Protocol: Effectiveness of Interventions for People with disabilities in Low and Middle-Income Countries: An Evidence and Gap Map

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Submitted to the Coordinating Group of:

☐	Crime and Justice
☐	Education
	☐ Disability
☐	International Development
	☐ Nutrition
☐	Social Welfare
☐	Methods
☐	Knowledge Translation and Implementation
☐	Other:

Plans to co-register:

☐	No
☐	Yes ☐ Cochrane ☐ Other
☐	Maybe

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Background

The problem, condition or issue

Disability is an umbrella term, covering impairments, activity limitations, and participation restrictions. The Preamble to the United Nation Convention on the Rights of Persons with Disability (UNCRPD) acknowledges that disability is "an evolving concept", but also stresses that "disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others". An impairment becomes disabling when individuals are prevented from participating fully in society because of social, political, economic, environmental or cultural factors.

More than 1 billion persons in the world have some form of disability. This corresponds to about 15% of the world's population (World Report on Disability, 2011). There is higher disability prevalence (80%) in Low and Middle Income Countries (LMICs) then high income countries, and disability is believed to affect disproportionately the most disadvantaged sector of the population (Banks, Kuper, & Polack, 2017) (Alavi, Kuper, & Patel, 2010). Persons with disabilities are more likely to experience adverse socioeconomic outcomes than persons without disabilities, such as less education, poorer health outcomes, lower levels of employment, lower immunization coverage, low birth weight and higher poverty rates (World Report on Disability, 2011). As stated above, people with disabilities are more likely to experience poverty but being poor also increases the chance of having a disability. 'Twin-Track approach', largely accepted by many international donors (for example the World Bank, DFID, the German Cooperation; the EC, the Finnish Cooperation) and NGOs, aims to break this cycle by both empowerment of individuals/families/organisations and by breaking down barriers in society. It works at mainstreaming disability into every sector and every development action with the overall goal of increasing the general level of awareness.

In 2006 the World Bank estimated the global GDP loss due to disability to be between $1.71 trillion to $2.23 trillion annually (Metts & Mondiale, 2004); between 12% and 20% of the populations of developing countries were thought to be non-productive due to disability (Mondiale, 2007). The Asian Development Bank maintains that while there are costs associated with including people with disabilities, these are far outweighed by the long-term financial benefits to individuals, families and society.

Over recent decades, the disabled people's movement– together with numerous researchers from the social and health sciences have identified the role of social and physical barriers in

limiting the participation of people with disabilities in different aspects of everyday life (e.g. education, employment, healthcare).

A range of international documents have highlighted that disability is a human rights issue, including the World Programme of Action Concerning Disabled People (1982) (WPA, 1982), the Convention on the Rights of the Child (1989) (CRC, 1989), and the Standard Rules on the Equalisation of Opportunities for People with Disabilities (1993) and most importantly The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), 2006 (CRPD, 2006). The UNCRPD aims to "promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity". It reflects the major shift in global understanding and responses towards disability, and emphasises that people with disabilities have the right for full inclusion.

A second key argument for a focus on disability is from a development perspective. There is a large number of people with disabilities, and they are often "Left Behind" in key areas of development, and so the achievement of development goals is unlikely unless programmes are inclusive of people with disabilities. In recognition of this point, disability is referenced in various parts of the Sustainable Development Goals (SDGs) (Agenda 2030 and SDGs) related to education, growth and employment, inequality, accessibility of human settlements. Furthermore, SDG 17 stresses that in order to strengthen the means of implementation and revitalize the global partnership for sustainable development, the collection of data and monitoring and accountability of the SDGs are crucial. Significantly increasing the availability of high-quality, timely and reliable data that is also disaggregated by disability is one of the key mandates. Evidence and gap maps (EGMs) can contribute to achieving SDG 17 by supporting the prioritization of global evidence synthesis needs and primary data collection.

Inclusive development is that which includes and involves everyone, especially those who are marginalized and often discriminated against. (Inclusive development , 2010). Unless disable people are brought into main stream it is impossible to cut the cycle of poverty and discrimination. To enable people with disabilities to contribute to creating opportunities, share in the benefits of development, and participate in decision-making, a twin-track approach may be required. (Disability, poverty and development., 2000). Twin-track approach promotes integration of disability-sensitive measures into the design, implementation, monitoring and evaluation of all development policies and programmes, called as 'mainstreaming disability', while simultaneously undertaking 'targeted measures' such as disability-specific policies, programmes and initiatives to ensure the inclusion and full enjoyment of human rights by persons with disabilities . (Inclusive development , 2010)

The World Health Organisation's (WHO) Community Based Rehabilitation (CBR) guidelines is based on this approach. CBR is a multisectoral, bottom-up strategy which can ensure that the Convention on rights of people with disability (CBR: A strategy for rehabilitation, equalization of opportunities, poverty reduction and social inclusion of, 2004) makes a difference at the community level. While the Convention provides the philosophy and policy, CBR is a practical strategy for implementation (Helander, 1989). CBR activities are designed to meet the basic needs of people with disabilities, reduce poverty, and enable access to health, education, livelihood and social opportunities – all these activities fulfil the aims of the Convention.

Attention to disability issues are also increasingly being seen in the policies and programmes of bilateral agencies like DFID (Disability, Poverty and Development, 2000) (How to Note: Working on Disability in Country Programmes, 2007), either as part of inclusive new policies or in disability-specific initiatives, many of which are linked either implicitly or explicitly to poverty alleviation efforts or public health initiatives as USAID (USAID Disability Policy Paper, 1997).

Why it is important to do the EGM?

Over the past decade the academic literature on disability outcomes and effectiveness has grown substantially (Andresen, Lollar, & Meyers, 2000) (Iemmi, et al., 2015) (Devon, Lydon, Healy, & McCoy, 2016). Several important questions have not been adequately addressed, however. For example, what type of evidence is needed, and what are realistic expectations for disability outcomes and effectiveness research? A lack of rigorous and comparable data on disability and evidence on programmes that work can impede understanding and action. Understanding the numbers of people with disabilities and their circumstances can improve efforts to remove disabling barriers and provide services to allow people with disabilities to participate on an equal basis with others. For example, better measures of the environment and its impacts on the different aspects of disability need to be developed to facilitate the identification of cost-effective environmental interventions.

Knowledge production takes place across several sectors (health, social welfare, and education), focuses on various populations (different ages, ethnicities, or with different needs), and involves rather diverse methodical approaches (e.g. systematic reviews, primary studies of different designs etc.). A mapping of the existing knowledge base is therefore required to provide a comprehensive overview of existing knowledge in this area and enable the purposeful and targeted commissioning of future research, tailored to the most eminent needs for knowledge and guidance. This ambition could be fulfilled by proposed EGM.

Objectives

The proposed evidence and gap map will present studies of the effectiveness of these interventions across a range of outcome domains. Specifically, the objectives of the map are to:

i. Develop a clear framework of types of interventions and outcomes related to effectiveness of interventions for people with disabilities in low-and middle-income countries.
ii. Map available systematic reviews and primary studies on the effectiveness of disability interventions in low- and middle-income countries in this framework, with an overview provided in a summary report.
iii. Provide database entries of included studies which summarize the intervention, context, study design and main findings.

Methodology

Evidence and Gap Maps provide a visual overview of the availability of evidence for a particular sector - in this case will include 'people with disabilities'. The EGM will consolidate what we know and do not know about 'what works' by mapping out existing and ongoing systematic reviews and impact evaluations in this field; and by providing a graphical display of areas with strong, weak or non-existent evidence on the effect of interventions or initiatives. EGMs are useful for policymakers and practitioners looking for evidence to inform policies and programs. For donors and researchers, these maps can inform a strategic approach for commissioning and conducting research.

This EGM will be populated based on the following criteria:

- Criteria for including and excluding studies
- Types of studies to be included

Types of study designs

The EGM will include effectiveness studies and systematic reviews of effects of interventions.

Status of studies

EGM will include both completed and on-going studies.

Population

The target population are populations are people with disabilities living in low- and middle-income countries ((World Bank Classifications, 2016). People with disabilities include those who have long-term physical, mental, intellectual or sensory impairments, which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. (Iemmi, et al., 2015)

Population sub-groups of interest include: women, vulnerable children (particularly children in care), conflict (conflict and post-conflict settings), migrants, and ethnic minority groups.

EGM framework Outcomes

Seven Sustainable Development Goal (SDGs) targets specifically mention persons with disabilities with following indicators education, accessible schools, employment, accessible public spaces and transport, empowerment and inclusion, data disaggregation as focus.
The five main outcome categories are as mentioned below and they are plotted against the WHO's Community Based Outcome Indicator (CBR) indicators:

1. Health
2. Education
3. Livelihood
4. Social
5. Empowerment

Table 2: Outcome categories and sub-categories

Outcome	**WHO's Community Based Rehabilitation (CBR) Indicators**
Health component	
Mental health and cognitive development	
Access to health services	Men, women, boys and girls with disability equally access health services and engage in activities needed to achieve the highest

	attainable standard of health
	% of people with disabilities and their families that have access to medical care
	Men, women, boys and girls with disability feel they are respected and treated with dignity when receiving health services
Immunization	% of people with disabilities who receive full immunization as recommended for their country by WHO
Health check-up	Men, women, boys and girls with disability know how to achieve good levels of health and participate in activities contributing to their health
	% of children with disability who receive the recommended health check-ups
Rehabilitation services	Men, women, boys and girls with disability engage in planning and carry out rehabilitation activities with the required services
Access to assistive devices	Men, women, boys and girls with disability have access to, use, and know how to maintain appropriate assistive products in their daily life
Nutrition	
Morbidity and mortality	Men, women, boys and girls with disability access and benefit from quality medical services appropriate to their life stage needs and priorities
Education	
Enrolment to primary, secondary and tertiary education	Policies and resources are conducive to education for people with disabilities and ensure smooth transitions through different stages of learning
	Children with disability participate in and complete quality primary education in an enabling and supportive environment
	Men, women, boys and girls with disability have resources and support to enrol and complete quality secondary and higher education in an enabling and supportive environment
	Youth with disability experience post school options on an equal basis with their peers
Attendance	Men, women, boys and girls with disability have resources and support to enrol and complete quality secondary and higher education in an enabling and supportive environment
Education in	% of people with disabilities who acquire education in mainstream

mainstream education facilities/inclusive education	education facilities
Social and life skill development	Men, women, boys and girls with disability make use of youth or adult centered learning opportunities to improve their life skills and living conditions
learning and achievement	Men, women, boys and girls with disability experience equal opportunities to participate in learning opportunities that meet their needs and respect their rights
Access to educational services	Children and youth with disability participate in a variety of non-formal learning opportunities based on their needs and desires
	Children with disability actively participate in early childhood developmental activities and play, either in a formal or informal environment
Livelihood	
Employment in formal and informal sector	Men and women with disability have paid and decent work in the formal and informal sector on equal bases with others
	Women and men with disability earn income through their own chosen economic activities
	Youth and adults with disability acquire marketable skills on an equal basis with others through a range of inclusive training opportunities
Access to job market	
Control over own money	Women and men have control over the money they earn
Access to financial services such as grants and loans	Men and women with disability have access to grants, loans and other financial services on an equal basis with others
	Men and women with disability participate in local saving and credit schemes
Poverty and out-of-pocket payment	% of people with disabilities who are covered by social protection programs
Access to social protection programs	Men and women with disability access formal and informal social protection measures they need
Participation in development of inclusive policies	Inclusive policies, practices and appropriate resources, defined with PwD, enable equal participation of women and men with disability in livelihood (training, finance, work opportunities and social protection)

Social	
Stigma and discrimination	
safety	Men, women, boys and girls with disability feel safe in their family and community
Participation in mainstream recreational, leisure and sports activity	Men, women, boys and girls with disability participate in inclusive or specific recreation, leisure and sports activities
legal rights	All PwD are recognized as equal citizens with legal capacity
Access to justice	PwD access and use formal and informal mechanisms of justice
Participation in cultural and religious activity	Men, women, boys and girls with disability participate in artistic, cultural or religious events in and outside their home as they choose
Interpersonal interaction and relationships	Men, women, boys and girls with disability experience support of the community and their families to socialize and form age-appropriate and respectful relationships
	% of people with disabilities who feel respected in their decisions regarding personal relationships
Social identity and responsibilities	Men, women, boys and girls with disability feel valued as community members and have a variety of social identities, roles and responsibilities
Empowerment	
Informed choices	PwD make informed choices and decisions
Positions in public institutions and Judiciary	Men and women with disability participate in political processes on an equal basis with others
Voting rights	Men and women with disability participate in political processes on an equal basis with others
Representation at community level	PwD actively engage in and benefit from self-help groups in the local communities, if they choose (inclusive or specific)
	Self-help groups come together to form federations to harness collective energy and influence positive change
	Men and women with different kinds of disability living in different situations (rural or urban areas, poor or rich, refugees) feel they are adequately represented by DPO

Advocacy	Men, women, boys and girls with disability effectively use communication skills and resources (including supportive decision making) to facilitate interactions and influence change
	Men, women, boys and girls with disability play a catalyzing role in mobilizing key community stakeholders to create an enabling environment

Types of interventions

As indicated in SDG guidelines to generate an inclusive and global dialogue, implementing the SDGs must be in line with and build upon existing international and national commitments and mechanisms. The WHO's Community Based Rehabilitation (CBR) recognizes CBR as a comprehensive and multi-sectoral strategy to equalize opportunities and include people with disabilities in all aspects of community life. Therefore, the CBR will serve as a guiding framework for the intervention and outcome categories as listed below in order to realize the full inclusion and empowerment of persons with disabilities.

The included interventions cover all main strategies to reduce disability related outcome. The six main intervention categories are:

1. Health
2. Education
3. Livelihood
4. Social
5. Empowerment
6. Advocacy and Governance

Table 1 lists the intervention sub-categories under each of these headings

CBR Pillar (Intervention Category)	**Component (Intervention sub-category)**	**Examples**
Health	Promotion	Parent/Family training and education,

	Prevention	Avoidance of war; improvement of the educational, economic and social status of the least privileged groups; identification of types of impairment and their causes within defined geographical areas; introduction of specific intervention measures through better nutritional practices; improvement of health services, early detection and diagnosis; prenatal and postnatal care; proper health care instruction, including patient and physician education; family planning; legislation and regulations; modification of life-styles; selective placement services, education regarding environmental hazards; and the fostering of better informed and strengthened families and communities.
	Medical Care	Periodic health screening, evaluation of traumatic injuries
	Rehabilitation	Training in self-care activities, including mobility, communication and daily living skills, with special provisions as needed, e g., for the hearing impaired, the visually impaired and the mentally retarded, Vocational rehabilitation services (including vocational guidance), vocational training, Cognitive Behaviour Therapy, Cognitive stimulation, rehabilitation and training, Activity therapy centres, Supportive therapy, Stress-management interventions/psychosocial support, Interpersonal therapy, modification of environment,
	Assistive devices	Provision of appliances (ortheses, prostheses, hearing aids, etc.), devices such as day calendars with symbol pictures for people with cognitive impairment, communication boards and speech synthesizers for people with speech impairment
Education	Early child development	Speech and language therapist, Physiotherapy, Gait training, occupational therapy Inclusive social services and child protection
	Non-formal	Community based-sports program, faith-based schools, home-based learning, play groups

	Primary Secondary and higher	Inclusive early childhood education Provision of learning material and special equipment (Braille, audio cassettes, sign language, etc.) Recruitment and training of specialized teachers Resource rooms Bypass intervention
	Life-long learning	Explicit social skills interventions
Livelihood	Skills development	Training opportunities for jobs
	Self-employment	Income generation program
	Waged employment	Realistic quota legislation in jobs and Participation in labour intensive public works programs
	Financial services	Access to credit, health insurance coverage
	Social protection	International legislation like universal declaration of human rights, Social insurance schemes, birth registration, social assistance intervention, referral services
Social	Relationship, marriage & family	family planning accessible to disabled, media campaigns, religious leaders
	Personal assistance	Accommodation support, home modifications, self-help groups and disabled people organisation
	Culture, religion and arts	Promoting use of art for social change like positive portrayal, silent theatres, complementary therapy in the form of art, music. Inclusive art education, diversity trainings, Encouraging inclusion in mainstream cultural programmes, Work with spiritual and religious leaders and groups
	Sports, recreation and leisure	Provision of adapted sports equipment, organization of inclusive sports events, linking people with disabilities to mainstream recreation and sporting clubs/associations, positive media coverage of disability recreation, Using recreation and sport to raise awareness about inclusion, advocate alongside disabled people's organizations, appropriate training

	Access to justice	Legal awareness, Identification of available resources like local leaders, DPO's, legal centres, legal aid. Promoting legal rights and empowerment, inheritance right, community or legal aid centre
Empowerment	Social mobilisation	
	Political participation	Reservation of Position in public and political institution
	Language & communication	Speech and language therapy, deaf clubs, stroke clubs, self-advocacy, Interventions removing communication barriers
	Self-help groups & Disabled People's Organizations	Creating joint resources like training material, community directories, advocating rights of persons with disability
Advocacy and Governance		National prevention programs against certain illnesses (polio, leprosy) Establishment/Reinforcement of a Special Education Service in the Ministry of Education Establishment/Reinforcement of medical rehabilitation centres Legislative reforms: elimination of all forms of discrimination Mandating healthy behaviour as Childhood immunization/seat belts etc. Raising awareness on human rights through media Appropriate budgetary allocation

Systematic reviews

The search will be conducted in two stages:

1. Populating the map based on a search of systematic reviews
2. Populating the map based on search of primary studies

For both the stage, search will be as comprehensive as possible, using (but not limited to) relevant systematic review database for first stage along with bibliographic databases **(Table 3)**, evidence and gap map databases, web-based search engines, websites of specialist organizations, bibliographies of relevant reviews, and targeted calls for evidence using professional networks or public calls for submission of articles. Database for evidence and gap maps will also be searched to identify any map and relevant populated studies. Additionally, reference lists of the included reviews will be reviewed and the authors contacted for information on other relevant sources. Citation searches will be performed and databases like Web of science, Scopus and Google scholar will be searched.

To identify unpublished reviews studies, we will search the following databases: Dissertation Abstracts, Conference Proceedings and Open Grey.

To identify ongoing studies, we will search ClinicalTrials.gov and WHO International Clinical Trials Registry Platform and CENTRAL Trials Register within the Cochrane Library will be used for published trials.

Table 3: List of databases:

Indexes
International Organizations - ILO - DFID (including Research for Development (R4D) - UNESCO - WHO - Disability Programme of the United Nations Economic and Social Commission for Asia and the Pacific (UNSCAP - United States Agency for International Development (USAID)
Evidence and Gap Map database - 3ie Evidence and gap map repository - Swedish Agency For Health Technology Assessment and Assessment of Social Services - Collaboration for Environmental Evidence - Global Evidence Mapping Initiative - Evidence based Synthesis Program (Department of Veteran affairs) - Cochrane - Evidence based policing matrix - EPPI Centre Evaluation Database of Education Research
Systematic review database - Cochrane - Campbell - 3ie Systematic Review Database - Research for Development

- Epistemonikos

Academic databases

- Econlit
- The National Bureau of Economic Research (NBER)
- Social Science Research Network (SSRN)
- International Bibliography of Social Sciences (IBSS)
- Applied Social Sciences Index and Abstracts (ASSIA)
- Embase
- PsycINFO
- MEDLINE
- WHO's Global Health Library
- CABI's Global Health
- ERIC
- CINHAL
- SCOPUS
- Web of Science

Table 4: Search string:

Search string/Key words (For Ovid Medline platform)
Developing Country Free Text - (developing OR less-developed OR less* developed OR "under developed" OR underdeveloped OR under-developed OR middle-income OR "middle income" OR "low income" OR low-income OR underserved OR "under served" OR deprived or poor*) adj3 (countr* OR nation OR population OR world OR state OR economy OR economies).mp - ("third world" OR L&MIC OR L&MIC OR LAMIC OR LDC OR LIC OR LMIC* OR lami countr* OR transitional countr*).mp - (Africa OR "Sub-Saharan Africa" OR "North Africa" OR "West Africa" OR "East Africa" OR Algeria OR Angola OR Benin OR Botswana OR Burkina Faso OR Burundi OR Cameroon OR "Cape Verde" OR "Central African Republic" OR Chad OR "Democratic Republic of the Congo" OR "Republic of the Congo" OR Congo OR "Cote d'Ivoire" OR "Ivory Coast" OR Djibouti OR Egypt OR "Equatorial Guinea" OR Eritrea OR Ethiopia OR Gabon OR Gambia OR Ghana OR Guinea OR Guinea-Bissau OR Kenya OR Lesotho OR Liberia OR Libya OR Madagascar OR Malawi OR Mali OR Mauritania OR Morocco OR Mozambique OR Namibia OR Niger OR Nigeria OR Rwanda OR "Sao Tome" OR Principe OR Senegal OR "Sierra Leone" OR Somalia OR Somaliland OR "South Africa" OR "South Sudan" OR Sudan OR Swaziland OR Tanzania OR Togo OR Tunisia OR Uganda OR Zambia OR Zimbabwe).mp. - ("South America" OR "Latin America" OR "Central America" OR

Mexico OR Argentina OR Bolivia OR Brazil OR Chile OR Colombia OR Ecuador OR Guyana OR Paraguay OR Peru OR Suriname OR Uruguay OR Venezuela OR Belize OR "Costa Rica" OR "El Salvador" OR Guatemala OR Honduras OR Nicaragua OR Panama).mp.

- ("Middle East" OR "South-East Asia" OR "Indian Ocean Island*" OR "South Asia" OR "Central Asia" OR Caucasus OR Afghanistan OR Azerbaijan OR Bangladesh OR Bhutan OR Burma OR Cambodia OR China OR Georgia OR India OR Iran OR Iraq OR Jordan OR Kazakhstan OR Korea OR "Kyrgyz Republic" OR Kyrgyzstan OR Lao OR Laos OR Lebanon OR Macao OR Mongolia OR Myanmar OR Nepal OR Oman OR Pakistan OR Russia OR "Russian Federation" OR "Saudi Arabia" OR Bahrain OR Indonesia OR Malaysia OR Philippines OR Sri Lanka OR Syria OR "Syrian Arab Republic" OR Tajikistan OR Thailand OR Timor-Leste OR Timor OR Turkey OR Turkmenistan OR Uzbekistan OR Vietnam OR "West Bank" OR Gaza OR Yemen OR Comoros OR Maldives OR Mauritius OR Seychelles).mp.
- ("Pacific Islands" OR "American Samoa" OR Fiji OR Guam OR Kiribati OR "Marshall Islands" OR Micronesia OR New Caledonia OR "Northern Mariana Islands" OR Palau OR "Papua New Guinea" OR Samoa OR "Solomon Islands" OR Tonga OR Tuvalu OR Vanuatu).mp

Systematic review key words

- ((systematic* or synthes*) adj3 (research or evaluation* or finding* or thematic* or report or descriptive or explanatory or narrative or meta* or review* or data or literature or studies or evidence or map or quantitative or study or studies or paper or impact or impacts or effect* or compar*)).ti,ab,sh.
  OR
  ("meta regression" or "meta synth*" or "meta-synth*" or "meta analy*" or "metaanaly*" or "meta-analy*" or "metanaly*" or "metaregression" or "metaregression" or "methodologic* overview" or "pool* analys*" or "pool* data" or "quantitative* overview" or "research integration").ti,ab,sh.
  OR
  (review adj3 (effectiveness or effects or systemat* or synth* or integrat* or map* or methodologic* or quantitative or evidence or literature)).ti,ab,sh.

Qualitative review search term

(((("meta ethnography" OR "meta ethnographic") OR ("meta synthesis") OR (synthesis AND ("qualitative literature" OR "qualitative research")) OR ("critical interpretive synthesis") OR ("systematic review" AND ("qualitative research" OR "qualitative literature" OR "qualitative studies")) OR ("thematic synthesis" OR "framework synthesis") OR ("realist review" OR "realist synthesis") OR ((("qualitative systematic review" OR "qualitative evidence synthesis")) OR ("qualitative systematic reviews" OR "qualitative evidence syntheses")) OR (("quality

assessment" OR "critical appraisal") AND ("qualitative research" OR "qualitative literature" OR "qualitative studies")) OR (("literature search" OR "literature searching" OR "literature searches") AND ("qualitative research" OR "qualitative literature" OR "qualitative studies")) OR (Noblit AND Hare)) OR ("meta narrative" OR "meta narratives" OR "narrative synthesis")

Disability key words

- ((Disable* or Disabilit* or Handicapped) adj5 (person* or people or child*or adolescen* or women or mother*or maternal, group)).sh,ti,ab.
- ((physical* or intellectual* or learning or psychiatric* or sensory or motor or neuromotor or cognitive or mental* or developmental or communication or learning) adj2 (disabilit* or disabl* or handicap*)).ti,ab
- ((cognitive* or learning or mobility or sensory or visual* or vision or sight or hearing or physical* or mental* or intellectual*) adj2 impair*).ti,ab
- ((mental health or mental disorder* or depress* or anxiety or psychiat* or well-being or quality of life or self-esteem or self perception)). ti,ab
- ((mental* or emotional* or psychiatric or neurological or neurologic) adj2 (disorder* or ill or illness*)).ti,ab (deaf or deafness or blind or blindness).ti,ab
- exp Disabled persons/
- (Autis* or Dyslexi* or Down* Syndrome or Mongolism or Trisomy 21).sh,ti,ab.
- exp Intellectual disability/ or exp Developmental Disabilities/ or exp Child Development Disorders, Pervasive/ or exp Communication Disorders/
- ((Intellectual* or Educational*or Mental* or Psychological* or Developmental) adj5 (impair* or retard* or deficienc* or Deficien* or disable* or disabili* or handicap* or ill*)).sh,ti,ab.
- ((Hearing or Acoustic or Ear*) adj5 (loss* or impair* or deficienc* or disable* or disabili* or handicap*)).sh,ti,ab.
- ((Visual* or Vision or Eye*) adj5 (loss* or impair* or deficienc* or disable* or disabili* or handicap*)).sh,ti,ab.
- (Deaf* or Blind*).sh,ti,ab
- exp Cerebral palsy/ or exp Spina Bifida Cystica/ or exp Spina Bifida Occulta/ or exp Muscular dystrophies/ or exp Arthritis/ or exp Osteogenesis Imperfecta/ or exp Musculoskeletal Abnormalities/ or exp Brain Injuries/ or exp Amputation/ or exp Clubfoot/ or exp Poliomyelitis/ or exp Paraplegia/ or exp Hemiplegia/ or exp Stroke/
- (Cerebral pals* or Spina bifida or Muscular dystroph* or Arthriti* or Osteogenesis imperfecta or Musculoskeletal abnormalit* or Musculo-skeletal abnormalit* or Muscular abnormalit* or Skeletal abnormalit* or Limb abnormalit* or Brain injur* or Amputation* or Clubfoot or Poliomyeliti* or Paraplegi* or Paralys* or Paralyz* or Hemiplegi* or Stroke* or Cerebrovascular accident*).sh,ti,ab.

- (Physical* adj5 (impair* or deficienc* or disable* or disabili* or handicap*)).sh,ti,ab.

Description of methods used in primary research

Included primary studies will be categorised as either RCT or experimental studies that are non-RCT. We will include all variants of RCTs, such as cluster RCTs, stepped-wedge RCTs and cross-over RCTs. A study will be categorised as a non-RCT if it is an experimental study in which people are allocated to different interventions using methods that are not random (Higgins & Green, 2011).

Description of methods used in systematic reviews (where applicable)

We will assess potential systematic reviews using the following criteria:

1. Were inclusion/exclusion criteria reported?
2. Was the search adequate?
3. Were the included studies synthesised?
4. Was the quality of the included studies assessed?
5. Are sufficient details about the individual included studies presented?

To be included, reviews must meet at least four criteria (criteria 1-3 are mandatory). In addition, we will assess the methodological quality of each included systematic review using AMSTAR (Shea, et al., 2007). The assessments will be carried out by two reviewers independently.

Dimensions

The EGM will have two primary dimensions: interventions (rows) and outcomes (columns). Additional dimensions will be:

(1) Population sub-groups of interest include: age group (under-five, children, adolescent and elderly), women, vulnerable children (particularly children in care), conflict (conflict and post-conflict settings), migrants, and ethnic minority groups

(2) Study designs

(3) Region

(4) Country

In the hard copy of the EGM, multiple 2x2 representations of the EGM will be reported. A copy of the coding form will be included as an annex to the EGM report.

In the online version, the additional dimensions will be possible to use as a filter. The online version will include references to included studies and brief summaries of each study based on the abstract (for primary studies) or plain language summary (for systematic reviews) provided for it. Primary studies included in systematic reviews will be highlighted.

In the EGM report, we will

- summarise the findings of the EGM
- present areas of particular interest in depth (e.g. areas of strong evidence; substantial evidence gaps; the prevalence of evidence by geographical region; the prevalence of evidence by gender or service setting etc.)
- present potential implications for policy, practice and research
- provide a plain language statement of the EGM findings

Coding/classification

We will code each included study using a piloted coding tool covering study characteristics, population, intervention and outcomes (Appendix).

Stakeholder engagement

An advisory group consisting of international experts in disability will contribute to the preparation of the EGM by commenting on protocol drafts. Suggested members for this advisory panel are:

- **Dr Tom Shakespeare**

He is Professor of Disability Research, Norwich Medical School. His primary research interests are in disability studies, medical sociology, and in social and ethical aspects of genetics. He has had a long involvement with the disabled people's movement in UK and internationally. In the context of disability arts, he has also been active in arts and culture, and was a member of Arts Council England from 2003-2008. During his five years at WHO, he helped produce and launch key reports such as the World Report on Disability (WHO 2011) and International Perspectives on Spinal Cord Injury (WHO 2013), and was responsible for the UN statement on forced, coerced and otherwise involuntary sterilization (WHO 2014).

- **Dr David Olichini**

He is the Head of Prevention and Health Unit, NCDs Technical Advisor, Handicap International Federation

References

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Roles and responsibilities

- ***Content expertise:***

Dr Hannah Kuper, Director of the International Centre for Evidence in Disability, a research group at LSHTM that works to expand the research and teaching activities of LSHTM in the field of global disability. Her main research interest is disability in low and middle income countries, with a particular focus on assessment of the prevalence of disability and impairments, including in children, and development of new methods in undertaking these surveys (e.g. use of mobile technologies), investigation of the health and rehabilitation needs of people with disabilities, and how these can be met in low resources settings and research on the relationship between poverty and disability, and the potential role of social protection in breaking this cycle. She has an undergraduate degree from Oxford University in Human Sciences and a doctorate from Harvard University in epidemiology. She has worked at LSHTM since 2002.

Systematic review method expertise:
All authors are experienced systematic reviewers, which means they are proficient in carrying out the various processes in an EGM, such as eligibility screening, quality assessment and coding.

- ***EGM methods expertise:***

- ***Information retrieval expertise:***

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Declarations of interest

No conflict of interests.

Preliminary timeframe

This EGM will be developed in two phases.

Phase 1: Systematic reviews

- 31 December 2017: Protocol and Literature search completed
- 15 January 2018: Study inclusion completed
- 31 January 2018: Quality assessment and coding completed
- 28 February 2018: Draft EGM submitted
- 31 March 2018: Final EGM submitted

Phase 2: Primary studies

- 31 December 2017: Literature search completed
- 31 January 2018: Titles and abstracts screened
- 20 February 2018: Full text reports screened and coding completed
- 15 March 2018: Draft EGM submitted
- 31 March 2018: Final EGM submitted

Plans for updating the review

The lead author will be responsible for yearly updates of the EGM.

Appendix F. Coding tool

Study characteristics

1. Study design
1.1 Systematic review
1.2 RCT
1.3 Non-RCT
1.4 Unclear

2. Status of study
2.1 Completed
2.2 Ongoing
2.3 Unclear

3. Systematic review quality
3.1 Low (AMSTAR score 0-3)
3.2 Moderate (AMSTAR score 4-7)
3.3 High (AMSTAR score (8-11)
3.4 Not applicable (Primary study)

4. Study country
4.1 _____

Population

5. Age group(s)
5.1 Infancy (0-23 months)
5.2 Early childhood (24 months – 5 years)
5.3 Middle childhood (6-11 years)
5.4 Adolescent (12-19)
5.5 Adult
5.6 Elderly

6. Disadvantaged group
6.1 Women with severe disability
6.2 Vulnerable children (particularly children in care)
6.3 Malnourished children
6.4 Low socio-economic status
6.5 Individuals living in war-conflicted areas

Intervention

7. Type of intervention
7.1 Early childhood intervention
7.2 Accessibility
7.3 Social protection
7.4 Employment
7.5 Advocacy and Governance
7.6 Case Management

Outcomes

8. Type of outcomes
8.1 Health
8.2 Education
8.3 Livelihood
8.4 Social
8.5 EMpowernemnt