



2018

ANNUAL IMPACT REPORT



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Dear Friends,

As we welcome 2019 and a new year of hope, I want to thank you for your support of our work in 2018 and all previous years. I also ask for your continued support in 2019 as we tackle new challenges in a new constellation of powers and work together toward sustainable solutions for Syria. The SRD family remains hopeful for a permanent and peaceful solution to the violence in Syria. Our biggest hope each year is that our work can shift entirely towards long-term sustainable development, that medical facilities and personnel will be safe from harm and that every Syrian man, woman and child will be able to live in their homes safely, without the daily anxieties currently plaguing them.

As of January 1, 2019, we have delivered over \$72.6 million in life-saving aid and services to over 6.96 million beneficiaries.

In this year's Annual Impact Report, you'll see how SRD programs, funded by you—our beloved donors and grantors—have made a significant impact on Syrian lives. We have made some significant impact particularly in the following sectors: Health, Protection, Education and Empowerment.

In Syria, SRD continued to operate through its hospitals, clinics, nutrition sites, ambulance system, and empowerment centers. Thanks to you we built a robust team of technical experts and specialists in Case Management, Psychosocial Support (PSS), and Special Education.

I would like to take this opportunity to thank you immensely. All activities, achievements and stories of healing presented in this report are a result of your support. I would also like to wish you and your loved ones a joyous year ahead. And I ask that you keep Syrians affected by the crisis and our heroic staff in your thoughts and prayers as we embark on new challenges in 2019.



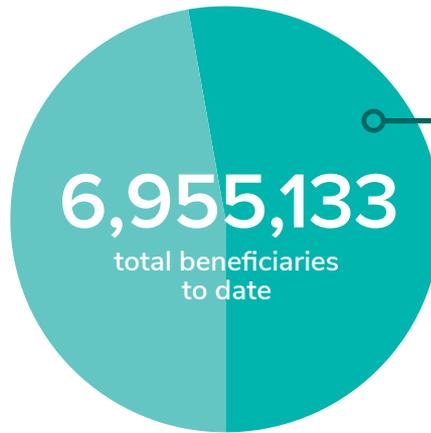
Sincerely,

A handwritten signature in white ink, appearing to read 'Jihad Qaddour', enclosed within a white oval shape.

Dr. Jihad Qaddour
President, Syria Relief & Development

EDITOR: Amany Qaddour
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Our Impact

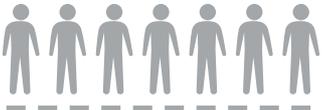


3,658,575

beneficiaries in
the year 2018

Beneficiaries by Sector





804,887
men



1,134,158
women



1,719,530
children



Food Security
& Livelihoods
7,191



Nutrition
84,695



Health &
Protection
3,459,313



Shelter & NFI
107,376





Health

98 Primary Health Care Locations

- 23 Fixed Clinics
- 16 Mobile Clinics
- 29 Pharmaceutical Distribution Sites
- 30 Medical Equipment Distribution Sites

39 Sexual & Reproductive Health Sites

- 23 Fixed Clinics
- 16 Mobile Clinics
- 119 Community Sites

33 Trauma & Emergency Services

- 2 Hospitals
- 31 -Ambulance System

5 Maternity & Pediatric Hospitals

2 Dialysis Clinics

1 Physical Therapy & Rehabilitation Clinic



Nutrition

27 Nutrition Sites

87,695 Beneficiaries



Protection

10 Integrated Health & GBV Sites

4 Women & Girls Safe Spaces

15 Mobile Protection Clinics



Shelter & NFI

107,376 Beneficiaries



Food Security & Livelihoods

7,191 Beneficiaries





In 2018, SRD participated in #NotATarget, a movement demanding protection for all civilians caught in conflict.

Advocacy

Since our founding, SRD has continued to advocate to domestic and international policy makers and the United Nations (UN) on pressing issues facing Syrian civil society, including protection for health care workers and safe corridors for civilians trapped amid fighting. **We will continue advocating for the Syrian people, amplifying their voices, for as long as the conflict continues to devastatingly affect the country's general population.**

MAJOR ADVOCACY INITIATIVES OF SRD



#NotATarget

Opposition to the systematic targeting of health care personnel and facilities including the #NotATarget Campaign of World Humanitarian Day



Humanitarian access

Ensuring delivery to hard-to-reach and besieged areas



Refugee advocacy

Refugees should have the option to voluntarily return to their country of origin and not by force; they should have the right to seek refuge for as long as their safety is threatened



Education advocacy

Children and young adults should have unfettered access to education so there is #nolostgeneration

Health & Nutrition

HEALTH

The conflict in Syria has led to a country-wide devastating health care crisis that has two important and connected components. The first is that health care facilities have been at the center of targeted airstrikes—from January to July 2018 there were 119 attacks on health care facilities in Syria. Between 2011 and 2017, there were 492 attacks on health care in Syria, killing 847 medical personnel.¹ The second component to the health care crisis is a result of the first: **Syria is the most dangerous place on Earth to be a health care provider.** Seventy percent of total worldwide attacks on health care facilities, ambulances, services and personnel have occurred within Syria.¹ Those who have not been killed, imprisoned, or had to flee for their family's

Health care workers in Syria are putting their own lives at risk to save the lives of others.

¹ source: World Health Organization



safety, are putting their own lives at risk to save the lives of others. As a result, the number of health care providers in Syria has reduced drastically over the past 8 years. This makes access to quality health care the greatest area of humanitarian need in the country.

In the conflict's early stages, SRD's focus was on immediate first aid and trauma relief through Mobile Medical Points. Later, regional hospitals were established and equipped to offer a variety of trauma, inpatient and outpatient 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 with an integrated focus on public health through community health programs that complement the multilevel health care network in place.

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.

Reproductive & Pediatric Health

In 2018, SRD provided comprehensive reproductive and pediatric health care through numerous service sites including 39 Sexual and Reproductive Health (SRH) Care Clinics, 119 SRH Outreach Sites and 5 Maternity & Children's Hospitals throughout Northern Syria.

At the 39 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 Gender-Based Violence (GBV).

At SRD's 119 SRH Outreach Sites in 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 GBV, 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 5 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), 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 have been impacted by the conflict and a central part of care remains the recognition, treatment and prevention of GBV and, in some cases, the Clinical Management of Rape (CMR).

Staff members at SRD's Maternity and Children's Hospitals are trained to provide specialized care to women and their children.

Primary Health Care

SRD's Primary Health Care (PHC) services extend to men, women and children alike through 23 fixed and 16 mobile health clinics that emphasize the prevention and management of acute and chronic conditions, in addition to 59 pharmaceutical and medical equipment distribution sites.

In 2018, an expansion of the Primary Health Care (PHC) Network¹ in Saraqeb, Idleb took place, 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 was formed between health care facilities to enhance coordination mechanisms and form linkages between service providers in order to ensure access for patients. The PHC Network allowed providers to utilize the Essential Health Service Package (EHSP), which guarantees patients receive the utmost quality in health care services.

SERVICES OFFERED BY PRIMARY HEALTH CARE FACILITIES



Outpatient Delivery Services (OPD)

Same-day services that include consultations and follow-up visits with primary, secondary and tertiary health care providers offered to the patient. OPD service provision also encompasses Infant and Young Child Feeding (IYCF), Reproductive Health (RH), Hygiene Promotion, and Psychosocial Support (PSS).



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 vaccines for Measles, Polio, Rubella, Hepatitis, and Tetanus—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 Diseases (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, diagnosis 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.



Community Health Care

SRD has utilized community health programming to complement primary health care services that are community-based. This is achieved through a robust cadre of community health workers (CHWs). These services have allowed SRD to reach more people who are in need of health care and also ensure there is access to primary health care facilities following CHW referrals.

¹ PHC Network pilot first launched in 2017 ² UN Health Cluster, Gaziantep Hub

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, 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.

Aleppo Hospital has been hit by aerial strikes several times since 2013, but its staff has persevered each time and continued 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 served as a life-saving facility for civilians deprived of health care options as aerial bombardments have destroyed many medical facilities in the region since the conflict began. 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.



SRD doctors provide trauma care to an injured man.

Ambulance System

Ambulance crews are an integral part of SRD's emergency response efforts.

Trauma and emergency health care is also provided through SRD's 31 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. **During major displacements of Syrians in 2018, such as Homs and Ghouta, SRD ambulances worked around the clock to move injured civilians from zero point to safety.**



Mental Health

To address the mental health needs of Syrians, SRD expanded both psychosocial and psychiatric service provision in 2018.

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, specifically psychiatrists, who are part of

the mental health Gap Action Program (mhGAP) of the WHO. Dr. Okba Doghim, SRD's North Syria Field Manager, serves as a trainer and supervisor of mhGAP for health care providers.

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

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.



SRD's dialysis services provide life-saving treatments to patients.

A child receives a nutrition screening as part of SRD's efforts to ensure healthy development.



NUTRITION

Malnutrition has remained a major concern—especially among pregnant women, newborns, infants and young children—throughout the Syrian crisis. High levels of food insecurity in the country, due to agricultural damages in the destruction of crops and livestock and escalating food prices, have put pregnant and breastfeeding women at high risk, increasing the rate of birth defects among newborns and stunting childhood development. **In 2018, there were an estimated 4.4 million boys and girls aged 6-59 months and pregnant and lactating women in need of nutrition services.**

SRD has contributed to establishing greater food security in Syria since the organization's inception in 2011, and since 2016 we have also 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 sustainable income.

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. 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 train them in 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.

A Holistic Health Approach

In Syria, 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 have been integrated into our health network—specifically our Maternity & Children's Hospitals, which, as part of their services, offer nutritional counseling and IYCF consultations that provide education and support for breastfeeding to help encourage pregnant and lactating mothers to breastfeed their children. Nutrition services (including IYCF consultations) are also integrated within designated SRD Primary Health Care Clinics. Malnutrition cases and acutely malnourished children and pregnant and lactating women are enrolled in supplementary feeding programs, and severe malnourished cases are treated through a therapeutic program. **Moreover, SRD integrated nutrition screenings and treatment into household visits through its community health programs.**

SRD continues to promote the Nutrition IYCF campaign first established in 2016, which targets pregnant and lactating women and mothers of children under age 2 to raise awareness on the disadvantages of feeding infants milk-based formulas.

IYCF consultations provide breastfeeding education and support.





SRD provides protection programming to children to address their social and psychosocial needs.

Protection, Empowerment & Education

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 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 gender-based violence (GBV)—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 and skills, including training in psychological first aid, psychosocial awareness raising and GBV prevention—have included women, some of whom have been GBV survivors in need of psychosocial support.

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

Key sessions include reproductive health awareness and building life-skills, so they act as leaders within their communities who disseminate this knowledge.

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 GBV survivors in efforts to prevent further exploitation and help provide coping mechanisms and awareness for survivors and the community.



Protection assistance and psychosocial support is provided to vulnerable Syrian women.

EMPOWERMENT

SRD has responded to the protection needs of Syrian women and girls through 4 Women & Girls Safe Spaces (WGSS) in Northern Syria. The centers 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 treated women suffering from mental abuse, forced marriage, domestic violence, sexual abuse, and gender-based violence and provide them with safe spaces and risk mitigation in case 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.

A woman at one of SRD's Women and Safe Girls Safe Spaces receives training in sewing.





Empowerment Centers address education needs as well as skills training for Syrian women.

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 informal education and skills-based training opportunities for women through our Women and Girls Safe Spaces in Northern Syria. At the centers, women and children are offered courses in mathematics, computers, sewing, knitting, language and articulation skills and cosmetology 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. In addition to women's empowerment, SRD is working to support education programs for Syrians in high school and college and is advocating on their behalf as well to ensure the creation of capable capacity and a brighter future.







Shelter & Non-Food Items (NFI)

SHELTER

Around 1.2 million houses in Syria have been damaged since the start of the conflict, and 400,000 of those have been completely destroyed and are uninhabitable. **As a result of this and ongoing fighting, 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. But of Syria's 6.1 million IDPs, only 1.7 million are estimated to live in these collective shelters leaving over 70% of Syrian IDPs without access to adequate shelter. And as fighting within the country continues, the need for adequate shelter only increases.

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. With no end in sight to Syria's conflict and escalating humanitarian crisis, it's essential to provide holistic support to these vulnerable individuals and communities at large.

In response to continuous displacements to and in Northern Syria, SRD has provided shelter assistance where a large number of IDPs and host communities have been living in makeshift homes and shelters.

An SRD staff member provides assistance to a family living in a makeshift shelter.



NON-FOOD ITEMS (NFI)

Since SRD's founding in 2011, NFI programming has been a staple programmatic sector of aid distribution for us, 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.

Solar Panels

Solar panels are used as a renewable energy source for homes during shelter construction and rehabilitation as well as at SRD's operational facilities in Syria. **The panels provide energy during frequent power outages and SRD staff members train local communities on the panels' safe usage and maintenance.**

With unreliable electricity in Syria, energy has become a scarce resource and solar panels provide much-needed renewable energy that can be life-saving when installed at health care sites or other locations that provide much needed services. One significant use for solar panels has been at SRD's health care facilities. Thanks to the support of Filmmaker Lara Lee, Founder/Director of the Cultures of Resistance Network and a constant champion for the Syrian people, solar panels were installed at our Physical Therapy and Rehabilitation Clinic, one of SRD's Empowerment Centers for Women and Girls, and 5 Primary Health Care Centers in Northern Syria.

Teddy bears are delivered to conflict-affected Syrian children as part of SRD's ongoing partnership with The Teddy Trust.



Teddy Bear Distributions

For the past 4 years SRD has partnered with The Teddy Trust to deliver teddy bears to vulnerable Syrian children. The Teddy Trust is a UK-based nonprofit

organization whose founder, Ellie Targett, reached out to SRD in 2015 after spending 2 years collecting teddy bears for children in hospitals, hospices, homes, and rape crisis centers in South Africa. Since 2015, the organization has sent SRD tens of thousands of teddy bears that have been distributed to conflict-affected Syrian children across the country. **For children who may find it difficult to communicate with others about their fears, the teddy bears provide a source of healing.**



Warm winter hats and coats are distributed as part of SRD's winter programming.

ADDITIONAL NFI PROGRAMS



Hygiene Kits

may include soap, detergent, shampoo, toothbrushes, toothpaste, diapers and dignity kits (i.e. sanitary napkins)



Winterization Kits

include blankets, mattresses, thermal clothing, coats, rugs, heating fuel, charcoal/firewood and heating units (sobas/space heaters)



Kitchen Kits

include household items such as cookware, dinnerware, utensils, and cooking fuel



Vouchers

allow beneficiaries to acquire items they need from designated vendors who will accept the vouchers as payment and receive reimbursement from SRD

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.

SRD distributes urgently-needed meals to families.





Livelihoods

In 8 years of ongoing conflict, Syria's economic situation has deteriorated and created diminishing economic, physical and psychological resilience. The deterioration of social service infrastructure, depletion of markets, and rise in poverty and unemployment have greatly minimized income generating opportunities. **An estimated 69% of Syrians are living in extreme poverty, surviving on less than \$2 per day.** And household food insecurity has been exacerbated by the 40% decline since 2012 in land under cultivation.

In an effort to reduce economic vulnerability, provide livelihoods support, and increase the resilience of households in Southern Syria, SRD implemented an agricultural input project in 2018. Through this project, we helped over 300 farmers (both men and women) receive seeds along with farming tools and materials to restore annual and seasonal farming activities in the form of crop production.

SRD provided kitchen garden kits to farmers as part of our agricultural input project.



FISCAL YEAR 2018

Financial Activities

Support & Revenue

Grants	9,844,507
Gift-in-Kind Contributions	12,712,530
Individual Contributions	290,094

TOTAL SUPPORT & REVENUE \$22,847,132

Expenses

Program Services

Health & Protection	13,660,816
Nutrition	144,858
Shelter/NFI	2,433,722
Food Security & Livelihoods	166,667
Total Program Services	16,406,062

Supporting Services

Administrative	390,604
Fundraising	14,087
Other Expenses	120,119
Total Supporting Services	524,810

TOTAL EXPENSES \$16,930,872

Net Income \$ 5,916,259



**TOTAL AID DISTRIBUTED
in Syria to date: \$72,762,181**

Fiscal Responsibility



96.90% Programs	0.08% Fundraising
2.31% Administrative	0.71% Other Expenses



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