The SARH Systematic Review (SR) Programme for South Asia

Training Evidence Summaries: Request for Proposals (RfP)

Issue date: 7th December, 2015

Last date of proposal submission: 18th January, 2016 (Monday) by 17:00 UK time

Supported by

The SARH Systematic Review (SR) Programme for South Asia

Training evidence summaries: Request for Proposals

1 Background

The UK Department for International Development (DFID) promotes collection and use of high quality evidence to inform its policies and programmes. DFID's Research and Evidence Division (RED) leads the commissioning and synthesis of research evidence. The South Asia Research Hub (SARH) works as part of RED to improve the outreach of its global research into country and regional programmes, and supports DFID country offices and their partners to be better users and commissioners of research.

1.1 The SARH Systematic Review (SR) Programme for South Asia

The South Asia Research Hub (SARH), DFID, has initiated a **Systematic Review (SR) Programme for South Asia.** The programme aims at providing DFID country offices, policy-makers and development practitioners in South Asia with a robust assessment of the evidence base for their policies and programmes. The programme involves commissioning research products, comprising of **systematic reviews and evidence summaries**, to assess "what works" and "what does not" in areas relevant to development priorities for South Asia. Further, the programme aims to build capacity, preferably of the South Asian institutions, for producing more systematic reviews and other rigorous evidence products in the region.

A particular emphasis of SARH (DFID) and the programme is on the quality and accuracy of the evidence produced, and contextualisation of results to South Asia[1] (India, Pakistan, Bangladesh, Nepal, Afghanistan and Myanmar in particular) to develop informed policy-making and programming in the region. This is an important step in strengthening the capacity for evidence-informed decision making.

The programme is established initially for two years.

1.2 Service provider to manage the programme

SARH (DFID) has selected a consortium of PricewaterhouseCoopers Pvt. Ltd. (PwC), the Evidence for Policy and Practice Information and Coordinating Centre (EPPI-Centre) and LIRNEasia to implement the SARH SR programme in South Asia. The consortium (to be called **the SR consortium** hereafter) is led by PwC as the Lead Management Team (LMT) with the EPPI-Centre as the lead Quality Assurance Team (QAT); and LIRNEasia as the lead Capacity Building Team (CBT).

2 Evidence summaries

Evidence summaries are quality assured plain language summaries of the evidence available to answer important policy questions. They normally summarise the findings from systematic reviews of research in language accessible to non-specialists, and include:

- Key messages for policy-makers, practitioners and/or researchers which provide the headline factual findings of one or more systematic reviews;
- The purpose of the evidence summary and the question(s) it seeks to answer;
- A summary of the main evidence from relevant systematic reviews of research;
- Broad findings relating to the body of evidence as a whole;
- Reflections on the assumptions and quality of the evidence;
- Specific gaps in the evidence relating to important policy concerns;

[1] For the purpose of this programme, the South Asian region (or South Asia) is understood as comprising of India, Pakistan, Bangladesh, Nepal, Afghanistan and Myanmar.

- Visual representation of key evidence to facilitate reader's understanding and to attract their attention;
- An overview of the evidence, more detailed than is given in the short summary above, relevant for policy-makers and development practitioners, and referring to policy implications wherever appropriate;
- Relevance of the review findings for the South Asian region and specific South Asian countries (if required); this section will also present issues for readers to consider when drawing on the findings for the South Asian region.

Evidence summaries can be used to summarise findings of more than one relevant review. The evidence summary report will also include a section on policy relevant implications of findings.

Training evidence summary: Evidence summaries under the programme will be categorised into "Competitive evidence summaries" (those which will be undertaken by teams having prior experience in undertaking similar studies) and "Training evidence summaries" (those which will be conducted by providing capacity building support to teams having basic technical skills required to these studies). In essence, both competitive and training evidence summaries will adopt the same approach and methodology. However, the training evidence summaries are being commissioned for the purpose of capacity building in the South Asia region; hence teams undertaking these studies (to be called "trainee teams") will be provided with residential and online training support to undertake evidence summaries. The training support will be provided without any charge to trainee teams.

This RfP is for inviting proposals for training evidence summaries only.

The methodology for conducting evidence summaries is described briefly in section 4 Methodology.

3 Research questions for training evidence summaries

The SR consortium, together with the SARH (DFID), has identified research questions for developing training evidence summaries under the programme. **Proposals are invited from interested organisations to develop training evidence summaries under the programme for the questions provided below**.

Please refer to **Appendix 4: Research briefing for training evidence summary questions** for details on each question.

There will be one award for each of these questions, but the SR consortium and SARH (DFID) may choose to commission fewer studies if proposals of adequate quality are not received. Applicants interested to participate in more than one training evidence summaries can do so by submitting separate proposals for each question

Research questions / theme for developing training evidence summaries are as follows:

Question 1 - Approaches to Nutrition Programmes: Evaluate the evidence for effectiveness of various nutrition programmes in low and middle income countries. Also, identify the key characteristics of successful nutrition programmes in an urban setting.

Question 2 - Effects of various disaster management approaches: Evaluate the evidence for effects of different types of Disaster Management approaches (both regional and country level).

4 Methodology

Following are the key steps involved in preparing evidence summaries:

Registering with the EPPI-Centre: Successful trainee teams will register their training evidence summaries with the EPPI-Centre. The EPPI-Centre is part of the Social Science Research Unit at the UCL Institute of Education. (https://eppi.ioe.ac.uk/cms/). It undertakes and supports policy-relevant systematic reviews of the evidence in a range of key areas of education, social policy, health, social welfare, and international development.

The EPPI-Centre support group (EPPI-SG) will provide quality assurance support to trainee teams including advice from the EPPI-Centre information specialist in preparing the search strategy for relevant systematic reviews; reviewing research protocol and draft evidence summary (and arranging for peer review, if required); and methodological support throughout the study process.

Access to EPPI-Reviewer software will be provided to trainee teams without any charge which will support them in managing the information required for developing evidence summaries[2].

Capacity building support to trainee teams: Trainee teams will be invited to attend two training programmes, organised by the SR consortium. These trainings will be provided to trainee teams **without any charge** and all expenses for attending these, including travel[3] and stay, will be funded from the programme. These training programmes will include residential as well as online training sessions. Online training sessions will be customised to the specific requirements of each trainee team.

The training programme will cover the following topics:

First training programme	Second training programme
▪ Principles and rationale of systematic review ▪ Use of logic models and other conceptual frameworks ▪ Searching and identifying literature ▪ Study designs and best available evidence ▪ Data extraction or coding and management ▪ Project management for evidence summary	▪ Principles of synthesis ▪ Categorisation of systematic reviews by various study aspects to prepare for synthesis ▪ Assessing the quality of existing systematic reviews ▪ Assessment of risk of bias ▪ Ranking & summarising most relevant SRs; structured narrative synthesis ▪ Contextualising findings

Further, the Capacity building team of the SR consortium (LIRNEasia) will support trainee teams in addressing comments of quality assurance / peer review and in improving the protocols and draft reports.

Please refer to Appendix 1 for details on capacity building and quality assurance support to be provided under the programme.

[2] EPPI-Reviewer (see http://eppi.ioe.ac.uk/cms/Default.aspx?alias=eppi.ioe.ac.uk/cms/er4) is a comprehensive online software tool, from the EPPI-Centre, that supports conducting all types of systematic reviews such as statistical meta-analysis, framework synthesis and thematic synthesis. This tool has the functionalities to manage a systematic review through every stage of operation from searching references, storing, coding, data extraction, study classification, review synthesis through review management etc. Being a web-based system, this tool also allows multiple users at a time from different locations.

[3] Travel cost for training programme will be provided from selected South Asian countries (India, Pakistan, Bangladesh, Nepal, Afghanistan and Myanmar) to the place of training.

Formation of an advisory group: Trainee teams will be required to set up an advisory group for each evidence summary. Each advisory group should consist of at least three members. Out of these, one or two members will be from SARH and / or DFID country offices. A minimum of two members will be suggested by the trainee teams, of which at least one member should be a sector / domain expert. Teams will be required to set-up the advisory group at the start of the study. Trainee teams will involve, discuss and take the feedback from the advisory group at key points of the study process. Bidders are required to provide CVs for proposed team members in their technical proposal.

Developing a Research Protocol: Trainee teams will be required to develop research protocols prior to starting the evidence analysis. In this document, the trainee teams will describe and explain their methods for identifying relevant SRs suited to the research question and analyse findings of these to answer the research questions in an explicit and appropriate way.

The research protocol will be a critical output of the study process as it can be used to invite suggestions from the sector experts, EPPI-Centre and SARH (DFID) on the study scope and methods. The research protocol should include following sections: (1) Background; (2) Objectives; (3) Methods (inclusion criteria, search strategy, methods of appraising and synthesising evidence); (5) Timeline; (6) Statement of conflicts of interest, if any; (7) References.

Identifying relevant systematic reviews & other evidence literature: As evidence summaries will largely summarise the findings of existing SRs, trainee teams will be expected to search SR databases to find existing reviews related to their respective research questions. The search strategy developed in the protocol will be used to identify relevant SRs.

Following are some sources of SRs that the trainee teams can search:

- Research for Development (http://r4d.dfid.gov.uk/SystematicReviews.aspx)
- 3ie/DFID systematic review database (http://www.3ieimpact.org/en/evidence/systematic-reviews/)
- EPPI-Centre-Evidence Library (https://eppi.ioe.ac.uk/cms/Default.aspx?tabid=56)
- The Environmental Evidence Library (http://www.environmentalevidence.org/Library.html)
- Evidence Aid (www.evidenceaid.org)
- Health Systems Evidence (http://www.mcmasterhealthforum.org/healthsystemsevidence-en)
- WHO Reproductive Health Library (http://apps.who.int/rhl/en/)
- WHO electronic Library of Evidence for Nutrition Actions (eLENA) (http://www.who.int/elena/en/)
- Epistemonikos (http://www.epistemonikos.org/)

Thus, for developing an evidence summary, **it is important that trainee teams have access to such databases and journals that publish and provide systematic reviews in relevant sectors.** *Hence, bidders are required to provide information regarding their access to relevant databases and journals in their proposals.*

Synthesising evidence from relevant SRs & other studies: For developing evidence summaries, trainee teams will be expected to identify and critically appraise systematic reviews, and possibly other studies, before summarising findings and presenting them in tables and text, making clear the populations, interventions and outcomes they address, and commenting on the context of the included studies.

Though the exact approach for synthesising evidence will depend on the research question, types of SRs, and studies that get selected, the **following is a broad-level framework** that illustrates possible steps involved in conducting the synthesis:

a) **Categorise the available studies by various study aspects:** This will involve summarising and mapping selected reviews by their key characteristics. Though, characteristics mapped will depend on the research topic, some common characteristics that can be used for mapping studies / reviews may include the type of interventions, primary beneficiaries, quality of studies considered, review methods used, impacts & outcomes, recommendations and research implication.

b) **Assessing the quality of existing systematic reviews:** The EPPI-Centre will provide a set of guidelines & framework for assessing the quality and relevance of systematic reviews to be included in the evidence summary.

c) **Ranking & summarising most relevant studies:** The findings from the evidence may be ranked according to its research methods and rigour or according to its relevance in terms of geography, interventions and programmes studied and outcome measures.

d) **Summary of highly relevant primary studies from existing SRs:** In addition to ranking and summarising findings of the existing SRs, a summary table of findings of highly relevant primary studies (included in existing SRs) will be useful for policy-makers and development partners in understanding impact of various interventions in the sector or theme. The summary table may include a brief on study objective, programmes and interventions evaluated by the study, research methods used, outcome indicators used and key findings.

Discussion with stakeholders: The trainee teams will be expected to convene discussions with relevant stakeholders in South Asia during the study process. They can conduct telephonic interviews with relevant sector experts, regional government officials/advisors, policy-makers, any knowledge leaders, DFID country advisors, as well as the SR consortium, to obtain their views and feedback on the research theme. These discussions can be very useful for keeping the study process focussed on most important issues.

Evidence Summary & Contextualisation Document: The trainee teams will prepare evidence summary reports (approx. 5-20 pages), which will include a summary of the main evidence and findings from relevant systematic reviews, implications of findings for policy development, programming and future research and a note on assumptions and quality of the evidence. The report will also identify evidence gaps relating to important policy concerns and an overview of the evidence in table or graphs format.

The summary document will have to be supplemented with a contextualisation document that analyses and presents the relevance of study findings for South Asia and specific South Asian countries (if required). The contextualisation document will be particularly important where search for relevant studies finds little evidence from South Asia and study involves evidence largely from other regions. The contextualisation document may also include issues for readers to consider when drawing on the findings for South Asian region.

The trainee teams may be required to prepare a power point presentation to present research findings to DFID advisors and other relevant stakeholders.

Review by QAT: Trainee teams will be required to get their research protocol and the draft evidence summary reviewed by the Quality Assurance Team (the EPPI Centre), to assess the documents in terms of

their merit in understanding the objective, defining the research question, their methods for addressing the research question, and their involvement of potential users in the work.

Dissemination: Trainee teams will be expected to undertake dissemination of research findings by developing summaries and abstracts which will be published on various online and print media platforms and by participating in events involving sector discussions.

Trainee teams will also be required to organise a dissemination workshop towards the end of the study to disseminate findings of the evidence summary to relevant stakeholders.

In addition to above, trainee teams may be invited by DFID or the SR consortium for one-to-one discussion or meeting with relevant stakeholders or for making presentation to them. As the requirement for these meetings / presentations cannot be envisaged in advance, hence travel expenses relating to these for the trainee teams will be reimbursed separately, based on actual expenses.

Coordination: The trainee teams will be expected to liaise efficiently with the SR consortium (specifically with LMT and QAT) and SARH (DFID) during the study process to ensure that timelines are kept and study is progressing in a desirable manner. Further, trainee teams will also coordinate with the advisory group during appropriate stages of the study.

5 Deliverables

1) **Research protocol** – The research protocol will be the first formal deliverable of the trainee team, to be submitted **at the end of 1st month from signing the contract**.

2) **A draft evidence summary**– A draft evidence summary will be submitted not later than the **end of 5th month** (from date of contract signing) to the SR Consortium. It will be quality reviewed by the QAT (the EPPI-Centre) and/or by external reviewers and SARH (DFID), which may take about 1 month after submission of draft evidence summary. The draft will include:

    i) key message for policy-makers, practitioners and/or researchers which provides the headline factual findings of one or more systematic reviews;

    ii) purpose of the evidence summary and the question(s) it seeks to answer;

    iii) summary of the main evidence from relevant systematic reviews of research;

    iv) broad findings relating to the body of evidence as a whole;

    v) reflections on the assumptions and quality of the evidence;

    vi) specific gaps in the evidence relating to important policy concerns;

    vii) visual representation of key evidence to help with readers understanding and to attract their attention;

    viii) an overview of the evidence more detailed than is given in the short summary above, relevant for policy-makers and development practitioners, and referring to policy implications wherever appropriate;

    ix) relevance of the review findings for the South Asian region and specific South Asian countries (if required); this section will also present issues for readers to consider when drawing on the findings for the South Asian region.

3) **Final evidence summary**– The final summary (5-20 pages, depending on the numbers of SRs included) will be submitted, in **one month from** receiving comments on the draft evidence summary from the EPPI-Centre, SARH (DFID) and /or external reviewer.

4) A **presentation** on key findings from the final evidence summary to SARH (DFID) at the end of the study. This will include presentation at an external meeting/seminar or any other event/conference that will be decided and agreed with SARH (DFID) in due course.

5) The trainee teams will be encouraged to produce various types of **dissemination** products, which may include, but not limited to popular columns, blog postings, leaflets, newsletters, etc. for different types of audiences to encourage debate and uptake in the region to a larger extent. Trainee teams will also organise a dissemination workshop towards the end of the study.

6) Quarterly status reports, to be submitted to PwC describing progress till the relevant date.

7) All deliverables must include SARH (DFID) and the SR Consortium branding, acknowledgement of funding and a disclaimer declaring that the deliverables are independent research products. The deliverables must be provided in an editable format; Word documents or equivalent using templates to be provided by the SR consortium.

6 Team Composition and Desired Expertise

Trainee teams developing training evidence summaries under the programme should include:

1. A principal investigator who will lead the study and take responsibility for project management.
2. A subject / sector expert, having academic and research experience in sector / subject to be studied along with relevant academic qualification in the field of study (e.g. Advanced university degree in social sciences, human rights, gender, health and education or any other relevant field);
3. Research methods expert, having experience in judging the design and quality of empirical studies. Having prior experience of conducting empirical studies or literature reviews will be a benefit;
4. An information scientist / experienced librarian to undertake and supervise searching and;
5. Junior researchers

Organisations based in South Asia are strongly encouraged to apply. If relevant, organisations may form consortium that include non-South Asia partners. However the lead organisation of the consortium should be based in South Asia. Support for capacity building would normally be available only to the South Asian organisations.

It should be noted that, in case of a consortium, contracting will be done with the lead organisation of the consortium, while the lead organisation may have sub-contracting arrangement with collaborating institutes or researchers.

It is important that trainee team have substantial dedicated time to complete the work. This requirement includes sufficient staff time to ensure adequate searching for existing systematic reviews, the independent double reading of existing reviews, quality appraisal of included reviews, ranking and summarising findings of most relevant reviews and preparing the evidence summary report.

You may refer to Appendix 5 for indicative team composition for evidence summary teams.

Teams should describe their relevant links with policy makers, practitioners and development community in South Asia in their proposal.

Note: Though there is no limit on the number of members in the proposed team, however, participation in the training programmes will be available for a maximum of 5 members per trainee team only.

7 Cost for the assignment

The budget for conducting each training evidence summary has been fixed as **GBP 20,000, including applicable taxes** (withholding tax, service tax or other applicable taxes). Each selected trainee team will receive a payment of GBP 20,000 (or INR equivalent of GBP 20,000) for preparing training evidence summary, in addition to the training and quality assurance support being provided under the programme. The above mentioned budget is inclusive of all expenses that may be incurred for conducting the study including accommodation, travel, subsistence, database subscription, dissemination or any other cost in relation to the study. Training teams should earmark a minimum of GBP 2000 from the above mentioned budget to cover expenses of conducting the dissemination workshop.

However, the above mentioned budget **does not include** expenses for attending the training programme or access to EPPI-Reviewer (review management software) as these will be funded from the programme. Also, travel expenses for dissemination activities (only those where review team members are invited by DFID or the SR consortium for one-to-one discussion or meeting with relevant stakeholders or for making presentation to them) will be reimbursed on actuals (based on DFID norms) and hence, are not included in the above mentioned budget.

Applicants are required to provide a confirmation that they agree to prepare the training evidence summary at above mentioned budget, if selected, in the format provided in Appendix 3.

Note: If selected entity is an Indian organisation, then payments will be made in INR. The exchange rate prevailing at the time of processing the invoice will be used for estimating the INR equivalent of invoice amount. Current exchange rates published on RBI's website will be used as reference. If selected entity is not an Indian registered organisation, then payments will be made in GBP.

If selected entity is located outside India, then there will be incidence of withholding taxes (WHT), which will be deducted from their payments, as per the applicable tax treaty between India and the respective country. PwC will provide a WHT deduction certificate to these organisations for claiming tax credits in their respective tax jurisdictions.

If selected entity is located in India and comes under the purview of service tax, then the above mentioned budget will be considered as "inclusive of service tax"[4].

8 Timeframe and Payment Terms

The evidence summaries are expected to be completed **within seven months from contract signing** to submission of final evidence summary.

Payment for the study will be tied to the deliverables that meet agreed timelines and will be given in three tranches, as following:

Milestones/Deliverables	Payment Terms
Acceptance of research protocol	30% of total payment

[4] If service tax rate increases beyond the current rate of 14.5%, then the additional service tax amount will paid be in addition to the fixed budget mentioned in this RfP.

Milestones/Deliverables	Payment Terms
Acceptance of draft evidence summary and contextualisation document	40% of total payment
Approval of final evidence summary and contextualisation document for publication; satisfactory completion of dissemination activities including organisation of dissemination workshop	15% of total payment
Evidence summary report and contextualisation document published on the EPPI-Centre website	15% of total payment

The trainee teams are expected to follow the timeline and ensure timely delivery of their responsibilities.

9 Criteria for Evaluation and Award of Contract

The proposals will be evaluated by a **Quality Based Selection (QBS) methodology**. Applicants will be required to submit only a technical proposal including details about their organisation / consortium, team, approach and methodology, timelines and project management structure.

Technical proposals will be evaluated based on pre-determined criteria. Applicants obtaining the highest score in the technical proposal will be invited for negotiations and award of contract. The evaluation method to be used for assessing technical proposals under the programme is described below.

Evaluation of Technical Proposal: The technical evaluation for training evidence summaries will take place in **two stages**. In stage I, proposals will be assessed and scored based on the 'Capacity to undertake work' criteria as listed in the Table 1. The maximum score attainable in stage I is 30 and **applicants scoring 20 and above will qualify for stage II of evaluation**.

In stage II of the evaluation, short listed proposals will be assessed and scored based on the 'Quality of proposed team' and 'Quality of technical proposal' criterion as listed in Table 1. The maximum score attainable in stage II is 70.

Scores of stage I and stage II will be added to estimate final score of shortlisted applicants. The applicant attaining the highest final score will be selected for conducting the corresponding training evidence summary.

Criteria to be used for stage I and stage II evaluation of technical proposals are given in Table 1.

Table 1: Criteria for Evaluation of Technical Proposal

Criteria	Definition	Sub-components	Score
Stage I evaluation *(A minimum score of 20 (out of 30) will be required for qualification to stage II evaluation)*			
Capacity to undertake the work	The experience and ability of the bidding organisation / consortium in the relevant sector and in conducting evidence research	Track record of the bidding organisation / consortium in in (1) summarising findings of existing evidence literature / impact evaluation studies in general and for sectors to be studied; and (2) conducting impact evaluation, empirical research and reviews studies in South Asia for relevant sector;	10
		Access to knowledge sources (databases and journals) relevant to the research question for identifying relevant SRs and retrieving information;	10
		Contacts and networks with policy makers, practitioners	5

Criteria	Definition	Sub-components	Score
		and development community in South Asia.	
		Ability of the organisation to strengthen capacity of developing Systematic review / Evidence summary in South Asia	5
Criteria Sub-Total			***30***
		Stage I evaluation total	***30***
Stage II evaluation *(Technical proposal of applicants qualifying stage I will be evaluated for following criteria)*			
Quality of proposed team	The skills of the proposed team in the relevant research and policy area and in conducting similar reviews of existing evidence / studies	Experience and skills of the Principal investigator / team leader in conducting and leading review of existing research studies; It is preferable that the individual has experience in academic disciplines and policy sectors to be studied under the review.	10
		Experience and skills of other team members in conducting primary and secondary research & reviews, substantive knowledge in the area to be reviewed, and relevant skills in qualitative analysis; (It is required that proposed team members should have good research experience in South Asia (India, Pakistan, Bangladesh, Nepal, Afghanistan or Myanmar)	20
		Evidence of abilities to gain from capacity building support	10
Criteria Sub-Total			***40***
Quality of technical proposal	Understanding of research theme and use of appropriate methods for identifying, appraising and summarising systematic reviews.	Understanding of the research theme and policy issues that the evidence summary will address;	10
		Use of appropriate methods for identifying, appraising and summarising systematic reviews	5
		Methodology for analysing findings in the context of South Asia region and specific South Asian countries.	5
		Effective strategy for uptake/ dissemination of evidence summary findings	10
Criteria Sub-Total			***30***
Total of stage I and stage II evaluation scores			**100**

10 Submission of Proposal

Proposals are invited separately for each of the research questions (mentioned in Section 3), as the evidence summary for each question shall be separate. Applicants interested to participate in more than one evidence summary can do so by submitting separate proposals for each question.

All applicants are expected to submit the Technical Proposal in the format provided in Appendix 2 and confirmation of financial budget in the format provided in Appendix 3. The acceptable page limit for each section is mentioned with the format.

The proposal should be submitted through email to the email id - sr.southasia@in.pwc.com, **by 18th January, 2016 (Monday) by 17:00 UK time.**

In the subject line of the email, the applicant must mention "The SARH Systematic Review programme for South Asia- Training evidence summary-<*question title*>" when submitting the application. Before submitting the proposal, the applicant shall ensure that the technical proposal is in "pdf" format.

The applicants can send their queries to the SR Consortium **by 17th December, 2015** through mail to the email ID – sr.southasia@in.pwc.com. Please mention, "The SARH Systematic Review programme for South Asia - RFP – Queries" in the subject line when asking questions. The responses to the queries will be posted on EPPI-Centre's website **by 23rd December, 2015.**

The SR Consortium and SARH (DFID) may choose to ask further clarifying queries to the applicants, if necessary, either by email or telephone.

Please note that the final decision making power regarding the selection and funding rests with the evaluation panel comprised of members of SR Consortium and the SARH (DFID).

The schedule of procurement for this tender will be as following:

#	Details	Date
1.	Issue of RfP document	7th December, 2015
2.	Last date for receiving pre-bid queries	17th December, 2015
3.	Last date for submission of bid	18th January, 2016 (Monday) by 17:00 UK time
4.	Opening of technical bid	19th January, 2016
5.	Communication to stage I shortlisted bidders	1st February, 2016
6.	Communication to successful bidder(s)	29th February, 2016
7.	Negotiation and Signing of Contract	Approx. 3 weeks from communication to successful bidders
8.	Commencement of Work	Within 1 week from signing of contract or as may be agreed in contract

Note: If above mentioned schedule undergoes any change due to unforeseen reasons, we will inform applicants about corresponding changes either through mail or notice on EPPI-Centre's website.

Appendix 1. Capacity building and quality assurance support to be provided under the programme

The quality assurance team and capacity building team of the SR consortium will provide following support to the trainee teams:

- **Welcome / introductory emails:** Welcome letter will be sent via emails at the beginning of the projects to trainee teams. It aims to give information about what the teams can expect and where to get advice in terms of support from the EPPI-SG team.

- Support to trainee teams in registering their reviews with EPPI-Centre;

- **Residential training workshop** covering following topics for training systematic reviews and evidence summaries:

    - Principles and rationale of systematic review
    - Use of logic models and other conceptual frameworks
    - Searching and identifying literature
    - Study designs and best available evidence
    - Data extraction or coding and management
    - Project management for systematic reviews / evidence summaries

- **Online training session**, customised to the requirement of individual teams, broadly covering following topics:

    For systematic review:
    - Principles of synthesis
    - Coding of studies to prepare for synthesis
    - Assessment of risk of bias
    - Effect size calculation
    - Synthesis of the quantitative or qualitative studies
    - Analysing contextual relevance to South Asia
    - Drawing conclusions and developing implications from the findings

    For evidence summary:
    - Principles of synthesis
    - Categorisation of systematic reviews by various study aspects, to prepare for synthesis
    - Assessing the quality of existing systematic reviews
    - Ranking & summarising most relevant SRs; structured narrative synthesis
    - Analysing contextual relevance to South Asia
    - Drawing conclusions and developing implications from the findings

- **On-going guidance and support** to trainee teams via emails, phone, and Skype at key stages of preparing the systematic reviews / evidence summary including during development of research question, search strategy, inclusion/exclusion criteria, mapping tool, quality assessment framework, critical appraisal, synthesis, etc.;

- **Web-based resource interface** where training materials and sources of information and supplementary materials can be freely available to trainee teams;

- **Information management support through EPPI-reviewer**, including free of charge access to EPPI-reviewer for the purpose of preparing systematic review / evidence summary under the programme: Support will be provided in using EPPI-reviewer (information management software of the EPPI-Centre) to manage systematic review/ evidence summary information from the start of the study: e.g. handling citations from initial searches through the screening for relevant studies, data extraction, and data analysis;

- **Standardised research tools** (e.g. systematic review / evidence summary templates, study mapping tool) will be provided to trainee teams; support will be provided in understanding and using these templates;

- **Contextualisation support**: Support will be provided in developing methodology for contextualising review findings for relevance of South Asia and for applying these in the review;

- **Addressing peer review comments:** Support will be provided to trainee teams in addressing peer review comments on the draft protocol and draft report and in improving these documents;

- Support in **formatting, copyediting and publishing** the systematic review / evidence summary.

Appendix 2. Format for Technical Proposal

Section A: Introduction

Section B: Proposed team

Section C: Description of Approach and Methodology to Conduct the Review

Section D: Project Management and Timeline

Section A: Introduction

(Write-up for this section should not exceed 3 pages)

I. **Title of Proposed Evidence Summary:** *(Please mention the Evidence Summary question, as given in the RfP, for which the study will be conducted)*

II. **Propose Start and End date:** Teams should aim to start work shortly after signing the contract; please mention proposed timelines for the study:

Proposed start date: (MM/YYYY) Proposed end date: (MM/YYYY)

Contract duration will be ____ months.

III. **About Your Organisation/ consortium:** *(Please provide following information about your organisation / consortium)*

A. Name of the organisation / lead member (in case of consortium):

B. Type of organisation *(Academic institute, NGO, research organisation, etc.)*:

C. Constitution / Legal Status: (Company/Society/Firm /any other form of entity whether incorporated in India or outside to be mentioned in details):

D. Registered office address of the organisation:

E. Name & contact details of the key contact person/ authorised representative: *(Please note that all key correspondence related to this application will only be sent to this person)*

F. Type of applicant (Single organisation / Consortium / Lead organisation with individual sub-contractors):

G. Name & location of other consortium members (if any):

IV. **Experience of your organisation / consortium:** (Please describe briefly the experience of your organisation / consortium in (1) summarising findings of existing evidence literature / impact evaluation studies in general and for sectors to be studied; (2) conducting impact evaluations, empirical research and reviews studies; and (3) conducting research and evaluation in South Asia for the relevant sector. If you have prior experience in conducting systematic reviews, please include this here *(While systematic review experience is not mandatory for conducting training evidence summary, this information will be used as an input to design of training programmes)*.

V. **Policy engagement:** (Briefly describe your contacts and network with policy makers, practitioners and development community in South Asia and past experience of disseminating research findings & results to them)

VI. How do you plan to utilise training support provided under the programme to strengthen capacity of developing Systematic review / Evidence summary in South Asia?

VII. **Access to databases:** Please confirm whether your organisation / consortium has access to following databases. Also mention additional databases (covering systematic reviews) that your organisation / consortium has access to.

#	Databases (not providing open access)	Whether your organisation / consortium has access (Y/ N)
1.	Joanna Briggs Institute database of SRs - http://joannabriggslibrary.org/index.php/jbisrir	
2.	OVID (MEDLINE, EMBASE, PsycINFO)	
3.	PubMed- www.ncbi.nlm.nih.gov/pubmed	
4.	CINAHL - https://www.ebscohost.com/nursing/products/cinahl-databases/cinahl-complete	
5.	PROSPERO http://www.crd.york.ac.uk/PROSPERO/	
6.	ScienceDirect- www.sciencedirect.com/	
7.	Web of Science- webofknowledge.com/	
8.	Sociological Abstracts: http://www.proquest.com/products-services/socioabs-set-c.html	
9.	Scopus http://www.scopus.com/	
10.	International Bibliography of the Social Sciences (IBSS) http://www.proquest.com/libraries/academic/databases/ibss-set-c.html	

Section B: Proposed team

I. **Trainee Team members**

Please indicate names of all team members, their role and proposed tasks in the study, current job tile and name of the employer organisation or specify independent researcher as appropriate and their input days. Please use the table given below to provide this information:

Title	Name	Role in the review	Tasks assigned for the review	Current job title & employer organisation	No. of Days
Dr. / Prof./ Ms. / Mr.	xxx	*E.g. Principal Investigator; Information scientist; research assistant etc.*	*E.g. leading the study; guiding team on research methodology; coordinating with team members & with client; etc.*	*E.g. Lecturer of development studies with abc university*	*e.g. 20 days*

II. Declaration of competing interests:

Are you aware of any interests arising from research, financial or personal reasons which might reasonably lead to biases in your work? **Yes/No**

If **yes**, list these here, alongside any primary studies of relevance for the review to which you have contributed.

III. Please provide here, **CVs of all the proposed team members and advisory group members in the following format** *(a CV should not exceed 4 pages)*

1. Personal details:

Name:

Date of Birth:

Nationality:

Country of residence:

2. Education and relevant trainings:

3. Employment record/ Posts held:

#	Name of the employing organisation	Position held	From (MM/YY)	To (MM/YY)

4. **Do you have any systematic review experience or have participated in any systematic review trainings? (Yes / No).** If yes, please provide brief summary about each review including its start and end date / training content and training providers *(While systematic review experience is not mandatory for conducting training evidence summary, this information will be used as an input to design of training programmes).*

5. **Experience in primary and secondary research, particularly in sectors to be studied:** *(Please provide a brief summary about each study / project or future commitments including its start date and end date) (Project experience in South Asia will be preferred):*

6. **Publications related to the research theme:**

7. **Please write a short note on how your research skills and experience makes you a suitable candidate for this capacity building programme and how you will utilise opportunities offered under the current programme** *(this will help us in understanding ability of the researcher to gain significantly from the structured training provided under the programme)*

8. **Experience in managing research projects and reviews** *(applicable only for the CV of team leader/ principal investigator) (Please provide a brief summary of each project / study including its start date and end date)***:**

9. **Experience of conducting searches, possibly systematic, for existing studies :** *(applicable only for the information scientist / librarian) (Please provide a brief summary of each project / study including its start date and end date)***:**

Section C: Description of approach and methodology to prepare evidence summary

(Write-up for this section should not exceed 3 pages)

I. Background to the Project – *(Please provide write-up on below mentioned sub-sections)*

A. **Statement of the problem(s)** – Provide a brief outline of the research question or the issue(s) that this evidence summary will address

B. Suggestions on research question – Please comment on the research question including any issues or limitations of the research theme / question, usefulness and relevance of the final product to the intended users, issues arising from contextual challenges etc. In light of these, the trainee team may suggest modifications in the research question(s).

II. Research Design and Methodology- *(Indicate how the evidence summary will be developed, using the following headings)*

A. Search methodology - Describe your proposed search strategy for identifying published and unpublished systematic reviews, which are likely to include, but are not limited to, the following sources:

- Electronic sources (e.g., database, e-library, internet)
- Print sources (e.g., journals, library shelves, hand search)
- Grey literature (e.g., databases, conference proceedings, research funders)
- Reference snowballing from published and unpublished literature

B. Quality assessment & summarising of reviews - Describe how the data from existing reviews will be summarised and their quality will be assessed.

III. Contextualisation of findings - An important output of the study will be presenting the relevance of findings to South Asian context or to the context of specific country of interest (where required). *Indicate your understanding of the policy issues and your plan for involving policy and development specialists in the study, using the following headings:*

A. Policy engagement in preparing the evidence summary- Describe plans to engage with potential users of the evidence summary to maximise its relevance to their work

B. Contextualisation- Describe the methods that will be employed to analyse (and preferably maximise) the relevance of study findings to the South Asian region and specific South Asian countries.

C. Dissemination plan- Provide a brief dissemination plan, explaining (1) potential end users of the study findings; (2) how to involve and inform potential end users about the research questions, progress and findings of the evidence summary (through publications, participating in seminars, conference etc.); (3) identifying online and print media platforms for publishing evidence summary and abstracts; and (4) plan for organising dissemination workshop.

Section D: Project Management and Timeline

I. **Accountability arrangement -** Indicate the following:

- The accountability arrangements for the team (who is coordinating the work and who will report to whom)
- The arrangements for team meetings

II. **Timetable –** Below is the indicative timetable & schedule of deliverables for preparing an evidence summary. The bidder can include these in their proposal as given below or, if required, can change the schedule of activities leading to deliverables. However, schedule of deliverables should not be changed.

Table 2: Format for timetable of the evidence summary

Tasks	Description	Start date	End date
Title Registration	Selected teams will register their evidence summary with the EPPI-Centre. The team is allowed around 2 weeks to complete the process after contract signing	28-Mar-16	**11-Apr-16**
Preparation of Research Protocol	The teams may take about 4 weeks to prepare their preliminary protocols before submitting it to the QAT for their review. Preliminary Protocol preparation will start simultaneously with title registration.	28-Mar-16	27-Apr-16
Research protocol submitted for review (allow 1 month)	The QAT will provide their feedback on the preliminary protocol in about a month.	**28-Apr-16**	28-May-16
Study Search	At this stage, relevant databases and libraries will be searched using key terms appropriate for the scope of the study. The information expert/librarian will help in conducting the search. This process may take around 3 weeks and can be started simultaneous to the peer review process.	28-Apr-16	19-May-16
Assessment of study relevance	Screening will be carried out for titles, abstracts and full text. This process may take 6 weeks.	13-May-16	27-Jun-16
Quality assessing and summarising the evidence	The teams will assess the quality of the identified systematic reviews and summarise their findings	21-Jun-16	21-Jul-16
Drawing implication of findings for policy, programming and future research	The teams will draw conclusions from their findings, and implications for policy, programme design and implementation, and research	21-Jul-16	5-Aug-16
Preparation of draft evidence summary & contextualisation document	The team will contextualise the findings to South Asia and specific countries mentioned in the RfP and will prepare draft evidence summary.	31-Jul-16	27-Aug-16
Draft evidence summary &		**28-Aug-16**	28-Sep-16

Tasks	Description	Start date	End date
contextualisation document submitted for review (allow 1 month)			
Revisions made based on the review	The teams will revise their evidence summaries and contextualisation documents based on the review provided to them	28-Sep-16	13-Oct-16
Dissemination of draft evidence summary / findings	Stakeholder engagement and dissemination.	13-Oct-16	23-Oct-16
Final evidence summary & contextualisation document submitted	Incorporating feedback received during dissemination in the final report.		**28-Oct-16**

Note: Tasks in the timelines may overlap. First training workshop (residential) is tentatively scheduled to be organised after one or two weeks of starting the evidence summary.

Table 3: Format for schedule of deliverables

Deliverables	**Due date** *(dd/mm/yyyy)*
Title Registered	11-Apr-16
Draft Research Protocol	28-Apr-16
Draft evidence summary & contextualisation document	28-Aug-16
Final evidence summary and contextualisation document; satisfactory completion of dissemination activities including a workshop (not later than 7 months from date of contract signing)	28-Oct-16

Appendix 3. Confirmation of budget for conducting the training evidence summary

(On letterhead of the applicant / Lead Organisation (in case of Consortium)

Date:

Dr. Manoranjan Pattanayak,
Programme Manager and Team Leader
The SARH Systematic Review Programme for South Asia
PricewaterhouseCoopers Private Limited
Building 10, Tower C, 17th Floor, DLF Cyber City
Gurgaon – 122002, Haryana| India

Subject: Confirmation of budget for conducting training evidence summary titled "……."

Dear Sir,

In response to your Request for Proposal, we agree to conduct the training evidence summary on the above-mentioned topic for a payment of **GBP 20,000, including applicable taxes** (withholding tax, service tax or any other tax which may be applicable).

We agree that this amount covers personnel cost (professional fees, honorarium, etc.) and project expenses including accommodation, airfare, subsistence, subscription, dissemination cost or any other cost in relation to the project as defined in Para-7 of RFP (*Cost for the Review*).

Signature of authorised signatory of lead organisation
Name and designation of authorised signatory

Appendix 4. Research briefing for training evidence summary questions

Question 1 - Approaches to Nutrition Programmes: An evidence summary

Research question: Evaluate the evidence for effectiveness of various nutrition programmes in low and middle income countries. Also, identify the key characteristics of successful nutrition programmes in an urban setting.

Background

Undernutrition caused by poverty is a major impediment to social and economic development of low and middle-income countries. Undernutrition, as defined by UNICEF, is the outcome of insufficient food intake and repeated infectious diseases. It includes being underweight for one's age, too short for one's age (stunted), dangerously thin for one's height (wasted) and deficient in vitamins and minerals (micronutrient malnutrition).

Lack of sufficient nutrition intake can lead to severe health issues. Undernutrition among children has been observed to be one of the main reasons for high infant and child mortality rates in developing countries. Undernutrition can lead to weak immune system, higher risk of infection, stunted growth, compromised brain development, physical disability, reduced muscle strength and several health complications.

Developing countries, including South Asian region, are unable to meet demand for food and nutrition of their people, especially the poor and vulnerable groups including women and children. This not only creates a health burden but also prevents countries from achieving their potential, holds back economic progress and productivity and also causes loss of human capital. This situation is exacerbated by other external factors such as rising and volatile food prices, increasing pressure on natural resources and, climate and environmental variability.

Hence, there is a need for 'scaling up'[5] nutrition programmes in developing countries. Nutrition programmes refer to interventions that seek to improve nutritional status of the population. These programmes can be nutrition-specific or nutrition-sensitive. Nutrition-specific interventions address the immediate causes of undernutrition including dietary intake, feeding practices and access to food. Nutrition-sensitive interventions address the underlying causes of undernutrition or malnutrition by incorporating actions from a wide range of sectors (agriculture, public health, education, etc.).[6]

Based on above, the **objective of this evidence summary** is to summarise available systematic reviews on different types of nutrition programmes and interventions that have been implemented in the low and middle income countries, especially in South Asia. The evidence summary will draw out learning about the effectiveness of different nutrition enhancing interventions, key challenges faced and South Asia specific factors that determine the success or failure of such programmes.

[5] Scaling up Nutrition: DfID's positions paper on undernutrition https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/67466/scal-up-nutr-uk-pos-undernutr.pdf

[6] Multi-sectoral Approaches to Nutrition: Nutrition-specific and Nutrition-sensitive interventions to accelerate progress. http://www.unicef.org/eapro/Brief_Nutrition_Overview.pdf

The population of interest for the evidence summary may include the general population of low and middle-income countries and have a specific focus on those sections that are most vulnerable to undernutrition like children, women and other socio-economically disadvantaged groups.

The evidence summary will focus on those **interventions** that aim to tackle issue of undernutrition by improving dietary intake of beneficiaries. These may include both the nutrition-specific and the nutrition-sensitive approaches and programmes. Some of the interventions/programmes that have been analysed in existing reviews include:

Nutrition-specific approaches	Nutrition-sensitive approaches
• School feeding • Food supplementation • Cash transfers	• Agriculture-led / Food security approaches • Training of care-givers (nurses, volunteers, doctors) • School-based nutrition promotion

The outcomes of interest for this evidence summary will include those measures that reflect nutritional and dietary intake, status of factors which affect dietary intake (income, feeding practices, food habits etc.) and health status of vulnerable population groups. Some of the outcomes used in existing reviews include:

1. Anthropometric outcomes:
    - Weight for Age
    - Height for Age
    - Body Mass Index
    - Bone Density
    - Haemoglobin
2. Nutritional status
3. Psychological health and behaviour outcomes
4. Cognitive and mental development
5. Feeding practices and dietary diversity
6. Income
7. Mortality and morbidity

Contextualisation of findings: The summary can draw evidence from existing Systematic reviews for low and middle income countries. However, the review team should then consider the relevance of the findings for South Asia and particularly with reference to Bangladesh.

Existing Systematic Reviews: Table 4 presents a summary of some of the existing systematic reviews that focus on enhancing nutrition and dietary intake of targeted population. Study teams will be required to conduct a search of relevant systematic reviews during the protocol stage and suggest more reviews that can be analysed and included in this evidence summary.

Table 4: Summary of existing systematic reviews relating to nutrition programme

#	Name	Location (LMIC/SA)	Year (Post 2010)	Population	Relevant Interventions	Relevant Outcomes
1.	Systematic review of the efficacy and effectiveness of complementary feeding interventions in developing countries Link: http://onlinelibrary.wiley.com/doi/10.1111/j.1740-8709.2007.00124.x/full#s1-3	YES (includes studies from India, Pakistan, Bangladesh and other LMICs)	NO (2008)	Target population within Low and Middle income countries as per the specifications of the programmes included in the study.	The interventions included in the review, fall under one or more of the following categories of interventions: 1. education as the main treatment, 2. complementary food or a food product offering extra energy (with or without added micronutrients) provided as the only treatment, 3. provision of food combined with some other strategy, usually education for mothers, 4. fortification of complementary foods (central or home fortification) with micronutrients (with no difference in energy provided to intervention vs. control groups), and 5. increased energy density and/or nutrient bioavailability of complementary foods through use of simple technologies	This SR presents impact of included interventions on growth, morbidity, child development, micronutrient intake and micronutrient status.

#	Name	Location (LMIC/SA)	Year (Post 2010)	Population	Relevant Interventions	Relevant Outcomes
2.	School feeding for improving the physical and psychosocial health of disadvantaged students Link: http://www.3ieimpact.org/evidence/systematic-reviews/details/39/	YES (Includes studies from India)	NO (2007)	Data were collected for high and low & middle income countries and were analysed and assessed separately. The population of interest within both the countries was children and adolescents, aged 5 to 19, who attended primary or high school.	The interventions of interest in this review are various school feeding programmes. These programmes are designed to provide food to hungry children and to improve their physical, mental and psychosocial health. Interventions involving meals (breakfast or lunch) or snacks (including milk) administered in a school setting were also included.	The outcomes of interest in this review are the indicators of physical, mental and psychosocial health of the treatment population. These included: 1. Physical health outcomes included nutritional status (anthropometry, bone mineral density, bone mineral content, micronutrient status, and haemoglobin, and hematocrit). 2. Psychological health outcomes included educational outcomes and other tests of cognition such as intelligence test scores, psychomotor and mental development, etc. 3. Behavioural outcomes included on-task behaviour, attention problems, and behaviour problems.
3.	Food supplementation for improving the physical and psychosocial health of socio-economically disadvantaged children aged three months to five years	YES (Included studies from India & Bangladesh)	YES (2015)	Done for both LMIC and HIC separately. Within these countries, the review looked at the 'Socio-economically disadvantaged	The intervention of interest in this review is 'Supplementary feeding'. This type of intervention involves provision of energy (with nutrients, micronutrients, or both) through food (meals/snacks) or beverage to children to ameliorate or prevent undernutrition. This may be	The outcomes of interest are indicators that reflect effectiveness of supplementary feeding interventions. This includes indicators such as height gain, weight gain, height for age and weight for age. The complete list of outcomes studied includes: **Primary outcomes**

#	Name	Location (LMIC/SA)	Year (Post 2010)	Population	Relevant Interventions	Relevant Outcomes
	Link: http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009924.pub2/tables			groups;' OR all socio-economic groups if results are or can be stratified by some indicator of socio-economic status (for example, high or low income, high or low education, rural or urban).	given in preschool, day care, or community settings; take-home or home-delivered rations are also included. Programme goals generally include one or more of the following: improved survival, prevention or amelioration of growth failure, lowered morbidity, and promotion of normal cognitive and behavioural development. Interventions included were 1. Hot or cold meals (breakfast or lunch); 2. Snacks (including both food and beverages such as milk or milk substitutes); 3. Meals or snacks in combination with take-home rations; 4. Take-home rations	1. Physical health 2. Psychosocial health 3. Cognitive development or mental development 4. Attention span 5. Language 6. Memory **Secondary outcomes** Physical health 1. Biochemical markers of nutrition (Vitamin A, haemoglobin, hematocrit) 2. Physical activity 3. Morbidity 4. Mortality 5. Overweight or obesity Psychosocial outcomes 1. Stigmatisation 2. Behaviour problems
4.	A Systematic Review of Nutrition-specific and Nutrition-sensitive Risk Factors of Linear Growth among Children and Adolescents (0 to 19 years) in Low and Middle-income Countries **(Title Registration)**	YES (LMIC)	YES (2014)	Male and female children (0 to <10 years of age) and/or adolescents (10 to 19 years of age) from low and middle income countries will be included. Age at exposure to a nutrition-sensitive or nutrition-specific	This review seeks to identify the determinants of linear growth faltering or stunting, which is an indicator of chronic malnutrition in children. They assert that both nutrition specific and nutrition sensitive factors contribute to stunting. Thus, this review assesses exiting evidence to study the impact of these different types of risk factors in causing stunting. **Nutrition-specific factors**: immediate determinants of foetal, child and adolescent nutrition	The authors have proposed the following primary and secondary outcomes of interest in their title registration. **Primary**: linear growth, defined as attained length (in children <2 years of age) or height (in children and adolescents aged 2-19 years of age) disaggregated by age and gender (where possible). **Secondary**: age- and sex-adjusted length/height for children or adolescents using standardised growth charts (e.g.

#	Name	Location (LMIC/SA)	Year (Post 2010)	Population	Relevant Interventions	Relevant Outcomes
	Link: http://www.campbellcollaboration.org/lib/project/336/			factor (e.g. prenatal maternal supplementation) will not determine study eligibility.	and development, including adequate food and nutrition intake, feeding, caregiving and parental practices and a low burden of infectious disease. **Nutrition-sensitive factors**: underlying determinants of foetal and child nutrition and development, including food security, adequate caregiving resources at the maternal, household, and community levels, and a safe and hygienic environment.	World Health Organisation Growth Standards); the incidence and/or prevalence of stunting; or the standardised mean difference in linear growth; raw lengths/heights of children or adolescents (provided estimates are disaggregated by age and sex).
5.	The implementation and effectiveness of school-based nutrition promotion programmes using a health-promoting schools approach: a systematic review. Link: http://www.ncbi.nlm.nih.gov/pubmed/22850118	Includes one study from India	YES (2013)	Schools including students, parents and school staff	This paper evaluates implementation and effectiveness of nutrition promotion programmes using health-promoting schools (HPS) approach, to indicate areas where further research is needed and to make recommendations for practice in this field.	The outcomes listed in the review include improvements in nutrition knowledge, attitude, behaviour and consumption. For instance, the evidence indicates that nutrition promotion programmes using the HPS approach can increase participants' consumption of high-fibre foods, healthier snacks, water, milk, fruit and vegetables. It can also reduce participants' 'breakfast skipping', as well as reduce intakes of red food, low-nutrient dense foods, fatty and cream foods, sweet drinks consumption and eating disorders. It can help to develop hygienic habits and improved food safety behaviours.

#	Name	Location (LMIC/SA)	Year (Post 2010)	Population	Relevant Interventions	Relevant Outcomes
6.	Nutrition Training Improves Health Workers' Nutrition Knowledge and Competence to Manage Child Under nutrition: A Systematic Review Link: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3859930/	YES (Includes study from Pakistan amongst other LMICs) Countries from Africa, North and South America, Europe, Asia, and Australia	YES (2013)	This review includes studies which were conducted at various socio-economic levels, in most developed countries to the least developed.	The interventions included in this review range from varying nutrition training, education, counselling and awareness building programmes for the health workers (mostly nurses). These interventions differed in their implementation design (one-to-one, group, modules etc.)	The effectiveness of the interventions were checked against outcomes and indicators which reflected training and nutrition counselling skills, nutrition knowledge and nutrition management practices and competence of health workers.
7.	Effectiveness of nutrition training of health workers toward improving caregivers' feeding practices for children aged six months to two years: a systematic review. Link: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3668136/	YES (Includes studies from India, Pakistan , Bangladesh and other LMICs)	YES (2013)	The population of interest in this review included health caregivers, nutritionists, doctors, community health workers, nurses etc. The studies were included mostly from low and middle income countries.	The interventions of interest in this review include nutrition training interventions for health workers.	The outcomes of interest in this review are indicators that reflected the effectiveness of the training programmes. These included indicators for feeding frequency, energy intake and dietary diversity.
8.	Can nutrition be promoted through agriculture-led food price policies? A systematic review Link:	MAYBE (This review could identify only 4 studies in which one	YES (2013)	A study from India reported on the undernutrition rates in children, and other three	The interventions of interest here are the agricultural price policies such as the Indian food subsidy programme, European union withdrawal support policy, Egyptian farm subsidies policy	The outcomes of interest with regards to reflecting the nutrition status included: 1. Weight for age (India) 2. Disability adjusted life years and life expectancy (EU)

#	Name	Location (LMIC/SA)	Year (Post 2010)	Population	Relevant Interventions	Relevant Outcomes
	http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3696869/	was from India, the others were from US, Netherlands and Egypt)		studies from Egypt, the Netherlands and the USA reported on nutrition-related chronic disease outcomes in adults.	and the farm subsidies on grain commodities in the US.	3. Body Mass Index of Mothers (Egypt) 4. Adult weight (USA)
9.	A systematic review of agricultural interventions that aim to improve nutritional status of children (EPPI-Centre) Link: http://r4d.dfid.gov.uk/PDF/Outputs/SystematicReviews/Masset_etal_agriculture_and_nutrition.pdf	YES (studies from India, Bangladesh and Nepal included in the review)	YES (2011)	The population of interest was mostly poorest sections of rural population of included developing countries.	This report is a systematic review of the impact of agricultural interventions that aim to improve children's nutritional status by improving the incomes and the diet of the rural poor. The different types of agricultural interventions studied in this review are Bio-fortification, Home gardening, Aquaculture, Small scale fisheries, Poultry development, Animal husbandry and Dairy development.	The outcomes of relevance under this review are reflected through the following indicators: **Programme participation** (Characteristics of targeted population and participation rates) **Income** (Total household income) **Diet diversity** (Consumption of calorie, protein and micronutrient rich food) **Micronutrient intake** (Vitamin A intake) **Nutritional status** (Prevalence rates of stunting, underweight and wasting among children under five)
10.	What Are the Impacts of Urban Agriculture Programs on Food Security in Low and Middle-Income Countries? (Protocol) Link:	YES (LMIC)	YES (2013)	The review focuses on people in urban and peri-urban contexts within LMICs, who use forms of urban agriculture. The review does not	This paper seeks to assess the 'urban agriculture' interventions, which has been widely upheld as a solution to the food-crisis facing increasingly metropolitan populations. Thus, the objective of this review is answer- "what is known about the impacts of urban agriculture programs on	This review will include studies that assess impact of urban agriculture on income, food security and nutrition levels. Studies, which address impacts on income with no link made to food security, will be included, but discussed separately. Studies

#	Name	Location (LMIC/SA)	Year (Post 2010)	Population	Relevant Interventions	Relevant Outcomes
	http://www.environmentalevidencejournal.org/content/2/1/7			exclude any group of people on age or socio-economic group, but classifies studies according to the population and conduct sub-group analyses, if appropriate.	food security and nutrition in low and middle-income countries. This review will include urban agriculture in all its forms when used as a livelihood strategy. This can include growing plants to eat or sell (for example, herbs, fruit, vegetables or flowers) and animal husbandry.	that only focus on the environmental and social aspects of urban agriculture will be excluded.
11.	The positive deviance/hearth approach to reducing child malnutrition: systematic review Link: http://onlinelibrary.wiley.com/doi/10.1111/j.1365-3156.2011.02839.x/full	YES (Includes studies from India, Bangladesh, Afghanistan and other LMICs)	YES (2011)	The included studies which have described a specific population of interest have addressed rural areas/villages or urban slums.	This review includes studies, which analyse, report or evaluate effectiveness of 'Positive Deviance/Hearth Program for child malnutrition'. The intervention of interest, 'Positive Deviance/Hearth approach', aims to rehabilitate malnourished children using practices from mothers in the community who have well-nourished children despite living in poverty.	The outcome variables reported by studies varied widely and included weight gain, nutritional status, weight for age Z scores (WAZ), feeding practices, hygiene practices and breastfeeding rates.
12.	The effectiveness of interventions to treat severe acute malnutrition in young children: A systematic review Link: http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0046293/	This review included studies from developing countries including India, Bangladesh, Myanmar and Pakistan	YES (2012)	The population of interest included infants and children < 5 years of age with SAM. Outcomes:	The objective of this report is to review the evidence assessing interventions, programmes and/or guidelines to treat infants and children aged < 5 years of age who have Severe Acute Malnutrition (SAM). The interventions included intravenous fluid administration; oral rehydration solutions (ORSs); different diets (elemental	The review analysed those studies that reported on measures of morbidity, mortality or weight change. The outcome variables included weight gain, anthropometric measures, frequency of diarrhoea and recovery, recovery of children with SAM, response time to treatment and effect on micronutrient deficiency.

#	Name	Location (LMIC/SA)	Year (Post 2010)	Population	Relevant Interventions	Relevant Outcomes
					diet, soy-based diet, chicken based diet etc.); antibiotic therapy; clinical effectiveness of interventions in different settings (e.g. hospital, community, emergency) and supplements to correct micronutrient deficiencies.	
13.	How effective are cash transfer programs at improving nutritional status? (EPPI-Centre) Link: http://r4d.dfid.gov.uk/PDF/Outputs/SystematicReviews/Q33-Cash-transfers-2012Manley-rae.pdf	YES (Includes studies from Bangladesh, Sri Lanka and India amongst other developing countries)	YES (2012)	The population of interest was mostly those section of population in developing countries which were eligible and had access to various cash transfer programmes.	The interventions of interest here were cash transfer programmes, which were directly or indirectly linked to the nutrition status of recipients.	The outcomes of interest in this study were anthropometric outcomes. The specific indicators used in the included studies were mainly height for age, weight for age, height in cento meters or BMI (Body Mass Index).
14.	Conditional cash transfers for improving uptake of health interventions in low- and middle-income countries: A systematic review Link: http://jama.jamanetwork.com/article.aspx?articleid=209295	YES (LMICs from Latin America but not from South Asia)	NO (2007)	The population of interest in this review are groups selected under various conditional cash transfer programmes. In some cases, the selection is conditional and in some, unconditional.	The interventions of interest were conditional cash transfers, most conditional on nutritional intake of the children (children were provided supplements)	The outcomes of interest in this review included indicators for change in care-seeking behaviour, health status, immunization coverage and anthropometric outcomes.

Question 2- Effects of various disaster management approaches: An evidence summary

Research question: Evaluate the evidence for effects of different types of Disaster Management approaches (both regional and country level).

Background

In the recent past, the frequency of disasters has steadily increased, coupled with a growing number of emerging threats. Such a trend is leaving more and more individuals vulnerable to the effects of disasters including loss of life, property damages and dislocation.

Disasters wreak havoc wherever they strike. They result in loss of human lives, economic and social losses and cause irreparable damage in the areas where they occur. While disasters cannot be completely prevented or controlled, efforts have been made to undertake disaster management interventions which reduce the overall scale of damages resulting from disasters.

Disaster management can be defined as the organisation and management of resources and responsibilities for dealing with humanitarian aspects of emergencies, in particular preparedness, response and recovery[7]. Disaster management techniques vary greatly in approach but have four major thrust areas; disaster prevention (*to reduce the risk of the disaster occurring*), disaster preparedness (*to minimise the loss of life and damage*), disaster relief (*to mitigate the impact of the event and its long-term effects*) and disaster recovery (*rebuilding infrastructure and rehabilitation*). These approaches can be implemented for any geographical size, ranging from towns, cities, countries to larger regions (for instance, SAARC Comprehensive Framework on Disaster Management[8]).

A disaster management technique is assumed effective if it successfully reduces the incidence of death, dislocation, property damage and other economic and social losses in areas where they have been implemented.

For effective disaster management, interventions have to be tailored to the specific needs and characteristics of the treatment area. For instance, some regions are more vulnerable to earthquakes and thus require specific disaster management techniques such as earthquake resistant buildings, evacuation plans and early-warning systems.

Disaster management is a very wide area of research which encompasses studies relating to various types of disasters (earthquake, floods, cyclones etc.), different approaches to disaster management (prevention, preparedness, relief and recovery) and addressing issues of specific country or region. Several systematic reviews have been prepared for analysing evidence relating to various aspects of disaster management.

Thus, this evidence summary will analyse and summarise existing systematic reviews relating to disaster management approaches for low and middle income countries and will draw specific lessons and implications for South Asia.

[7] International Federation of Red Cross and Red Crescent Societies, https://www.ifrc.org/en/what-we-do/disaster-management/about-disaster-management/

[8] South Asia Association for Regional Cooperation (SAARC), Comprehensive Framework on Disaster Management, http://saarc-sdmc.nic.in/pdf/framework.pdf

Populations of relevance: The population of relevance under this study comprises of individuals, families and communities who are at risk or are vulnerable to disasters in low and middle income countries.

Interventions of relevance: Any disaster management intervention, which has been used at the country or regional level in low and middle income countries, will be of relevance for this review.

Relevant interventions will include, but may not be restricted, following:

1. Community based disaster management approaches;
2. Capacity building for disaster risk management;
3. Public health Emergency Operation centres;
4. Unconditional cash transfers (in case of humanitarian crisis);
5. Post disaster medical rehabilitation and relief interventions;
6. Communication & information dissemination for disaster preparedness, rescue and recovery (through social media & Volunteered Geographic Information etc.);
7. Interventions enhancing coordination among humanitarian actors for relief activities;
8. Ecosystem based approaches to adaptation (helping people adapt to climate change and reduce disaster risk)

Outcomes of relevance: The outcome of relevance for this review will be improvement in different aspects of disaster management from reduction in occurrence or severity of disaster to decrease in loss and damaged caused by disaster and efficiency in managing post disaster impact. The relevant outcomes will depend on the interventions included in the study but will broadly include following:

1. Reduction in risk and vulnerability to disaster (e.g. Reduction in the number of disasters that occur in a region, reduction in severity of disaster);
2. Improvement in disaster prevention and management infrastructure (e.g. Early warning systems, Emergency preparedness of health systems, disaster resistant planning & construction, stability of supply of goods and services post disaster etc.);
3. Improved capacity to manage disaster risk & post disaster impact (e.g. availability of national and local risk assessments based on hazard data and vulnerability information, dedicated multidisciplinary rapid response teams, response team training and security, access of affected population to health services etc.);
4. Reduction in negative social and economic impacts (impact on per capita income, household incomes, gender ratios, productivity, livelihood diversification etc.);
5. Efficiency of public health emergency services: (measured through reduction in death, injuries, infection, disease transmission rates and disaster mortality rates and other incidences of health events related to the disaster/possible disaster, etc.);
6. Behaviour change outcomes (e.g. higher compliance to health advice, preventive behaviour, voluntary isolation of infected individuals etc.);
7. Institutional changes (e.g. change in governance that results in a shift in thinking from disaster response to disaster prevention; laws which institutionalise community based disaster risk management; active community based disaster risk management committees etc.)

8. Communication and information dissemination (e.g. awareness of information regarding water contamination, vaccination, infectious diseases, disaster warning etc.)

In addition to the above listed indicators, there are indices for monitoring and evaluating disaster risk and disaster risk management. For e.g., *Disaster Deficit Index* which measures country risk from a macroeconomic and financial perspective according to possible catastrophic events; *Local Disaster Index* which identifies the social and environmental risks resulting from more recurrent lower level events; *Risk Management Index* which brings together a group of indicators that measure a country's risk management performance.

Contextualisation of findings: The summary can draw evidence from existing Systematic reviews for low and middle income countries. However, the review team should then consider the relevance of the findings for South Asia and particularly with reference to Bangladesh.

Relevant systematic reviews: Table 5 presents a summary of some relevant systematic reviews on disaster management interventions. Study teams will be required to conduct a search of relevant systematic reviews during the protocol stage and suggest more reviews that can be analysed and included in this evidence summary.

Table 5: Brief description of existing Systematic Reviews on Disaster Management initiatives

#	Name	Location (LMIC/SA)	Year (Post 2010)	Relevant Interventions	Relevant Outcomes
1.	Do community based disaster risk management (CBDRM) initiatives reduce the social and economic cost of disasters? **(At Protocol stage)** Link: http://eppi.ioe.ac.uk/cms/LinkClick.aspx?fileticket=9jSlvCXmJA4%3D&tabid=3174	YES (Will include developing countries and LMICs)	YES (2013)	Eligibility criteria will include literature relevant to the initial "rough theory" as well as any that describe the implementation or impact assessment or evaluation of CBDRM with an emphasis on being community-based. The focus will be on natural disasters and exclude manmade disasters and the broader effects of long-term climate change. However, in recognition that the current trend is to integrate the term DRM with Climate Change Adaptation (CCA), the term CCA is considered to be in scope for this review and has been included in the search strategy.	Potential examples of relevant outcomes include early warning systems in place, physical improvement to infrastructure, or a risk management plan developed. Also included will be the indicators that reflect how CBDRM may affect reducing risk and vulnerability and improving resilience; which may in turn affect the social and economic impacts. Examples of impact indicators could include: changes to governance that result in a shift in thinking about disaster response to disaster prevention; laws which institutionalise CBDRM; mobilised resources for CBDRM; improved capacity of communities to respond to disasters; and active CBDRM committees which are sustained after completion of the project. These indicators will be refined in relation to the literature examined in consultation with the Reference Group.
2.	Strategic research into national and local capacity building for disaster risk management (Literature review) http://preparecenter.org/sites/default/files/op	YES Includes South Asian countries	YES 2014	The preliminary objective of the review is to identify the boundaries of what is known about capacity building for DRM, in order to use this knowledge as a foundation for designing the broader research project. The interventions of interest in this review are the capacity building initiatives within	Under this review, the outcomes of interest will be the indicators that determine the effectiveness of the capacity building approaches under Disaster Risk Management (DRM). This will also include indicators for organisational strengthening, improved leadership and institutional enhancement. The authors of the review have highlighted the difficulties faced in monitoring and evaluating

#	Name	Location (LMIC/SA)	Year (Post 2010)	Relevant Interventions	Relevant Outcomes
	m_ifrc_literature_review_v1.pdf NB: *This review had a systematic search but did not explicitly take into account the quality of studies it reviewed.*			the disaster risk management approaches. This will include strategies to maintain capacities or on how to incorporate leadership and less tangible functional capacities into thematic and technically oriented capacities development strategies.	capacity building initiatives. They have recommended frameworks and indicators such as the CADRI (Capacity for Disaster Reduction Initiative) capacity assessment methodology for DRR or the Hygo action framework developed by UNISDR. For instance, some of the relevant indicators included under the HYGO framework are; - national and local risk assessments based on hazard data and vulnerability information are available, - systems are in place to monitor, archive and disseminate data on key hazards and vulnerabilities, - Early warning systems (EWS) are in place for all major hazards, - National and local risk assessments take account of regional risks, with a view to regional cooperation on risk reduction.
3.	A systematic review of Public Health Emergency Operation centres http://apps.who.int/iris/bitstream/10665/99043/1/WHO_HSE_GCR_2014.1_eng.pdf	YES (India and other LMIC)	YES (2013)	The interventions of interest in this review are the Public Health EOCs. A public health emergency operations centre (EOC) is a central location for coordinating operational information and resources for strategic management of public health emergencies and events. EOCs provide	The review states that there is no agreement in the literature about indicators to measure the performance and effectiveness of EOCs and development of indicators and metrics was lacking. Nonetheless, some objective indicators of success of EOCs include - core response capacity (Indicators of these

#	Name	Location (LMIC/SA)	Year (Post 2010)	Relevant Interventions	Relevant Outcomes
				communication and information tools and services and a management system during a response to an emergency or event. They also provide other essential functions to support decision-making and implementation, coordination, and collaboration. This systematic review examines peer-reviewed and grey literature in order to document global best practices for effective public health emergency response by EOCs; to identify indicators to monitor EOC performance; to describe risk communication in EOC settings; to outline research needs; and to identify standardised terminology.	capacities include the existence of a dedicated operations centre, dedicated multidisciplinary rapid response teams, communication and collaboration during response, existence of guidelines and procedures, and response team training and security); - Time for staff to report for EOC duty, - development of an incident action plan, - completion of after action reports and improvement plans - Performance standards of WHO Emergency Response Framework- like WHO mobilises existing staff to form an Emergency Response Team within 12 hours; establishes and delivers emergency services within 72 hours; and provides technical assistance as required within seven days.
4.	Unconditional cash transfers for assistance in humanitarian disasters: effect on use of health services and health outcomes in low- and middle-income countries **(Protocol)**	YES (Low and Middle income countries)	YES (2014)	This review is aimed at assessing the effect of Unconditional Cash Transfers (UCTs) for humanitarian assistance in natural and man-made disasters, primarily on the use of health services and health outcomes and secondarily on relevant social determinants of health, health care expenditure and effects on local markets and infrastructure in children and	Key outcomes for this review include: - Use of health services or facilities (e.g. number of visits of preventive services facilities or immunisation rates) from such sources as administrative records or surveys. - Health outcomes (mortality, diseases, nutritional outcomes, and anthropometric measures) - Relevant social determinants of health (e.g.

#	Name	Location (LMIC/SA)	Year (Post 2010)	Relevant Interventions	Relevant Outcomes
	Link: http://www.crd.york.ac.uk/PROSPERO/display_record.asp?ID=CRD42015019618#.VUohsvmqqko			adults in LMICs. Intervention(s) studied under this review include UCTs for assistance in humanitarian disasters.	income, education, employment, and social cohesion). - Health service expenditure - Effect on local markets and infrastructure, e.g. measures of the stability of supply of goods and services.
5.	Community based disaster risk management in Pakistan (Literature Review) http://r4d.dfid.gov.uk/Output/194898/	YES (Pakistan)	YES (2013)	This literature review offers an overview of what has failed, what has worked and the causal factors concerning community based Disaster Risk Management (including Disaster Risk Reduction) approaches. This is not a systematic review but may provide useful background information.	
6.	Medical Rehabilitation in natural disaster: A Systematic Review http://www.archives-pmr.org/article/S0003-9993(15)00140-9/fulltext	YES Includes studies from South Asia countries	YES 2015	Some of the relevant interventions included in the review were mental health programmes, psychological care programmes, social activity programmes and different types of rehabilitation programmes including individual based, institutional based and narrative exposure categories.	The outcomes of relevance in the review are indicators derived from various interview, questionnaires, surveys and case studies. These indicators included improvement in functional activity, impairment, participation and other psychological outcomes.
7.	Systematic review of strategies to manage and allocate scarce resources during mass	YES Includes LMIC and	YES 2013	Some of the interventions analysed in this review included strategies to reduce demand for health care services, optimising use of existing	The outcomes of interest varied based on the different categories as established by the authors. Some of the indicators included were vaccine effectiveness, propagation of the

#	Name	Location (LMIC/SA)	Year (Post 2010)	Relevant Interventions	Relevant Outcomes
	casualty events http://www.azdhs.gov/phs/emergency-preparedness/documents/conferences/csc-project/workgroups/clinical/annals-of-emergency-med-june-13-systematic.pdf	some studies from relevant South Asia countries		resources, augmenting existing resources, implementing crisis standards of care, and multiple categories.	epidemic, the emergence of drug resistance (including multidrug resistance), transmission rates and mortality rates amongst others.
8.	The use of Volunteered Geographic Information and Crowdsourcing in Disaster Management: a Systematic Literature Review http://www.agora.icmc.usp.br/site/files/papers/horita-amcis2013.pdf	Various (Taiwan, Japan, US Germany, Australia, Haiti, Latin America, Thailand, South Korea etc.)	YES 2013	The interventions of interest are the 'Volunteered Geographic Information (VGI)'. VGI can be defined as collection of digital spatial data produced by individuals and non-formal institutions using appropriate tools to gather and disseminate their views and geographical knowledge on the web."	This review describes but does not assess the effects of methods available for gathering geographic data for disaster management.
9.	Characterization of the Use of Social Media in Natural Disasters: A Systematic Review http://ieeexplore.ieee.org/xpl/login.jsp?reload=true&tp=&arnumber=7034828&url=http%3A%2F%2Fieeexplore.ieee.org%2Fiel7%2F7031559%2F7034739%2F070	Not specified in abstract *(Full paper is not available in public domain, only abstract is freely accessible)*	YES 2014	This study has conducted a systematic review of social media use in disaster management literature to identify how social media sites have been used during these four critical phases of disaster management life cycle in order to recommend strategies for government officials.	Not specified in the abstract *(Full paper is not available in public domain)*

#	Name	Location (LMIC/SA)	Year (Post 2010)	Relevant Interventions	Relevant Outcomes
	34828.pdf%3Farnumber%3D7034828				
10.	Review of the evidence base for ecosystem-based approaches for adaptation to climate change (PROTOCOL) http://link.springer.com/article/10.1186%2F2047-2382-1-13#page-1	*Region to be covered not mentioned in protocol.*	YES 2012	Ecosystem-based approaches for adaptation (EbA) integrate the use of biodiversity and ecosystem services into an overall strategy for helping people adapt to climate change. Interventions of interest for this review include ecosystem-based approaches for adaptation including: - Sustainable water management where river basins, aquifers, flood plains and their associated vegetation provide water storage and flood regulation; - **Disaster-risk reduction** where restoration of coastal habitats such as mangroves can be a particularly effective measure against storm-surges and coastal erosion; - Sustainable management of grasslands and rangelands, to enhance pastoral livelihoods; - Forest conservation and sustainable forest management– maintenance of nutrient and water flow and prevention of	Relevant outcomes include measure of adaptation effectiveness achieved due to ecosystem-based approach. For example, livelihood diversification – proof of diversity of income or of yields, cost-benefit analysis, community perception of effectiveness based on past experience, and erosion level reduction.

#	Name	Location (LMIC/SA)	Year (Post 2010)	Relevant Interventions	Relevant Outcomes
				land slides - Establishment of diverse agricultural systems, - Establishing and effectively managing protected-area systems to ensure the continued delivery of ecosystem services that increase **resilience to climate change** This review addresses the following question: What is the state of the evidence base regarding the ability of ecosystem-based approaches for adaptation to help people adapt to the impacts of climate change?	
11.	Mechanisms and models of coordination between organisations, agencies and bodies providing or financing health services in humanitarian crises: a systematic review http://www.crd.york.ac.uk/PROSPERO/display_record.asp?ID=CRD42014009267#.VUoUuvmqqko	YES (Bangladesh, Uganda, Mozambique and Turkey)	YES 2014	Coordination of humanitarian actors during and after humanitarian crises is defined as "the systematic use of policy instruments to deliver humanitarian assistance in a cohesive and effective manner". It has been reported that one of the major obstacles for the NGOs and governmental agencies providing and financing health services in cases of humanitarian crises is the limited coordination between them. The limited coordination between these organisations and agencies are mainly leading to duplication	Following are the key outcomes studies under this review: - Health outcomes of the affected population (effectiveness) - Access of the affected population to health services (effectiveness) - Access of the host community to health services (effectiveness) - Economic outcomes (efficiency) - Acceptability of interventions by different stakeholders - Feasibility of interventions

#	Name	Location (LMIC/SA)	Year (Post 2010)	Relevant Interventions	Relevant Outcomes
				and inefficiency in the delivery of health services. Types of interventions studied under this review included: mechanisms and models of coordination between organisations and agencies providing or financing health services. Examples of these include health clusters, and health zones.	- Impact on equity - Health outcomes of the host community (effectiveness) - Impact on health system inputs (structures)
12.	The Effectiveness of Disaster Risk Communication: A Systematic Review of Intervention Studies http://currents.plos.org/disasters/article/the-effectiveness-of-disaster-risk-communication-a-systematic-review-of-intervention-studies/	YES Includes India and some other developing countries	YES 2014	The interventions of interest here are different disaster risk communication approaches. Communication interventions for the mitigation of, preparedness for, response to, and recovery from disasters were included in this systematic review. For instance, - Communication to promote the mitigation and preparedness for infectious disease disasters - Communication to promote the preparedness for natural and man-made disasters - Communication to promote response to infectious diseases and natural disasters - Communication to promote disaster recovery	The relevant outcomes to the included interventions fell under the category of knowledge outcomes, behaviour outcomes and health outcomes. - Behaviour outcomes include higher compliance to health advice, (preventive behaviour, voluntary isolation of infected individuals, away from public spaces) - Knowledge outcomes include awareness of information regarding water contamination, vaccination, infectious diseases, disaster warning, etc. - Health outcomes included in this review were: 1. Incidence of health-related events related to the disaster/possible disaster; 2. Health-related behaviour (self-reported or observed) relating to the disaster/possible disaster; 3. Health-related knowledge about the disaster/possible disaster. Wherever possible, it also included outcomes in terms of deaths, injuries, infections, etc.

#	**Name**	**Location** (LMIC/SA)	**Year** (Post 2010)	**Relevant Interventions**	**Relevant Outcomes**
13.	Disaster management: findings from a systematic review http://www.emeraldinsight.com/doi/abs/10.1108/09653560910953207	Not specified in the abstract *(Full paper not accessible in public domain)*	NO 2009	The paper aims to discuss a systematic review of the literature about disaster management within the period 1980-2006.	Not specified in the abstract *(Full paper is not available in public domain)*

Appendix 5. Indicative team composition for conducting evidence summary

Table 6 presents an indicative composition of training evidence summary teams. Bidders can use this table as reference for suggesting proposed team structure for the training evidence summaries.

Please note that Table 6 presents only an indicative team structure and bidders are allowed to suggest their own team composition based on the requirement and scope of the specific questions.

Table 6: Indicative team composition for conducting training evidence summaries:

Role description	Role	Desired qualifications	Indicative time requirement	Required for:
Principal investigator (PI) / Team leader	▪ In-charge of the evidence summary; ▪ Providing strategic guidance to team in conducting review of existing evidence literature, including preparation of protocol, reports, summaries and contextualisation documents to ensure that all outputs are delivered within the specified time frame; ▪ Allocation of tasks to team members; ▪ Supervising and guiding activities relating to searching relevant databases and , quality appraisal and synthesis of information; ▪ Work with Methods expert in designing evidence summary methodology, quality appraisal and summarising the findings; ▪ Coordinating with the QAT and the CBT; ▪ Has ultimate responsibility for the drafting and final publication of all outputs.	▪ Experience in conducting review of existing evidence literature , impact evaluations, empirical research, literature reviews, non-evaluation research; ▪ Good understanding of sector to be studied & policy issues concerned; ▪ Experience in managing/collaborating research projects/review teams ▪ Experience in drawing policy implications from research findings; ▪ Understanding of South Asian context ▪ Excellent interpersonal and communication skills	Approx. 2.5 months of involvement across all key stages of the evidence summary process	Required for all research questions
Subject / Sector expert	▪ Enhancing the team's understanding of the sector; ▪ Providing support in appraising the sectoral relevance and quality of existing systematic reviews; ▪ Provide support in drawing policy implications of the findings; ▪ Providing support in preparing the contextualisation	▪ Suitable academic qualification in the relevant field of study (e.g. Advanced university degree in social sciences, human rights, gender, health and education or any other	Approx. 1 months of involvement	Optional, if principal investigator and other team members do not have good

Role description	Role	Desired qualifications	Indicative time requirement	Required for:
	documents for the evidence summary	relevant field); ▪ Experience of conducting theoretical / empirical research in the relevant sector/subject		understanding of the research theme / sector
Research Methods Expert	▪ Provide methodological support for preparation of research protocol, determination of inclusion and exclusion criteria and for information synthesis; ▪ Provide support in appraising relevance and quality of existing systematic reviews and literature ; ▪ Developing framework for summarising findings from existing systematic reviews and drawing conclusions; ▪ Co-author/ participate in writing evidence summary outputs.	▪ Familiarity with empirical study designs, particularly those addressing the outcomes of interventions ▪ Experience of assessing quality of empirical studies will be an advantage.	Approx. 20 days of involvement	Required for all research questions
Information specialist or experienced librarian	▪ Provide support in identifying local, regional and global reviews on the research theme, particularly those that may be less easily access via published literature or web; ▪ Provide support in locating relevant systematic reviews and evidence; ▪ Provide consultation and guidance on regional issues related to evidence search, if any;	▪ Good understanding and familiarity with online databases and libraries on primary studies; ▪ Experience of conducting searches for secondary reviews;	Approx. 15 days of involvement	Required for all research questions
Research assistant(s)	▪ Assist with identification, location and retrieval of relevant documents for the evidence summary; ▪ Assists PI and methodological expert in undertaking quality appraisals of systematic reviews; ▪ Provide support in preparing protocol, draft and final reports, summary and contextualisation documents.	▪ Reasonable understanding of the sector; ▪ Experience of conducting primary or secondary researches. ▪ Experience of information management or reviewing	2 research assistants with approx. 2 months of involvement each	Required for all research questions

Role description	Role	Desired qualifications	Indicative time requirement	Required for:
		software(e.g. Endnote, Reference manager)		

Notes:

- *Bidders have the flexibility to nominate more than one person for a role or nominate one person for multiple roles, provided their qualifications and proposed time inputs justify the same. Thus, the teams can have more than 5 members in their team. However, as stated earlier, participation in training programmes will be available for a maximum of 5 members per trainee team only (preferably including PI, information specialist/librarian and hands-on reviewers).*
- *Time inputs provided in the table above will be required for conducting the review, attending training, responding to peer review feedback, dissemination activities, providing regular reports of progress and consolidating learning.*