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| Date | 08-05-2024 | | | |
| Proposed study title | Assessment of water, sanitation, hygiene services and waterborne disease prevalence among the Rohingya Refugee population in all 33 camps, Cox’s Bazar, Bangladesh: a follow-up study | | | |
| Purpose of study | Improving the water, sanitation and hygiene services in Cox’s Bazar Rohingya Refugee camps, Bangladesh | | | |
| Research question | To assess which areas of the camps have poor quantity or quality of WASH facilities or services and should be prioritized for targeted intervention and/or advocacy. | | | |
| **Objectives** | *This is a follow-up assessment of 3 prior surveys conducted in 2018, 2021, 2023. LQAS will become an annual activity in Cox’s Bazar moving forward. This survey will use the ERB pre-approved generic LQAS protocol.*  *Primary objective:*  To measure the coverage and quality of water, hygiene and sanitation indicators across all Rohingya Refugee settlements in Cox’s Bazar to guide operational decision-making  *Secondary objective:*  To estimate the prevalence of waterborne diseases (e.g., acute watery diarrhoea, acute jaundice syndrome and dengue) using facility-based data and LQAS indicators | | | |
| **Background/significance**  *1 paragraph* | A lot quality assurance sampling (LQAS) survey was implemented in November/December 2018 to assess the quality and coverage of water and sanitation services in the MSF-OCA WatSan catchment area of Cox’s Bazar mega camp (21 camps at the time). Key recommendations of this survey included improve the number and maintenance of latrines, ensuring the inclusion of handwashing areas with soap and water as well as tap stands or tube wells. Priority efforts towards water chlorination and discourage the use of surface water for drinking or cooking. In addition, enhance community awareness regarding the proper disposal of children’s and infants’ feces. There was a gap recognized in the widespread sharing information, despite MSF being one of the key humanitarian actors supporting the development and maintenance of water networks and sanitation facilities in the camps. This support led to an active response by MSF operations.  Two follow-up LQAS surveys were conducted to reassess WatSan quality and coverage indicators, as well as their impact on waterborne diseases such as AWD and scabies among children under 5 years. The surveys took place between January and March 2022 in 19 camps and in July 2023 in 20 camps respectively. The priority findings highlighted an inadequate water supply with insufficient chlorination and persistent gaps in improved sanitation conditions. Besides, there was notable deterioration in the use and disposal of acceptable menstrual hygiene materials and the proper management of solid waste. By 2020, the majority of WASH interventions were handed over to other humanitarian actors, while MSF continued to focus on active medical care and observing the WASH responses. Since then, MSF started focusing on building capacity of the local actors and ensure a role of witness and share expertise. This strategy is aligned with global plan for OCA 2020- 2023 on reinforcing the collaboration with actors. Subsequently, MSF has also started providing technical trainings in collaboration with Oxfam to implementers on topics such as chlorination, solar panel to increase water production and quality maintenance of water network etc. One of the key mandates of MSF is contributing to effective and adequate WASH services to the Rohingya communities including establishing standards for operations and maintenance of facilities and linking funding requirements to accountability. Furthermore, MSF has engaged with the Government of Bangladesh to seek removal of administrative and bureaucratic barriers faced by WASH actors and to promote a more efficient and streamlined coordination of WASH intervention across the camps.  In 2024, collaboration with the WASH sector had a positive impact, generating interest in MSF conducting a quantitative WASH facility-based technical assessment named "5 stars." This assessment focuses on monitoring water networks, including the volume of water produced, the functionality of tap stands and individual taps, chlorination levels and beneficiary satisfaction. As a result, MSF secured access to all 33 Rohingya refugee camps. To infer a more comprehensive understanding of the camps and the challenges related to water accessibility, particularly the inadequate aquifer in Teknaf, it is essential to consider additional contributing factors. These factors include fire incidents, security concerns and the dengue outbreak in 2023, all of which have adversely affected routine service provision in the camps and likely led to a decline in WASH services.  By conducting the community-based LQAS survey for the fourth time in August 2024 to obtain detailed insights, MSF plans to monitor any progress or changes in WatSan indicators over the past six years, particularly focusing on the persistent priority areas identified in previous LQAS surveys. Additionally, this presents an opportunity to determine advancing priority areas for WatSan interventions aimed at improving living conditions and preventing future outbreaks of waterborne diseases. Moreover, MSF recognized this opportunity to conduct the survey across all camps in 2024, including both Ukhiya and Teknaf Upazila in Cox’s Bazar, to gain a comprehensive understanding of the situation. By comparing an user driven data from the current and previous LQAS with the results of the technical assessment will allow for benchmarking of WASH service provision and a means for monitoring improvements over time. | | | |
| ***Study topic***  *Check all that apply* | Is the study part of an approved OCA topical research agenda?  No  Yes, namely:  If yes, please provide a link to, or submit research agenda with this concept paper | | | |
| AMR  Cholera  Covid-19  Ebola  Environmental Health  Emergency  HIV  Leishmaniasis  Malaria  Nutrition  Other disease outbreak  If Other or Other disease outbreak, please state: AJS, eye, dengue and skin infection | Maternal & women's health  Measles  Meningitis  Mental health  Mortality  NTDs (excluding leishmaniasis)  Neonatal & child health  Non-communicable diseases  Other: AJS | | Upper/lower respiratory tract disease (excluding Covid-19)  Sexual violence  Surgery  Tuberculosis  Vaccination  VHF (excluding Ebola)  Violence  Water & Sanitation |
| **Methods - design**  *Check one study design* | Please consult the relevant study reporting guidelines\* listed at the end of this concept note. | | | |
| Observational study  Randomised trial  Systematic review  Case report  Diagnostic study  Brief explanation for chosen study design: To achieve the study objectives of assessing the water, sanitation and hygiene of the camps, as well as the regional reporting of waterborne diseases to MSF facilities, we will require a descriptive cross-sectional study design. | | Mixed methods study  Qualitative research  Quality improvement study  Prediction model  Other | |
| **Methods - setting** | **Study location/setting:** Kutupalong, Balukhali and Teknaf settlements, Cox’s Bazar, Bangladesh  **Context (1 paragraph):** The proposed study population will include residents of ’all camps in Cox's Bazar including: 1E, 1W, 2E, 2W, 3, 4, 4 ext, 5, 6, 7, 8E, 8W, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 20 ext, 21, 22, 24, 25, 26, 27, Kutupalong RC and Nayapara RC. | | | |
| **Methods – participants, procedures, analysis**  *For retrospective analyses of routine data, if this section is sufficiently complete, this concept note will serve as the study protocol.* | **Study design**  LQAS is a survey methodology, which uses small sample sizes and allows investigators to classify and prioritize needs among small geographic levels or so called ‘supervision areas’. Results from the supervision area levels are then combined to form a simple random sample for the whole geographic area and to provide a coverage estimate with confidence intervals. The “supervision areas” should be meaningful for making programmatic decisions and thus the supervision areas in this survey will be 1E, 1W, 2E, 2W, 3, 4, 4 ext, 5, 6, 7, 8E, 8W, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 20 ext, 21, 22, 24, 25, 26, 27, Kutupalong RC and Nayapara RC.  **Study population**  During the 2024 LQAS, the study population will be the residents in all Rohingya refugee camps that are mentioned above.  **LQAS Sampling plan**  Each of the above mentioned 33 camps will serve as a supervision area in this survey. The key of the LQAS sample size will include 19 households per SA to ensure the alpha and beta errors are less than 10% and the minimum total should be 95, but exceeding a total of 95 is not an issue and in line with what is written in the standard ERB pre-approved generic LQAS protocol, calculating a total sample size of 627 households. Simple random sampling using randomly generated GPS points will be used to identify households for inclusion in the survey. 19 households per supervision area will be allocated proportionally to the population of the blocks within the supervision areas/camps. If a household refuses to participate, the next nearest household to the originally selected household will be sampled.  **Data variables (quant):**  To standardize the results and to enhance comparability, the same questionnaire used in the previous LQAS survey conducted in 2023 will be used in the current study. These include two separate ‘universes’ of indicators: one for Water and Sanitation activities, and the other one for health outcomes. In addition, for our secondary study objective, we will use variables collected from MSF healthcare facilities for AWD, AJS and dengue cases.  **Main outcome measures:**   * Water supply indicators (5 indicators) * Water storage indicators (5 indicators) * Hygiene indicators (6 indicators) * Latrines and sanitation indicators (3 indicators) * Solid waste management indicators (5 indicators) * Absence of disease indicators among children under 5 years of age (4 indicators) * Facility-based AWD, AJS and dengue reports by camp   **Explanatory variables:**  We plan to describe the distribution of outcome variables by camp and camp block.  **Data sources and collection**:  *LQAS Survey (primary objective):* The LQAS survey questionnaire will be incorporated in an electronic format either using KoBo or field map software. Encrypted smartphones will be used for data collection by a team of trained interviewers using these electronic forms. The questionnaire will include questions related to water supply and storage, sanitation facilities, hygiene promotion services and behaviours, vector control, access to non-food items (NFIs) (e.g., closed water containers, chlorination tablets, soap, etc.), and recent water-related illness, as described above.  Verbal informed consent (without personal identifiers) will be obtained from the head of household (or other member of the household ≥18 years) in each household included in the study. For the LQAS survey, we will use the following definitions:   * Definition of a household: A household is defined as a group of people who slept under the same roof (i.e., in the same shelter) the previous night. * Definition of a parent/guardian: A parent/guardian is defined as the household member who is aged ≥ 18 years who cares for the child <5 years, is present at the time of the survey, and can provide accurate information on all questions asked.   *MSF Facility-based data (secondary objective):* For the secondary objective, data from the MSF Early Warning And Response System (EWARS) will be collected from all MSF facilities in Cox’s Bazar.  **Data analysis**  For the primary objective, LQAS survey data analysis will be performed using a standard MSF LQAS Excel tool adapted to the questionnaire and R data analysis software. Percentages for each indicator will be calculated per supervision area and supervision areas will be classified as high priority for an indicator if they fall below the decision rule for the specific indicator, as outlined in the generic protocol. In addition, the weighted average, with confidence intervals, will be calculated per indicator for the 33 camps overall. For the secondary objective, we will assess the number and proportion of severe AWD, AJS and dengue cases reported to MSF facilities by block among the camps. Visualization of the results will be conducted in R. Report writing will be conducted by the PI with support from the Epidemiology Advisor. | | | |
| **Resources/costs:** | Temporary local staff, previously hired for epidemiologic surveys, will be trained for this survey. Field epidemiologist/s will be required for study preparation (including providing trainings), implementation, analysis and reporting. A total of 36 camp-based staff will be needed (16 teams of 2 data collectors, with 1 supervisor per 3-4 teams).  All necessary equipment (e.g., smartphones and battery packs) are already in the project and available for use. | | | |
| **Planned dates**  *List proposed* ***start/end date******[mm/yyyy]*** *of each stage and any time restrictions* | **Protocol development:** 2 weeks  **Ethics review:** 2 weeks  **Study preparation:** 2 weeks  **Data collection:** 4 weeks  **Data analysis:** 2 weeks  **Write up (report):** 2 weeks  **Write up (other study outputs):** | | | |
| **Ethics** | **Benefits:** The results of this survey will enable MSF to develop a targeted approach to addressing the most pressing WatSan needs throughout all Rohingya camps and assess areas of improvement since the previous 2023 LQAS survey. Depending on results, potential actions by MSF may include increased targeted advocacy within the WASH sector for improved water supply provision and sanitation facilities, providing technical trainings in collaborating partners and enhancing the maintenance of existing structures. Additionally, efforts will focus on improving hygiene practices and ensuring the availability of hygiene products to the beneficiaries to reduce the risk of waterborne disease outbreaks.  **Risks:** Potential risks to the community are expected to be minimal. Asking the head of household for details regarding water, sanitation and hygiene services, activities, and behaviours may be considered intrusive. This can be mitigated by using local Rohingya staff, providing interactive and hands-on training on interview techniques and offering a clear explanation of the purpose of the survey. In the past, the responsible parties for camp management or camp-in-charge (CICs), have temporarily interrupted WatSan activities for various reasons, although no permanent closure or ban of any activities have taken place. To ensure cooperation, Refugee Relief and Repatriation Commission (RRRC), the organizational body of the CICs, will be invited to collaborate on this survey. The context could become unstable or weather conditions may worsen such that some areas become inaccessible. This will be monitored and responded to appropriately. Similarly, insecurity might cause the survey to be delayed, interrupted, or cancelled; this cannot be predicted in advance.  **Involvement of / collaboration with relevant local stakeholders:** Approval will be sought from the Civil surgeon, Cox’s Bazar and RRRC.  **Obtaining informed Consent**:Verbal informed consent (without personal identifiers) will be obtained from the head of household (or other member of the household ≥18 years) in each household included in the study.  **Confidentiality and privacy:** The data collection methods will limit the collection of patient identifiers and where possible data will be collected and shared as aggregated fields to protect patient confidentiality. Additionally, GPS coordinates will not be linked with the survey data to maintain participant privacy and confidentiality.  **How will the study demonstrate respect for study participants:** As described above, we will maintain privacy during data collection. Furthermore, we will ask how study participants would like the results shared with them following study completion.  **In-country permissions and regulatory review:**   1. Has a protocol been submitted to or approved by National/ Local Ethics Review Committee(s)?   No/Not yet  Yes   1. If not yet submitted, please indicate when and to which committee the protocol will be submitted:   Civil surgeon and RRRC.   1. If not planned to be submitted to local committees please note why not, and which alternative permissions have been obtained:   **Do you believe your study meets MSF ERB criteria for exemption from full review?:**  Yes, for the following reasons:   1. Yes, because we are using a pre-approved generic ERB template for the primary objective. We will do a retrospective review of routinely collected operational data for the secondary objective. The contextualised generic protocol will still be submitted to the ERB   If so, it must meet all [criteria to qualify for exemption](https://scienceportal.msf.org/assets/7964)     1. Yes, because it is a survey that follows the MSF Intersectional Standardized Survey Protocol.   If so, it must meet the [exemption criteria](https://scienceportal.msf.org/assets/6996)   1. Yes, for any other reason (please explain here)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
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| **Roles and responsibilities**  If responsibilities are split differently between the roles outlined below or held by other members of the research team, please describe clearly in the sections below. ReMIT responsibility must be held by an MSF staff member. | | | | |
| **Primary Investigator (PI)**  *Responsible for carrying out the study with support and consultation from research team. Will usually lead on all journal correspondence. TOR is* [*here*](https://msfintl.sharepoint.com/sites/OCA-dept-PHD/Shared%20Documents/Research%20%26%20Innovation/Operational%20Research%e2%80%8b%e2%80%8b/Research%20System%20Processes/Research%20Team%20ToR.pdf) | Name: Mohammad Samiur Rahman Chowdhury  Email address: [cxb-epidem2@oca.msf.org](mailto:cxb-epidem2@oca.msf.org) | | | |
| **Study Coordinator (SC)**  *Overall responsible for study, must be MSF HQ staff, usually topic specialist. Responsible for: ensuring HA and PI have fulfilled their roles; ensuring everyone named in this CP is clear about their involvement; updating ReMIT, translating findings into impact, appropriately disseminating materials (see later section). TOR is* [*here.*](https://msfintl.sharepoint.com/sites/OCA-dept-PHD/Shared%20Documents/Research%20%26%20Innovation/Operational%20Research%e2%80%8b%e2%80%8b/Research%20System%20Processes/Research%20Team%20ToR.pdf) | Name: Patrick Keating  Email address: [Patrick.Keating@london.msf.org](mailto:Patrick.Keating@london.msf.org)  Is the topic specialist / topic holder informed/involved? Yes | | | |
| **MSF research team** | OCA Epidemiology Activity Manager: Chandrakant  Email address(es): [cxb-epidem@oca.msf.org](mailto:cxb-epidem@oca.msf.org)  Responsibilities: Support study design, data collection and data analysis. Support of Field Epi and data collection team for successful implementation of LQAS. Assist with drafting survey report, interpretation and dissemination of results.  Balukhali MTL: Camilla Midtgaard  Email address: [balukahli-mtl@oca.msf.org](mailto:remit@msf.org)  Responsibilities: Support of Field Epi and data collection team for successful implementation of LQAS. Review of survey report and formulation of recommendations for future WASH activities based on survey results.    Balukhali WatSan team lead: Kausar Mohammed Shamim  Email address: [balukhali-watsan-tl@oca.msf.org](http://fieldresearch.msf.org/msf/handle/10144/618942)  Responsibilities: Concept note and protocol writing support including determination of threshold values for selected indicators. Review of survey report and formulation of recommendations for future WASH activities based on survey results.    Balukhali WatSan Manager: Akhterul Kabir Munna  Email: [balukhali-watsan2@oca.msf.org](mailto:balukhali-watsan2@oca.msf.org)  Responsibilities: Review of survey report and formulation of recommendations for future WASH activities based on survey results.  Balukhali WatSan Manager: Kit Caufield  Email: [balukhali-watsan3@oca.msf.org](mailto:balukhali-watsan3@oca.msf.org)  Responsibilities: Review of survey report and formulation of recommendations for future WASH activities based on survey results.  Cox’s Bazar Humanitarian Affairs Manager: Salman Khan Bappa  Email: [cxb-advocacy2@oca.msf.org](mailto:cxb-advocacy2@oca.msf.org)  Responsibilities: Review of survey report and formulation of recommendations for future WASH activities based on survey results.    Cox’s Bazar MedCo: Dr. Md Rezwanur Rahman Masum  Email address: [cxb-medco-dep@oca.msf.org](mailto:cxb-medco-dep@oca.msf.org)  Responsibilities: Review of survey report and formulation of recommendations for future WASH activities based on survey results.  Cox’s Bazar WatSan Co: Antoine GILBERT  Email address: [cxb-watsanco@oca.msf.org](mailto:cxb-watsanco@oca.msf.org)  Responsibilities: Review of survey report and formulation of recommendations for future WASH activities based on survey results.    HQ Epi advisor: Patrick Keating  Email address: [patrick.keating@london.msf.org](mailto:patrick.keating@london.msf.org)  Responsibilities: Remote support to Field Epi for concept note and protocol writing, survey implementation and report writing    HQ WatSan advisor: Nick Schreiner  Email address: [nick.schreiner@london.msf.org](mailto:nick.schreiner@london.msf.org)  Responsibilities: Input to protocol, review of report and formulation of recommendations for future WASH activities based on survey results    Health Programs Manager: Mark Sherlock  Email address:  [Mark.Sherlock@amsterdam.msf.org](mailto:Mark.Sherlock@amsterdam.msf.org)  Responsibilities: Review of report and formulation of recommendations for future WASH activities based on survey results  Health Advisor: Hamza Atim  Email address:  [Hamza.Atim@amsterdam.msf.org](mailto:Hamza.Atim@amsterdam.msf.org)  Responsibilities: Review of report and formulation of recommendations for future WASH activities based on survey results    Balukhali GIS Specialist : Md. Salman Reza  Email address: [balukhali-gis@oca.msf.org](mailto:balukhali-gis@oca.msf.org)  Responsibilities: Support with selection of households in the camp to be surveyed | | | |
| **Field involvement** | Are national/other field staff informed/included as co-investigators?  No  Yes  Will protocol development include field team input?  No  Yes  If no to either of above, please provide explanation: N/A  Please describe any planned capacity building activities for national staff: The current study will support the public health training capacity of local epidemiology and outreach staff. The national staff Epidemiologist, Samiur, will be the PI on this LQAS survey. Through his role, he will get on-the-job training on concept note and protocol writing and will receive training on LQAS conduct including GIS sampling as well as analysis of LQAS data and report writing. In addition, Rohingya data collectors will be trained on the LQAS methodology, questionnaires and the use of KoboCollect. | | | |
| **Health Advisor (HA)**  *Responsible for facilitating study operationally, ensuring desk/field have agreed to study and feeding back to PI/SC.* | Name of relevant HA(s): Mark Sherlock  Is/are the HA(s) supporting the study on behalf of the countries they manage?  No  Yes | | | |
| **External partners/MoH**  *Name, position, role of external collaborators.* | **International: NA**  **Local:** Refugee Relief and Repatriation Commission (RRRC) including Camp In Charge (CIC) and Civil Surgeon (MoH)  **Community**:  Are **resource agreements in place**, e.g. Open Access publication costs?  No  Yes, namely: | | | |
| **Competing interests** | None | | | |
| **Data management and sharing**  *Contact details of those responsible for ensuring data are managed and shared in accordance with MSF’s Health Data Protection Policy and GDPR* | Name: Patrick Keating  Email: Patrick.Keating@london.msf.org  Data management plan: The data will be kept in a password-protected computer and the electronic database for the LQAS survey will be kept in a secure web-based database on MSF’s KoBoToolbox server, which will only be accessible to the Primary Investigator, Coinvestigators and Study Coordinator with the secured ID. For data analysis, the data will be stored on the Epidemiology folder of the Mission SharePoint for 5 years, after which they will be destroyed.  Will data be shared with an external partner such as an academic institution?  No  Yes, namely:  *Complete the* [*OCA Data Sharing Agreement*](https://msfintl.sharepoint.com/:w:/s/Researchsystem/EUzjH4uorYtApQ2oduCHxO0BQXa7WT97eyajiqacMxr-1w?e=tnvzUh) *and submit for Medical Director signature.* | | | |
| **Opting out**  *All concept papers and/or (ERB approved) protocols are made available on ReMIT and the MSF Field Research website*. Questions about ReMIT? Email  *oca.research@london.msf.org* | This concept paper and/or accompanying protocol cannot be made available on:  ReMIT; because:  MSF Field research website; because: | | | |
| **Implementation/ impact and dissemination**  Responsibility of the Study Coordinator (unless otherwise noted in roles/responsibilities section) | | | | |
| **Implementation/impact** | The key findings and recommendations of this survey will guide MSF-OCA's operational activities in relation to water, sanitation and hygiene in the camps. Advocacy will be a key component of this study and the results will be shared with implementing partner organizations to help inform the timeline, scale and type of their interventions required to address the needs spotlighted in the survey*.* | | | |
| **Dissemination**  *Note on journal publication - MSF has an Open Access (OA) journal publication policy. Fee reduction must be requested* ***at article submission.*** *See* [*guidance*](https://msfintl.sharepoint.com/:b:/r/sites/OCA-dept-PHD/Shared%20Documents/Research%20%26%20Innovation/Operational%20Research%E2%80%8B%E2%80%8B/Publication%20and%20Dissemination/Publication%20and%20data%20advice.pdf?csf=1&web=1&e=lCVTiD) *on publication.* | **Dissemination of findings:**  *MSF – project, mission, headquarters:* Any important results which impact directly on MSF operations in the study area will be immediately shared with the project teams and mission as they arise throughout the study. After this an internal report for OCA will be written by the study team covering all study objectives. The internal report will be supplemented by presentations of the findings at project, coordination and HQ levels.  *Participants and community:* We will ask community leaders how they would like to receive the findings (e.g. in poster format or presentation) and we will provide the summarised version of the results to all participants and the wider community in the manner they deemed appropriate.  *In country partners (including MoH):* The internal survey report will be shared with the Ministry of Health, RRRC, UN agencies and other partners, translated in the local language if required. The WASH sector coordinator will be informed about the planning of this study and bilateral discussions with key WASH partners active in the camps will be conducted once the results are available. The MedCo will share findings with the health cluster. An executive summary and a brief presentation of key findings will be shared with relevant partners.  *International dissemination (including WHO and other agencies, scientific publication):* Abstract submission for conferences/external meetings will be led by the primary investigators with support from the epidemiology advisor and based on the concept paper and protocol (if appropriate).  **Budget: Has budget been allocated for dissemination, including potential scientific editing costs?** Yes.  **Agreements**  Authorship:  Has the dissemination plan got the support of the Health Advisor (HA)?  No  Yes  *Research outputs must be sent in parallel, before wider distribution, to the OCA Research Committee for quality review and to the HA, who will have 1 week to raise any context concerns with the Committee. Context concerns arising since Concept paper approval or quality of output likely the main reasons to postpone outputs.* | | | |

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| **\*Study Reporting Guidelines**  To assist authors in writing up their studies to meet scientific journal criteria | |
| Observational studies – [STROBE](http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.0040296) ([& extensions](http://www.equator-network.org/?post_type=eq_guidelines&eq_guidelines_study_design=0&eq_guidelines_clinical_specialty=0&eq_guidelines_report_section=0&s=+STROBE+extension&btn_submit=Search+Reporting+Guidelines))  Randomised trials – [CONSORT](http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1000251) ([& extensions](http://www.equator-network.org/reporting-guidelines/consort/))  Systematic reviews – [PRISMA](http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1000097) ([& extensions](http://www.equator-network.org/reporting-guidelines/prisma/))  Case reports – [CARE](http://jmedicalcasereports.biomedcentral.com/articles/10.1186/1752-1947-7-223) | Qualitative research – [SRQR](http://journals.lww.com/academicmedicine/Fulltext/2014/09000/Standards_for_Reporting_Qualitative_Research___A.21.aspx) ([& extensions](http://intqhc.oxfordjournals.org/content/19/6/349.long))  Diagnostic studies – [STARD](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4623764/)  Quality improvement studies – [SQUIRE](http://qualitysafety.bmj.com/content/17/Suppl_1/i3.long)  Prediction model studies - [BMJ](http://www.bmj.com/content/350/bmj.g7594.long) |