



Protocol for a Systematic Review: Interventions to Improve the Labour Market Situation of Adults with Physical and/or Sensory Disabilities in Low- and Middle- Income Countries

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BACKGROUND

The Problem

Disability is a key development issue. Recent estimates suggest that more than one billion people (or about 15% of the world's population) are living with some form of disability (World Health Organization [WHO], 2011). Of this total, 80% live in developing countries, according to the UN Development Programme (UNDP). Disability and poverty are complex, dynamic, and intricately linked phenomena, with the result that disabled people are over-represented among the world's poor, and many experience multiple deprivations at higher rates and in higher breadth, depth, and severity than people without disabilities (Mitra, Posarac, & Vick, 2013; Samman & Rodriguez-Takeuchi, 2013). Low rates of employment among disabled persons are one of the principal pathways through which disability may lead to poverty (Braitwaite & Mont, 2009; Haveman & Wolfe, 1990; Hoogeveen, 2005; Peiyun & Livermore, 2008; Zaidi & Burchardt, 2005). Employment is, therefore, considered a key factor in the process of empowerment and inclusion into society for people with disabilities (Department for International Development [DFID], 2000). The Millennium Development Goals (MDGs) on eliminating poverty, launched by the United Nations in 2000, are unlikely to be achieved unless action is taken to support disabled people's participation in the labour market.

Over the course of the last 30 years, the conceptualisation of disability has moved from an individual perspective in which disability was simply expressed as a medical condition, to a structural, social perspective in which individuals are viewed as being disabled by society rather than their bodies (Barnes & Mercer, 2010; Oliver, 1990). Although defining disability remains complex and controversial, the International Classification of Functioning, Disability and Health (ICF), which was developed through a long process involving academics, clinicians, and—importantly—disabled persons, has further advanced the understanding and measurement of disability (WHO, 2001). Representing a workable compromise between medical and social models, the ICF understands disability as arising from the interaction of health conditions with contextual factors (both environmental and personal). Disability is thus viewed not as a static feature of an individual, but rather as a complex, multi-dimensional, and changing experience for the individual (Schneider & Hartley, 2006). Widely used by researchers and policy makers when addressing disability issues in the global development literature, the ICF is adopted as the conceptual framework for this systematic review.

Despite the ICF, a lack of standardisation in disability statistics and definitions continues. While reliable data on the employment of people with disabilities worldwide is difficult to come by, a growing body of empirical evidence indicates that employment participation rates for disabled people are below that of the overall population; and when disabled people do work, they generally do so for longer hours and lower incomes, have fewer chances of promotion, are more likely to work in the informal labour market, and are at greater risk of

becoming unemployed for longer periods (Coleridge, 2005; Contreras, Ruiz-Tagle, Garces, & Azocar, 2006; Houtenville, Stapleton, Weathers, & Burkhauser, 2009; Mete, 2008; Mitra, 2008; Mitra et al., 2013; Mitra & Sambamoorthi, 2006; Mizunoya & Mitra, 2012; Roulstone, 2012; Roulstone, Gradwell, Price, & Child, 2003).

The costs of disability are particularly acute in low- and middle-income countries (LMICs), where it is estimated that in some countries 80% of people with disabilities of working age are unemployed, around twice that for disabled people in industrialised countries (Contreras et al., 2006; Groce, Kembhavi, Wirz, Lang, Trani, & Kett, 2011; Houtenville et al., 2009; International Disability Rights Monitor, 2004; Mete, 2008; Mitra, 2008, 2009; Mitra et al., 2013; Organisation for Economic Cooperation and Development [OECD], 2010). It is less clear whether the wage gap between disabled and non-disabled persons is as marked in developing countries as it is in industrialised countries (Mitra & Sambamoorthi, 2006, 2008, 2009; OECD, 2003; WHO, 2011). However, the disability experience varies greatly. While disability correlates with disadvantage, not all people with disabilities are equally disadvantaged. In practice, the extent of the negative effect of disability on employment will vary depending on a variety of factors (Goertz, van Lierop, Houkes, & Nijhuis, 2010; Ingstad & Reynolds-Whyte, 1995; Kidd, Sloane, & Ferko, 2000; Mitra et al., 2013; OECD, 2010; Sena-Martins, 2010; World Bank, 2009). These include personal factors such as age, sex, level of education, motivation to work, and lack of financial resources. For instance, women with disabilities are recognised to be multiply disadvantaged, experiencing exclusion on account of their gender and their disability. There is evidence that disabled women tend to have poorer access to jobs, lower employment rates, and considerably lower earnings than male peers in similar jobs (Emmett, 2006; Mitra & Sambamoorthi, 2006; Mitra et al., 2013). People with more severe impairments often experience greater disadvantage in the labour market; the links between disability and employment have also been shown to vary across disability types and duration (WHO, 2011; World Blind Union, 2004). Secondly, the effects of disability on employment depend on various environmental factors, including the physical accessibility of local workplaces and transport facilities, available accommodations, and social attitudes (Baldwin & Johnson, 2006; Bound & Burkhauser, 1999; Mitra & Sambamoorthi 2008). There is also some evidence that disabled people seeking to access and sustain employment in competitive, tight labour markets are disadvantaged (Mitra, 2009). The policy context is relevant, too. The particular educational facilities, employment supports, health services, disability benefit systems, and other interventions, available in a given context can influence whether, and to what extent, disability has employment consequences.

The Intervention

The scope of this review is atypical in that it is not limited to one type of intervention. Rather, it extends to any intervention likely to help disabled persons in LMICs gain or maintain employment. Such interventions may take the form of a device, policy, programme, strategy, or other type of action. Broad groupings for these interventions are presented in

Table 1. This preliminary typology is not intended as an exhaustive list of interventions, or even categories, and is likely to be refined as the review progresses.

The characteristics of eligible interventions are also broad. They include complex, specialised, multi-dimensional programmes that: implement multiple strategies as well as much simpler interventions based on a single strategy; may be implemented in any setting, including the workplace, health care facility, home, or community; include both routine and structured/tailored interventions; can vary not only by type but also by intensity; can be delivered at various stages of the employment process (pre-employment, transition to employment, and post-employment); and need not have the core objective of restoring capacity for work.

TABLE 1: INTERVENTION CATEGORIES

Category	Description (and examples)
Treatment/therapy	Treatment, management, and/or care of a patient to alleviate or prevent a worsening of disease or disorder, or one or more of its symptoms or manifestations. Includes specific healthcare interventions (e.g., medication, surgery, and cognitive/behavioural therapies), broader healthcare management programmes, and psychosocial therapeutic approaches.
Assistive devices & accommodations	Devices and accommodations that target different types of accessibility issues: <ul style="list-style-type: none"> • assistive devices refer to any appliance or tool designed, made, or adapted to increase, maintain, or improve the functional capabilities of people with disabilities (e.g., prosthetic limbs, talking calculators). • assistive accommodation refers to environmental access accommodations (physical and non-physical), both in the workplace itself and the wider environment (e.g., modifications to workplace bathrooms, flexible work schedules, tailored transport schemes).
Education	Skills development and training strategies, projects, and initiatives aimed at addressing educational deficits and developing human resources. Includes capacity-building in the following areas: professional/job-related skills; basic skills (e.g., literacy); transferrable/social skills (e.g., communication skills); functional skills (e.g., how to operate a Braille typewriter or wheelchair).
Employment services	Multi-dimensional programmes encompassing multiple employment services designed to facilitate and support entry/re-entry to work, such as vocational assessment and evaluation, vocational training, general skills upgrading, refresher courses, career counselling, on-the-job training, job search, and consultation with employers for job accommodations and modifications.
Regulations, legislation & policies	Initiatives aimed at enforcing behaviour change, such as reforms of labour market regulations, anti-discrimination legislation, labour market quotas, legislation supporting institutional capacity building of the education system for disabled people, affirmative action policies, and organisational policies.
Financial	Different forms of financial incentive, such as those to promote: <ul style="list-style-type: none"> • financial inclusion (such as business training and micro-finance) • educational inclusion (such as financial vouchers to facilitate access to education and training)

Category	Description (and examples)
	<ul style="list-style-type: none"> • employment inclusion (such as employer subsidies, tax breaks and sanctions) • participation in the intervention itself (such as stipends to cover costs of attending training workshops).
Community-based-rehabilitation (CBR)	Multi-dimensional programmes comprised of activities aimed at strengthening the social capacities of the target group, through attempts to combine (i) physical rehabilitation through medical care with empowerment and (ii) social inclusion through the participation of both the individual with a disability and the community in the process of rehabilitation.
Awareness campaigns	Different approaches for changing perceptions of disability within the community, such as advertising/advocacy campaigns, employers' forums.

How the Intervention Might Work

Conceptual understanding of the causal pathways through which available interventions may influence the employment prospects of disabled people in developing country contexts is under-developed. It was necessary, therefore, to develop a logic model specifically for this review. Originating from the field of programme evaluation, logic models (also known as theoretical, conceptual, or impact models) are typically diagrams or flow charts that illustrate pathways between inputs, strategies, outputs, and short-term, intermediate and longer-term outcomes (Anderson et al., 2011; Joly et al., 2007). Designed to read from left to right, they provide a valuable road map that spells out how, and for whom, a programme is meant to produce the desired outcomes. We hypothesised that the types of interventions detailed in Table 1 affect a range of different labour market outcomes for disabled people through various mechanisms. An initial version of this model is detailed in Figure 1 (see Appendix 2). It illustrates both intermediary factors through which the intervention may exert its impact, and additional personal and contextual factors that may modify or inhibit the desired effect. The intention is to revise this model as the review progresses.

Why it is Important to do the Review

Efforts to promote development and poverty reduction have not always adequately included disability; for example, disabled people are not included explicitly in any of the Millennium Development Goal (MDG) targets and indicators (WHO, 2011). Disability issues are, however, slowly being brought into the mainstream of development policy and practice, and over the past two decades there has been a noticeable change in the legal and policy responses of many governments and bilateral and multilateral donor agencies (DFID, 2000, 2007; Thomas, 2005). In 2002, for example, the World Bank embarked on mainstreaming disability into Bank operations and analysis (Mont, 2007). A major catalyst has been the Convention on the Rights of Persons with Disabilities (CRPD) adopted by the United Nations in 2006, which marked a significant advance in the recognition of the rights of disabled persons, including the right to work, on an equal basis with others (United Nations [UN], 2006). With increasing recognition of employment as a key factor in the process of

empowerment and inclusion into society of people with disabilities, a shift to a broader framework for action has occurred, and the role of interventions to improve labour market outcomes of disabled people is receiving increased international attention (DFID, 2000; International Labour Organization [ILO], 2008; WHO, 2004). Nevertheless, translating policy commitments into better lives for disabled people remains a profound social challenge. Establishing a firm evidence base to support the implementation of the CRPD is therefore a priority. Building a clearer understanding of which measures are effective at increasing employment amongst disabled people, and under which circumstances, can provide such an evidence base for policy development and contribute to the development of practical suggestions for meeting this challenge.

The existence of a growing body of evidence on interventions to increase the labour market participation of disabled people is highlighted in a recent comprehensive review of the literature in this area (Waddell, Burton, & Kendall, 2008). Taking a broad definition of vocational rehabilitation, and focusing on the work conditions that account for two-thirds of long-term sickness absence—mild/moderate musculoskeletal, mental health, and cardio-respiratory conditions—this study reviews the data from a large number of scientific reports and literature reviews, mainly published between 2000 and 2007, covering a wide range of intervention strategies. While the authors conducted a systematic search, assessed the strength of the evidence, and included data in evidence tables, they did not report effect sizes or perform a meta-analysis, making it difficult to judge and compare the effectiveness of the interventions. Other systematic reviews—some of which do use meta-analytic synthesis methods—are more limited in scope, focusing on (a) specific countries (e.g., Bamba, Whithead, & Hamilton, 2004; Clayton et al., 2011); (b) single aspects of disability/illness, such as autism (e.g., Westbrook et al., 2012), mental illness (e.g., Crowther, Marshall, Bond, & Huxley, 2001; Underwood, Thomas, Williams, & Thieba, 2006), multiple sclerosis (e.g., Khan, Ng, & Turner-Stokes, 2009), traumatic brain injury (Graham & West, 2012), low back pain (e.g., Tveito, Hysing, & Eriksen, 2004) or spinal cord injury (Lidal, Huynh, & Biering-Sørensen, 2007); or (c) particular intervention types, such as interventions based on an empowerment perspective (e.g., Varekamp, Verbeek, & Dijk, 2006), workplace disability management programmes (e.g., Gensby et al., 2011) or workplace-based return-to-work interventions (e.g., Franche et al., 2005). Some of these reviews are, in addition, quite dated, and none are explicitly focused on literature conducted in LMICs. The literature on assistive technology in developing countries has recently been examined in two non-systematic literature reviews (Andrysek, 2010; Borg, Lindstrom, & Larsson, 2011). However, although some evaluative activities were identified, none measured employment outcomes. Another recent LMIC-focused non-systematic review (Velema, Ebenso, & Fuzikawa, 2008) examines evidence for the effectiveness of community-based rehabilitation (CBR) programmes for disabled people on a range of outcomes, including employment. A descriptive overview of the literature is presented, but there is no pooling of data. More recently, a protocol has been submitted for a joint Campbell/Cochrane systematic review of CBR for people with physical and mental disabilities in LMICs (Iemmi et al., 2012). Data will be collected on a number of different functional outcomes (including employment), and the authors aim to present mean

effect sizes for different types of interventions, and examine the potential variation of effects for different subject populations.

Taking into account what we already know, specific gaps in the evidence base, and policymaker priorities, there is evidently a need to comprehensively assess the full evidence base relating to low- and middle-income countries, using appropriate methods to evaluate the impact of a range of different intervention types supporting the employment of adults with physical and/or sensory disabilities.

OBJECTIVE

The first objective of the systematic review is to describe the range and diversity of interventions available for addressing the low labour market participation of adults with physical and sensory disabilities in developing country contexts.

Our second, and main, objective is to systematically identify, appraise, and synthesise the available evidence on the effects of such interventions.

A third objective is to identify the characteristics of the interventions and participants that are associated with variability in effects. The effect size moderators of interest are: intervention modality/type, intervention duration, intervention setting, participants' age and gender, and type and severity of disability.

A fourth objective is to extend the review of effectiveness and provide an explanation for the intervention effects by examining what participants in the included studies reported about why the interventions did, or did not, work for them.

A final objective is to construct a logic model of the wider evidence underpinning potential causal pathways between interventions to support disabled adults and improvements in labour market outcomes, and then document the level/strength of evidence on potential pathways of impact using this framework.

METHODOLOGY

The review will be conducted in accordance with Campbell Collaboration guidelines on systematic review methods, available at www.campbellcollaboration.org.

Study Selection Criteria

Studies will be included in the systematic review if they meet the following eligibility criteria.

Types of Participants

Study participants will have the following characteristics:

- *Geographical location*: Low- or middle-income country (as classified by the World Bank, see Appendix 3)
- *Age*: Working age adults, defined for this review as individuals aged 16-65 years
- *Gender*: Male or female
- *Disability*: Physical and/or sensory impairments (i.e., health conditions) associated with disability
- *Employment status*: Study participants may be in paid work or out of work at time of service receipt. Those out of work may be employees on sick leave or unemployed individuals who are seeking (or otherwise eligible for) paid employment. Study samples made up solely of employed or non-employed individuals are eligible, as are those that contain a mix of both.
- *Employment-related experience*: Any prior work experiences, vocational skills or achievements, or level of education.

Following the ICF, disability is understood in this review as an umbrella term embracing impairments, activity limitations, and participation restrictions. The term impairment implies specific problems in body functions and structures, often identified as symptoms or signs of health conditions (i.e., diseases, injuries, and disorders).¹ For the purposes of conducting this systematic review, the following additional definitions/restrictions apply:

Physical impairment is defined as problems with the structure, development, or function of the bones, muscles, joints, and/or central nervous system. Physical characteristics may include paralysis; altered muscle tone (ranging from loss of muscle mass to uncontrolled muscle contraction); an unsteady gait; loss of, or inability to use, one or more limbs; difficulty with gross-motor skills (such as walking); and/or difficulty with fine-motor skills (such as writing). Reference to sensory impairment implies full or partial loss of one or more senses (e.g., sight, hearing, smell, touch, taste, and/or spatial awareness), causing difficulty with communication, gross-motor skills, fine-motor skills, and/or access to information.

The focus of this review is on impairments that meet customary/statutory definitions of disability. These are usually long-standing, for example, lasting at least one year, and have a substantial impact on a person's ability to do normal daily activities, such as getting dressed. The impairment/health condition may be acquired or congenital. It may be acute, chronic, progressive, or intermittent, and may or may not need ongoing medical intervention. Studies focused on work-related and non-work related health conditions are both eligible for inclusion in the review.

¹ As such, the terms 'impairment' and 'health condition' are often used interchangeably (a practice adopted in this review).

For the purposes of this review, physical impairments will include the following types of health condition:

- communicable diseases (e.g., leprosy, HIV/AIDS)
- metabolism disorders (e.g., diabetes)
- respiratory conditions (e.g., asthma)
- neurological impairments (e.g., multiple sclerosis, epilepsy, those associated with brain injury)
- musculoskeletal conditions (e.g., arthritis, amputations)
- cardiovascular diseases
- body disfigurements (e.g., facial burn injuries)

For sensory impairments, eligibility for the review is restricted to studies of the two most common types:

- visual impairment, including blindness
- hearing loss

Studies focused solely on people with mental health conditions and/or intellectual impairments, or those with chronic illnesses that predominate in later life (e.g., chronic obstructive pulmonary disease (COPD), cancer, stroke, and renal disease) are not eligible for this review, on the grounds that these groups have different rehabilitation needs. Where study participants are described as multiply disabled, the study will be included if either physical or sensory impairment is the primary diagnosis. Where study samples are comprised of people with different disabilities, we will include the study if: (a) the majority (minimum 51%) of the sample is physically and/or sensory disabled; or (b) the authors report disaggregated results according to type of disability. As the review is focused on long-term disability, studies examining employment support for people with minor health problems, such as fractured bones or allergic rhinitis, are not eligible. Evaluations of return-to-work (RTW) interventions for employees on short-term sick leave are therefore outside the scope of this review. Finally, eligibility for the review is extended to both primary studies that incorporated the ICF diagnostic framework in identifying and selecting its subjects and studies that did not use this framework.

Types of Interventions

The scope of this review extends to *any* intervention with the means to help disabled persons in LMICs gain or maintain employment. Such interventions may take the form of a device, policy, programme, strategy, or other type of action. Examples of relevant interventions were

detailed above in Section 1.2.

Types of Outcome Measures

To be eligible for this review, studies must measure/report at least one quantitative job-related outcome. Eligible job-related outcomes include primary outcomes and intermediate outcomes (see below).

Primary outcomes: Disabled people in LMICs are often prevented from work, constrained in the type and amount of work that they do, and have difficulty sustaining work; as a consequence, they are predominantly employed in the informal sector, which is characterised by low pay. In consideration of this, the primary outcomes of interest are those relating to the general constructs (a) employment status and (b) income.

For employment status, relevant indicators include:

- Gaining initial employment*
- Return-to-work (e.g., from non-employment, or from long-term sick leave)
- Gaining formal employment (i.e., a 'better' job in that it has written contract, etc.)
- Change in working hours (e.g., from part-time to full-time)
- Job retention
- Promotion (i.e., vertical job mobility)
- Change in job role/function (i.e., horizontal job mobility)

For income, relevant indicators include:

- Monthly earnings
- Weekly wages
- Hourly rate of pay
- Profits/income from self-employment

*Unless otherwise stated, employment refers to paid employment and self-employment. The following definitions of paid employment and self-employment apply to this review.

Paid employment: defined as jobs involving some form of contractual relationship between the individual worker and an employer over time for remuneration. Employment contracts may be explicit (written or oral) or implicit. Remuneration will typically be in the form of wages and salaries, but people may also be paid by commission from sales, from piece-rates,

bonuses, or in-kind payments such as food (ILO, 1993, para. 6). Those workers employed in the informal economy, over which there is little or no official control, are likely to be paid in cash. Within the definition of ‘paid employment’, the review includes both (a) competitive paid employment, broadly defined as jobs that are available on the open market and open to anyone who applies, and that offer payments and benefits that are comparable to industry/sector standards, and (b) jobs in an integrated work setting for individuals with disabilities who are working toward competitive employment with ongoing support services.

Self-employment: defined as jobs where ‘the remuneration is directly dependent upon the profits (or the potential for profits) derived from the goods or services produced ... The incumbents make the operational decisions affecting the enterprise, or delegate such decisions while retaining responsibility for the welfare of the enterprise. In this context “enterprise” includes one-person operations’ (ILO, 1993, para. 7). Self-employment may take place anywhere: in the worker’s home, fields, or any public place. Within the definition of ‘self-employment’, the review includes hawking, vending, and other street entrepreneurial activities (such as rickshaw pulling), but excludes other forms of ‘making out’, such as bartering, begging, foraging, and scavenging.

Intermediate outcomes: Intermediate outcomes reflect the pathways through which the primary outcomes may be influenced. Studies that only measure an intermediate *job-related* outcome (i.e., where individuals are still in the process of preparing for, and gradually moving closer to, work) are eligible for inclusion. Although we intend to collect data on all intermediate outcomes (both work-related and non-work related), studies that only report *non-work related* intermediate outcomes will not be included in the review.

Work-related intermediate outcomes may include, but are not limited to: attitudes to work, job search skills, job-related self-efficacy/confidence, career management skills, work readiness, job applications, and job interviews.

Other (non-work related) outcomes may include, but are not limited to: educational outcomes (e.g., attainment and attendance), health outcomes (e.g., intensity/severity of pain), functional limitations (e.g., range of movement), health care resource utilisation, and quality of life.

If any of the included studies measure outcomes for employers or other relevant stakeholders (e.g., co-workers, supervisors), in addition to outcomes for disabled people, we will also collect this outcome data.

Notes: The focus of this review is on economically productive ‘work’; therefore, it is not concerned with unpaid productivity, such as voluntary work, internships, household work, and family responsibilities/caring. It is also important to note that participation in education and training (including job training) is not defined as an employment outcome in this review. This takes into consideration growing evidence that many disabled people, particularly the young, are trapped in a ‘revolving door’ of training and vocational

preparation abstracted from any real job opportunities (Corrigan & McCracken, 2005).

Types of Study Designs

As we expect the relevant literature to be scarce, both randomised experiments and quasi-experiments are eligible for inclusion in this review. Eligibility is extended to quasi-experimental designs that provide high levels of rigour and those using less rigorous methods for constructing the counterfactual.²

Eligible designs include those in which one of the following is true:

Experimental designs

- participants are randomly assigned to the treatment and control groups by the investigator, using a process of random allocation, such as a random number generation (randomised controlled trial);
- a non-random (including quasi-random) method of assignment to treatment and control groups has been used by the investigators, for example, allocation by date of birth or day of the week (non-randomised controlled trial);

Quasi-experimental designs

- decisions about which individuals receive the intervention and which serve as the controls are not in the hands of the investigator; instead, this is decided by the individuals themselves or by other circumstances (includes, for example, designs commonly referred to as controlled before-and-after studies and natural experiments)
- observations are made at multiple time points before and after an intervention in an attempt to detect whether the intervention has had an effect significantly greater than any underlying trend over time (time-series designs);
- participants receiving an intervention are compared with a similar group from the past who did not (historically controlled study);
- observations are made on a group of individuals before and after an intervention, with participants essentially acting as their own controls (single-group pre-post-test design; also known as uncontrolled before-and-after studies).

Studies collecting data at baseline and endline, and those collecting only endline data, are both eligible for inclusion in the review (conditional on the study meeting the above criteria).

² As there is no consistent terminology used for different types of designs used for evaluating the effects of interventions, and the labels in common use are interpreted in different ways, the main focus here is on describing the key differences between designs. It is recognised that some do not classify the less rigorous designs described here as quasi-experimental.

Individually-allocated and cluster-allocated studies are both eligible. Additionally, the review will include studies that adjust for confounders at either the design or analysis stage (e.g., studies using propensity score matching or regression analysis) and studies that have made no attempt to account for differences between the groups. Finally, the control or comparison conditions in eligible studies may include disabled people receiving no treatment, treatment as usual, or an alternative treatment. No restriction will be placed on duration of follow up.

Date, Language, and Form of Publication

For this review, the date of publication or reporting of the study must be 1990 or later. This date marked the shift in thinking from the ‘medical model’ to the ‘social model’ of disability, both within academia and by a broad range of organisations dealing with disability and related issues in both the statutory and voluntary sectors (Oliver, 1990). Studies published in any language will be included, provided they meet all other eligibility criteria. Studies will be included regardless of their publication type (i.e., we will not exclude specific forms of publication, such as unpublished working papers, theses or dissertations).

Search Strategy

A comprehensive search strategy will be used to search the international research literature for qualifying studies. To reduce the omission of relevant studies and ensure our search is as unbiased as possible, a wide range of sources will be used to capture both academic and ‘grey’ literature. Manual searching techniques will be used to supplement the electronic searching of databases and library catalogues. The search strategy includes many sources with a specific focus on low- and middle-income countries. The end date for the searches is 31 August 2013.

Search Sources

Bibliographic databases and library catalogues: The following major commercial electronic bibliographic databases will be searched.

- ASSIA (Applied Social Sciences Index and Abstracts) (ProQuest)
- ERIC (Education Resources Information Centre) (ProQuest)
- IBSS (International Bibliography of the Social Sciences) (ProQuest)
- Medline (ProQuest)
- Social Services Abstracts (ProQuest)
- Sociological Abstracts (ProQuest)
- Business Source Premier (EBSCO)

- Econlit (EBSCO)
- PsycINFO (EBSCO)
- Web of Science (Web of Knowledge)³

Specialist bibliographic databases and library catalogues will also be searched. These are detailed in Appendix 4. These include databases of existing and ongoing impact evaluations, regional databases (some of which provide multilingual coverage⁴), grey literature databases, and databases/libraries specialising in information on employment, disability, and/or international development.

A tailored search query will be developed for each bibliographic database using controlled vocabulary and/or free-text terms. Four concepts will be used in the search, as shown in Table 2. A comprehensive list of search terms related to each of these concepts will be produced. Database thesauri will be consulted to ensure that all appropriate synonyms have been included, and wildcards will be applied as appropriate.

TABLE 2: SEARCH OVERVIEW

Concept A	Concept B	Concept C	Concept D
Disability terms	Intervention terms	Outcome terms	LMIC terms
<ul style="list-style-type: none"> • Physical disability* • Sensory disability* • Etc 	<ul style="list-style-type: none"> • Cash transfer* • TVET • Etc 	<ul style="list-style-type: none"> • Employment • Earnings • Etc 	<ul style="list-style-type: none"> • Developing nations • Low-income country* • Etc

The search will be constructed as follows:

#1: (concept A) AND (concept C)

#2: (concept A) AND (concept B) AND (concept D)

#3: (#1 OR #2)

There will be no language restrictions to the search.⁵ A publication year filter to identify studies published since 1990 will be used. A draft search query for the ERIC database is presented in Appendix 5.

³ The Web of Science search will include Science Citation Index Expanded, Social Sciences Citation Index, Arts and Humanities Citation Index, Conference Proceedings Citation Index - Science, Conference Proceedings Citation Index - Social Science and Humanities.

⁴ For example, our search includes the LILACS database, an underused source of trials that indexes journals mainly from Latin American and Caribbean.

⁵ Restricting part of the search 'by country' (i.e., the use of concept D) will be necessary due to the very high number of potentially relevant hits identified.

It is anticipated that different terminology will have been used to describe disabled people in the primary studies. It seems likely that some authors, particularly those who have selected their sample based on a medical model, will refer to specific health conditions when describing the study subjects, while those who have selected their sample based on difficulties in functioning, such as restricted mobility, may not refer to any specific health condition in the study report. This presents a challenge for study identification. To try to capture both sets of literature, the search query for each database will contain both general terms (e.g., disabled people, neurological conditions) and specific terms (e.g., cerebral palsy). There is no recognised list of physical impairments associated with disability; therefore, the identification of relevant search terms to identify studies about physical disability drew on the expertise of the review team (AR, MM).

We will not explicitly search for studies that include only qualitative evidence. To address the fourth objective of the review, which seeks to provide an explanation for why the interventions did or did not work, we will identify relevant qualitative evidence in the studies that meet the eligibility criteria for the review.

Websites: Websites will be searched, including those for relevant research institutions, government-related aid agencies, non-governmental organisations (NGOs), and development banks (see Appendix 6). Websites incorporating a search facility that allows the user to enter terms will be searched using a limited range of keywords (such as physical disability; sensory disability; employment). Where no such facility exists, relevant sections of the website (for example, those headed 'publications') will be searched.

Backward citation tracking: The bibliographic information contained within the reference lists of included studies and relevant reviews will be scanned for studies that meet the eligibility criteria. The following reviews will be searched (Franche et al., 2005; Khan et al., 2009; Varekamp et al., 2006; Velema et al., 2008; Waddell et al., 2008; Westbrook et al., 2012). Any others identified during the course of the review will also be searched.

Forward citation tracking: Studies that have cited the included studies since their publication will be checked for relevance. Citation tracking will be performed through Web of Knowledge and Google Scholar. All the hits from each citation search will be screened.

Personal contacts: Specialists in the field, including authors of included studies and relevant ongoing research, will be contacted with a request for information about any potentially relevant studies. Should any of the included studies be published in languages other than English, authors and funding agencies will be contacted regarding the availability of translated versions.

Networks: Requests for relevant literature will be made by posting a bulletin board/listserv message to members of the following networks.

- GLADNET (Global Applied Disability Research and Information Network on Employment and Training) <http://www.gladnet.org/mail.cfm?pageID=7>
- ILO Global Business and Disability Network <http://www.businessanddisability.org/>
- Latin American Network of Non-Governmental Organizations of Persons with Disabilities and their Families (RIADIS) <http://www.riadis.org/en>
- National Network for the Rights of Persons with Disabilities (Red por los derechos de las personas con discapacidad - REDI) [http://www.redi.org.ar /](http://www.redi.org.ar/)

A specific request for assistance with the location of studies published in languages other than English will be made.

Search engines: Google will be used to follow up on potentially relevant named programmes that come to light during the course of the review. As noted above, Google Scholar will be used to track citations of included studies.

Conference proceedings, dissertations and theses: One specialist source for dissertations and theses will be searched (ProQuest Dissertations & Theses: UK & Ireland). Most of the major bibliographic databases also index this type of publication (ERIC, for example, includes over 14,000 dissertations/theses published since 1990). As part of the Web of Science search (see above) a specific search for conference proceedings will be undertaken.

Journals: The Table of Contents (online version) of the following journals will be manually examined:

- *International Journal of Disability Management* (2006-2013)
- *ALTER - European Journal of Disability Research* (2007-2013)
- *International Journal of Disability, Community & Rehabilitation* (2002-2013)
- *International Journal of Disability, Development and Education* (1990-2013)
- *Review of Disability Studies: An International Journal* (2004-2013)
- *Work: A Journal of Prevention, Assessment and Rehabilitation* (1999-2013)

Information provided by publishers about journal focus and content suggest these are the most relevant to search. Many of the articles published in ALTER are in French.

Study Inclusion Decision-Making

Review management software, EPPI-Reviewer 4, will be used to manage the entire review process (Thomas, Brunton, & Graziosi, 2010). Potentially relevant items identified through the electronic search of databases will be imported into EPPI-Reviewer (and will later be

screened against the eligibility criteria). Details of relevant studies identified through hand searching will be entered manually.

Selection of primary studies will be based on the pre-developed selection criteria described above. The criteria will be piloted by two researchers who will screen (on titles and abstracts) a 10% sample of reports independently and compare their results. Discrepancies will be resolved by further review of the respective titles and abstracts and agreement reached by discussion. This process will be repeated until consistency in application of the selection criteria is achieved. Consistency is defined as: 100% agreement on whether an item meets the criteria (on the basis of the title and abstract) or does not meet the criteria (clear exclude), and 95% agreement on which of the exclusion criteria used in the selection of studies should be used to exclude it. The study selection process will then proceed as follows.

Phase one: title and abstract screening

The review team will manually examine the titles and abstracts of records identified through the searches of electronic databases to assess eligibility. The relevance of each item will be assessed by an individual reviewer (i.e., single screening) and decisions recorded in the reviewing software, EPPI-Reviewer. Items will be included at this stage if they appeared to meet the criteria on the basis of the information in the title and abstract, and excluded if they are clearly ineligible. Where there is any doubt as their eligibility, items will be marked as 'unsure'. Where the title and/or abstract are not in English, the translation service offered by Google, <http://translate.google.com/>, will be used to translate the information into English; screening against the selection criteria will then proceed as normal. In cases where only the title of the study is available, reference within the wording of the title to (people of working age with a disability) AND (a relevant employment-related outcome OR a term suggesting the study was an evaluation) will automatically warrant a full length review of the article.

Following the manual screening of all items from the electronic searches, the hand searches referred to above will be conducted. Here, the searching and screening processes will run concurrently. Study eligibility will be assessed by an individual reviewer, who keeps a manual record of all items that appear to meet the inclusion criteria and those over which there is any doubt. Where only the title is available, and/or the information is not in the English language, the same procedures as for items identified through the electronic searches will be followed.

Phase two: full-text screening

The full length reports of all studies promoted from the first level of screening that (a) appear to meet the inclusion criteria, or (b) are marked as 'unsure', will be obtained.

Detailed manual examination of the full-length reports will be undertaken independently by pairs of reviewers, who will then meet to compare and discuss their assessments. Any disagreements between the reviewers' decisions will be resolved by identification of the

source of the disagreement, re-reading of the text, and discussion. If a final decision cannot be reached, a third reviewer will be asked to reconcile differences.

All study selection and information retrieval activities in the review will be documented and described in sufficient detail in the final report so that the processes can be replicated by other researchers. Summary flowcharts will be used to convey relevant information.

Description of Methods Used in Primary Research

The following two studies exemplify the methods likely to meet the eligibility criteria for the proposed review.

Eniola and Adebisi (2007) report on a small-scale evaluation of the impact of two therapeutic techniques (emotional intelligence and goal setting) upon the motivation to work among visually impaired students. The total sample size used for this study was 32. Participants were randomly selected from a school for visually impaired students in Nigeria and were assigned to one of the two treatment groups. Outcome measurements were taken before and immediately after training ended.

The study by Biggeri et al. (2012) examined the impact of community-based-rehabilitation (CBR) in improving the quality of life of persons with different types of impairments in India. Propensity score matching was used to take into account the possible differences between the two groups before the intervention impacted on their lives. The covariates used for the estimation of the propensity score in the models were age, gender, household size, type of disability, level of disability, caste, and level of wealth. The outcome variables analysed are health, livelihood (including employment status), social, and empowerment. The results are calculated over two periods of time – after two and after four years have elapsed since the programme started in the selected village. The authors also investigated the factors that constitute barriers to access CBR activities and support, and tried to capture spillover effects of CBR.

Details of Study Coding Categories

Two reviewers will independently evaluate each study using a coding/data extraction tool developed specifically for this review. The tool draws on previous tools developed by the authors. A draft version of the tool is included in Appendix 7. A coding manual (not reported) will be provided to reviewers to guide them through the process.

Eligible studies will be coded to capture both substantive and methodological characteristics. The coding will focus on the following features of the studies: general study characteristics, such as source of study funding (section B), variables related to the characteristics of the study samples (section C), the nature of the intervention and its implementation (section D), study methods (section E), and outcome measurements (section F). Sections C and D of the tool are designed to collect information about potential effect size moderators. Information

about the quality of the reporting will be extracted (section G) and a risk of bias assessment undertaken (section H). The risk of bias framework will consist of seven dimensions: selection bias; confounding; performance bias; detection bias; attrition bias; reporting bias; other sources of bias. Reviewers' judgements regarding risk of bias will be graded for each criterion as low, high, or unclear risk of bias, and a summary assessment made. Finally, the study results and conclusions will be extracted, and effect sizes calculated where the data allows (section I).

Reviewers will enter data directly into the EPPI-Reviewer 4 database. Piloting of the coding tool will be undertaken by members of the review team who will work independently on a purposive sample of eligible studies (selected to test the tool on the full range of included study designs) before meeting to compare their decisions. Reviewers will be retrained on any coding items that show discrepancies during this process and the coding manual adapted accordingly. This process will be repeated until a very high level of consistency in reviewers' application of the codes is achieved (at which point the tool will be finalised). The remaining studies will be double-coded. Different combinations of two reviewers will independently extract information from each study report and then come together to compare their decisions. Any uncertainties and discrepancies will be resolved by discussion, further review of the respective study reports and, where necessary, consultations with a third reviewer.

The reviewers will attempt to contact the authors of studies that are missing data that are essential for the review. Where relevant studies have been published in languages other than English, authors and funding sources will be contacted regarding the availability of translated versions. Where these are unavailable, we will seek to identify additional reviewers to undertake the necessary data extraction and critical appraisal of studies in these languages. In the event that no additional reviewers can be identified, the study will be excluded from the review.

Data Analysis

Approach

The first objective of the review will be addressed by providing detailed descriptions that identify the range of interventions that are potentially available for tackling the labour market situation of disabled people in developing country contexts.

The key features of the study participants and interventions, study design/methods, and methodological quality and relevance of each study will be described in summary tables in the final report. For each of the included studies, we will also report reasons given for any missing data and attrition rates, and report the number of participants who were included in the final analysis as a proportion of all participants in the study.

Where data allow, meta-analysis will be used to combine the results from multiple studies. This analysis will be performed using the specialised built-in meta-analysis functions within

EPPI-Reviewer. Where there are insufficient data available for a meta-analysis, we will write a narrative synthesis for the results. Textual narrative synthesis is an approach that arranges studies into relatively homogenous groups according to a standard format, with similarities and differences compared across studies (Barnett-Page & Thomas, 2009). Whichever approach is taken for data synthesis, we will review the available evidence using the logic model framework and report the findings of the review along the causal chain.

Criteria for determination of independent findings

Efforts will be made to identify all affiliations between studies/reports before coding commences. Information on study sample sizes, intervention details, grant numbers, and so on will be used to identify multiple reports from single studies and multiple studies in single reports. The authors of the reports will be contacted if it is unclear whether reports and studies provide independent findings.

In cases where several different reports relating to a single study exist, reviewers will classify one (for example, the publication containing the most complete data set) as the main report. When extracting data, the full set of relevant reports will be used. In cases where a single report describes more than one study, each study will be coded separately (i.e., as if they had been published separately).

Where possible, effects sizes will be computed for all relevant outcomes within each study. In the event that a study provides more than one effect size for a particular outcome, our approach will be to drop outcomes. This will involve selecting the outcome that is most similar to those used by other studies in that category and retaining only that particular effect size in the analysis.

Where a study presents results for several periods of follow-up for the same outcome, we will undertake separate meta-analyses for each of the various time-points (e.g., outcomes at six months, two years, etc.). In the event that synthesising effect sizes separately at different points of duration is not feasible (e.g., not all studies may use common follow-up durations), we will form reasonable ranges of follow-up duration (e.g., short term 1-6 months, medium term 7-12 months, etc.) rather than discrete follow-up duration time points. Where a study presents data from a different time point to the other studies, we will present these data separately. If a sufficient number of such studies are available, we will also analyse outcomes by investigating the change in effect size over time.

Statistical Procedures and Conventions

Calculating Effect Sizes: The EPPI-Reviewer software has built-in functionality for calculating effect sizes from a range of statistics that are presented in study reports.⁶ Other

⁶ It supports the meta-analysis of both *d* and *r* families of continuous effect size, as well as binary outcomes.

web-based resources (for example, the Campbell Collaboration's effect size [calculator](#)) and expert consultation will be used for the less common statistical representations.

Several types of research design are eligible for inclusion in the review. Many of these designs use complex statistical analyses, and there is a lack of standard methods for computing effect sizes from these designs. In the event of included studies using propensity score matching and so forth, we will follow the methods used in a recent review by the lead author (Tripney et al., 2013).

For studies reporting dichotomous outcomes (for example, employment rates), both the risk ratios (RRs) and standard mean difference (SMD) effect sizes (Cohen's *d*) will be calculated. For outcomes measured on a continuous scale (for example, group differences in levels of income), we will calculate both SMDs and response ratios (RRs). By computing different effect sizes, we will be able to explore the sensitivity of the results to the selection of the effect size measure and cope with any possible loss of information arising from impossibility to compute all effect size measures from every included study. The review will correct for sample bias in the effect sizes by using the correction for sample bias procedure developed by Hedges and Olkin (1985). Reviewers will document the computations used for the effect size estimates derived from each study. All effect sizes will be coded such that positive effect sizes represent positive outcomes (e.g., less unemployment, higher wages).

The unit of assignment to treatment and comparison groups will be coded for all studies, and if cluster designs arise, we will correct for variation associated with cluster-level assignment by making appropriate adjustments to the effect sizes (Hedges, 2007).

For each outcome category, we will determine the number of effect sizes in each of the different metrics. Where more than one type occurs in a given outcome category, we will transform the effect size metric with the smaller proportion into the metric with the larger proportion using the Cox transform as shown by Sánchez-Meca, Marin-Martinez, & Chácon-Moscoso (2003). This will allow all the effect sizes for that outcome to be analysed together.

In the event that we do not have consistency across our data (i.e., effect sizes based on either all raw data or all log-transformed data), Higgins, White, and Anzures-Cabrera (2008) will be consulted for guidance on data transformation.

Synthesis of effect sizes: Effect sizes will be synthesised when participants, interventions, and outcomes are conceptually similar, regardless of the effect size heterogeneity. Given the diversity of disabilities and intervention strategies that we have included within the scope of this review, careful attention will be given to appropriate aggregation.

Meta-analysis will be carried out using random effects statistical models. To account for differences in sample sizes for individual studies, effect sizes will be averaged across studies by using an inverse variance weighting of the individual effect size. This weighting will result in the individual effect sizes of larger *n* studies being given more weight in the combined

effect size. In the event that there is insufficient similarity to statistically combine the study results, forest plots will be presented to show each study's point estimate and error measurements.

Where studies using randomised and non-randomised designs are both included in the review, the synthesis will separate estimates of intervention effects for randomised versus non-randomised studies in the analyses. If relevant, the synthesis will separate studies with different kinds of counterfactuals. Single group studies will be analysed separately from studies with control groups.

To visibly examine variability in the effect-size estimates, forest plots will be used to display the estimated effect sizes from each study along with their 95% confidence intervals. Heterogeneity tests (Q and I^2) will be used to examine whether variation in effect-size estimates were attributable to true systematic variation rather than sampling error (Deeks, Altman, & Bradburn, 2001). Where possible, included studies will be plotted onto a funnel plot and examined for possible publication bias; the 'trim and fill' method (Duval & Tweedie, 2000) and/or regression test (Egger, Davey Smith, Schneider, & Minder, 1997) will be used to assess the impact of missing studies on the results of the meta-analysis; and a post-hoc power analysis will be conducted for the main effect (Borenstein, Hedges, Higgins, & Rothstein, 2009).

The included studies are likely to vary methodologically. If there are sufficient data, we will conduct sensitivity analyses to examine the influence of these variations on the pooled estimate of effect, in order to offer possible explanations for the differences between studies when interpreting the results. Where possible, we will examine whether the results are sensitive to the methodological quality of studies; the specific statistical procedures and methods for computing each effect size; our method of analysis (e.g., decisions relating to transformation between effect size metrics); the degree of missing/incomplete data; and the way outcomes were measured in the primary studies.

If there are sufficient data, we will conduct moderator analyses to try to explain variation in effect sizes (see the review 'Objectives' for a list of variables to be tested). It is highly likely that we will not have the minimum requirement of ten studies of sufficient quality for each moderator variable that would allow the use of meta-regression models (Borenstein et al., 2009). In this event, we will use an analogue to the ANOVA analysis (univariate) approach, as described in Lipsey and Wilson (2001). Power calculations will be conducted for these analyses (Hedges & Pigott, 2004).

If we have studies that are missing data that are considered essential for the review, we will make thorough attempts to contact the original investigators and funding sources and, if relevant, will discuss the potential impact of missing data on the findings of the review. Our approach may also involve imputing the missing data with replacement values. In this event, we will make explicit the methods used to impute missing data (Higgins & Green, 2011).

Treatment of Qualitative Research

We anticipate that some of the included studies may report relevant qualitative data that will allow us to address the fourth objective of the review. We intend to use thematic synthesis to combine the results from these studies. This will involve identifying prominent or recurring themes in the literature and summarising the findings of the different studies under thematic headings (Harden et al., 2004; Thomas & Harden, 2008).

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- **Content:** Janice Tripney will lead on the overall content of the review and take responsibility for the integrity of the work as a whole. Alan Roulstone, Michele Moore and Elena Schmidt will provide content area expertise and will lead on the conceptualisation of the review question and the inclusion/exclusion criteria for the review
- **Systematic review methods:** Janice Tripney, Ruth Stewart
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DECLARATIONS OF INTEREST

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PLANS FOR UPDATING THE REVIEW

Janice Tripney is responsible for maintaining the review in light of new evidence, comments and criticisms, and ensuring that the review is updated (at three-yearly intervals).

AUTHOR DECLARATION

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By completing this form, you accept responsibility for preparing, maintaining and updating the review in accordance with Campbell Collaboration policy. The Campbell Collaboration will provide as much support as possible to assist with the preparation of the review.

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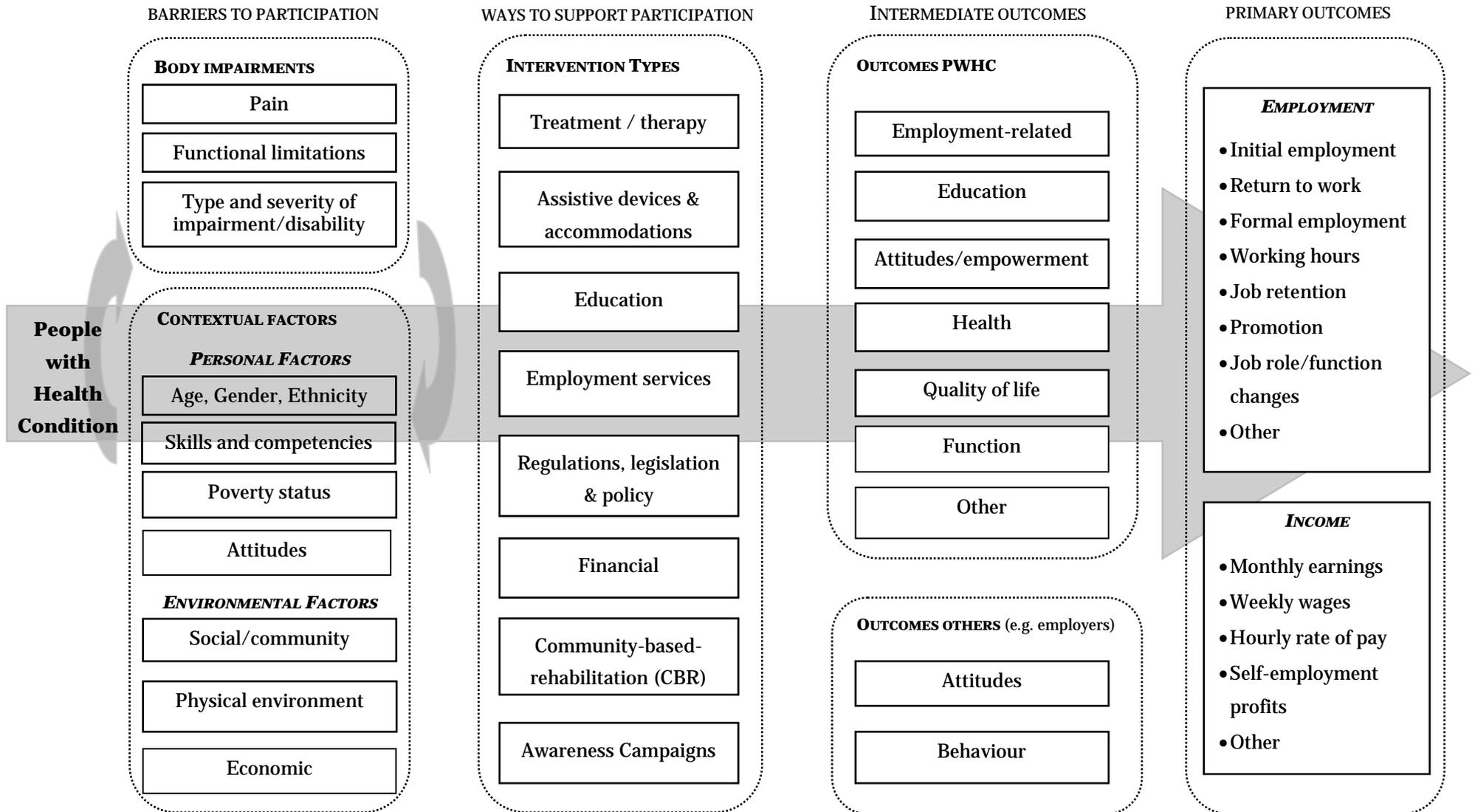
Form completed by: Janice Tripney

Date: 25 October 2013

APPENDIX 1: ABBREVIATIONS

ASSIA	Applied Social Sciences Index and Abstracts
CBR	community-based rehabilitation
COPD	chronic obstructive pulmonary disease
CRPD	Convention on the Rights of Persons with Disabilities
DFID	Department for International Development
ERIC	Education Resources Information Centre
GLADNET	Global Applied Disability Research and Information Network on Employment and Training
HIV/AIDS	human immunodeficiency virus /acquired immunodeficiency syndrome
IBSS	International Bibliography of the Social Sciences
ICF	International Classification of Functioning, Disability and Health
ILO	International Labour Organization
LMIC	Low- and middle-income country
MDG	Millennium Development Goal
RTW	return-to-work
UN	United Nations
UNDP	United Nations Development Programme
WHO	World Health Organization

APPENDIX 2: LOGIC MODEL



APPENDIX 3: WORLD BANK CLASSIFICATION OF WORLD ECONOMIES

	Low-income economies	Lower-middle income economies	Upper-middle income economies
Europe and Central Asia	Kyrgyz Republic, Tajikistan	Albania, Armenia, Georgia, Kosovo, Moldova, Ukraine, Uzbekistan	Azerbaijan, Belarus, Bosnia and Herzegovina, Bulgaria, Kazakhstan, Latvia, Lithuania, Macedonia FYR, Montenegro, Romania, Russian Federation, Serbia, Turkey, Turkmenistan
South Asia	Afghanistan, Bangladesh, Nepal	Bhutan, India, Pakistan, Sri Lanka	Maldives
Middle East and North Africa		Djibouti, Egypt, Iraq, Morocco, Syrian Arab Republic, West Bank and Gaza, Yemen	Algeria, Iran, Jordan, Lebanon, Libya, Tunisia
East Asia and Pacific	Cambodia, Democratic Republic of Korea, Myanmar	Fiji, Indonesia, Kiribati, Lao PDR, Marshall Islands, Micronesia, Mongolia, Papua New Guinea, Philippines, Samoa, Solomon Islands, Timor-Leste, Tonga, Vanuatu, Vietnam	American Samoa, China, Malaysia, Palau, Thailand, Tuvalu
Sub Saharan Africa	Benin, Burkina Faso, Burundi, Central African Republic, Chad, Comoros, Democratic Republic of Congo, Eritrea, Ethiopia, The Gambia, Guinea, Guinea-Bissau, Kenya, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Niger, Rwanda, Sierra Leone, Somalia, Tanzania, Togo, Uganda, Zimbabwe	Cameroon, Cape Verde, Republic of Congo, Côte d'Ivoire (Ivory Coast), Ghana, Lesotho, Nigeria, São Tomé and Príncipe, Senegal, South Sudan, Sudan, Swaziland, Zambia	Angola, Botswana, Gabon, Mauritius, Mayotte, Namibia, Seychelles, South Africa
Latin America and Caribbean	Haiti	Belize, Bolivia, El Salvador, Guatemala, Guyana, Honduras, Nicaragua, Paraguay	Antigua and Barbuda, Argentina, , Brazil, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, Grenada, Jamaica, Mexico, Panama, Peru, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname, Uruguay, Venezuela

As of 1st July 2012, <http://wdonline.worldbank.org/worldbank/a/incomelevel>

APPENDIX 4: SPECIALIST BIBLIOGRAPHIC DATABASES AND LIBRARY CATALOGUES

Specialist databases	Link
3ie Database of Impact Evaluations	www.3ieimpact.org/database_of_impact_evaluations.html
Abdul Latif Jameel Poverty Action Lab (J-PAL)	http://www.povertyactionlab.org/
AfricaBib: Africana Periodical Literature Bibliographic Database	www.africabib.org/africa.html
Africal Journals OnLine (AJOL)	www.ajol.info/
Bangladesh Journals Online (BanglaJOL)	www.banglajol.info/
Bioline International	www.bioline.org.br/
British Library for Development Studies (BLDS)	http://blds.ids.ac.uk/
Center for International Rehabilitation Research Information and Exchange (CIRRIE)	http://cirrie.buffalo.edu/
Cochrane Library	http://onlinelibrary.wiley.com/cochranelibrary/search/
Department for International Development (DFID) Research for Development (R4D) database	http://r4d.dfid.gov.uk/
Global Applied Disability Research and Information Network on Employment and Training (GLADNET)	http://digitalcommons.ilr.cornell.edu/gladnetcollect/
Hrcak	http://hrcak.srce.hr/index.php
IDEAS RePEc (<i>Research Papers in Economics</i>) database	http://ideas.repec.org/
International Foundation of Applied Disability Research (FIRAH)	http://www.firah.org/centre-ressources/en/
International Labour Organization (ILO) Library	http://labordoc.ilo.org/
Innovations for Poverty Action (IPA)	http://www.poverty-action.org/work/publications
Institute for the Study of Labor (IZA) Discussion Papers and Research Reports	http://www.iza.org

Specialist databases	Link
JOLIS library catalogue - International Monetary Fund, World Bank and International Finance Corporation	http://jolis.worldbankimflib.org/e-nljolis.htm
National Centre for Vocational Education Research: VOCEDplus	www.voced.edu.au/
Nepal Journals OnLine (NepJOL)	www.nepjol.info/
OpenGrey	www.opengrey.eu/
Philippines Journals OnLine (PhilJOL)	www.philjol.info/philjol/index.php
REHABDATA (NARIC/NIDRR)	http://www.naric.com/?q=REHABDATA
SciDev Net (Science and Development Network)	www.scidev.net/en/
Scientific and Technical Egyptian Bibliographic Database (STEB)	www.sti.sci.eg/enstinetdatabases.htm
Social Science Research Network	http://papers.ssrn.com/sol3/DisplayAbstractSearch.cfm
Source: International Online Resource Centre on Disability and Inclusion	http://asksource.ids.ac.uk/bibliographic.htm
VET-Bib European Centre for the development of vocational training (CEDEFOP)	http://libserver.cedefop.europa.eu/F?RN=100966697
WHO Global Health Library <ul style="list-style-type: none"> Regional Indexes AIM (AFRO), LILACS (AMRO/PAHO), IMEMR (EMRO), IMSEAR (SEARO), WPRIM (WPRO) Global Index Regional Indexes, WHOLIS (KMS), SciELO 	http://www.globalhealthlibrary.net/php/index.php
World Bank <i>Development Impact Evaluation</i> (DIME) Initiative	http://web.worldbank.org/WBSITE/EXTERNAL/EXTDEC/EXTDEVIMPEVAINI/0,,contentMDK:21553788-pagePK:64168445-piPK:64168309-theSitePK:3998212,00.html
World Bank Independent Evaluation Group (IEG)	http://ieg.worldbank.org/
Youth Employment Inventory	http://www.youth-employment-inventory.org/

APPENDIX 5: ERIC DATABASE DRAFT SEARCH TERMS

CONCEPT A: POPULATION (DISABILITY)

1. SU.EXACT.EXPLODE("Visually Impaired Mobility") OR SU.EXACT.EXPLODE("Visual Impairments") OR SU.EXACT.EXPLODE(Blindness) OR SU.EXACT.EXPLODE("Hearing Impairments") OR SU.EXACT.EXPLODE("Deaf Blind") OR SU.EXACT.EXPLODE(Deafness) OR SU.EXACT.EXPLODE("Partial Hearing") OR SU.EXACT.EXPLODE("Speech Impairments") OR SU.EXACT.EXPLODE("Articulation Impairments") OR SU.EXACT.EXPLODE("Voice Disorders") OR SU.EXACT.EXPLODE("Communication Disorders") OR SU.EXACT.EXPLODE(Aphasia)
2. SU,TI,AB(deaf* OR blind OR blindness)
3. SU,TI,AB(sensory OR visual* OR vision OR eye* OR sight) NEAR/5 SU,TI,AB(impair* OR defic* OR disab* OR handicap* OR loss* OR disorder*)
4. SU,TI,AB(hearing OR acoustic OR ear OR ears) NEAR/5 SU,TI,AB(impair* OR defic* OR disab* OR handicap* OR loss* OR disorder*)
5. SU.EXACT.EXPLODE("Physical Disabilities") OR SU.EXACT.EXPLODE("Physical Mobility") OR SU.EXACT.EXPLODE("Chronic Illness") OR SU.EXACT.EXPLODE(Injuries) OR SU.EXACT.EXPLODE("Congenital Impairments") OR SU.EXACT.EXPLODE ("Neurological Impairments") OR SU.EXACT.EXPLODE("Occupational Diseases") OR SU.EXACT.EXPLODE("Communicable Diseases") OR SU.EXACT.EXPLODE("Acquired Immunodeficiency Syndrome (AIDS)")
6. SU,TI,AB(physical*) NEAR/5 SU,TI,AB(disab* OR impair* OR disorder* OR defic* OR handicap*)
7. SU.EXACT.EXPLODE(Epilepsy) OR SU.EXACT.EXPLODE("Cerebral Palsy") OR SU.EXACT.EXPLODE(Diabetes) OR SU.EXACT.EXPLODE("Head Injuries") OR SU.EXACT.EXPLODE(Autism)
8. SU,TI,AB(asthma* OR epilep* OR "cerebral pals*" OR "spina bifida" OR "muscular dystroph*" OR arthriti* OR spondylitis OR musculoskeletal OR musculo-skeletal OR "muscular abnormalit*" OR "skeletal abnormalit*" OR "limb abnormalit*" OR "brain injur*" OR "head injur*" OR "burn injur*" OR amput* OR clubfoot OR polio* OR paraplegi* OR paralyz* OR paralyz* OR hemiplegi* OR autis* OR diabet* OR leprosy OR HIV OR AIDS OR "multiple sclerosis" OR disfigurement* OR respiratory OR cardiac OR orthopaedic* OR orthopedic* OR osteo* OR cardio*)
9. SU,TI,AB(disab* OR handicapped) NEAR/5 SU,TI,AB(adult* OR person* OR people OR student* or individual* OR women OR woman OR men OR man or youth)
10. SU.EXACT.EXPLODE("Multiple Disabilities") OR SU.EXACT.EXPLODE("Mild Disabilities") OR SU.EXACT.EXPLODE("Special Health Problems") OR SU.EXACT.EXPLODE("Health Conditions")

CONCEPT C: OUTCOMES

11. SU.EXACT.EXPLODE("Employment") OR SU.EXACT.EXPLODE("Employment Level") OR SU.EXACT.EXPLODE("Self Employment") OR SU.EXACT.EXPLODE("Unemployment") OR SU.EXACT.EXPLODE("Part Time

Employment") OR SU.EXACT.EXPLODE("Seasonal Employment") OR
SU.EXACT.EXPLODE("Underemployment") OR SU.EXACT.EXPLODE("Employment
Patterns")

12. SU.EXACT.EXPLODE("Employment Interviews") OR
SU.EXACT.EXPLODE("Employment Experience") OR
SU.EXACT.EXPLODE("Employment Potential") OR
SU.EXACT.EXPLODE("Employment Qualifications") OR
SU.EXACT.EXPLODE("Employment Opportunities")
13. SU.EXACT.EXPLODE("Income") OR SU.EXACT.EXPLODE("Working Hours")
14. SU.EXACT.EXPLODE("Job Application") OR SU.EXACT.EXPLODE("Job Satisfaction")
OR SU.EXACT.EXPLODE("Job Skills") OR SU.EXACT.EXPLODE("Job Security") OR
SU.EXACT.EXPLODE("Job Enrichment") OR SU.EXACT.EXPLODE("Job Placement")
OR SU.EXACT.EXPLODE("Job Performance")
15. SU.EXACT.EXPLODE("Career Readiness") OR SU.EXACT.EXPLODE("Career
Exploration") OR SU.EXACT.EXPLODE("Career Awareness") OR
SU.EXACT.EXPLODE("Career Change") OR SU.EXACT.EXPLODE("Career Choice") OR
SU.EXACT.EXPLODE("Career Development") OR SU.EXACT.EXPLODE("Career
Planning") OR SU.EXACT.EXPLODE("Career Opportunities")
16. SU.EXACT.EXPLODE("Occupational Aspiration") OR
SU.EXACT.EXPLODE("Occupational Mobility") OR SU.EXACT.EXPLODE("Promotion
(Occupational)")
17. SU.EXACT.EXPLODE("Work Attitudes") OR SU.EXACT.EXPLODE("Work Experience")
OR SU.EXACT.EXPLODE("Work Environment") OR SU.EXACT.EXPLODE("Work
Ethic")
18. SU.EXACT.EXPLODE("Vocational Interests") OR SU.EXACT.EXPLODE("Vocational
Adjustment") OR SU.EXACT.EXPLODE("Vocational Rehabilitation") OR
SU.EXACT.EXPLODE("Vocational Aptitude")
19. SU.EXACT.EXPLODE("Economic Impact") OR SU.EXACT.EXPLODE("Economic
Opportunities")
20. SU.EXACT.EXPLODE("Employer Attitudes") OR SU.EXACT.EXPLODE("Employer
Employee Relationship")
21. SU.EXACT.EXPLODE("Leaves of Absence") OR SU.EXACT.EXPLODE("Employee
Absenteeism")
22. SU.EXACT.EXPLODE("Employee Attitudes") OR SU.EXACT.EXPLODE("Equal
Opportunities (Jobs)") OR SU.EXACT.EXPLODE("Labor Market") OR
SU.EXACT.EXPLODE("Accessibility (for Disabled)") OR
SU.EXACT.EXPLODE("Tenure") OR SU.EXACT.EXPLODE("Organizational Climate")
OR SU.EXACT.EXPLODE("Quality of Working Life")
23. SU, TI, AB(employment OR unemployment OR underemployment OR vocational OR
occupation* OR job OR income OR employee* OR employer* OR "labor market*" OR
"labour market*" OR wage OR wages OR earning* OR livelihood* OR "economic
outcome*")

24. SU, TI, AB(hour*) NEAR/5 SU, TI, AB(work*)
25. (1 OR 2 OR 3 OR 4 OR 5 OR 6 OR 7 OR 8 OR 9 OR 10)
26. (11 OR 12 OR 13 OR 14 OR 15 OR 16 OR 17 OR 18 OR 19 OR 20 OR 21 OR 22 OR 23 OR 24)
27. (25 AND 26)

CONCEPT B: INTERVENTIONS

28. SU.EXACT.EXPLODE("Hearing Therapy") OR SU.EXACT.EXPLODE("Health Programs") OR SU.EXACT.EXPLODE("Physical Therapy") OR SU.EXACT.EXPLODE("Community Health Services") OR SU.EXACT.EXPLODE("Medical Services") OR SU.EXACT.EXPLODE("Speech Therapy") OR SU.EXACT.EXPLODE("Health Promotion") OR SU.EXACT.EXPLODE("Access to Health Care") OR SU.EXACT.EXPLODE("Health Services") OR SU.EXACT.EXPLODE("Occupational Therapy")
29. SU.EXACT.EXPLODE("Assistive Technology") OR SU.EXACT.EXPLODE("Sensory Aids") OR SU.EXACT.EXPLODE("Sensory Training")
30. SU.EXACT.EXPLODE("Technology Education") OR SU.EXACT.EXPLODE("Technical Education") OR SU.EXACT.EXPLODE("Trade and Industrial Education") OR SU.EXACT.EXPLODE("Adult Vocational Education") OR SU.EXACT.EXPLODE("Off the Job Training") OR SU.EXACT.EXPLODE("Postsecondary Education") OR SU.EXACT.EXPLODE("Vocational Education") OR SU.EXACT.EXPLODE("Job Training") OR SU.EXACT.EXPLODE("On the Job Training")
31. SU.EXACT.EXPLODE("Supported Employment") OR SU.EXACT.EXPLODE("Employment Services") OR SU.EXACT.EXPLODE("Outplacement Services (Employment)") OR SU.EXACT.EXPLODE("Vocational Rehabilitation")
32. SU.EXACT.EXPLODE("Legislation") OR SU.EXACT.EXPLODE("Financial Policy") OR SU.EXACT.EXPLODE("Laws") OR SU.EXACT.EXPLODE("Educational Policy")
33. SU.EXACT.EXPLODE("Business Education") OR SU.EXACT.EXPLODE("Financial Support") OR SU.EXACT.EXPLODE("Grants") OR SU.EXACT.EXPLODE("Educational Vouchers")
34. SU.EXACT.EXPLODE("Community Services") OR SU.EXACT.EXPLODE("Community Based Instruction (Disabilities)") OR SU.EXACT.EXPLODE("Community Programs")
35. SU.EXACT.EXPLODE("Advocacy")
36. SU.EXACT.EXPLODE("Intervention") OR SU.EXACT.EXPLODE("Program Evaluation") OR SU.EXACT.EXPLODE("Program Effectiveness")
37. SU, TI, AB("assistive device*" OR "cash transfer*" OR "micro finance" OR "micro credit" OR "micro loan*" OR "awareness campaign*" OR transport* OR "community based rehabilitation" OR CBR OR "entrepreneurial training" OR "self help group*" OR "empowerment group*")

CONCEPT D: COUNTRY

38. SU.EXACT.EXPLODE("Developing Nations")
39. SU,TI,AB(Africa OR Asia OR Caribbean OR "West Indies" OR "South America" OR "Latin America" OR "Central America")
40. SU,TI,AB(Afghanistan OR Albania OR Algeria OR Angola OR Antigua OR Barbuda OR Argentina OR Armenia OR Armenian OR Aruba OR Azerbaijan OR Bahrain OR Bangladesh OR Barbados OR Benin OR Byelarus OR Byelorussian OR Belarus OR Belorussian OR Belorussia OR Belize OR Bhutan OR Bolivia OR Bosnia OR Herzegovina OR Hercegovina OR Botswana OR Brasil OR Brazil OR Bulgaria OR "Burkina Faso" OR "Burkina Fasso" OR "Upper Volta" OR Burundi OR Urundi OR Cambodia OR "Khmer Republic" OR Kampuchea OR Cameroon OR Camerouns OR Cameron OR Camerons OR "Cape Verde" OR "Central African Republic" OR Chad OR Chile OR China OR Colombia OR Comoros OR "Comoro Islands" OR Comores OR Mayotte OR Congo OR Zaire OR "Costa Rica" OR "Cote d'Ivoire" OR "Ivory Coast" OR Croatia OR Cuba OR Cyprus OR Czechoslovakia OR "Czech Republic" OR Slovakia OR "Slovak Republic")
41. SU,TI,AB(Djibouti OR "French Somaliland" OR Dominica OR "Dominican Republic" OR "East Timor" OR "East Timur" OR "Timor Leste" OR Ecuador OR Egypt OR "United Arab Republic" OR "El Salvador" OR Eritrea OR Estonia OR Ethiopia OR Fiji OR Gabon OR "Gabonese Republic" OR Gambia OR Gaza OR Georgia OR Georgian OR Ghana OR "Gold Coast" OR Greece OR Grenada OR Guatemala OR Guinea OR Guam OR Guiana OR Guyana OR Haiti OR Honduras OR Hungary OR India OR Maldives OR Indonesia OR Iran OR Iraq OR "Isle of Man" OR Jamaica OR Jordan OR Kazakhstan OR Kazakh OR Kenya OR Kiribati OR Korea OR Kosovo OR Kyrgyzstan OR Kirghizia OR "Kyrgyz Republic" OR Kirghiz OR Kirgizstan OR "Lao PDR" OR Laos OR Latvia OR Lebanon OR Lesotho OR Basutoland OR Liberia OR Libya OR Lithuania)
42. SU,TI,AB(Macedonia OR Madagascar OR "Malagasy Republic" OR Malaysia OR Malaya OR Malay OR Sabah OR Sarawak OR Malawi OR Nyasaland OR Mali OR Malta OR "Marshall Islands" OR Mauritania OR Mauritius OR "Agalega Islands" OR Mexico OR Micronesia OR "Middle East" OR Moldova OR Moldovia OR Moldovian OR Mongolia OR Montenegro OR Morocco OR Ifni OR Mozambique OR Myanmar OR Myanma OR Burma OR Namibia OR Nepal OR "Netherlands Antilles" OR "New Caledonia" OR Nicaragua OR Niger OR Nigeria OR "Northern Mariana Islands" OR Oman OR Muscat OR Pakistan OR Palau OR Palestine OR Panama OR Paraguay OR Peru OR Philippines OR Philipines OR Phillipines OR Phillippines OR Poland OR Portugal OR "Puerto Rico")
43. SU,TI,AB(Romania OR Rumania OR Roumania OR Russia OR Russian OR Rwanda OR Ruanda OR "Saint Kitts" OR "St Kitts" OR Nevis OR "Saint Lucia" OR "St Lucia" OR "Saint Vincent" OR "St Vincent" OR Grenadines OR Samoa OR "Samoan Islands" OR "Navigator Island" OR "Navigator Islands" OR "Sao Tome" OR "Saudi Arabia" OR Senegal OR Serbia OR Montenegro OR Seychelles OR "Sierra Leone" OR Slovenia OR "Sri Lanka" OR Ceylon OR "Solomon Islands" OR Somalia OR Sudan OR Suriname OR Surinam OR Swaziland OR Syria OR Tajikistan OR Tadzhiistan OR Tadjikistan OR Tadzhiik OR Tanzania OR Thailand OR Togo OR "Togolese Republic" OR Tonga OR Trinidad OR Tobago OR Tunisia OR Turkey OR Turkmenistan OR Turkmen OR Uganda OR Ukraine OR Uruguay OR USSR OR "Soviet Union" OR "Union of Soviet Socialist Republics" OR Uzbekistan OR Uzbek OR Vanuatu OR "New Hebrides" OR Venezuela OR Vietnam OR "Viet Nam" OR "West Bank" OR Yemen OR Yugoslavia OR Zambia OR Zimbabwe OR Rhodesia)
44. SU,TI,AB(developing OR "less* developed" OR "under developed" OR underdeveloped OR "middle income" OR "low* income" OR underserved OR "under served" OR deprived)

OR poor*) NEAR/2 SU, TI, AB(country* OR nation* OR population* OR world OR economy OR economies)

45. SU, TI, AB(low*) NEAR/2 SU, TI, AB("gross domestic" OR "gross national" OR GDP OR GNP)

46. SU, TI, AB(LMIC OR LMICs OR "third world")

47. SU, TI, AB("transitional country" OR "transitional countries")

48. (28 OR 29 OR 30 OR 31 OR 32 OR 33 OR 34 OR 35 OR 36 OR 37)

49. (38 OR 39 OR 40 OR 41 OR 42 OR 43 OR 44 OR 45 OR 46 OR 47)

50. (25 AND 48 AND 49)

51. (27 OR 50)

APPENDIX 6: WEBSITES

Websites	Links
AbleData	<a href="http://www.abledata.com/abledata.cfm?pageid=160164&kse
ctionid=160164">http://www.abledata.com/abledata.cfm?pageid=160164&kse ctionid=160164
African Development Bank (AfDB)	http://www.afdb.org/en/
African Studies Centre, University of Lieden	http://www.ascleiden.nl/
African Population and Health Research Centre (APHRC)	http://www.aphrc.org/
Agence Française de Développement (AFD)	http://www.afd.fr/lang/en/home
Amici di Raoul Follereau (AIFO)	http://www.aifo.it/english/index.html
Asian Development Bank (ABD)	http://www.adb.org/
Atlas Alliance	http://www.atlas-alliansen.no/index.asp?id=26033
Australian Disability and Development Consortium (ADDC)	http://www.addc.org.au/
Australian Agency for International Development (AusAID)	<a href="http://www.usaid.gov.au/Pages/Publications-and-
Research.aspx">http://www.usaid.gov.au/Pages/Publications-and- Research.aspx
Canadian International Development Agency (CIDA)	<a href="http://search-
recherche.gc.ca/rGs/s_r?st=s&num=10&st1rt=0&langs=eng
&cdn=cida">http://search- recherche.gc.ca/rGs/s_r?st=s&num=10&st1rt=0&langs=eng &cdn=cida
Caribbean Development Bank (CDB)	http://www.caribank.org/publications-and-resources
CBM	http://www.cbmuk.org.uk/
Centre for Disability and Rehabilitation Studies (Ghana)	http://www.knust.edu.gh/pages/index.php?siteid=knust
Centre for Eye Research (Australia)	http://www.cera.org.au/home
Centre for Global Health, Trinity College Dublin (Ireland)	http://www.global-health.tcd.ie/

Websites	Links
Centre for Rehabilitation Studies, Stellenbosch University (South Africa)	http://sun025.sun.ac.za/portal/page/portal/Health_Sciences/English/Departments/Interdisciplinary_Health_Sciences/CENTRE_OF_REHABILITATION_STUDIES/General
Disability Archive	http://www.leeds.ac.uk/disability-studies/archiveuk/
Disability Aid Abroad	http://disabilityaidabroad.net/
Disability Information Resources (DINF)	http://www.dinf.ne.jp/doc/english/index_e.html
Economic Commission for Latin America and the Caribbean (ECLAC/CEPAL)	http://www.cepal.org/default.asp?idioma=IN
Eldis	http://www.eldis.org/
European Training Foundation	http://www.etf.europa.eu/
Handicap International	http://www.handicap-international.org.uk/
Helen Keller International	http://www.hki.org/
Independent Living Institute	http://www.independentliving.org/library.html
Institute for Cultural Affairs	http://www.ica-uk.org.uk/
Institute for Fiscal Studies (IFS)	http://www.ifs.org.uk
Institute of Development Studies (IDS)	http://www.ids.ac.uk
Institute of Southeast Asian Studies (ISEAS) (Singapore)	http://www.iseas.edu.sg/
Inter-American Centre for Knowledge Development in Vocational Training (ILO/CINTERFOR)	http://www.oitcinterfor.org/en
Inter-American Development Bank	http://www.iadb.org
Inter-American Development Bank Office of Evaluation and Oversight	http://www.iadb.org/en/office-of-evaluation-and-oversight/
International Centre for Eye Health (London School of Hygiene & Tropical Medicine)	https://www.iche.org.uk/display/WEB/Home

Websites	Links
International Centre for the Advancement of Community Based Rehabilitation (ICACBR)	http://www.queensu.ca/icacbr/projects.html
International Disability and Development Consortium (IDDC)	http://www.iddcconsortium.net/joomla/
Irish Aid	http://www.dci.gov.ie/news-publications/publications/
Islamic Relief Worldwide	http://www.islamic-relief.com/Default.aspx?deplD=1
Japan International Cooperation Agency (JICA)	http://www.jica.go.jp/english/
Kilimanjaro Centre for Community Ophthalmology (KCCO) (South Africa)	http://www.kcco.net/
Leonard Cheshire Disability International	http://www.lcint.org/
Leonard Cheshire Disability & Inclusive Development Centre (UCL)	http://www.ucl.ac.uk/lc-ccr/
Leprosy Information Services	http://www.leprosy-information.org
National Bureau of Economic Research	http://www.nber.org/
Norwegian Agency for Development Cooperation (NORAD)	http://www.norad.no/en/tools-and-publications
Overseas Development Institute (ODI)	http://www.odi.org.uk/
Sightsavers	http://www.sightsavers.org/
Swedish International Development Cooperation Agency (SIDA)	http://www.sida.se/english/
Swiss Agency for Development and Cooperation (SDC)	http://www.sdc.admin.ch/en/Home/Documentation
UNESCO-UNEVOC International Centre for Technical and Vocational Education and Training	http://www.unevoc.unesco.org/go.php?q=page_unevoc_publications
United Nations Development Programme (UNDP)	http://www.undp.org/undp/en/home.html
United States Agency for International Development (USAID)	http://www.usaid.gov/
University of Calabar (Nigeria)	http://unical.nucdb.edu.ng/portal/Default.aspx
University of Nairobi (Kenya)	http://www.uonbi.ac.ke/

Websites	Links
Visual Impairment Centre for Teaching and Research (VICTAR)	http://www.birmingham.ac.uk/research/activity/education/victar/index.aspx
World Bank	http://www.worldbank.org/disability http://www.worldbank.org/labor http://www.worldbank.org/AIDS
World Jewish Relief	http://www.wjr.org.uk/

APPENDIX 7: CODING TOOL

Questions	Answers
Section A: Core keywords	
A.1 Name of reviewer	A.1.1 Details (specify)
	A.2.1 None / not known
A.2 Linked reports	A.2.2 Linked (specify)
	A.2.3 Unclear (specify)
A.3 Language of main report	A.3.1 English
	A.3.2 Other (specify)
Section B: Study characteristics	
B.1 Form of publication	B.1.1 Journal article
	B.1.2 Technical report (specify)
	B.1.3 Dissertation/thesis (specify)
	B.1.4 Other (specify)
B.2 Year of publication	B.2.1 1990-1994
	B.2.2 1995-1999
	B.2.3 2000-2004
	B.2.4 2005-2009
	B.2.5 2010-2013
B.3 Broad aims of the study	B.3.1 Not stated
	B.3.2 Explicitly stated (specify)
	B.3.3 Implicit (specify)
	B.3.4 Unclear (specify)
B.4 Study funding	B.4.1 Not stated
	B.4.2 Government or government-related body (specify)
	B.4.3 Donor country government agency
	B.4.4 Non-governmental organisation (NGO) (specify)
	B.4.5 Development bank (specify)
	B.4.6 Academic/research institution (specify)
	B.4.7 Employer (specify)
	B.4.8 Other (specify)

Questions	Answers
	B.4.9 Unclear (specify)
B.5 When was the study conducted?	B.5.1 Not stated
	B.5.2 Initial year (specify)
	B.5.3 Final year (specify)
	B.5.7 Unclear (specify)
B.6 Study setting (part 1): country	B.6.1 Low-income country (specify)
	B.6.2 Lower-middle income country (specify)
	B.6.3 Upper-middle income country (specify)
	B.6.4 High-income country (specify)
B.7 Study setting (part 2): further details	B.7.1 Not stated
	B.7.2 National (specify)
	B.7.3 Regional (specify)
	B.7.4 Rural (specify)
	B.7.5 Suburban (specify)
	B.7.6 Urban (specify)
	B.7.7 Inner city (specify)
	B.7.8 Other (specify)
B.7.8 Unclear (specify)	
Section C: Study participant characteristics	
C.1 Are the study participants all people with disabilities?	C.1.1 Yes, sample includes disabled people only
	C.1.2 No, sample includes disabled people and other stakeholders, such as employers (specify)
C.2 Total number of study participants	C.2.1 Not stated
	C.2.2 Total 250 or less (specify)
	C.2.2 Total 251-500 (specify)
	C.2.2 Total 500 or more (specify)
	C.2.2 Unclear (specify)
C.3 Percentage of selected individuals that agreed to participate	C.3.1 Not applicable
	C.3.2 Not stated
	C.3.3 80-100% (specify)
	C.3.4 60-79% (specify)
	C.3.5 Less than 60% (specify)

Questions	Answers
	C.3.6 Unclear (specify)
C.4 Age	C.4.1 Children aged 0-15 years (specify)
	C.4.2 Young adults aged 16-24 years (specify)
	C.4.3 Adults aged 25+ years (specify)
	C.4.4 Unclear (specify)
C.5 Sex	C.5.1 Not stated
	C.5.2 Males only
	C.5.3 Females only
	C.5.4 Mixed (specify)
	C.5.5 Unclear (specify)
C.6 Disability	C.6.1 Physical (specify)
	C.6.2 Sensory (specify)
	C.6.3 Mental (specify)
	C.6.4 Intellectual (specify)
	C.6.5 Other (specify)
C.7 Employment status (at baseline)	C.7.1 Not applicable (no baseline measurements taken)
	C.7.2 Not stated
	C.7.3 In paid employment (all)
	C.7.4 Not in paid employment (all)
	C.7.5 Mixed (some in paid employment, some not in paid employment) (specify)
	C.7.6 Unclear (specify)
C.8 Work experience (at baseline)	C.8.1 Not applicable (no baseline measurements taken)
	C.8.2 Not stated
	C.8.3 With work experience (all) (specify)
	C.8.4 Without work experience (all)
	C.8.5 Mixed (some with work experience, some without work experience) (specify)
	C.8.6 Unclear (specify)
C.9 Other useful information about study participants	C.9.1 Details (specify)
	C.9.2 None

Questions	Answers
Section D: Intervention characteristics	
D.1 Formal name	D.1.1 Not applicable (no formal name)
	D.1.2 Details (specify)
	D.1.3 Unclear (specify)
D.2 What labour market constraints are being addressed by the intervention?	D.2.1 Function
	D.2.2 Pain
	D.2.3 Insufficient basic skills
	D.2.4 Technical skills mismatch
	D.2.5 Attitudes mismatch
	D.2.6 Insufficient entrepreneurial skills
	D.2.7 Insufficient social skills
	D.2.8 Lack of jobs
	D.2.9 Over-supply of jobs
	D.2.10 Lack of (access to) financial support/ credit
	D.2.11 Lack of (access to) social capital/ networks
	D.2.12 Social/ familial attitudes
	D.2.13 Inaccessible workplace
	D.2.14 Inadequate transport
	D.2.15 Lack of (access to) information
	D.2.16 Other (specify)
	D.2.17 Unclear (specify)
D.3 Does the paper refer to one or more specific theories for how intervention should work?	D.3.1 Not stated
	D.3.2 Yes (specify)
	D.3.3 No
	D.3.4 Unclear (specify)
D.4 Is the 'treatment' a single 'activity' or a combination of activities?	D.4.1 Single
	D.4.2 Multi-component
	D.4.3 Unclear (specify)
D.5 Type of intervention	D.5.1 Treatment/therapy (specify)
	D.5.2 Assistive devices and accommodations (specify)
	D.5.3 Education (specify)
	D.5.4 Vocational rehabilitation (specify)

Questions	Answers
	D.5.5 Regulations, legislation & policies (specify) D.5.6 Financial (specify) D.5.7 Social rehabilitation (specify) D.5.8 Awareness campaigns (specify) D.5.9 Other (specify)
D.6 Components	D.6.1 Not stated D.6.2 Rapid access D.6.3 Assessment by a professional (specify) D.6.4 Careers advice/ job counselling D.6.5 Surgery (specify) D.6.6 Drug therapies (specify) D.6.7 Psychosocial/ psychological therapy (specify) D.6.8 Physiotherapy (specify) D.6.9 Exercise (specify) D.6.10 Close links with the workplace/employer (specify) D.6.11 Family involvement D.6.12 Group discussion/support D.6.13 Social skills training (specify) D.6.14 Occupational health and safety training D.6.15 Technical training (specify) D.6.16 Entrepreneurial skills training (specify) D.6.17 Employment preparation training (specify) D.6.18 Ergonomic training (specify) D.6.19 Basic skills training (specify) D.6.20 Job/ workplace matching D.6.21 Other training D.6.22 Work trials D.6.23 Assistive devices assisting with general daily living, mobility, transportation, communication, etc. (specify) D.6.24 Assistive devices assisting with performance of job-related activities (specify) D.6.25 Environmental access accommodations D.6.26 Work accommodation offers D.6.27 Loans/ access to credit (specify)

Questions	Answers
	<p>D.6.28 Grants and subsidies (specify)</p> <hr/> <p>D.6.29 Financial incentives to programme participation (specify)</p> <hr/> <p>D.6.30 Information (specify)</p> <hr/> <p>D.6.31 One-to-One support/advice (specify)</p> <hr/> <p>D.6.32 Case management (specify)</p> <hr/> <p>D.6.33 Absence management (specify)</p> <hr/> <p>D.5.34 Inter-agency/organisation contract (specify)</p> <hr/> <p>D.6.35 Transport schemes (specify)</p> <hr/> <p>D.6.36 Legislation, regulations & policies (specify)</p> <hr/> <p>D.6.37 Arts-based activities (specify)</p> <hr/> <p>D.6.38 Video vignettes/feedback</p> <hr/> <p>D.6.39 Take home assignments</p> <hr/> <p>D.6.40 Demonstration</p> <hr/> <p>D.6.41 Lectures</p> <hr/> <p>D.6.42 Other (specify)</p> <hr/> <p>D.6.43 Unclear (specify)</p>
<p>D.7 Based on your answers to the above questions, which of these categories best describes the intervention?</p>	<p>D.7.1 Addresses labour demand (specify)</p> <hr/> <p>D.7.2 Addresses labour supply (specify)</p> <hr/> <p>D.7.3 Addresses labour market mediation and matching (specify)</p> <hr/> <p>D.7.4 Unclear (specify)</p>
<p>D.8 Dates of operation</p>	<p>D.8.1 Not applicable (specify)</p> <hr/> <p>D.8.2 Not stated (specify)</p> <hr/> <p>D.8.3 Details (specify)</p> <hr/> <p>D.8.4 Unclear (specify)</p>
<p>D.9 Source of financing of the intervention</p>	<p>D.9.1 Not stated</p> <hr/> <p>D.9.2 Government or government-related agency (specify)</p> <hr/> <p>D.9.3 Donor country government agency (specify)</p> <hr/> <p>D.9.4 Non-governmental organisation (NGO) (specify)</p> <hr/> <p>D.9.5 Development bank (specify)</p> <hr/> <p>D.9.6 Academic/research institution (specify)</p> <hr/> <p>D.9.7 Employer (specify)</p> <hr/> <p>D.9.8 Other (specify)</p>

Questions	Answers
	D.9.9 Unclear (specify)
	D. 10.1 Not stated
	D.10.2 Government or government-related agency (specify)
	D.10.3 Donor country government agency (specify)
	D.10.4 Non-governmental organisation (NGO) (specify)
D.10 Implementation agency	D.10.5 Development bank (specify)
	D.10.6 Academic/research institution (specify)
	D.10.7 Employer (specify)
	D.10.8 Other (specify)
	D.10.9 Unclear (specify)
	D.11.1 Not stated
	D.11.2 International
	D.11.3 National
D.11 Availability of the intervention	D.11.4 Regional (specify)
	D.11.5 Local/community (specify)
	D.11.6 Organisational/institutional (specify)
	D.11.7 Other (specify)
	D.11.8 Unclear (specify)
	D.12.1 Not applicable (specify)
	D.12.2 Not stated
D.12 Primary location of the intervention (urban vs. rural)	D.12.3 Primarily urban areas (specify)
	D.12.4 Primarily rural areas (specify)
	D.12.5 Both urban and rural areas (specify)
	D.12.6 Unclear (specify)
	D.13.1 Not stated
D.13 Political/economic/social/cultural context (at time of intervention)	D.13.2 Details (specify)
	D.13.3 Unclear (specify)
	D.14.1 Not applicable (specify)
	D.14.2 Not stated
D.14 Criterion for participating in the intervention	D.14.3 Targeted towards people within a certain age range (specify)
	D.14.4 Targeted towards males or females (specify)

Questions	Answers
	D.14.5 Targeted towards people with disabilities (specify)
	D.14.6 Targeted towards people within certain ethnic groups (specify)
	D.14.7 Targeted towards people with low education (specify)
	D.14.8 Targeted toward people on low incomes (specify)
	D.14.9 Other (specify)
	D.14.10 Unclear (specify)
D.15 Compliance	D.15.1 Not applicable (specify)
	D.15.2 Not stated
	D.15.3 Voluntary
	D.15.4 Mandatory
	D.15.5 Unclear (specify)
D.16 Setting	D.16.1 Not applicable
	D.16.2 Not stated
	D.16.3 College
	D.16.4 Training centre
	D.16.5 Workplace
	D.16.6 Community site
	D.16.7 Hospital
	D.16.8 Mixed/multiple sites (specify)
	D.16.9 Other (specify)
	D.16.10 Unclear (specify)
D.17 Delivery (personnel, organisation)	D.17.1 Not applicable (specify)
	D.17.2 Not stated
	D.17.3 Details (specify)
	D.17.4 Unclear (specify)
D.18 Programme frequency	D.18.1 Not applicable (specify)
	D.18.2 Not stated
	D.18.3 Once / one-off
	D.18.4 Continuous
	D.18.5 Daily (5-7 days per week)
	D.18.6 Two to four days per week
	D.18.7 Once a week

Questions	Answers
	D.18.8 Two to three times per month
	D.18.9 Monthly
	D.18.10 Less than monthly (specify)
	D.18.11 Unclear (specify)
	D.19.1 Not applicable (specify)
	D.19.2 Not stated
	D.19.3 One day or less (specify)
	D.19.4 One day to 1 week (specify)
	D.19.5 One week (and 1 day) to 1 month (specify)
	D.19.6 One month (and 1 day) to 3 months (specify)
D.19 Programme dosage: overall duration of the intervention per cohort/round/batch	D.19.7 Three months (and 1 day) to 6 months (specify)
	D.19.8 Six months (and 1 day) to 1 year (specify)
	D.19.9 One year (and 1 day) to 2 years (specify)
	D.19.10 Two years (and 1 day) to 3 years (specify)
	D.19.11 Three years (and 1 day) to 5 years (specify)
	D.19.12 More than 5 years (specify)
	D.19.13 Other (please specify)
	D.19.14 Unclear (specify)
	D.20.1 Not applicable (specify)
	D.20.2 Not stated
D.20 Programme dosage: hours per week	D.20.3 Between 1-10 hours (specify)
	D.20.4 11-19 hours (specify)
	D.20.5 Over 20 hours (specify)
	D.20.6 Unclear (specify)
	D.21.1 Not stated
D.21 Role of study funder	D.21.2 Not independent (specify)
	D.21.3 Independent
	D.21.4 Unclear (specify)
	D.22.1 Not stated
D.22 Role of evaluators	D.22.2 Not independent (specify)
	D.22.3 Independent

Questions	Answers
	D.22.4 Unclear (specify)
D.23 Any other relevant information about the programme?	D.23.1 Details
	D.24.1 Not applicable (not more than one group)
	D.24.2 Not stated
D.24 What intervention (if any) did the control/comparison group receive?	D.24.3 No treatment
	D.24.4 Treatment as usual (specify)
	D.24.5 Alternative intervention (specify)
	D.24.6 Other (specify)
	D.24.7 Unclear (specify)
Section E: Methods	
	E.1.1 Randomised experiment
	E.1.2 Quasi-experiment (with prospective allocation into more than one group / concurrent control)
	E.1.3 Quasi-experiment (no prospective allocation, but use of pre-existing differences to create comparison groups / concurrent control)
E.1 Study design	E.1.4 Natural experiment
	E.1.5 Interrupted time-series
	E.1.6 Historical control
	E.1.7 Single group pre-post test
	E.1.8 Other (specify)
	E.2.1 Not applicable (not more than one group)
	E.2.2 Not applicable (no prospective allocation)
E.2 Selection bias: which method was used to generate the allocation sequence?	E.2.4 Random (specify)
	E.2.5 Quasi-random (specify)
	E.2.6 Non-random (specify)
	E.2.7 Unclear (specify)
	E.3.1 Not applicable (not more than one group)
E.3 Selection bias: was allocation adequately concealed?	E.3.2 Not applicable (no prospective allocation)
	E.3.3 Not stated
	E.3.4 Yes (specify)

Questions	Answers
	E.3.5 No (specify)
	E.3.6 Unclear (specify)
E.4 What was the unit of allocation/assignment	E.4.1 Not applicable (not more than one group)
	E.4.2 Not applicable (no prospective allocation)
	E.4.3 Not stated
	E.4.4 Individuals
	E.4.5 Groupings (clusters) of individuals
	E.4.6 Unclear (specify)
E.5 Number of groups	E.5.1 Not applicable (not more than one group)
	E.5.2 Two
	E.5.3 Three
	E.5.4 Four or more (specify)
	E.5.5 Unclear (specify)
E.6 Timing of outcome measurements	E.6.1 Only after
	E.6.2 Before and after
	E.6.3 Unclear (specify)
E.7 Number of post-intervention measurements	E.7.1 One
	E.7.2 Two
	E.7.3 Three or more (specify)
	E.7.4 Unclear (specify)
E.8 Confounding: what strategies have been used to minimise bias from confounding variables?	E.8.1 Not applicable (specify)
	E.8.2 None/none reported
	E.8.3 Details (specify)
	E.8.4 Unclear (specify)
E.9 Comparability of groups	E.9.1 Not applicable (not more than one group)
	E.9.2 Not stated

Questions	Answers
	E.9.3 Details (specify)
	E.9.4 Unclear (specify)
E.10 Blinding of participants and personnel: was knowledge of the allocation to groups adequately prevented?	E.10.1 Not applicable / not relevant (specify)
	E.10.2 Not stated
	E.10.3 Yes (specify)
	E.10.4 No (specify)
	E.10.5 Unclear (specify)
E.11 Blinding of outcome assessment: was there concealment of which groups individuals were assigned to and/or other key factors from those carrying out measurement of outcomes?	E.11.1 Not applicable / not relevant (specify)
	E.11.2 Not stated
	E.11.3 Yes (specify)
	E.11.4 No (specify)
	E.11.5 Unclear (specify)
E.12 Were the groups treated equally in all other respects?	E.12.1 Not applicable (not more than one group)
	E.12.2 Yes (specify)
	E.12.3 No (specify)
	E.12.4 Unclear (specify)
E.13 Attrition: what proportion of the sample dropped out over the course of the study?	E.13.1 Not applicable (not following samples prospectively over time)
	E.13.2 Not stated
	E.13.3 None
	E.13.3 1-20% (specify)
	E.13.4 21-30% (specify)
	E.13.5 More than 30% (specify)
	E.13.6 Unclear (specify)
E.14 Attrition: how was attrition or other forms of missing/incomplete data addressed?	E.14.1 No attrition or missing data needing adjustment (specify)
	E.14.2 Missing data and attrition were taken into account inadequately, or there was too much to control for bias (specify)

Questions	Answers
	<p>E.14.3. Taken into account by simple estimates of data and observations or by demonstrations of similarity between remaining participants and those lost to attrition (<i>specify</i>)</p> <hr/> <p>E.14.4 Taken into account by more sophisticated methods that model missing data, observations, or participants (<i>specify</i>)</p> <hr/> <p>E.14.5 Unclear (<i>specify</i>)</p>
E.15 Data collection method	<p>E.15.1 Not stated</p> <hr/> <p>E.15.2 Survey - quantitative</p> <hr/> <p>E.15.3 Survey - qualitative</p> <hr/> <p>E.15.4 In-depth interview</p> <hr/> <p>E.15.5 Focus group</p> <hr/> <p>E.15.6 Health assessment</p> <hr/> <p>E.15.7 Data monitoring</p> <hr/> <p>E.15.8 Other (<i>specify</i>)</p> <hr/> <p>E.15.9 Unclear (<i>specify</i>)</p>
E.16 What methods were used in the data analysis to estimate treatment effects?	<p>E.16.1 Details (<i>specify</i>)</p> <hr/> <p>E.16.2 Unclear (<i>specify</i>)</p>
E.17 On what basis was data analysis carried out?	<p>E.17.1 Not applicable (<i>specify</i>)</p> <hr/> <p>E.17.2 Not stated</p> <hr/> <p>E.17.3 Intention-to-treat</p> <hr/> <p>E.17.4 Intervention received / treatment-on the-treated</p> <hr/> <p>E.17.5 Unclear (<i>specify</i>)</p>
E.18 Are the outcome measure(s) reliable?	<p>E.18.1 Yes (<i>specify</i>)</p> <hr/> <p>E.18.2 No (<i>specify</i>)</p> <hr/> <p>E.18.3 Unclear (<i>specify</i>)</p>
E.19 Other important sources of bias	<p>E.19.1 Details</p>

Questions	Answers
Section F: Outcome measurements	
F.1 Employment outcomes	F.1.1 Employment status (overall paid employment)
	F.1.2 Employment status (formal employment)
	F.1.3 Self-employment
	F.1.4 Earnings (monthly/annual)
	F.1.5 Wages (weekly)
	F.1.6 Hourly rate of pay
	F.1.7 Self-employment earnings or profits
	F.1.8 Income (e.g., household)
	F.1.9 Hours worked weekly (among employed)
	F.1.10 Hours worked weekly (among self-employed)
	F.1.11 Job mobility
	F.1.12 Job performance
	F.1.13 Job satisfaction/dissatisfaction
	F.1.14 Other employment outcome (specify)
	F.1.15 Unclear (specify)
F.2 Intermediate/secondary outcomes	F.2.1 None
	F.2.2 Job applications
	F.2.3 Job interviews
	F.2.4 Attitudes of PWD (specify)
	F.2.5 Quality of life (specify)
	F.2.6 Education (specify)
	F.2.7 Social participation (specify)
	F.2.8 Empowerment (specify)
	F.2.9 Disability (specify)
	F.2.10 Attitudes of others (specify)
	F.2.11 Other (specify)
F.3 Outcome timing	F.3.1 Not stated
	F.3.2 Between 0-6 months (specify)
	F.3.3 Between 7-12 months (specify)
	F.3.4 Between 13-18 months (specify)
	F.3.5 Over 18 months (specify)

Questions	Answers
	F.3.6 Other (specify)
	F.3.7 Unclear (specify)
F.4 Do the authors report on all variables they aimed to study, as specified in their aims/research questions?	F.4.1 Yes
	F.4.2 No (specify)
	F.4.3 Unclear (specify)
F.5 If sub-group (ancillary/subsidiary/adjusted) analyses are presented, were these pre-specified or exploratory?	F.5.1 Not applicable (no ancillary/subsidiary/adjusted analyses presented)
	F.5.2 Pre-specified (specify)
	F.5.3 Exploratory (specify)
	F.5.4 Unclear (specify)
Section G: Quality of the reporting	
G.1 Is the context of the study adequately described?	G.1.1 Yes
	G.1.2 No (specify)
G.2 Are the aims of the study clearly reported?	G.2.1 Yes
	G.2.2 No (specify)
G.3 Is there an adequate description of the sample used in the study and how the sample was identified and recruited?	G.3.1 Yes
	G.3.2 No (specify)
G.4 Is there an adequate description of the methods used in the study to collect data?	G.4.1 Yes
	G.4.2 No (specify)
G.5 Is there an adequate description of the methods of data analysis?	G.5.1 Yes
	G.5.2 No (specify)
G.6 Do the authors report on all variables they aimed to study, as specified in their aims/research questions?	G.6.1 Yes
	G.6.2 No (specify)
	G.6.3 3 Unclear (specify)
G.7 If sub-group/ancillary/subsidiary/adjusted analyses are presented, were these pre-specified or exploratory?	G.7.1 Not applicable (no such analyses presented)
	G.7.2 Pre-specified (specify)
	G.7.3 Exploratory (specify)
	G.7.4 Unclear (specify)
Section H: Risk of bias assessment	
H.1 Selection bias	H.1.1 Low risk of bias (specify)
	H.1.2 High risk of bias (specify)

Questions	Answers
	H.1.3 Unclear of bias (specify)
H.2 Confounding	H.2.1 Low risk of bias (specify)
	H.2.2 High risk of bias (specify)
	H.2.3 Unclear of bias (specify)
H.3 Performance bias	H.3.1 Low risk of bias (specify)
	H.3.2 High risk of bias (specify)
	H.3.3 Unclear of bias (specify)
H.4 Detection bias	H.4.1 Low risk of bias (specify)
	H.4.2 High risk of bias (specify)
	H.4.3 Unclear of bias (specify)
H.5 Attrition bias	H.5.1 Low risk of bias (specify)
	H.5.2 High risk of bias (specify)
	H.5.3 Unclear of bias (specify)
H.6 Reporting bias	H.6.1 Low risk of bias (specify)
	H.6.2 High risk of bias (specify)
	H.6.3 Unclear of bias (specify)
H.7 Other sources of bias	H.7.1 Details (specify)
H.8 Summary assessment	H.8.1 Low risk of bias (specify)
	H.8.2 High risk of bias (specify)
	H.8.3 Unclear risk of bias (specify)
Section I: Results and conclusions	
I.1 What are the results of the study?	I.1.1 Details (specify)
I.2 What do the authors conclude about the findings of the study?	I.2.1 Details (specify)