The SARH Systematic Review (SR) Programme for South Asia

Call for Evidence Summaries: Request for Proposal (RfP)

Issue date: June 03, 2016

Last date of proposal submission: 18 July, 2016; Monday by 17:00 hrs UK time

Supported by

The SARH Systematic Review (SR) Programme for South Asia

Call for Evidence Summary: 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:

i. Key messages for policy-makers, practitioners and/or researchers which provide the headline factual findings of one or more systematic reviews;

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

iii. A 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;

[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.

vii. Visual representation of key evidence to facilitate reader's 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.

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.

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).

This RfP is for inviting proposals for competitive evidence summaries. Quality assurance support will be provided to teams conducting these (referred to as study team in this RfP). However **training support will not be provided to teams for these evidence summaries** as this is a part of the competitive call.

The methodology for conducting evidence summaries is described briefly in section 3 Methodology.

2.1 Research questions for evidence summary

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

Question 1 – Interventions for improving civic infrastructure and amenities: How effective are interventions which seek to improve access and quality of civic infrastructure and amenities? What are the key characteristics of successful interventions in urban areas?

Question 2 – Community Engagement/Participation approach to Health Programmes: How effective are community engagement/participation approaches for delivering better health outcomes, improving service delivery and sustaining benefits?

Please refer to Appendix 4: Research briefing for 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 evidence summaries can do so by submitting separate proposals for each question. However, bidders from the same organisation should not submit more than one proposal for the same question.**

3 Methodology

Successful study teams are expected to produce evidence summaries using approaches that will maximise both the rigour and relevance of their work to policy challenges in South Asia. They will be expected to

choose their approach to suit the research question and the likely availability of systematic reviews. They will discuss the options with the quality assurance team before making a decision.

Registering with the EPPI-Centre: Successful study teams will register their 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.

Quality assurance support: The EPPI-Centre is providing quality assurance for the programme and will provide support to study 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.

Further, EPPI –Centre will provide study teams with access to **EPPI-Reviewer[2] software without any charge under the programme** (for the purpose of systematic reviews & evidence summaries under the programme only). This software supports teams in managing the information required for developing evidence summaries[3].

Please refer to **Appendix 1** for details on quality assurance support to be provided under the programmes.

Formation of an advisory group: Study 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 study 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. Study 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: Study teams will be required to develop a research protocols with the involvement of advisory group, prior to starting the evidence analysis. In this document, the study team will describe and explain their methods for identifying relevant SRs suited to the research questions and analyse findings of these to answer the research question 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 will include following sections: (1) Background; (2) Objectives; (3) Definitions and conceptual issues; (4) Conceptual framework; (5) Methods (inclusion criteria, search strategy, methods of appraising and synthesising evidence, contextualisation methodology); (6) Timeline; (7) Statement of conflicts of interest, if any; (8) References.

[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.

Identifying relevant systematic reviews & other evidence literature: As evidence summaries will largely summarise the findings of existing SRs; hence, the study team 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 study team 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 the study 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, study 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, **following is a broad-level framework** that illustrates possible steps involved in conducting the synthesis:

1. **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.

2. **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.

3. **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.

4. **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 study team will be expected to convene discussions with relevant stakeholders in South Asia during the study process. The team may 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 study 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 (mentioned in the research briefing of each question attached to this RfP). 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 study teams may be required to prepare a power point presentation to present research findings to DFID advisors and other relevant stakeholders.

Review by QAT: The study team will be required to get their research protocols and draft evidence summary reports 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: Study 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. Study 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. The dissemination activities should be aimed at communicating the findings of the SR to relevant academic, research and public sector audience in South Asian region.

In addition to above, study 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 study teams will be reimbursed separately, based on actual expenses.

Coordination: The study team 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, study teams will also coordinate with the advisory group during appropriate stages of the study.

4 Deliverables

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

2) **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). 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; this section will also present issues for readers to consider when drawing on the findings for the South Asian region.

3) Teams are also required to submit a **Feedback document** along with each deliverable (protocol and evidence summary report). This document will present the feedback provided by the Advisory Group, QAT and DFID members along with how the team has addressed / incorporated their inputs in the deliverables. This document will be important as it will present sectoral inputs received by the team from advisory group. It will accompany the protocol/ report with changes tracked in WORD.

4) **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.

5) 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.

6) The study team 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 South Asia region to a larger extent. Study teams will also organise a dissemination workshop towards the end of the study. The purpose of the

dissemination activities should be to circulate findings of the SR among relevant academic, research and public sector audience in South Asian region.

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

8) 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.

5 Team Composition and Desired Expertise

The study team developing an evidence summary under the programme should include:

1. A principal investigator who will lead the study and take responsibility for project management.
2. 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 research studies and, preferably, systematic reviews. Having prior experience of conducting systematic review or literature reviews will be a benefit;
4. An information scientist / experienced librarian to undertake and supervise searching and;
5. Junior researchers.

It is desired that the applicants should have experience in conducting evidence research in South Asian countries and some members of the proposed team should be from South Asia[4] or should have significant experience in the region (India, Pakistan, Bangladesh, Nepal, Afghanistan and Myanmar). Applicants are encouraged to collaborate with other competent organisations including Academic Institutes, Research Organisations, NGOs and Research Group as well with individual researchers, systematic reviewers and sector experts to achieve a high quality team composition. It is strongly desired that at least one of the participating institutes / some members of the proposed team is/ are from South Asia.

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 can have sub-contracting arrangement with collaborating institutes or researchers.

It is important that study 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.

6 Cost for the assignment

Applicants are required to quote a price for developing an evidence summary in the format provided in Appendix 3 as Financial Bid. The price, as quoted, shall include professional fees and other project expenses (including accommodation, travel, subsistence, subscription, cost of dissemination workshop or any other cost in relation to the review), that shall be incurred by the study team to prepare the evidence summary. The quote should be exclusive of service tax and withholding tax.

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

The price should be quoted in pound sterling (GBP). The proposed budget for each evidence summary **should not exceed GBP 26,000**, excluding service tax and withholding tax. We encourage bidders to suggest a reasonable budget depending on the scope of the study, methods of synthesis to be used and realistic time and costs for the tasks to be done. Value for money should be taken into account while proposing various cost components.

Bidders should earmark sufficient funds from their proposed budget to cover expenses of conducting a dissemination workshop.

The price quoted by the applicant in the Financial Bid should **not include costs for travel expenses where team members are invited by DFID or SR consortium.** Travel expenses for when study 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, should not be included in the proposed budget.

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.

Further, if the entity is located outside India, then there will be incidence of withholding taxes (WHT), which will be paid separately from the programme. However the selected entity will provide all the documents required for availing beneficial clause of tax treaty between India and country of the selected entity.

7 Timeframe and Payment Terms

The evidence summary is 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
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 study team is expected to follow the timeline and ensure timely delivery of their responsibilities.

There will be an element of penalty of 5% of the payment for late completion of the evidence summary. However, the penalty clause will be imposed on the study team only when the study team is solely responsible for the failure to submit these reports within the agreed timelines. The SR Consortium and SARH (DFID) will jointly decide upon the responsibility of study team and their decision will be considered as final in this regard.

8 Criteria for Evaluation and Award of Contract

The proposals will be evaluated by following **Quality and Cost Based Selection (QCBS) methodology**. The weight for quality and cost will be in the ratio of 80:20. The applicant team obtaining the highest total score will be invited for negotiations and award of contract. The evaluation method to be used for assessing proposals under the programme is described below.

Evaluation of Technical Proposal: In the first stage, the Technical Proposal will be evaluated on the basis of criteria given in Table 1. Technical Proposals obtaining a score of less than 50 (out of 80) will be rejected.

Table 1: Criteria for Evaluation of Technical Proposal

Criteria	Definition	Sub-components	Score
Quality of study 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 Principal investigator / team leader in conducting review of existing evidence literature; in the sector to be studied; and /or in leading & managing studies of this nature;	15
		Experience and skills of other team members in conducting research & reviews, substantive knowledge in the area to be reviewed, and relevant skills in qualitative analysis; (It is desired that some members of the proposed team should be from South Asia or should have significant experience in the region)	20
		Criteria Sub-Total	***35***
Capacity to undertake the work	The experience and ability of the bidding organisation / consortium in the relevant question area and in developing evidence summary	Track record of the bidding organisation / consortium in summarising findings of existing studies/systematic reviews in general and for sectors to be studied; ability to summarise complex information and issues and develop simple user friendly product from complex technical research materials; Track record of knowledge in South Asian context;	10
		Access to knowledge sources (databases and journals) relevant to the research question for identifying relevant SRs and retrieving information;	10
		Criteria Sub-Total	***20***
Quality of technical proposal	Use of appropriate methodology to answer the research question(s), and appropriate methods for synthesising the information, critical appraisal, data collection.	Clear understanding of the policy issues and proposed research theme;	5
		Use of appropriate methods proposed to conduct the study and methods to be followed to identify sources of evidence to analyse the research question;	10
		Use of appropriate methodology for contextualising the findings to South Asia	5
		Effective strategy for uptake/ dissemination of research findings and evidence	5
Criteria Sub-Total			***25***

Criteria	Definition	Sub-components	Score
Total			**80**

Evaluation of Financial Proposal: Financial proposals of only those applicants who obtain the minimum technical score of 50 out of total score of 80 in the technical evaluation will be considered for financial evaluation. The applicant quoting the lowest cost (pre-tax) will get the highest score of 20 in the financial evaluation. The financial proposal would carry a maximum score of 20.

The financial score of applicants will be calculated using the following formula:

Sf = 20 x L1/ Ln

Where, Sf I the financial score; Ln is the financial proposal / pre-tax fee as quoted by the bidder for the project and L1 is the lowest financial proposal / pre-tax fee quoted by any bidder.

The total score of the bidders will be estimated by combining their technical (St) and financial (Sf) scores as indicated below:

Total score (S) = St + Sf,

Bidder with the highest overall score (Technical + Financial) would be selected and invited for further negotiation and award of contract.

9 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 proposal in two parts as following;

- Part A: Technical Proposal in the format provided in **Appendix 2**
- Part B: Financial Proposal in the format provided in **Appendix 3**

The acceptable page limit for each section is mentioned with the format.

Both the proposals should be submitted through email to the email id - sr.southasia@in.pwc.com, by **18 July, 2016; Monday by 17:00 hrs UK time,** as two separate documents.

In the subject line of the email, the applicant must mention "The SARH Systematic Review in South Asia--Evidence Summary-<*question title*>" when submitting the application.

Before submitting the proposal, the applicant shall ensure that both the proposals (Technical & Financial) are in "pdf" format and the financial proposal is password protected.

The applicants who score a minimum of 50 marks in the technical evaluation will be shortlisted for financial bid opening and will be requested to submit the password to open the financial bid.

The financial bid submitted by the shortlisted applicant shall be opened using their respective password sent to the mail id- sr.southasia@in.pwc.com for financial evaluation.

The applicants can send their queries on the RFP to the SR Consortium by **June 16, 2016** through mail to the email ID **sr.southasia@in.pwc.com**. Please mention, "The SARH Systematic Review programme for South Asia – Evidence Summary-RFP – Question title" in the subject line when asking questions. The responses to the queries will be posted on EPPI-Centre's website by June 23, 2016.

If necessary, the SR consortium and SARH (DFID) may seek further clarifications from the applicants, in the form of queries, either by email or telephone.

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

Following will be the schedule of procurement for this tender:

#	Details	Date
1.	Issue of RfP document	June 03, 2016 (Friday)
2.	Last date for receiving pre-bid queries	June 16, 2016
3.	Date for posting replies to pre-bid queries	June 23, 2016
4.	Last date for submission of bid	18 July, 2016; Monday by 17:00 hrs UK time
5.	Opening of technical bid	July 19, 2016
6.	Communication to shortlisted bidders for sharing password for financial proposal	August 16, 2016
7.	Opening of financial proposal	August 17, 2016
8.	Communication to successful bidder(s)	August 18, 2016
9.	Negotiation and Signing of Contract	Approximately 3 weeks from communication to successful bidders
10.	Commencement of Work	Within one week from signing of contract or as may be agreed in contract

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

Appendix 1. Quality assurance support to be provided under the programme

The EPPI-Centre support group (EPPI-SG) will provide on-going support and quality assurance to study teams throughout the review process. The key quality assurance support to be provided under the programme include following:

- **Welcome / introductory emails:** Welcome letter will be sent via emails at the beginning of the projects to study 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 Study teams in registering their reviews with EPPI-Centre;
- **On-going methodological advice for study teams**: This will be done through training as well as through offering the use of standardised tools and systematic review software. In particular, the EPPI-SG team will provide support and quality assurance through:
    - Two interactive, long distance training sessions using Skype or Blackboard Elluminate! covering topics where teams need further guidance and methodological support.
    - **Supporting evidence search:** The EPPI-Centre will support study teams in developing search strategies and identifying studies conducted in South Asia, as well as relevant international literature. Their information scientist will provide support to study teams to identify regional databases/websites that are relevant to the topics and South Asian context.
    - Detailed feedback to study teams on protocols and final reports.
    - **On-going guidance and support** to study teams via emails, phone, and Skype at key stages of preparing the evidence summary including during development of research question, search strategy, inclusion/exclusion criteria, mapping tool, quality assessment framework, synthesis, etc.;
    - **Web-based resource interface** where training materials and sources of information and supplementary materials can be freely available to study teams.
    - Information management support through EPPI-reviewer, including free of charge access to EPPI-reviewer for the purpose of preparing evidence summary under the programme. Support will be provided in using EPPI-reviewer (information management software of the EPPI-Centre) to manage information from the start of the study: e.g. handling citations from initial searches through the screening for relevant SRs, mapping SRs and synthesis.
- **Standardised research tools** (e.g. systematic review / evidence summary templates, study mapping tool) will be provided to study 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;
- **Supporting peer review:** The EPPI-Centre will support the peer review processes for final evidence summary reports. Study teams will be supported in inviting at least two peer reviewers

to assess reports in terms of their merit in defining the review question, their methods for addressing the review question, and their involvement of potential users in the work.

- Support in **formatting, copyediting and publishing** the evidence summary report.

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 4 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:** Team 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 provide a brief write-up on experience of your organisation / consortium in (1) summarising findings of existing evidence literature /systematic reviews / impact evaluation studies in general and for sectors to be studied; and (2) conducting these studies in South Asia)

V. **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/	

#	Databases (not providing open access)	Whether your organisation / consortium has access (Y/ N)
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. **Study 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 of involvement)
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)*

A. Personal details:

Name:

Date of Birth:

Nationality:

Country of residence:

B. Education and relevant trainings:

C. Employment record / Posts held:

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

D. **Do you have any systematic review experience or have attended 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.*

E. **Review of existing evidence literature / impact evaluation studies** (*please provide a brief summary about each review including its start date and end date):*

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

G. Experience in managing research projects *(applicable only for the CV of team leader/ principal investigator)*

H. Experience of conducting systematic searches of existing studies and literature for primary and / or secondary researches: *(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: 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. **Existing reviews and studies**– Indicate briefly, existing systematic reviews addressing the research question which can be included in this evidence summary. [maximum 1 page]

C. **Research question & PICOs analysis** (Population, Interventions, Comparison, Outcomes and Study design) provided in the research briefing: Based on your understanding and experience in the research theme, provide your comments on the research question and indicative PICOs analysis included in the RfP.

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.

C. Contextualisation of findings - 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.

D. 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 the evidence summary. If required, bidding teams can change schedule of activities leading to deliverables. However the schedule of deliverables should not be changed.

Table 2: 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	15-Sep-16	29-Sep-16
Preparation of Research Protocol	The teams may take about 4 weeks to prepare their research protocols before submitting it to the QAT for their review. Research Protocol preparation will start simultaneously with title registration. The research protocol should include following sections: (1) Background; (2) Objectives; (3) Definitions and conceptual issues; (4) Conceptual framework; (5) Methods (inclusion criteria, search strategy, methods of appraising and synthesising evidence, contextualisation methodology); (6) Timeline; (7) Statement of conflicts of interest, if any; (8) References.	15-Sep-16	15-Oct-16
Protocol review and revision	Protocol review will involve 2 stage review- first stage review by QAT (3 weeks) and second stage review by DFID (2 weeks); Teams will revise protocol for QAT's comments in 2 weeks and for DFID's comments in 1 week.	**16-Oct-16**	11-Dec-16
Study Search	At this stage, relevant databases and libraries will be searched using key terms and search strategy agreed in the protocol. The information expert/librarian will help in conducting the search. This process may take around 3 weeks.	31-Oct-16	21-Nov-16
Assessment of study relevance	Screening will be carried out for titles, abstracts and full text. This process may take 5 weeks.	10-Nov-16	15-Dec-16
Quality assessing and summarising the evidence	The teams will assess the quality of the identified systematic reviews and summarize their findings	25-Nov-16	25-Dec-16

Tasks	Description	Start date	End date
Contextualisation	The team will contextualise the findings of ES to South Asia and specific countries mentioned in the RfP.	15-Dec-16	30-Dec-16
Preparation of draft evidence summary & contextualization document	The evidence summary will include following sections: - 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; - 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. The evidence summary report will also include a section on policy relevant implications of findings.	30-Dec-16	27-Jan-17
Review and revision of draft ES report with contextualisation document	Draft report will be reviewed by first by QAT (3 weeks) and then by DFID (2 weeks); Teams will revise report for QAT's comments in 3 weeks and for DFID's comments in 1 week	**27-Jan-17**	31-Mar-17
Dissemination of draft evidence summary / findings	Stakeholder engagement and dissemination.	31-Mar-17	10-Apr-17
Final evidence summary & contextualization	Incorporating feedback received during dissemination in the final report.	10-Apr-17	**15-Apr-17**

Tasks	Description	Start date	End date
document submitted			

Table 3: Schedule of deliverables

Deliverables	Due date *(dd/mm/yyyy)*
Draft Research Protocol	16-Oct-16
Final research protocol and Feedback document (recording feedback received and changes made to draft protocol	11-Dec-16
Draft evidence summary (along with contextualisation analysis)	27-Jan-17
Final evidence summary and feedback document, completion of dissemination activities, including dissemination workshop	15-Apr-17

Appendix 3. Format for Financial Proposal

(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: Financial bid for Evidence Summary titled "……."

Dear Sir,

In response to your Request for Proposal, we offer to produce evidence summary on the above-mentioned topic. Our financial proposal for the project is given as below;

Components	Amount (GBP)
*Total Professional Fees (Refer **Table-F1**)*	
*Total Project Expenses (Refer **Table-F2**)*	
Total Fees (excluding service tax / withholding tax)	

This quoted price covers personnel cost (professional fees, honorarium, etc.) and project expenses including accommodation, airfare, subsistence, equipment, subscription, cost of dissemination workshop or any other cost in relation to the project. The above quote is excluding service tax or withholding tax, if applicable.
This financial proposal shall be binding upon us subject to any modifications resulting from negotiations.

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

Table-F1: Personnel Input and Fees:

Applicants are required to present breakdown of personnel fees using the following format.

Sl. No.	Name	Proposed position	Input Days	Daily Fee Rate (GBP)	Amount (GBP)
1					
2					
3					
4					
5					
Total Professional Fees (Personnel Cost): (A)					

Table-F2: Project Expenses (Consolidated)

Applicants are required to present breakdown of project expenses using the following format

*(Note: Travel and accommodation expenses relating to dissemination workshop should be presented in **Table F2.a**)*

Particulars	No	Unit Rate	Cost (GBP)
TRAVEL			
Air Fare			
Person A (travelling from x to y location, economy airfare)			
-			
-			
Other travel costs (specify)			
Vehicle Rental for Local Travel			
		Sub Total	
SUBSISTENCE person/days			
Person A (stay in y location)			
-			
		Sub Total	
ACCOMMODATION person/days			
Person A (stay in y location)			
-			
		Sub Total	

Particulars	No	Unit Rate	Cost (GBP)
OTHER Expenses			
Workshop expenses (details in **table F2.a**)			
Any other project expenses (specify below)			
-			
-			
		Sub Total	
		Total Project Expenses (B):	

Table-F2.a: Workshop Expenses
Applicants are required to present breakdown of workshop expenses using the following format.

Particulars	No	Unit Rate	Cost (GBP)
TRAVEL			
Air Fare			
Person A (travelling from x to y location, economy airfare)			
-			
-			
Other travel costs, if any (specify)			
Vehicle Rental for Local Travel			
		Sub Total	
ACCOMMODATION person/days			
Person A (stay in y location)			
-			
		Sub Total	
Venue			
Food and beverage during workshop			
Stationary			
Other expenses (please specify)			
-			
		Total Expenses:	

Notes

1. Travel, subsistence and accommodation cost relating to project activities (other than dissemination workshop) should be included in table-F2. Travel and accommodation cost relating to dissemination workshop should be included in table-F2.a.
2. Travel and accommodation expenses for those dissemination activities, where study 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 need based and reimbursed on actuals (based on DFID norms) and need not be included in the financial proposal.
3. Unit prices should be quoted for such items as airfares (stating the class of fare envisaged), subsistence, accommodation and local transport.

Appendix 4. Research briefing for evidence summary questions

Question 1- Interventions for improving civic infrastructure and amenities: An evidence summary

This study will involve analysing and summarizing findings of existing systematic reviews on the topic.

Research question: How effective are interventions which seek to improve access and quality of civic infrastructure and amenities? What are the key characteristics of successful interventions in urban areas?

Background

Access to civic services and amenities such as water, sanitation, electricity, roads and public transportation are needed to achieve healthy and convenient living environment for citizens. Provision of these services not only improves individual well-being but also contributes to overall economic productivity of the nation. For instance, access to safe drinking water reduces the incidence of water borne diseases and helps in maintaining a healthy workforce. Similarly, building roadways and other forms of public transport brings down transportation costs, thereby increasing economic activity and trade. Access to civic amenities and services is especially important for the poor, who may not be able to afford these services.

However, due to various factors, access to these services in developing countries is unequally distributed across different sections of the population and the quality of services is often poor. Thus, interventions are needed to address these factors, to enhance access and to improve the quality of these services.

The **objective of this evidence summary** is to summarise available systematic reviews on different interventions that seek to improve access and quality of civic amenities and infrastructure. The evidence summary will specifically highlight lessons from successful programmes of improving civic amenities in urban areas.

The **population of interest** for this evidence summary will be general population of low and middle income countries. Special focus will be on the poor, backward and vulnerable sections of the population.

The evidence summary will focus **on interventions** which seek to address directly or indirectly the issue of poor access and quality to various civic amenities including water supply and sanitation, roads and drains, street-lights, collection and disposal of solid waste, public transportation and maintenance of public places. Some of such interventions and programmes that have been analysed in existing systematic reviews include following:

1. Urban Planning interventions
2. Physical infrastructure investments (including slum upgradation interventions)
3. Institutional and regulatory reforms
4. Private sector participation
5. Water , Sanitation and Hygiene (WASH) programmes

The **primary outcomes of interest** for this evidence summary are access to and quality of civic services and amenities. Access and quality of civic services and amenities can lead to intermediate and

long term impacts in the form of change in health, social and economic indicators. Thus, this evidence summary will analyse impact of included interventions on both immediate outcomes (changes in access and quality of civic services) and long-term impact (changes in health outcomes, social and economic outcomes, quality of life).

The outcomes studied in some of the existing reviews include:

Immediate outcomes

6. Access (e.g. number of households with access to improved water supply)
7. Quality (e.g. availability of electricity at specified voltages and without excessive disruptions)
8. Price and cost (availability of services at an affordable cost)
9. Service delivery (availability of services without excessive efforts and time)

Long Term outcomes

1. Health outcomes (Prevention of diseases, child nutritional status, reduction in morbidity rate)
2. Social outcomes (poverty indicators, education, social capital)
3. Economic outcomes (employment creation, agricultural productivity, household income)
4. Quality of life indicators

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

Existing Systematic Reviews: Table 4 presents summary of some of the existing systematic reviews which focus on enhancing the access and quality to civic services and amenities.

Notes: The summary of existing systematic reviews is based on a preliminary web search. Study teams will be required to conduct a detailed search for relevant existing SRs during the study process.

Table 4: Brief description of existing Systematic Reviews on interventions to improve provision of civic amenities and services

#	Name	Location (LMIC/SA)	Year (Post 2010)	Relevant interventions	Relevant outcomes
Urban planning interventions					
5.	What is the evidence on what makes an effective urban planning framework in low- income or informal settlements? (Review protocol) Link: http://r4d.dfid.gov.uk/Project.aspx?Projectid=61235	YES (Will be relevant to LMICs including the South Asia countries)	YES (2014 protocol stage)	The interventions for this review will be different urban planning frameworks for low income or informal settlements in LMICs. This review will cover services relating to water, sanitation, and electricity. The nature of the planning framework would be analysed on two dimensions: first on the basis of degree of inclusivity and second on the basis of the level of participation from the community. Inclusive urban planning is the one that takes into account the needs of the poor and formulates specific strategies to improve or redevelop slums in ways that make the poor better off. Participatory planning refers to the involvement of different stakeholders like community residents, officials from government and other institutions like NGOs and CBOs in the interventions.	This review seeks to synthesize the impact of the interventions on the level of access to particular services and facilities. The following sectors will included: **Water supply**: Proportion (or number) of households with access to improved water supply, availability at an affordable cost; at a sufficient quantity; and without excessive efforts and time **Sanitation:** Proportion (or number) of households with access to adequate sanitation facilities **Electricity**: Proportion (or number) of households with electricity connections; availability of electricity at an affordable cost; at specified voltages; and without excessive disruptions
Institutional and regulatory interventions					
6.	Impact of changes in the transparency of infrastructure	YES (Included studies	YES (2012)	Types of interventions included in this review can be categorised as macro-level factors or sector-	This review synthesised impact of included interventions on access, cost, price, efficiency and quality of key public services including electricity,

#	Name	Location (LMIC/SA)	Year (Post 2010)	Relevant interventions	Relevant outcomes
	procurement and delivery on infrastructure access, costs, efficiency, price and quality: A systematic review of the evidence in developing countries http://r4d.dfid.gov.uk/Output/190436/	mostly from SA and other LMICs)		level interventions. The former includes factors and conditions that are not targeted at the infrastructure sector in particular, but have widespread impacts on the economy. These include interventions like the setting up of an anti-corruption agency, access to information legislation and press freedom. Improvements in these areas are usually associated with improvement in transparency of public sector activities. The sector-level interventions that are included in this review are sector level reform, such as private sector participation (or privatisation), regulation and competition. In addition, the review also analysed project-level interventions covering community participation and decentralisation.	telecom, transport and water supply. This review also includes analysis of impact by different consumer segments covering (i) business and industrial; (ii) residential; (iii) rural, poor, and illiterate and (iv) urban, rich, and literate.
Private sector participation					
7.	Impact of private sector involvement on access and quality of service in electricity, telecom, and water supply sectors: a systematic review of the evidence in	YES (LMICs including India)	YES (2013)	The review includes studies that have examined impact of different types of Private Sector Participation (PSP) on access and quality of electricity, telecom and water supply. Different methods of PSP include service contract,	This review focusses on service delivery outcomes (access and quality) of using PSPs in the telecommunications, water and electricity sectors. Access to infrastructure indicates the extent to which members of a community can avail of an infrastructure service. Quality of infrastructure is separated into two sub-

#	Name	Location (LMIC/SA)	Year (Post 2010)	Relevant interventions	Relevant outcomes
	developing countries Link: http://eppi.ioe.ac.uk/cms/Default.aspx?tabid=3423			management contracts, leases, concessions and divestitures.	constructs – product quality and service quality. Product quality relates to physical properties of the infrastructure system like reduction of leakages and non-revenue water in the water network. Service quality is viewed from the perspective of the end user and attempts to measure the level of satisfaction with the infrastructure service received like number of hours in a day when the service is provided, or the ease with which complaints or difficulties are resolved.
8.	Public-Private Partnerships in developing countries: A systematic literature review by Ministry of Foreign Affairs, The Netherlands Link: http://www.oecd.org/dac/evaluation/IOBstudy378publicprivatepartnershipsindevelopingcountries.pdf	YES (Includes studies from relevant South Asia countries)	YES (2013)	The intervention of interest in this review is various forms of Public-Private-Partnership (PPP) that qualify as "a form of cooperation between government and business agents – sometimes also involving voluntary organizations (NGOs, trade unions) or knowledge institutes – that agree to work together to reach a common goals or carry out a specific task, while jointly assuming the risks and responsibilities and sharing resources and competences." It includes PPP models like Service contract, Management contract, Affermage and lease contracts, Concession, Joint venture, Build–operate–transfer (BOT) and similar	This review studied the impact of PPP on number of good and services produced (output) and community access to services (outcome).

#	Name	Location (LMIC/SA)	Year (Post 2010)	Relevant interventions	Relevant outcomes
				arrangements (including BTO, BOO, DBO, DBFO).	
9.	Development Finance Institutions and Infrastructure: A Systematic Review of Evidence for Development Additionality Link: http://r4d.dfid.gov.uk/Project.aspx?Projectid=60964	Not freely accessible	YES (2013)	Development Finance Institutions (DFIs) leverage private investment and aim to reduce the infrastructure financing gap in the developing world. This review studies the DFI approaches as the interventions of interest.	Development Finance Institutions (DFIs) seek to use their resources to attract more private investment and also to enhance the development impact of their finance and investments. The outcomes of interest in this review are the development impacts of DFI support for private participation in infrastructure. The impact has been decomposed in the form of 'additionality' that DFIs could potentially create, covering selection, financial, design, policy and demonstration additionalities.
Water, Sanitation and Hygiene interventions					
10.	Interventions to improve water quality and supply, sanitation and hygiene practices, and their effects on the nutritional status of children Link: http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009382.pub2/full	YES (Studies from Bangladesh and other LMICs)	YES (2013)	This review covers Water, sanitation and hygiene (WASH) interventions which are aimed at: 1. improving the microbiological quality of drinking water. 2. introducing a new or improved water supply or improved distribution 3. introducing or expanding the coverage and use of facilities designed to improve sanitation, i.e. to reduce direct and indirect contact with human faeces 4. promotion of handwashing	***Primary outcomes*** 1. Child nutritional status as measured by anthropometry: weight-for-age (underweight), weight-for-height (wasting), height-for-age (stunting). ***Secondary outcomes*** 2. Child nutritional status as measured by anthropometry: weight, height, mid-upper arm circumference, skinfold thickness, percent body fat, birthweight, body mass index (BMI). 3. Child nutritional status as measured by nutrient status: haemoglobin, serum ferritin, soluble transferrin receptor, serum retinol, serum zinc, urinary iodine, clinical signs of nutrient deficiency.

#	Name	Location (LMIC/SA)	Year (Post 2010)	Relevant interventions	Relevant outcomes
				with soap after defecation, disposal of child faeces and prior to preparing and handling	
11.	Water, sanitation and hygiene: interventions and diarrhoea: A systematic review and meta-analysis Link: http://documents.worldbank.org/curated/en/2004/07/6566654/water-sanitation-hygiene-interventions-diarrhoea-systematic-review-meta-analysis	YES (includes studies from South Asia countries and other LMICs)	NO (2004)	The interventions of interest under this review are the following: 1. Sanitation interventions (hand-washing) 2. Hygiene interventions 3. Water supply interventions (household connections and standpipe connections) 4. Water quality interventions (cloth filtration, solar disinfection and safe storage methods to pasteurisation, boiling and disinfection).	The outcome of interest under this review is diarrhoea morbidity measured under endemic (i.e. non-outbreak) conditions.
12.	Effect of water, sanitation, and hygiene on the prevention of trachoma: A systematic review and meta-analysis Link: http://www.ncbi.nlm.nih.gov/pmc/articles/	Yes (Included studies from Asia, Africa and Latin America; include studies from India and	YES (2014)	The objective of this SE was to review and report effects of Water, Sanitation and Hygiene (WASH) conditions on trachoma. The specific interventions studied includes access to sanitation, use of sanitation facilities, living within 1 km of a water source and hygiene	The outcomes of interest in this review are incidence of trachoma as measured by the presence of trachomatous inflammation-follicular or trachomatous inflammation-intense (TF/TI) and C. trachomatis infection.

#	Name	Location (LMIC/SA)	Year (Post 2010)	Relevant interventions	Relevant outcomes
	PMC3934994/	Nepal)		factors like facial cleanliness, lack of ocular discharge.	
13.	A systematic review of the health outcomes related to household water quality in developing countries Link: http://www.watersanitationhygiene.org/References/EH_KEY_REFERENCES/WATER/Water%20Treatment/POU%20Water%20Treatment/POU%20Treatment%20General/Household%20Water%20Quality%20in%20Dev%20Countries%20(JWH).pdf	YES (Includes studies from Pakistan, Bangladesh and some other LMICs)	NO (2004)	The interventions included in this review are the point of use interventions such as chlorination, solar disinfection, hygiene education, water filter, improved storage and alum polish.	This systematic review is concerned with two health outcomes, general diarrhoea and cholera, and their relationship with water quality at point-of-use.
14.	Interventions to improve water quality for preventing diarrhoea: Systematic review and meta-analysis Link: http://www.3ieimpact.org/en/evidence/systematic-reviews/details/21/	YES (includes South Asia countries)	NO (2007)	The interventions covered in this review include those which seek to improve drinking water quality. These were undertaken either at water source or at household level. Water source interventions included protected wells, bore holes, or distribution to public tap stands. Household interventions include improved water storage or one of four approaches for	This review assessed the efficacy of included interventions on reducing the incidence of diarrhoea in children and adults.

#	Name	Location (LMIC/SA)	Year (Post 2010)	Relevant interventions	Relevant outcomes
				treating water in the home: chlorination, solar disinfection, filtration, or combined flocculation and disinfection.	
15.	What impact does the provision of separate toilets for girls at schools have on their primary and secondary school enrolment, attendance and completion? A systematic review of the evidence Link: http://eppi.ioe.ac.uk/cms/LinkClick.aspx?fileticket=aX5WKT1UsKo%3d&tabid=3098&language=en-US	YES (includes studies from South Asia and other developing countries)	YES (2011)	This review studied impact of separate toilets for girls and other Water, Sanitation and Hygiene (WASH) interventions at the school level. These interventions included physical inputs (construction of sanitation facilities) and soft interventions (training, awareness building).	The outcomes of interest in this review include (i) educational outcomes (i.e. enrolment, attendance and/or completion); (ii) health outcomes (infectious diseases, reproductive health outcomes and psycho-social experiences of bullying and harassment); or (iii) girls' views, experiences or opinions of WASH facilities.
16.	Water and Sanitation in Schools: a Systematic Review of the Health and Educational Outcomes Link: http://www.3ieimpact.org/en/evidence/systematic-reviews/details/306/	YES (mix of LMIC and HIC)	YES 2012	This review covered water, sanitation and hygiene interventions implemented at the school level. These include provision of drinking water, water for hand washing and sanitation facilities.	The outcomes of interest in this review are health (rates of diarrheal and gastrointestinal diseases in children) and educational indicators (school absenteeism, attendance and achievement).

#	Name	Location (LMIC/SA)	Year (Post 2010)	Relevant interventions	Relevant outcomes
Infrastructure interventions					
17.	Slum upgrading strategies involving physical environment and infrastructure interventions and their effects on health and socio-economic outcomes. Link: http://www.3ieimpact.org/media/filer/2013/10/28/slum_upgrading_strategies_and_their_effects_on_health_and_socio-economic_interventions_1.pdf	YES (Includes studies from India, Pakistan and Bangladesh amongst other LMIC and developing countries)	YES (2013)	The review examined slum upgrading programmes involving at least one or more physical environment or infrastructure change to the slum environment in situ; with or without the inclusion of policy, financial, legal, behavioural, educational, social environment, or health and social service interventions. Examples: - Water and sanitation: improved access to sanitation (e.g. private latrines), access to adequate water quality and quantity for drinking and other needs (e.g. piped water into dwelling), drainage and flood protection. - Energy infrastructure - Transportation infrastructure - Mitigation of environmental hazards - Waste management - Housing improvements	**Primary outcomes** The primary outcomes for this review are shown below. They may be measured objectively or subjectively (self-reported). *Health and quality of life* - Mortality and morbidity related to: communicable diseases; non-communicable diseases; injuries. - Quality of life (QoL). The following **socio-economic secondary outcomes** were included • Financial poverty; • household income; • household assets; • time or proportion of income spent on water or fuel collection; • households above or below poverty threshold; • Employment and occupation; • Crime and violence; • Education; • Social capital
18.	What is the impact of infrastructural investments in roads, electricity and	YES (Bangladesh and India	YES (2013)	The types of interventions included in the review are: - New transport network and/or	The outcomes of interest are indicators of agricultural productivity (yield, total production, cropping area), agricultural input (fertilizer use, high yield variety adoption, irrigated area), labour

#	Name	Location (LMIC/SA)	Year (Post 2010)	Relevant interventions	Relevant outcomes
	irrigation on agricultural productivity? Link: http://www.environmentalevidence.org/wp-content/uploads/2014/05/CEE11-007.pdf	amongst other developing countries)		improvement of existing ones (i.e. railroads, roads, urban transport, waterways and ports); - Implementation/ rehabilitation of hydraulic structures (i.e. dams, pressurized or open channel water distribution systems, pumps, weather stations); - Power plant, distribution network, alternative energy sources (i.e. hydropower, wind turbine, solar panels), good quality and reliable energy supplies, and; - Fast, good geographical coverage and reliable internet and mobile phone communications.	(wage, employment), cost (crop price, fertilizer cost, transport cost, market access), rural development (agricultural and rural GDP, poverty reduction, consumption increase).
19.	Employment effects of road construction and access to energy interventions- Evidence from a review of the literature Link: https://www.kfw-entwicklungsbank.de/PDF/Download-Center/PDF-Dokumente-	YES (Bangladesh amongst other LMICs)	YES (2013)	This review included road construction and access-to-energy interventions. Road construction and rehabilitation covered following types of interventions: **A.** Rural road construction **B.** Rural road rehabilitation and maintenance **C.** Improvement of	With respect to road construction and rehabilitation interventions, the outcomes of interest include employment effects in the form of firm creation, wage and self-employment, as well as working hours. With respect to the access to energy interventions, the outcomes of interest are quite large and diverse and include firm performance (including profits, revenues, productivity and product diversification, investment) and employment.

#	Name	Location (LMIC/SA)	Year (Post 2010)	Relevant interventions	Relevant outcomes
	Development-Research/2014-10-16-Studies-and-Proceedings-Employment-effects.pdf			transport services Access-to-energy interventions included both on-grid and off-grid connections.	
Environment-related interventions					
20.	Urban greening to cool towns and cities: A systematic review of the empirical evidence Link: http://www.sciencedirect.com/science/article/pii/S0169204610001234	Not freely accessible	May be (2010)	This review is aimed at evaluating available evidence on whether greening interventions, such as tree planting or the creation of parks or green roofs, affect the air temperature of an urban area. Authors found that most studies investigated the air temperature within parks and beneath trees.	Meta-analysis was used to synthesize data on the cooling effect of parks. The review also includes recommendation for designing urban greening programmes.

Question 2- Community Engagement/Participation approach to Health Programmes: An evidence summary

This study will involve analysing and summarizing findings of existing systematic reviews on the topic.

Research Question: How effective are community engagement/participation approaches for delivering better health outcomes, improving service delivery and sustaining benefits?

Background

Community engagement/participation approaches imply a shift away from "top down" (government only) program planning and implementation to strategies of increased input from the organizations, leaders, and citizenry of the communities targeted by their policies and programs. Effectively, these approaches decentralize decision-making by including participation of communities in project design, development, contractor selection, project management and supervision. The emphasis is on community engagement and participation at different levels of designing and implementing a programme rather than just 'community targeting' for service delivery. There can be differing objectives for adopting such participatory approaches such as; empowerment of people and communities, improving efficiency, effectiveness and sustainability of interventions, building organisational capacity at the local level and/or strengthening local governance.

Under this review, we are interested in analysing the existing evidence on health programmes that have adopted community engagement/participation approaches**.** The purpose of the review will be to ascertain the effectiveness of community engagement and participation through their impact on health outcomes, service delivery in the health sector and in delivering sustainable benefits.

We understand that there are several existing systematic reviews covering different types of community engagement/participation approaches (women's groups, village development committees (VDCs), citizen report cards, health centre co-management committees, and community-based 'Pagoda' structures) to health programmes. These systematic reviews study the impact of such participatory programmes on various health outcomes such as immunization rates, patient outcomes, maternal mortality rates and also on changes in the access, quality and demand for health services.

Thus, this 'Evidence Summary' will aim at synthesising the findings of existing SRs that have reviewed the evidence on effectiveness of various community engagement/participation approaches in health programmes. This evidence summary can also highlight learnings from successful community engagement/participation health programmes for guiding future programme designing in health sector.

Objective of the review: The objective of this evidence summary is to review existing systematic reviews on effectiveness of community engagement/participation approaches to health programming on health outcomes, access and quality of health services and sustainability of benefits.

Populations of relevance: This evidence summary will review systematic reviews covering studies from low and middle income countries.

Interventions of relevance: The intervention of interest for this evidence summary is health programmes involving community engagement or participation.

A World Health Organization Study Group defined community involvement in health as "*a process whereby people, both individually and in groups, exercise their right to play an active and direct role in the development of appropriate health services, in ensuring the conditions for sustained better health and in supporting the empowerment of community to help development. Community involvement in health actively promotes people's involvement and encourages them to take an interest in, to contribute to and take some responsibility for the provision of services to promote health*"

However, defining community engagement / participation for selecting relevant SRs may be complex. Hence, we suggest teams to note following points in relation to defining community engagement / participation for the purpose of this study:

- Team should include those SRs which analyses health programmes involving community engagement or participation at some level in the programme while excluding those programme where communities are being involved only as the ultimate beneficiaries.
- There can be different types of community engagement/participation approaches in health programmes. While some programmes seek community involvement at all stages from designing to implementation and monitoring, some may involve community only for a particular activity like monitoring and supervision. Other programmes may involve providing training and capacity building support to community members so that they can help in improving delivery of health services. Thus, **team may start with including all forms of community engagement / participation in health programmes except those which involve only engaging with people who are already trained as practitioners** (for e.g. health programmes involving training of only health workers, medical staff etc.)

  Some examples of community engagement/participation health programmes are:

  1. The Female Community Health Volunteer Programmes, Nepal
  2. Bangladesh Rural Advancement Committee, Bangladesh
  3. Community based monitoring in the National Health Mission, India
  4. National Program for Family Planning and Primary Healthcare, Pakistan

Teams can further refine the definition of community and community involvement / participation approaches for this study based on availability of relevant systematic reviews.

Outcomes of relevance: In order to study the effectiveness of Community engagement/participation health programmes, this evidence summary will cover following three broad categories of outcomes - Health outcomes, Service Delivery outcomes and Sustainability outcomes.

- **Health outcomes** can be understood as improvement in various health and nutritional indicators of targeted population. These can be programme specific, for e.g. programmes aimed at reducing maternal and neonatal morbidity and mortality will have indicators like maternal mortality rate, new-born mortality rate, Perinatal mortality, low birth weight, cases of complications of pregnancy etc.
- **Improved service delivery:** Service delivery can be referred as the process through which basic services, such as education, health, and security are delivered to communities. We can define service delivery outcomes as access to and quality of the service. For example, if the goal of the intervention is to facilitate household access to clean water, the percentage of access to clean water and water quality can be the outcome of interest.
- **Sustainability of the intervention and /or benefit:** Sustainability here can be understood as sustainability of the effect or the change that the programme intends to create as well as sustainability of programme interventions.

  For example in response to high maternal mortality and high fertility rates in some districts of Tanzania, Community-Based Reproductive Health Project (CBRHP) was implemented. The CBRHP activities took place during 1998–2000, with a focus on increased demand for maternal health services and improving the supply of basic and emergency obstetric care (EMOC). The programme involved community capacity building by training village health workers (VHWs) and mobilizing communities around maternal health. One component was to develop an affordable

transport system to get women with EMOC to health facilities. The project trained 299 VHWs and these workers implemented the community-level intervention and mobilization activities. These VHWs received six-week long training with periodic follow-up and supervision by the project field officers.

In early 2007, data were collected from 29 villages and used to assess sustainability of emergency transport systems, retention of village health workers (VHWs), and their potential impact on maternal health. It was found that from 2001 through 2006, the **CBRHP-trained VHWs have continued to provide education and referrals to women in their communities including prenatal and emergency obstetric care; six villages with emergency transport systems have continued for more than 5 years** providing free or low-cost transport to health facilities. Thus, the programme was successful in delivering sustainable benefits and sustained behaviour change in demand.

Contextualisation of findings: As mentioned before, the evidence summary cover existing Systematic reviews analysing health programmes in low and middle income countries. In addition, the findings of the evidence summary will be analysed in the context of South Asian region and particularly with reference to Nepal.

Existing Systematic Reviews: There are several existing systematic reviews studying Community engagement/participation approaches to Health Programmes. A brief summary of these SRs is presented in **Table 5**.

Table 5: Brief description of existing Systematic Reviews on community engagement/ participation approaches to Health Programmes

#	Systematic Review	Location (LMIC/SA)	Year (Post 2010)	Relevant Interventions	Relevant Outcomes
-	Community Participation in Health Systems Research: A Systematic Review Assessing the State of Research, the Nature of Interventions Involved and the Features of Engagement with Communities. Authors: George AS, Mehra V, Scott K, Sriram V. Link: http://www.epistemonikos.org/en/documents/42afe60f278a16e4a9fa6d082cfc206d6822ea4f	YES (Includes studies from LMICs but very few from South Asia.)	YES (2015)	The extent of community participation in health systems research interventions was assessed across five different elements, depending on whether communities were involved in: (1) identifying and defining the problems addressed; (2) identifying and defining the interventions developed to address those problems; (3) implementing interventions; (4) managing resources for the interventions; and/or (5) monitoring and evaluating interventions. To be included in this review, articles needed to have community participation in at least one of the above five elements	This review looks into the nature, extent and quality of community participation. Most articles detailed improvements in service availability, accessibility and acceptability, with fewer efforts focused on quality, and few designs able to measure impact on health outcomes. The review also assessed which types of health conditions were being addressed through interventions that involved some community participation. Community participation was most frequently observed in interventions targeting HIV, followed by articles pertaining to other infectious diseases and the environment
-	Effects of community participation on improving uptake of skilled care for maternal and newborn health: a systematic review- Authors: Alicia Renedo,	YES (Includes LMICs)	YES (2013)	In the included studies, community participation interventions involved encouraging people to think and talk about their health problems and services, and acting, or helping them act, on what they said. Several interventions which were included in the review (Makwanpur intervention in Nepal) were	The review examines the available evidence on the effectiveness of community participation interventions on maternal and newborn health, particularly on the uptake of skilled care during pregnancy,

#	Systematic Review	Location (LMIC/SA)	Year (Post 2010)	Relevant Interventions	Relevant Outcomes
	C. R. McGowan, Anayda Portela Link: *http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0055012#pone.0055012-ORourke1*			based on the innovative Warmi project in Bolivia, which aimed to improve maternal and child health using facilitated women's groups. The groups used "autodiagnosis" (similar to participatory action research) to identify and prioritise local problems, develop action plans accordingly, implement those plans, and then evaluate their own efforts. All groups identified the need to increase knowledge of reproduction, contraceptive use, and danger signs in pregnancy; improve immediate newborn care; and increase the proportion of women receiving skilled childbirth care. Actions taken included participatory development of education materials, savings schemes, and literacy programmes.	childbirth and after birth The review included outcome measures of uptake of skilled care during pregnancy, childbirth and after birth (for mother and newborn in the 28 days after the birth) as well as any direct measures of maternal and newborn health such as maternal mortality, maternal morbidity, or neonatal mortality.
-	Community-based intervention packages for reducing maternal and neonatal morbidity and mortality and improving neonatal outcomes. Authors Lassi, Z.S., Haider, B.A. and Bhutta, Z.A. (2010) Cochrane Database of Systematic Reviews (2010) Link: http://www.3ieimpact.org/en/evidence/systematic-reviews/details/43/ http://www.who.int/rpc/meetings/LHW_review2.	YES *Studies were mostly conducted in developing countries (India, Bangladesh, Pakistan, Nepal, China, Zambia, Malawi, Tanzania, South Africa, Ghana) with one additional*	YES (2010) *Updated version published in May 2015*	The review authors found 26 randomised and quasi-randomised controlled studies evaluating the impact of community-based intervention packages for the prevention of maternal illness and death and in improving new-born health outcomes. This review highlights the value of integrating maternal and new-born care in community settings through a range of interventions which can be packaged effectively for delivery through a range of community health workers and health promotion groups. Intervention packages can include additional features such as training of outreach workers (residents from the community who are trained and supervised to deliver maternal and new-born care interventions) namely, lady health workers/visitors, community midwives, community/village health workers, facilitators or	Primary outcomes: Review shows possible impacts in terms of a reduction in maternal mortality, maternal morbidity, neonatal mortality (both early and late mortality), stillbirths, perinatal mortality, as a consequence of implementation of community engaged interventional care packages. Secondary outcomes: Community engaged intervention packages also impacted uptake of tetanus immunisation, use of clean delivery kits, rates of institutional deliveries, and

#	Systematic Review	Location (LMIC/SA)	Year (Post 2010)	Relevant Interventions	Relevant Outcomes
	pdf *Updated version:* *http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD007754.pub3/abstract*	*study in Greece*		Traditional Birth Assistants (TBAs) in maternal care during pregnancy, delivery and in the postpartum period; and routine new-born care.	healthcare seeking for neonatal morbidities.
-	Birth Preparedness and Complication Readiness (BPCR) interventions to reduce maternal and neonatal mortality in developing countries: systematic review and meta-analysis.- Authors: Soubeiga D , Gauvin L , Hatem MA , Johri M Link: http://www.epistemonikos.org/en/documents/bf7404f4a38ae9f2ea0141bb9fa0e60f58b5890e	YES (Includes LMICs)	YES (2014)	This review covered interventions that focussed on community participation approach in implementing BPCR interventions. Some of the primary studies included in the review are: 1) Effect of a participatory intervention with women's groups on birth outcomes and maternal depression in Jharkhand and Orissa, India: a cluster-randomised controlled trial. 2) Effect of scaling up women's groups on birth outcomes in three rural districts in Bangladesh: a cluster-randomised controlled trial. 3) Evaluation of a cluster-randomized controlled trial of a package of community-based maternal and newborn interventions in Mirzapur, Bangladesh.	Primary outcomes analysed include maternal mortality and neonatal mortality. Secondary outcomes are institutional delivery, home delivery with skilled birth attendant, use of skilled care for neonatal illness, use of postpartum care, clean cutting of the umbilical cord, initiation of breastfeeding within the first hour of birth, knowledge of maternal and neonatal danger signs, and birth preparedness and complication readiness behaviours.
-	Community accountability at peripheral health facilities: a review of the empirical literature and development of a	YES (Includes LMICs)	YES (2012)	Some of the interventions included in this review are Village development committees (VDCs), Citizen report cards (developed through meeting), Health centre co-management committees, community-based organization (Pagoda structures), Home-based care and support groups,	The outcomes of interest in this review were the health outcomes, accountability and access to health services.

#	Systematic Review	Location (LMIC/SA)	Year (Post 2010)	Relevant Interventions	Relevant Outcomes
	conceptual framework Authors: Sassy Molyneux, Martin Atela,Vibian Angwenyi, and Catherine Goodman http://www.epistemonikos.org/en/documents/1829990d825bcbef9d0d04d326f95e69aad32d0b			Community development forums, District health committees, sub-county health committees and health unit management committees (HUMCs).	
-	Effectiveness of strategies incorporating training and support of traditional birth attendants on perinatal and maternal mortality: meta-analysis. Authors: Wilson A , Gallos ID , Plana N , Lissauer D , Khan KS , Zamora J Link: http://www.epistemonikos.org/en/documents/6527213daecd24d2fac47c5c48bc6756072434d4	YES (Includes LMICs)	YES (2011)	This includes various primary studies that study the effectiveness of various interventions involving training of Traditional birth attendants in Low and Middle income countries.	The outcomes of relevance are the perinatal, neonatal, and maternal mortality rates.

Notes: The above table is based on a preliminary web search. Study teams will be required to conduct a detailed search for relevant existing SRs during the study process.