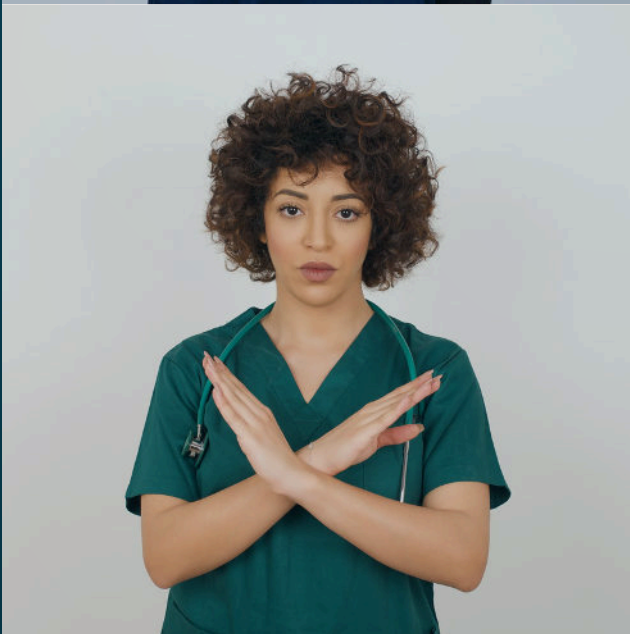


Women in Global Health Webinar Report

Safe Spaces in Crisis:

Protecting and Empowering Women Health Workers Against SEAH



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1. Overview

On November 26, 2024, Women in Global Health (WGH) together with WGH chapters from eight countries convened for a pivotal webinar exploring the intersection of global displacement, crises, and the escalating risks of Sexual Exploitation, Abuse, and Harassment (SEAH). The event offered a critical platform to assess the challenges faced by community health workers (CHWs) and vulnerable populations, particularly women and girls, in the context of displacement and crises.



2. Global Displacement Crisis: Scope and Impact

Global displacement has reached alarming levels, driven by both conflict and climate change. By mid-2024, an estimated 120 million people were forcibly displaced worldwide, a figure that surpassed the previous year by over a million. This crisis is primarily driven by ongoing conflicts in Sudan, Gaza, and Myanmar, with climate-related factors adding to the pressure. Extreme weather events such as floods, droughts, and wildfires are responsible for displacing an estimated 20 million people annually, and long-term challenges such as water scarcity, declining agricultural productivity, and rising sea levels are expected to exacerbate these trends. According to the World Bank, by 2050, climate-induced displacement could force up to 216 million people to migrate within their own countries, particularly in regions like Sub-Saharan Africa, East Asia, and South Asia.



3. Increased Risks of SEAH in Crisis and Displacement Contexts

In these highly unstable environments, the risks of Sexual Exploitation, Abuse, and Harassment (SEAH) are significantly amplified. Displacement camps, informal settlements, and migration routes are particularly high-risk areas, where oversight and protective mechanisms are often inadequate. Humanitarian crises weaken social and legal structures, creating an environment in which SEAH can occur unchecked.

Studies show that approximately one in five cisgender refugee and internally displaced women experiences SEAH, including threats, physical violence, forced sex, exploitation, and early or forced marriage. Furthermore, marginalized groups such as LGBTQIA+ individuals face even greater risks, including "corrective" rape and mutilation, especially in regions where LGBTQIA+ communities face criminalization. Underreporting remains a significant issue, exacerbated by stigma, fear of retaliation, and societal norms that discourage survivors from coming forward. As a result, actual rates of SEAH are likely far higher than reported.



4. Role of Community Health Workers (CHWs)

Community health workers (CHWs) play a vital role in preventing and responding to SEAH in these crisis settings. Known by various names in different regions, such as "Marwo Caafimaad" in Somalia, "Women Health Development Agents" in Ethiopia, and "Barangay Health Workers" in the Philippines, CHWs are the backbone of healthcare delivery in rural and conflict-affected areas. Their deep connections with local communities uniquely position them to educate populations about SEAH, assist survivors in accessing essential services, and create trusted channels for reporting abuse.

However, CHWs themselves face considerable risks and challenges. Despite their crucial role, they often operate in unsafe conditions, lacking adequate safety measures, training, and resources. Their working environments can be volatile, with limited access to medical supplies, transportation, and logistical support. These difficulties hinder their ability to protect vulnerable populations and provide effective responses to SEAH.



5. Factors Amplifying SEAH Risks

Several key factors exacerbate the risks of SEAH during crises:

- ❗ **Poverty and Gender Inequality:** Economic instability, gender inequality, and the breakdown of social safety nets during crises increase the vulnerability of women and girls to exploitation and abuse.
- ❗ **Power Imbalances:** Humanitarian settings often feature power imbalances within the aid community. Those in authority may exploit their positions, leading to exploitation and abuse. Despite over 90% of humanitarian workers being locally recruited (fostering trust and cultural sensitivity), entrenched gender norms and hierarchical social structures often complicate the dynamics, making it harder to implement effective SEAH prevention measures.
- ❗ **Breakdown of Community Protection Systems:** In conflict or disaster settings, traditional community structures that often provided protection against exploitation are disrupted, further exposing vulnerable populations to harm.

6. Need for Effective PRSEAH Strategies

Given these complexities, there is a pressing need for nuanced and robust Prevention of Sexual Exploitation, Abuse, and Harassment (PRSEAH) strategies. Such strategies must be sensitive to the unique challenges faced by displaced populations, especially women and marginalized groups. These efforts should prioritize:

- ❶ **Empowerment of CHWs** through training, safety measures, and capacity building, ensuring they are equipped to identify, prevent, and respond to SEAH in their communities.
- ❷ **Culturally Tailored Education and Awareness Campaigns** that address the local norms and dynamics contributing to SEAH and engage community leaders and stakeholders in promoting a culture of zero tolerance for abuse.
- ❸ **Improved Reporting Mechanisms** that ensure confidentiality, safety, and accessibility, encouraging more survivors to come forward without fear of retaliation or stigma. Systemic Reforms aimed at dismantling the power imbalances that fuel SEAH and ensuring that aid organizations are held accountable for their roles in preventing and addressing abuse.

7. Speaker Highlights

WEBINAR

Safe Spaces in Crisis: Protecting and Empowering Women Health Workers Against SEAH

Meet our speakers

 Nov 26 2024

 7:00 UTC

 Register today!

					
Dr. Choolwe Jacobs Head of Department of Epidemiology and Biostatistics University of Zambia	Dr. Jasmine-Kim Westendorf Associate Professor, La Trobe University	Dr. Tasnuba Nourin Program Analyst, UNFPA Bangladesh	Nafisat Salisu Isa, MPH Community Health Worker	Imane Lakhachi Director of Network Engagement, IYAFP	Dr. Naeem Majeed Team Lead, SPHERE Consulting, Pakistan

				
Dr. Gaya Gamhewage Director of Prevention and Response to Sexual Misconduct, WHO	Gabrielle Dubé International Development Officer, Global Affairs Canada	Dr. Sakia Haque Medical Officer, Ministry of Health and Family Welfare, Bangladesh	Dr. Adepeju Adeniran Physician, Founder of WGH Nigeria	Mara Frigo Technical Officer, Department for PRS, WHO



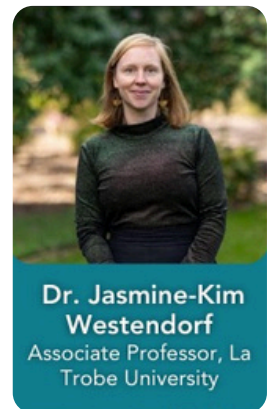
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Dr. Gaya Gamhewage, Director of Prevention and Response to Sexual Misconduct at WHO, reaffirmed the organization's commitment to preventing and addressing sexual exploitation, abuse, and harassment in the health sector. She called for systemic institutional changes, emphasizing that such behaviors are unacceptable among those entrusted with serving communities. Dr. Gaya commended Women in Global Health as a key WHO partner, highlighting their role in fostering challenging conversations and co-creating solutions through their global network. She stressed the importance of protecting both the communities served and the predominantly women health workforce, advocating for data-driven strategies to design and evaluate effective interventions.

Dr. Jasmine Westendorf highlighted the vital yet overlooked role of community health workers in addressing sexual exploitation, abuse, and harassment (SEAH).



Despite their trust within communities, health workers remain a "missing piece" in SEAH prevention strategies. She outlined four main forms of SEAH, including transactional sex, which is rooted in power imbalances and systemic inequalities. Jasmine shared survey findings showing high rates of SEAH witnessed and experienced by health workers, particularly women.

She stressed the need for better reporting mechanisms, victim-centered approaches, and systemic reforms to address SEAH, emphasizing the role of health workers in identifying and responding to these issues.



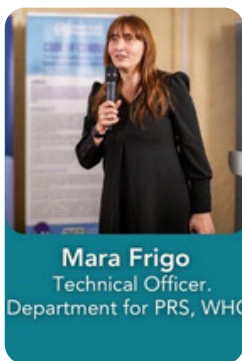
Nafisat Salisu Isa highlighted the essential role of community health workers in Nigeria in preventing and responding to sexual exploitation, abuse, and harassment (SEAH), particularly during crises like the COVID-19 pandemic. She emphasized their trust within communities, which enables them to educate vulnerable populations about SEAH prevention, available resources, and reporting mechanisms.

Nafisat discussed efforts to promote gender sensitivity, child protection, and mental health support, alongside identifying risk factors such as overcrowding. She stressed the importance of strengthening reporting systems, creating safe spaces for disclosure, and collaborating with local authorities to foster community unity and protect vulnerable individuals from SEAH.

Dr. Sakia Haque highlighted the cultural normalization and social stigma surrounding sexual exploitation, abuse, and harassment (SEAH), drawing from her work in Bangladesh’s refugee camps. She emphasized the need for education and awareness to challenge deeply ingrained societal attitudes that perpetuate SEAH.



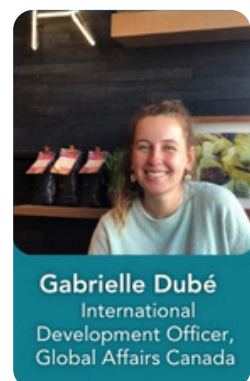
Dr. Sakia shared a personal story of a community health worker who mistook abuse for love, illustrating how cultural beliefs hinder reporting. She also addressed systemic challenges, such as inadequate reporting mechanisms, healthcare staff turnover, and logistical barriers. Dr. Sakia advocated for sustainable, localized interventions, continuous training, and comprehensive approaches to address SEAH effectively and create lasting change.



Mara Frigo provided an overview of WHO's efforts to combat sexual exploitation, abuse, and harassment (SEAH), emphasizing a multi-sectoral, society-wide approach. She highlighted the importance of context-specific solutions, citing WHO’s work in the DRC, where legal aid and community awareness efforts were combined to support survivors.

Frigo stressed the need for culturally sensitive communication strategies and effective reporting mechanisms tailored to local norms. She also discussed the role of data in shaping strategies and introduced a project to map available services globally. Frigo concluded by reinforcing WHO’s commitment to a victim-centered approach and the importance of continued innovation and collaboration.

Gabrielle Dubé outlined Canada’s commitment to addressing sexual exploitation, abuse, and harassment (SEAH) through a zero-tolerance policy, guided by the feminist international assistance policy. Canada’s approach focuses on three spheres: internal organizational culture, collaboration with civil society organizations (CSOs), and promoting transparency in reporting mechanisms.



The government has created a dedicated SEAH team within Global Affairs Canada and established clear SEAH prevention standards for partner organizations. The Digna project, launched in 2019, provides resources and training for trauma-informed support. Canada prioritizes survivor-centered approaches, transparency, and accountability to create meaningful, sustainable change in SEAH prevention and response.

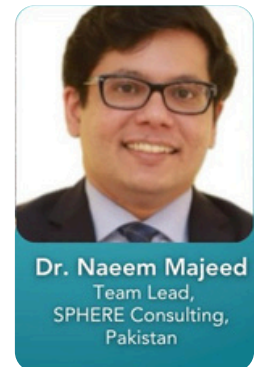


Dr. Tasnuba Nourin, representing UNFPA, shared insights from her work in Bangladesh’s Rohingya refugee camps, highlighting the urgent need to address sexual exploitation, abuse, and harassment (SEAH) in crisis settings.

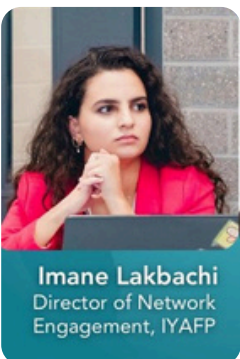
She stressed the lack of accessible, anonymous reporting systems for both beneficiaries and health workers, particularly female workers, and called for the development of user-friendly tools like hotlines. Dr. Nourin also emphasized the need for localized training and reporting materials in local languages to overcome educational and language barriers.

She proposed innovative policy measures to support survivors and advocated for ongoing capacity building, media awareness campaigns, and cultural sensitivity to enhance SEAH responses.

Dr. Naeem Majeed emphasized the critical role of over 100,000 community health workers in Pakistan, particularly in high-risk areas like conflict zones and refugee communities. While these workers provide essential healthcare services, they face significant risks of sexual exploitation and abuse (SEA), both from within the health system and from the communities they serve.



Dr. Majeed highlighted challenges in reporting SEA, including cultural stigma, fear of retaliation, and logistical barriers. She advocated for anonymous reporting mechanisms, training for health workers, and systemic changes to address SEA. Dr. Majeed also called for cultural shifts and robust support systems to empower and protect survivors.



Imane Lakbachi emphasized the crucial role of women health workers in protecting vulnerable communities, especially in crisis and migration contexts where risks of sexual exploitation, abuse, and harassment (SEAH) are heightened. She advocated for peer-led capacity-building workshops, safe spaces, and mentorship programs to support health workers in resource-limited settings, particularly in regions like Gaza and Yemen.

Lakbachi also recommended youth-led campaigns and digital tools to raise awareness, destigmatize SEAH discussions, and promote accountability. She called for systemic reform, greater transparency from governments and organizations, and celebrated youth activists driving change to protect and empower women health workers globally.

7. Key Messages

The Impact of Crises on Vulnerable Populations

Displacement due to conflict and climate change disproportionately affects women and girls, making them more vulnerable to SEAH. In these contexts, the breakdown of community protections and the absence of effective oversight mechanisms create environments where SEAH can occur unchecked.

The Role of Community Health Workers

Community health workers (CHWs) are essential in delivering healthcare in crisis-affected areas. Their close connections to local communities make them uniquely positioned to raise awareness of SEAH, assist survivors, and establish trusted reporting channels. However, CHWs face significant challenges, including inadequate safety measures, limited resources, and difficult working conditions, which hinder their ability to protect vulnerable populations effectively.

SEAH as a Systemic Issue

SEAH is deeply embedded in systems that normalize gender-based violence (GBV). Societal norms and rigid gender roles in crisis settings perpetuate a culture of abuse, making it difficult for survivors to report violations and for women health workers to challenge exploitative practices.

Urgent Need for Accountability

Governments and international organizations must enforce international protections and hold perpetrators of violence accountable. The lack of effective reporting systems and secure whistleblower mechanisms exacerbates the vulnerability of women health workers and survivors of SEAH.

Structural Change and Gender Equality

Addressing SEAH requires dismantling the patriarchal systems that underpin these abuses. A whole-of-society approach is needed to challenge harmful gender norms, create safe spaces for women health workers, and integrate GBV and poverty reduction agendas to prevent SEAH.



8. Call to action

We call on governments and global organizations to prioritize the safety, empowerment, and well-being of women health workers. To combat SEAH effectively, it is essential to address its structural roots by:

- ✓ Uniting GBV prevention and poverty reduction agendas to tackle the root causes of SEAH in crisis settings.
- ✓ Creating comprehensive, survivor-centered reporting mechanisms that ensure the safety and dignity of survivors.
- ✓ Implementing gender-responsive legislation and zero-tolerance policies with robust reporting systems.
- ✓ Investing in education and community programs to challenge violent social norms and support women health workers.
- ✓ Localizing and adapting SEAH tools and resources to overcome cultural and language barriers.

When women health workers are supported and empowered, entire communities benefit.

We must:

- ✓ Demand accountability from governments, humanitarian organizations, and health institutions
- ✓ Amplify the voices of women health workers to lead the change.
- ✓ Foster a whole-of-society approach to dismantle patriarchal structures and promote gender equity in health systems.



9. Conclusion

The webinar provided a timely and necessary conversation on how to address the heightened risks of SEAH in global displacement and crisis contexts. Community health workers, as trusted members of their communities, are key to both preventing and responding to SEAH. However, they need better resources, training, and support to carry out this vital work.

A holistic approach that combines local knowledge, gender-sensitive strategies, and systemic reforms is essential to protect vulnerable populations, ensure effective responses to SEAH, and empower those on the frontlines of humanitarian action.

 9. Resources

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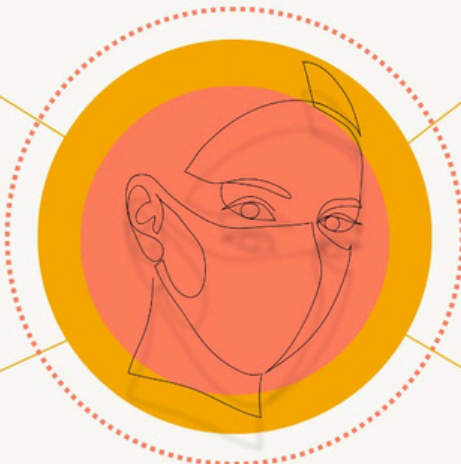
PROTECTING WOMEN HEALTH WORKERS

In 2023, WHO reported **1,520 attacks** on health facilities.

Only 23% of required funding

for gender-based violence (GBV) in humanitarian settings has been secured.

70% of the health workforce is women yet their contributions are undervalued and underprotected.



612 Million women & girls

are globally impacted by violence, displacement, and deprivation—from Afghanistan to Gaza, Sudan, Haiti, Myanmar, & beyond.



Stand with Women Health Workers: Demand protection now

WOMEN HEALTH WORKERS ARE NOT SAFE



Women health workers face relentless violence, from attacks to harassment, risking more than their male peers. It's time to end systemic abuse and protect them now.

VIOLENCE AGAINST WOMEN HEALTH WORKERS IS A STRUCTURAL PROBLEM



Violence stems from patriarchal norms and lack of women in leadership. Whole-of-society solutions and gender-responsive laws must be enforced with zero tolerance.

ACCOUNTABILITY & GLOBAL RESPONSIBILITY



International protections must be respected and perpetrators of violence must face justice.

We urge governments and global organizations to safeguard women health workers — when they thrive, communities flourish.

