Reviewer's report

Title: Strengthening health systems response to violence against women: protocol to test approaches to train health workers in India

Version: 0 Date: 07 Oct 2019

Reviewer: Dominika Bhatia

Reviewer's report:

Thank you for the opportunity to peer-review this paper. The paper outlines the protocol of an evaluation of the implementation of WHO Guidelines, Clinical Handbook, and Health Manager's Manual in tertiary healthcare settings to address intimate partner violence and sexual violence in two districts in Maharashtra, India. The paper addresses an important topic and both the rationale for the intervention and the intervention components are well-described. The background section in particular is well-organized and supported by a thorough review of the literature. The paper would benefit from further clarification of the following items:

1. Implementation science approach. The background section briefly mentions that the evaluation is guided by implementation science; specifically, "the present study will apply implementation science methods to identify aspects of implementation of the Guidelines and related tools, in order to improve understanding of local contextual factors influencing intervention outcomes and support future scale-up" (p.8). It would be helpful if the authors could elaborate on how and which implementation science approaches were used to inform the evaluation design (e.g. a guiding framework?), as this is not readily apparent from the Methods section.

2. KAP tool. As the development and validation of the knowledge, attitudes and practice questionnaire is an important part of Objective 1, could the authors provide more information regarding (i) the tool itself (e.g. sample question items, perhaps in the supplementary file), (ii) the results of the pilot phase mentioned on p.14, lines 19-35 (e.g. is there a reference for this?), and (iii) expand on the planned validation methodology (p.15), with corresponding references.

3. HMIS confidentiality. In regards to the Health Management Information System, could the authors describe which items will be entered into the data collection form/register and how protection and confidentiality of records will be ensured (e.g. de-identification, encryption, etc.), given the sensitive nature of the information? Per lines 24-27 (p.20), what role will the designated individual from each department have with respect to confidentiality of the register?

4. HSR instrument. As the Health Service Readiness assessment instrument is an important component of Objective 3, could the authors provide (i) sample items from the instrument (perhaps as part of supplementary material), (ii) more detail regarding how and which documents and direct observations will help inform the development of the instrument? Further, is a formal validation planned for this instrument following the pilot phase?
5. Limitations related to setting. In Limitations, the authors appropriately noted that as the intervention will be implemented in tertiary-care settings, findings may not be generalizable to primary and secondary-care settings (p.25). Since the patient population of interest may already be hard to reach, it would be helpful to add a sentence acknowledging which populations of women may be missed as a result of implementing the intervention in a tertiary-care setting.

6. Limitations related to study design. In Limitations, it would also be helpful to briefly acknowledge the implications (quant. outcomes) of using an uncontrolled before-and-after design (e.g. historical and maturation bias; parallel or intervening policy or local/contextual changes).

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