

## Annexure 1. PRISMA-P 2015 Checklist

This checklist has been adapted for use with protocol submissions to *Systematic Reviews* from Table 3 in Moher D et al: Preferred reporting items for systematic review and meta-analysis protocols (PRISMA-P) 2015 statement. *Systematic Reviews* 2015 4:1

Section/topic	#	Checklist item	Information reported		Line number(s)			
			Yes	No				
<b>ADMINISTRATIVE INFORMATION</b>								
<b>Title</b>								
Identification	1a	Identify the report as a protocol of a systematic review	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1			
Update	1b	If the protocol is for an update of a previous systematic review, identify as such	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA			
Registration	2	If registered, provide the name of the registry (e.g., PROSPERO) and registration number in the Abstract	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2			
<b>Authors</b>								
Contact	3a	Provide name, institutional affiliation, and e-mail address of all protocol authors; provide physical mailing address of corresponding author	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1			
Contributions	3b	Describe contributions of protocol authors and identify the guarantor of the review	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1			
Amendments	4	If the protocol represents an amendment of a previously completed or published protocol, identify as such and list changes; otherwise, state plan for documenting important protocol amendments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA			
<b>Support- Funding not taken</b>								
Sources	5a	Indicate sources of financial or other support for the review	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1			
Sponsor	5b	Provide name for the review funder and/or sponsor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1			
Role of sponsor/funder	5c	Describe roles of funder(s), sponsor(s), and/or institution(s), if any, in developing the protocol	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1			
<b>INTRODUCTION</b>								
Rationale	6	Describe the rationale for the review in the context of what is already known	<input checked="" type="checkbox"/>	<input type="checkbox"/>	pg 1-2			
Objectives	7	Provide an explicit statement of the question(s) the review will address with reference to participants, interventions, comparators, and outcomes (PICO)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	p 1			
<b>METHODS</b>								

Section/topic	#	Checklist item	Information reported		Line number(s)
			Yes	No	
<b>Eligibility criteria</b>	8	Specify the study characteristics (e.g., PICO, study design, setting, time frame) and report characteristics (e.g., years considered, language, publication status) to be used as criteria for eligibility for the review	<input checked="" type="checkbox"/>	<input type="checkbox"/>	pg 2
<b>Information sources</b>	9	Describe all intended information sources (e.g., electronic databases, contact with study authors, trial registers, or other grey literature sources) with planned dates of coverage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	pg 3
<b>Search strategy</b>	10	Present draft of search strategy to be used for at least one electronic database, including planned limits, such that it could be repeated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	pg 3
<b>STUDY RECORDS</b>					
Data management	11a	Describe the mechanism(s) that will be used to manage records and data throughout the review	<input checked="" type="checkbox"/>	<input type="checkbox"/>	pg 3
Selection process	11b	State the process that will be used for selecting studies (e.g., two independent reviewers) through each phase of the review (i.e., screening, eligibility, and inclusion in meta-analysis)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	pg 2-3
Data collection process	11c	Describe planned method of extracting data from reports (e.g., piloting forms, done independently, in duplicate), any processes for obtaining and confirming data from investigators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	pg 2-3
<b>Data items</b>	12	List and define all variables for which data will be sought (e.g., PICO items, funding sources), any pre-planned data assumptions and simplifications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	pg 2
<b>Outcomes and prioritization</b>	13	List and define all outcomes for which data will be sought, including prioritization of main and additional outcomes, with rationale	<input checked="" type="checkbox"/>	<input type="checkbox"/>	pg 3
<b>Risk of bias in individual studies</b>	14	Describe anticipated methods for assessing risk of bias of individual studies, including whether this will be done at the outcome or study level, or both; state how this information will be used in data synthesis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	pg 3
<b>DATA</b>					
<b>Synthesis</b>	15a	Describe criteria under which study data will be quantitatively synthesized	<input checked="" type="checkbox"/>	<input type="checkbox"/>	pg 3
	15b	If data are appropriate for quantitative synthesis, describe planned summary measures, methods of handling data, and methods of combining data from studies, including any planned	<input checked="" type="checkbox"/>	<input type="checkbox"/>	pg 3

Section/topic	#	Checklist item	Information reported		Line number(s)
			Yes	No	
		exploration of consistency (e.g., $I^2$ , Kendall's tau)			
	15c	Describe any proposed additional analyses (e.g., sensitivity or subgroup analyses, meta-regression)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	pg 3-5
	15d	If quantitative synthesis is not appropriate, describe the type of summary planned	<input checked="" type="checkbox"/>	<input type="checkbox"/>	pg 3-5
<b>Meta-bias(es)</b>	16	Specify any planned assessment of meta-bias(es) (e.g., publication bias across studies, selective reporting within studies)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NA
<b>Confidence in cumulative evidence</b>	17	Describe how the strength of the body of evidence will be assessed (e.g., GRADE)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NA

## Annexure 2. Search strategy

### Search Strategy

1 # “early childhood program COVID\*” OR “child care” OR “early intervention in COVID\*” OR “head start” OR “early education” OR “early childhood education” OR “preschool curriculum” OR “early childhood intervention” OR “early childhood care” OR “infant development” OR “child cognitive development” OR “child linguistic development” OR “child socioemotional development” OR “child physical development” OR “child growth” OR “early childhood care”

2# Child OR infant OR toddler OR children OR newborn OR neonate OR kid OR pre-schooler

3# 1# AND 2#

## Annexure 3. ROBIN-I Checklist for methodological quality assessment

RoB: Bias Assessment					
Domains	LR	MR	SR	CB	N/I
Bias due to confounding					
Bias in selection of participants in the study					
Bias in classification of interventions					
Bias due to deviations from intended interventions					
Bias due to missing data					

<b>Bias due to measurement of outcomes</b>					
<b>Bias in selection of the reported result</b>					

**Annexure 4. Data extraction table**

Study ID	Cou ntry	Aim of the study	Study Design	Start Date	End Date	Funding sources	Conflict of Interest	Popula tion	Inclusio n Criteria	Exclusi on Criteria	Method of Recruitme nt	Total participants	Key findings	Policy Implications

**Annexure 5. Quality assessment checklist for cohort and observational studies**

Criteria	Yes	No	Other
			(CD, NR, NA)*
1. Was the research question or objective in this paper clearly stated?			
2. Was the study population clearly specified and defined?			
3. Was the participation rate of eligible persons at least 50%?			
4. Were all the subjects selected or recruited from the same or similar populations (including the same time period)? Were inclusion and exclusion criteria for being in the study prespecified and applied uniformly to all participants?			
5. Was a sample size justification, power description, or variance and effect estimates provided?			
6. For the analyses in this paper, were the exposure(s) of interest measured prior to the outcome(s) being measured?			
7. Was the timeframe sufficient so that one could reasonably expect to see an association between exposure and outcome if it existed?			
8. For exposures that can vary in amount or level, did the study examine different levels of the exposure as related to the outcome (e.g., categories of exposure, or exposure measured as continuous variable)?			
9. Were the exposure measures (independent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?			
10. Was the exposure(s) assessed more than once over time?			
11. Were the outcome measures (dependent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?			
12. Were the outcome assessors blinded to the exposure status of participants?			
13. Was loss to follow-up after baseline 20% or less?			
14. Were key potential confounding variables measured and adjusted statistically for their impact on the relationship between exposure(s) and outcome(s)?			

**Annexure 6. CASP tool for qualitative studies quality assurance**

1. Was there a clear statement of aims of the research?
2. Is a qualitative methodology appropriate?
3. Was the research design appropriate to address the aims of the research?
4. Was the recruitment strategy appropriate to the aims of the research?
5. Was data collected in a way that addresses the research issue?
6. Has the relationship between the researcher and participants been adequately considered?
7. Have the ethical issues been taken into consideration?
8. Was the data analysis sufficiently rigorous?
9. Is there a clear statement of findings?
10. How valuable is the research?

**Annexure 7. Reasons for Exclusion**

- 1- No mention of intervention for ECD age group (n= 16)
- 2- Wrong study design (n= 13)
- 3- Wrong outcomes (n=1)
- 4- Wrong patient population (n=1)
- 5- Wrong setting (n=1).