



Department
for International
Development



EFFECTIVENESS OF DIFFERENT 'GENDER-RESPONSIVE POLICING' INITIATIVES DESIGNED TO ENHANCE CONFIDENCE, SATISFACTION IN POLICING SERVICES AND REDUCE RISK OF VIOLENCE AGAINST WOMEN IN LOW AND MIDDLE INCOME COUNTRIES - A SYSTEMATIC REVIEW

SYSTEMATIC REVIEW PROTOCOL

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LIST OF ABBREVIATIONS:

CASP:	Critical Appraisal Skills Programme
CBA:	Controlled Before and After study
CHRI:	Commonwealth Human Rights Initiative
COREQ:	Consolidated Criteria for Reporting Qualitative Research
DCAF:	Democratic Control of Armed Forces
DFID:	Department for International Development
EPOC:	Effective Practice and Organisation of Care
EPPI-Centre:	Evidence for Policy and Practice Information and Co-ordinating Centre
FGM:	Female Genital Mutilation
GBV:	Gender Based Violence
GRADE:	Grading of Recommendations, Assessment, Development and Evaluation
GRP:	Gender Responsive Policing
ICC:	Intracluster Correlation Co-efficient
IUCAW:	Investigative Units on Crimes Against Women
LCU:	Ladies Complaint Units
LMICs:	Low and Middle Income Countries
MDG:	Millennium Development Goals
NCWP:	National Center for Women & Policing
NGOs:	Non-Governmental Organizations
NPA:	National Police Academy
NPF:	Nigeria Police Force
NRCTs:	Non Randomized Control Trials
OVC:	Office for Victims of Crime
PICO:	Population (P), Intervention (I), Comparison(C), Outcomes (O)

PRISMA:	Preferred Reporting Items for Systematic Reviews and Meta-Analyses
RATS:	Relevance of study question, Appropriateness of qualitative method, and Transparency of procedures
RCTs:	Randomized Control Trials
ROB:	Risk of Bias
SoF:	Summary of Findings
SOP:	Standard Operating Procedure
ToT:	Training of Trainers
UN:	United Nations
UNAIDS:	United Nations Programme on HIV and AIDS
UNDP:	United Nations Development Programme
UNIFEM:	United Nations Development Fund for Women
USAID:	United States Agency for International Development
VAW:	Violence Against Women
WHO:	World Health Organization
WPS:	Women Police Stations

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1. BACKGROUND

1.1 GENDER BASED VIOLENCE

According to the United Nations Declaration (1993), Violence Against Women includes “*any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life*” (A/RES/48/104). GBV is an umbrella term that includes any harm done to any individual based on their gender role. Therefore, GBV ideally includes violence against women, men and people who identify themselves as transgender. Globally, Gender based violence has the most negative impact on women and girls [including transgenders] , hence the term gender based violence is used interchangeably with “violence against women”. While any woman is at risk of experiencing GBV, simply because of her gender, not all women experience the same degree of vulnerability. Certain groups of women and girls are especially vulnerable to violence, including: indigenous women, women with disabilities, refugee women and women that identify as lesbian, bisexual, or transgender (Tsacoyeanes,2014).Their vulnerability is further exacerbated by the lack of access to justice and security in low and middle income countries that have inefficient legal and policing infrastructures. In the context of this review we follow the broader perspective of gender and consider women as a performed gender identity. Therefore while referring to women, we refer to a group (women and transgender), who is at higher risk of violence due to their gender identity (Donovan, Barnes & Nixon, 2014).

LMICs seem to have the worst indicators with regard to GBV and gender inequality (World Bank Group, 2011). Many social, cultural and economic factors make women more vulnerable to crimes and also instigate more fear among them to report crime and seek justice. Many women are living with the consequences of trauma and the fear of possible repeat victimization (Siegel & Williams, 2003). The foothold of the structural barriers, in providing safety and justice to women, is also very strong and needs to be addressed.

Gender based violence (GBV) is a global issue. Overall, 35% of women worldwide have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence (World Health Organization [WHO], 2013) and 66% of transgender experience of sexual assault or abuse (Office for Victims of Crime [OVC], 2014).While there are many other forms of violence that women may be exposed to, this already represents a large proportion of the world’s women (WHO, 2013).With this high proportion of violence against women, they form a group that frequently requires services for justice and security including policing services. In patriarchal societies, it is the inequality of women that victimizes them. Their disadvantaged social position acts as hindrance in seeking appropriate support. Due to their marginalized position they are at increased risk of exploitation.

1.2. GENDER RESPONSIVE POLICING

Gender or socially constructed roles for men and women including difference is their access to power and social position is often the gender based violence. These differences in social expectation and vulnerabilities, call for

'gender responsiveness' in almost every sphere of life, including the policing services. In this review, the term Gender-Responsive Policing (GRP) is defined as *"an organizational strategy which employs mechanisms to enhance the feeling of safety, satisfaction and confidence among women by providing them with better access to justice and security and by ensuring effective, transparent and reliable 'policing' services"* (UK Department for International Development [DFID], 2015).

Beyond the constitutional provisions for equality, non-discrimination and justice for women, there are specific policy and programmatic initiatives in many countries to address GBV, for example

1. laws and policies on domestic violence, trafficking, rape, prostitution, prenatal sex selection, female genital mutilation (FGM), harmful widow rites, women's participation in labour force, special gender cell in the ministries and departments, procedural amendments in judiciary,
2. Committees for prevention of sexual harassment at the workplace, working with police force to develop gender policy for the police (for example, United Nation Development Fund for Women (UNIFEM) initiated working with Nigeria Police Force (NPF) to develop a gender policy for the NPF),
3. Recent initiative in India by UN women, National Human Rights Commission and state police training academies to impart gender sensitive training to police personnel in India,
4. Holding campaigns and community awareness programs to sensitize people on the issues and motivate them to seek legal support, etc.

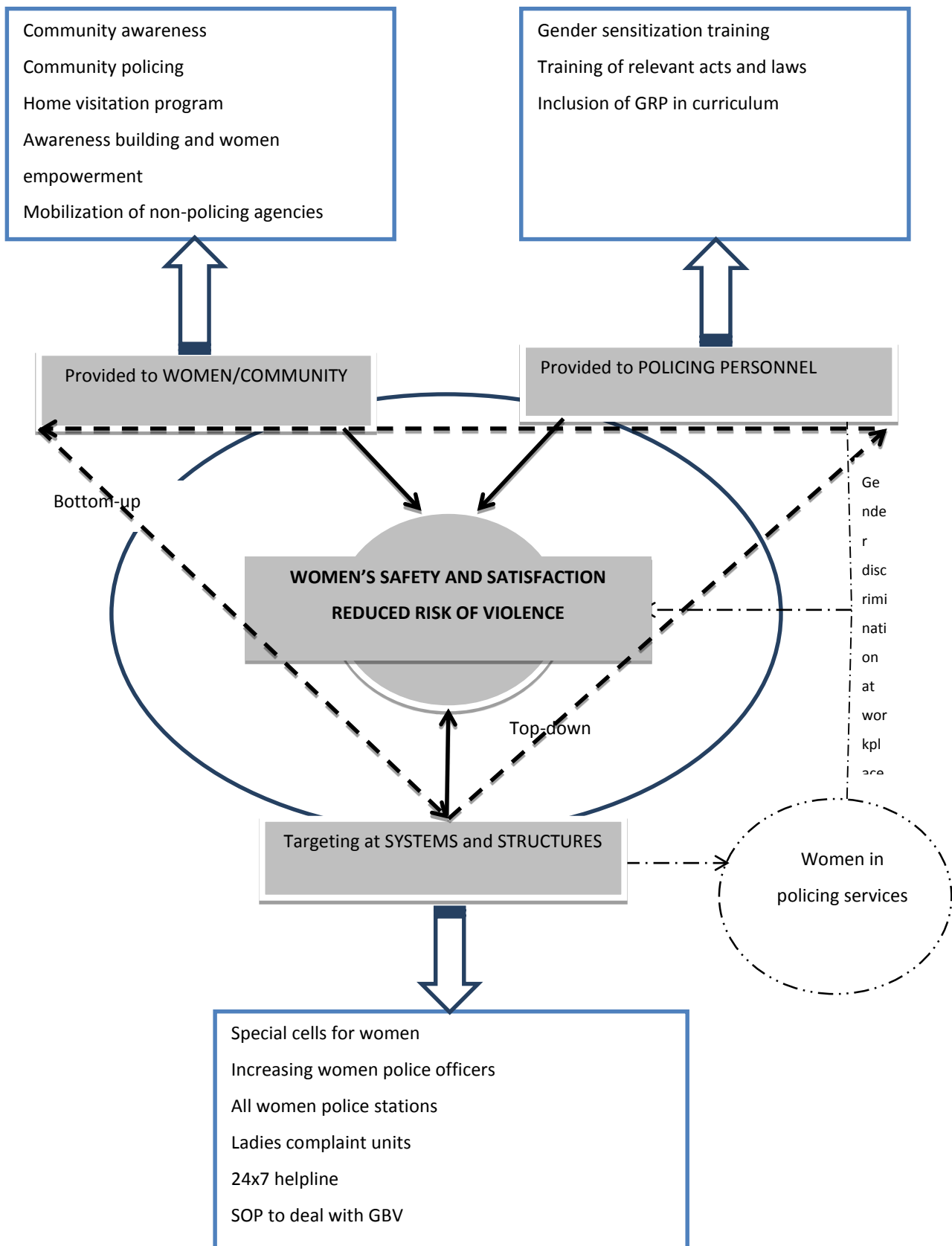
1.3 DESCRIPTION OF GRP INTERVENTIONS

Overall, the interventions to increasing women's safety and satisfaction in policing services and reduce their risk of violence can be considered into three broad categories (See figure 1);

- 1) Interventions that are provided to women/community in general
- 2) Intervention that are provided to police personal and
- 3) Interventions that target the systems and structures for more gender sensitive response.

These three categories are based on three important target groups/ areas for GRP interventions. The GRP interventions might target only one of the above mentioned categories, for example increase in the number of women police officers, establishing all women police stations etc. or a combination of these categories such as increasing women police officers and increasing community participation in policing services through these women police officers.

Fig.1: Conceptual framework for GRP interventions



INTERVENTIONS THAT ARE PROVIDED TO WOMEN/COMMUNITY IN GENERAL- THE BOTTOM UP APPROACH

The interventions that are provided to women and/community in general would include 'community policing' interventions as well as community awareness interventions. Community policing can be considered as participation and support of community in policing services. The concept of community policing is not new and several models of involving community in policing services have evolved over a period of time ranging from making community level efforts for crime prevention to involving community in planning police interventions. There are also awareness campaigns, mass media campaigns (Delhi Police, 2015) and more recently use of mobile technologies (in the form of apps) to reach to women and community to increase their safety and reduce violence. All these initiatives where community is proactively involved or the interventions are directly addressed to the community can be considered as bottom up approach to interventions. These interventions could be limited at local level or can be implemented at state, national or international level. For example the 'Police Station Visitors Week' (PSVW) is a global initiative created by Altus Global Alliance which invites community members to visit local police stations, interact with police personnel and assess policing services (Altus Global Alliance, 2012). Many interventions are also provided to community through civil society organizations and mobilizing the non-state actors.

INTERVENTION THAT ARE PROVIDED TO POLICE PERSONAL- THE TOP DOWN APPROACH

Interventions provided to police personal mostly included trainings either in the form of standalone training workshops or including gender sensitization components in the training curriculum (United Nations Office on Drugs and Crime [UNODC], 2010). There are also efforts to disseminate information about gender sensitization initiatives to police personal for example the compendium of best practices in policing with respect to gender in India (Gender Issues Vol. IV, n.d.).

INTERVENTIONS TARGETING SYSTEMS AND STRUCTURES – THE TOP DOWN APPROACH

There are some interventions to improve the way policing services are provided (change in systems, protocols) for example having standard operating procedures (SOP) while dealing with women and children; as well as interventions incorporating structural changes to facilitate increased reporting of crime and to increase women's perception of safety and satisfaction. The later would include interventions such as establishing special cells for women; helplines, counseling centers in police stations, increase in the number of women police officers, establishing all women police stations etc. These changes in the systems and structures are expected to reach the community and provide anticipated benefits (top down approach).

WOMEN IN POLICING SERVICES: ISSUE OF GENDER DISCRIMINATION AT WORKPLACE

Sizable literature on gender and policing deals with the issue of gender discrimination of women in policing services. A recent report (2015) by Commonwealth Human Rights Initiatives [CHRI] documented the status of women police in South Asia. Based on the research and review of literature, several barriers and challenges ranging from lack of basic infrastructural facilities for women police officers such a separate toilet and changing room to sexual harassment of women police officers have been mentioned in this report. While addressing the

challenges faced by women police officers should be integral part of gender responsive strategy, most of these interventions can be conceptually considered to be falling in the domain of gender discrimination at workplace and probably require different set of interventions to address it. Hence for the purpose of this review of gender responsive policing, we would not focus on issues of gender discrimination of women in policing services.

Specific initiatives that recognize these aspects and create mechanisms to address them while providing services are needed. Despite the high prevalence of GBV and the bottom up and/or top down efforts by many agencies to curb it, there is no clear evidence that it is declining in Low and Middle Income Countries (LMICs). To our knowledge no one has attempted to systematically review the existing literature regarding the effectiveness of these interventions. In this review we focus on interventions carried out in LMICs for reducing GBV. We propose to consider all interventions that are either targeted at the community level or at the policing structures and mechanisms to improve confidence and satisfaction of women and reduce their risk of violence. We thematically summarize these interventions and analyze their effectiveness.

1.4 EXISTING EVIDENCE:

One of the sustainable development goals (SDG-5) is to “Achieve gender equality and empower all women and girls” (United Nations, 2015) which is tracked by measuring elimination of gender disparity in primary and secondary education and has shown significant improvement in this indicator in many developing countries. Though this was the main indicator tracked for cross country comparison, international indicators or mono-dimensional indicators are not always beneficial for the local context. Many of the countries in LMICs have shown to perform poorly on different Gender Indices, for example the Gender Inequality Index and the recent World Gender Gap Index which considers economic participation and opportunity for women, educational attainment, health and survival rank and political empowerment of women. For LMICs, only 19% of women held seats in national parliament and similar proportion of women are employed in non-agricultural sector (Ministry of Statistics and Programme Implementation [MOSPI], 2015). On one hand there is extremely skewed gender ratio in policing services across LMICs which itself suggests lack of women empowerment, while on the other hand, there are also few studies showing that simply having women police officers does not ensure gender sensitivity (Jordan, 2002) in policing, though the evidence for later does not seem to be strong. This clearly highlights the need for interventions on gender responsive policing irrespective of the gender of the police officers. The report given in National Center for Women & Policing (NCWP, 2003) shows that the division of the Feminist Majority Foundation promoted increasing the numbers of women at all ranks of law enforcement as a strategy for improvement in police response to violence against women, reduction in police brutality and excessive force, and strengthening community policing reforms.

There are also efforts at the community level (bottom-up) to increase confidence of women in policing. The lack of confidence in policing seems to be commonplace in many LMICs. A recent study from Nigeria (Ayodele & Aderinto, 2014) showed that lack of confidence in the community about policing is related to their reporting of crime incidents. The study also documented factors for this lack of confidence in policing which included, police practices such as corruption, bribery, extortion, complicity and nonchalance. Involving non-state actors

or community based policing are some of the interventions for improving community confidence in policing services. A review in 2007 by Morrison, Ellsberg & Bott, has looked at various interventions under gender based violence, provides a progress on effective way to increase access to justice and services for women who are exposed to gender based violence, to reduce violence in developing countries. The review also suggests the dearth of high-quality evaluations of interventions in developing countries as compared to developed countries. The other review (Spangaro et al., 2013) contributes in providing a conceptual framework for understanding the forms, settings, and initiatives for gender based violence and also points out the need for thorough implementation of initiatives that build on local capacity, while avoiding increased risk and re-traumatisation to survivors of sexual violence , the review focuses on the different intervention components but not in particular to interventions under gender responsive policing. Another review (Higginson, Mazerolle, Sydes, Davis & Mengersen, 2015) focuses on impact evaluation for community oriented policing, concludes that there is no sufficient evidence to demonstrate that programme reduces the violent crime. With respect to ongoing reviews, there is a published protocol (Van der Laan, Smit, Busschers & Aarten, 2010) which looks at anti human trafficking interventions, considering only the results from quasi experimental study designs. Another recent protocol (Higginson et al., 2013) aims at looking at the community policing interventions on inter personal violent crime in developing countries.

The first GRP initiative introduced in India, and most likely in South Asia region, was the Crimes against Women Cells program (Deol, 1983) at a police station in Delhi and the current efforts so far in regard to GRP, include introducing women beat constables in New Delhi under 'Parivartan' programme (Delhi Police, 2015), Rabta program in Pakistan (Rozan.org, 2014) to bring about attitudinal changes in police and policing services, special cells within police stations established in Afghanistan, India (Mahtani, 2006) and Sri Lanka (Solotaroff & Pande, 2014), twenty four hour helplines across the region (Jagori and Multiple Action Research Group [Marg], 2013) etc. India's Anti-Trafficking Cell has been hailed internationally as a best practice for its effectiveness in terms of coordinating, networking, and collecting feedback from police, judges, and NGOs, and building the capacity of police and the judiciary (Solotaroff et al., 2014). Rescue interventions for violence against women and girls in Nepal (Sijapati, Limbu, & Khadka, 2011), Police raids with assistance from NGOs such as the Rescue Foundation and Stop Trafficking and Oppression of Children and Women (STOP) in India are also considered successful in helping the victims receive enhanced protection and treatment (Hameed, Hlatshwayo, Tanne, Turker, & Yang, 2010). The National Police Bureau (NPB), Pakistan, created a gender crime cell documenting on crimes against women and advise on standard procedures to deal with victims of gender-based violence and also investigates crimes against women. It also has as a part of a German government-funded Gender Responsive Policing project, drawn up a strategy which includes training and more of policewomen to deal with VAW (International Crisis Group, 2015). The research on their effectiveness could help identify problem areas and help bring about better GRP initiatives to enhance the confidence and satisfaction women have in policing services.

To conclude, previous reviews mainly focused on interventions to prevent GBV and have considered policing interventions as one of the components of their study; however, to our knowledge, there is no systematic review looking at the effectiveness of interventions under gender responsive policing.

The proposed review will map all the interventions related to GRP and look at the effectiveness of interventions under Gender responsive policing.

2. AIM AND SCOPE OF THE REVIEW

The review aims to address the following specific objectives

1. To identify and thematically classify interventions related to Gender Responsive Policing to address violence against women in Low and middle income countries.
2. To synthesise the existing evidence on effectiveness of different 'gender-responsive policing' interventions designed to enhance confidence and satisfaction in policing services and reduce risk of violence against women in Low and middle income countries.

We will contextualize the findings of both the objectives to the South Asian region.

SCOPE OF THE REVIEW

The findings of this review would be particularly helpful for policy makers, police training academies, national and international agencies and organizations working on the issues of violence against women. The understanding of what interventions have been tried and which of these interventions are more effective (if any) would help improve the programmatic efforts to instil the concept of gender responsive policing in low and middle income countries.

3. METHODOLOGY

3.1 STRUCTURE OF THE REVIEW:

This systematic review will be conducted in two stages. Stage I will be a scoping review for identifying and describing the available research in terms of their focus, design and context of studies. Based on the results from stage I, the scope of the stage II will be revised and refined and accordingly the final protocol will be prepared. Stage II will involve reviewing the selected evidence on effectiveness of different GRP interventions mapped in stage I and synthesizing the new findings.

The final protocol will be prepared after the stage 1

3.2 USER INVOLVEMENT:

We sought advice and suggestions from advisory group member engaged during the protocol workshop on the developed protocol. The review will be periodically peer reviewed by the EPPI Centre from the protocol stage to the end stage of the review. We have already consulted few prominent members from policing services, who are involved with policing interventions for gender related issues, and requested them to join the advisory group. They are ready to give support, advice and periodic feedbacks throughout the project. However since they are in service, because of the restrictions from the Government they cannot formally join the advisory. The core project team is in the process of identifying a group of members from policing services who has involved in interventions initiated for violence against women, gender related issues or gender responsive policing and periodically get back to them for discussion and feedback. We have already identified certain police officials and we are planning to involve more in this review through making additional contacts during 'National Community Policing Conclave' January 26-27, 2016 to be held in Kerala, India.

As for as advisory group members, we are in the process of consulting retired police officers who have previously worked in the area of gender related issues, violence against women or gender responsive policing and we are awaiting their responses.

We also have a plan to reach police training departments and academic sections and seek advice from them time to time, and also the organizations working on GBV and GRP such as Democratic Control of Armed Forces (DCAF) based at Geneva, Commonwealth Human Rights Initiatives (CHRI), Delhi, National Police Academy (NPA), Hyderabad, Vimochana (Bangalore), etc., will be contacted, requesting them to contribute in terms of grey literature. The team has already visited the Centre for Policing Research, Pune where the Managing Director has assured the team the institution's support through providing periodic advices, resource materials and engagement during dissemination activities.

We would also like to engage stakeholders like policy makers, political leaders or persons from judiciary who are well aware of the issues related to and policing interventions for VAW, to help us in the dissemination activities. Beyond this, we will engage with a wider audience via public lectures and dissemination in media, in particular newspapers and magazines, and other development oriented websites.

3.3 INFORMATION MANAGEMENT:

EPPI-Reviewer 4 (Thomas, Brunton & Graziosi, 2010) software will be used to keep track of studies during the review. The bibliographic details of each study considered by the review, where studies were found, reasons for their inclusion or exclusion and the synthesis of qualitative and quantitative studies will be documented in this software.

3.4 INCLUSION CRITERIA FOR CONSIDERING STUDIES FOR THIS REVIEW:

LANGUAGE:

Only eligible articles in English will be considered for inclusion in the review.

TYPES OF STUDIES:

Our primary focus will be to capture relevant GRP intervention studies. However, the team understands that Gender Responsive Policing initiatives and interventions are likely to be experimented with a wide range of designs and approaches. Hence all types of studies (qualitative, quantitative and mixed methods) and existing narrative reviews as well as systematic reviews will be included in this review during stage I.

Stage One: we will include the following types of studies:

- Qualitative or mixed methods studies
- Randomised controlled trials
- Quasi-experimental studies with a known allocation rule
- Quasi-experimental studies with a comparison group using some methods to control for confounding
- Interrupted time series designs.
- Cohort studies
- Case control studies
- Cross-sectional surveys
- Process evaluations of feasibility and acceptability

Stage Two: Based on results of stage I, we will include the study designs which helps in synthesising the evidence on effectiveness of different 'gender-responsive policing' initiatives designed to enhance confidence and satisfaction in policing services and reduce risk of violence against women in LMICs.

TYPES OF PARTICIPANTS:

The stage I of the review will focus on identifying GRP interventions designed for addressing GBV issues with respect to its focus, design and context. Thus the participants for stage I will include men, women of age 15 or above and transgender population on whom such GRP interventions are implemented.

The stage II participants will be women of age 15 or above and transgender population. In essence, a subset of the population for the stage I will make up the participants for the stage II.

TYPE OF INTERVENTIONS:

We will include both top-down as well as bottom-up interventions implemented under ‘Gender Responsive Policing’ in LMICs, which aims at reducing gender based violence and improving the confidence and satisfaction of women in regard to the policing services of respective states.

As mentioned in the objective, we will carry out the review in two phases. In the first phase, we will map all the GRP interventions to reduce gender based violence with respect to their focus, design and context. In the second stage we would study selected interventions for their effectiveness. Some possible interventions are summarized in the table below that target 1) women/community in general 2) police personnel and 3) Systems and structures

Table 1: Some examples of GRP interventions

Bottom Up Approaches	Top-down approaches	
Targeting women/Community	Targeting Police Personal	Targeting systems & structures
Community policing	Gender sensitization training	Special cells for women
Community Awareness	Training on procedures and protocols regarding dealing with women and girls	Increasing women police officers
Media campaigns		All women police stations
Home visitation	Training of relevant acts and laws	Ladies complaint units
Mobilization of non-policing agencies		24x7 helpline SOP to deal with GBV Investigating Units for crime against women

We will be excluding the GRP interventions for women in police service. Though the issues of women in police service are related to gender based violence the interventions to address their issues are regarding dealing issues of gender discrimination at workplace and needs separate focus.

COMPARISONS:

In the second stage of the review, comparisons could be specific initiatives against standard regular programmes, or no programme or same intervention with pre and post comparison.

Thus the comparisons we anticipate are:

- People exposed to a particular intervention v/s people exposed to a different intervention.
- People exposed to a particular intervention v/s people exposed to no intervention
- People exposed to interventions with different components and intensities.

We will get more information on comparisons after gathering data for the first stage of the review. If stage I identifies no comparison studies, stage II will include other study designs to address the review question on the effectiveness of GRP interventions.

TYPE OF OUTCOMES:

During the Stage I, we will include all outcomes relevant to the review. The outcomes important for evaluating the effectiveness of GRP interventions will be identified through this stage and used for revising the outcomes we expect for Stage II.

The type of outcomes which we anticipate for Stage II:

1. Primary Outcomes:

a. Women's perceptions of safety

Women's safety could be measured as subjective perception of their safety or sometime using other indicators. For example, one of the important indicators for measuring the women's perception of safety may be mobility, women's perception of safety to move around independently, work night shifts, to be able to go to police station alone, etc. Another indicator may be access with respect to physical, geographical, financial, temporal, psychological or cultural domains.

b. Women's confidence in the state systems for security and justice

Justice by definition could include both the judiciary and the policing services. However, in this review, we limit the interventions to the first point of contact with justice, i.e; gaining access to the police station. Hence, this outcome will be measured only upto women accessing policing services.

c. Women's satisfaction from policing services

One of the common ways in which the effectiveness of specific gender responsive policing interventions might be evaluated is to understand women's level of satisfaction with the policing services. Therefore we will consider women's satisfaction with policing services as one of the primary outcome indicators.

2. Secondary outcomes

- Increased percentage of reporting of crime against women
- Increased number of women police officers in the state
- Number of workshops/ awareness programs under GRP
- Increased conviction rates

LOCATION:

The studies carried out in LMICs, as identified from The World Bank Group's list of classification of countries by income groups (2015), will be included in the review. The list is provided in the appendix 3.

DURATION:

Those studies published from January 1995 (most of the police reforms and programmes on GRP started after 1994) up to October 2015 will be included

SEARCH METHODS:

A comprehensive list of databases has been prepared during the protocol workshop in discussion with core project team and advisory members. The list is given in the appendix 1. Similarly the list of keywords prepared during the protocol workshop is annexed as appendix 2. We will try to expand these lists further with inputs from EPPI and DFID advisors. We have an experienced librarian as the information scientist with the project. The Librarian and other core project staff members had a training session with EPPI Centre. We are further planning to be in touch with EPPI centre during the development of search strategy. With these inputs, the Librarian will develop a comprehensive search strategy which will be customised for each database. We would also contact key experts/ organizations, for grey literature restricted to South Asia. Screening of previous EPPI-Centre reviews through the snow balling/ pearl growing strategy (reference lists of included studies), conference proceedings and published reports and materials derived from personal contacts will also be included.

4. SCREENING STUDIES FOR INCLUSION IN THE REVIEW:

All the citations of research identified through the search will be uploaded to the systematic review software EPPI-Reviewer 4 (Thomas et al., 2010) to remove duplicates and for the process of screening. Screening will be carried out as per the specified pre-determined inclusion and exclusion criteria.

Three stage screening process will be adapted, where in the first stage, the titles of the articles will be screened. In the second stage, qualified titles will be screened for abstracts and selected abstracts will be screened for full text in the third stage as determined by the eligibility criteria. First and second stage of screening will be more inclusive. Two review authors will independently carry out the above procedure. For those studies, that are selected as potentially eligible for inclusion in the second stage, we will retrieve full copies, and two review authors from the team will be involved in assessing whether studies meet the review's inclusion criteria; each full-text report will be assessed independently. We will keep records of all eligibility decisions and will store the eligibility assessment form (with brief details of study design, participants and interventions, along with the final eligibility decision) with each study report. We will resolve disagreements at the third stage of the screening process through discussion with another senior reviewer. Proceedings of the study selection process will be outlined in a PRISMA chart.

5. DATA EXTRACTION AND ASSESSMENT OF STUDY RELEVANCE:

Separate data extraction sheets are prepared for both the stages. The data extraction sheet for stage I of this review was developed by the team, depending on the requirements to answer the first objective and was modified considering the feedback from EPPI. The data extraction sheet for stage I pending pilot testing is provided in the appendix 7.

For the stage II of the review, we developed a data extraction sheet (Cochrane Public Health Group [CPHG], 2011; Langlois, Miszkurka, Ziegler, Karp & Zunzunegui, 2013; National Institute for Health and Care Excellence [NICE], 2006) which is in the appendix 8. This is a draft version which will be further modified based on the feedback from DFID, EPPI and critical review of project team on the basis of stage I findings.

We will pre-test both the data extraction sheets for its validity and usability. We will use the comprehensive data extraction forms which will include questions to capture data on identification, details of the study, study characteristics, details of participants, types and length of interventions and the primary and secondary outcomes with results. We will extract data using this data extraction sheets for respective stages. One of the reviewers will enter the data into the EPPI-Reviewer and the data will be checked by another reviewer. We will resolve any discrepancies through discussion. All review authors will be involved in piloting the data extraction sheets using a subset of articles to enhance consistency amongst reviewers, and based on this, we will modify the forms if necessary.

As there are a range of study designs eligible for inclusion in the review, a number of different tools will be needed to assess relevance and quality. Drawing on existing quality measures for different research types, a range of appropriate tools will be used. Pair of reviewers will independently assess each study and then meet to agree both the quality of the study and its usefulness in helping to answer the review question.

5.1. TOOLS FOR QUALITY ASSESSMENT OF QUANTITATIVE STUDIES

Risk of Bias assessment: We will be using EPOC 'Risk of bias' tool for RCTs, NRCTs and CBA (Effective Practice and Organisation of Care [EPOC], 2015). New Castle Ottawa scale (Wells et al., 2011) for case control studies, cohort studies and for cross-sectional studies (appendix 9).

5.2. TOOLS FOR QUALITY ASSESSMENT OF QUALITATIVE STUDIES

The quality of each study will be assessed in terms of its methodological reliability including strategies for recruitment of participants, appropriateness of data collection, data analysis and grounding of the findings within data. We would also assess the transparency in reporting of study's aims, context, rationale, methods and findings. After consultation with EPPI Centre, we consider using CASP (Critical Appraisal Skills Program), a standardized tool for quality assessment of qualitative studies (Neale & West, 2015).

Each study will be read independently by two investigators for data extraction and for quality assessment. The findings of both the investigators would be discussed and compiled, and final assessment would be produced through consensus.

6. METHOD FOR SYNTHESIS

STAGE ONE

In the first stage, we aim to identify and thematically classify the GRP interventions identified in the review with respect to the focus, design and context of the interventions. We will attempt to prepare summary table of all the GRP interventions and thematically group them based either on the content of the intervention, recipient of the intervention (women/community/policing) or the level at which these interventions are carried out at (top down/bottom up) approaches. We will follow the approach of thematic synthesis (Thomas & Harden, 2008) including line by line coding of the qualitative articles and organizing codes to derive the descriptive themes.

STAGE TWO

For the second stage, we will include quantitative and qualitative studies which have looked into effectiveness of GRP interventions. We will prepare the PRISMA chart which gives clarity on the screening and selection process. In addition, we will prepare the table containing characteristics of included studies in the synthesis. On the basis of data availability, the quantitative and qualitative synthesis will be carried out as described in the next two sections (Section 6.1 and Section 6.2), respectively.

6.1 QUANTITATIVE DATA SYNTHESIS:

Meta-analysis will be carried out to provide an overall estimate of the effect of the GRP interventions when more than one study examines the same intervention, studies are similar and measure the same outcome in similar ways in similar populations. For quantitative data synthesis, we will not combine together results from different types of study designs. We will examine for statistical heterogeneity and if considerable heterogeneity present we will use random effects model for meta-analysis (Higgins, & Green, 2008). The levels of heterogeneity will be assessed using forest plots along with their 95% confidence intervals and by conducting formal statistical tests of homogeneity (χ^2) and measures of inconsistency (I^2) and heterogeneity (τ^2). We define I^2 more than 75% as considerable heterogeneity. Quantitative summary will be expressed in terms of forest plot of point estimate and its 95% confidence interval.

SUB-GROUP ANALYSIS:

The following sub-group analysis may be performed for the groups wherever the data is available for more than two studies:

- By Gender: Women and third gender
- By Age groups: young (15 to 30 years), middle (30 to 45 years) and old (45 years and above). Though based on the findings from Stage I, we will be further revising this grouping, the essential classification will remain the same, i.e., young, middle and old.

- By Interventions: State funded/ Non state funded interventions, top down/bottom up approaches
- By Region wise: Using standard regional classifications
- By country wise: Using the list of LMICs as provided in appendix 3.

SENSITIVITY ANALYSIS

We will carry out sensitivity analysis to examine the effects of removing studies at high risk of bias from the meta-analysis.

DEALING WITH MISSING DATA

If there is any insufficient information or for studies published only as abstracts, or for study reports containing little information about methods, or missing outcome data are unclear, we will attempt to contact the authors to obtain further details. We will capture this information in the data extraction form and report it in the 'Risk of bias' tables. We will mark studies as 'awaiting classification' until further information is published, or made available to us.

UNIT OF ANALYSIS ISSUES

Along with individually randomized RCT's, cluster-randomized trials will also be included in the systematic review. If possible, the reviewers will adjust the samples sizes or standard errors by utilizing an estimate of the intraclass correlation coefficient (ICC) obtained from the study, from a similar study or from a study of similar population (Higgins et al., 2008). If no information on ICC is reported, we will obtain ICCs from other sources and shall report the same in the final review. Results of cluster randomized trial and individual randomized trial will be combined if there is less heterogeneity between these two designs.

ASSESSMENT OF PUBLICATION BIASES

Attempt will be made to build comprehensive search strategy so that we include all relevant studies to diminish possible publication bias. Funnel plot will be used to assess publication bias if the review includes more than 10 studies. Egger's test will be conducted to investigate the degree of asymmetry in the funnel plot for continuous outcomes (Egger, Smith, Schneider & Minder, 1997).

SUMMARY OF FINDINGS TABLE AND GRADE

Attempts will be made to assess the quality of evidence for each outcome using GRADE approach (Higgins et al., 2008) that involves risk of bias, Inconsistency (or heterogeneity), Indirectness (PICO and applicability), Imprecision (number of events and confidence Intervals) and Publication bias. Besides assessing the quality of evidence, Summary of Findings (SoF) table will also be developed using the GRADE Pro software (GRADEpro GDT: GRADEpro Guideline Development Tool, 2015).

6.2 QUALITATIVE DATA SYNTHESIS:

Qualitative research contributes by informing the review by providing the evidence on different initiatives under GRP and implementation. It also enhances the review by providing evidence on characteristics of participants and contextual factors influencing implementation and engagement in the GRP interventions.

The evidence from the qualitative research will be thematically synthesized. The thematic synthesis (Thomas & Harden, 2008) is a method for synthesising primary qualitative research. The thematic synthesis will be carried out in three stages:

- a) Free line-by-line coding of findings from the primary studies;
- b) The organisation of these 'free codes' into related areas to construct 'descriptive' themes and;
- c) The development of analytical themes.

In short the thematic synthesis will provide a narrative synthesis of the findings and a descriptive map of the available evidence on the effectiveness of GRP interventions and implementation strategies, producing interpretations, explanations and hypothesis which go beyond the findings from the 'primary studies'.

7. CONTEXTUALIZATION AND DISSEMINATION PLAN

We will be using the following steps to contextualise the evidence from LMICs to South Asia.

The evidence from qualitative synthesis will be immensely used for this purpose.

- **Internal Project Discussions with Key Collaborators (EPPI, DFID):** For finalisation of the major objectives of the advocacy for the findings of the evidence summary; Developing Contextualisation Framework for South Asia.
- **Mapping Major Advocacy Stakeholders:** Target groups for the advocacy and public engagement dissemination exercise, including police training academies, etc (semi structured questionnaire will be prepared in order to discuss the feasibility and scalability of the interventions with respect to the South Asian countries).
- **Creating Knowledge Products:** The most important aspect of our dissemination plan is converting the evidence from this study to policy brief and disseminating materials.
- **Interactions and Mobilisation:** One-to-one and group meetings to effectively disseminate all findings as relevant to policy and programme reform.
- **Final Dissemination and Advocacy:** Workshop/Seminar involving key stakeholders (numbers between 25 to 30).

8. TIMELINE OF THE PROJECT

The project will be carried out for a period of fourteen months, starting from October 2015. Timeline of the project is attached as appendix 5 and deliverables as appendix 6. Both the documents will be revised according to the feedback from DFID and EPPI.

9. THE COMPLETED REVIEW:

There will be three products: a full technical report, an executive summary and a shorter evidence briefing, tailored to address the needs of different stakeholders

1. The full technical report will contain:

- Detailed background and methods of the study
- Detailed accounts of the synthesis(both from quantitative and qualitative)
- Conclusions and implications.

2. The executive summary will explain the purpose of the review, outline its methods and present its main messages.

3. The evidence briefing will describe the purpose and findings of the review but without detailing the methods used.

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APPENDIX 1: SEARCH SOURCES

<p>Online databases</p>	<p>Pubmed, PsycINFO, JSTOR, Emerald Insight, Sage online, Springer link, SSRN, Web of Science, Scopus, Google scholar, International Initiative For Impact Evaluation Database, World Bank: Impact Evaluation Initiative, Asian Development Bank Resources, World Bank-OKR(Open Knowledge repository) and JOLIS, USAID: DEC(development experience clearing house), OECD:DEReC, African Development Bank: Evaluation Report, DFID, Millennium challenge corporation: Gender, WHO,UNICEF-SOUTH ASIA,IDRC/CRDI Canada, AWORC: The Asian Women's Resource Exchange ,UN Secretary-General's database on violence against women, Violence And Abuse Abstract</p>
<p>Grey Literature and conference proceedings</p>	<p>Greynet international(www.greynet.org)</p> <p>OHCHR LIBRARY(United Nations human rights library)</p> <p>NDLTD(Networked digital library of thesis and dissertation)</p> <p>Inflibnet -UGC (shodhganga)(thesis database)</p> <p>National Police Academy, India</p> <p>Selected state Police Academies</p> <p>similar institutions from South Asian countries</p>
<p>Journals</p>	<p>The following journals can be screened online for relevant titles:</p> <p>The Internet Journal of Criminology (IJC) is a free access online criminology journal. The primary aim of the journal is to publish international, scholarly and peer-reviewed criminology articles of the highest standard from many areas of expertise including the criminal justice system, crime reduction, delinquency, hate crimes and deviant social behaviour.</p> <p>feminists@law is a peer-reviewed online journal which aims to publish critical, interdisciplinary, theoretically</p>

	<p>engaged scholarship that extends feminist debates and analyses relating to law and justice (broadly conceived).</p> <p>WAGADU: A Journal of Transnational Women's and Gender Studies</p> <p>Indian police journal/Bureau of police research and development,Ministry of home affairs ,Govt of India</p> <p>Pakistan journal of criminology/Pakistan national police academy</p> <p>Intersections: gender and sexuality in Asia and the pacific</p> <p>Journal of south asian women studies</p>
<p>Website</p>	<p>Unic.un.org(United nations information centers)</p> <p>UN WOMEN-Digital Library, EPPI Library, Campbell library.</p> <p>Other international organization websites(world bank, Asian development bank, WHO etc)</p> <p>Bprd.nic.in(Indian bureau of police research and development)</p> <p>Wpnpakistan.org</p> <p>http://www.preventibvafrica.org/</p> <p>www.svri.org</p> <p>http://www.preventgbvafrica.org/</p> <p>GBV IMS-UN gender based violence management system</p> <p>http://www.icrw.org/</p> <p>http://www.care.org/</p> <p>Any other important website covering the topics, if found during the search process</p>

Contacts	Contact experts or individuals or organizations who are working in this field to make sure we are not missing any vital document or information.
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APPENDIX 2: SEARCH TERMS

Participants	Women, gender, Female, gender equity, gender equality, gender sensitization, women welfare, gender victims, Transgender, Trans-sexual, Transvestite, Hijras, Eunuchs
Interventions	Helpline, gender responsive policing, police training, gender responsive intervention, police reform, security sector reform, female police, gender mainstreaming, women police network, crime prevention unit, police behavior, Crime against women cell(CAWC), Crisis intervention centres, Fast track court, efficacy of intervention, Legal protection, gendered responses, Women patrol, civil society, Door to door policing, democratic policing, help seeking strategies, help, Callers in distress, police response, protection, Beat constable, GSPP training, risk assessment, feminism, feminist, law enforcement, crisis intervention, victim service, advocacy, crime reduction, female force, gender awareness, women empowerment, gender justice, Best practice in policing, KSP-UNICEF PROJECT, lady police, Women police
Outcomes	safe*, Pepper spray, Karate, Mobility, Mobile, Access, Accessible, Friendly, Comfort, Sense of security, Complicity, stigma, Confidence, reconcile, Complaints, referrals
Pre-Disposing Factors	IPV, Dowry, dowry deaths, human rights violation, trafficking, prostitution, Gender-based violence, domestic violence, sexual assault, custodial violence, rape, Violence, Bullying, Infanticide, battered women, molestation, Family violence
Study design	Ethnography, Ecological/Correlational Studies, Mixed Methods, Cluster Randomized Controlled Trial, RCT, cohort studies, case control study, cross sectional studies, quasi experimental studies, Experimental studies, qualitative studies, content analysis

APPENDIX 3

The World Bank Group's classification of countries by income groups

Low-income economies (\$1,045 or less)

Afghanistan	Gambia, The	Niger
Benin	Guinea	Rwanda
Burkina Faso	Guinea-Bissau	Sierra Leone
Burundi	Haiti	Somalia
Cambodia	Korea, Dem Rep.	South Sudan
Central African Republic	Liberia	Tanzania
Chad	Madagascar	Togo
Comoros	Malawi	Uganda
Congo, Dem. Rep.	Mali	Zimbabwe
Eritrea	Mozambique	
Ethiopia	Nepal	

Lower-middle-income economies (\$1,046 to \$4,125)

Armenia	Indonesia	Samoa
Bangladesh	Kenya	São Tomé and Príncipe
Bhutan	Kiribati	Senegal
Bolivia	Kosovo	Solomon Islands
Cabo Verde	Kyrgyz Republic	Sri Lanka
Cameroon	Lao PDR	Sudan
Congo, Rep.	Lesotho	Swaziland
Côte d'Ivoire	Mauritania	Syrian Arab Republic
Djibouti	Micronesia, Fed. Sts.	Tajikistan
Egypt, Arab Rep.	Moldova	Timor-Leste
El Salvador	Morocco	Ukraine
Georgia	Myanmar	Uzbekistan
Ghana	Nicaragua	Vanuatu
Guatemala	Nigeria	Vietnam
Guyana	Pakistan	West Bank and Gaza
Honduras	Papua New Guinea	Yemen, Rep.
India	Philippines	Zambia

Upper-middle-income economies (\$4,126 to \$12,735)

Albania	Fiji	Namibia
Algeria	Gabon	Palau
American Samoa	Grenada	Panama
Angola	Iran, Islamic Rep.	Paraguay
Azerbaijan	Iraq	Peru
Belarus	Jamaica	Romania
Belize	Jordan	Serbia
Bosnia and Herzegovina	Kazakhstan	South Africa
Botswana	Lebanon	St. Lucia
Brazil	Libya	St. Vincent and the Grenadines

Bulgaria	Macedonia, FYR	Suriname
China	Malaysia	Thailand
Colombia	Maldives	Tonga
Costa Rica	Marshall Islands	Tunisia
Cuba	Mauritius	Turkey
Dominica	Mexico	Turkmenistan
Dominican Republic	Mongolia	Tuvalu
Ecuador	Montenegro	

High-income economies (\$12,736 or more)

Andorra	Germany	Poland
Antigua and Barbuda	Greece	Portugal
Argentina	Greenland	Puerto Rico
Aruba	Guam	Qatar
Australia	Hong Kong SAR, China	Russian Federation
Austria	Hungary	San Marino
Bahamas, The	Iceland	Saudi Arabia
Bahrain	Ireland	Seychelles
Barbados	Isle of Man	Singapore
Belgium	Israel	Sint Maarten (Dutch part)
Bermuda	Italy	Slovak Republic
Brunei Darussalam	Japan	Slovenia
Canada	Korea, Rep.	Spain
Cayman Islands	Kuwait	St. Kitts and Nevis
Channel Islands	Latvia	St. Martin (French part)
Chile	Liechtenstein	Sweden
Croatia	Lithuania	Switzerland
Curaçao	Luxembourg	Taiwan, China
Cyprus	Macao SAR, China	Trinidad and Tobago
Czech Republic	Malta	Turks and Caicos Islands
Denmark	Monaco	United Arab Emirates
Estonia	Netherlands	United Kingdom
Equatorial Guinea	New Caledonia	United States
Faeroe Islands	New Zealand	Uruguay
Finland	Northern Mariana Islands	Venezuela, RB
France	Norway	Virgin Islands (U.S.)
French Polynesia	Oman	

APPENDIX 4: OPERATIONAL DEFINITIONS

Gender: “Gender refers to the social attributes and opportunities associated with being male and female and the relationships between women and men and girls and boys, as well as the relations between women and those between men.” (UN, 2015)

Transgender: Transgender persons are individuals whose gender identity and/or expression of their gender differs from social norms related to their gender of birth. The term transgender describes a wide range of identities, roles and experiences which can vary considerably from one culture to another. Transgender persons in Asia often identify themselves in local indigenous terms. (for example, waria in Indonesia and kathoey in Thailand) (United States Agency for International Development [USAID] & United Nations Development Programme [UNDP], 2011)

Gender-based violence: “Gender-based violence (GBV) is the general term used to capture violence that occurs as a result of the normative role expectations associated with each gender, along with the unequal power relationships between the two genders, within the context of a specific society.” (Bloom, 2008)

Gender-sensitive: Gender-sensitive policies, programmes, or training modules recognise that both women and men are actors within a society, that they are constrained in different and often unequal ways and that consequently they may have differing and sometimes conflicting perceptions, needs, interests, and priorities. (United Nations Programme on HIV and AIDS [UNAIDS], 2011)

Gender-responsive: The term ‘gender-responsive’ is usually encountered in conjunction with another word: gender responsive governance, strategies, treatments, budgets, etc. Its meaning is similar to gender-sensitive. (UNAIDS, 2011)

Policing: “Police, the body of officers representing the civil authority of government. Police typically are responsible for maintaining public order and safety, enforcing the law, and preventing, detecting, and investigating criminal activities. These functions are known as policing”. (Encyclopedia Britannica, 2015)

Community-based policing: “Community-based policing is an approach to policing based on the concept that crime can most effectively be addressed through a partnership between the police and the community they serve. When put into practice, this approach to policing is generally characterized by consultation by the police with communities; adaptation of police policies and strategies to the requirements of particular communities or localities; mobilization of the public to work with the police to prevent crime; and adoption of a mutual problem-solving methodology as the fundamental strategy of policing”. (USAID policy guidance, 2005)

Civilian police: “Civilian police authority means a public safety or constabulary force that has the authority to carry out certain functions normally exercised by a law enforcement force. This includes the authority to carry weapons, make arrests, search private premises, interrogate in private, supervise confinement, and initiate prosecutions”. (USAID policy guidance, 2005)

APPENDIX 5: TIMELINE

Stage of review	Start date	End date
Title registration	1.10.2015	15.10.2015
Preparation of preliminary protocol	5.10.2015	5.11.2015
Review of preliminary protocol by QAT	6.11.2015	13.11.2015
Stage I: Identifying and describing existing research in terms of focus, design and context of studies	6.11.2015	30.12.2015
Presentation of stage I findings to advisory group and finalizing the scope for stage II	2.1.2016	10.1.2016
Revising preliminary protocol to prepare final protocol	10.1.2016	5.2.2016
Peer review of protocol (allow 1 month)	5.2.2016	5.3.2016
Stage II start : Study Search	5.3.2016	25.3.2016
Assessing study relevance	20.3.2016	25.4.2016
Data extraction and critical appraisal	26.4.2016	30.6.2016
Assessing study quality	26.4.2016	30.6.2016
Qualitative analysis	1.7.2016	20.7.2016
Statistical meta analysis	1.7.2016	20.7.2016
Contextualisation of the findings to South Asian relevance	22.7.2016	30.7.2016
Preparing draft report & summary	1.5.2016	30.7.2016
Draft report to be submitted for peer review/peer review (allow 2 months)	1.8.2016	1.10.2016
Revision of draft report	2.10.2016	2.11.2016

Disseminating draft report/ findings (allow 1 month)	3.11.2016	30.11.2016
Submission of Final report	10.11.2016	1.12.2016

APPENDIX 6: DELIVERABLES

Deliverable	Due date
Title registered	15.10.2015
Submission of Preliminary Protocol; organizing protocol workshop	6.11.2015
Submission of Final protocol (for peer review)	5.2.2016
Submission of Draft report ; Draft systematic review summary and contextualisation document	1.8.2016
Submission of Final report; Systematic review summary and contextualization document and organizing dissemination workshop	1.12.2016

APPENDIX 7: DRAFT VERSION OF DATA EXTRACTION FORM FOR GENDER RESPONSIVE POLICING SR FOR STAGE I

General Information

Study ID:	Investigator ID:
First author:	Year of study:
Report title: (title of paper/ abstract/ report that data are extracted from)	
Study aim/objective:	
Publication type:	
Country and region of study:	
Funding source of study:	
Potential conflict of interest from funding? Yes / No / Unclear	
Duration of the study:	
Rationale:	

Study Characteristics:		page/para/f ig/table #
Type of Study:		
Participants	Describe the participants included:	
	Are the participants 'women'(self-identified or otherwise)	Details:
Types of Comparison	<input type="checkbox"/> People exposed to a different intervention <input type="checkbox"/> People exposed to no intervention <input type="checkbox"/> Same intervention with different intensities	Specify:

Types of GRP intervention	Strategies included in the intervention	Top down/bottom up* or mixed approach (specify)	page/para/f g/table #
	Focus of the intervention		

	Description of intervention			
	Is the intervention based on existing theory or a conceptual framework?		If yes, describe.	
	Who initiated the intervention? [Community, local, state, Nation]			
	What is the funding source of the intervention [State, non-state]			
Duration of intervention	Start date:	Stop date:	Intervention duration:	
Outcome	List the outcomes from the study:		Details/indicators for each outcome assessed:	
Key themes identified in the study				
Key findings from the study				

Summary of Assessment for Inclusion for stage II

Include in review <input type="checkbox"/>		Exclude from review <input type="checkbox"/>	
Request further details? Yes <input type="checkbox"/> No <input type="checkbox"/>		Contact details of authors:	

APPENDIX 8: DRAFT VERSION OF DATA EXTRACTION FORM FOR GENDER RESPONSIVE POLICING SR FOR STAGE II. (THIS WILL UNDERGO FURTHER EDITING AND VALIDATION)

Study ID:	Date form completed:
First author:	Year of study:
Data extractor:	
Citation:	

General Information

Publication type:	Journal Article <input type="checkbox"/> Abstract <input type="checkbox"/> Other (specify e.g. book chapter) _____
Country of study:	
Funding source of study:	Potential conflict of interest from funding? Yes / No / Unclear
Report author contact details	Report title (title of paper/ abstract/ report that data are extracted from)

Study Eligibility

Study Characteristics			Page/ Para/ Figure #
Type of study (Review authors to add/remove designs based on criteria specified in protocol)	<input type="checkbox"/> Randomised Controlled Trial (RCT) <input type="checkbox"/> Cluster Randomised Controlled Trial (cluster RCT)	<input type="checkbox"/> Controlled Before and After (CBA) study Contemporaneous data collection Comparable control site At least 2 x intervention and 2 x control clusters	
	<input type="checkbox"/> Interrupted Time Series (ITS) At least 3 time points before and 3 after the intervention Clearly defined intervention point	<input type="checkbox"/> Qualitative Study. Specify: (e.g. ethnographic study)	
	Observational studies including <input type="checkbox"/> cohort <input type="checkbox"/> case-control <input type="checkbox"/> Cross-sectional studies.	<input type="checkbox"/> Other design (specify):	
	<input type="checkbox"/> A process evaluation of an included study design	Does the study design meet the criteria for inclusion? Yes <input type="checkbox"/> No <input type="checkbox"/> → Exclude Unclear <input type="checkbox"/>	
	Description in text:		

Participants (Review authors insert inclusion criteria as defined in Protocol)	Describe the participants included:		
	Are the participants 'women'(self-identified or otherwise)	Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear <input type="checkbox"/>	Details:
	How is the geographic boundary defined?	Details: Specific location (e.g. state / country):	
	Are the participants from LMICs?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear <input type="checkbox"/>	Details:
	Do the participants meet the criteria for inclusion?	Yes <input type="checkbox"/> No <input type="checkbox"/> Unclear <input type="checkbox"/> → Exclude	
Types Of Comparison	<input type="checkbox"/> People exposed to a different intervention <input type="checkbox"/> people exposed to no intervention <input type="checkbox"/> same intervention with different intensities	Specify:	

Types of GRP intervention (Review authors insert inclusion criteria as defined in Protocol)	Strategies included in the intervention		Top down/bottom up approach(specify)	
	Focus of the intervention			
	Does the intervention meet the criteria for inclusion?		Yes <input type="checkbox"/> No <input type="checkbox"/> → Exclude Unclear <input type="checkbox"/>	
Duration of intervention	Start date:	Stop date:	Intervention duration:	
	Is the duration of intervention adequate for inclusion?		Yes <input type="checkbox"/> No <input type="checkbox"/> → Exclude Unclear <input type="checkbox"/>	
Types of outcome measures (Review authors insert inclusion criteria as defined in Protocol)	List outcomes: Primary outcome: <ul style="list-style-type: none"> • Women's perceptions of safety • Women's confidence in the state systems for security and justice • Women's satisfaction from policing services Secondary outcomes: <ul style="list-style-type: none"> • Increased percentage of reporting of crime against women • Increased number of women police officers in the state • Number of workshops/ awareness programs under GRP 		Details:	

	<ul style="list-style-type: none"> Increased conviction rates 		
	Do the outcome measures meet the criteria for inclusion?	Yes <input type="checkbox"/> No <input type="checkbox"/>	→ Exclude Unclear <input type="checkbox"/>

Summary of Assessment for Inclusion

Include in review <input type="checkbox"/>		Exclude from review <input type="checkbox"/>	
Independently assessed, and then compared? No <input type="checkbox"/>	Yes <input type="checkbox"/>	Differences resolved	Yes <input type="checkbox"/> No <input type="checkbox"/>
Request further details? Yes <input type="checkbox"/> No <input type="checkbox"/>	Contact details of authors:		
Notes:			

DO NOT PROCEED IF PAPER EXCLUDED FROM REVIEW

APPENDIX A: RCTS, NRCTS

Study details

Study intention	Descriptions as stated in the report/paper	Page/ Para/ Figure #
Aim of intervention	What was the problem that this intervention was designed to address?	
Aim of study	What was the study designed to assess? Are these clearly stated?	
Equity pointer: Social context of the study	E.g. was study conducted in a particular setting that might target/exclude specific populations? See also Inclusion/exclusion criteria under Methods, below.	
Start and end date of the study	Identify which elements of planning of the intervention should be included	
Total study duration		

Methods	Descriptions as stated in the report/paper	Page/ Para/ Figure #
Method/s of recruitment of participants (How were potential participants approached and invited to participate? Where were participants recruited from? Does this differ from the intervention setting?)		
Inclusion/exclusion criteria for participation in study		
Representativeness of sample: Are participants in the study likely to be representative of the target population?		
Total number of intervention groups		
Sample size calculation: What assumptions were made? Were these assumptions appropriate?	Yes / No / Unclear	
What was the unit of randomisation? Allocation by individuals or cluster/groups		
What was the unit of analysis? Is this the same as the unit of randomisation?	Yes / No / Unclear	
Statistical methods used and appropriateness of these methods	(Check with your statistician if unsure about appropriateness)	

Results

Participants Include if relevant	Include information for each group (i.e. intervention and controls) under study	Page/ Para/ Figure #
What percentage of selected individuals agreed to participate?		
Total number randomised (or total pop. at start of study for NRCTs)		
Number allocated to each intervention group (no. of individuals)		
For cluster trials, number of clusters, number of people per cluster		
Where there any significant baseline imbalances?	Yes / No / Unclear Details:	
Number and reason for (and socio-demographic differences of) withdrawals and exclusions for each intervention group		
Were patients who entered the study adequately accounted for?		
What percentage of patients completed the study?		
What percentage of participants received the allocated intervention or exposure of interest?		
Is the analysis performed by intervention allocation status (intention to treat) rather than the actual intervention received? Have any attempts been made to impute missing data?		
Age (median, mean and range if possible)		
Gender		
Other socio-demographics (e.g. Educational level, literacy level, socio-economic status, first language. Also consider possible proxies for these e.g. low baseline nutritional status)		
PROGRESS categories reported at baseline (indicate letters of those reported: Place of residence, race, occupation, gender, religion, education, SES, social capital)		

Subgroups	1.By gender 2.By interventions 3.By regions 4.By age groups (specify)	
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Intervention Group 1: (copy and paste table for each Intervention group)

Group name:	(State brief name for this intervention group.)	Page/ Para/ Figure #
Details of intervention or control condition (Include if relevant in sufficient detail for replication)		
Setting e.g. school, workplace, community, GP clinic, etc.		
Theoretical basis (include key references)		
Content (list the strategies intended and delivered)		
Did the intervention include strategies to address diversity/disadvantage?	Enter a description of any relevant strategies	
Delivery (e.g. Stages (sequential or simultaneous), timing, frequency, duration, intensity, fidelity – process indicators)		
Providers (who, number, education/training in intervention delivery, ethnicity etc. if potentially relevant to acceptance and uptake by participants)		
Co-interventions		
Duration of intervention		
Duration of follow-up		
Was sustainability discussed by the authors? Was it a consideration in study development?		
Resource requirements to replicate intervention (e.g. staff numbers, hours of implementation, equipment?)		

Subgroups	Enter a description of any intervention subgroups from this report to be analysed in the review.	
What are the moderators/mediators of changes stated in the study?		
Do the authors describe any political or organisational context?	List relevant dot points	
Were any partnerships referred to?	List these as dot points	
Was a process evaluation conducted?	What components were included in the process evaluation? (e.g. dose, frequency, consistency, implemented as intended etc.)	
Control/comparison (what information is provided about what the control or comparison group received?)	Enter a description of what was provided for the control group, if applicable	

Outcomes: (This table is set up for 2 outcome measure to save spaces, copy and paste table as often as required)

sssss	Outcome 1	Page/ Para/ Figure #	Outcome 2	Page/ Para/ Figure #
Is there an analytic framework applied (e.g. logic model, conceptual framework)?				
Outcome definition				
Type of outcome: Is this a modifiable variable (Community level, neighbourhood level, individual level or organisational level)				
Time points measured				
Time points reported				
Is there adequate latency for the outcome to be observed?				
Is the measure repeated on the same individuals or redrawn from the population / community for each time point?				
Unit of measurement (if relevant)				

For scales – upper and lower limits and indicate whether high or low score is good				
How is the measure applied? Telephone survey, mail survey, in person by trained assessor, routinely collected data, other				
How is the outcome reported? Self or study assessor				
Is this outcome/tool validated?				
...And has it been used as validated?				
Is it a reliable outcome measure?				
Is there adequate power for this outcome?				
Effect measures				
Were PROGRESS categories analysed by outcome? Indicate the letters of those that outcomes were analysed by (place of residence, race, occupation, gender, religion, education, SES, social capital)				

APPENDIX B. OBSERVATIONAL STUDY DESIGNS

Characteristics of included studies

Methods

	Descriptions as stated in report/paper	Location in text or source (pg & /fig/table)
Aim of study		
Design		
Unit of observation		
Start date		
End date		
Duration of participation (from recruitment to last follow-up)		
Ethical approval needed/ obtained for study	Yes No Unclear	
Notes:		

Participants

	Description	Location in text or source (pg & /fig/table)
Population description		
Setting and context		
Inclusion criteria		
Exclusion criteria		
Method of recruitment of participants (e.g. phone, mail, clinic patients)		
Informed consent obtained	Yes No Unclear	
Total no. of subjects		
Clusters (if applicable, no., type, no. people per cluster)		
Baseline imbalances (if applicable)		
Withdrawals and exclusions		

Missing data		
Outcome(s) Definition, measure & classification	Primary outcome : <ul style="list-style-type: none"> • Women’s perceptions of safety • Women’s confidence in the state systems for security and justice • Women’s satisfaction from policing services 	
	Secondary outcomes: <ul style="list-style-type: none"> • Increased percentage of reporting of crime against women • Increased number of women police officers in the state • Number of workshops/ awareness programs under GRP • Increased conviction rates 	
Determinants	Socioeconomic	
	Geographic	
	Demographic	
Confounding factors/ effect modifiers accounted for		
Results (specify, e.g. OR, RR, IRR) (specify the reference group)	Crude	
	Adjusted	
Authors’ reported limitations of study’s methods/results		
Notes:		

Other information

Study funding sources (including role of funders)		
Possible conflicts of interest (for study authors)		
	Description as stated in report/paper	Location in text or source
Key conclusions of study authors		

References to other relevant studies		
Correspondence required for further study information (from whom, what and when)		
Notes:		

APPENDIX C: QUALITATIVE STUDIES

Heading	Subheading		For completion by reviewer(s)
	Reviewer's rating	As matrix	
	Typology	Review (systematic or narrative)? Primary research? Case studies or descriptive accounts?	Systematic review, Narrative review, Primary Research, Case studies, Descriptive account
	Study aim	What were the study's aims and purpose?	
	Key findings	What are the key study findings?	
	Evaluative summary	Draw together brief comments on the study as a whole and its strengths and weaknesses. Is further work required? What are its implications for policy, practice and theory, if any?	
Ethical standards		Was ethical committee approval obtained? Was informed consent obtained? Does the study address ethical issues adequately? Has confidentiality been maintained?	Ethical approval: Yes No Unclear Informed consent: Yes No Unclear Ethical issues addressed: Yes No Unclear Confidentiality maintained: Yes No Unclear
Context	Aims	Are the aims and purpose of the study clearly stated?	Yes/ No/ Unclear
	Rationale	What is the rationale and appropriateness for this choice?	
	Detail	Is there sufficient detail about the setting?	Yes /No/ Unclear
	Timing	Over what period did the data collection take place?	
Sample/ Participant recruitment	Inclusion criteria	Who was included in the study?	

	Exclusion criteria	Who was excluded from the study?	
	Selection	How participants selected? Were there any factors that influenced how the participants were selected (e.g. access, timescale issues)? Is the strategy for participant selection clearly mentioned?	
	Size	How many participants were recruited in the study?	
	Appropriateness	Is the strategy to recruit participants appropriate in terms of its ability to meet the aims of the study, the depth of data that is expected to be collected, and its breadth?	Yes /No/ Unclear
Data collection	Method	What data collection methods were used? Was the data collection adequately described and rigorously conducted?	Interview, Focus group, Observation, Mixed methods Yes/ No/ Unclear
	Data analysis	How are the data analysed? How adequate is the description of the data analysis? Is adequate evidence provided to support the analysis (e.g. use of original data, iterative analysis, efforts to establish validity and reliability)? Is the study set in context in terms of findings and relevant theory?	
Outcomes	Outcomes	What outcome measures were adopted? What was the impact of the study	
Findings	Themes		
	Conclusions		
	Opinions	What this person argues	

Policy and practice	Generalisability	To what extent are the study findings generalizable? What is the country of study? How applicable are the study findings to the LMIC? Are the conclusions justified?	
	Implications for policy	What are the implications for policy?	
	Implications for practice	What are the implications for practice?	
Other comments	Format	Comments on study format (book, journal article, report etc.) and how this may have implications for style and presentation of the text	
	Links to other references to be followed up	List any links to other references that should be followed up	

APPENDIX 9: RISK OF BIAS ASSESSMENT:

A. Risk of bias for studies with a separate control group (RCTS, CCTS, CBAS)

Domain	ROB			Support for judgment
	Low risk	High risk	Unclear risk	
Was the allocation sequence adequately generated?				
Was the allocation adequately concealed?				
Were baseline outcome measurements similar?*				
Were baseline characteristics similar?				
Were incomplete outcome data adequately addressed?*				
Was knowledge of the allocated interventions adequately prevented during the study? *				
Was the study adequately protected against contamination?				
Was the study free from selective outcome reporting?				
Was the study free from other risks of bias?				

B. Risk of bias for interrupted time series studies

Domain	ROB			Support for judgment
	Low risk	High risk	Unclear risk	
Was the intervention independent of other changes?				
Was the shape of the intervention effect pre-specified?				
Was the intervention unlikely to affect data collection?				
Was knowledge of the allocated interventions adequately prevented during the study?***				
Were incomplete outcome data adequately addressed?***				
Was the study free from selective outcome reporting?				
Was the study free from other risks of bias?				

C. Newcastle - Ottawa quality assessment scale- Case Control studies

Domain	ROB			Support for judgment
	Low risk	High risk	Unclear risk	

<p>Selection</p> <p>1) Is the case definition adequate?</p> <p>a) yes, with independent validation</p> <p>b) yes, e.g. record linkage or based on self-reports</p> <p>c) no description</p> <p>2) Representativeness of the cases</p> <p>a) consecutive or obviously representative series of cases</p> <p>b) potential for selection biases or not stated</p> <p>3) Selection of Controls</p> <p>a) community controls</p> <p>b) hospital controls</p> <p>c) no description</p> <p>4) Definition of Controls</p> <p>a) no history of disease (endpoint)</p> <p>b) no description of source</p> <p>Comparability</p> <p>1) Comparability of cases and controls on the basis of the design or analysis</p> <p>a) study controls for _____ (Select the most important factor.)</p> <p>b) study controls for any additional factor (This criteria could be modified to indicate specific control for a second important factor.)</p> <p>Exposure</p> <p>1) Ascertainment of exposure</p> <p>a) secure record (e.g. surgical records)</p> <p>b) structured interview where blind to case/control status</p> <p>c) interview not blinded to case/control status</p> <p>d) written self-report or medical record only</p> <p>e) no description</p> <p>2) Same method of ascertainment for cases and controls</p> <p>a) yes</p> <p>b) no</p> <p>3) Non-Response rate</p> <p>a) same rate for both groups</p> <p>b) non respondents described</p> <p>c) rate different and no designation</p>		
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D. Newcastle - Ottawa quality assessment scale- Cohort Studies

Domain	ROB Low risk High risk Unclear risk	Support for judgement
<p>Selection</p> <p>1) Representativeness of the exposed cohort</p> <p>a) truly representative of the average _____ (describe) in the community</p> <p>b) somewhat representative of the average _____ in the community</p> <p>c) selected group of users eg nurses, volunteers</p> <p>d) no description of the derivation of the cohort</p> <p>2) Selection of the non-exposed cohort</p> <p>a) drawn from the same community as the exposed cohort</p> <p>b) drawn from a different source</p> <p>c) no description of the derivation of the non-exposed cohort</p> <p>3) Ascertainment of exposure</p> <p>a) secure record (e.g. surgical records)</p> <p>b) structured interview</p> <p>c) written self-report</p> <p>d) no description</p> <p>4) Demonstration that outcome of interest was not present at start of study</p> <p>a) yes</p> <p>b) no</p> <p>Comparability</p> <p>1) Comparability of cohorts on the basis of the design or analysis</p> <p>a) study controls for _____ (select the most important factor)</p> <p>b) study controls for any additional factor (This criteria could be modified to indicate specific control for a second important factor.)</p> <p>Outcome</p> <p>1) Assessment of outcome</p> <p>a) independent blind assessment</p> <p>b) record linkage</p> <p>c) self-report</p> <p>d) no description</p>		

<p>2) Was follow-up long enough for outcomes to occur</p> <p>a) yes (select an adequate follow up period for outcome of interest)</p> <p>b) no</p> <p>3) Adequacy of follow up of cohorts</p> <p>a) complete follow up - all subjects accounted for</p> <p>b) subjects lost to follow up unlikely to introduce bias - small number lost - > ____ % (select an adequate %) follow up, or description provided of those lost)</p> <p>c) follow up rate < ____% (select an adequate %) and no description of those lost</p> <p>d) no statement</p>		
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E. Newcastle - Ottawa quality assessment scale (adapted for Cross-sectional studies)

Domain	ROB Low risk High risk Unclear risk	Support for judgement
<p>Selection:</p> <p>1) Representativeness of the sample:</p> <p>a) Truly representative of the average in the target population. (all subjects or random sampling)</p> <p>b) Somewhat representative of the average in the target population. (non-random sampling)</p> <p>c) Selected group of users.</p> <p>d) No description of the sampling strategy.</p> <p>2) Non-respondents:</p> <p>a) Comparability between respondents and non-respondents characteristics is established, and the response rate is satisfactory.</p> <p>b) The response rate is unsatisfactory, or the comparability between respondents and non-respondents is unsatisfactory.</p> <p>c) No description of the response rate or the characteristics of the responders and the non-responders.</p> <p>3) Ascertainment of the exposure (risk factor):</p>		

<p>a) Validated measurement tool. b) Non-validated measurement tool, but the tool is available or described. c) No description of the measurement tool.</p> <p>Comparability:</p> <p>1) The subjects in different outcome groups are comparable, based on the study design or analysis. Confounding factors are controlled.</p> <p>a) The study controls for the most important factor (select one). b) The study control for any additional factor.</p> <p>Outcome:</p> <p>1) Assessment of the outcome: a) Independent blind assessment. b) Record linkage. c) Self report. d) No description.</p> <p>2) Statistical test: a) The statistical test used to analyze the data is clearly described and appropriate, and the measurement of the association is presented, including confidence intervals and the probability level (p value). b) The statistical test is not appropriate, not described or incomplete.</p>		
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