

**Table 1: PICO**

<b>Population</b>	<p>Any child or adult with disabilities living in rural villages in Luuka district, Uganda. Disability is classified in children 5-17 years old and adults using the Washington Group Short Set on Functioning – Enhanced, with the caregiver or person interviewed reporting: 1) at least “a lot of difficulty” to any of the questions on seeing, hearing, mobility, communicating, remembering, self-care, and upper-body strength, and/or 2) “daily” and “a lot” for either depression or anxiety, and/or 3) having albinism or short stature. Children 2-4 years are classified as having a disability using the Washington Group/UNICEF Child Functioning Module (CFM), as those whose caregiver reports: 1) at least “a lot of difficulty” to any of the questions on seeing, hearing, mobility, dexterity, communication, learning, and playing, and/or 2) "a lot more" difficulty for the question on controlling behavior, and/or 3) having albinism or short stature. Children under 2 years old will be classified as having a disability through caregiver self-report.</p>
<b>Intervention</b>	<p>Villages in the intervention arms will establish community groups of approximately 20 people with disabilities and a further 10-20 carers/relatives of people with disabilities/children and/or community members. The content of the group discussion will be centered around health and access to health for people with disabilities, but specific content and discussion topics will be brought up by group members. The group meetings will be led by a facilitator and co-facilitator, selected from the groups by the members and who are ideally either disabled themselves, or carers/relatives of people with disabilities residing in the village. Facilitators will lead groups through a cycle of regular monthly meetings to help them</p>

	<p>collectively identify key problems in relation to health/healthcare access facing people with disabilities, develop an action plan to deliver group-identified solutions and share progress to engage the wider community to support action. The groups will be convened for a period of at least one year.</p> <p>The intervention arm will also receive the health system strengthening interventions implemented in the control arms (disability training for healthcare workers and health facility audits).</p>
<p><b>Control</b></p>	<p>Villages in the control arm will receive health system strengthening intervention only, disability training for healthcare workers and health facility audits.</p>
<p><b>Outcome</b></p>	<p>Joint primary outcome of mortality and unplanned hospitalization among people with disabilities in the study clusters during 24 months of follow-up. Secondary outcome measures include quality of life, health expenditure, morbidity, attitudes (i.e. perceived attitudes of others towards people with disabilities), participation, a composite measure of healthcare access and quality (including domains of coverage, quality, affordability, barriers), and intervention implementation costs.</p>