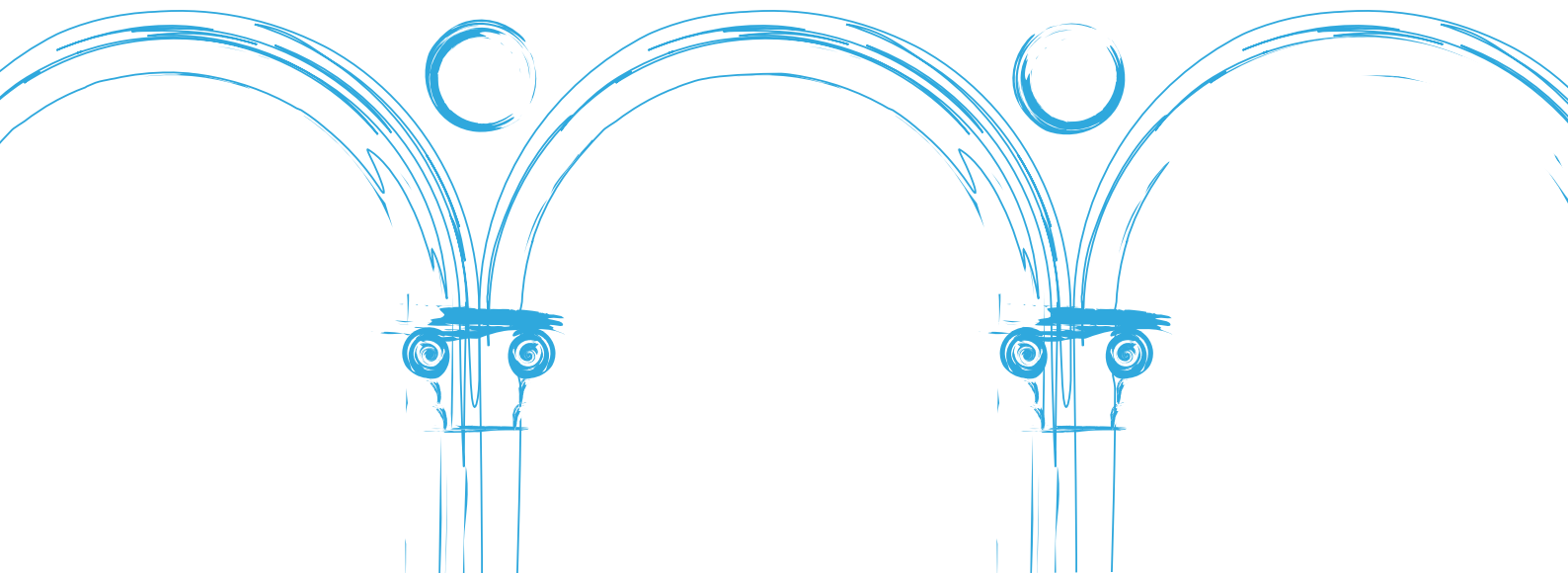# Effectiveness of Inclusive Interventions for Children with Disabilities in Low- and Middle-income Countries

Protocol for an evidence and gap map

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EFFECTIVENESS OF INCLUSIVE INTERVENTIONS FOR CHILDREN WITH DISABILITIES IN LOW- AND MIDDLE-INCOME COUNTRIES – PROTOCOL FOR AN EVIDENCE AND GAP MAP

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Acronyms

AG	Advisory Group
CBR	Community-Based Rehabilitation
CRPD	Convention on the Rights of Persons with Disabilities
CRC	Conventions on the Rights of the Child
CSOs	Civil Service Organisations
EGM	Evidence and Gap Map
ICF	International Classification of Function, Disability, and Health
LMICs	Low- and Middle-Income Countries
NGOs	Non-Governmental Organisations
OPDs	Organisations of Persons with Disabilities
WHO	World Health Organisation

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ABSTRACT

Objectives

This is a protocol for an Evidence and Gap Map on the effectiveness of inclusive interventions for children with disabilities living in low- and middle-income countries (LMICs). The objectives are as follows:

- Identify and appraise the available evidence – in the form of systematic reviews and individual studies – on what inclusive interventions work to facilitate access to health, education, and social services for children with disabilities living in low- and middle-income countries and enable them to participate fully in society by addressing stigma and discrimination, improving living conditions, incorporating mainstreaming approaches and promoting empowerment.
- Highlight gaps where evidence on inclusive interventions is lacking to help prioritize future research and evaluation agendas.
- Identify important contextual factors in the available evidence related to population groups, intervention characteristics, and settings.
- Provide a database of the available peer-reviewed and grey literature on the effectiveness of inclusive interventions for children with disabilities in LMICs.

BACKGROUND

Introduction

The problem, condition, or issue

The World Health Organization (2011) estimates that nearly 1 billion of the global population have a disability, a number which is projected to double by 2050. Most persons with disabilities (80%) live in low- and middle-income countries (LMICs). The Convention on the Rights of Persons with Disabilities (CRPD) (United Nations 2006) and the Convention on the Rights of the Child (CRC) (United Nations 1990) affirm that children with disabilities are rights-holders entitled to all human rights and fundamental freedoms on an equal basis with others. The CRPD entered into force in 2008. It endorses a social model that recognizes *"persons 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"* (United Nations 2006). Critical in this framing is an understanding that disability is a social construct and people with disabilities are not merely objects of charity, institutional care, or medical rehabilitation. Thus, enabling their well-being requires a wider range of multisectoral responses than medical treatment and social protection alone, though these are also important. Additionally, both these conventions reiterate the need for inclusive interventions, services, data collection, and financing, so that children with disabilities can exercise their rights, which should be proactively protected.

The critical periods of childhood and adolescence are important entry points to translate the aspirations in these conventions into a reality for children with disabilities. A recent UNICEF report (United Nations Children's Fund 2021) indicates that there are about 240 million children with disabilities globally. Experiences of social and economic inclusion, or lack thereof, affect the child's trajectory of social, emotional, financial, and physical wellbeing across their entire lives and their resilience to future stressors (Thomas and Hertzman 2018). During the transition period of adolescence, children start to develop further skills and behaviours that can be protective or injurious to their future wellbeing, while also accumulating experiences and exposures that can support or harm their long-term wellbeing (World Health Organization n.d.).

There are, however, significant challenges to ensuring the inclusion of children with disabilities in their communities, thus compromising the opportunity to capitalize on childhood and adolescence for future gains in social, emotional, economic, and physical wellbeing. Indeed, children with disabilities remain some of the most marginalized and excluded groups in society (Koller, Le Pouesard and Rummens 2018; Ngubane-Mokiwa 2018). Marginalization, whether through stigma, segregated and institutional care, lack of access to assistive technologies, physical or communication or attitudinal barriers, or other shortcomings of social support mechanisms, means that children with disabilities are less likely to attend and fully participate in school, access medical services, live in the community, have their voices heard in society and their needs represented (Adugna, et al. 2020; Koller, Le Pouesard and Rummens 2018; Maciver, et al. 2019). As a result, children with disabilities continue to feel excluded and have lower participation levels across a wide range of programmes and services needed for them to build life skills, exercise their rights, and to have equitable outcomes when compared to their peers (Shikako, et al. 2021; United Nations Children's Fund 2021; Woodgate, et al. 2020). Children with disabilities living in humanitarian crisis contexts from conflicts or natural hazards face additional barriers to accessing basic services and assistance and are at increased risk of facing violence and harm (Handicap International 2015).

Children with disabilities are diverse, and some are more likely to be excluded than others including indigenous children with disabilities (O'Kearney, et al. 2013), girls with disabilities (Dunkle, et al. 2018), children with psychosocial disabilities, children with albinism (Aborisade 2021), children with deaf-blindness (Jaiswal, et al. 2020) and children with intellectual disabilities (Oti-Boadi 2017).

The exclusion of children with disabilities is further amplified by the additional challenges of poverty, conflict, and weakened policymaking and implementation apparatus in LMICs.

The intervention

The focus of the EGM is to identify what interventions work in terms of removing barriers faced by children with disabilities in LMICs to accessing health, education, and social services, and to facilitate their full participation in society by reducing stigma and discrimination, improving living conditions, incorporating mainstreaming approaches, and promoting empowerment.

Comprehensive and inclusive interventions focused on the removal of barriers to participation in all aspects of life and on creating enabling environments for children with disabilities are critical (Tomlinson, et al. 2021). Such interventions range from laws and policies that prohibit any form of disability-based discrimination to providing communities, caregivers, and families with high quality, affordable, and adapted resources, while also ensuring that children with disabilities are growing up in clean, safe, and inclusive environments. Inclusive interventions have been shown to be effective at improving the participation of children with disabilities, contributing to a sense of agency and self-efficacy, while supporting the protection of their rights (Borodulin, et al. 2015). Such interventions address multi-level barriers to inclusive participation such as time, motivation, self-efficacy, self-regulation, social support, and costs; aspects of neighbourhood design, specifically the availability of adapted resources such as green spaces (Corazon, et al. 2019) and leisure opportunities and policies (Mogo, et al. 2020) that inform how resources are designed, funded and implemented with the voices, needs, and priorities of all children with disabilities, including children from underrepresented groups. Inclusive programmes and services need to cut across multiple sectors of service provision such as education, governance, and health; and across societal spheres such as the family, workplaces, schools, and natural and built environments, across different contexts including rural, urban, situations of risks and emergencies, and be relevant to the diversity of children with disabilities.

Why it is important to develop the EGM

There are several gaps in the evidence on inclusive interventions that need to be addressed to ensure the development and implementation of effective and high-quality programmes and policies. They have previously been identified by the World Report on Disability (World Health Organization 2011); UNICEF's State of the World's Children which focused on children with disabilities (United Nations Children's Fund 2013); and the United Nations Department of Economic and Social Affairs' Flagship Report on Disability and SDGs (United Nations Department of Economic and Social Affairs 2018). These reports call for increased evidence on the experience and measures of disability; on supportive, rehabilitative, and assistive interventions across a wide range of settings and sectors; and on the barriers confronted and measures put in place to effectively implement inclusive interventions. These needs are also echoed by the Sustainable Development Goals (UN Department of Economic and Social Affairs n.d.) with their strong emphasis on inclusiveness, equality, and

equity, as well as UN treaty bodies and the Global Action on Disability (GLAD) Network (Global Action on Disability (GLAD) Network n.d.) who all call for increased availability of data and evidence for disability inclusion. Not least, the CRPD (United Nations 2006) also calls for research to inform policy. It 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 emphasizes that persons with disabilities have the right to full inclusion and meaningful participation in society.

The inclusive approach to development is enshrined in Article 32 of the CRPD. It means that all stages of intervention are inclusive of and accessible to persons with disabilities including children with disabilities, including in situations of risk and emergencies (United Nations 2006). This process requires changing systems and challenging norms. It requires that persons with all types of disabilities be afforded equal access to education, health care services, protection, and an adequate standard of living, among others.

Framing of interventions for children with disabilities that shifts away from solely medical approaches toward inclusive approaches cognizant of their broader wellbeing is needed. Within this framing, the evidence base on inclusive interventions for children with disabilities is less clear and perceived to be weak. It is within this context that the UNICEF global research agenda for children with disabilities which is currently under development is positioned. This global research agenda aims to serve as a global good that will support not only UNICEF's broader disability programming and advocacy agenda, but also support global evidence generation by other organizations, governments, and communities. A foundational step in developing the research agenda is to document the existing evidence on effective interventions for children with disabilities to help enable a clear understanding of what works and evidence gaps.

A recent high-quality EGM by Saran and colleagues (Saran, White and Kuper 2020) titled '*Evidence Gap Map (EGM) assessing the Effectiveness of Interventions for People with Disabilities in Low- and Middle-Income Countries*' examined the available evidence on interventions in this area across all age groups. Our EGM aims to build on this earlier work by having an explicit focus on children with disabilities, broader inclusion of different study designs to better incorporate evidence from practice settings, and an updated literature search.

Other related publications include '*The Mega Map of Child Well-being Interventions in LMICs*' (Saran, White and Albright, et al. 2020) and an EGM on interventions for reducing violence against children in LMICs (Pundir, et al. 2020) both of which while not specifically focused on children with disabilities noted a lack of information on interventions in this area warranting a deeper dive into the available evidence. The scope of an ongoing UNICEF Office of Research – Innocenti EGM (Sharma, et al. 2022) focused on child and adolescent mental health and psychosocial support interventions in LMICs will overlap to a minor extent with our considerations of psychosocial disability. However, the types of interventions and outcomes will vary considerably between the two EGMs. Taken together, both forthcoming EGMs will provide insight on various interventions and outcomes across children's mental health and disability in LMICs. Further, our EGM will also include other types of disability beyond psychosocial disability.

OBJECTIVES

- Identify and appraise the available evidence - in the form of systematic reviews and individual studies - on what inclusive interventions work to facilitate access to health, education, and social services for children with disabilities living in LMICs and enable them to participate fully in society by addressing stigma and discrimination, improving living conditions, incorporating mainstreaming approaches and promoting empowerment.

- Highlight gaps where evidence on inclusive interventions is lacking to help prioritize future research and evaluation agenda.

- Identify important contextual factors in the available evidence related to population groups, intervention characteristics, and settings.

- Provide a database of the available peer-reviewed and grey literature on the effectiveness of inclusive interventions for children with disabilities in LMICs.

METHODS

Evidence and Gap Maps: definition and purpose

Evidence and Gap Maps (EGMs) are visual representations of a broad scope of evidence. They are typically used to provide an overview of what works for interventions and outcomes in each topic area. They are also useful in highlighting important gaps in the evidence where additional research and evaluation are needed to contribute to the evidence base. EGMs do not conduct an evidence synthesis or statistical analysis that typically happens with systematic reviews. However, like systematic reviews, they follow a rigorous, stepwise, and objective process (Bakrania 2020b; White, et al. 2020).

Framework development and scope

The EGM framework will be developed using existing frameworks, mainly the Community-Based Rehabilitation approach (Khasnabis 2010). It will also be mapped against relevant principles in the CRPD (United Nations 2006) and the CRC (United Nations 1990) to identify themes that can further be operationalized into interventions, outcomes and contextual factors for the EGM. Our process is guided by subject matter specialists on our team and our advisory group.

Overall, the EGM aims to develop an easy-to-understand overview of the state of the evidence on what works for key intervention and outcome domains for children with disabilities in LMICs. The EGM is slated to be a key part of UNICEF's broader global research agenda in this area. It will support UNICEF's disability

programming and priorities but also evidence generation and implementation globally by various organizations, governments, and policymakers.

The interim findings from the EGM were featured at the Global Disability Summit 2022 (Norwegian Agency for Development Cooperation (NORAD), and the International Disability Alliance, 2022. We will also disseminate via presentations to our advisory group, UNICEF Office of Research, Innocenti, communication channels and other international meetings.

Stakeholder engagement

The scope of the EGM and development of the framework were built in collaboration with our subject matter specialist, Rahma Mustafa from the International Disability Alliance. The conception and initial framing were established through a series of consultations in 2021 with stakeholders from organisations of persons with disabilities, researchers, donors, UNICEF's regional disability focal points, UN Agencies and international non-governmental organisations. We also have an Advisory Group (AG) that encompasses both research and practical knowledge and expertise regarding inclusive interventions for children with disabilities globally. The Advisory Group members for our EGM are:

1. Priscille Geiser - Programme Director, International Disability Alliance

2. Ashrita Saran - Director, Campbell South Asia

3. Hannah Kuper - Director, International Centre for Evidence in Disability, London School of Hygiene and Tropical Medicine

4. Mary Keogh – Advocacy Director, CBM Global Disability Inclusion

5. Ola Abualghaib - Manager, Technical Secretariat of the UN Partnership of Persons with Disabilities at UNDP

6. Connie Laurin-Bowie - Executive Director, Inclusion International

7. Ignacio Campoy - Senior Lecturer, Carlos III University of Madrid, and Member of the Board of the Institute of Human Rights 'Gregorio Peces-Barba'

The AG includes authors of a previous EGM (Ashrita Saran and Hannah Kuper) in this area (Saran, White and Kuper 2020) and they will continue to provide guidance throughout the EGM process.

Throughout, the EGM has been developed in close consultation with the Disability Section, Programme Group at UNICEF.

Conceptual framework

Our conceptual framework is based on the CRPD and CRC principles of inclusion and participation for interventions addressing children with disabilities in LMICs. We applied these principles to go beyond the medical model approach and towards a social model and rights-based approach in our conceptualization.

Community-based rehabilitation (CBR) was introduced as a strategy by the WHO in the late 1970s as part of the International Conference on Primary Health and the Alma Ata Declaration (Khasnabis 2010). The aim of this strategy was to deliver rehabilitation services to persons with disabilities in LMICs using local resources. However, the success of CBR in ensuring participation and the effective use of local resources is far from clear (Finkenflugel, Wolffers and Huijsman 2005).

CBR is presented as a matrix (*see Figure 1*) with five intervention domains: health, education, livelihood, social and empowerment. Each domain has multiple sub-domains within it. For example, the domain 'health' is comprised of 'promotion', 'prevention', 'medical care', 'rehabilitation' and 'assistive devices.' After its origins in the 1970s and an 'international consultation' in the early 2000s, there was a call by the WHO and other United Nations agencies for CBR guidelines that would promote a community-based inclusive development approach (Khasnabis 2010; World Health Organization; UNESCO; Organization International Labour; Consortium International Disability Development. 2010). This aimed to bring in more inclusion, community involvement and accountability (CBID n.d.)

Given the history of CBR's unclear impact and our EGM's stated purpose to focus on inclusive interventions that prioritize participation, we set out to identify themes that would capture the essence of these interventions for children with disabilities living in LMICs.

We consulted the CRPD (United Nations 2006) and CRC (United Nations 1990) to identify the most relevant elements reflecting inclusion and participation for children with disabilities in LMICs. We then mapped those elements against the CBR matrix to identify themes for inclusive interventions for children with disabilities in LMICs.

We developed the themes – and aspects within each – that combined elements from the CBR and the principles listed in CRPD and CRC (*see Figure 2*). The themes reflect a mix of vital areas for interventions to target, outcomes to be measured and contextual factors to be considered.

- Health: life and survival, early identification, health promotion and prevention (including nutrition), medical and surgical care, habilitation and rehabilitation and assistive technologies.
- Education: early childhood, primary, secondary, higher education, non-formal, lifelong learning, and inclusive education.
- Awareness and non-discrimination: stigma reduction, identity, gender equality and protection of minorities.

- Protection: promotion of the child's best interests, freedom from exploitation/violence/abuse, access to justice and protection of children's liberties.

- Adequate standard of living: skills development for work, poverty reduction, social protection, housing, WASH, and food security.

- Family and community life: community support, parental guidance and family life, relationships, culture and arts, play, recreation, leisure, and sports.

- Participation and empowerment: the right to be heard and express views, access to information, peer-support groups, advocacy, and organizations of persons with disabilities (OPDs) and community mobilization.

We supplemented our conceptual thinking by undertaking a semi-formal scoping exercise of systematic reviews in this area. We started with the previously mentioned EGM on studies assessing the effectiveness of interventions for people with disabilities in LMICs (Saran, White and Kuper 2020). From this EGM, we identified a subset of systematic reviews that focussed on children (n=22). We also conducted an updated search from 2018 to September 2021 in PubMed and Web of Science. In total, we identified 60 systematic reviews related to interventions for children with disabilities in LMICs. The main takeaways from our scoping exercise were that nearly two-thirds of the published literature concerns evaluating intervention impact in the health domain, closely followed by education. Other areas such as empowerment, advocacy, social inclusion, and participation were sparsely represented in the literature. Most impact assessments of interventions came from middle-income country settings as compared to low-income countries.

We consulted with our advisory group and subject matter specialists to operationalize the themes in our conceptual approach into interventions, outcomes, and filters for the EGM.

Dimensions

The EGM aims to identify what works with respect to inclusive interventions for children with disabilities living in LMICs. Therefore, it will include an intervention/outcomes framework. Details on the intervention domains and sub-domains and the outcome domains and sub-domains are provided below.

Types of study design

We will include two broad categories of studies in the EGM: systematic reviews and individual studies on the effectiveness of interventions of interest.

Systematic reviews follow a stepwise, rigorous, and transparent approach to evidence synthesis (Bakrania 2020a). We will include any systematic review that assesses the effectiveness of one or more of the interventions, reports one or more of the outcomes in the EGM framework and fulfils other EGM inclusion criteria.

For individual studies, we will include experimental, quasi-experimental and observational study designs that can provide insight on what works from practice settings such as cohort studies, case-control studies, interrupted time series and other designs with a contemporaneous comparison group. Since we are also assessing policy/legislative actions in the EGM, we will include uncontrolled before-after studies. Modelling studies with empirically sourced parameters will also be included. Mixed-methods studies that include a qualitative component will be included as long as they also have one of the quantitative study designs described previously. Individual studies with less than 20 participants will be excluded.

Cross-sectional studies, case reports, case series, post-only studies and qualitative study designs that are not part of a mixed-methods study design will be excluded.

Types of intervention

We incorporated the themes identified through our conceptual approach described previously to define seven intervention domains, each with multiple sub-domains (*see Table 1*).

They are:
- Inclusion in health services: This domain includes multiple foci such as improving access to early childhood screening and services, access to general and specialist health services, inclusion in health promotion and prevention interventions, access to assistive devices and technologies, improved accessibility in healthcare facilities and health system strengthening interventions.
- Inclusion in education: Here we include multiple intervention areas in education such as access to education (early childhood, primary, secondary), inclusive education environments, policies, and infrastructure, improving accessibility in educational facilities, strengthening the education system and lifelong learning.
- Awareness and non-discrimination: This domain comprises of interventions that aim to improve awareness and reduce discrimination such as stigma-reduction interventions, media/information campaigns, policies, and legislation to promote accessibility and inclusion, and to reduce discrimination.
- Protection: In this domain, we include interventions that aim to protect children with disabilities from harm such as ensuring birth registration, access to justice and redressal services, violence/abuse

prevention, protection in online environments and training for law enforcement and other public-engagement personnel.

- Adequate standard of living: This domain includes social protection interventions (e.g., cash transfers, grants, vouchers), skills training for work, accessibility interventions in the community (e.g., built environment intervention), and improved access to water, sanitation, and hygiene (WASH), housing and food.

- Family and community life: Here we have policies and legislation to prevent family separation, efforts to end institutional and segregated settings for children with disabilities, community support services for children and families, and inclusion in sports, arts, cultural and recreational activities in the community.

- Empowerment: This domain consists of advocacy and community mobilization interventions, encouraging children with disabilities to express their views, and setting up self-help groups and organizations of persons with disabilities (OPDs).

The intervention domains and sub-domains are meant to reflect the principles of inclusion and participation that this EGM is based on. The focus of the EGM is, therefore, to identify what interventions work in terms of removing barriers for children with disabilities in LMICs to access health, education, and social services and to facilitate their full participation in society by reducing stigma and discrimination, improving living conditions, incorporating mainstreaming approaches and promoting empowerment. Along these lines, we will exclude studies that assess individualized treatments and therapies for children with disabilities.

Types of population

The population focus of this EGM will be children and adolescents (age 0–19 years) living in LMICs. We will further categorize age to be consistent with UNICEF's approach of early childhood (0–4 years), middle childhood (5–9 years), early adolescence (10–14 years) and late adolescence (15–19 years).

We will classify the type of disability as one or more of the following: visual, hearing, intellectual/developmental, learning, physical, severe psychosocial, multiple, or unspecified. For psychosocial disability, we will include children with serious mental conditions and studies that explicitly note severe psychosocial disability in participants.

We consulted the Progress-PLUS checklist (O'Neill, et al. 2014; Cochrane Equity n.d.) to identify additional population sub-groups through an equity lens: a focus on girls, minority and ethnic groups, migrant groups, LGBTQI+ populations and children living in poverty.

Individual studies will be included if at least half of the participants fulfil the population criteria listed above.

Types of outcome measures

We consulted the International Classification of Function, Disability, and Health (ICF) developed by the WHO as a framework for identifying outcomes relevant to our intervention domains (Üstun, et al. 2009). ICF follows a biopsychosocial model to disability by considering impairments, impact on function, and the contextual factors that result in the disability. Table 2 lists our outcome domains and sub-domains to reflect effectiveness measures for the interventions in our EGM.

Informed by our scoping process, our outcome domains are:

- Health and well-being outcomes: This will include multiple aspects of health and quality of life for children with disabilities and mental health and well-being outcomes for parents/caregivers.

- Access to health outcomes: This will cover measurement of the effectiveness of interventions that aim to make healthcare more inclusive for children with disabilities. Here we are interested in both the use, quality, and affordability of healthcare including specific outcomes for assistive devices and technology use.

- Education outcomes: This will identify measures of access to education for children with disabilities and the impact of inclusive education efforts. We will also look at child-focused outcomes such as school readiness, learning, educational attainment, and school completion. The quality of education services available and violence/bullying outcomes in educational settings will also be included.

- Adequate standard of living outcomes: This will consider a wide range of social outcomes including financial protection, the use of social services and programmes, access to food, housing, WASH, access to justice/redressal mechanisms, access to jobs, and individually focused outcomes such as social skills, relationships, life skills, use of personal assistance, participation in community activities and measures of living independently in the community.

- Violence prevention outcomes: This includes four types of interpersonal violence (World Health Organization 2002) which are physical, sexual, psychological and neglect.

- Empowerment outcomes: This will identify the studies measuring the impact of empowerment interventions with outcomes such as participation of children in decision-making, the agency and self-efficacy of children and their families, norms, values, stigma, knowledge, and attitudes regarding disabilities in the community.

- Cost outcomes: This domain will include studies that report on the programme costs of implementing these interventions and on estimates of cost-effectiveness and cost-benefit ratios.

Both improvements and worsening of the listed outcomes will be collected and these will allow us to look at any adverse events from interventions. We will not restrict ourselves to specific outcome measures within these outcome domains since we are looking to identify the types of outcome measures reported.

Other eligibility criteria

Geography

We will only include individual studies conducted in LMICs, as classified by the World Bank (World Bank n.d.). As classifications for an individual country can change over time, we have adopted a list of countries that were considered LMICs for most of the period FY 2000–2021. We will include any systematic review that has at least one LMIC study if disaggregated results by country income status are available.

Language

Studies of all languages will be considered for inclusion in the EGM. Literature searches will be conducted in English, but study inclusion will not be restricted by language.

Publication type

Peer-reviewed journal articles will be the key publication type included in the EGM. Grey literature including policy reports, impact assessments, government and agency documents and reports from Non-Governmental Organizations (NGOs), Civil Society Organizations (CSOs), and other international organizations will also be considered for inclusion in the EGM. Protocols of systematic reviews and individual studies will also be included, provided they fulfil the criteria for study design, interventions being evaluated and planned outcomes.

Publication period

We will search from the year 2000 to date since that reflects a paradigm shift in disability research with the adoption of the UN General Assembly's 'Standard Rules on the Equalization of Opportunities for Persons with Disabilities' (United Nations 1993) and the beginning of the negotiations on CRPD which was eventually adopted in 2006 and ratified in 2008 (United Nations 2006).

Types of settings

All types of settings where interventions for supporting children with disabilities are deployed will be included in the EGM. That means that studies in both development and humanitarian settings, including regions affected by conflict and natural hazards, will be considered for inclusion in the EGM. Another perspective on settings will include information on where the intervention took place, i.e., home, classroom, online, or community.

Search methods and sources

Search structure

The search will have five blocks, which are: interventions, disabilities, impact evaluations, children, and LMICs.

Search limitations

There will be no limitations to document type, publication status, or language at the search stage.

Search process

The information specialist (GS) will design and test a search by adapting existing filters and strategies in previous studies coupled with input from the project team. This will be trialled in a sample database (Web of Science, *see Appendix 1*), edited based on comments from the team and external stakeholders and then be translated for other databases. The search will be peer-reviewed using PRESS guidelines (McGowan, et al. 2016) and reported based on PRISMA-Search.

Databases

The following academic databases will be searched:
- Applied Social Sciences Index and Abstracts [ASSIA] (ProQuest)
- CINAHL (Ebsco)
- EconLit (Ebsco)
- Embase (Elsevier)
- ERIC (Ebsco)
- Global Index Medicus
- International Bibliography of the Social Sciences [IBSS] (ProQuest)
- MEDLINE (Ebsco)
- ProQuest Dissertations & Theses: A & I
- PsycInfo (Ebsco)
- Social Science Database (ProQuest)
- Web of Science (Clarivate)

The following systematic review and EGM databases will be searched:
- 3ie
- Campbell
- Cochrane
- Epistemonikos
- EPPI Centre Evaluation Database of Education Research
- Health Evidence (healthevidence.org)
- Social Systems Evidence
- Swedish Agency for Health Technology Assessment and Assessment of Social Services

Multiple relevant websites (*see Appendix 1*) will also be searched for grey literature.

ANALYSIS AND PRESENTATION

Report structure

The EGM report will summarize the available information on the interventions, outcomes, and filters. We will provide the number of included studies and narrative summaries by:

- Intervention domains and sub-domains

- Outcome domains and sub-domains

- Study design type

- Study quality (based on critical appraisal)

- Setting

- Population

- Key intervention-related factors

Additionally, in consultation with our Advisory Group, we might identify additional themes that would benefit from narrative descriptions as part of the final EGM report.

Filters for presentation

The filters that will be available in our map are listed in Table 3. Our chosen filters are aimed at providing vital contextual information that will allow users of the map to better understand the evidence. The broad categories of our filters include:

- Setting, which will include the country's income level category, geographic location, and the local setting for the study such as school, home, online, or community. We will also note if the study was conducted in a humanitarian setting.

- The population filters will allow users to identify studies by different age groups as well as studies focused on girls, minority and ethnic groups, migrant populations, LGBTQI+ populations and children from low-income households.

- The intervention-related filters will provide insight on whether a mainstreaming approach was used in the intervention or if the intervention included multiple sectors (e.g., health and transport) or if researchers used a participatory approach by formally involving children with disabilities in the planning, design, execution, and evaluation. We will also code for interventions where parents/caregivers were involved in intervention activities.

- Finally, the study design filters will identify the specific study design for a given entry in the map.

Dependency

The unit of analysis is a single study or systematic review that fulfils the EGM's inclusion criteria. Each study will be entered in the specific cells on the map based on the interventions included and the outcomes reported. The map will provide a full list of included studies with references. If there are multiple publications on the same study, the publication with the most relevant information will be included in the map.

Data collection and analysis

Screening and study selection

Screening and selection of studies will comprise three levels (*see Appendix 2*) and will be conducted using EPPI-Reviewer Web (Thomas, Brunton and Bond 2020).

Titles will be screened in the first step by a single reviewer to eliminate irrelevant records. The second level will include screening of titles and abstracts. Two authors will independently screen 5% of retrieved records. If there is at least 75% agreement on exclusion, then the remaining titles and abstracts will be screened by a single reviewer. If agreement on exclusion is less than 75%, we will continue to double-screen in small batches till agreement reaches this level.

At the final screening level, full texts of articles included from the previous level will be retrieved and reviewed for inclusion in the EGM. Like the screening titles and abstracts step, we will start with a random sample of 5% of records with a target agreement of at least 75%. Once this level of agreement is achieved, the remaining full-text articles will be screened by a single reviewer. 20% of the single-screened records will be independently verified by a second reviewer.

A PRISMA 2020 flow diagram (Page 2021) will be produced to show the flow of information through the different phases of the EGM.

If the size of the literature search exceeds 10,000 records, we will use EPPI-Reviewer's machine learning and priority screening tools (Thomas, Brunton and Bond 2020) to introduce efficiencies, by enabling us to screen the most relevant records until a certain threshold (to be determined) is attained.

Data extraction and management

Data extraction, coding, and management will be conducted on EPPI-Reviewer Web. We will complete a pilot of the coding form with 5% of included studies independently coded by at least two reviewers. Due to the large volume of studies expected to meet the inclusion criteria, the remaining studies will be coded by a single author who will consult with other reviewers as needed. Studies will be coded using a coding tool covering

population, intervention, outcomes, and study characteristics (*see Appendix 3*). Other interventions, outcomes and contextual factors reported in studies that are not in the EGM framework will not be coded.

Critical appraisal

Given the large volume of studies we expect to include in the EGM, we will not conduct a critical appraisal of systematic reviews or individual studies. We will use study design as the primary organizing filter in the EGM.

ACKNOWLEDGEMENTS

Advisory Group members

1. Priscille Geiser – Programme Director, International Disability Alliance
2. Ashrita Saran – Director, Campbell South Asia
3. Hannah Kuper – Director, International Centre for Evidence in Disability, LSHTM
4. Mary Keogh – Advocacy Director, CBM Global Disability Inclusion
5. Ola Abualghaib – Manager, Technical Secretariat of the United Nations Partnership of Persons with Disabilities at UNDP
6. Connie Laurin-Bowie – Executive Director, Inclusion International
7. Ignacio Campoy – Senior Lecturer, Carlos III University of Madrid, and Member of the Board of the Institute of Human Rights 'Gregorio Peces-Barba'

Contributions of authors

The team comprises:
- Multiple individuals with experience in producing EGMs and systematic reviews across different topic areas (AT, EM, CDI, SB) such as child welfare, child protection and sexual and reproductive health. AT will serve as team leader and coordinate the team and the EGM process including liaising with the Campbell editorial base.
- An experienced information specialist with expertise in systematic reviews (GS).
- Content experts on children with disabilities from the International Disability Alliance (RM), the Center for Inclusive Policy (AVE) and UNICEF (GAW).
- GAW and AVE are leading the development of the global research agenda for children with disabilities.

Declarations of interest

No conflicts to declare.

Plans for updating the EGM

We will aim to update the map annually. This will however be contingent on the availability of funding and resources.

Sources of support

Internal sources

- Funding for this EGM is provided by UNICEF Office of Research – Innocenti, Florence, Italy.

External sources

- Funding for the EGM is provided by the Norwegian Agency for Development Cooperation (NORAD).

APPENDICES

Appendix 1: Search Query

Web of Science (Clarivate)

2000 onwards. No limits as to language.

All searches carried out in the Topic (TS) field. Combined search is 1 AND 2 AND 3 AND 4 AND 5.

1. Interventions

design* OR develop* OR interven* OR initiat* OR programme* OR service* OR treat* OR screen* OR legislat* OR implement* OR therap* OR policy OR policies OR strateg* OR plan* OR guideline* OR system* OR procedure* OR educat* OR teach* OR academ* OR schola* OR school* OR class OR classes OR classroom* OR pedagog* OR learn* OR lesson* OR curricul* OR tuition OR tutor* OR train* OR mentor* OR mentee* OR volunteer* OR "role model*" OR reading OR writing OR vocabulary OR instruct* OR ((assistive OR mobility) NEAR/2 device*) OR rehabilitat* OR inclusion OR participat* OR empower* OR advoca* OR "rights based" OR "social protection" OR stigma OR ((violence OR abuse) NEAR/2 prevention)

2. Disabilities

disab* OR handicap* OR impairment* OR deaf* OR blind* OR myopia OR hypermetropia OR astigmatism OR hemianopia OR "tunnel vision" OR "central and peripheral scotoma" OR diplopia OR dystonia OR tremor* OR photophobia OR nystagmus OR xerophthalmia OR ptosis OR hypaesthesia OR hyperaesthesia OR paraesthesia OR hypalgesia OR hyperpathia OR allodynia OR "anaesthesia dolorosa" OR myalgia OR analgesia OR hyperalgesia OR aphonia OR dysphonia OR hoarseness OR hypernasality OR hyponasality OR stutter* OR stammer* OR clutter* OR bradylalia OR tachylalia OR "spina bifida" OR "muscular dystroph*" OR arthriti* OR "osteogenesis imperfecta" OR "brain injur*" OR amput* OR clubfoot OR polio* OR paraplegi* OR paraly* OR hemiplegi* OR monoplegia* OR quadriplegia* OR "akinetic mutism" OR "chronic injur*" OR "chronic pain" OR stroke* OR "cerebrovascular accident*" OR autis* OR asperger* OR dyslexi* OR "Down* Syndrome" OR mongolism OR "Trisomy 21" OR "cerebral pals*" OR bipolar OR "bi-polar" OR psychosis OR psychoses OR catatonia OR echopraxia OR echolalia OR "sickle cell" OR (diabetes NEAR/2 (juvenile OR "type I" OR "type 1")) OR (childhood NEAR/2 dementia) OR ("inborn error*" NEAR/2 metabolism) OR ((severe OR serious OR major) NEAR/2 (mental OR depress* OR anxiety)) OR ((musculoskeletal OR skeletal OR muscular OR limb OR limbs OR metabolic OR psychosocial OR physical* OR mobility OR mental* OR emotional* OR psychiatric OR neurologic* OR intellectual* OR psychological* OR developmental* OR learning OR sensory OR motor OR neuromotor OR psychomotor OR cognitive OR communication OR hear* OR acoustic OR ear* OR visual* OR vision OR eye* OR sight*) NEAR/2 (abnormalit* OR partial* OR loss* OR impair* OR retard* OR deficien* OR disorder*))

3. Impact assessments

((evidence OR gap) NEAR/2 map*) OR EGM OR CCT OR RCT OR RDD OR PSM OR "propensity score matching" OR "regression discontinuity design" OR "difference* in difference*" OR "time series" OR "instrumental variable*" OR cohort* OR experiment* OR quasiexperiment* OR "case control" OR matching OR "between groups design" OR "time series" OR counterfactual OR "counter factual" OR "meta analy*" OR metaanaly* OR "research synthes*" OR evaluat* OR "before after" OR "pre post" OR ((random* OR nonrandom* OR control* OR clinical OR comparison OR effectiveness) NEAR/2 (trial* OR allocat* OR sampl* OR group*)) OR ((systematic OR rapid OR impact) NEAR/2 (review* OR assessment* OR stud*))

4. Children & adolescents

child OR children* OR childhood OR girl* OR schoolgirl* OR boy OR boys OR schoolboy* OR youth* OR adolescen* OR pediatric* OR paediatric* OR juvenile* OR minor* OR baby OR babies OR infant* OR young*

5. LMIC countries

((((less* OR low* OR middle) NEAR/2 (income* OR resource*)) OR LAMI OR "less* developed" OR "under developed" OR underdeveloped OR "under served" OR underserved OR deprived OR poor* OR developing OR transitioning OR emerging) NEAR/2 (countr* OR nation* OR population* OR econom*)) OR (low* NEAR/2 (GDP OR GNP OR "gross domestic" OR "gross national")) OR "LMIC" OR "LMICs" OR "third world" OR "central asia" OR "north asia" OR "northern asia" OR "southeastern asia" OR "south eastern asia" OR "southeast asia" OR "south east asia" OR "western asia" OR "east europe" OR "eastern europe" OR africa OR caribbean OR "west indies" OR "south america" OR "latin america" OR "central america" OR "global south" OR "middle east" OR "south pacific" OR afghanistan OR albania OR algeria OR angola OR argentina OR armenia* OR azerbaijan OR bangladesh OR belarus OR byelarus OR belorussia OR byelorussia* OR belize OR "british honduras" OR benin OR dahomey OR bhutan OR bolivia OR bosnia OR herzegovina OR botswana OR bechuanaland OR brazil OR brasil OR bulgaria OR "burkina faso" OR "burkina fasso" OR "upper volta" OR burundi OR urundi OR "cabo verde" OR "cape verde" OR cambodia OR kampuchea OR "khmer republic" OR cameroon OR cameron OR cameroun OR "central african republic" OR "ubangi shari" OR chad OR chile OR china OR colombia OR comoros OR "comoro islands" OR mayotte OR congo OR zaire OR "costa rica" OR "cote d` ivoire" OR "ivory coast" OR cuba OR djibouti OR "french somaliland" OR dominica* OR ecuador OR egypt OR "united arab republic" OR "el salvador" OR "equatorial guinea" OR "spanish guinea" OR eritrea OR eswatini OR swaziland OR ethiopia OR fiji OR gabon* OR gambia OR georgia* OR ghana OR "gold coast" OR grenada OR guatemala OR guinea OR guyana OR guiana OR haiti OR hispaniola OR honduras OR india OR indonesia OR timor OR iran OR iraq OR jamaica OR jordan OR kazakh* OR kenya OR "north korea" OR "democratic people` s republic of korea" OR kosovo OR kyrgyzstan OR kirghizia OR kirgizstan OR "kyrgyz republic" OR kirghiz OR laos OR "lao pdr" OR "lao people` s democratic republic" OR latvia* OR lebanon OR lesotho OR basutoland OR liberia OR libya* OR lithuania OR macedonia OR madagascar OR "malagasy republic" OR malawi OR nyasaland OR malaysia OR maldives OR "indian ocean" OR mali OR micronesia OR kiribati OR "marshall islands" OR nauru OR palau OR tuvalu OR mauritania OR mauritius OR mexico OR moldova OR moldovian OR mongolia OR montenegro OR morocco OR ifni OR mozambique OR "portuguese east africa" OR myanmar OR burma OR namibia OR nepal OR "netherlands antilles" OR nicaragua OR niger OR nigeria OR pakistan OR panama OR "papua new guinea" OR paraguay OR peru OR philippines OR philipines OR phillipines OR phillippines OR romania OR russia* OR rwanda OR ruanda OR samoa* OR "pacific islands" OR polynesia OR "sao tome" OR senegal OR serbia OR seychelles OR "sierra leone" OR melanesia OR "solomon island" OR "solomon islands" OR "norfolk island" OR somalia OR "sri lanka" OR ceylon OR "st kitts and nevis" OR "saint kitts and nevis" OR "saint lucia" OR "st lucia" OR "saint vincent" OR "st vincent" OR grenadines OR sudan OR surinam* OR syria* OR tajikistan OR tadjikistan OR tadzhik* OR tanzania OR tanganyika OR thailand OR siam OR "timor leste" OR "east timor" OR togo OR "togolese republic" OR tonga OR tunisia OR turkey OR turkmen* OR uganda OR ukraine OR uruguay OR uzbek* OR vanuatu OR "new hebrides" OR venezuela OR vietnam* OR "viet nam*" OR "west bank" OR gaza OR palestine OR yemen OR zambia OR zimbabwe OR rhodesia OR magreb OR maghrib OR sahara*

A non-exhaustive list of websites and institutional databases to search will include:

- Action Aid <www.actionaid.org/publications>
- African developmental bank <www.afdb.org/en/knowledge/african-development-institute/information-and-library-services/>
- ALNAP <www.alnap.org>
- Association for the Development of Africa </www.adeanet.org/en/publications/adea>
- British Library for Development Studies <blds.ids.ac.uk/>
- CARE <www.care.org>
- CBM <www.cbm.org/Publications-252011.php>
- Concern Worldwide <www.concern.net/>
- Foreign, Commonwealth & Development Office (new home for DFID) <https://www.gov.uk/government/organisations/foreign-commonwealth-development-office>
- Disability Programme of the United Nations Economic and Social Commission for Asia and the Pacific (UNSCAP) </www.unescap.org/>
- ELDIS <www.eldis.org/>
- Essential Health Links <www.healthnet.org/essential-health-links>
- Google/Google Scholar <www.google.com>; <scholar.google.com>
- Humanity and Inclusion (HI) <www.hi-us.org/publications>
- ILO <www.ilo.org/global/publications/lang--en/index.htm>
- Indian Citation Index (ICI) <www.indiancitationindex.com/>
- International Red Cross/Red Crescent <www.ifrc.org/>
- IRC <www.rescue.org/reports-and-resources>
- Médecins Sans Frontières <www.msf.org.uk/> and <fieldresearch.msf.org/msf/>
- PAHO <www.paho.org/hq/index.php?lang=en>
- Plan international <plan-international.org/publications>
- REACH <researchresourcecentre.info>
- Save the Children <www.savethechildren.org>
- UN Economic and Social Council <www.un.org/en/ecosoc/>
- UNESCO <https://unesdoc.unesco.org/home>
- UNHCR <www.unhcr.org>
- UNICEF Innocenti Research Centre <www.unicef-irc.org/>
- UNICEF <www.unicef.org/>
- UNOCHA <www.unocha.org>
- United States Agency for International Development (USAID) <www.usaid.gov/kyrgyz-republic/key-documents>
- Valid International <www.validinternational.org/>
- World Food Programme <www.wfp.org/evaluation/list(Evaluations)>
- World Vision <www.worldvision.org.uk/>
- Young Lives <www.younglife.org/ForEveryKid/YoungLives/Pages/default.aspx>

Appendix 2: Screening Tool

Level 1: Titles	Yes	No	Unclear
Is the title irrelevant to the EGM?	Exclude	Include	

Level 2: Titles and Abstracts	Yes	No	Unclear
Published 2000 or later?	Include	Exclude	Include
At least 50% of participants are children and adolescents (0-19)?			
Study from LMIC settings?			
Focus of study is on impact of inclusive interventions as defined in EGM?			
Study design is systematic review, experimental, quasi-experimental, observational, mixed methods, modelling study with empirically sourced parameters?			
Study reports one or more outcomes as defined in EGM?			

Level 3: Full-Text	Yes	No	Unclear
Published 2000 or later?	Include	Exclude	Not Applicable
At least 50% of participants are children and adolescents (0-19)?			
Study from LMIC settings?			
Focus of study is on impact of inclusive interventions as defined in EGM?			
Study design is systematic review, experimental, quasi-experimental, observational, mixed methods, modelling study with empirically sourced parameters?			
Study reports one or more outcomes as defined in EGM?			

Appendix 3. Coding Tool

1. Publication year
2. Study Country
     a. _____
     b. Income level
          i. Low income
          ii. Lower-middle income
          iii. Upper-middle income
          iv. Former low- or middle-income (for majority of last 20 years)
     c. Region
          i. East Asia & Pacific
          ii. Europe & Central Asia
          iii. Latin America & Caribbean
          iv. Middle East & North Africa
          v. North America
          vi. South Asia
          vii. Western Central Africa
          viii. Eastern Central Africa
     d. Humanitarian context:
          i. natural hazards-affected regions
          ii. conflict-affected regions
3. Population
     a. Early childhood (0—4 years)
     b. Middle childhood (5—9 years)
     c. Early adolescence (10—14 years)
     d. Late adolescence (15—19 years)
     e. Mixed age cohorts
     f. Girls
     g. Minority and ethnic groups
     h. Migrant groups
     i. LGBTQI+ populations
     j. Children living in poverty
4. Intervention domains (Table 1)
5. Outcomes (Table 2)
6. Study Design
     a. Systematic Review
     b. Randomized Controlled Trial
     c. Quasi-experimental
     d. Observational or Modelling

FIGURES AND TABLES

Table 1: Intervention Domains and Sub-Domains with Examples

Intervention Domain	Sub-Domains	Example(s)
Inclusion in Health Services	Access to Early Childhood Screening and Interventions	Access to screening programmes for under-5s; outreach visits to young children with disabilities.
	Access to General Health Services	Access to routine health services such as well-child visits, immunizations, health emergencies and sexual and reproductive health services.
	Inclusion in Health Promotion and Prevention Interventions	Physical activity, nutrition and other behaviour change interventions.
	Access to Specialist Services	Access to habilitation and rehabilitation services.
	Access to Assistive Devices and Technology	Provision of assistive devices and assistive technology.
	Accessibility (healthcare facilities)	Accessible healthcare facilities with features such as ramps, accessible washrooms, signage, and personal assistance staff.
	Health System Strengthening	Training healthcare workers; community health worker interventions; accountability mechanisms; child/youth-friendly health services; support for transition from paediatric to adult health care services; informed consent policies in healthcare.
Inclusion in Education	Access to Education	Early childhood education; primary and secondary education; non-formal education for children with disabilities.
	Inclusive Education and Accessibility	Mainstreaming education/transition from special education to inclusive education; provision of individualized support and reasonable accommodation; universal design for learning and assessment; inclusion in sports, extracurriculars, social activities; accessibility of all education facilities, teaching and learning materials, curricular and extra-curricular activities; universal design interventions; inclusive information technology infrastructure including alternative communication systems; access to sign language education.

	Educational System Strengthening	Support for transitions from primary to secondary school; peer support; access to complaint/redressal mechanisms; training for teachers and school staff.
	Lifelong Learning	Pre-graduation training programmes for children on social and independent living skills.
Awareness and Non-Discrimination	Stigma-Reduction Interventions	Education or training interventions that specifically target stigma against children with disabilities; addressing stigma and discrimination faced by girls with disabilities.
	Media/Information Campaigns (to raise awareness)	Social media or mass media campaigns that promote awareness and inclusion of children with disabilities.
	Policies/Legislation to Promote Accessibility and Inclusion	Legislating/mandating accessibility in public spaces and services; adoption of inclusion policies in various settings.
	Policies/Legislation to Prevent Discrimination	Anti-discrimination; affirmative action; reasonable accommodation.
Protection	Access to Birth Registration	Increasing facilities to register births especially in remote areas; removing fees associated with birth registration.
	Access to Justice/Redressal Services	Intervention programmes to help represent assault victims in court; training for law enforcement personnel, judges, and other public-engagement personnel; procedural and age-appropriate accommodations.
	Violence/Abuse Prevention Interventions	Behaviour-skills training programme for awareness of abuse situations and self-protection skills; bystander interventions; prevention of child labour practices; policies/legislation protecting against abuse/violence; anti-bullying interventions.
	Protection in Online Environments	Cyber-safety programmes for children.
Adequate Standard of Living	Social Protection	Cash transfers; vouchers; in-kind provisions; health insurance plans; disability allowance/grants; disability extra cost compensation.
	Skills Training for Work	Skills training programmes for children with intellectual disabilities.
	Accessibility (community)	Built environment interventions; web accessibility, universal design interventions in the community.
	Access to WASH, Housing, Food	Housing assistance programmes; nutrition assistance programmes; disability-inclusive WASH access interventions.

Family and Community Life	Policies/Legislation to Prevent Family Separation	National or sub-national legislative bans against involuntary separation from family.
	Ending Institutional and Segregated Settings	National or sub-national legislative bans against institutionalization and segregated settings; deinstitutionalization programmes.
	Community Support Services	Support for individual and family relationships; personal assistance services; communication support; respite services for parents/carers.
	Inclusion in Sports, Arts, Recreational and Cultural Activities	Community-based inclusive sports clubs; community social activities.
Empowerment	Advocacy and Community Mobilization	Multiple community-based strategies such as advocating for children with disabilities and their families, local leader engagement and forming community collaborations.
	Enabling Children with Disabilities to Express Views	Providing support and creating platforms for children with disabilities to share their life experiences and engage with community leaders, disability-inclusive voting arrangements; supported decision-making; education on human rights.
	Self-Help Groups/Organizations of Persons with Disabilities (OPDs)	Establishing self-help groups/OPDs in the community; providing ongoing support for existing OPDs and self-advocates.

Table 2: Outcome Domains and Sub-Domains

Outcome Domains	Sub-Domains
Health and Well-Being Outcomes	Child development
	Mental health and well-being
	Physical health
	Quality of life and functional status
	Morbidity and mortality
	Parent/caregiver/family member mental health and well-being
Access to Health Outcomes	Health-seeking behaviours
	Healthcare utilization/coverage
	Assistive device and technology utilization
	Healthcare quality (including satisfaction with care) and affordability
Education Outcomes	Inclusive educational policies and systems implemented
	School readiness
	School enrolment and attendance
	Child learning outcomes
	Academic achievement
	School completion/graduation
	Quality of educational services (including child and parent satisfaction)
Adequate Standard of Living Outcomes	Financial protection
	Use of social services and programmes
	Access to food, housing, WASH
	Access to justice/redressal mechanisms
	Access to jobs/employment
	Social skills: communication, interpersonal relationships
	Life skills
	Use of formal/informal personal assistance
	Participation in social and community activities
	Living independently in the community
Violence Prevention Outcomes	Physical violence

	Sexual violence
	Psychological violence
	Neglect
Empowerment Outcomes	Participation in decision-making (for policies/legislation/bylaws)
	Agency and self-efficacy of children
	Norms, values, stigma (in the community)
	Knowledge and attitudes (in the community)
Cost Outcomes	Programme costs
	Cost-effectiveness/Cost-utility
	Cost-benefit ratios

Table 3: Filters for EGM

Category	Data items
Setting	• Publication year • Income level: low income; lower middle income; upper middle income • Countries • Regions: East Asia & Pacific, Europe & Central Asia, Latin America & Caribbean, Middle East & North Africa, North America, South Asia, Western Central Africa, Eastern Central Africa • Home, school, online or community setting for intervention • Disaster Response/Humanitarian setting
Population	• Age group: early childhood (0–4); middle childhood (5–9); early adolescence (10–14); late adolescence (15–19); age range • Focus on girls • Minority and ethnic groups • Migrant populations • LGBTQI+ populations • Children from low-income households
Intervention-related	• Mainstreaming approach • Intersectoral interventions • Participatory research approach
Study design	• Systematic reviews (with or without meta-analysis or meta-regressions) • Randomized controlled trial • Quasi-experimental • Observational • Modelling with empirically sourced parameters/econometric studies

Figure 1: Community-Based Rehabilitation Matrix (World Health Organization)

CBR MATRIX

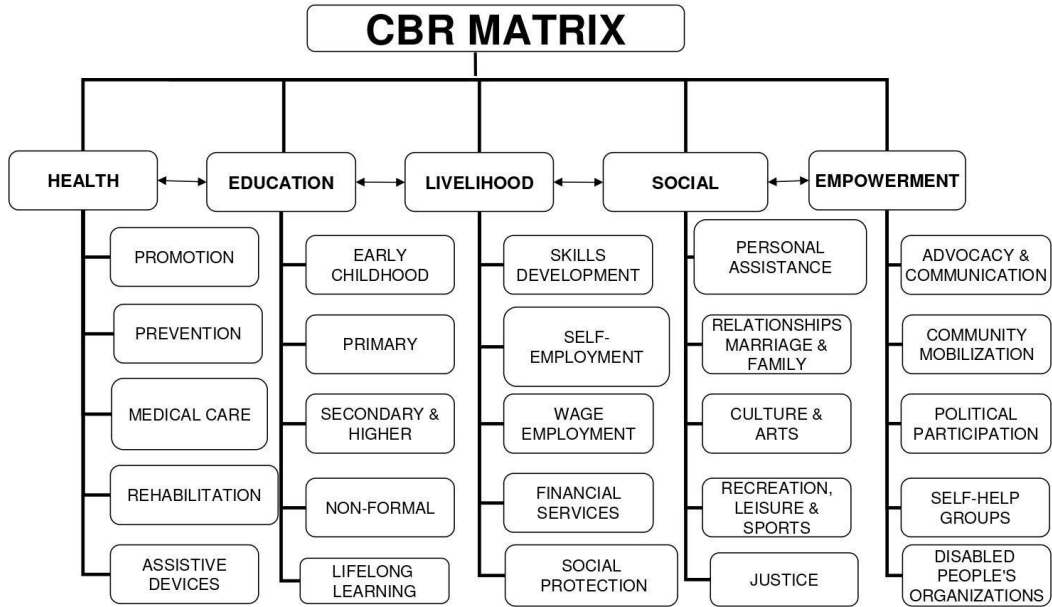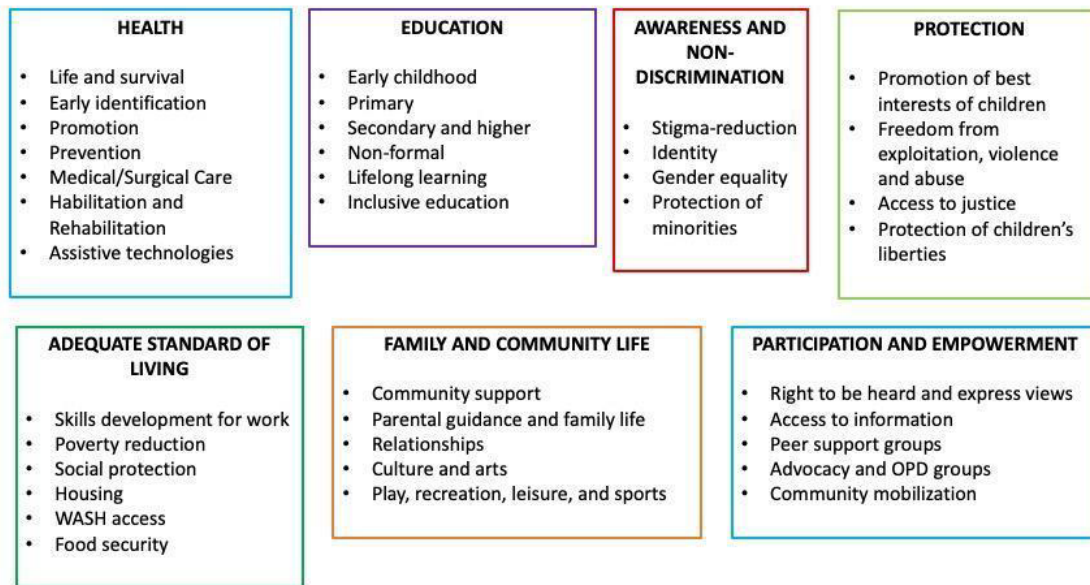| HEALTH	EDUCATION	LIVELIHOOD	SOCIAL	EMPOWERMENT
PROMOTION	EARLY CHILDHOOD	SKILLS DEVELOPMENT	PERSONAL ASSISTANCE	ADVOCACY & COMMUNICATION
PREVENTION	PRIMARY	SELF-EMPLOYMENT	RELATIONSHIPS MARRIAGE & FAMILY	COMMUNITY MOBILIZATION
MEDICAL CARE	SECONDARY & HIGHER	WAGE EMPLOYMENT	CULTURE & ARTS	POLITICAL PARTICIPATION
REHABILITATION	NON-FORMAL	FINANCIAL SERVICES	RECREATION, LEISURE & SPORTS	SELF-HELP GROUPS
ASSISTIVE DEVICES	LIFELONG LEARNING	SOCIAL PROTECTION	JUSTICE	DISABLED PEOPLE'S ORGANIZATIONS

Figure 2: Themes for Inclusive Interventions for Children with Disabilities Combining Elements of CBR, CRPD and CRC.

HEALTH

- Life and survival
- Early identification
- Promotion
- Prevention
- Medical/Surgical Care
- Habilitation and Rehabilitation
- Assistive technologies

EDUCATION

- Early childhood
- Primary
- Secondary and higher
- Non-formal
- Lifelong learning
- Inclusive education

AWARENESS AND NON-DISCRIMINATION

- Stigma-reduction
- Identity
- Gender equality
- Protection of minorities

PROTECTION

- Promotion of best interests of children
- Freedom from exploitation, violence and abuse
- Access to justice
- Protection of children's liberties

ADEQUATE STANDARD OF LIVING

- Skills development for work
- Poverty reduction
- Social protection
- Housing
- WASH access
- Food security

FAMILY AND COMMUNITY LIFE

- Community support
- Parental guidance and family life
- Relationships
- Culture and arts
- Play, recreation, leisure, and sports

PARTICIPATION AND EMPOWERMENT

- Right to be heard and express views
- Access to information
- Peer support groups
- Advocacy and OPD groups
- Community mobilization

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