



2019

ANNUAL IMPACT REPORT



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Dear Friends,

I want to first thank you for the tremendous support you've given to SRD in 2019. As we welcome 2020 and a renewed year of hope, we remain strong in the face of adversity. While the humanitarian needs in Syria persist, the SRD family remains hopeful for a permanent, peaceful solution to the violence in Syria. In this annual report, we hope to showcase the heroic work our humanitarian teams have put forth this year to bring necessary and life-saving services to Syrian men, women, and children who continue to face the most severe forms of suffering. Massive displacements, volatile security, and a shortage of food, water and housing continue to plague these individuals. Despite these insurmountable challenges, Syrians remain resilient.

As of January 1, 2020, we have delivered over \$90.64 million in aid services to over 11 million beneficiaries.

This year's Annual Impact Report will highlight key sectors of programming, which are only possible through your support. These include Health, Protection, Education and Empowerment.

I would like to reiterate my thanks to you and reaffirm how your continuous support is still needed. We ask that you keep all Syrians in your thoughts and prayers as we begin the new decade. We hope that 2020 brings peace and stability to those who have endured so much already.



Sincerely,

Dr. Jihad Qaddour
President, Syria Relief & Development

Who We Are



Syria Relief and Development (SRD) was founded in November 2011 in response to the escalating humanitarian crisis that came about as a result of conflict in Syria. For over 8 years, SRD, a 501(c)3 nonprofit organization, has provided humanitarian aid to Syrians affected by violence, hunger, poverty, injury and displacement. The volatile situation in Syria has created a dire need for food security, shelter, protection, health care and more. SRD works to address these needs through comprehensive programs within Syria and in neighboring regions.



Our Mission

To provide crisis humanitarian relief and plant the seeds of sustainable development for the people of Syria.

Our Vision

To maintain humanitarian relief and mobilize resources to develop a comprehensive agenda for sustainable development in Syria.

Our Impact



Health

79 Primary Health Care Locations	148 Sexual & Reproductive Health Sites	24 Trauma & Emergency Ambulances
16 Fixed Clinics	16 Fixed Clinics	
24 Mobile Clinics	24 Mobile Clinics	
24 Pharmaceutical Distribution Sites	108 Outreach Sites	
15 Medical Equipment Distribution Sites		
6 Maternity & Pediatric Hospitals	1 Dialysis Clinic	1 Physical Therapy & Rehabilitation Clinic



Nutrition

32 Nutrition & IYCF Counseling Sites



Protection

4 Community Centers	2 Women & Girls Safe Spaces	17 Mobile Protection Teams
9 Fixed Protection Teams in Health Facilities		



Shelter & NFI

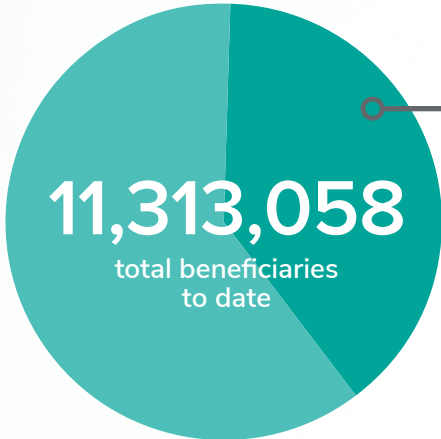
262 Households Repaired



Food Security

1,726 Families Reached

Our Beneficiaries



4,358,058
beneficiaries
in 2019

SRD works to address the most urgent aid needs for those inside Syria and for refugees in neighboring Jordan.



Beneficiaries by Sector



Health
4,154,222

Shelter & NFI
37,577

Nutrition
61,760

Protection
94,143

Food Security
10,356



Advocacy

Top to bottom:
SRD presents on
Healthcare in Conflict
at the 2019 AidEx
Conference;
SRD advocates at
Woman Deliver;
SRD colleagues and
other experts present at
the Global Health and
Migration Congress.

2019 was a critical year for advocacy around the Syria crisis. SRD continued its participation in countless advocacy platforms in order to appeal to domestic and international policy makers along with the United Nations. These engagements were global, regional, and ensured a constant commitment to Syrians who have endured 9 years of conflict.

Platforms such as those listed below have allowed SRD to engage and collaborate with key stakeholders to enhance advocacy for those affected by the Syria crisis. **An essential part of what we do is to ensure that the rights of Syrians are upheld in virtually every sector of implementation, including health, protection, and education.**

The impact of conflict and displacement over 9 years requires a renewed commitment with each passing year to keep the challenges faced by Syrians at the forefront of the work we do.

MAJOR 2019 INITIATIVES

- **Brussels III EU Syria Conference**, Brussels
- **UN Commission on Status of Women (CSW) 63**, New York
- **Global Protection Cluster**, Bangkok
- **Women Deliver 2019**, Canada
- **Global Refugee and Migration Congress**, Turkey
- **AidEx 2019 Conference**, Brussels
- **Call to Action for Gender Based Violence (GBV)**, Geneva
- **The 1st Global Refugee Forum (GRF)**, Geneva
- **Testifying in front of US Congress**, Washington, DC



Health & Nutrition

HEALTH

Tremendous health needs persist in Syria and the continuous displacement of millions matched with deep insecurity in the form of targeted aerial attacks to health care facilities, has deemed Syria one of the most dangerous places to provide medical aid across the globe. **Despite these challenges, SRD continues to provide essential, life-saving health care services along with secondary and tertiary care.** Through a holistic model, SRD has created linkages between different health care services in order to meet the dire needs of men, women, and children.

¹ source: World Health Organization



SRD's health care system operates on a holistic, preventive continuum of care, ensuring that each patient receives follow-up care and access to comprehensive services that address both the physical and mental well-being of each patient from the initial visit onwards. Without addressing health concerns on every level of the medical spectrum, neglected conditions affect other components of health and, ultimately, plague a once-thriving society. This has been the case with the shortage in physical therapy and rehabilitation programs, leading to mental health conditions such as depression, despondency and isolation from peers, requiring later intervention in the form of psychosocial support or advanced psychiatric care.



SRD's Maternity and Children's Hospitals provide pre- and post-natal care to mothers and their newborns.

Reproductive & Pediatric Health

In 2019, SRD provided comprehensive reproductive and pediatric health care through numerous service sites including **16 Sexual and Reproductive Health (SRH) Care Clinics, 108 SRH Outreach Sites and 6 Maternity & Children's Hospitals** throughout northern Syria.

At the 16 SRH clinics, specialized reproductive and pediatric care—including OB/GYN, antenatal, postnatal, neonatal, labor and delivery, emergency obstetric, family planning and referral services—have made quality care easily accessible for women and children. Additionally, clinic staff members have been trained in the recognition, treatment and prevention of Sexual and Gender-Based Violence (SGBV). Of these SRH clinics, 6 are providing BEmONC services.

At SRD's 108 SRH Outreach Sites in northern Syria and Aleppo, trained staff members conduct awareness sessions focusing on critical family planning issues including pregnancy, contraceptives (such as birth control pills, condoms and IUDs, all available on-site), breastfeeding, postnatal care, the recognition, treatment and prevention of SGBV, the prevention and treatment of Sexually-Transmitted Infections (STIs) and the promotion of routine OB/GYN visits. For added comfort and privacy, community members can request individual time with the instructors to discuss personal issues. And as part of the program's informational outreach, a reproductive health publication, Balsam, that contains information on family planning, pregnancy and motherhood, is produced in Arabic and widely distributed in local communities.

SRD's 6 Maternity and Children's Hospitals provide specialized care through OB/GYN services in addition to labor and delivery, antenatal, natal and postnatal care and lactation support. Staff members are also trained in the Integrated Management of Neonatal and Childhood Illnesses (IMNCI), Comprehensive Emergency Obstetric and Newborn Care (CEmONC). The hospitals receive women and children with a wide range of needs and use a comprehensive, holistic approach to addressing each patient's individual needs. Many of the women have been impacted by the conflict and a central part of care remains the recognition, treatment and prevention of SGBV and, in some cases, the Clinical Management of Rape (CMR).

Primary Health Care

SRD's Primary Health Care (PHC) services extend to men, women and children alike through **16 fixed and 24 mobile health clinics** that emphasize the prevention and management of acute and chronic conditions, in addition to **24 pharmaceutical distribution sites**. SRD continues to manage the Primary



In 2019, SRD had 24 mobile clinics bringing primary health care services on location to families.

Health Care (PHC) Network¹ in Saraqeb, northern Syria as led by the World Health Organization² and SRD as the co-lead agency. With numerous health agencies collaborating within the PHC Network, a referral pathway exists between health care facilities to enhance coordination mechanisms and form linkages between service providers in order to ensure access for patients. The PHC Network allows providers to utilize the Essential Health Service Package (EHSP), which guarantees patients receive the utmost quality in health care services.

PHC FACILITY SERVICES

- Outpatient Delivery Services (OPD)
- Immunization Services
- Communicable Diseases (CD) Management
- Non-Communicable Disease (NCD) Management
- Community Health Care.

Trauma & Emergency Health

SRD’s Trauma and Emergency Hospitals in northern Syria are vital, life-saving facilities that play an integral role in SRD’s health care programs. They are our longest-running health care facilities and serve as referral points for follow-up care in local clinics, many of which are also part of our health care network. These hospitals provide trauma, emergency services,

Heroic physicians and nurses continue to provide life-saving surgeries.

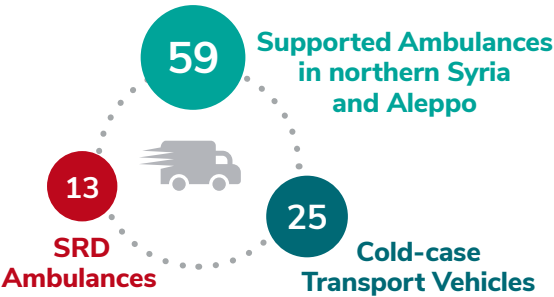


and health services in a range of specialties as part of their outpatient and inpatient services. In addition, they reduce hurdles in accessing free quality health care in northern Syria.

Since 2013, hospitals in Syria have been targeted by aerial strikes. Hospitals operated by SRD have endured numerous attacks leading to the destruction and damage of medical facilities; countless injuries of civilians, including heroic medical aid workers; and most tragically, fatalities. Despite these challenges, services continue in northern Syria and Aleppo and encompass internal medicine, pediatrics, general, orthopedic and vascular surgery, OB/GYN, urology, ear, nose and throat (ENT), psychiatric care and other vital components of critical care.

REFERRAL SYSTEM

To ensure continuity of care and enhance access in northern Syria, Western Aleppo countryside and Afrin district in Aleppo, SRD coordinates with 35 partners inside Syria to implement a unified referral system where standardized operating procedures (SOPs), processes and forms are in place and being used across 160 health facilities from different levels and services during 2019. The system provides emergency life-saving and cold-case (non-emergency) patient transport.



Mental Health

To address the mental health needs of Syrians, SRD expanded both psychosocial and psychiatric service provision in 2019. These services aim to increase access to specialized mental health and psychosocial support services (MHPSS), and ultimately, to remove access barriers. In addition, trainings are held for staff who are members of the local community on topics related to early detection of mental disorders and procedures of referral to physicians trained on mhGAP (mental health gap action program) developed by the WHO.

In 2019, SRD managed 1 MHPSS unit and 3 mental health mobile clinics. In addition, SRD trained doctors and midwives in each PHC on mhGAP along with training on PM+ (problem management plus) and cognitive behavioral therapy (CBT).

OVERCOMING DESPAIR AND STIGMA

Divorced twice by the time she was 17, Hind* was shunned by her community. Just as with many other cultures, Hind faced stigma for being a divorced woman, which led to her isolation from the community and inability to see her children. In search of a healthy relationship, she began to see someone new. Unfortunately, he took advantage of her fragility and isolation by exploiting her sexually. “I was haunted by the fear of scandal, at this point I decided to commit suicide using a vast number of pills, another attempt by cutting my veins, but I survived both times,” said Hind. She stumbled upon SRD’s information and learned about the psychological support services. “I found myself visiting them the next day.” She worked closely with Sara, psychological guidance counselor to set a suicide prevention plan and ensure her safety. They worked to overcome the divorce stigma and to **turn tragedy into strength**. “Yes, I am divorced, but Sara helped me belief in myself,” said Hind. “I am strong and can make the impossible possible.”

**names have been changed for the protection and privacy of our beneficiaries*

Physical Therapy & Rehabilitation

Injuries sustained during conflict often include those that require follow-up rehabilitative care. In 2013, SRD established rehabilitation services to meet the demand for such care. These include both standalone physical therapy and rehabilitation clinics along with services which are integrated at SRD facilities. This includes specialized rehabilitative departments for adults and children: musculoskeletal injuries, cerebral palsy, amputation cases, brain/spinal injuries and burn wounds. In addition to these, the clinic also provides speech and hearing therapy, treatment for congenital abnormalities and deformities and the creation of splints and casts for injuries.



Dialysis

Patients receive dialysis treatments.

SRD provides dialysis services to facilitate the life-saving treatment which prevents the build-up of waste, salt and extra water in the body by removing them. With a shortage of access to treat two of the leading causes of kidney failure—diabetes and high blood pressure—in Syria, SRD has recognized the priority of maintaining dialysis services at our health clinics.

Targeted Health Interventions

In coordination with the WHO and operating partners, SRD piloted the Non-Communicable Disease (NCD) and Infection Prevention and Control (IPC) programs in 2019 to enhance health system and governance.

In the NCD program, SRD has successfully been able to implement the management of NCDs in emergencies through inclusion of NCD care into 9 PHCs by developing and implementing standard operating procedures (SOPs), which facilitate horizontal and vertical integration with other aspects of relief efforts. This program built on the establishment of the NCD Care Team where each member of this team (i.e., doctors, nurses, cleaners, guards, administrative staff, technicians, and pharmacists) has his/her own roles and responsibilities at the PHC in **providing quality NCD care for every patient that comes in.**

Doctors at SRD's Physical Rehabilitation Center in Northwest Syria provide superior care to patients with specialized departments for adults and children.



In the IPC program, the WHO Whole of Syria–Gaziantep hub collaborated with SRD and health partners in order to support and strengthen IPC activities and ensure the availability of minimum standard quality of healthcare services at the health facility level. The IPC project was initially launched in 30 selected health facilities, including 15 primary healthcare and 15 secondary and tertiary healthcare facilities in northwest Syria. This project aims to establish IPC program structures, capacity building and follow-up and monitoring of the deliverable IPC work-plan of IPC for objectives listed below.

Hand hygiene is one of the most critical elements of infection prevention in clinical settings.



INFECTION PREVENTION AND CONTROL (IPC) PROJECT OBJECTIVES

- | | | |
|---|-----------------------------------|--|
| 1 | Develop Guidelines | To develop guidelines for IPC, prevention, surveillance and practice |
| 2 | Establish & Strengthen | To establish and strengthen IPC program management capacity at piloted health facilities |
| 3 | Harmonize programming | To harmonize initial and continuing training IPC programs for healthcare professionals |
| 4 | Support HAI risk reduction | To support health facility in the development of their action plan in order to reduce the risk of acquiring the hospital acquired infections (HAI), thus aiming to reduce the morbidity and mortality related to HAI |
| 5 | Develop surveillance | To develop a surveillance system to monitor selected infections and assess the effectiveness of intervention |
| 6 | Monitor | To establish a monitoring mechanism of health facility-associated infections with feedback to providers |
| 7 | Facilitate Access | To facilitate access to products essential for hygiene and safety |



NUTRITION

High levels of food insecurity persist in Syria due to agricultural damage in the destruction of crops and livestock and escalating food prices. Malnutrition has remained a major concern—especially among pregnant women, newborns, infants and young children. This risk to pregnant and breastfeeding women has increased the rate of birth defects among newborns and stunting childhood development. According to the 2019 humanitarian needs overview (HNO), around 91,811 girls and boys aged 6-59 months are acutely undernourished and if malnutrition is not prevented, an additional 146,898 children under the age of five years will become acutely malnourished. Nutrition survey data shows that across Syria there are 19,263 children who suffer from severe acute malnutrition (SAM) who are eleven times more likely to die than well-nourished children. **If not treated appropriately, half of the severely malnourished children could die due to complications associated with malnutrition.**

An infant receives a MUAC screening, short for mid-upper arm circumference. This measurement helps nutritionists treat cases of malnutrition.

THE IMPACT OF MALNUTRITION

Marwa,* a mother of 7 month old twin girls sought treatment for their severe malnutrition. She was able to see a doctor and receive treatments to improve their health. Malnutrition continues to affect children in Syria given the shortage of nutritious food and collapsed financial means of thousands of families, ultimately impacting food security.

**names have been changed for the protection and privacy of our beneficiaries*



SRD has worked to enhance nutrition services in Syria, and in 2016 we instituted holistic, nutritional programming targeting young developing children. We are addressing nutritional gaps through preventive and curative practices with a focus on both host and IDP communities who are living in unstable conditions with limited means to a sustainable income.

SRD's nutrition programs assist pregnant and lactating women (PLW), in addition to young women and girls who were married early and children under the age of 5, all of whom are vulnerable groups in need of priority assistance. We have teamed up with health care workers—including doctors, midwives and nurses based at medical points and facilities serving displaced populations and other communities in need—to provide trainings on best practices for assisting the identified vulnerable groups. **Our nutrition interventions aim to educate and raise awareness at the household and community levels to ensure a high level of impact for such an urgent issue.**

SRD's Nutrition Health Services have been integrated into our health network—specifically Primary Health Care centers in addition to Maternity and Children's Hospitals, which, as part of their services, offer nutritional counseling in addition to IYCF consultations and awareness sessions to enhance pregnant and lactating mothers' nutritional education and encourage them to breastfeed their children. Moderate acutely malnourished children and pregnant and lactating women are enrolled in supplementary feeding programs, whereas severe malnourished cases are treated through a therapeutic program. Moreover, SRD integrated nutrition screenings and treatment into household visits through its community health programs. Also, to ensure the presence of emergency lifesaving integrated nutrition services in the operational areas where there are no services present and accessible for PIN, SRD established Rapid Response Team (RRT) program that targets those locations to provide health, nutrition and child protection integrated rapid services such as triage, emergency aid and referral for children under five, pregnant and lactating women. As a result, SRD was able to reach **25,984 pregnant and lactating mothers and 35,776 children** under the age of 5 years through such services.



Protection, Education & Empowerment

PROTECTION

Conflict has rendered the vast majority of Syrian men, women and children vulnerable and in dire need of protection programs. **Syrians rely heavily on aid to meet their basic needs amid the conflict.** They also face critical issues that demand addressing: child labor and recruitment, domestic violence, exploitation, forced or early marriage, sexual violence and more. Including protection elements that address these needs



OVERCOMING DESPAIR AND STIGMA

Siham,* a mother of five children lost two of her beloved babies when her home town Hass (northern Syria) was bombed. "To protect my family, I decided to run away with the rest of my children to the camps in Qah," she explains. Wounded and in need of medical assistance for her and her children, Siham visited Qah's nutrition clinic managed by SRD where the health of her and that of her children was looked after. "The food and care provided by the clinic was not as important as much as the safety they gave my children."

**names have been changed for the protection and privacy of our beneficiaries*

and vulnerable individuals' physical and psychosocial needs within aid programming is essential.

The most vulnerable populations in need of protection are women—who are more likely to undergo sexual and gender-based violence (SGBV)—and children, who are more likely to be targeted for physical or sexual abuse, kidnapping, or have their social and psychosocial needs neglected, as their young minds attempt to cope with the traumas of war.

In northern Syria, SRD has established comprehensive protection services—including outreach, case management, psychosocial support (PSS) services and referral pathways—that **both incorporate the community and serve the community** through the development and implementation of these services. Some of the activities include developing community protection boards that help identify cases of vulnerability, abuse and exploitation, all of which are referred to and assisted in existing facilities. Vulnerable community members who have received empowerment sessions—a series of trainings that provide protection knowledge, skills and vocational training, including training in language, computers, cosmetology, secretarial admin courses, psychological first aid, psychosocial awareness raising and SGBV prevention—have included community women, some of whom have been SGBV survivors in need of psychosocial support. Another powerful protection initiative which SRD



facilitates and promotes is the Young Mother's Club (YMC)¹—a strong network of support and guidance for girls who have married at a young age due to circumstances of conflict.

Protection services have also been integrated into our health network through mobile clinics and reproductive health centers.

The health care facilities provide protection assistance and psychosocial support, among other essential services, to vulnerable displaced persons in northern Syria. The reproductive health center staff is trained to support and manage care for SGBV survivors in efforts to prevent further exploitation and help provide coping mechanisms and awareness for survivors and the community.

A SAFE CHILDHOOD — ONE FATHER'S HOPE FOR HIS DAUGHTERS

In the town of Abin-Saman, Husayn lives with his family and two daughters—Rahaf, who is 12 with cerebral palsy and Rana, who is 9 with cerebral atrophy. Years of displacement and a powerlessness to provide for his daughters—particularly the medicines they need left him frustrated and in a state of constant anger.

He met Ahmad, a case worker at SRD involved with the Ahlan Simsim or the “Welcome Sesame” program introduced Husayn to a **new initiative in Syria** that combines sessions on education, parenting skills and development to create brighter futures for families. He began attending the development and play session and became more and more interested in how he could reshape the future of his daughters. “After these sessions, I turned into someone else—I raced to my daughters, hugged them, and promised that I wouldn’t let their chance for happiness slip away.” Through a referral to the Abin primary care center, he began to access medicines for Rahaf and Rana. Husayn feels that his experience has allowed him to gain a **semblance of hope** for his daughters.

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EDUCATION

Since the conflict began in Syria, the country's education system has taken a major hit: many schools and universities have either closed or been destroyed by bombardment. Informal schooling has allowed some access to learning for young children. But for older students who will be Syria's next generation of doctors, nurses, engineers, computer programmers, and make up the country's professional workforce, there is little access to formal education and training.

SRD believes in education as a fundamental human right. It also creates a better future and economic prosperity by training the next generation of skilled professionals, through peace-building, providing life-sustaining and income-generating opportunities for individuals and families, and also by preventing youth from becoming disenfranchised and susceptible to recruitment by extremist groups.

To address the need for more education and training in Syria and to simultaneously address the needs of women interested in developing skills to help provide for their families, SRD has also incorporated education and skills-based training opportunities for women through our WGSS in northern Syria. At the centers, women are offered courses in computers, language skills in order to gain opportunities for livelihood and work toward a return to normalcy in a safe space with access to trained social workers who also offer private psychosocial support sessions.

We are also providing women in remote, hard-to-reach communities in Syria in with trainings in midwifery to help reduce the rates of maternal and newborn morbidity and mortality and help communities better thrive. In addition to women's empowerment and midwifery training, SRD is working to support education programs for Syrians in high school and college and is advocating on their behalf to ensure young people **thrive and have a brighter future.**

In 2019, over 76 paramedics and nurses received basic emergency training in Afrin and northern Syria in cooperation with the Hatay Health Directorate. Topics included injuries of the head, neck, spine and abdomen; poisoning; trauma in pregnancy and newborn resuscitation.



Women attend SRD's skills building programs. Other courses include computers, language and cosmetology.

EMPOWERMENT

SRD has responded to the protection and empowerment needs of Syrian women and girls through 6 Women and Girls Safe Spaces (WGSS) in northern Syria. The spaces have become a central hub for women and girls interested in education, training, and psychosocial support.

The psychosocial support activities offered at the centers include recreational activities and individual and group support sessions. Recreational activities include painting sessions for young girls and carry a psychosocial component where subject-matters are designed to inspire dialogue on traumatic events. Individual and group support is provided through sessions in relaxation techniques, such as deep breathing, developing problem-solving skills, anger management tactics, preventing child marriage, developing leadership skills, and encouraging physical and social activities.

Many of the women who attend the centers are sole providers or those in difficult family situations. The centers have offered support to women who have endured psychological abuse, forced marriage, domestic violence, sexual abuse, and gender-based violence by providing a safe space and risk mitigation techniques when safety plans are needed. The women can also choose to engage in education and skills-based training in sewing, knitting, computers, language skills, and cosmetology. Many have gone on to use their skills in providing for themselves and their families.



With hundreds of thousands displaced in northern Syria, SRD Shelter teams have worked to set up temporary housing for those who have been forced to flee their homes.

Shelter & Non-Food Items (NFI)

SHELTER

4.7 million people are in need of shelter support in Syria due to inadequate conditions in existing accommodation, and the overall lack of available, adequate and affordable shelters.¹ The increase in shelter-related need is particularly acute in more densely populated urban areas, including in areas with high levels of returns, with an increase in the number of people in need of shelter assistance of 13.7 percent from the previous year. ¹ Millions of Syrians

have fled their homes and are living as internally displaced persons (IDPs). IDPs take refuge in a variety of places: in ideal situations, fully operational, aid-sufficient collective shelters in schools, buildings, hospitals, or mosques.

And as fighting within the country continues, the need for adequate shelter only increases.

There is significant overcrowding in several areas including in northern Syria and north-western Aleppo. Shelter capacity in northern Syria has been exhausted with no additional capacity to absorb further arrivals, while access to northwestern Aleppo is partially restricted. In response to continuous displacements in northern Syria, SRD continues to provide shelter assistance where a large number of IDPs and host communities have been living in makeshift homes and shelters. In response to the floods affecting northern Syria in February of 2019, SRD replaced 194 tents of those impacted in close coordination with the camp coordination/camp management (CCCM) cluster. In September 2019, SRD field teams began repairing 262 partly damaged houses in the districts of Dana, Sarmada and Salqin and another 1,100 homes in Aleppo and Idlib, which are planned for repair in 2020.

An aerial view of one of the many camps established for internally displaced persons (IDPs) in northern Syria. A shortage of safe housing persists given the large volume of displacements.



NON-FOOD ITEMS (NFI)

As of this year, the 100,000th teddy bear has reached Syria, bringing joy and love to countless children! Thanks to the generosity of the organization the Teddy Trust and children from all over the UK, thousands of teddies have brought smiles to the children of Syria.



NFI programming has been a staple programmatic sector of aid distribution for SRD, whether through a stand-alone project or, more often, integrated in projects that also implement programming from other sectors such as Health, Protection and Shelter.

In 2019, NFI needs remained substantial, both in terms of humanitarian life-saving needs, particularly among newly displaced IDPs requiring core, supplementary and seasonal assistance, as well as longer-term needs, among those communities requiring resilience-oriented support to reduce dependence on external assistance and enhance the ability of families to withstand future shocks and stresses. SRD distributed 1,343 stoves and 16,1160 diesel fuel for heating along with 6,715 jerry cans for fuel storage to IDPs in 2019.

DISPLACEMENT AND THE SEARCH FOR SAFETY

Since the start of the war, Nasser* and his family of 6 have been **displaced by the war over ten times**. They've lived in the poorest of conditions, including under a near-collapsed roof after fleeing their hometown in southern countryside of Idlib. Forced to rely on care packages for basic amenities, Nasser hopes that he and his family find peace and stability one day. Like Nasser, millions of Syrians have been displaced and are in search of safety and security.

**names have been changed for the protection and privacy of our beneficiaries*



A shortage of fuel for heating has led to severe winter conditions for families in Syria looking for warmth.

Food Security

Food Security programming has been a continuous sector of operation for SRD, both as stand-alone projects and also integrated into projects with other sectors, including Health, Nutrition, and NFI. SRD’s food security programming seeks to ensure optimal health, growth and development for families, most importantly children, by addressing Syrians’ urgent need for basic necessities and access to quality, nutritious food.

Since the conflict in Syria began, both the cost and availability of food in the country have created a scarcity for Syrians who live in areas where food is either unattainable or unaffordable. **In besieged areas, the situation is even more desperate.** SRD’s food security programs have consisted of food banks in the form of iftars (evening meals) during Ramadan, so Syrians don’t have to worry about where to obtain their evening meals from after day-long fasts. In addition, we also conduct Udhiyah Qurbani meat distributions in line with traditional customs. Many Syrian families don’t eat meat as the high costs of livestock and its products make it unattainable for many. The Qurbani meat distributions provide local, nourishing food for Syrian families who face food insecurity on a daily basis.



FISCAL YEAR 2019

Financial Activities

Support & Revenue

Grants	13,740,125
Gift-in-Kind Contributions	895,956
Individual Contributions	242,568

TOTAL SUPPORT & REVENUE \$ 14,878,649



TOTAL AID DISTRIBUTED
to Syrians to date: **\$90,646,993**

Expenses

Program Services

Health, Protection, Nutrition & Shelter Programs	
Total Program Services	8,894,180

Supporting Services

Administrative	176,618
Fundraising	2,314
Other Expenses	47,436
Total Supporting Services	226,368

TOTAL EXPENSES \$9,120,548

Net Income \$ 5,758,101

Fiscal Responsibility



97.52%
Programs

0.03%
Fundraising

1.94%
Administrative

0.52%
Other
Expenses



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