Best practices and policies to strengthen the human security of displaced Syrian women and girls

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Abstract

The ongoing conflict in Syria is considered the worst humanitarian emergency of our time. More than 11.5% of the pre-war population has died, been injured, or acquired a disability, making the conflict a severe public health catastrophe. Over 6.5 million Syrians remain internally displaced with no security, protection, or access to essential aid, which negatively influences their health and wellbeing. The conflict continues to undermine the human security (including political, economic, community, personal, health, food and environmental securities) of the population and disproportionately affects women and girls. Female Syrians experience elevated rates of violence, child marriage, economic deprivation, poor health outcomes and social harms. The purpose of this paper is to identify the specific insecurities faced by displaced women and girls, and to review current programs, practices and policies that have been proven effective at strengthening their human security to identify viable approaches to enhance their lives and livelihoods.

Introduction to the public health problem

Nowadays, more than ever before, the world is experiencing an overwhelming level of forced displacement due to conflicts and insecurities across the globe. The World Health Organization (WHO) estimates that at the end of 2015, 11% of the world's population were migrants, including 21 million refugees, 3 million asylum seekers, and 763 million internal migrants (WHO, 2017). A large portion of these individuals are fleeing violence, with unforeseeable challenges that greatly impact their health and wellbeing. With limited access to health and social services, forced migrants are vulnerable to an array of adverse outcomes and require global cooperation and coordination to protect their health and human rights. Currently, of great concern to the international community are the forced migrants displaced by the Syrian crisis.

The civil war in Syria is arguably the worst humanitarian crisis of our time, with over 13.5 million individuals in urgent need of assistance (UNHCR, 2017). The conflict has claimed the lives of hundreds of thousands of people and forced 12.5 million Syrian citizens (60% of the pre-war population) to flee their homes under threat of persecution, conflict and violence (Al Ibraheem et al., 2017; The Lancet, 2013). Approximately 11.5% of the Syrian population have reportedly died or been injured (Alsaba & Kapilashrami, 2016). The continual rise in the number of deaths, injuries and disabilities since the beginning of the crisis demonstrates the severity of this public health catastrophe (Lama et al., 2016). While thousands have escaped the borders and fled to neighbouring countries (mostly Lebanon, Turkey, Jordan, and Iraq), it is estimated that more than 6.5 million Syrians remain internally displaced with no

security, protection, access to essential humanitarian aid resources, or proper sanitation facilities and basic health services (Bilukha et al., 2014; DeJong, 2017; Akbarzada & Mackey, 2017).

In the context of the ongoing conflict and violence, humanitarian workers struggle to find secure routes to reach civilians, depriving vulnerable populations from accessing medical supplies and basic resources (Akbarzada & Mackey, 2017). The ongoing conflict has drastic implications on the political, economic and social systems within and beyond the country (Alsaba & Kapilashrami, 2016). Due to a lack of effective governance and coordination structures, the country suffers from high risk of communicable disease outbreaks, such as measles, meningitis, hepatitis A, a reduction in immunization coverage, severe conflict-driven 'brain drain' of highly educated citizens (including physicians and other health professionals), among other challenges (Ismail et al., 2016; Akbarzada & Mackey, 2017). With no end to the crisis in sight, the war continues to undermine the human security of the population within Syria and beyond (Gleick, 2014).

Evidence suggests that the Syrian war disproportionately affects women and girls as societal gender structures are heavily reinforced during severe conflicts and worsen their social, economic and health outcomes (Krause et al., 2015; Alsaba & Kapilashrami, 2016). One in five female refugees or displaced women in complex humanitarian emergencies experience personal security threats through gender-based violence, including intimate partner violence, rape, unwanted pregnancy, HIV infection, maternal death and disability, early and forced marriage, human trafficking, sexual exploitation

and various forms of abuse (Zeid et al., 2015; Vu et al., 2014; Masterson et al., 2014). Several United Nations (UN) agencies, including; UNHCR, the International Organization for Migration (IOM), WHO and others, identify these violations as a leading public health issue and infringement on human rights (Parker, 2015).

Survivors of such gender-based violence and abuse face long-term physical, reproductive, and mental health consequences, which exacerbate problems related to health and wellbeing across the lifecourse. Furthermore, Syrian refugees fleeing conflict are housed in overcrowded living environments, with potential to spread infectious diseases, such as cholera and tuberculosis, and precipitate women reporting a lack of privacy, challenges with unemployment, feelings of helplessness, as well as increased community harassment and discrimination (UNHCR, 2017; Usta et al., 2016). For example, the Zaatari refugee camp in Jordan, established on July 28, 2012, has grown exponentially and became the largest settlement for registered Syrian refugees, housing over 80,000 Syrians who have fled their homes (UNHCR, 2017). These individuals face great insecurities traveling from Syria to Jordan, and also while settling into life at a refugee camp. Potential threats to health and human security for women and girls in the Zaatari camp include lack of privacy, inequitable distribution of resources, limited access to economic opportunities, challenges accessing appropriate health services, challenges with identity as a refugee, among others. As a result, the vulnerabilities experienced by displaced Syrian women and girls are complex, widespread, and require immediate action to mitigate the impact it has on their lives and livelihoods.

Statement of the problem

A clear understanding of the human security threats that displaced Syrian women and girls face is needed to design and implement effective and comprehensive programs that address the issues they experience. Therefore, the objectives of this paper are to: (1) review the human security threats (including economic, food, health, environmental, personal, community, and political security) that displaced Syrians face, with particular attention to the vulnerabilities of women and girls, and (2) examine current programs and practices that have been implemented in the Zaatari Syrian refugee camp that aim to strengthen the human security of displaced Syrian women and girls, in order to improve their lives and livelihoods. By examining policies and programs using the case study of the Zaatari refugee camp (the largest Syrian refugee camp and considered the 4th largest city in Jordan), evidence of programs and strategies effective at improving the lives and livelihoods of displaced women and girls within this context can be adapted to other refugee settlements. Finally, by focusing solely on the Zaatari refugee camp where majority of the Syrian refugee experiences are collected, programs and information will be context-specific, which meets the principles and criteria of the human security approach.

Critical review of the literature

The peer-reviewed and grey literature identifies an array of human security violations faced by displaced women and girls affected by the Syrian conflict. These insecurities are structural, interconnected, multidimensional, dynamic, widespread, and

have a severe impact on women and girls, as well as the communities that surround them. Displaced female Syrians experience threats to political, community, personal, economic, health, food and environmental securities, as depicted in Table 1. The remainder of this section will discuss each of the insecurities identified by this review within the Syrian context, and identify specific violations faced by displaced women and girls.

Table 1: Possible Types of Human Security Threats

Type of Security	Examples of Main Threats
Political Security	Political repression, human rights abuses
Community Security	Inter-ethnic, religious, gender-based threats/violations and other identity based tensions
Personal Security	Physical violence, crime, terrorism, domestic violence, child labor, early child marriages
Economic Security	Persistent poverty, unemployment
Health Security	Infectious diseases, unsafe food, malnutrition, lack of access to basic health care, sanitation, hygiene, access to potable water, mental health
Food Security	Hunger, famine
Environmental Security	Environmental degradation, resource depletion, natural disasters, pollution

Political Insecurities

The ongoing civil conflict broke out in 2011 when the Syrian population initiated peaceful protests against its' political leadership and the growing unrest was met with brutal government opposition (Mahomed et al., 2015). The underlying purpose of the war is regime change, but there are intertwined religious, sociopolitical, economic, health, and climate factors that complicate and exacerbate the conflict (Gleick, 2014). Since the onset of the civil war, there has been extensive destruction throughout the

country, large numbers of civilian casualties, and consistent reports of humanitarian

rights violations (Akbarzada & Mackey, 2017). The diverse actors involved in the conflict

include: the ruling Syrian regime, Islamic State of Iraq and Syria, and the Syrian

Opposition armed groups (Alsaba & Kapilashrami, 2016), each controlling varying

regions within the country. Due to a fragmented political system and a lack of national

governance, the conflict continues to severely compromise the health and human rights

of Syrians, as the government systematically persecutes its' own citizens (Akbarzada &

Mackey, 2017). For example, the regime's military forces and antigovernment armed

groups have attacked hospitals and health facilities using airstrikes and explosives and

the Assad government reportedly used vesicants and neurotoxins against civilians as a

tactic of war (Akbarzada & Mackey, 2017; Sharara & Kani, 2014; Kaiser, 2013).

Furthermore, the insecurities (namely political repression and human rights

abuses) experienced by women and girls are amplified during political conflicts. As the

crisis progresses, reports suggest that displaced Syrian women and girls have been

exposed to kidnapping, forced disappearances (i.e., of activists), enslavement and

torture (Alsaba & Kapilashrami, 2016). Displaced Syrian women and girls are recruited to

engage in military sexual slavery, forced sexual exploitation, forced detention and as

female soldiers (Alsaba & Kapilashrami, 2016). Additionally, violating women's rights is

used as a form of intimidation against opposing communities, active political activists,

and emasculating Muslim male fighters due to the Kurdish belief of being denied a place

in heaven if an individual is killed by a woman (Alsaba & Kapilashrami, 2016). Finally,

since the majority of fighters are male, there is an increase in female-headed

households with over 145,000 Syrian families led by women and the shifting gender norms and economic vulnerabilities make females more vulnerable to insecurities, such as the responsibility of securing essential resources and aid among families, which further increases the susceptibility of females to human trafficking and sexual abuse while seeking materials within communities (Jabbar & Zaza, 2016; Alsaba & Kapilashrami, 2016).

Community Insecurities

Women and girls are also vulnerable to community insecurities as a result of rising tensions from societal, inter-ethnic, religious, and other identity norms that are intertwined with political and other insecurities. A major vulnerability experienced by Syrian women and girls are the challenges associated with reporting gender-based violations due to stigma and resentment at the community level that restricts females from discussing the incident (Alsaba & Kapilashrami, 2016). Survivors of violence indicate that reporting the event would further harm them and perhaps their families since the community perceives men as having control over women's sexuality and reporting cases would be culturally shameful and a betrayal to their families (Alsaba & Kapilashrami, 2016; Yasmine & Moughalian, 2016). Communities also tend to blame women for experiences of sexual assault by accusing them of being uncovered, wearing too much make-up, or not being accompanied by a male (Usta et al., 2016). Similarly, women who seek health services for an abortion are often told by community health providers to request permission from their husband and extended family, further

indicating that community norms impact their level of security, specifically to their health and wellbeing (Yasmine & Moughalian, 2016).

Also, displaced women and girls residing in refugee camps often experience gender-based discrimination from local nongovernmental organizations (NGOs) and international agencies. When accessing aid and resources, individuals report that there are unequal distributions of relief resources and goods (Alsaba & Kapilashrami, 2016; Usta et al., 2016). This promotes competition within the Syrian community to ensure their family receives adequate aid and therefore weakens their social support network. Furthermore, males are perceived to receive a greater proportion of resources in comparison to females, further disadvantaging displaced women and girls. Given that displaced women and girls are fleeing their homes and enter unfamiliar and tense surroundings, this further reduces their security and sense of community belonging.

In addition to reports of discrimination from humanitarian aid providers, female Syrian refugees articulate various forms of social and identity tensions in host communities and countries. For example, refugee women and girls in some host countries often report feeling isolated and hesitant to integrate into the community due to feelings of discrimination, lack of opportunities, language barriers, economic hardship, social isolation and safety concerns within the community (Hassan et al., 2016; Sirin & Rogers-Sirin, 2015). Some women and girls are forced into child or polygamous marriages with host nationals as a survival strategy, such as has been reported in Turkey, to secure their legal status and protect them from fear of deportation, extortion or detainment (Kivilcim, 2016; Parkinson & Behrouzan, 2015). The consequences of

insecurities within the community deeply influence the personal wellbeing of individual women and girls.

Personal Insecurities

During humanitarian crises and subsequent displacement, family and social structures are disrupted or break down, and women experience threats to their personal security inside and outside of their homes (Usta et al., 2016). Inside the home, women report an increased frequency of physical and sexual domestic abuse as increased intimate partner violence by male perpetrators has been linked to the stresses faced by males within the context of conflict (Usta et al., 2016; Akbarzada & Mackey, 2017). Within refugee camps, such as Zaatari, women report that men enter shared kitchens to sexually harass females when they are alone, or men enter latrines or showers to assault women because there are no locks or roofs, restricting privacy and dignity (UNHCR, 2017). Furthermore, displaced women and girls are also susceptible to an array of sexual violence outside of the home, including rape, sexual harassment, child sexual abuse, coerced sex, and sex trafficking (Vu et al., 2014; Krause et al., 2015).

A recent report states that 70% of Syrian women and girls have experienced cases of intimate partner violence but that they would not disclose the information to the police, due to embarrassment or fear of further violence and stigma (Parker, 2015). These female survivors of violence are at risk of long-term health and social consequences, such as injury, psychological trauma, sexually transmitted infections and

poor mental health outcomes (Vu et al., 2014; Masterson et al., 2014; Hassan et al., 2016).

Displaced Syrian women and girls also face risks related to HIV, STIs, and unintended pregnancy as the result of unprotected sex. This has been linked to gender-based inequities conflict-affected women face, such as limited decision-making power within intimate relationships (Alsaba & Kapilashrami, 2016). Unsafe sexual practices due to lack of access to contraceptives, specifically in overcrowded refugee camps, further threaten the lives and livelihoods of women and girls as they experience unwanted pregnancies, and increased risks of sexually transmitted infections (Akbarzada & Mackey, 2017).

Forced female Syrian migrants are also economically driven to engage in sex work to access aid and resources. In order to make ends meet during the conflict, displaced women and girls may engage in sex work to secure food, clothing, shelter, finances or other essential resources for their families (Alsaba & Kapilashrami, 2016; Parker, 2015; Yasmine & Moughalian, 2016). This enhances health and social insecurities, such as risks of acquiring HIV and STIs. Additionally, displaced women and girls engaging in sex work have increased risks of being exposed to violence, stigma, discrimination, unsafe work and living environments, and poorer access to healthcare (Goldenberg et al., 2016).

Additionally, due to economic losses within Syrian families, the rate of child marriages is on the rise as parents sell their daughters to wealthier males to protect them from poverty and a dangerous life as a refugee (Yasmine & Moughalian, 2016;

DeJong, 2017; Akbarzada & Mackey, 2017; Bidinger et al., 2014). NGOs report that in some cases, child marriages or unwanted marriages take place in exchange for financial aid or resources to support the family (Kivilcim, 2016).

Furthermore, child labour is a growing concern among Syrian refugee families as it deprives children of their right to education (Bidinger et al., 2014). During the 2014-2015 academic year, 50-75% of Syrian children did not attend school, classifying Syria as one of the countries with the lowest school enrollment rates in the world (Sirin & Rogers-Sirin, 2015; Akbarzada & Mackey, 2017). Research indicates that young girls are more likely than boys to discontinue their education in the Syrian conflict, which creates mental distress and likely to impact future opportunities and achievements (Sirin & Rogers-Sirin, 2015). Depriving young women of education through early marriages or forced child labour restricts their opportunities to establish a future and exposes them to continued threats to their human security, including economic insecurities.

Economic Insecurities

Over the course of the conflict, 2.7 million Syrians have lost their jobs and ability to financially provide for approximately 13.8 million of their dependents (UNOCHA, 2017). Unemployment rates are significantly higher among women (68%) in comparison to men, heavily shifting their social dependence on their male counterparts and further enhancing their susceptibility to forms of violence (UNOCHA, 2017; Bidinger et al., 2014; Alsaba & Kapilarshrami, 2016). Displaced female Syrians who remain in the workforce are likely accepting insecure, precarious, and exploitative opportunities within the

labour market in order to make ends meet for themselves and their families (Kivilcim, 2016). Research conducted by Medecins du Monde articulates that 66% of displaced Syrians are frequently worried about a lack of income resulting from unemployment (Lama et al., 2016). Syrians are forced into poverty and women and girls in particular become vulnerable and more likely to engage in unsafe or insecure income generation activities, such as forced sexual exploitation.

Furthermore, women within the lowest income quintiles are reported to have reduced access to health services, minimal decision-making power within their household, more likely to discontinue any form of education and found to have worsened economic, health, food, and community securities (Alsaba & Kapilashrami, 2016; Al Ibraheem et al., 2017). For example, pregnant refugee mothers who deliver at a neighbouring government hospital are required to pay 25% of the total bill, while the United Nations High Commissioner for Refugees (UNHCR) covers the remainder, if they are officially registered in the refugee database. However, when mothers cannot afford to reimburse the health center, it is common for health workers to confiscate their refugee card, which deprives them of access to their food vouchers, or they withhold their newborn until payment is complete (Yasmine & Moughalian, 2016). These economic insecurities are interrelated and have spillover effects on other insecurities, such as health.

Health Insecurities

The direct and indirect consequences of the Syrian conflict greatly undermine the health security of displaced women and girls. Displaced women and girls have limited access to potable water and appropriate sanitation facilities, as they often must travel long distances to secure these resources, exposing them to personal and community insecurities. In addition, poor quality water and sanitation facilities worsened by the political environment further threaten the health security of displaced females by increasing risks of acquiring infectious diseases and also weakening their immune system in fighting illnesses such as diarrheal disease. Additionally, the increased risks of violence, such as sexual violence, faced by women and girls often lead to long-term negative implications on the physical, sexual, and psychological wellbeing of Syrian females (Vu et al., 2014).

A report by the World Health Organization suggests that two million Syrians, the majority being females affected by the conflict, are living with a mental health disorder, including post-traumatic stress disorder, anxiety, sleep disturbances, depression, hopelessness, fear, and suicidal thoughts (Akbarzada & Mackey, 2017; Mahomed et al., 2015; Lama et al., 2016). Of particular concern to populations of women and girls is their increased susceptibility to developing depression in comparison to their male counterparts (Sirin & Rogers-Sirin, 2015). Major causes of mental health problems amongst women are reported to be: conflict-related violence, gender-based violence, displacement, adaptation, death of relative or friend, kidnapping, unemployment and various forms of abuse (Hassan et al., 2016; Lama et al., 2016). The lack of access to

culturally appropriate or gender-sensitive mental health services and a decrease in qualified health personnel within the country caused by a brain drain are concerns for the growing burden of mental health disorders (Akbarzada & Mackey, 2017).

Displaced women and girls face tremendous challenges when accessing any form of health service, such as prenatal or antenatal care, due to the continued systematic attacks on health facilities, fleeing of over 70% of the health workforce, and lack of supplies, facilities and equipment to care for patients (Akbarzada & Mackey, 2017; Alsaba & Kapilashrami, 2016; Taleb et al., 2014). The World Health Organization reports that more than 40% of Syria's ambulances are destroyed, 57% of hospitals are severely damaged, 160 doctors have been murdered with hundreds more incarcerated, and over 80,000 health professionals have fled for safety (Sharara & Kani, 2014). Indirect results of the attacks have also led to a severe medication shortage with only 10% of the pharmaceutical demand being met (Sharara & Kani, 2014).

As a result, displaced Syrians, including pregnant females, are more likely to stay home rather than risk their lives to accessing care and in turn, the country is experiencing a rise in infectious and non-communicable diseases, maternal and child morbidities and mortality, elevated mental health issues and a drastic 46% decline in vaccination rates (Coutts et al., 2013; Akbarzada & Mackey, 2017; Sharara & Kani, 2014). For Syrians that do access healthcare services, there are reports of lack of privacy during physician encounters, travelling long distances, inflated costs or withholding newborns until payment is made, unavailability of female providers, lack of medication,

mistreatment, and power outages are as barriers to receiving quality care (Alghothani et al., 2017; Parkinson & Behrousan, 2015; Yasmine & Moughalian; Shara & Kani, 2014).

Women of reproductive age are particularly vulnerable to reproductive health insecurities as an estimated 360,000 internally displaced females are pregnant and not receiving appropriate prenatal, antenatal, or newborn care due to a collapse in health infrastructure and resources (Akbarzada & Mackey, 2017). Importantly, women report a lack of gender-sensitive services, with very limited availability of female healthcare providers and hesitance to trust male providers when consulting sexual and reproductive health services (DeJong, 2017; Huster et al., 2014; Masterson et al., 2014). Displaced females also face sexual health insecurities and challenges accessing contraceptives due to: costs, distance or transportation, unavailability, fear of discrimination, and personal procrastination (Masterson et al., 2014). Furthermore, the rate of Caesarean section among Syrian refugees has more than doubled since the onset of the civil war, to 45%, mostly due to pressure from health providers who do not want to wait during labor, and thus exposing mothers to an array of negative health side effects, such as: anesthesia complications, hemorrhage, cervical injury, infection, surgical injuries and increased risk during future pregnancies (Krause et al., 2015; Yasmine & Moughalian, 2016).

Additionally, as a result of poor governance and coordination systems due to the conflict, Syria is experiencing outbreaks and re-emerging infectious diseases, including Polio, measles, meningitis, hepatitis A, scabies, leishmaniasis, tuberculosis and poliomyelitis (Akbarzada & Mackey, 2017; Hossain et al., 2016; Coutts et al., 2013). The

spread of these diseases are attributable to constant migration, a disruption in

vaccination rates, overcrowded housing conditions, devastated infrastructures,

unsanitary environments, limited access to safe drinking water, poor nutrition, and

inadequately maintained latrines (Akbarzada & Mackey, 2017; The Lancet, 2013;

Roberts, 2014; Sharara & Kani, 2014).

In addition to a rise in infectious diseases, the Syrian population also faces an

amplification in the number of non-communicable diseases. Prior to the conflict,

cardiovascular disease, diabetes, cancers, and chronic lung diseases were the leading

causes of death (Rabkin et al., 2016). Currently, patients suffering from these conditions

experience a disruption in care and struggle to monitor their diseases, access health

facilities, receive care from a qualified health professional, or attain adequate

prescriptions and adhere to medications in order to mitigate consequences of their

respective illnesses (Akbarzada & Mackey, 2017; Taleb et al., 2014). That being said,

patients with prior chronic conditions have experienced a severe disruption in receiving

continued care, and those acquiring chronic diseases face great challenges in accessing

appropriate care services.

Food Insecurities

Forced female migrants from Syria are disproportionately affected by food

insecurities as the country faces widespread risks of famine and malnutrition due to

poor interrelated economic, weather and agricultural factors (Taleb et al., 2014). The

United Nation's World Food Programme reports that over 2.5 million Syrians are

hungry, and relief programs are inadequately providing shelter, nutrition and protection in refugee camps due to a lack of donor funding (Coutts et al., 2013). As a result, the nutritional status of the population continues to deteriorate due to internal migration that increases food insecurity, minimal financial resources, and limited access to nutritious foods (Gleick, 2014; Bilukha et al., 2014; Hossain et al., 2016). Women and girls in particular are threatened as they tend to receive smaller rations than their male counterparts.

Six million Syrians were estimated to be food insecure and heavily relying on food assistance, with numbers continuing to rise as the ongoing conflict restricts their access to diverse and healthy foods (Akbarzada & Mackey, 2017; Gleick, 2014). The prevalence of micronutrient deficiencies, specifically anemia, are on the rise among women and girls, which has become an indirect result of using starvation as a war tactic and depriving vulnerable populations of nutrition and health services (Hossain et al., 2016; Akbarzada & Mackey, 2017). For example, the Assad regime blocked supplies to the city of Madaya, leaving 40,000 residents with no access to food or drinkable water (Akbarzada & Mackey, 2017). Of particular concern in such a situation are the increased risks of water-borne illnesses among children, risks of malnutrition, and the spread of infectious diseases. These threats expose women and young girls to food insecurities, further impacting their overall human security.

<u>Environmental Insecurities</u>

Lastly, environmental insecurities play an important role in the human security of women and girls. In 2011, during the onset of the political conflict, Syria was in the midst of the worst drought in the country's history, severely affected 2 to 3 million citizens (Mahomed et al., 2015; Gleick, 2014). At this time, one third of the population, primarily women, relied on farming as a source of income but with reduced rainfall and increased evapotranspiration, farmers lost a significant portion of their income, which resulted in a loss of livelihood (Gleick, 2014; Tablet et al., 2014). Due to these environmental concerns, women and young girls lost economic opportunities from farming as well as limited access to crops and foods, which further impacted their overall human security.

Recommended Programs and Practices to Promote Women and Girls' Empowerment and Human Security

The UNHCR, under the guidance of the Government of Jordan, oversees the response and coordination of the Zaatari Syrian refugee camp, in collaboration with various United Nations agencies, international and national NGOs, community-based organizations, refugees, host communities and various donors. Zaatari is the largest Syrian refugee settlement with approximately 80,000 officially registered Syrian refugees (UNHCR, 2017).

The review identified nine programs that meet the inclusion criteria of being comprehensive, people-centered, context-specific, prevention-oriented, and promote

protection or empowerment of women and girls to enhance their human securities.

Each program addresses either one or more of the issues within aspects of personal,

economic, environmental, food, community, political, and health insecurities, and

mutually benefitting spillover effects on other elements of the human security

approach. Please refer to Table 2 for a list of the programs and practices identified, as

well as a brief summary of the purpose and sponsoring organizations.

Table 2: Summary of prevention-oriented programs for women and girls in the Zaatari Syrian refugee camp in Jordan

Program	Supported By	Purpose	Element of Human Security Approach
These Inspiring Girls Enjoy Reading (TIGER) Program[1]	UNHCR, UNCHR Innovation	Aimed at the 10,000 adolescent Syrian girls living in Zaatari camp in Jordan, the program provides educational resources and courses to promote literacy, numeracy and social skills. The overarching objectives are to promote connections among adolescent females; provide knowledge, skills and values; reduce the number of dropouts; and create a sense of belonging.	This program has rippling effects that enhance the community security and belonging of female adolescents, in addition to promoting future economic security and reducing risks of personal security threats.

[1] Rowe, R.R (2017). #EducateGirls in Zaatari; updates from the challenge winner.

Oasis safe spaces for women and girls (3 centres)[2,3]	UN Women, World Food Programme	The centre provides an array of programs to empower female refugees in Zaatari camp through cash-for-work, community engagement, life skill workshops, and protection services: • Cash-for-work projects, including: arts-based groups that transform recycled materials into practical supplies, such as; school uniforms, baby kits, etc. • Protection services to prevent child marriages and gender-based violence, including educational programs that engage with men and boys to prevent root causes of violence, and safe spaces for females to discuss lived experiences of violence. • Decision-making opportunities with the camp governance and management • Education and awareness on women's rights, responsibilities, and life skills (literacy, language and computer classes) • Child care services for mother's participation in program	The Oasis safe space has profound implications on enhancing human security. It promotes economic, personal, health, environmental, community, and political security among women and their children. These benefits are multi-faceted and collectively improve human security.

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[2] UN Women. (2015). UN Women and WFP Unveil Expansion of 'Oasis for Women and Girls' – Safe Space in Zaatari Refugee Camp. Retrieved from: http://arabstates.unwomen.org/en/news/stories/2015/11/oasis-for-women-and-girls

[3] Jabbar, S.A. & Zaza, H.I. (2015). Evaluating a vocational training programme for women refugees at the Zaatari camp in Jordan: women empowerment: a journey and not an output. International Journal of Adolescence and Youth, 21(3): 304-319.

Iris scan and electronic voucher programme[4]	WFP, UNHCR	Relying on UNHCR's biometric registration database of official refugees, the program replaces cash, vouchers and e-cards, and uses technology that scans the iris (connecting them to their account) to allow 76,000 Syrian refugees in Zaatari camp to purchase food from grocery stores, enhancing accountability.	This program targets the improvement of food security and indirectly enhances health security of families, including women and girls. It also allows individuals to access and afford resources and goods, further increasing economic security.
Child Friendly Spaces & Youth Friendly Spaces[5]	Save the Children	Program for Syrian children and youth to meet, play, and share their experiences of distress and violence, while also promoting their wellbeing. Access to quality child protection services that support children experiencing physical or psychosocial abuse, while promoting their cognitive, social and emotional development inside the camp. Leads to education programs: Early Childhood Development (0-6 years old) and Information Education (12-24 years old).	Children, including girls, who utilize this program, are likely to develop bonds, which enhance their community security, and also promote their health (specifically mental health and wellbeing) and personal security, by sharing experiences of distress. Furthermore, cognitive development is a precursor to achieving economic security later in life.

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[4] World Food Programme. (2016). WFP Introduces Iris Scan Technology To Provide Food Assistance To Syrian Refugees In Zaatari. Retrieved from: https://www.wfp.org/news/news-release/wfp-introduces-innovative-iris-scan-technology-provide-food-assistance-syrian-refu

[5] Save The Children. (2017). Humanitarian Response: Child Protection. Government of Jordan. Retrieved from: https://jordan.savethechildren.net/what-we-do/humanitarian-response

The Voice[6]	**ARDD-Legal Aid, UNHCR**	**Program provides social protection to Syrians residing in Zaatari (and beyond) to register marriages, childbirths, and ensure appropriate documentation. Also has a 24/7 hotline to support victims of violence, in addition to supportive community groups and one-on-one sessions who women and girls experiencing violence.**	**Through social protection, participants strengthen political security (legal registration), develop community security, and enhance personal security and health security (specifically mental health) through supportive networks.**
Minimum Initial Services Package[7]	United Nations Population Fund (UNFPA)	The intervention is a standard of care in humanitarian emergencies, implemented in Zaatari, with the goal of improving sexual and reproduce health services for women of reproduction age. The package aims to prevent and manage the consequences of sexual violence experienced by women and girls, prevent HIV transmission, as well as reduce excess maternal and newborn morbidity and mortality.	This program is designed to promote health security, specifically preventing and managing threats to reproductive health.

[6] Arab Renaissance for Democracy & Development. (2014). ARDD-Legal Aid in Zaatari: Protecting Human Rights Through National Law. Retrieved from: https://ardd-jo.org/node/389

[7] Krause, S., William, H., Onyango, M.A., Sami, S., Doeden, W., Giga, N., Stone, E., Tomczyk, B. (2015). Reproductive health services for Syrian refugees in Zaatri Camp and Irbid City, Hashemite Kingdom of Jordan: an evaluation of the Minimum Initial Services Package. Conflict and Health, 9(1): S4

Youth-Peer program[8]	UNFPA and Jordan's Institute for Family Health	Group of advocates educating young men and women, and their mothers and fathers, about the benefits of continuing with education and delaying married life. Provides information about sexual and reproductive health and rights and empower them to spread information within their peer groups.	This program addresses root causes of personal insecurities (child marriages) and promotes health security and community security through education and supportive advocacy groups.
Spirit of Soccer[9]	UEFA Foundation for Children	Tailored to the Zaatari context and aims to foster a sense of community among young boys and girls. Approximately 200 girls have participated in the soccer tournaments which provide water, snacks, orange juice, meals and schoolbags, in addition to providing training and education by female trainers to address social issues (i.e. conflict resolution, early marriages, contraceptives, importance of school, health, hygiene, etc.).	Young girls participating in this program receive nutritious foods (increasing food security), engage in physical activities (promote health and wellbeing), strengthen community networks (community security), and are educated issues affecting their personal and health security.

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[8] Farouky, J. (2016). Photo Essay: Zaatari Youths Tackle Child Marriage. Retrieved from: https://www.newsdeeply.com/womenandgirls/articles/2016/07/11/photo-essay-zaatari-youths-tackle-child-marriage

[9] UEFA Foundation. (2015). Football in the Zaatari Refugee Camp. Retrieved from: https://uefafoundation.org/action/football-in-the-zaatari-refugee-camp/

Another Kind of Girl Collective[10]	Taekwondo Academy	Arts based media project for girls affected by displacement to express their lived experiences in the refugee camp through photography. The program in Zaatari lasted for 3 months and adopted a human approach to create a transformative environment for girls to develop creative, critical thinking, collaborative and leadership skills that nurture community belonging, engagement and empowerment.	This program empowers young girls and strengthens their community and personal securities through self-development and establishing and/or strengthening supportive peer groups.

Discussion

The threats to human security that displaced Syrian women and girls continue to face during the ongoing civil war are pronounced. Of notable and possibly greatest concern, is the increased incidence of violence that undermines the personal security of women and girls as it has profound implications on other aspects of their lives and livelihoods, specifically their community and health insecurities. Cases of sexual and physical violence, as well as early childhood marriages, represent serious gender-based inequities that have been linked to conflict and displacement and require further action, such as gender-sensitive preventive education programming, as well as enforcement against violators, to mitigate these consequences. However, amongst the challenges in addressing the root causes of violence are serious barriers related to cultural stigma, fear of disclosing information, and limited resources available to support survivors of violence. The domestic and international community must work collaboratively to

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[10] Another Kind of Girl Collective. (2015). Another Kind of Girl by Khaldiya Jibawi.
     Retrieved from: http://anotherkindofgirl.com/about

improve the availability of preventative and treatment facilities and resources for displaced women and girls.

Within the Zaatari refugee camp, the UN Women and World Food Programme have implemented the Oasis Safe Space center for women and girls (UN Women, 2015). This center is a ground-breaking, comprehensive, and effective program that should serve as a gold standard in the Syrian context for addressing human insecurities, with a specific focus on personal, community, health and economic insecurities. The program is people-centered as it focuses on the wellbeing of women and girls, is comprehensive because it addresses an array of insecurities through diverse programming opportunities within the center, is specific to the Syrian community, is prevention-oriented, and promotes female empowerment within the Zaatari refugee camp (UN Women, 2015). The results of an evaluation demonstrates that 100% of participants report that the program is successful in enhancing women's confidence and self-esteem; 58% improved their occupational business, entrepreneurship skills, and 96% used their acquired skills to generate an income to support their family; and overall the program was effective at providing them with valuable skills to integrate into the community (Jabbar & Zaza, 2016).

Importantly, several sub-programs inclusively enhance the human security of women and girls. Through the cash-for-work projects, women and girls are economically empowered to provide for their families, achieve a sense of belonging within the community, and promote environmental security through recycling-based arts (UN Women, 2015). The protection services that effectively support women and girls who

have experienced gender-based violence, raise awareness on dangers associated with childhood marriages, and engage with men and boys to comprehensively address root causes of personal, community and health insecurities. Finding regarding the impact among female participants demonstrate encouraging results as 96% state that the programme helped them to generate an income within the camp, 73% understood the advantages of the program before joining, and 77% reported they regularly use the vocational skills they acquired during the program.

Also, the opportunities for women and girls to take part in decision-making within the refugee's camp management is politically empowering, ensures women are represented at the table, instils ownership of programs, and promotes a sense of belonging. In addition, education and awareness campaigns to strengthen women's rights, responsibilities, and providing opportunities to develop life skills through classes on literacy, languages and computers, foster an environment where women and girls are able to achieve their full potential and prepare them for employment opportunities outside of the camp setting (UN Women, 2015). Finally, by integrating a childcare program within the center, women are able to fully participate without having to neglect or prioritize parental duties. This program could arguably serve as a gold standard for empowering and protecting displaced Syrian women and girls and should be scaled-up and adapted to other Syrian refugee contexts.

Another program that adds great value to the Syrian refugee camp is the These Inspiring Girls Enjoy Reading (TIGER) program launched by UNHCR (Rowe, 2017). The benefits of this program are life-long as it provides access to educational resources and

opportunities among young girls to foster community relationships, support them in establishing an employable skillset, and it indirectly alleviates vulnerabilities that young girls face to exploitation and early marriages. This program recognizes the value of education, invests in the wellbeing of young girls, and arguably has positive rippling effects on the larger community. It promotes the academic and professional development of young girls as well as provides them with an opportunity to gain knowledge and develop valuable skills that could lead to employment, gaining an income, and enhancing their decision-making power later in life (Rowe, 2017).

To complement the successes of each of the current programs, it is recommended that the Zaatari camp follow international humanitarian standards and also invest in improving the infrastructure within the camp to maximize human security through a gender equity and empowerment lens. For example, securing doors and roofs on all showers will provide women and girls with privacy, dignity, and safety to reduce the risks of sexual assaults while completing daily tasks. Furthermore, innovative solutions such as implementing community cooking groups or installing appropriate lighting and monitoring or surveillance systems should be explored to mitigate the incidences of violence against women and girls while using communal kitchens at night. Of course, these interventions require financial resources from the international donor community, political will, human resources and community ownership to ensure effectiveness and sustainability.

Limitations

Various limitations exist within this literature review. Firstly, the ongoing and changing political climate within Syria is complex and makes it difficult to collect good quality data since the collection and surveillance systems within the country are not a current priority. Given the severity of the conflict and the need for immediate relief and responses, the evidence base is lacking and thus the urgency is on implementing programs rather than evaluating the effectiveness. Thus, this results in limited published literature and even fewer evaluations of programs or any policies. Secondly, the country is still heavily reliant on international aid and relief and therefore any efforts to initiate reconstruction or implementation of any sustainable programs to strengthen the health system or wider community are simply not a priority. Thirdly, the complexity of the Syrian crisis makes it difficult to implement context-specific solutions, as the problems vary within each region controlled by different groups in Syria and beyond. Therefore, the decision to focus the program case studies on the Zaatari refugee camp context means that solutions may not be transferrable to other contexts or representative of the entire Syrian community. Also, a limitation is that majority of the data on the Syrian crisis comes from registered refugees within UNHCR, only comprising about 10% of the total displaced population, and therefore serves as information and reporting biases. Also, a major challenge is the lack of political will within the Syrian context to resolve the conflict or protect its' citizens, which creates a great burden on the international donor community and neighbouring countries to support and care for an overwhelmingly large number of Syrian refugees. Recognizing that only 9% of the

request budget by the UN refugee agency in order to appropriate meet the demands of the Syrian community were raise, there is a significant lack of funding that must be overcome to support this vulnerable population (Zilio, 2017). As the civil war enters the sixth year of conflict, the country continues to suffer devastating consequences as there is limited political will and commitment to improve the lives of Syrian women and girls within the Syrian borders. Finally, there is a research gap on programs and practices that effectively promote the human security of displaced women and girls which is attributable to the difficulties in conducting research in a conflict-affected area, as well as the sensitivity of researching or discussing gender-based concerns in this environment, particularly in relation to sexual and reproductive health or violence.

Implications and recommendations for public health practice and policy

Important lessons emerge from this scoping review that emphasize the strengths of implementing public health practices and programs that are context-specific and comprehensive to the gender-based needs of a given community undergoing conflict, There is never a one size fits all approach and this is clearly outlined in the case of the Syrian conflict. Prevention programs that are effective in one region or within one community might not have the same implications in another context. Therefore, it is critical to always include the local population throughout the design and implementation of a practice or policy to instill community ownership, sustainability, and ensure that community priorities are respected. This can be achieved through consultation and community participation among women and girls to empower them as

leaders within their communities and ensure their needs are well represented.

Additionally, it is important to apply a systems-thinking lens when analyzing complex

and intertwined issues, such as humanitarian emergencies, to deepen the

understanding of root causes and strengthen the positive impact of any policies and

practices.

Lastly, as the complexities of conflict-affected Syria are widespread and continue

to undermine the human security of displaced women and girls, as well as growing

constraints on funding, it is essential to set priorities regarding key issues to be

addressed. To build on the information presented in this literature review, priorities

should be gender-based and focus on mitigating threats to violence and sexual abuse

through empowerment and protection. Programs should be designed with women and

girls at the center, and should address root causes to progress towards sustainable

development and behavioural change. Focusing on these two priorities would directly

improve personal, community, and health insecurities, with spill over effects on all other

elements of the human security approach, leading to the enhancement of women and

girls lives and livelihoods.

Critical reflection of role as public health practitioner

Public health practitioners have an important and unique role to play while

working with other relevant actors during humanitarian emergencies. Although the

population tends to associated emergencies or crises with a need for immediate medical

care, there is an essential need for public health professionals to comprehend

interrelated aspects within a given public health problem in order to prevent further

mortalities or morbidities. Through systems thinking and other public health concepts, public health practitioners are able to comprehend a problem, identify gaps, and work towards a solution to implement effective policies and practices that will benefit the entire population.

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