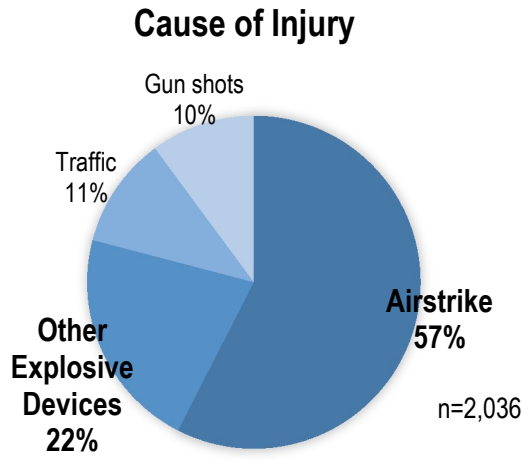
FINDINGS

Approximately 79 per cent of people surveyed were injured by an explosive device, including airstrikes[7], shelling, mines, IED and unexploded ordnance (UXO). Approximately half of the survivors suffered from fractures, while an additional 433 of the most severely affected people, approximately 21 per cent, sustained a combination of injuries or impairments, including paralysis, loss of limbs or sensory impairment, resulting in a high level of dependency.

fractures	1008
wounds	902
amputation	148
impaired vision	133
paralysis	92
impaired hearing	87
burns	60
fragment	94
other	142

Type of Injury (multiple answers allowed)

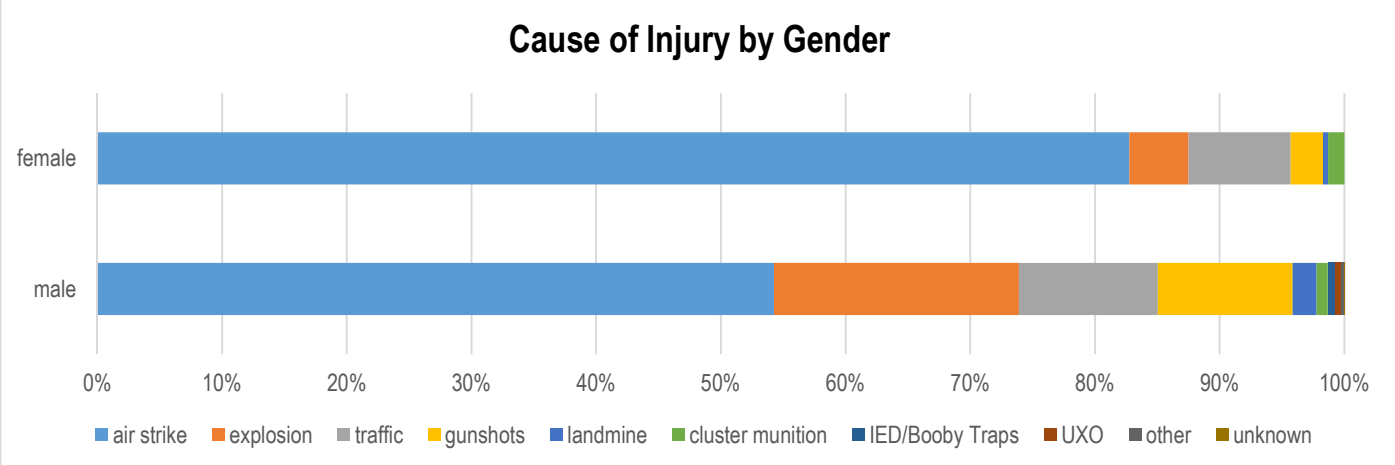
Prompt appropriate surgical care for these complex injuries could, in some cases, prevent the need for amputation and ensure optimal functionality for survivors. The lack of access to medical services is a serious impediment to the treatment and recovery of survivors. In addition, health risks associated with trauma injuries, such as developing infections, pressure ulcers, pneumonia or other potentially lethal conditions are compounded by the lack of access to regular specialized medical care.



1,171 men, women and children, or 57 per cent, were injured in airstrikes. For women, this percentage is much higher at 83 per cent, with airstrikes the predominate cause of injury. 10 percent of men surveyed sustained injuries as a result of gunshot wounds as opposed to only 3 per cent of women.

87 percent of the survivors are aged between 15 and 65 years old, that is of working age[8], with a significant proportion of this group likely to be the head of household, responsible for dependents, including children and the elderly[9].

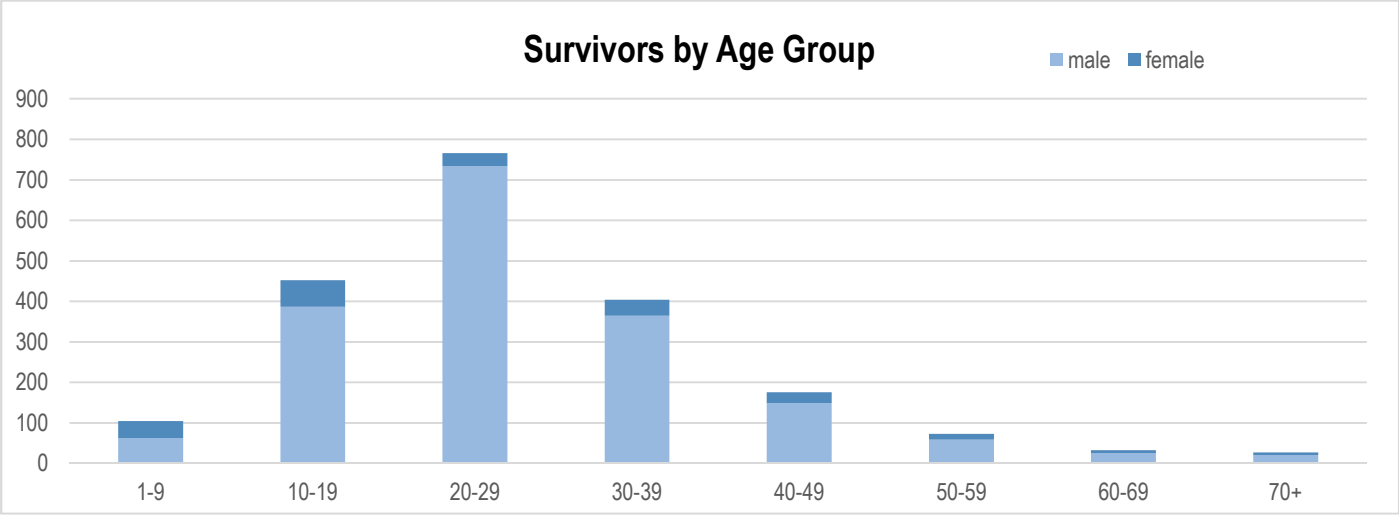
Due to the deterioration of the security situation and a collapse in the rule of law within Syria, many women are confined inside and do not feel safe in the streets. Similarly, in the absence of schools and functioning markets, women have less reason to leave home whereas men are much more exposed to all forms of injury, spending more time outside and away from the home, such as in 'search and rescue' operations in the immediate aftermath of an explosion or aerial attack.



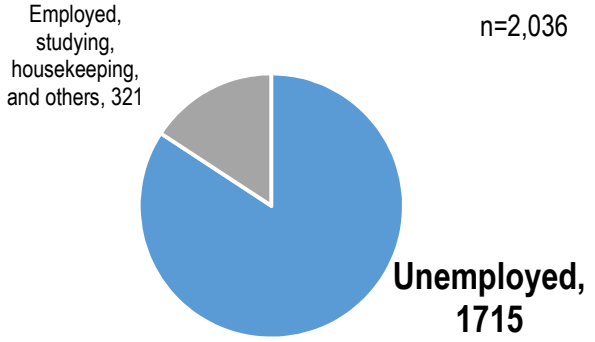
[7] Airstrikes conducted by parties to the conflict in Syria rely on explosive weapons (Handicap International, 2016)

[8] OECD definition of population of working age : https://data.oecd.org/pop/working-age-population.htm

[9] The average size of Syrian households is thought to be around 6 people; half of these within the dependency age brackets. (UNHCR/UNICEF/WFP, 2013)



Men of working age represent the largest number of those injured and the impact of the conflict upon this group has significant implications, particularly given the traditional role of men as breadwinners and the relatively high dependency ratios of women in Syria[10]. Similarly adolescent males were over-represented in the statistics, with 10 to 19 year olds[11] forming 22 per cent of all survivors. Therefore, it is crucial that post-crisis interventions should include a significant component of socio-economic reintegration measures to ensure that survivors facing temporary or permanent disability do not experience exclusion and discrimination and can return to employment.



84 per cent of those injured who were previously employed stated that they are no longer working, with over 8 out of 10 men between the ages of 19 and 29 years old now not working. The largest number of affected people are men aged between 30 and 49 years old, with 587 men between these ages no longer employed.

Of those survivors surveyed, 21 per cent were found to have some kind of impairment resulting from the injuries sustained.

The data showed that 208 people suffered from injuries leading to sensory impairments, either visual or hearing or a combination of both. Other injuries resulted mainly from the fragmentation of explosive weapons, with those wounded experiencing a combination of burns, cuts, lacerations, nerve damage, crush wounds. 94 people were wounded by ballistic fragments. With early and appropriate interventions, many of these survivors could have reduced the severity of these conditions and prevented permanent impairment.

In total 92 people, most of whom are men, have some level of paralysis, with 56 people experiencing paralysis in the lower body, suggesting a severe or complete impairment with significantly reduced mobility and a high level of or total dependency. In some cases, family members will be required to provide 24-hour care, placing an enormous economic and emotional strain on families. This level of paralysis, without appropriate medical care, can lead to further complications.

148 people have undergone amputation. 6 out of 10 of these cases involved the lower body, with legs or feet needing to be amputated. 13 per cent of survivors undergoing amputation lost an arm, with 1 in 3 having lost a hand or fingers. Following an amputation, it is crucial to access specialists care immediately to reduce the impact of the loss of limb(s) and to ensure better outcomes, with the need for ongoing follow-up and periodic maintenance or replacement of prosthetic limb(s)[12].

[10] Women make up only 13.3 per cent of the Syrian workforce. (UNData, 2017)

[11] Adolescent defined as 10-19 years old http://www.who.int/maternal_child_adolescent/topics/adolescence/dev/en/

[12] A further 10 people were identified that had undergone amputation, who declined to take part in the survey due to the recent and traumatic nature of their injuries.

CHALLENGES IN ACTIVITIES OF DAILY LIVING

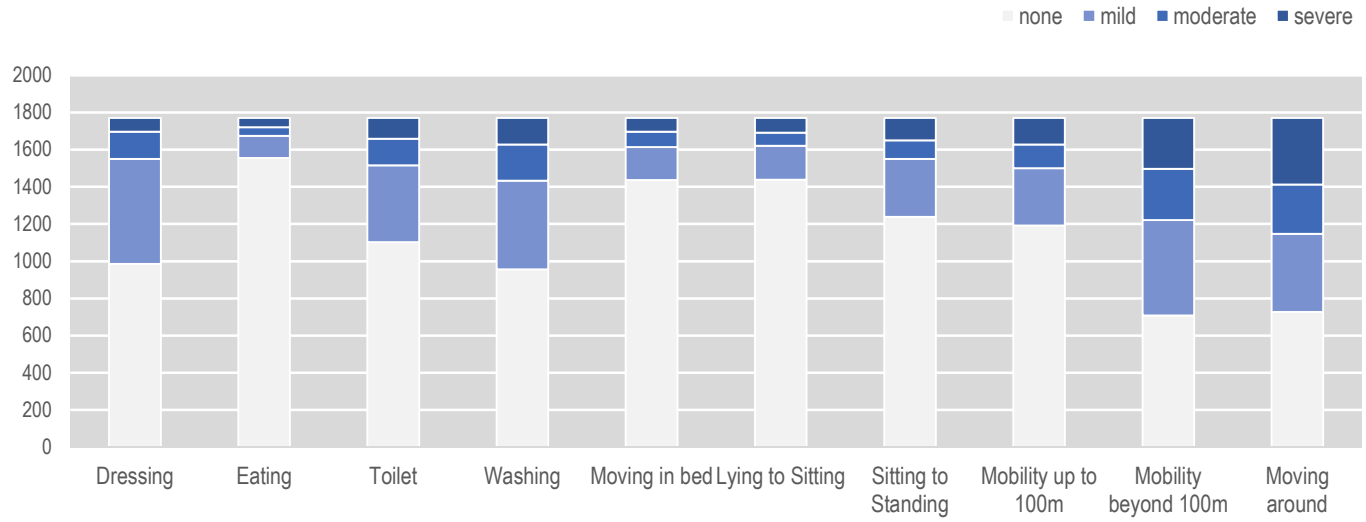
- The survey findings show that 1,358 people, representing 76 per cent of those surveyed, need some support in at least one activity of daily life.
- Of these 37 people are totally dependent in all ten aspects of daily life[13].
- 701 survivors or 39 per cent are very dependent in one dimension or more of daily living.
- 578 people, 32 per cent, are very dependent in some or all activities.

Number of Survivors by the Levels of Difficulties Faced in ADL

	Dressing	Eating	Toilet	Washing	Moving in bed	Lying to Sitting	Sitting to Standing	Mobility up to 100m	Mobility beyond 100m	Moving around
severe	74	50	112	142	74	79	120	142	274	358
moderate	146	46	143	195	82	71	100	127	274	264
mild	565	119	412	477	178	181	312	309	514	420
none	985	1555	1103	956	1436	1439	1238	1192	708	728

n=1,770

Level of Challenges in 10 ADL



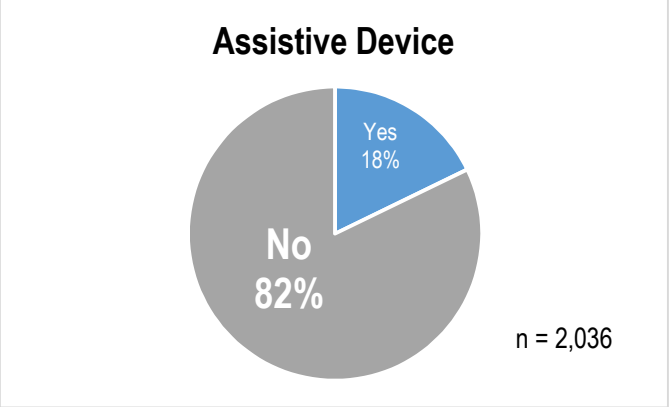
[13] It should be noted that these figures exclude those with impairments not covered by the functionality survey due to the absence of referral services for these people, so these figures are an underrepresentation of the levels of functionality in survey population.

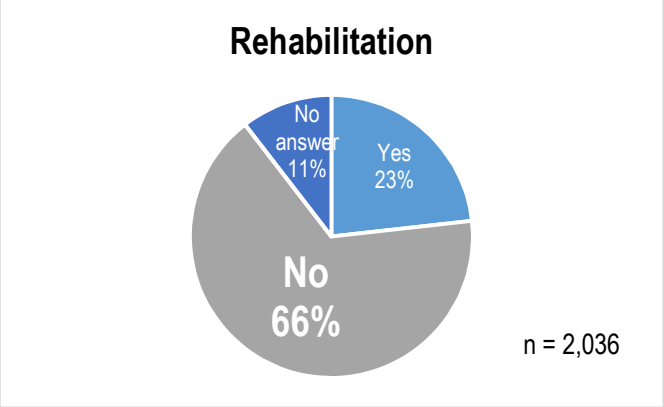
ACCESS TO MEDICAL CARE

The health care system in Syria has been decimated over the course of the war. Those health facilities that are still open face overwhelming demand, with acute shortages of medicine and medical supplies. Many of the health care facilities are only able to offer basic first aid or primary health care and as rehabilitation services are not widely available, it is possible that those injured are unaware of the types of support necessary to ensure improved functionality and recovery.

The medical survey team confirmed that only a very limited number of survivors have access to assistive devices and/or rehabilitation. Appropriate devices are not widely available and often prohibitively expensive. Rehabilitation centers are few and far between, with some patients having to travel long distances, which can be very costly and/or too difficult to arrange transport. The demand for rehabilitation and prosthetics centers is massively outstripping availability of services. In addition, many patients require psychological treatment, with many people requesting anti-depressants.

Only 363 people or 18 per cent of the survivors received an assistive device, such as a walking aid, wheelchair or prosthesis, while only 473 people or 23 per cent are receiving any rehabilitation services. **Together, only 94 of the survivors, approximately 5 per cent of those injured, received both an assistive device and rehabilitation, leaving 1,092 or 54 per cent of those injured without any rehabilitation or an assistive device** (213 victims did not answer the question about rehabilitation).





Mohamed (30) (left) is from a rural area in Syria but was displaced with his wife and three sons a year ago. Mohamed uses a wheelchair because of a spinal cord injury and he works as a grocer in the local market. Mohamed makes only just enough money to cover the rent but has struggled to provide enough food for his family.

However, for the last three months, the family has been receiving two food baskets per month from a local NGO. With the provision of these basic food stuffs, such as cereals, ghee and oil, Mohamed now has sufficient money to pay for the transportation to go to the physiotherapy center 50 kilometers away, to receive treatment for his spinal injury.

Samir (38) is a young man from Aleppo, married with four small children. He lost both legs after stepping on a mine in farm land close to his home. Initially Samir was confined to bed, but was given two artificial limbs in a local medical facility. However, the artificial legs did not fit properly and wearing them caused Samir a lot of pain and distress.

After being contacted by a specialist organization providing prosthetics, Samir was fitted with two new limbs. He is now able to walk unassisted and without pain and has returned to work in a local food store.

Four out of five people in Syria live in deepening poverty (OCHA, 2016), with many more families resorting to negative coping mechanisms, due to declining community cohesion and financial difficulty[14]. High and rising food prices, particularly for staples such as rice and lentils, force households to spend a greater portion of their incomes on food, forgoing other vital expenditure. Repeated and protracted displacement further exacerbates this pressure, with financial constraints becoming a major barrier to accessing healthcare. Of the 123 people who stated that they were no longer receiving treatment, 61 stated that they were unable to afford medical care and 55 raised lack of medical facility as a reason behind discontinued treatment. A small number of people, only 6 per cent stated that lack of access was the primary reason for not being able to receive medical care.

Given the collapse of medical facilities across Syria and lack of trained personnel, the quality of the available medical care is not sufficient to ensure optimal levels of recovery.

A survey taker interviews a Syrian farmer wounded in the left thigh by a shrapnel – March 2016

[14] Unsustainable and negative coping strategies: child marriage and child labour, including begging smuggling and scavenging; the recruitment and use of children in the conflict; sale of assets (including property); missing or reducing the size of meals and borrowing of food; migration; all contributing to declining living conditions. (OCHA, 2016)

RESPONDING TO THE CRISIS

- Should not fail a second time -

Many survivors of the conflict, particularly those with insufficient family or community support, are at increased risk of social exclusion, poverty, and violence. Survivors of explosive weapons face specific obstacles in accessing humanitarian aid, including basic services and medical assistance, both financially and physically. Survivors face more severe consequences for their health when unable to access these services. Untreated injuries and lack of medication can result in permanent or aggravated impairment.

Rehabilitation services are an urgent priority to facilitate more positive outcomes for those injured, for example, in improving joint and limb function, pain management, wound healing, and psychosocial well-being. Similarly, assistive devices (such as a wheelchair or mobility aid) are needed to prevent impairments becoming more severe and allowing survivors with disabilities to access services. In the absence of any coherent coverage by the international aid community, both local Syrian and diaspora groups have emerged over the course of the conflict, engaging in a wide variety of humanitarian work. This encompasses professional medical personnel, community activists and volunteers, many of whom are lacking in the necessary equipment and technical expertise to respond effectively.

Thus, it is imperative to support local community groups and NGOs working in Syria providing capacity building and training in trauma response and rehabilitation to help ensure the best possible outcomes for people that sustained injury or impairment as a result of the conflict in Syria.

Better targeting of humanitarian assistance should include all survivors and their families with heightened vulnerability due to impairment or injury, with a specific focus on food security, livelihoods and vocational training to foster self-reliance and social inclusion.

A barefoot Syrian child is visiting his destroyed school in Northern Syria – July 2016

Improved referral mechanisms are needed across sectors including health, education, food security and livelihoods.

Agencies supporting food security and livelihood programs should ensure the inclusion of people with disabilities, providing appropriate opportunities that are not labor intensive but tailored to their skills and experience and in line with the labor market in Syria though under fire for survivors and/or their families. Vocational and skills training should be provided to enable people to requalify post injury.

Most of those who have been injured are men of working age and are likely to be heads of household responsible for several dependents. Therefore, it is essential to provide support to those who may be able to return to work in a previous capacity through, for example, the provision of assistive devices.

In the absence of professionally qualified medical personnel, it is crucial that Syrian NGOs can support those injured over the course of the conflict through community and family based rehabilitation and 'self-treatment'. There is a need for guidance on effective physiotherapy and other strategies to improve functionality, to regain mobility and prevent further deterioration post injury. Training programs need to be established to facilitate this technical input. In addition, inclusive community response plans are needed, with awareness raising programs to reduce stigma and combat the loss of dignity felt particularly by the injured who are no longer able to carry out daily functions independently. Self-help groups would be a vital part of these response plans.

Given the disproportionately high risk of airstrikes and the fact that populations remain mobile and displaced, risk education will continue to be a priority to reduce the risks of deaths and injuries from these explosive weapons. In addition to conventional risk education that primarily target mines and ERWs, the contents should be adapted to the context of Syria where active fighting is still ongoing.

Displaced children look for something to play with in Northern Syria – July 2016

DEFINITIONS

Activities of Daily Living (ADL) are routine activities that people tend to do every day without needing assistance. There are six basic ADLs: eating, bathing, dressing, toileting, transferring (walking) and continence. An individual's ability to perform ADL's is important for determining what type of long-term care is needed. (e.g., care home or home care).

Assistive Device (AD) are those whose primary purpose is to maintain or improve an individual's functioning and independence to facilitate participation and to enhance overall well-being. They can also help prevent impairments and secondary health conditions. Examples of assistive devices and technologies include wheelchairs, prostheses, hearings aids, visual aids, and specialized computer software and hardware that increase mobility, hearing, vision, or communication capacities. In many low-income and middle-income countries, only 5-15% of people who require assistive devices and technologies have access to them.

Activity limitation is a difficulty encountered by an individual in executing a task or action.

Disability or People with Disabilities is an evolving concept, resulting from the interaction between people with impairments and attitudinal and environmental barriers that hinder full and effective participation on an equal basis. The ICF emphasizes environmental factors in creating disability. Problems with human functioning are categorized in three inter- connected areas: Impairments, activity limitations and participation restrictions. (Convention on the Rights of People with Disabilities).

Functionality A 'functional' concept of disability, defines a disability as any long-term limitation in activity resulting from a condition or health problem. This is the World Health Organization (WHO) definition and is the recommended international standard for data collection on disability.

Impairment is a problem in body function or structure, such as paralysis or loss of sight. Health conditions are diseases, injuries, and disorders, while 'impairments' are specific decrements in body functions and structures, often identified as symptoms or signs of health conditions. Disability arises from the interaction of health conditions with contextual factors such as environmental and personal factors.

Injury is the damage to the physical body of a person, resulting from an event (not from a disease or long-term process). It can result from various causes such as violence (for example, the immediate consequence of war, such as gunshot, shrapnel, torture etc.), accidents, and consequence of birth or attempted suicide.

International Classification of Functioning, Disability and Health (ICF) is a classification of health and health-related domains. As the functioning and disability of an individual occurs in a context, ICF also includes a list of environmental factors.

Older people are deemed as those aged 60 or above in accordance with the definition of older people used by the World Health Organization and the United Nations High Commissioner for Refugees.

Participation restriction is a problem experienced by an individual when involved in daily life situations.

People with Disabilities See disability above

Risk education refers to educational activities aimed at reducing the risk of injury from mines and unexploded ordnance by raising awareness and promoting behavioral change

ACRONYMS

AAR Japan Association for Aid and Relief, Japan
AD Assistive Device
ADL Activities of Daily Living
ERW Explosive Remnants of War
HRW Human Rights Watch
ICF International Classification of Functioning, Disability and Health
IED Improvised Explosive Device
MSF Médecins Sans Frontières
NGO Non-Governmental Organization
OCHA Office for the Coordination of Humanitarian Affairs.
UNHCR United Nations High Commission for Refugees
UNICEF United Nations International Emergency Children's Fund
UNMAS United Nations Mine Action Service
UXO Unexploded Ordinance
WFP World Food Programme
WHO World Health Organization

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About AAR Japan

AAR Japan is a non-governmental organization that assists and restores the dignity of those affected by armed conflict, natural disaster, infectious disease and disability around the world. AAR Japan has been working with mine victims since the 1990s, providing assistive devices, rehabilitation services and vocational training, while raising awareness about the risk of mines and ERWs to prevent further accidents.

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Blog: http://aarjapan.blogspot.jp/

AAR Japan
Association for Aid and Relief, Japan

A son (middle) of a survivor of a barrel bomb attack shows his destroyed house to the survey team – August 2016

This report was prepared in collaboration with Hand in Hand for Syria, Jennifer Hopps, and Keiko Tamura as a part of the Year 2016 Humanitarian Pooled Fund project for Syria, "Casualty Survey and Risk Education" funded by OCHA administered Turkey Humanitarian Fund. We would also like to thank UNMAS for their technical support.

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Published by Association for Aid and Relief, Japan (AAR Japan)
First published 2017

Photo credits: Hand in Hand for Syria

Hand in Hand for Syria