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### **What: A brief introduction to the problem in Syria**

As the conflict in Syria steps into its eighth consecutive year, what was already regarded as the world's largest humanitarian crisis only grows worse. During more than seven years of conflict, dating all the way back to 2011, the Syrian Government and its Russian allies have initiated a strategy of war on civilians and civilian infrastructure that has included targeted attacks on health care facilities and professional health care personnel. Blocked access to water, food, and health services through constant armed violence. Syria's once sophisticated health system has been completely destroyed and left with no avail. The rise of the conflict began with peaceful protests for human rights and democracy in 2011. Since then, the conflicts have been spiraling into a brutal and violent storm which, over time, consumed many parties into its clutches, the Syrian Government and their allies, armed anti-government groups, the Islamic State of Iraq, and Russia.

### **A deeper breakdown regarding the conflict and the obstruction of Humanitarian Aid**

At least 188 hospitals, health facilities, and clinics were damaged or destroyed in countries other than Syria in 2017. The latest annual report released by the organization known as Safeguarding Health in Conflict, states that at least 470,000 people have died during this conflict, more than half of Syria's 22 million people have been displaced, and 13.1 million are left in need of international humanitarian assistance. An estimation of 41 health care institutions were forced to close permanently due to the influx of attacks in 2017 alone. At least 2.98 million people reside in hard to reach areas or areas under active military besiegement, where any form of aid such as medical supplies, and food have actively been stripped away resulting in malnutrition, starvation, and easily preventable deaths. Extended attacks on unarmed aid convoys have significantly limited the delivery of essential humanitarian relief to thousands of Syrians. Whatever remaining medical personnel are facing an ever-decreasing supply of medicine and equipment. The lack of any aid in these communities has led to increased reports of measles outbreaks, typhoid fever, tuberculosis, and salmonella. These outbreaks are magnified by the continued use of contaminated water.

Airstrikes and shelling of hospitals in Syria, perpetrated by the Syrian Air Force and its Russian allies. Coalition member Physicians for Human Rights (PHR) verified 38 aerial attacks on medical facilities, 34 of which were perpetrated by Syrian government forces or their Russian

allies, killing 20 people. The Syrian American Medical Society (SAMS) reports that 41 medical personnel, four administrative staff, and 19 civilians—including seven children—were killed in attacks on hospitals. In one case, suspected Syrian government forces dropped a barrel bomb containing chlorine gas on a surgical hospital in northern rural Hama. In a single week at the end of September, there were five aerial attacks on four of the main hospitals in Idlib province.

**Where the real problem lies: Increasing rates of civilian death by easily preventable and curable diseases**

Regarding the current issue in Syria, there are two possible directions that interventions can move. Firstly, interventions can be implemented and discussed at a macro scale. This would require us to look into efforts put in place by the UN and its associated agencies in order to solve and reduce conflict. Interventions such as these require mostly government-based aid which is not the goal of this paper. Secondly, interventions can be implemented and discussed at a micro-scale that can easily be operationalized by churches and community-based organizations.

These interventions will look into the alarmingly increasing death rates caused by malnutrition, and starvation which is a result of lack of medical supplies. The lack of medical aid also leads to increased disease rates within besieged communities. Increased reports of measles outbreaks, typhoid fever, tuberculosis, and salmonella all easily preventable and curable by the solutions I will propose in the WHY section of my paper.

### **Why: A review of previously implemented interventions**

Although not a lot of interventions have been put into practice in Syria and its ongoing conflict, a lot can be derived by looking into interventions that have been put into place in other countries with a history of conflicts and by looking into interventions that have been suggested to be put into place by external sources. A great source for previously implemented interventions will be to look into the ‘Red Army Factions’ acts of terrorism in the 1970s and 1980s, regarded as the most dangerous terrorist group in Europe. Since the RAF operated and set base in West Germany, the responsibility to intervene was put upon Germany. The German government implemented interventions on macro and micro levels. In terms of macro steps that impacted the entire nation, the government began by making it illegal to establish a terrorist organization and required government employees to take a loyalty oath. On a micro level, police authority was increased allowing the police to search entire apartment buildings for suspected terrorists. The police could also establish checkpoints on roadways to stop traffic and inspect the identification of travelers. The Germans expanded their intelligence-gathering agencies. And also organized a ‘crack anti-terrorist reaction unit’. This unit could reportedly assemble in 15 minutes and deploy anywhere in the country within an hour with high-speed helicopters, special land vehicles, and high-tech weapons. With these interventions in place and in a span of 4 years, most Red Army Faction members were either dead or in prison. The success of this German anti-terrorist effort was due mainly to good intelligence and police work that did not seriously threaten the civil liberties of the people.

### **Biblical Relevance**

As Christians, the Bible is clear throughout its pages that we’re called to give generously. Even in the book of Exodus chapter 35, we see the Israelites all generously giving the materials and time to build the tabernacle. If any of those people decided to withhold the materials they owned or the skills they had, the tabernacle wouldn’t have come together. Move forward some in the Bible, and in Malachi 3:10-12, giving is the one thing God tells us to test him in. In the New Testament God himself gave us his only son because he loves us so much, and that Son died on a cross for us. It sets a model that generosity in God’s people should be sacrificial.

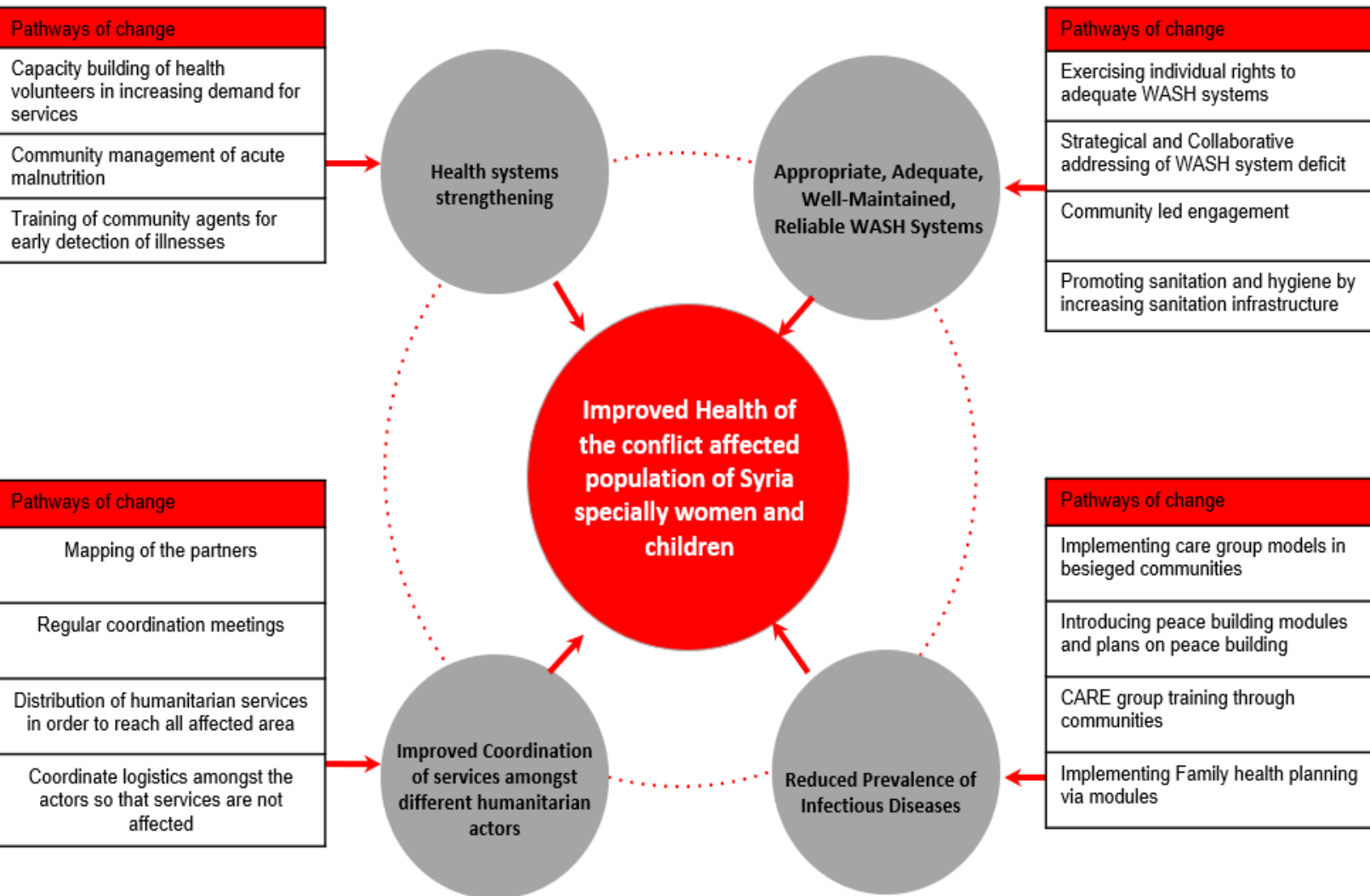
The Syrian civilians are an oppressed people group and parallels can be made between them and the oppression of Israelites in Egypt. When the Israelites slaves began to grow large the

Egyptians worked them even harder “But the more they were oppressed, the more they multiplied and the more they spread abroad. And the Egyptians were in dread of the people of Israel” (Ex 1:12). They were under the severest of bondage and this is a great definition of being oppressed but God would eventually deliver them out of this oppression in what is called the Exodus.

Another relevant biblical concept that comes into play is the ‘Nazareth Manifesto.’ This concept is derived from a compelling passage of scripture, Luke 4:18-19 that promises good news to the poor, release to the captives, recovery of sight to the blind, freedom for the oppressed. Jesus brings freedom to the oppressed. This passage suited his purposes perfectly, to the extent that he says ‘Today this Scripture has been fulfilled in your hearing’. The promise of good times no longer lay in the future; it was being fulfilled in the present – ‘today’ – and in his person. He is the Lord’s Servant of whom the book of Isaiah speaks. He is the one anointed by the Spirit, the longed-for Messiah. He promises good things to all people including the ones oppressed in Syria.

When looking at the conflict in Syria it’s not hard to see that injustice is everywhere, and justice is needed in order to bring back peace. Justice is important to God. It’s so important that what’s right, what’s wrong, and how to live justly are consistent themes throughout the Bible. As Christians, it’s important for us to uphold justice in order to be good stewards of what God has given us. In Deuteronomy 16:20, “Follow justice and justice alone, so that you may live and possess the land the Lord your God is giving you.” God reinforces the idea that justice is important in order to live a life that is aimed at glorifying God. To act justly, love mercy, and walk humbly with God is no easy task, but it’s one with major significance. As we apply God’s heart of justice, we’ll see ourselves and Syria changed as the kingdom of heaven comes to earth.

## Theory of Change



## **How: Proposal of Interventions**

### **Theory of Change Narrative**

The major issue that this project is addressing is the overall health of the conflict-affected population, especially the most vulnerable - women and children, although everybody is at risk. Due to war, the health infrastructure has collapsed, hospitals have been bombed. Children are dying due to starvation and malnutrition and preventable diseases. There is also an outbreak of measles and diarrheal diseases. This project aims to address these issues through a community-based approach. The goal of the project is to improve the overall health of the affected population which will be measured through morbidity and mortality rates amongst children and women.

I have used an unconventional approach to conceptualize this project. Using the USAID's Collaborating Learning and Adaptation framework, organizations like Food for the Hungry, World Vision etc. have gained an insight from their complex relief and development programs worldwide that addressing systemic, structural and human behavioral barriers is key to address complex social and development challenges. In a war-torn context like Syria, sustainable solutions to improve health, improve food and nutritional security and increase resilience lies not simply in addressing the technical causes but building bonding, bridging and linking social capital. This is the very intent of this project as reflected in the four purposes of this project. Rather than simply using typical Theory of Change methodology which is based on problem identification and solutions, I have adapted the Vision of Success methodology that Food for the Hungry uses in my approach to define the overall framework of this project. The hypothesis of this project is that if the health systems are strengthened, there is a better coordination amongst the humanitarian actors, both preventive and curative care for infectious diseases are provided and there is appropriate and adequate and well-maintaining WASH systems in place, the conflict-affected people in Syria, especially the most vulnerable which are women and children will enjoy good health.

**Goal:** Improved health of the conflict affected population of Syria, especially women and children.

**Purpose 1: Health Systems Strengthening**

The project will contribute to increasing the capacity of local community health workers and increasing demand for existing health services through the following activities: a modified Community Management of Acute Malnutrition (CMAM) program to increase identification, referral, treatment and follow-up of acutely malnourished Women of Reproductive Age and Children Under 2 years of age; providing refresher training for community agents to improve active case findings of acute malnutrition; providing refresher training on early detection of illness; and increase demand for health facility use through the promotion of health facility deliveries, ANC and postnatal care (PNC), early health seeking behavior, and nutrition weeks.

**Purpose 2: Appropriate, Adequate, Well-Maintained, Reliable WASH Systems**

Alongside adequate nutrition, an individual's ability to exercise his/her right to WASH services are an essential element in ensuring human dignity. To strategically and collaboratively address the WASH deficits in the rural area's community volunteers will concentrate on major barriers in HH adaptation of hygiene practices, and community led engagement in access to water and sanitation services. Incorporating government policies on water and sanitation service delivery and exploring public-private partnerships (PPP), the proposed WASH intervention will provide community-wide benefits through capacity building and engagement of local and regional government structures. The project will promote sanitation and hygiene actions through the development of community water and sanitation infrastructure (protected wells, protected springs, latrines), while promoting changes in water and sanitation behaviors through the SBC messaging.



### **Purpose 3: Reduced Prevalence of Infectious Disease**

The Care Group model – is a community-based strategy for achieving widespread and lasting HH and community-level change in behaviors and social norms, spurring inter-generational communication and increasing usage of comprehensive health facility (HF) services. Care Groups model promotes the voice, role, and respect of women and has proven effective at creating and sustaining behavior change. Care group modules will cover topics related to appropriate nutrient intake, EHAs, Essential Nutrition Actions (ENAs), Early Childhood Development (ECD), preventative care and health-seeking behaviors, and reproductive health. An introductory module on peace-building will include lesson plans (LPs) on topics such as tolerance, conflict resolution, social inclusion, communication, and empathetic listening in order to set the foundation for all other messages promoted through PGs, as promoting a culture of peace is a cross-cutting theme.

Care group trainings will include a module on “Healthy Families,” which will cover culturally-appropriate, context-specific means of promoting optimal maternal and perinatal outcomes through properly spaced and timed pregnancies. The module will also focus on care-seeking behaviors for reproductive health including pre-conception, antenatal, intrapartum, and postpartum care. Integrated throughout the Healthy Family modules will be key gender messages that highlight girls’ rights, SGBV, and the harm of child and intergenerational marriage. Finally, this activity will be linked to the UN Coordination Centers to improve access to emergency transportation funds so that more mothers can give birth at health facilities and/or seek emergency health care services for other health needs within the family.

### **Purpose 4: Improved coordination amongst different humanitarian actors**

The project will not attempt to answer all need within the area of the targeted population; therefore, it is necessary to effectively coordinate with public, private, humanitarian and donor investments and complement the activities of the local government and other private actors. The activities will also contribute to existing strategies and leverage current investments in order to make the largest impact and substantially reduce vulnerability within the target area. For this project will conduct mapping of the different actors, regular meetings to monitor progress and avoid any duplications between the multiple active actors.

### The Logframe

Objectives	Indicators	Means of Verification	Risk and Assumption
<b>Goal:</b> Conflict affected population of Syria especially women and children enjoy good health	Morbidity Rate Mortality rate	Health Records	
<b>Purpose 1:</b> Strengthened Health Systems	Proportion of households that have access to health services	Health centers service statistics	Communities come together and participate in sustaining their health infrastructures
<b>Outputs:</b> <ul style="list-style-type: none"> <li>• Training of community health workers on early identification of illnesses</li> <li>• Repairing the health centers</li> <li>• Furbishing the health centers</li> </ul>	<ul style="list-style-type: none"> <li>• Number of health workers trained</li> <li>• Number of health centers repaired</li> <li>• Number of health centers refurbished</li> </ul>	Monthly progress reports	
<b>Purpose 2:</b> Appropriate,	Proportion of households that have	Household survey	No major damage to infrastructure due to

adequate, well maintained and reliable WASH systems in place	access to appropriate, adequate, well maintained and reliable WASH systems.		war
<b>Outputs:</b> <ul style="list-style-type: none"> <li>• Damaged WASH infrastructure identified and repaired</li> <li>• WASH infrastructure constructed</li> </ul>	<ul style="list-style-type: none"> <li>• Number of damaged WASH infrastructure identified and repaired</li> <li>• Number and type of new WASH infrastructure constructed</li> </ul>	Monthly progress report	
<b>Purpose 3:</b> Reduced prevalence of Infectious Diseases	Proportion of children 0-59 months who reported an episode of diarrhea in the last two weeks Proportion of measles cases reported Number of TB cases reported	Disease surveillance reports	Trained health staff and regular supply of medical supplies (drugs and vaccines)
<b>Outputs:</b> <ul style="list-style-type: none"> <li>- Formation of community care</li> </ul>	- Number of care groups formed	Monthly Progress reports	


<p>groups</p> <ul style="list-style-type: none"> <li>- Care group volunteers trained on diagnosis and management of illnesses</li> <li>- Training of caregivers on community management of illnesses</li> </ul>	<ul style="list-style-type: none"> <li>- Number of care group volunteers trained</li> <li>- Number of women reached out through training</li> </ul>		
<p><b>Purpose 4:</b></p> <p>Improved coordination of services amongst the humanitarian actors</p>	<p>Number of humanitarian organizations participating in the humanitarian forum</p> <p>Number of identified counties that have functional humanitarian forums</p>	<p>Project progress report</p>	<p>Conducive environment for humanitarian actors to work in harmony</p>
<p><b>Outputs:</b></p> <ul style="list-style-type: none"> <li>● Mapping of partners</li> <li>● Regular coordination meetings</li> <li>● Distribution of NGO</li> </ul>	<ul style="list-style-type: none"> <li>● Number of partners participating</li> <li>● Number of meetings with over 90% attendance</li> </ul>	<p>Monthly Progress Reports</p>	

<p>services in needy areas</p> <ul style="list-style-type: none"> <li>• Coordinated logistics amongst NGOs</li> </ul>	<p>rate</p> <ul style="list-style-type: none"> <li>• Number of identified areas that have NGO services</li> </ul>		
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In regards to the time frame of the proposed intervention, I believe the project may take upto 3-5 years.

## Annex: Example of Lesson Plan

### C. Breastfeeding until Satisfied (Picture 3.3) – 5 minutes

	<b>7. Share the Meaning of Each Picture</b>
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- Ask the caregivers to describe what they see in the pictures on page 27.
- Read the bold text on the back of the flipchart out loud.
- Share the meaning of each picture using flipchart pages 26 and 27.

**After translating the text from the flipchart, copy the translated text into the space below.**

**?** What do you think these pictures mean?

**Breastfeed from both breasts, offering one until the child pulls away. Offering the other breast if the child stirs.**

- Infants often fall asleep while breastfeeding.
- Let him feed until he pulls away (2).
- Taking the child away before he is satisfied leaves him hungry.
- If the child wakes, or stirs and shows new signs of hunger, offer the other breast (3).
- Some children are satisfied on one breast only.
- If this happens, offer the other breast first during your next feeding.
- Infants often feed for a shorter time of the second breast.

? On which breast should the mother begin the next feeding?

☒ The breast where the child fed last.

? Do you think these practices would help Mary? Why or why not?

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