Who we are

INARA (the International Network for Aid, Relief, and Assistance) provides life-saving and life-altering medical care for children from conflict areas who have catastrophic but reversible injuries, and who are unable to access medical treatment due to war.

INARA was born out of President and co-founder Arwa Damon’s direct experience on the ground in conflict zones as CNN’s Senior International Correspondent, witnessing how injured children were falling through the gaps of medical care.

INARA’s vision is that no child impacted by war should be denied or unable to access medical care.

Why we are different

INARA steps in to fill the gaps in access to medical care when not provided by other institutions or non-profits. We do not compete with but rather complement pre-existing medical programs. We build partnerships and networks to secure reduced or pro bono care and provide financial coverage when needed.

Our programs are specifically tailored, following a needs assessment, to cover cases others cannot. Each of our children has a dedicated caseworker ensuring best practice, providing a support system for the child and family, and making sure that treatment is followed through.

The importance of early intervention

Within the pediatric age group (0-18) the majority of debilitating injuries are reducible, if not wholly reversible. Unlike the adult population, medical intervention in the young allows unaffected joints to maintain their mobility and limbs to regain function following reconstructive surgery.

The success of INARA’s program relies on identifying children with reducible or reversible disabilities and providing them with the best available surgical expertise that would ensure they are able to break the cycle of disability and dependency that the war injury has trapped them and their families in.

The impact

War injured children often find themselves excluded from education. The child is either physically unable to attend and participate in school due to the disability or is socially excluded as a result of the injury (such as severe facial deformities). This can change once the child receives treatment.

The burden of looking after an injured child is multiplied when this injury occurs in the context of war and the family is displaced in the process. It is believed that on average a disabled child will require seven family members to be caregivers by the time the child reaches adulthood. This will have grave economic consequences for the family members who find themselves as full-time caregivers rather than bread-winners.

By providing treatment we can change a child’s narrative from being defined by violence and their injury, to one of kindness and compassion. We help restore their futures, their potential, and transform them from being a reliant on others to being contributors to society.

Rafik was badly burnt when an airstrike hit his neighbor’s home in Syria. He was just 27 days old at the time. INARA provided a skin graft surgery on his face so he could blink without pain.