

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

TITLE (PROVISIONAL)	A systematic review of the evidence on the effectiveness of sexual and reproductive health interventions in humanitarian crises
AUTHORS	Warren, Emily; Post, Nathan; Hossain, Mazeda; Blanchet, Karl; Roberts, Bayard

VERSION 1 - REVIEW

REVIEWER	Sian Oram Institute of Psychiatry, Psychology, & Neuroscience; King's College London.
REVIEW RETURNED	06-Jul-2015

GENERAL COMMENTS	<p>This review reports on an important topic, is well-conducted, and written to a very high standard. The review of study quality is excellent and will be particularly helpful to readers interpreting current - and planning future - research.</p> <p>My only comments are as follows:</p> <ol style="list-style-type: none">1) Include brief information about the review methods in the abstract;2) Justify the choice of the selected health outcomes/outputs;3) Upload a copy of the completed PRISMA statement;4) Figure 1 states that 16 full text articles were excluded for being "C strength" - this is not defined in the manuscript and does not appear in the inclusion/exclusion criteria provided in Table 1 - please address this;5) Provide the references to the systematic reviews used to develop the search strategies (page 5, line 28)6) Remove repetition of "reliance on the status quo" from page 21 line 28. <p>Finally, the authors state that the "narrow criteria" of the review were a limitation of the review- perhaps the authors could be more specific here in detailing which criteria they believe may have been overly restrictive and how this might have affected the review?</p>
-------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

REVIEWER	Monica Adhiambo Onyango Boston University School of Public Health, Boston USA
REVIEW RETURNED	14-Aug-2015

GENERAL COMMENTS	This is a well well done sytematic review of evidence for the effectiveness of SRH interventions in humanitarian settings. It will add the much needed knowledge in the field. the authors did a good
-------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

	job at reviewing all the pertinent published articles.
REVIEWER	Dr. Tomczyk US Centers for Disease Control and Prevention, USA
REVIEW RETURNED	14-Aug-2015

GENERAL COMMENTS	<p>Comment #1: line 41 page 3: "SRH interventions in humanitarian settings is less well understood". This is a minor point but I think humanitarian actors understand interventions well but I think the problem is that it is not "well documented".</p> <p>Comment #2: line 44-50 page 3: If you are speaking of all humanitarian settings there is a caveat that needs to be explored. For example, in some refugee situations, SRH outcomes have been found to be better when compared to the SRH outcomes of the host national population. Please refer to the literature since there are several papers that have documented this previously.</p> <p>Comment #3: Table 1. Primary outcomes (changes in morbidity, mortality, etc.) Any changes in rare events such as maternal and neonatal mortality are difficult to measure in the short term and require large longitudinal data sets. I think this would be a limitation and that would affect the number of studies you would find. Also, condoms distributed is not a very robust outcome since we know it doesn't measure correct use of condoms.</p> <p>Comment #4: line 41 page 5: iawg.net should be Interagency working group on reproductive health in crises (IAWG.net)</p> <p>Comment #5: line 19 page 6: did you include newborn health?</p> <p>Comment #6: there are a number of articles that have shown cost-effective maternal and neonatal interventions in the literature that were conducted in Pakistan and Afghanistan both countries are considered humanitarian settings. I don't know if these two countries would fit your selection criteria but at least Afghanistan should. If it does you should consider adding those studies. Afghanistan has shown success through training of nurse midwives, etc.</p>
-------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

VERSION 1 – AUTHOR RESPONSE

Reviewer 1: Sian Oram

1) This review reports on an important topic, is well-conducted, and written to a very high standard. The review of study quality is excellent and will be particularly helpful to readers interpreting current - and planning future - research.

Thank you very much for your kind feedback.

2) Include brief information about the review methods in the abstract

This has now been included (page 1)

3) Justify the choice of the selected health outcomes/outputs

The selection of outcomes/outputs of interest has now been clarified (page 6, para 1). The chosen outputs were derived from the IAWG field manual.

4) Upload a copy of the completed PRISMA statement

This has now been completed.

5) Figure 1 states that 16 full text articles were excluded for being "C strength" - this is not defined in the manuscript and does not appear in the inclusion/exclusion criteria provided in Table 1 - please address this

Thank you for this comment. We have clarified in Table 1 (page 4) that studies which did not quantify health outcomes or outputs were excluded from the review.

6) Provide the references to the systematic reviews used to develop the search strategies (page 5, line 28)

These citations have been added.

7) Remove repetition of "reliance on the status quo" from page 21 line 28.

This has now been removed.

8) The authors state that the "narrow criteria" of the review were a limitation of the review- perhaps the authors could be more specific here in detailing which criteria they believe may have been overly restrictive and how this might have affected the review?

This statement has now been qualified (page 22, para 2). We do not believe our criteria were overly restrictive but we acknowledge that only quantitative studies were eligible for inclusion on the grounds that this is necessary for examining effectiveness.

Reviewer 2: Monica Adhiambo Onyango

1) This is a well done systematic review of evidence for the effectiveness of SRH interventions in humanitarian settings. It will add the much needed knowledge in the field. The authors did a good job at reviewing all the pertinent published articles.

Thank you very much. We are glad you feel the paper is a valuable contribution to the field.

Reviewer 3: Dr. Tomczyk

1) Line 41 page 3: "SRH interventions in humanitarian settings is less well understood". This is a minor point but I think humanitarian actors understand interventions well but I think the problem is that it is not "well documented".

Thank you for suggesting this clarification. The text has been changed accordingly.

2) Line 44-50 page 3: If you are speaking of all humanitarian settings there is a caveat that needs to be explored. For example, in some refugee situations, SRH outcomes have been found to be better when compared to the SRH outcomes of the host national population. Please refer to the literature since there are several papers that have documented this previously.

This comment highlights an interesting point. One of the studies reviewed in our paper address refugee/IDP and host population services/outcome and we have noted the finding on the variance in results between the two populations in the Results section (Orach et al, page 18). To highlight this point more, we have also added in the discussion section that broader contextual influences, such as with refugee and host populations, were not explored as these were deemed beyond scope of paper but we recommend they could also be explored in the future (page 21-22)

3) Table 1. Primary outcomes (changes in morbidity, mortality, etc.) Any changes in rare events such as maternal and neonatal mortality are difficult to measure in the short term and require large longitudinal data sets. I think this would be a limitation and that would affect the number of studies you would find. Also, condoms distributed is not a very robust outcome since we know it doesn't measure correct use of condoms.

Thank you for this comment. We agree that maternal mortality is difficult to measure in humanitarian settings and is a useful point which is now highlighted in our discussion section (page 22, para 1).

We also agree and recognise that condoms distributed and condoms used are not equated and make the distinction between reporting distribution as a primary output and condom use as a secondary outcome.

4) Comment #4: line 41 page 5: iawg.net should be Interagency working group on reproductive health in crises (IAWG.net)

Thank you for this comment. This acronym has been clarified earlier in the paper (page 6, para 2).

5) Line 19 page 6: did you include newborn health?

Newborn health was included. We have clarified this in the revised manuscript. (page 6, paragraph 2).

6) There are a number of articles that have shown cost-effective maternal and neonatal interventions in the literature that were conducted in Pakistan and Afghanistan both countries are considered humanitarian settings. I don't know if these two countries would fit your selection criteria but at least Afghanistan should. If it does you should consider adding those studies. Afghanistan has shown success through training of nurse midwives, etc.

We have included papers documenting studies from both Afghanistan and Pakistan in this review. We are confident the review identified the relevant papers according to the criteria we set. It is likely the papers you mention did not meet all our inclusion criteria.