



The Health Sector Response to Gender-Based Violence and Violence Against Sexual and Reproductive Health

1. Background

Gender-based violence (GBV) is widespread and has a profound effect on women's health worldwide. Almost 27 per cent of women aged 15 to 49 years have experienced physical or sexual violence from an intimate partner. Furthermore, one in three women globally has faced physical or sexual abuse, and a significant number have observed or experienced online violence, which is more prevalent among younger women.

The Commonwealth countries, as well as other African states, show varying degrees of GBV, with intimate partner violence being exceptionally high in Africa. GBV is linked to numerous adverse sexual and reproductive health outcomes, including risky behaviours, unintended pregnancies, and severe complications like miscarriages and maternal mortality. It also leads to gynaecological and reproductive health issues, an increased risk of sexually transmitted infections (STIs), especially among HIV-positive individuals, and various mental health conditions, such as depression and post-traumatic stress disorder (PTSD). Physical injuries are also a consequence of GBV.

The impact of GBV on sexual and reproductive health (SRH) outcomes is influenced by other factors, such as lack of sexual empowerment and emotional and social support, which highlights the complexity of GBV and its ramifications. This study includes domestic and sexual violence within its scope of GBV and emphasises that both types infringe upon the rights of victims.

2. Rationale for the study

During the 2021 Commonwealth Health Ministers Meeting (CHMM), the Commonwealth ministers received a report from an initial study conducted in five Southern African countries: Lesotho, Namibia, Rwanda, South Africa, and Zambia. **They concluded that violence against women and children has been exacerbated by COVID-19 and remains a significant threat to global public health and well-being in Commonwealth countries.** Consequently, they requested the Secretariat to extend the study to more countries to facilitate the development of a roadmap, including a health sector toolkit, to guide responses to violence against women and girls (VAWG) events, and to develop a scorecard to promote accountability through monitoring responses and prevention, and a database to track VAWG programmes.

The same agenda was again reiterated during the Commonwealth Heads of Government Meeting (CHOGM) in 2022, in Kigali, Rwanda. As part of accelerating CHMM and CHOGM commitments, the Commonwealth Secretariat is working to expand the study to include 24 more Commonwealth countries. Further, the study will include seven other selected African countries with the aim of providing more information necessary for planning purposes.

This paper outlines the study's background and rationale, its objectives, the methods employed, expected outcomes, and the progress made to date.

3. Purpose of the initiative

The study is aimed at analysing the response of the health sector to gender-based violence (GBV)/violence against women and girls (VAWG) and sexual and reproductive health (SRH) in the 24 Commonwealth and 7 selected African countries. Its objective is to generate insights and recommendations for a more effective health sector approach to GBV and to improve SRH. The study has three goals.

1. Understanding context. The study will assess in detail health sector responses to GBV/VAWG/SRH in various national and cultural settings to identify and share best practices and lessons.
2. Structured program evaluation. The study assesses the effectiveness of health facility-based responses to GBV, VAWG and SRH in South Africa, evaluating the programmes' functionality, implementation and service delivery outcomes.
3. Roadmap development. The study will lead to a strategic plan using data from the first two goals to enhance the delivery of GBV, VAWG and SRH programmes and this will promote a more coordinated and accountable health sector response to GBV survivors.

4. Methods and Possible outcomes

The study will comprehensively review the health sector's response to GBV/SRH/VAWG within the different national, cultural and socio-economic contexts to share best practices, experiences and lessons learned in the 31 countries. This review will include:

- An evaluation of the prevalence and diversity of health facility-based co-ordinated responses to GBV/VAWG/SRH, lessons learned, and successes and challenges in implementing such responses.
- A comprehensive assessment of the GBV/VAWG/SRH system infrastructure, models, approaches and systems for service provision; along with an evaluation of the health facility-based responses to GBV/VAWG/SRH programmes in public health facilities.
- The implementation of the functional service delivery outcomes for GBV/VAWG/SRH health facility-based co-ordinated systems.

- The effectiveness of and satisfaction with service provision in terms of it meeting the needs of victims or survivors of GBV/VAWG and SRH.
- The creation of a framework for improving GBV/VAWG/SRH programme delivery towards a better-co-ordinated health sector response for victims or survivors of GBV, a toolkit for managing GBV and Sexual Reproduction Health and Rights (SRHR) services, a scorecard to promote accountability, and a database to monitor GBV/VAWG/SRH programmes.

5. Progress

5.1 Progress to date

Ministerial support

As part of our initiative, a total of 31 ministries of health were contacted to request their support and participation. This was done by sending official letters of request to the ministry offices. To enhance communication and ensure that our request received due attention, we further forwarded the letters to the offices of the Director General within each ministry. Figure 5.1 presents a graphical representation detailing the responses and support received from the ministries of health across the 31 countries.

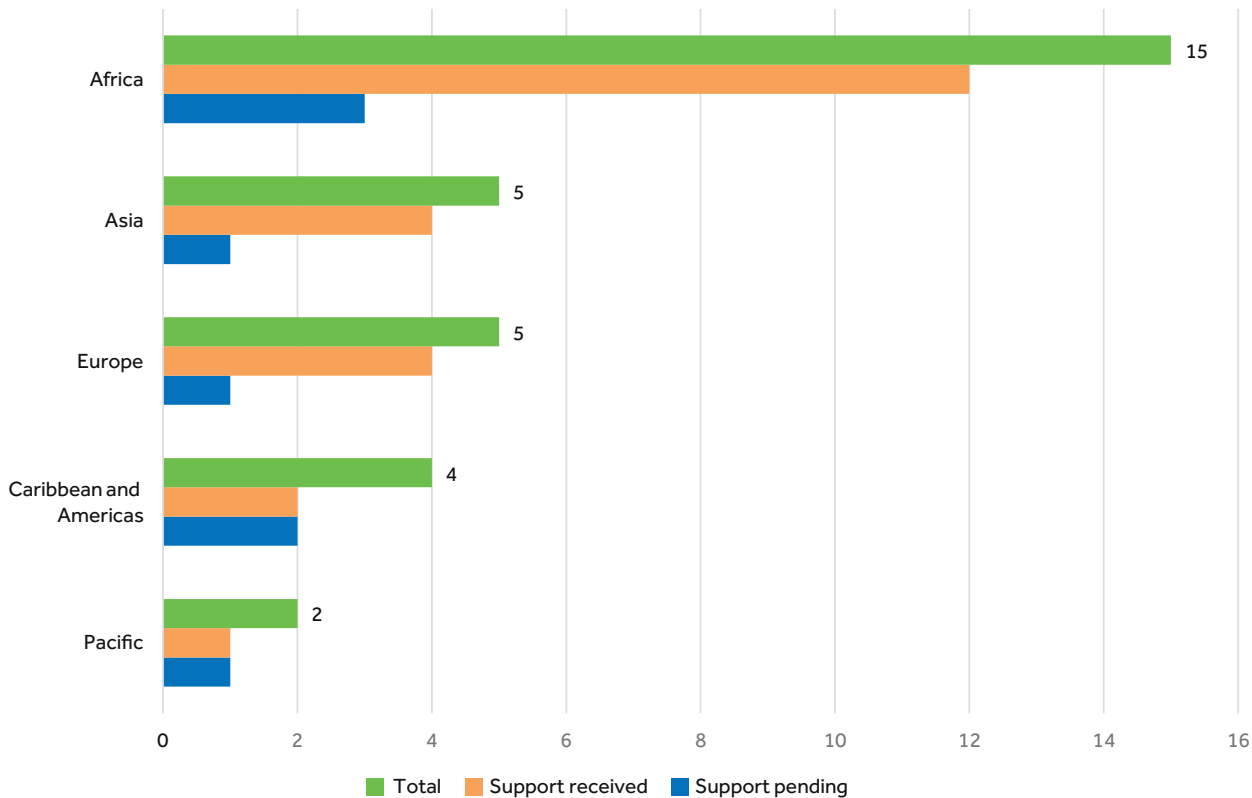
Ethics applications

A total of 31 ethics applications that aligned with the various country-specific country committees were developed, with 10 so far submitted and 9 approved (see Figure 5.2).

Table 5.1 Countries where sampling has been completed

| | |
|----------|--------------|
| Barbados | Namibia |
| Benin | Pakistan |
| Ethiopia | Rwanda |
| Ghana | Sierra Leone |
| Grenada | South Africa |
| Kenya | Sri Lanka |
| Malawi | Tanzania |

Figure 5.1 Overview of number of countries where ministerial support has been received



Sampling of health facilities

The selection of health facilities is a key step in ensuring representative and comprehensive data collection. The study is implementing a stratified sampling approach to identify facilities that align with the study objectives, while considering geographic

diversity and service availability. This process will help ensure that the collected data accurately reflect the selected countries' healthcare landscape. To date, sampling has been completed in 14 countries (see Table 5.1).

Figure 5.2 Overview of status of ethics application submission

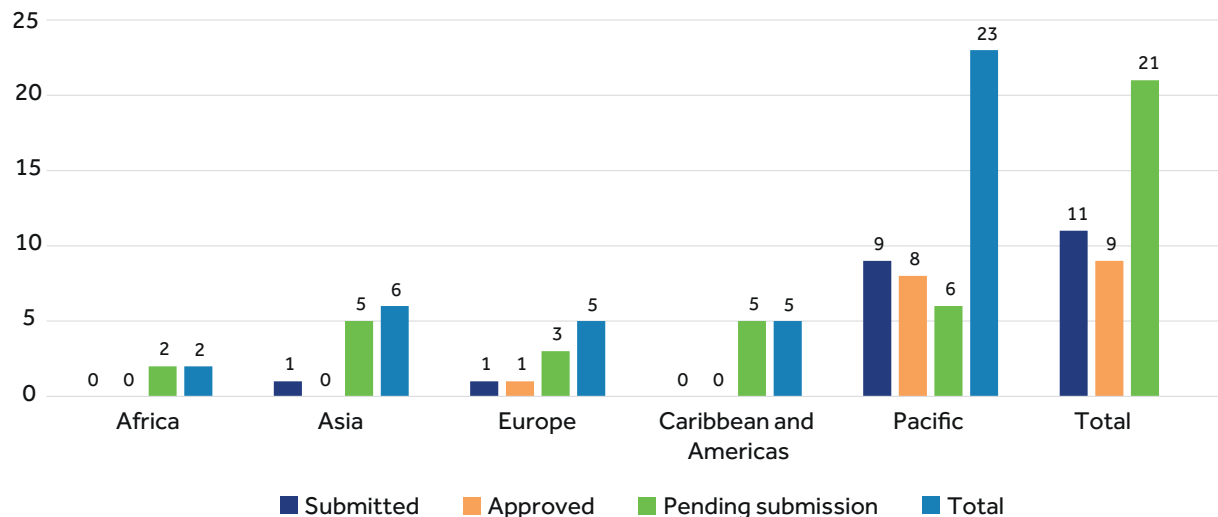


Table 5.2 Summary of fieldwork supervisor appointment

| Region | Country | FWS appointed | FWS not yet appointed | Appointment in progress |
|-------------------------------|------------------------------------|---------------|-----------------------|-------------------------|
| Africa | Benin | X | | |
| | Burkina Faso | X | | |
| | Central African Republic | | | X |
| | Democratic Republic of Congo (DRC) | X | | |
| | Ethiopia | X | | |
| | Ghana | X | | |
| | Guinea Bissau | | X | |
| | Kenya | X | | |
| | Malawi | X | | |
| | Namibia | X | | |
| | Rwanda | X | | |
| | Senegal | X | | |
| | Sierra Leone | X | | |
| | South Africa | X | | |
| | Tanzania | | X | |
| Asia | Bangladesh | X | | |
| | India | | X | |
| | Malaysia | | | X |
| | Pakistan | X | | |
| | Sri Lanka | X | | |
| Caribbean and Americas | Antigua and Barbuda | | X | |
| | Barbados | X | | |
| | Canada | | | X |
| | Grenada | | X | |
| | Guyana | | X | |
| Europe | England | | X | |
| | Malta | | X | |
| | Northern Ireland | | X | |
| | Wales | | X | |
| Pacific | Fiji | | X | |
| | New Zealand | | X | |

FWS=Fieldwork supervisor

Hiring of study staff

Recruitment of country staff is a critical component of the project. The goal is to appoint 31 fieldwork supervisors. To date, we have successfully appointed 16 supervisors. Additionally, the commencement of the selection process for fieldwork data collectors in selected countries has been initiated to ensure

the smooth implementation of data collection activities. Table 5.2 depicts the appointment of fieldwork supervisors.

Table 5.3 Summary of training activity

| Training activity | Description | Completed | In progress | Pending |
|--|--|-----------|-------------|---------|
| Activity 1 (Analysis/ Planning) | Analysis/planning | X | | |
| | Continuous learning plan | X | | |
| | Develop standard operating procedures | X | | |
| Activity 2 (Training Design) | Develop an outline of the training plan | X | | |
| | Develop training design document | X | | |
| Activity 3 (Training Development) | Definition of abortion services | X | | |
| | Develop comprehensive training material, including manuals, handouts and visual aids | X | | |
| | Training module development | | X | |
| Activity 4 (Training Development) | Logistic and administration | | | X |
| Activity 5 (Evaluation) | Define training feedback forms | | | X |
| | Establish a plan for evaluating the performance of participants in training | | | X |
| | Establish a solution for evaluating the performance of participants in training | | | X |

Table 5.4 Summary of training modules

| Description | Completed |
|---|-----------|
| Module 1: Introduction to gender-based violence and sexual reproductive health | X |
| Module 2: Cultural sensitivity in the global context | X |
| Module 3: Basic counselling skills | X |
| Module 4: Counselling for gender-based violence and sexual reproductive health | X |
| Module 5: Fieldwork procedures for gender-based violence and sexual and reproductive health | X |
| Module 6: Data collection tools | X |
| Module 7: Reporting and documentation | X |
| Module 8: Safety and security | X |
| Module 9: Troubleshooting and support | X |
| | 9 |

Training of staff

Training project staff is an integral component of the project, ensuring that team members are well-equipped with the necessary knowledge and skills to carry out data collection effectively. Several activities have been completed to ensure successful training, each contributing to the overall effectiveness of the training process. Table 5.3 outlines the status of various activities linked to completing the training.

The project's training component involves developing comprehensive training modules covering key areas of sexual reproductive health and gender-based violence. Table 5.4 provides an overview of the progress made in module development.

The next steps involve finalising the data collection system, conducting a pilot study in Sierra Leone and preparing for full-scale data collection. Continued engagement with country ministries and securing ethics approvals for the remaining countries will be crucial for successful implementation.

The study's outcomes will contribute to developing policies, guidelines and tools that improve health outcomes for those affected by GBV and SRH. The commitment to a co-ordinated and accountable health sector response will ensure that victims and survivors receive the support and care they need.

6. Conclusion

The study on gender-based violence (GBV) and sexual and reproductive health (SRH) in the Commonwealth and selected African countries has made significant strides. With formal ministerial support from 31 countries, the submission and approval of ethics applications in several countries, and the completion of sampling in 14 countries, the foundational work for the project is well underway. The recruitment of study staff and the development of comprehensive training modules will ensure that the team is well-prepared to collect data effectively.

The systematic review has yielded valuable insights into the types of interventions, barriers and facilitators in addressing GBV and SRH. These findings will inform the development of a framework for improving programme delivery and enhancing the health sector's response to GBV survivors.



The Commonwealth

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