

Systematic Review Title Registration Form

Congratulations on securing funding for your systematic review. The EPPI-Centre has already agreed to register and offer support for your review with:

Please complete the form below to help us work with you and your team. Where there have been no changes since you submitted a proposal feel free to cut and paste text into this document. Extend the boxes as necessary.

Funder: The UK Department for International Development (DFID)

Title of review originally requested from funder:

What is the systematic review level evidence for effectiveness of behaviour change communication interventions in delivering health messages for improving maternal and child health indicators in a limited literacy setting?

Title of review agreed at time of confirmed funding:

Systematic review level evidence for effectiveness of behaviour change communication (BCC) interventions in delivering health messages for improving maternal and child health indicators in a limited literacy setting.

Host organisation(s) for review team:

1. Public Health Evidence South Asia (PHESA), Department of Statistics Manipal University, Manipal, Karnataka, India
2. PRAYAS, Pune, Maharashtra, India

Review team members			
Surname	First name	Email address*	Role
Nair N	Sreekumaran	sree.nair@manipal.edu	Principal Investigator
Darak	Shrinivas	shirishdarak@gmail.com	Co-investigator
Menon	Subhadra	subhadra.menon@phfi.org	Consultant
Vijayamma	Ratheebhai	rathee63@gmail.com	Search Strategy Expert/ Information scientist
Parchure	Ritu	rituparchure@gmail.com	Investigator
Parsekar	Shradha	shraddhagoa@rediffmail.com	Investigator
Darak	Trupti	truptidarak@gmail.com	Investigator

Situate the question in the literature, including describing the existing evidence and literature, estimated size and quality of the evidence base and your familiarity with it.

Previous evidence suggests that behaviour change communication (BCC) interventions can improve health related outcomes, including Mother and child Health (MCH) indicators. For example community based and culturally accepted educational interventions, were shown to improve complementary feeding practices, dietary intake, and growth [USAID 2011]. Interventions such as counselling, targeted towards improving maternal nutrition, uptake of iron and folic acid and other nutrients; breast feeding practices, can improve outcomes for MCH [Bhutta et al 2008]. A report by USAID described that effectiveness of BCC strategy is very strong especially in improving breast feeding [Lamstein et al 2014]. One of the important and popular gadget in today's world, which has transformed entire world's technology is mobile phones. Mobile phones can be effectively used as a medium of BCC (M-health) to have affirmative effects on health outcomes in resource poor countries [Free et al 2010, Gurman et al 2015, Lavender et al 2013]. M-health has advantage of delivering the message by maintain the privacy of the people [Gurman et al 2015]. There is lack of evidence related to effectiveness of M-health but is an encouraging field to be studied [Gurman et al 2015, Lavender et al 2013]. It is expected that there are enough number of systematic reviews conducted in the past (published, unpublished, ongoing), with respect to BCC interventions targeted on MCH and clear summary of systematic review level evidence on effective BCC strategy for improving MCH care is lacking.

Please describe the limitations of the systematic review, including issues of evidence type, issues resulting from different methodological approaches to studies and issues arising from contextual challenges. [up to 300 words].

Since this is an evidence summary of systematic reviews from LMICs we expect that included studies in the reviews might be from different countries thus making it challenging to consolidate and contextualize the finding to South Asian region. Along with systematic reviews, we might find evidence from scoping reviews, rapid reviews, programme evaluation reports etc which might qualify for contextualising. Included reviews might also be on wide varieties of BCC interventions targeted on maternal and child health issues. Hence it is challenging to streamline and analyse the findings. However we have a team and advisory group with complementary capacity and hence we are confident we will be able to do it.

Methodology

What types of studies are to be included and excluded, and what methods of analysis are envisaged, including critical appraisal approach, methods(s) of synthesis and analysis of heterogeneity of results? Describe eligible study designs, outcome measures and list possible studies to be included in the review (this list need not be comprehensive) [up to 500 words excluding list]. If you wish to include a methodology list; please add as an appendix.

Inclusion criteria:

Population: Systematic reviews conducted on population of pregnant women and their family or lay carers, without any restriction on type of settings from where the participants are recruited.

Intervention: Systematic reviews which evaluated any one or combination of BCC interventions like person to person or mass campaign or both which are designed for improving maternal health indicators. There will not be any restriction on type of mediums and who delivers the intervention. We will compare between two different interventions or no interventions or same type of BCC being delivered via different modes.

Outcome: Antenatal care coverage (at least 4 times) during pregnancy; number of pregnant women screened for HIV, syphilis, and high risk pregnancy; uptake of antiretroviral prophylaxis among HIV positive pregnant women to prevent HIV transmission and ARV therapy for pregnant women who are eligible for treatment; and uptake of ANC components.

Study designs: We will consider systematic reviews of randomized control trials, non-randomized trials, quasi experimental design, cohort studies, controlled before and after studies evaluated BCC intervention strategies to improve MCH indicators, observational studies as well as qualitative and narrative synthesis which satisfies objectives of the overview and have first-hand data on BCC in antenatal women.

Search methodology:

We will develop a search strategy to search following electronic databases from their inception till October 2015; MEDLINE (OvidSP), CINHAL, Cochrane database of systematic reviews, Science direct, SCOPUS, Web of Science. Search strategy will be developed by using key words such as ‘behavioral change communication’, ‘antenatal women’, ‘antenatal care coverage’, ‘antiretroviral prophylaxis’, ‘antenatal complications’, ‘systematic review’, etc. Search strategy will be developed in consultation with EPPI-center.

Databases finalization will be done during protocol workshop based on the list proposed by the team and EPPIs request.

Language: There will not be restriction on language. Non English reviews will be translated.

Screening of search output: Two overview authors will independently determine the inclusion of the systematic reviews. Any discrepancies on inclusion of the systematic reviews between the overview authors will be resolved by discussion or by consensus with the third author.

Data extraction, quality assessment & summarizing of reviews:

The data extraction will be carried out independently by two authors with a predesigned data extraction tool. The quality of included reviews will be assessed using the “Assessment of Multiple Systematic Reviews instrument [Shea 2007] and as per the guidelines provided by EPPI-Centre. Risk of bias of primary studies will be reported as

given by authors of systematic reviews.

Result of overview of systematic reviews will be presented in narrative synthesis. The summarizing will be based on the type of BCC, medium of BCC, outcome, quality of evidence etc. and the interventions will be sort as per the South Asian countries. Summary of findings table of included systematic reviews will be made. The strategy for the analysis and summarizations will be discussed with the advisory group; the comments will be amalgamated in the analysis. A discussion meeting will be conducted for the review team to finalize the summarization strategy.

Experience of systematic reviewing	
Name	Experience
Prof. N.Sreekumaran Nair	Presently working in two Overviews of systematic reviews Has experience in working more than 10 Systematic reviews and two systematic review projects.
Dr. Shrinivas Darak	Has experience working in 1 systematic reviews, expert in qualitative methods, working with an overview, was investigator for eight Projects and publications related to the research theme
Prof. Subhadra Menon	Expert in behavioural change communication Has experience working in two systematic reviews and five projects and publications related to the research theme
Mrs. Ratheebhai Vijayamma	Senior librarian who has experience in carrying out search strategy in systematic reviews.
Dr. Ritu Parchure	Has experience working in one systematic review and has three projects and publications related to the research theme
Dr. Shradha Parsekar	Has experience in working two overviews of systematic reviews.
Dr. Trupti Darak	Has three projects and publications related to the research theme.

Communications plan and user engagement

Describe plans to engage with potential users of the research, to communicate the results of the research to such users, and the potential value of the research to users outside the research community. You will be expected to work closely with the EPPI-Centre and other stakeholders that initiated the review questions.

The format of fact sheets and reports will be developed in consultation with DFID and EPPI-Centre along with advisory group members, which will be arranged for the inclusion of findings initially in process. Identifications of opportunities for the wider circulation of findings, and advocacy, through our advocacy, stakeholder group and associated connections will be undertaken in the course. We will seek assistance from advisory members in identifying these opportunities.

Report on summary of evidence and findings from the included systematic reviews considering quality of evidence, implications of findings for policy, programme development and future research will be prepared, which can be useful tool to identify shortcoming in existing policies and provide guideline in forming new policies if needed.

SRs from low and middle income countries will be included in this overview. This will probably provide completeness of evidence and many LMIC's problems and South Asia problems are similar. Overall findings will be drawn for LMICs. These will be further contextualized to South Asian situation. That point of time we will also get views of advisory/EPPI members in contextualizing.

Timetable

Stage of review	Start date	End date
Preparing the protocol	10/10/2015	31/10/2015
Peer review of protocol	01/11/2015	30/11/2015
Searching for studies	01/11/2015	20/11/2015
Assessing study relevance	21/11/2015	05/12/2015
Extracting data from studies	06/12/2015	10/01/2016
Assessing study quality	06/12/2015	10/01/2016
Synthesising studies	11/01/2016	20/01/2016
Preparing draft report	21/01/2016	10/02/2016

Drawing implications of findings for policy, program and future research	11/02/2016	16/02/2016
Preparation of draft evidence summary and contextualization document	11/25/2016	25/02/2016
Draft evidence summary and contextualization document submitted for review	26/02/2016	31/03/2016
Dissemination of draft evidence summary/findings	01/04/2016	15/04/2016
Final evidence summary and contextualization document submitted to EPPI	16/04/2016	28/04/2016

Note: Timetable is as per the proposal submitted.

Do you have any particular concerns about preparing this review?

During the process if concerns arise, will be communicated to the EPPI-centre.

Do you have any particular requests for support when preparing this review?

We expect advices in developing search strategy and methodology throughout the study process from EPPI team. We also need support to access to EPPI-Reviewer software.