



2016

ANNUAL IMPACT REPORT



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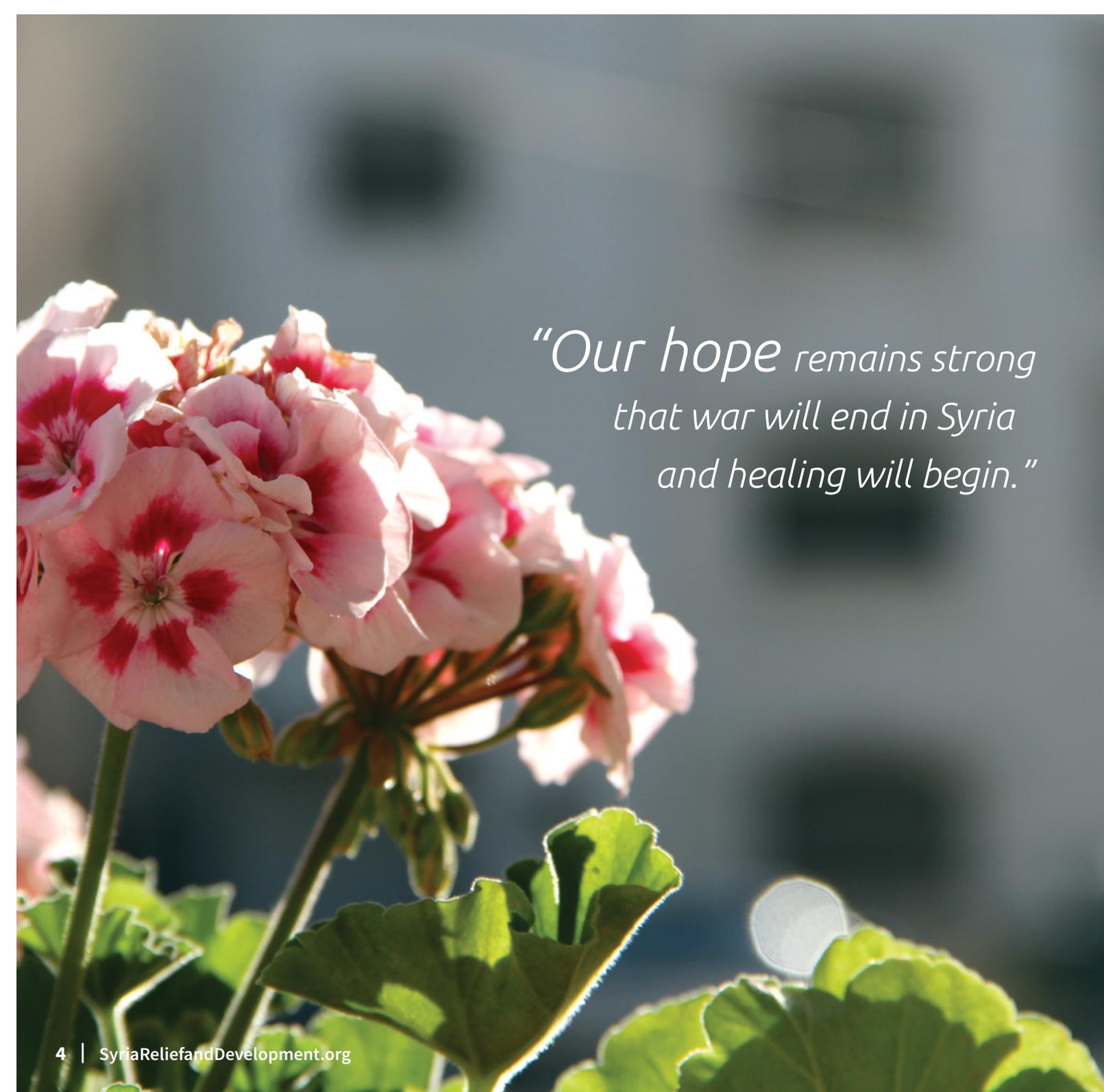
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SRD Regional and Field Staff



*“Our hope remains strong
that war will end in Syria
and healing will begin.”*

LETTER FROM THE PRESIDENT

Dear Friends,

Every year our hope at SRD is that the conflict in Syria will finally come to an end and millions of Syrians can begin the process of rebuilding their lives and their beloved homeland. At different times during the year, it felt as though peace was drawing closer, but then the situation often took a turn for the worse. Regardless, every day, week, month and year that goes by, our hope remains strong that war will end in Syria and healing will begin. And that all of our efforts can be put toward long-term sustainable rebuilding. I hope you maintain this hope with me daily.

2016 was a significant year in Syria’s conflict as well as in SRD’s response to the escalating humanitarian crisis, the most serious and significant being our response to the Aleppo Siege and subsequent evacuations. As an organization working directly with IDPs in the Aleppo countryside and Idleb, many of whom fled the escalated crisis in Aleppo, we scaled up our efforts in 2016 to meet the growing needs for care in Syria.

As a result, we’ve now helped over 2.12 million Syrians to date. In 2016 alone, we provided care to nearly 39% of our total beneficiaries.

Providing enhanced and comprehensive programming that more deeply meets the needs of the Syrian people has remained a priority for us. In 2016, our Emergency Response, Health, Nutrition, Protection, Education, Shelter, Non-Food Items, and Food Security programs became even more integrated in such a way that nearly every project we undertook provided care for Syrians through a multitude of approaches. A health clinic may also provide children’s nutrition and protection services. A shelter rehabilitation program may also provide protection services as well as distribute non-food items. This integration has led to more comprehensive care than we have ever provided.

We could not have achieved anything in 2016 without the tremendous and con-

sistent resilience of our staff. Our field staff in Syria has persevered against major obstacles, including remaining at risk of aerial attacks and imprisonment, in order to provide humanitarian aid to those who need it. Our staff members in Jordan, Turkey and the U.S. have provided unwavering support to teams on the ground in Syria. My endless thanks are to our staff, our beneficiaries for their trust in us, and for you—our friend and supporter—for maintaining hope in our work.



Sincerely,



Dr. Jihad Qaddour
President, Syria Relief & Development



ABOUT US

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 5 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.

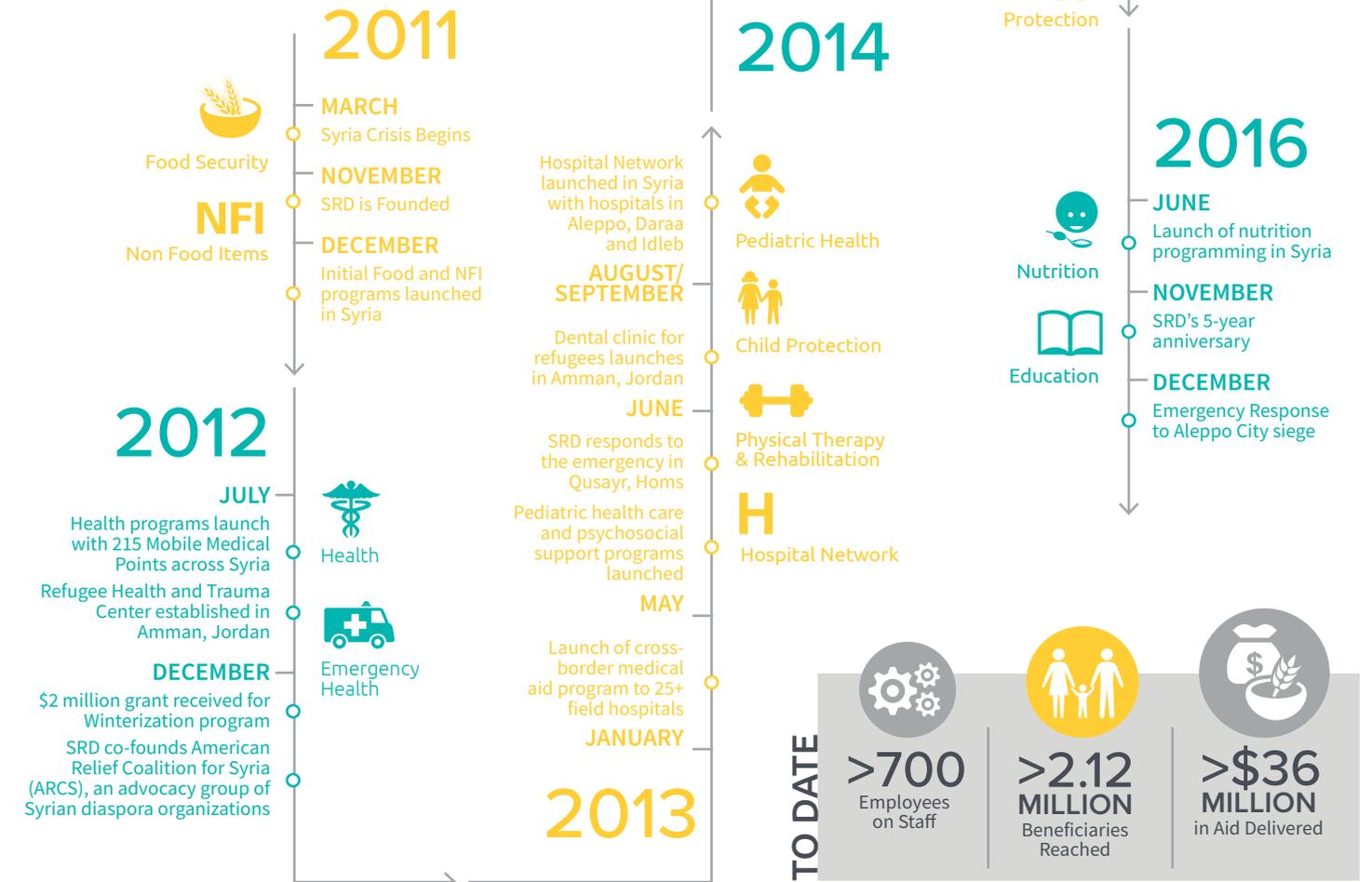
OUR MISSION

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

OUR VISION

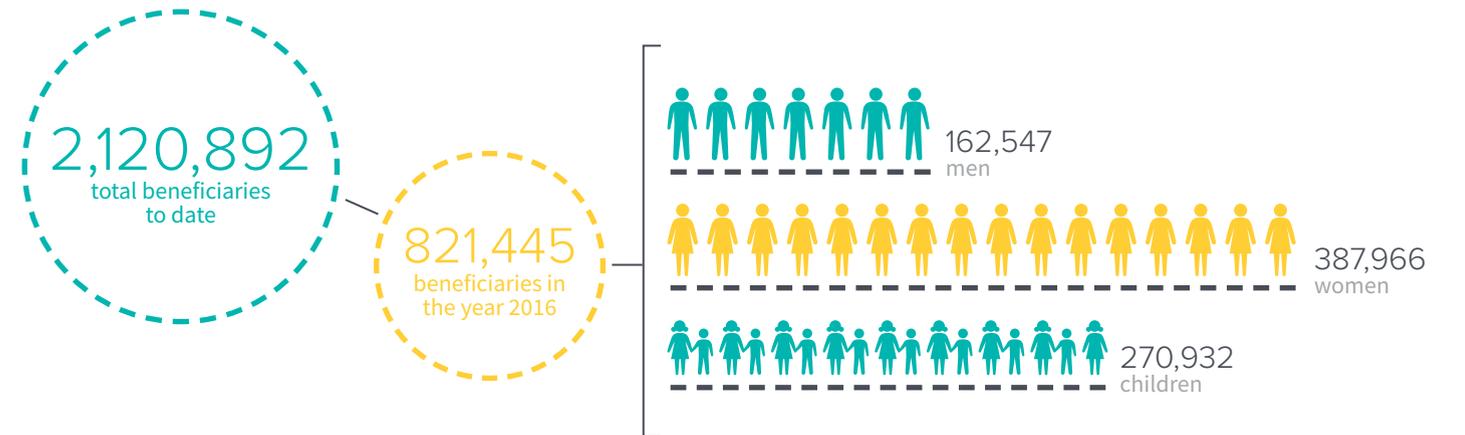
To maintain humanitarian relief and mobilize resources to develop a comprehensive agenda for sustainable development in Syria.

A BRIEF HISTORY OF SRD

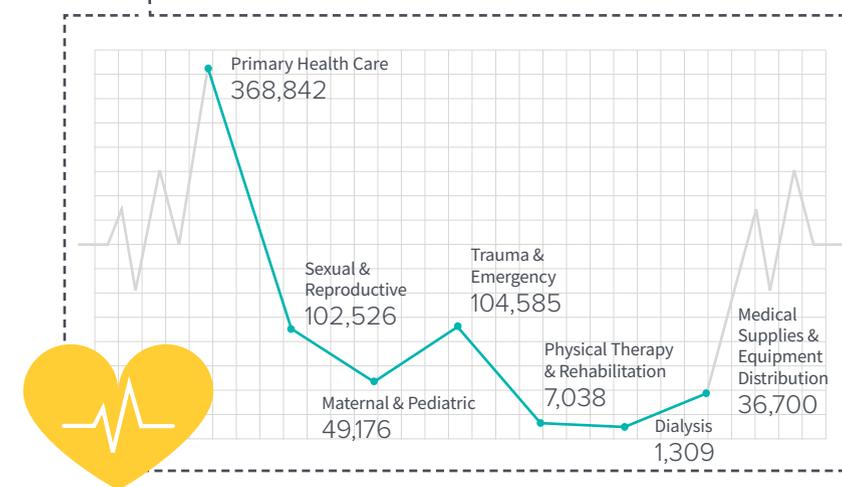


At SRD, we're working together to bring help and hope to Syrians in need.

BENEFICIARIES HELPED



Beneficiaries by Sector:



- Daily Meals: 23,000
- Milk Distribution: 26,800
- Udhiyah Qurbani: 2,400
- Ramadan Program: 2,265

CARE PROVIDED



Health

28 Primary Health Care Locations
17 Fixed Clinics
4 Mobile Clinics
7 Pharmaceutical Distribution Sites

56 Sexual & Reproductive Health Locations
8 Fixed Clinics
48 Outreach Sites

23 Trauma & Emergency Services
2 Hospitals
21 Ambulances

3 Maternity and Childhood Hospital

1 Dialysis Clinic

1 Physical Therapy & Rehabilitation Clinic



Food Security

UDHIYAH QURBANI

30 Families Reached in Jordan

450 Families Reached in Syria

RAMADAN PROGRAM

453 Families Reached



Aleppo Emergency Response

23,300 Milk Kits Distributed

+ Daily Meals with Onsur Association

1,000 Households Provided with Winterization Space Heaters & Fuel



NFI Distribution

12,380 Winterization & Hygiene Kits

4,640 Cash Vouchers

408 Provided with Winterization Space Heaters & Fuel



Nutrition

3 Nutrition & Infant and Young Child Feeding (IYCF) Counseling Sites



Protection

2 Community Training & Empowerment Centers + Mobile Protection Services



Shelter

250 Households Repaired

30 Collective Shelters Repaired

STAFF



714
total staff



77 Physicians



118 Nurses



57 Midwives



21 Ambulance Paramedics/EMTs



33 Technicians



4 Pharmacists



3 Nutritionists



16 Community Health Workers



31 Social Workers



7 Psychosocial Support Specialists



12 Teachers & Trainers



4 Engineers



56 Construction Workers



25 Sector Specialists (Health, Nutrition Protection, Shelter)



54 Management, Finance & Administration



89 Logistics, Maintenance, Warehousing & General Support



53 Information Management & Communications



54 Security

SRD is dedicated to bringing aide to those affected by the world's most pressing humanitarian crisis today.

EMERGENCY RESPONSE

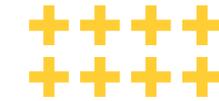
In December 2016, fighting between conflict parties escalated in Aleppo and caused a major fleeing of Syrians to surrounding areas, rendering them as internally-displaced persons (IDPs). SRD staff in Northern Syria responded to the crisis escalation by providing the following:



12 Ambulance Cars
to transport the wounded and disabled to regional health facilities



1 Maternity and Childhood Hospital
to provide pediatric services and labor/delivery care



8 Primary Health Care Clinics
to treat the sick and injured



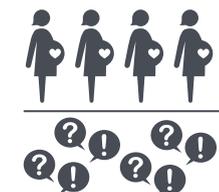
3 Mobile Clinics
to provide first-aid and basic health services



23K Meals for IDPs
through an emergency kitchen in collaboration with Onsur Association



1,000 Heaters & Fuel for IDPs



4 Reproductive Health Clinics & Psychosocial Support Mobile Clinics



26,800 Milk Kits
for IDP children in Idleb and Aleppo, in collaboration with Barada Association



SRD is continuing to assist IDPs who fled Aleppo for safety as well as other IDPs in Northern Syria, providing them with a variety of services.

Left: SRD received the World Health Organization (WHO) Award for our response to the Aleppo Crisis.

“There are no doctors left in Syria, and the need for medical help there is sometimes beyond comprehension.”

SRD’s Abdolsalam Daif, *NewStatesman*

HEALTH & NUTRITION

Health

Since 2011, SRD has provided holistic health programs that address the physical and mental well-being of conflict-affected Syrians. Initially, SRD’s focus was on immediate first aid and trauma relief through Mobile Medical Points and later established regional hospitals that offer a variety of trauma, inpatient and out-patient services. In response to the rise in morbidity and mortality rates due to a lack of quality primary and reproductive health care, SRD further-established both stand-alone and integrated primary and reproductive health clinics and, more recently, an integrated focus on public health through community health programs that complement the multi-level health care network in place.

All of SRD’s health programs operate on a holistic, preventative 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 the patient. 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, later requiring intervention in the form of psychosocial support or advanced psychiatric care. SRD’s programs focus on early prevention through a holistic approach that addresses all aspects of care from a patient’s initial visit.

Reproductive & Pediatric Health

In 2016, SRD expanded its comprehensive reproductive and pediatric health care through additional care facilities—including 10 Sexual and Reproductive Health (SRH) Care Clinics, 48 SRH Outreach Sites and 3 Maternity and Childhood Hospitals—and increased family planning and awareness services in Northern Syria.

At the 10 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).

At SRD's 48 SRH Outreach Sites throughout Idleb 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 throughout the communities.

SRD's 3 Hospitals provide specialized Maternity & Children 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), Basic Emergency Obstetric and Newborn Care (BEmONC) and 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 are conflict-affected 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 17 fixed and 4

SRD's programs focus on early prevention through a holistic approach that addresses all aspects of care from a patient's initial visit.

mobile health clinics that emphasize the prevention and management of acute and chronic conditions, in addition to 7 pharmaceutical distribution sites. Primary health care facilities offer a wide range of services, including:

- **Outpatient Delivery Services (OPD)**—same-day services—including consultations and follow-up visits with primary, secondary and tertiary health care providers—that are offered to the patient.
- **Immunization Services**—services that must be offered to children to ensure immunity and resistance to infectious diseases. SRD has committed to providing immunizations—such as Measles, Polio, Rubella, Hepatitis and others—at its facilities or ensure referral pathways in coordination with other immunization bodies in line with the World Health Organization (WHO) recommendations and guidelines.
- **Communicable Disease (CD) Management**—poverty, collapsed Water, Sanitation and Hygiene (WASH)

systems, crowded living spaces, poor health and hygiene education and an overall lack of PHC services available in communities have increased the prevalence of CDs in Syria. Given their severe implications and consequences if left untreated, contagious nature and ability to transform into an epidemic in a short amount of time, the CDs that SRD has prioritized through prevention, diagnosis and treatment include Leishmaniasis, Cholera, Measles, Tuberculosis, Upper/Lower Respiratory Infections (RTI), Acute and Watery Diarrhea and Sexually-Transmitted Infections (STI).

- **Non-Communicable Disease (NCD) Management**—SRD is focused on the prevention, diagnoses and treatment of NCDs which are chronic in nature, or long-term and slow to progress. The four main types of NCDs are cardiovascular diseases, diabetes, cancers and respiratory diseases.

Trauma & Emergency Health

SRD's Aleppo and Idleb Regional Hospitals are two vital, life-saving facilities located in Northern Syria and have played an integral role in the growth of SRD's Health sector programs. They are SRD's longest-running health care facilities and serve as referral points for further care in local clinics, many of which are also part of SRD's health

care network. Both hospitals provide trauma and emergency services to men, women and children alike as part of their outpatient and inpatient services. The locations of the two facilities reduce hurdles in accessing free quality health care in Northern Syria. Both hospitals' staff members consist of physicians, nurses and other medical personnel with a range of specialties.

Aleppo Hospital has been hit by aerial strikes several times since 2013, but its staff has persevered each time and continue to provide essential life-saving services at great risk to staff members. The hospital provides essential services in 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.

Aleppo Hospital also provides trauma care to internally-displaced persons (IDPs) and host communities in Northern Syria in the western countryside of Aleppo, making health care more accessible to people who would otherwise have been forced to travel toward the Turkish border in search of quality care.

Idleb Hospital has emerged as an especially vital and life-saving facility for civilians deprived of health care

A FIRST-TIME MOTHER

SRD medical staff strive to provide comprehensive Maternity and Children's care to Syrian women and children. In June, a young woman named Rana arrived at SRD's Maternity & Children's Hospital to give birth for the very first time. Rana was in labor and afraid of going through the labor and delivery process at home without a qualified medical professional to guide her and ease her fears. When she arrived at the hospital, Rana was admitted to Labor & Delivery and received support from a trained midwife who helped ease the first-time laboring mother's fears and provided the motivational support she needed. Rana's daughter, Mariam, arrived in time and is the joy of her parents' lives.

options in the region as the targeting of medical facilities has increased over the past year, destroying many. The hospital offers services in inpatient and outpatient care, ENT, internal medicine and orthopedic and general surgery. Idleb Hospital also has a Radiology Department to perform x-rays, CT scans and Doppler Ultrasound procedures.

Trauma and emergency health care is



also provided through SRD's 21 Ambulance System, a network of ambulances in Northern Syria that ensure access to emergency health care and trauma services region-wide. The network provides patients in critical emergency care with transportation to trauma facilities while Emergency Medical Technicians (EMTs) provide life-sustaining treatment during transport.



Physical Therapy & Rehabilitation

SRD's rehabilitative services include a Physical Therapy & Rehabilitation Clinic housed within one of our Primary Health Care Clinics, which also houses an internally operating Dialysis Unit. Because the nature of many injuries sustained during the conflict include those that require follow-up rehabilitative care, SRD established these services in 2013 to help meet the demand for such care. The Physical Therapy & Rehabilitation Clinic consists of the following 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.

The Dialysis Unit provides dialysis service, a life-saving treatment that 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 service at our health clinic.

Nutrition

In 2016, SRD expanded its humanitarian program to include a new sector: Nutrition, an area of major concern in Syria where food security insecurity is prevalent on a wide scale and has put pregnant and lactating women at high risk, increasing the rate of birth defects among newborns and stunting childhood development. And while SRD has contributed to establishing greater food security in Syria since the organization's inception in 2011, a holistic nutritional approach targeting young developing children more recently became a programmatic focus. We began working to address nutritional gaps through preventative and curative practices with a focus on IDP communities who are already living in unstable conditions with limited means to livelihood.

SRD's nutrition programs assist pregnant and lactating women, 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. SRD has teamed up with medical workers including doctors, midwives and nurses based at medical points and facilities serving displaced populations and other communities in need to train them in best practices for assisting the identified vulnerable groups. SRD's 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.

Nutrition in Northern Syria: A Holistic Health Approach

In Northern Syria's IDP communities, acute malnutrition, poor Infant and Young Child Feeding (IYCF) knowledge and practices, micronutrient deficiencies and inadequate access to basic services such as food, health, water and sanitation are extremely prevalent.

SRD's Nutrition Health Services in Northern Syria have been integrated into our health network—specifically our Maternity and Childhood Hospital that offers, as part of its services, nutritional counseling and IYCF consultations that provide education and support for breastfeeding to help encourage pregnant and lactating mothers to breastfeed their children, and our 3 Primary Health Clinics that also offer IYCF consultations and Nutrition services for women and children.

Nutrition in Southern Syria: Promoting IYCF in IDP camps

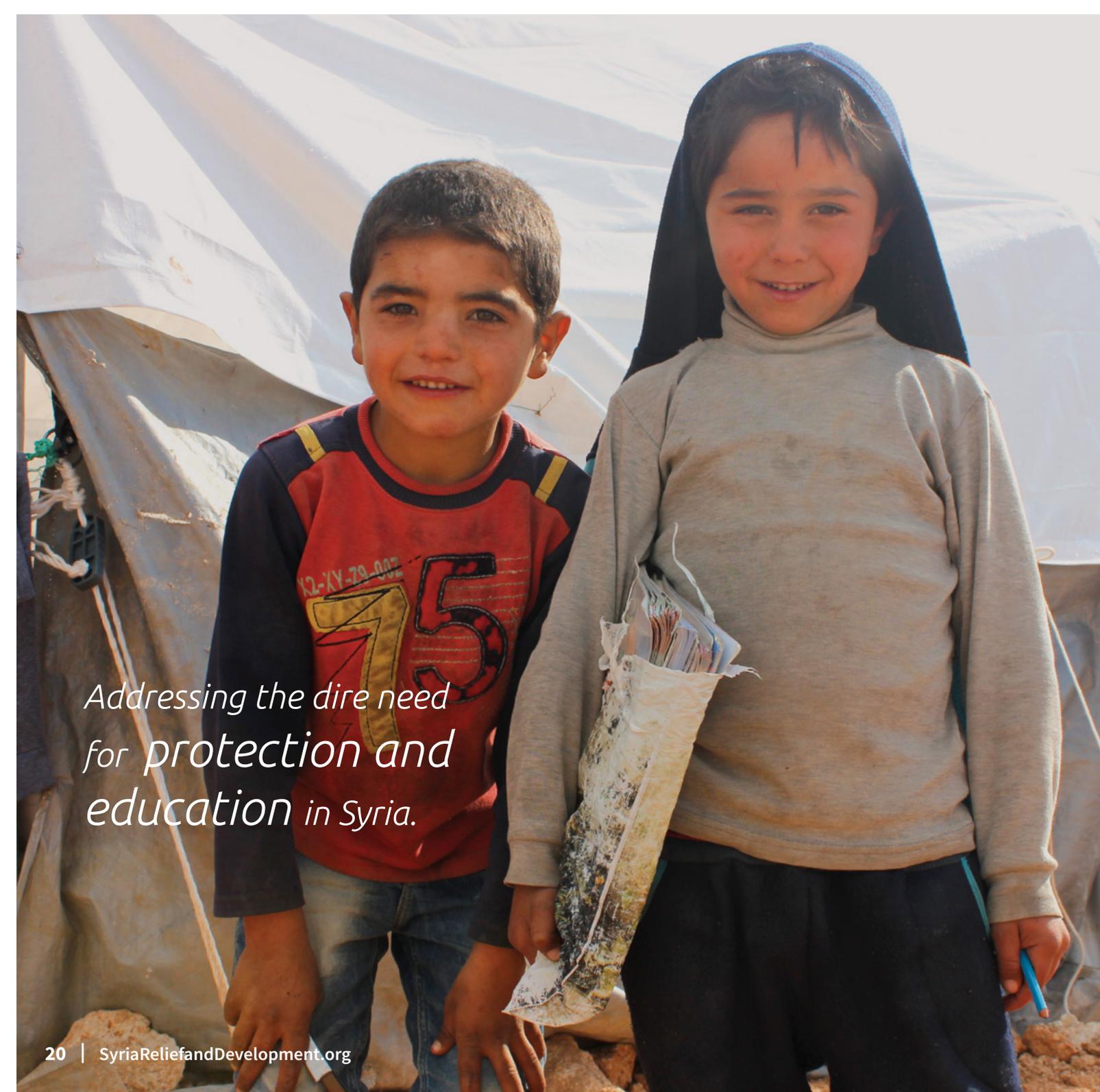
In September 2016, SRD launched one of the first community health nutrition initiatives in Southern Syria to empower women of reproductive age. The Infant and Young Child Feeding (IYCF)

program sought out pregnant and lactating women—who were also living as IDPs and vulnerable to nutritional insecurity—to equip them with breastfeeding and nutrition knowledge that can enhance the well-being of their children and mitigate negative coping strategies that may harm them. The women received counseling on the values of breastfeeding, a natural practice that presents numerous advantages in emergency settings, including: delivery of all necessary nutrients to children under 5, enhancement of childhood immunity and decreasing the need for harmful breastmilk alternatives that increase the potential for consuming contaminated water.

SRD's Community Health Supervisor recruited and trained a team of 15 community health workers on IYCF and the best ways to communicate medical information to households. Aided by educational materials and breastfeeding kits, the female health workers engaged Syrian women in critical conversations about the lifesaving and life-sustaining potential of simple health practices such as breastfeeding.



The health workers formed ongoing relationships with beneficiaries and communities at large by reaching them in their homes, with the goal of overcoming barriers to access the services needed to enhance the health and well-being of Syrians.



Addressing the dire need for protection and education in Syria.

PROTECTION & EDUCATION

Protection

The war in Syria has rendered the vast majority of the country's men, women and children vulnerable and in dire need of protection programs. With over half of Syria's pre-war population now displaced and in flux, aid programming requires protection elements that address vulnerable individuals' physical, social and psychosocial needs.

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. SRD has responded to protection needs in Syria by integrating protection services into a variety of programs.

While rehabilitating shelters for hundreds of households in Northern Syria, our staff provided protection awareness trainings to recipient families. The trainings involved educating communities about human rights, hygiene and health promotion and the importance of maintaining healthy interpersonal relationships. SRD staff emphasized the

need for gender equality, shared decision-making among men and women in families, early marriage prevention, family planning decisions and respect toward oneself and others.

We also integrated protection into a program that offers conflict-affected women and girls access to protection awareness, psychosocial services and skills-based training at a community center in Idleb. Qualified specialists carry out awareness sessions and informational forums centered around SGBV with sensitivity and concern for the beneficiary's well-being. All SGBV cases in need of physical or psychosocial treatment are referred by our outreach teams to trained medical specialists. Attendees also receive printed informational materials on SGBV awareness which are also distributed community-wide through mobile protection outreach teams.

In Idleb, SRD has established comprehensive protection services—including outreach, case management, psychosocial support services and referral pathways—that both incorporate the community and serve the community through the development and imple-



EID CELEBRATION FOR DISPLACED CHILDREN

Last Eid al-Adha, SRD staff members in Northern Syria wanted to do something special for children living in IDP camps as they often suffer from poor living conditions and lack access to educational activities and safe spaces to have fun on special occasions such as Eid, a festive community holiday.

SRD Protection staff members organized a festival for the children in two IDP camps. Over 200 children took part in the festivities that included educational competitions, games, songs and toy distributions. The children enjoyed a day of fun activities and their parents were elated at seeing them full of joy.

mentation 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—series of trainings that provide protection knowledge and skills, including training in midwife-

ry, 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.

Protection services have also been integrated into our health network through two mobile clinics and a reproductive health center. 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 CASE OF DOMESTIC VIOLENCE

She began her speech with tears.

I immediately realized the gravity of the terrible situation she was in.

“I am fed up with this fake life with a husband cheating on me. He has been with her for a year and a half!” the survivor said.

She discovered news of her husband’s infidelity completely by accident when she was searching a number on his phone.

“He hasn’t ever loved me” Hamida* said. “He claimed that he had to marry me because of family issues.”

Hamida is a mother of 4 children that she has raised with care throughout her 30 years of marriage to her husband.

“Our life was quiet and calm before our family was hit with the reality of war. We had to move to many villages throughout Idleb in a short period of time,” she said.

“Our financial status got worse and worse over time.”

As conflict-related tensions and the stressful conditions of displacement placed immense logistical, financial and psychological pressures on Hamida’s family, she began to experience abuse from her husband and witness her marriage start to fracture.

“He started to use verbally abusive words whenever he felt despair or stress. My life with him changed for the worse. He would hit me and often tried to deliberately hurt me,” Hamida said. “I thought about getting a divorce many times a day for a long period of time. Once I made the final decision to leave my home and my husband, I came to your center for help.”

SRD’s community center in Idleb helps women coping with sexual and gender-based violence (SGBV), which often

includes domestic abuse. Hamida’s social worker at the center listened to her story, affirmed her feelings and attempted to help her find a coping mechanism for the trauma she endured from her marriage. In many cases, social workers also help patients work through safety plans that include behaviors and courses of action to mitigate safety risks and potentially escape dangerous situations. Among various options discussed, including the option to leave her husband, the social worker helped Hamida—who was interested in reconciling her marriage—come to an understanding with her husband. Hamida began to notice a difference in the way her husband’s behavior toward her changed for the positive.

“No words describe my happiness to return to a normal family atmosphere,” Hamida said.

**Fictional name to protect the beneficiary’s identity*

EMPOWERING WOMEN THROUGH PROTECTION

Many Syrian women face physical or sexual violence, often at the hands of their husbands or close family members and domestic violence is still culturally acceptable—even among women in Idleb and its suburbs. SRD Protection staff members at our community center in Idleb have been working to end violence against women and ensure that girls and women are supported in reaching their full potential.

“Through storytelling we not only share compelling facts about our beneficiary’s history, we educate girls and empower them

to tell their own stories at our community center,” said Dr. Khaled, SRD Protection Manager.

Gender and cultural norms play a strong role in fostering violence against women. The center’s staff work not only to educate women about their rights but also to engage men in building non-violent relationships and a caring vision of manhood. Through work like this, both men and women take responsibility for altering perceptions of violence.

“There are many women in my family, each

with often differing opinions. Every week during my midwifery training with SRD, I am overwhelmed with gratitude for being part of a community-based NGO that embraces me for who I am. I have never been forced to silence my voice, and neither has any other girl or woman who visited the center,” said G.M., a sexual and gender-based violence (SGBV) survivor.

“Unfortunately, not all girls and women affected by the war have this kind of community support. The impact of SRD’s Protection programming is evident in the reduction of violence against women and telling stories is a powerful method to increase awareness of the challenges that women face,” said SRD Protection and Psychosocial Support Specialist Fatma.

G.M., a SGBV survivor who spent 10 months imprisoned in Aleppo, has received psychosocial support that has allowed her to heal and grow from her experiences. “I encourage you to tell your story and ensure that boys and men are included in the dialogue too. Together, we can build momentum to end gender-based violence and contribute to the positive development and empowerment of girls and women,” she said.

Photo: Midwifery training that includes many SGBV survivors; conducted by Dr. Okba Doghim, SRD’s Northern Syria Field Manager.





Education

Since the conflict began in Syria, the country's education system has taken a major hit as primary schools and universities have either shutdown because of fleeing populations or been destroyed amid bombardment. As a result, both formal and informal education initiatives have been used to address the pressing need for quality education and training in Syria.

SRD believes in education as a fundamental human right. Education creates a better future and economic prosperity for a nation by training the next generation of skilled professionals. It also builds peace, provides life-sustaining and income-generating opportunities for individuals and families, and also prevents 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 created skills-based training opportunities for women through our vocational training center for women and girls in Idlib. At the center, women are offered skills-based courses in cosmetology, computer literacy, sewing and languages 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 offer private psychosocial support sessions.

We are also providing women in remote, hard-to-reach communities in Syria with training in midwifery to help reduce the rates of maternal and newborn morbidity and mortality and help communities better thrive.



16 DAYS OF SGBV AWARENESS

Despite the tragedies they've incurred, the people of Idlib continue to preserve dignity and open communication between host communities and IDPs. While SRD's Protection staff has conducted awareness sessions and psychosocial support activities for women and children, the involvement of men and boys in SGBV prevention has been considered just as critical in its prevention and elimination.

For 16 days in June, SRD staff conducted awareness sessions focused on boys and men as the most important people to be agents of change against abuse and violence. The awareness sessions also recognized boys and men as neglected

survivors of SGBV, especially amid armed conflict.

The awareness sessions helped address the need to work towards transformed norms around gender relations and masculinity using approaches that acknowledge that boys and men are also restricted by expectations linked to masculinity and can also be victims of violence. A failure to recognize and address this can contribute to the perpetuation of cycles of SGBV. When successful, though, such an approach enables men and boys to become agents of change.

Photo: 16 Days of SGBV Awareness, June 2016, Idlib

SHELTER & NON-FOOD ITEMS (NFI)

Shelter

Intense conflict escalation in 2016 was marked by severe infrastructural damage and an increase in internally displaced persons (IDPs) within Syria and refugees in neighboring and far-away countries. The destruction of their homes uprooted countless Syrian families—leaving men, women, children, the elderly, the disabled—essentially all members of society—deeply affected and exposed. While temporary housing structures such as tents in IDP camps were available to a subset of the population, the majority of individuals and families were forced to seek makeshift shelters, leaving them exposed and vulnerable.

In addition to the physical damages, the emotional and psychological tolls of the crisis have created irreparable wounds and scars in millions of Syrians. This level of trauma is the result of a long-standing crisis, and therefore requires the utmost attention in the form of protection support. Although an end to the war is not in sight, it is absolutely essential to provide holistic support to these vulnerable individuals and communities

at large, as they represent resilience in its purest form.

SRD has responded to the need for Shelter programming in Syria through a variety of different projects. In Idleb, we rehabilitated shelters for 250 households that were damaged due to conflict-related violence. This included repairs to the shelters' structural damage, doors, broken windows, locks and deteriorated plumbing. Solar panel systems were installed at each shelter receiving rehabilitation to provide a sustainable source of lighting in an energy-scarce environment. Shelter repair recipient families also received protection services through the project in order to address the psychological toll the crisis has taken on Syrians.

In Southern Syria, we successfully implemented our first collective shelter rehabilitation project in the region. Early on in the conflict, IDPs took shelter at a warehouse used for storing

It is absolutely essential to provide holistic support.

agricultural materials and its adjacent housing for agricultural workers. The

site's 8 buildings were being used by IDPs as an informal collective shelter. After identifying the site, SRD staff—led by an onsite engineer—conducted an in-depth technical assessment to ascertain the degree of damage the buildings sustained, the scale of repairs needed and the type and amount of different materials required to rehabilitate the area into a more livable collective shelter. In doing so, we successfully rehabilitated shelter for 21 households with repairs to 30 rooms, 20 bathrooms, 16 kitchens and 14 hallways among the 8 buildings. The repairs helped enhance the shelters' living conditions to meet international standards and advance the dignity and resumption to normalcy for beneficiaries.

SRD is also preparing to undertake a 2-year project in Aleppo that will repair infrastructure and also provide health assistance to IDPs from other areas. The project will provide a higher and healthier living standard and better integrate IDPs with the local population. The improvements have been planned for areas that have been identified as overcrowded and lacking electricity and water.

Non-food Items (NFI)

Since SRD was founded in 2011, 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. Here are some of the various NFI distributions SRD has conducted over the years:

- **Hygiene Kits:** Include items that will promote good health and hygiene, such as soap, detergent, shampoo, toothbrush/toothpaste, diapers and dignity kits (i.e. sanitary napkins)
- **Winterization Kits:** Include items—such as blankets, mattresses, thermal clothing, coats, rugs, heating fuel, charcoal/firewood and heating units (sobas/space heaters)—that will promote warmth during the cold winter months
- **Kitchen Kits:** Include household items such as plates and cooking utensils
- **Solar Panels:** These are used as a renewable energy source for homes as well as at SRD's operational facilities in Syria; the panels provide energy during frequent power outages and training local communities of their safe usage and maintenance is part of the project's successful outcome
- **Vouchers:** These may be specific or multipurpose for beneficiaries to receive food or NFI during programming where items may be purchased, using the vouchers, from designated vendors or distributors

Toward the end of 2016 and early part of 2017, SRD responded to the escalated humanitarian crisis in Aleppo City due to increased conflict. As part of our response, we provided 50,000 vulnerable IDPs in Idleb—many of whom had fled Aleppo for safety—with NFI including baby diapers, blankets, mattresses, towels, kitchen utensils, cookware, solar lamps and plastic tarps.

In the winter months of early 2016, we conducted an emergency distribution of hygiene kits, blankets and mattresses to benefit nearly 9,000 newly-displaced families affected by aerial strikes in Idleb and Aleppo who are living in temporary shelters or accommodations. Additionally, our staff distributed 450 space heaters and over 32,000 liters of heating fuel to address morbidity and mortality rates among 1,624 conflict-affected Syrian IDP households residing in an IDP camp in Idleb.





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 and Nutrition. 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.

Our milk kit distributions for children and meals for IDP families are often integrated into projects that tackle other sectors, including Health, Shelter and Protection.

We are addressing Syrians' urgent need for basic necessities and access to quality nutritious food.



FINANCIAL ACTIVITIES

Fiscal Year 2016

Support & Revenue

Grants	6,014,713
Gift-in-Kind Contributions	1,769,362
Individual Contributions	713,799

TOTAL SUPPORT & REVENUE \$ 8,497,874

Expenses

Program Services	
Health & Nutrition	4,330,573
Protection	1,667,623
Shelter/NFI	1,617,284
Food Security & Livelihoods	178,477
Total Program Services	7,793,957

Supporting Services

Administrative	312,269
Fundraising	44,173
Other Expenses	194,473
Total Supporting Services	550,915

TOTAL EXPENSES \$ 8,344,871

Net Assets \$ 153,003

Fiscal Responsibility



Programs



Thank you for maintaining hope in our mission, our vision and our work.



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We are proud to be a member of:
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Crisis Action
InterAction
Syrian INGO Regional Forum (SIRF)
Syrian National Alliance (SNA)