



Better
Together

2018 Annual Report



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MESSAGE FROM THE CEO

DR. ABED AYOUB



In 2018, regional- and global-level disasters as a result of conflict, climate change and chronic fragility have become the new normal. The catastrophic levels of conflict in Yemen and Syria proved to be the worst humanitarian crises of the 21st century, and UMR was on the frontline as first responder for both. Throughout 2018, we mobilized every resource possible to prepare, and in fact pioneer, the recovery of vulnerable and displaced communities in Bangladesh, Jordan, Kenya, Lebanon, and Yemen. In the process, we have capitalized on our core strengths and prioritized areas for improvement for the future.

The regional and global nature of the crises meant that we had to branch out our efforts to multiple countries at a time, and coordinate across several national/institutional frameworks and diverse political and cultural realities on the ground. To this end, regional and grassroots partnerships are imperative.

At UMR, we take pride in cultivating a solid network of cross-sectoral partners ranging from multilateral organizations, universities, technical professionals, and grassroots community organizations, whether inside or serving our priority countries. Every year, our operations become more efficient and cost-effective as we coordinate more closely with our partners; whether to build hospitals in Sudan, send medical shipments to Yemen, Haiti and Philippines, or deploy cataract surgeons to prevent avoidable blindness in Gaza. But more needs to be done.

Conversely, we were able to prioritize a number of areas for improvement in critical need for donor investment. The complex livelihood realities for the vulnerable or displaced communities are moving at a faster pace than our timeline from need conception, to resource mobilization, to final benefit delivery; all the while trying to build trust with local partners without accidentally running into bad actors or brokers. In addition, any number of isolated shipments and supplies we can send may deliver much needed relief, but does not always reap long-term impact toward lasting recovery. Therefore, we had to rethink and overhaul our development strategy completely.

In 2019, our thematic focus will be on two sectors: health and education; and we have two main changes in our service approach. First, we will adopt a targeted development approach in which we identify and prioritize a number of local partners (hospitals or vocational training centers) and help them realize their goals in serving the community, which in turn has the impact to enhance the entire health or education system. Second, we are spearheading an initiative to improve donor decision-making and our own understanding of applied methods, by building research partnerships with eight universities across the United States and Jordan. With renewed attention to the value of research, we will bring real-world problems to the students, the great minds and leaders of tomorrow, and learn from their innovative findings on how to respond faster and smarter.

Our new approach ultimately benefits the communities we serve as it will help us alleviate the chronic problems of volunteerism and humanitarian tourism, which often do more harm than benefit to the local communities. In addition, through better insight, our donors will be able to make more timely and effective decisions, and in due course, close the gap between donor country regulations and priorities to spend more in hotspots, and the limitations imposed on us by the security tensions on the ground, which ultimately leaves much donor money undisbursed, and many recipients in dire need. Finally, this approach brings us more in line with our core humanitarian values, at a critical time where technicalities may override ethics sometimes and risk a loss of focus on who is the real beneficiary.

We understand that our collective mission as a development community today is very ambitious, but we are ready to tackle every challenge at a time, in order to deliver more of the dollar to our end beneficiary: the mother, the child, the youth, and the elderly.

A handwritten signature in black ink, appearing to read 'Abed Ayoub'.

Dr. Abed Ayoub
President & CEO
UMR

EXECUTIVE SUMMARY

- UMR led 30 projects within 7 sectors across 15 countries
- Total cash spent on program services reached \$5,490,302.09; \$3,253,495.40 of which was directly donated to beneficiaries through cash and commodities
- UMR opened new regional offices in Jordan and Kenya
- Became a member of the National VOAD (Volunteer Organizations Active in Disaster)
- UMR Chapter volunteers led over 50 events centering on fundraising, advocacy, awareness and service

This Year at a Glance



1.5 Million Beneficiaries



84,000 Families Assisted
(>5 Members on average)

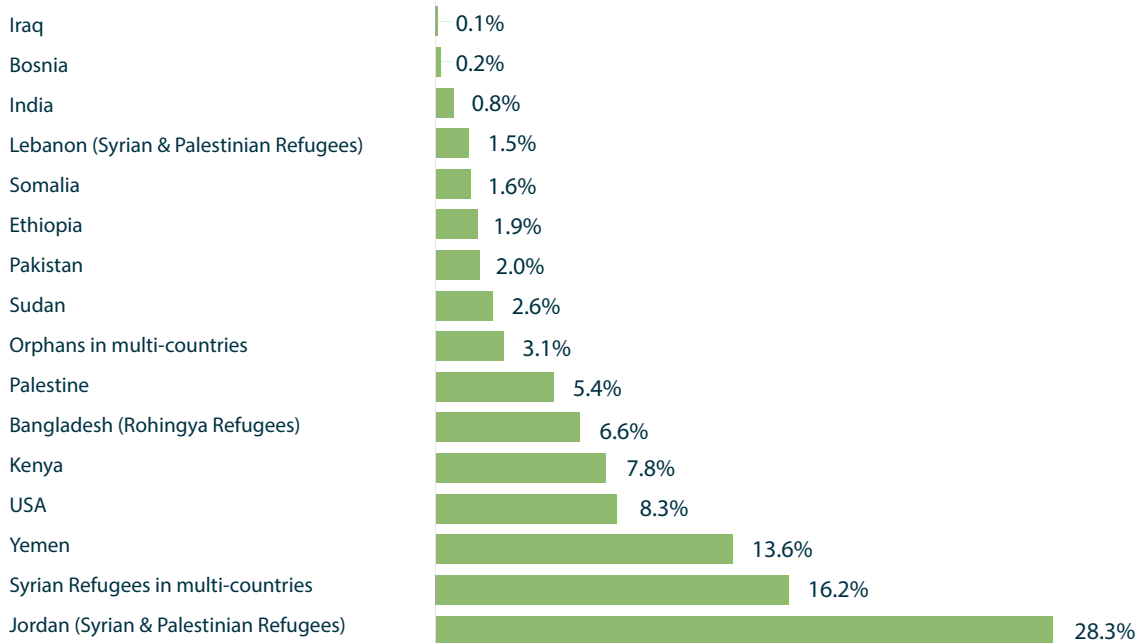


Raised \$3.2 Million
in Cash Donations

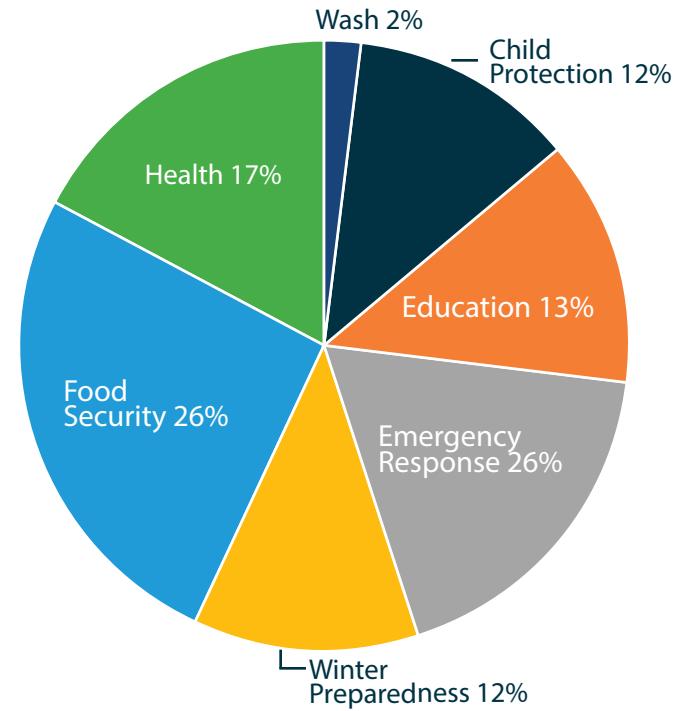


Provided Services
Worth \$77 Million

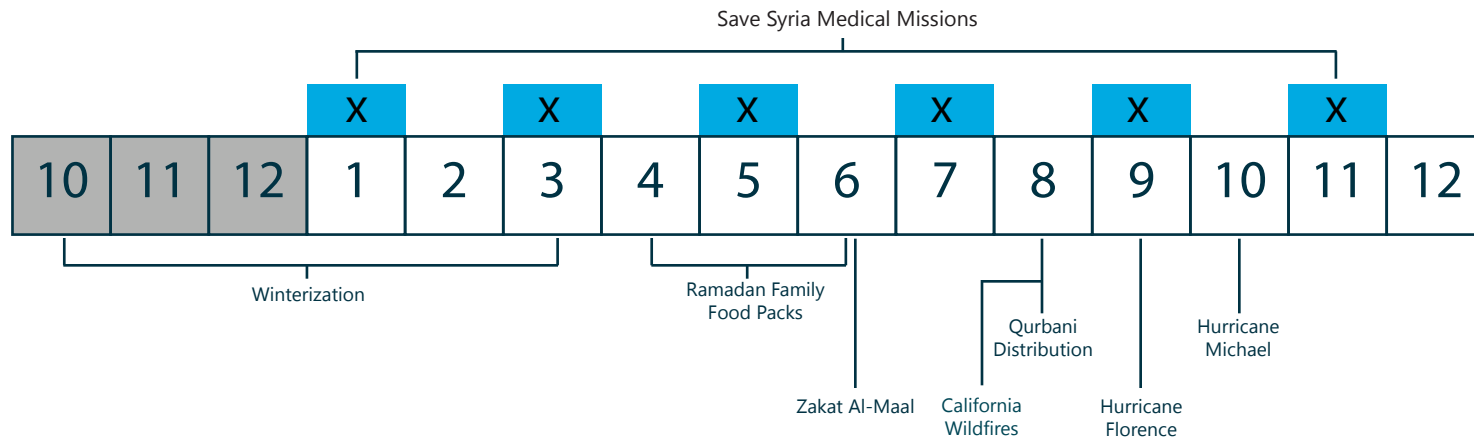
CASH DONATIONS BY COUNTRY, 2018 (%)



EXPENDITURE BY SECTOR, 2018 (%)



CALENDAR



1

EDUCATION AND TRAINING



Sector at a Glance
13% of Portfolio
\$408,253
Beneficiaries: 18,645

- ESL Classes to Newly Arrived Refugees and Immigrants – U.S.
- Building Capacity of Muslim Non-Profit Organizations at Indiana University – U.S.
- Psychosocial Support to Refugee Children and Women (PSS) – Jordan
- Income Generation Project – Jordan
- Back-to-School Project – Jordan

UMR's Education and Livelihood program has largely focused on refugee socioeconomic integration into destination countries, through language courses in the United States, income-generating vocational training and psychosocial support for women and children in refugee camps in Jordan, as well as multi-country support for children at the beginning of the school season by providing school supplies.

In 2018, **UMR** served 645 young people, 75 teens, and 84 women through its PSS project.

Community Profile and Sector Challenges

- Syrian refugees are finding their assistance cut, medical aid suspended, and educational programs axed as international donor fatigue sets in over the Syrian crisis.¹
- Child and adolescent mental health and psychosocial support services no longer available through the Jordanian Ministry of Health.
- At-risk population constitutes largest demographic proportion in the population pyramid of Syrian refugees in Jordan: working-age population (18-59) and children (5-11)
- 50% of Syrian refugee children suffer from PTSD, sleep, grief disorders and bedwetting (UNICEF)

Registered Syrian Refugees

671,551

Last updated 13 Jan 2019

Source - UNHCR

Population

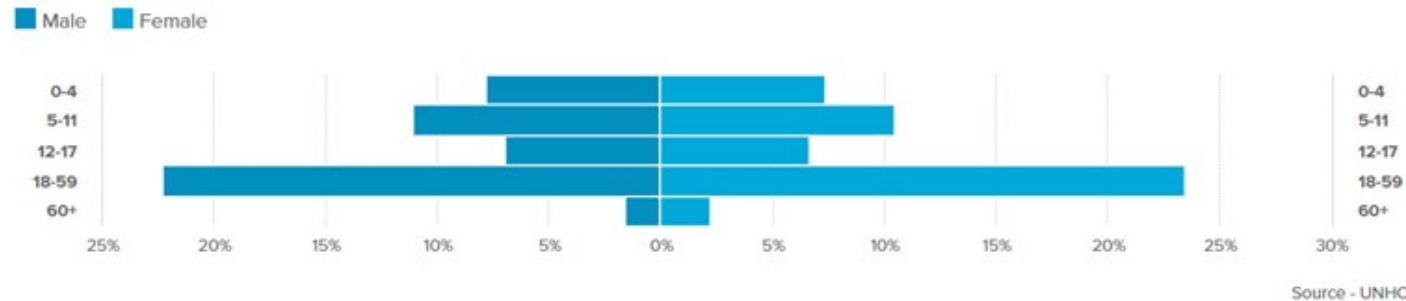


Figure 1: Syrian Refugees in Jordan – Population Profile, January 2019²

Needs Assessments to Avoid Duplication and Reduce Gaps

UMR has established strong outreach procedures targeting areas with high refugee populations that have low accessibility to health services. We conducted needs assessments, in coordination with community leaders and local Community-Based Organizations (CBOs) to identify participants, followed by home visits and individual assessments to place beneficiaries into the therapy sessions most suited to their needs. Needs assessments are comprehensive and include the number of family members, income, status of family members, condition of their current shelter (if available), and access to social networks (if available).

Participatory Solutions Tailored to Individual Needs

UMR used participatory solutions that encourage individual expression rather than pedagogy, such as psychodrama and storytelling, mindfulness sessions, meditation, and play therapy for younger children. Teenagers, young adults, and adult clients are introduced and coached in DBT (dialectical behavioral therapy) skills such as distress tolerance. In addition, the UMR PSS team has adopted “We Love Reading”- an informal education curriculum designed for children who have experienced education disruption due to conflict. A second track of this project was customized for refugee women-specific stressors related to motherhood or family abuse.

Strengthening Local Capacity Toward Long-Term Resilience

It is integral to our program success to achieve resilience and empower the local communities with the needed capacity to emerge from any similar future vulnerability beyond the lifetime of the education and livelihood training projects.

To achieve this objective, UMR staff engaged with Irbid University and Yarmouk University through volunteer opportunities for students in their psychology departments. Student volunteers were supervised by skilled providers and have reduced the counselor to patient ratio to give each beneficiary individualized attention. In the United States, UMR provided training for capacity-building of Muslim Non-Profit Organizations at Indiana University in order to multiply the number of well-trained community organizations in service of vulnerable populations toward increasing their resilience.

A young child is sitting on the ground, which is covered in cracked, dry earth. The child is wearing a light-colored, long-sleeved shirt and shorts. They are looking off to the right side of the frame. The lighting is warm and focused on the child, creating a somber and poignant atmosphere.

2

EMERGENCY RESPONSE

Sector at a Glance

18% of Portfolio

\$580,145

Beneficiaries: 2,948

In 2018, UMR responded to three natural disasters: Hurricane Florence, Hurricane Michael, and the California Wildfires and provided the following services and support:

Hygiene Kits Delivered	1783
Cash Cards Delivered	3
Volunteers	41
Bedding Sets Delivered	21

Description	Quantity	Cause
# of disadvantaged children and youth served through our program	15	CA Wildfires
# of survivors in shelters served	150	Florence, CA Wildfires
# of survivors served with distribution	1783	Florence, Michael, CA Wildfires
# of homes cleaned	6	Florence, Michael
# of people served through financial education	1000	Florence
# first responders served	50	CA Wildfires
# of pets served	56	CA Wildfires

Community Profile and Sector Challenges

Natural disasters differ in their timeline and magnitude of damages and losses. For example, earthquakes and hurricanes are rapid onset disasters that hit with a peak of damage then recede. Droughts and floods are slow-onset disasters that hit with little harm but get more complicated as time progresses. UMR works with respective authorities and community organizations to identify and prioritize needs of each type, mobilize resources, and plan the delivery.

Establishing a Disaster Response Framework

In 2018, UMR created a robust domestic disaster relief and recovery framework. UMR staff deployed on five separate occasions for three natural disasters: Hurricane Florence, Hurricane Michael, and the California Wildfires. During our responses, UMR leveraged 41 volunteers from our University Chapters, government organizations, and faith-based institutions who provided a myriad of services to survivors tailored to meet their needs after each of these unique disasters. Some of these services included individual assistance, such as housing muck outs, debris removal, and mold remediation during Hurricanes Florence and Michael, in addition to community outreach such as financial assistance education, situational awareness and staying safe in areas affected by floods and debris. Furthermore, immediate relief efforts such as cash cards, art therapy for children, and pet care were rendered after the CA Wildfires.

As of January 2019, UMR has become a proud member of the National VOAD (Volunteer Organizations Active in Disaster).



3

FOOD SECURITY



Sector at a Glance
26% of Portfolio
\$850,555
Beneficiaries: 166,937³

Community Profile and Sector Challenges

In many places, UMR's Qurbani recipients have not had meat all year due to its high cost or because they inhabit land unsuitable for raising livestock.

Ramadan Food Packages

UMR plans events throughout the Ramadan season in the spirit of 'feeding the fasting' through Iftars, clothing drives, and Zakat to underserved families. UMR provided food parcels to 4,655 households to last the entirety of the month of fasting and sacrifice to Rohingya refugees in Bangladesh, Somali refugees in Dadaab Refugee Camp and Northern Kenya, and Syrian and Palestinian refugees throughout Jordan, and internally displaced families in Yemen. In addition, UMR sponsored the Chitral Soup Kitchen in KPK, Pakistan which served 37,860 meals.

UMR's Ramadan food package contents include: oil, teas, fish, rice, lentils, and other staples. All items are purchased locally or purchased en masse from one of UMR's trusted suppliers. In 2018, UMR served the following number of households with food baskets designed to feed the family throughout the month of fasting:

Country	Beneficiary Households
United States	400
Bangladesh	600
Kenya	416
Somalia	333
Jordan	1076
Yemen	332

In addition to above mentioned food distribution, UMR provided Zakat Al-Fitr money to 1,000 families in Jordan.

Qurbani Food Packages

19,751 families in 14 countries received quality Qurbani meat during Eid Al-Adha, which took place on August 21-22 in 2018. Many recipients of UMR's Udhiya distribution are either impoverished, displaced, or otherwise face ongoing hardship. They include Palestinian and Syrian refugees in Jordan, Rohingya individuals denied basic necessities and freedom of movement in Bangladesh, and families suffering from severe malnutrition and cholera in Yemen.

In many places, UMR's Qurbani recipients have not had meat all year due to its high cost or because they inhabit land unsuitable for raising livestock. UMR contracts with authorized Halal abattoirs that are certified by the Ministries of Health and Agriculture in the countries of distribution. Sheep, goats and cows selected for Eid sacrifices are in accordance with Sharia standards and are free of sickness, lameness, and are of age for slaughter. Animals are sacrificed under strict health supervision and certified as free of disease by competent health authorities.

Countries	# of Shares	# of Families
Bangladesh	448	1792
Bosnia	13	52
Ethiopia	128	512
India	790	3160
Iraq	15	60
Jordan	230	920
Lebanon	23	92
USA	24	96
Kenya	1262	5048
Pakistan	64	256
Palestine	1025	4100
Somalia	393	1572
Sudan	104	416
Yemen	210	840
Where most needed	210	840

Dignified Culturally Sensitive Approach Toward Poverty Reduction

Although UMR provides food assistance through a variety of its programs throughout the year, we give special attention to cultural occasions like Ramadan and Eid Qurbani celebrations to deliver dignified and culturally-sensitive nourishment options. Our Qurbani and Ramadan food programs not only aim to alleviate poverty and malnourishment with access to nutritious food, but also work to overcome barriers to access which are specific to refugees, the internally displaced, and marginalized communities.

This cultural sensitivity has been often recommended for policymakers because they offer a greater capacity to deliver on anti-poverty objectives by recognizing the participants' rights and promoting their human dignity, equitable participation, social inclusion, political voice, and individual or collective agency.⁴

4

HEALTH



Sector at a Glance

17% of Portfolio

\$554,163

Beneficiaries: 879,973

UMR's Health Program has served three main projects: emergency medical shipments for vulnerable, displaced, and refugee populations; surgical treatments of preventable diseases like cataract and low vision; as well as rapid needs assessments of cholera outbreak in Yemen with intervention to stop the spread of the epidemic.

Yemen Medical Shipments	Yemen
Palestine Medical Shipments	Palestine
Save Syria Project	Jordan
Bangladesh (Rohingya Refugees)	Bangladesh
Rapid Cholera Assessment + Treatment Center Services	Yemen
Eye Care Project and Cataract Surgeries	Bangladesh, Kenya, Jordan

Community Profile and Sector Challenges

Cholera Triggers: In Yemen, years of intense fighting, coupled with an already fragile infrastructure has resulted in a nationwide health catastrophe in Yemen. Presence of cholera is an indicator to lack of economic development and access to clean water and sanitation.

Refugees Outside Camps: In Jordan, while a small percentage of refugees live in UN-sponsored camps (see Figure 2), the majority reside in urban environments and lack access to healthcare facilities. Therefore, they forego preventative care in favor of purchasing food, securing housing, and other nonnegotiable needs. UMR and IMANA serve these individuals through low-cost health services that include maintenance of chronic medical conditions such as high blood pressure, heart disease, asthma, and diabetes. In 2018, our volunteers served 6,500 patients in the environs of Amman, Jordan.

Refugees from Syria by Date

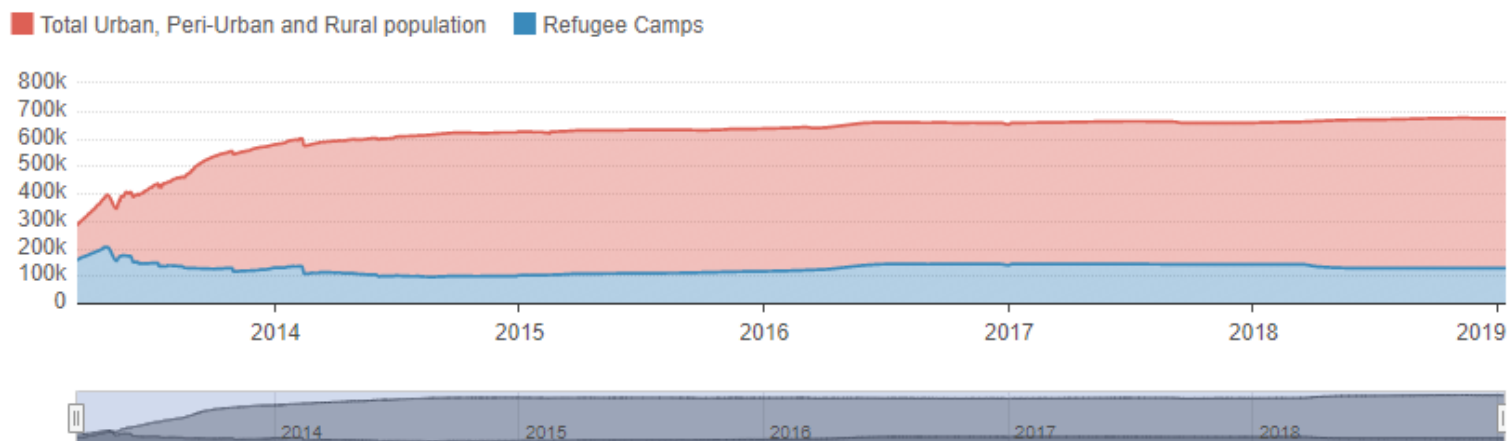
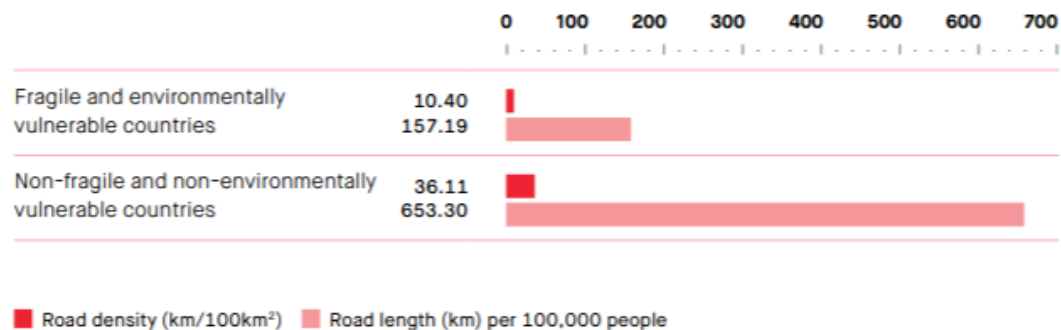


Figure 2: Refugees Inside and Outside Refugee Camps in Jordan ⁵

Inaccessible/Remote Communities: The Cox’s Bazar Refugee Camp sprawls across miles. While their medical clinics are stationed on the camp’s periphery, individuals residing in the interior have great difficulty traversing the unsanitary conditions of the camp’s environs to reach a healthcare professional.



Notes: Fragile and environmentally vulnerable countries are respectively defined using OECD’s *States of Fragility 2016* and the *INFORM Index for Risk Management 2018* data set. See Data notes for further details.

Sources: Based on OECD *States of Fragility 2016*; *INFORM Index (2018)*; *World Bank Population data (2018)*; *CIA World Factbook (2018)*

Figure 3: Road Density in Fragile and Vulnerable Countries – IFRC ⁶

Medical Supply Shipments

UMR provided/secured medical supplies, clothes and equipment for underserved communities living in the below-listed countries with a total estimated value of \$76,610,455.

Pharmaceutical Equipment and Prescription Medication Donations

Country	Donation Value
Palestine	\$43,415,305
Yemen	\$24,808,744
Somalia	\$6,202,186
Sudan	\$1,086,960
Jordan	\$553,780
Lebanon	\$543,480
Total	\$76,610,455

Preventative Healthcare as a Transition from Relief to Recovery

In 2018, the Save Syria medical mission implemented in partnership with IMANA, offered dental services, minor surgical procedures, and preventative care for Syrian, Yemeni, and Iraqi refugees as well as low-income Jordanians. Medical missions were implemented six times per year with a taskforce of certified, volunteer physicians who are Muslim and non-Muslim physicians and allied healthcare professionals. In 2018, our volunteers served 6,500 patients in the environs of Amman, Jordan.

Treatment of preventable blindness, like cataract and low vision, is one of the most effective ways to lift people out of poverty, especially for vulnerable communities like refugees living in makeshift environments. They regain their independence and confidence to approach economic opportunities and education.

Patients were selected based on their economic status, national status, and underwent rigorous medical screening to determine their need for the surgery. Saadah Mustafa, a 64 year old woman from Zarqa, Jordan extended her thanks to UMR and IMANA for cataract treatment. "I am grateful to UMR. I can see clearly now and I can read the Quran."

In Bangladesh, UMR partnered with Bdesh Foundation to implement an Eye Care Project in Shomvuganj, Mymensingh, Bangladesh providing primary eye care services to the poor and needy communities. Also, in addition to providing treatment for diseases like Glaucoma, the patients were provided with eye glasses free of cost. In total, three hundred (300) patients were examined and provided services; the ages of patients served ranged from 2 years to 90 years.

An estimated 700,000 Rohingya people have fled Myanmar to take up residence in Cox's Bazar, Bangladesh, adding to an already displaced population to make it the largest refugee camp in the world. Limited access to sanitation, overcrowding and poverty have led to tragedies such as children passing away from common ailments such as the flu and diarrhea. The Cox's Bazar Refugee Camp sprawls across miles. While their medical clinics are stationed on the camp's periphery, individuals residing in the interior have great difficulty traversing the unsanitary conditions of the camp's environs to reach a healthcare professional. UMR teamed up with IMANA to fund ambulatory clinics which transferred 904 patients to field hospitals and served 117,485 patients with preventable diseases.

UMR is committed to supporting the people of Gaza with sustainable relief service in the form of medication, winter supplies, and food. We coordinate with the World Health Organization, Israeli government authorities, and IMANA Medical Relief to deliver medication to treat bacterial infections, diabetes, anemia, and allergies.

In Kenya, **UMR** partnered with local medical professionals to serve Somali refugees in the province of Garissa through medical missions with a focus on cataract surgeries. Patients were seen at the Medina Hospital in Garissa.

In 2018, **UMR** and IMANA carried out 105 cataract surgeries for refugees in Jordan and 211 in Kenya.

Rapid Needs Assessment for Epidemic Disaster Reduction

Cholera disproportionately affects the world's most vulnerable communities, but can easily be prevented through education. In 2017, WHO reported that the number of cholera cases in Yemen surpassed 1 million. **UMR** joined a coordinated effort to establish a rapid assessment and identification of 5 cholera treatment centers (CTC's) and 34 oral rehydration centers (ORC's) in the Hodeidah and Raymah governorates of Yemen. In total, 442,292 Yemenis had immediate access to these centers and 7,620 patients with confirmed cholera received essential drugs and discharge kits to cure the person and prevent the spread of infection.

5

WINTERIZATION



Sector at a Glance
12% of Portfolio
\$397,135
Beneficiaries: 66,298

Community Profile and Sector Challenges

Funding shortfalls continue to threaten millions of refugees. It is estimated that 1.3 million refugees across the Middle East are in need of winter support. This includes basic provisions such as fuel, blankets, jackets, and non-perishable food. To adequately supply each person would cost \$96 million. UMR executes its annual winter campaign during the coldest months of the year, October-March, to reach men, women, and children in Jordan and Palestine.

UMR Winterization serviced two countries: Jordan and Palestine. We delivered 600 winter blankets, 115 gas heaters, 600 jackets, and food parcels of rice, sugar, lentils, beans, tahini, powdered milk, and tea to 11,475 people across the Jabalia, Nahzal, Beit Lahia, and Beit Hanoun governorates of Northern Gaza.

UMR Jordan Office distributed 3,305 thermal blankets, 2,670 gas heaters, and 16,200 children's jackets across the following governorates of Jordan in partnership with trusted local community based organizations:

Governorate	Area	Local CBO	Distribution type
Al-Balqa	South Valleys	Union of Charitable Associations	Heaters, Jackets, Blankets
Zarqa	Downtown, Huteen Camp	Saydat Al-Zarqa	Heaters, Jackets, Blankets
Mafraq	Downtown, refugee camps	UMR-Jordan Office	Heaters, Jackets, Blankets
Irbid	North Valleys	Al-Khair for Needy People	Heaters, Jackets, Blankets
Karak	Downtown	Al-Masa'eed Charity	Heaters, Jackets, Blankets
Tafilia	Downtown	Al-Ajaweed	Heaters, Jackets, Blankets
Aqaba	Wadi Area	Rahma Charity	Heaters, Jackets, Blankets
UMR's PSS Children	Amman	Hussain Camp, Hai Nazal	Heaters, Jackets, Blankets
Ajloun	Downtown	Saydat En Al-Bstan	Heaters, Jackets, Blankets
Jerash	Ghaza Camp	Islamic Center	Heaters, Jackets, Blankets
Ma'an	Downtown	Community Volunteers	Heaters, Jackets, Blankets



6

CHILD PROTECTION

Sector at a Glance

12% of Portfolio

\$403,936

Beneficiaries: 6,333

Community Profile and Sector Challenges

Ruwaished is a problematic refugee camp on the northeast Iraqi-Jordanian border, where there is a majority Syrian refugee population living there in bottleneck conditions because of the underdeveloped infrastructure and road conditions which have prevented many organizations from accessing the camp. UNHCR has had limited success in finding longer-term solutions for people stuck on the Iraq-Jordan border since 2005.⁷

To access refugee children in Ruwaished, **UMR** staff focuses on fluid familial networks to reach hard-to-access populations such as the town of Ruashed in Jordan near the Syrian border. Ruashed is in the Northeastern area of Jordan and hosts a majority Syrian population of a few thousand. In February 2018, **UMR** distributed food baskets to 600 families residing in and around the Ruashed area.

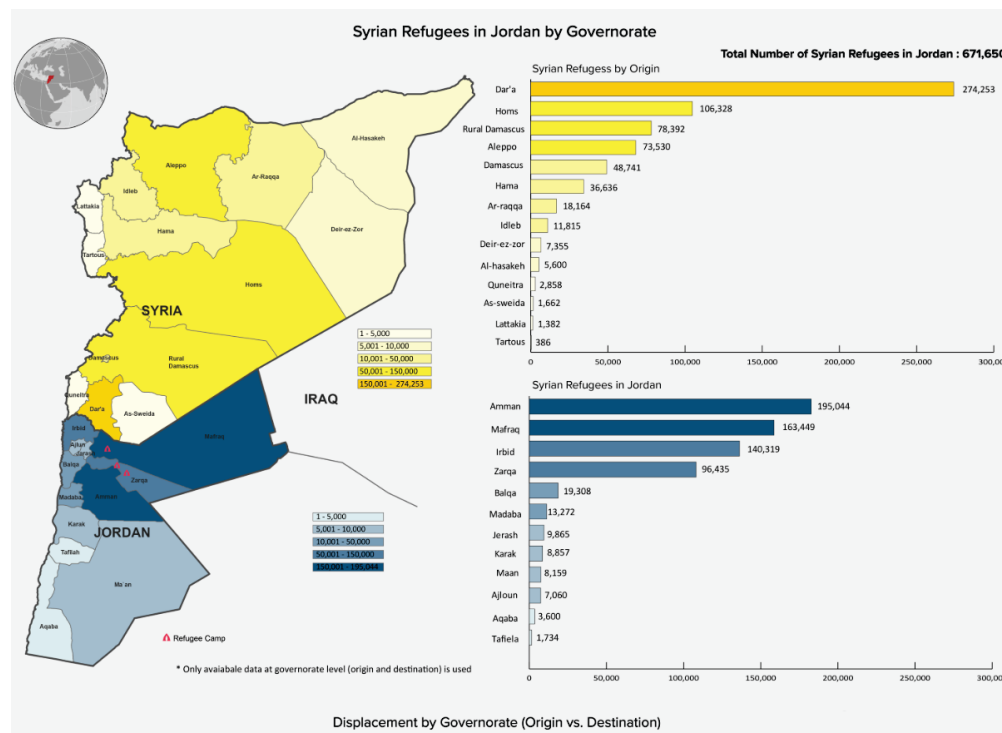


Figure 4: Ruwaished Camp – High Syrian refugee density, poor accessibility conditions⁸

As an evolution of its orphans sponsorship program, UMR is committed to supporting the whole child and the whole family. Through our innovative and cost-effective programs, UMR strives to protect children from violence, abuse, and neglect. Our services target children who have seen adversity and conflict and assist them in overcoming arduous circumstances. We link our child protection services closely to healthcare, education, economic development, justice, and humanitarian response for each child and their family.

We provide regular food distributions to families throughout the year, with a focus on 'feeding the fasting' during Ramadan and Qurbani feasts to vulnerable people in Jordan, Yemen, Kenya, Somalia, Gaza, and Syrian refugees across the Middle East. We also distribute blankets, heaters, and jackets to thousands of vulnerable families during our annual winter campaign. To ensure the success of each child who is able to attend formal education, UMR provides each child in its child protection program with school supplies at the beginning of each academic year.

In 2018, UMR supported 234 children in Jordan with school supplies, health care, and provided small cash stipends to 180 of these children. In addition, 76 young people were gifted hearing aids to facilitate their economic, educational, and social development. UMR provided healthcare, food, and clothing to individual children in the following places:

Country	Individual Children
Jordan, Syrian Refugees, Yemen	238
Kenya, Somalia	441
Yemen	60
Pakistan	30
Bangladesh	35

7

WATER SANITATION AND HYGIENE (WASH)



Sector at a Glance

2% of Portfolio

\$59,308

Beneficiaries: 398,305

Community Profile and Sector Challenges

In Bangladesh: Three quarters of the population live in rural areas, where running water and sanitary latrines are often considered luxury items.⁹ Bangladesh has considerable hidden urbanization¹⁰ that is not captured on official definitions and statistics. An undercounted rural-but-urbanizing dense population as such poses significant risk of epidemic outbreaks with poor WASH coverage and community awareness.

Cambodia: Some 3.9 million of those without access to safe drinking water in Cambodia are poor and live in rural areas.¹¹

Pakistan: Absolute inequalities are greatest in countries with the largest spread between the richest and the poorest, such as Pakistan. Despite improved water sources, reports indicate that 88% of the water supply is unsafe.¹²

Accelerating Universal Access to Improved Drinking Water Sources and Hygienic Sanitation for Rural Areas

UMR's Dig Well project is our flagship WASH project under which we constructed 225 water wells, hand pumps, and deep tubes, serving 398,305 beneficiaries in Cambodia, Bangladesh and Pakistan. Starting in 2015, the objective of this three-year project was to enable and accelerate universal access to improved drinking water sources and hygienic sanitation in the rural areas of our priority countries, identified by the largest inequality between rural and urban Water, Sanitation, and Hygiene (WASH) coverage.

UMR's WASH program efforts are guided by the recommendations of the WHO/UNICEF Joint

Monitoring Programme for Water Supply, Sanitation and Hygiene (UNICEF/WHO JMP) to eliminate inequalities in WASH coverage and “leave no one behind”. For example, the JMP highlights that [although] the proportion of the global population practicing open defecation decreased from 20 per cent to 12 per cent between 2000 and 2015, much remains to be done, especially in rural areas, where open defecation has been declining at a rate of just 0.7 percentage points per year. The JMP recommended that this rate would need to more than double in order to eliminate open defecation in rural areas by 2030.

Closing the Gender Gap: A Commitment to Universal Access

In addition to UMR’s efforts to close the rural-urban gap, UMR’s Dig Well project paid special attention to alleviate the double burden of access to clean water upon women and girls. Previous JMP analysis has shown that water collection from unimproved sources and surface water is more likely to take over 30 minutes, representing a double burden for women. This is most felt as women and girls are responsible for water collection in 8 out of 10 households with water off premises, so reducing the population with limited drinking water services will have a strong gender impact.¹³

8

STRENGTHENING INTERNAL OPERATIONS AND UNIVERSITY CHAPTERS



Growing Work Portfolio and Office Support

In 2018, UMR expanded into two new regional offices in Jordan and Kenya to support our quickly growing portfolio. The Jordan Regional Office is the hub that serves Lebanon, Syrian refugees in Jordan and Lebanon, Iraq, Yemen and Pakistan; whereas the Kenya Regional Office is the hub that serves Somalia, Ethiopia, South Sudan, Sudan, and Kenya.

University Chapters

UMR cherishes its University Chapters not only as part of the organization's founders and historical legacy, but also as a strong volunteer and advocacy base. In 2018, UMR leveraged all 15 University Chapters for donation drives, awareness campaigns for domestic violence, refugees, and humanitarian crises. We rely heavily on the creative campaigns our Chapters develop to share our programs and drive UMR forward with creative initiative and a youthful verve.

UMR University Chapters receive a myriad of benefits including professional development workshops and trainings provided at the Annual Chapters Retreat which cover youth leadership, project management, youth capacity building and much more. We give Chapters a chance to make a tangible impact on their communities. Some highlights include:

- Chapters raised thousands of dollars for child protection, food security, disaster response, and health programs.

- Students hosted over 50 events that were centered on fundraising, advocacy/awareness and service. Events range from providing services to underserved local communities, raising awareness about critical UMR programs and humanitarian issues UMR works to alleviate, and raising funds to support our domestic and international programs.

Youth volunteering is a key to creating lifelong change in the lives of young people. As students become involved in philanthropic issues that affect their world, they grow into adults who are active in social justice issues. Students are engaged in experiential education through their involvement with **UMR**. The Georgia State University-Atlanta Chapter joined **UMR** staff after Hurricane Michael for cleanup and minor repairs of homes damaged by the catastrophic hurricane. In addition to an entrance to a lifelong involvement in philanthropy, Chapters members enhance their interpersonal and leadership skills while making friends and having fun.

REFERENCES

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