I’ve seen what started off as an idea for a non-profit grow into a solid organization that has helped dozens of children from Syria’s war.

Our achievements are not just a product of the hard work of our staff, but equally of the network that we have built around the globe – from strangers who donate continents away to doctors on the ground working with our children.

We have seen that it’s not just about the surgeries. Our impact is long term. Many of our children are back in school for the first time since they were injured. Their families are able to see them smile and play again, no longer burdened with the constant anguish of watching their child suffer.

We have built a strong team at INARA and developed solid procedures for our caseworkers that allows them to adapt to the uniqueness of each case, while placing the best interests of the child at the heart of all our work.

We have developed a network among the humanitarian community in Lebanon, allowing us to successfully refer cases on or take them on ourselves when that assistance is not provided by others.

People are starting to recognize our name and we have built trust among our supporters. We have received our first grants and are growing our social media reach to bring in more individual donors. This first year has truly shown us that together we really can make a difference.

Our organization has expanded within the last year to cover the whole of Lebanon. We are looking towards next year’s goals and at expansion within the region. We will also have to begin to address the changing landscape of refugee health needs, as well as the barriers in providing medical treatment. For instance, how we transport the increasing number of unregistered Syrian refugees across Lebanon so they can access treatment.

The pace of change at INARA has been fast and we’ve grown according to the gaps that exist in medical treatment. We know there will be challenges, but I’m excited to see where we’ll be this time next year.

- Arwa Damon
FOUNDER
Our mission statement

We provide life-altering and life-saving medical care for children from conflict areas who have catastrophic injuries and are unable to access treatment due to war.

We step in to fill the gaps in access to medical treatment when not provided by other humanitarian organizations, including financial and logistical assistance where needed. We will not compete with, but complement pre-existing medical facilities by building partnerships in order to secure reduced or pro bono care.

Our values


Our vision

No child impacted by conflict should be denied or be unable to access life-altering or life-saving medical care.
The idea for INARA was born out of founder Arwa Damon’s direct experience on the ground in conflict zones. She witnessed a need in medical access and knew she had to do something about it.

Her experience on the ground provided the baseline for our mission statement. After conducting an initial needs assessment in Lebanon we found that there was need for an organization to respond, while also ensuring that the efforts of other humanitarian organizations were not duplicated.

Based on our research we developed our initial mission: to provide life-saving and life-altering medical care for children from conflict zones who have catastrophic injuries, and are unable to access treatment due to war. This includes children injured from unsafe refugee living conditions. The bulk of our surgeries focus on enabling mobility or preventing disability.

The experience we have gained in Lebanon will act as a blueprint for INARA’s expansion into other countries in the region.

**How we measure the difference we make**

**Medical outcomes**
Improved mobility or restoration of bodily function for the child, or prevention of an irreversible disability.

**Social outcomes**
Medical treatment should lead to an increased sense of wellbeing, reintegration into the community, and increased self reliance.

**Long term impact**
This is INARA’s legacy: better long term quality of life for the child as well as helping to build communities who are resilient in the face of adversity.
WE WANT TO THANK OUR PARTNERS FOR THEIR HARD WORK OVER THE PAST YEAR. THESE INCLUDE:

Holland & Knight  TAIT | WELLER

WE WOULD PARTICULARLY LIKE TO THANK

Dr. Ghassan Abu Sittah (Head of Plastic & Reconstructive Surgery at AUBMC)
Dr. Amir Ibrahim (Plastic & Reconstructive Surgeon, AUBMC)
Dr. Youssef Bakhach (Hand Surgeon and Congenital Abnormalities, AUBMC)
Dr. Rachid Haidar (Head of Orthopaedic Surgery, AUBMC)
Dr. Randa Barazi (Paediatric Otolaryngology, Head & Neck Surgery, AUBMC)
Dr. Ramzi Alami (Assistant Professor of Clinical Surgery, AUBMC)
Dr. Odette Abou Ghanem (AUBMC)
Dr. Joe Baroud (Resident, AUBMC)
Dr. Fadl Chahine (Resident, AUBMC)
Dr. Hamed Janom (Chief Resident, AUBMC)
Dr. Reem Karami (Resident, AUBMC)
Dr. Nazareth Papazian (Resident, AUBMC)
Dr. Nadim Abou Jaoude (Dentist, General Practitioner)
Dr. George Tawil (Periodontist, Beirut Dental Specialists)
Dr. Roy Sabri (Orthodontist)
Dr. Rami Abadi (General Dermatologist, Cosmetics and Laser)
Sawssan Haidar (Get Well Centre)
WE HAVE RECEIVED A NUMBER OF KEY GRANTS OVER THE LAST 12 MONTHS. WE WOULD LIKE TO THANK THE FOLLOWING FOUNDATIONS AND SOCIETIES:

THE OHRSTROM FOUNDATION
THE ASFARI FOUNDATION
THE SECULAR SOCIETY
THE MARY ALICE FORTIN FOUNDATION
A child is referred to us in a number of ways – such as referrals from other humanitarian organizations, medical professionals and sometimes also in person.

When we accept a case there are two routes the child can go down with their INARA journey.

**MEDICAL TREATMENT**
Our main priority is to help children that no one else can.

The child gets the medical treatment he or she needs. When we take on these cases we fully finance the medical treatment and logistical costs involved in supporting the child. Each child and their family is assigned a caseworker that is accessible at all times and accompanies the child to all appointments.

Once the treatment is complete, we do a final meeting with the family. Here we evaluate the success of the service we have provided for them, and the medical and social outcomes that this treatment has had on the child and family.
In certain cases, there are humanitarian organizations within our network which already provide the medical treatment the child needs.

We have successfully referred 18 children onto other humanitarian organizations this year.

We have worked with 10 referral agencies, referring children onto them and vice versa.

CASEWORKER TIME

- 65% Medical Treatments
- 30% Referring on
- 5% Networking
In the past year...

WE HAVE TREATED 46 CHILDREN

9 TREATMENTS COMPLETED
19 TREATMENTS ONGOING
18 SUCCESSFULLY REFERRED

IN TOTAL WE SPENT $164,508 ON OUR CHILDREN.

THE AVERAGE COST WAS $5,875*

* This includes all the programme costs relating to the child, such as medical, logistical and caseworker costs.
Types of Treatment for Our Children During the Report Period

- Plastic surgery for scar revision: 14
- Scoliosis surgery: 1
- Reconstructive surgery: 6
- Diagnostic tests: 3
- Hernia correction: 1
- Hospitalization: 1
- Rehabilitative care: 1
- Dental surgery: 1

*Some children received more than one type of treatment.
Case story: Sara

Khadija was worried about her daughter Sara’s future. Boiling water had scalded her arm in Lebanon, and if it was not operated on, Sara would face permanent joint damage. The family didn’t have money to pay for treatment, and did not know who to turn to. After months of searching for medical care, she was finally put in touch with INARA.

We booked in Sara’s surgery at AUBMC. Her operation required both plastic and orthopedic components, and she also needed a special prosthesis to elongate her veins. Sara can now open her arm fully.

Sara is much happier now. “She can do whatever she wants,” says her mother. “She couldn’t even open a door before. She would often wet herself and sit in for hours. She hated it. Now she can get dressed alone, and go to the bathroom alone.” Sara is also physically able to go to school now.
Two years ago, when Mohamad was only 12 months old, a bomb hit his house setting it on fire. He was home alone as his mother was outside milking the cows. A wall collapsed on Mohamad, miraculously protecting his body from the flames.

The fire burnt and deeply scarred his face. The scars on his cheeks pulled down on his eyes, preventing him from closing them.

Mohamad was operated on at AUBMC. Dr. Abu Sittah detached Mohamad’s lip from his chin, and broke down the scar tissue around his face so there would be more skin to enable him to close his eyes.

Mohamad’s father had noticed the impact this has had on his son. “Mohamad can now speak better, eat better. His behaviour with us has really improved. Before he would cry a lot and was really temperamental. Now he has less of a burden on him.”
How you can help

100% OF YOUR DONATION GOES TO THE CHILDREN

When you donate to INARA, 100% of your donation goes to the children covering the medical costs, transportation to the facility, follow-up treatment, and associated caseworker costs.

There are four different ways that you can donate to INARA:

1. A one-off payment
2. Set up a monthly donation
3. Donate on behalf of someone you love
4. Donate towards our operational costs (with this option, the money goes towards keeping us running, rather than going to the children)

FOR MORE INFORMATION ON DONATING TO INARA, VISIT INARA.ORG/DONATE-NOW