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Evaluation of a disability-inclusive ultra-poor graduation programme in Bangladesh

Submission date
06/05/2025

Recruitment status
No longer recruiting

Registration date
07/05/2025

Overall study status
Ongoing

Last Edited
26/05/2026

Condition category
Other

[_] Prospectively registered
[X] Protocol
[_] Statistical analysis plan
[_] Results
[_] Individual participant data
[X] Record updated in last year

Plain English summary of protocol
Background and study aims
There is a limited evidence base on effective livelihood interventions for persons with disabilities. The Disability-Inclusive Ultra-Poor Graduation (DIUPG) programme, an adaptation of the standard Ultra-Poor Graduation model, addresses extreme poverty among persons with disabilities by providing standard graduation model support (e.g., asset transfers) combined with disability-specific support (e.g., rehabilitation and psychosocial support). Following positive results from an earlier evaluation of the programme in Uganda, this study evaluates the programme's effectiveness in Bangladesh.

Who can participate?
Participants in the study are members of households (including the household member with disability) who receive DIUPG or who reside in the control areas of the evaluation.

What does the study involve?
This study is a cluster-randomised controlled trial, where clusters are the implementer's (BRAC) branch office catchment areas.
All households eligible for DIUPG have a household member with a disability. The research team will conduct a survey before and after these households receive the DIUPG intervention and compare these to surveyed households living in control areas who do not receive the intervention. Areas where DIUPG is delivered are chosen randomly.

Participants answer questions about their household and individual living standards, wellbeing and social inclusion both before and after the DIUPG intervention is implemented.

What are the possible benefits and risks of participating?
There are no risks to participating, although it is possible participants may feel distressed at discussing their experiences. There are also no benefits to participating, like any cash payment.

Where is the study run from?
The study is run by researchers at the London School of Hygiene and Tropical Medicine (LSHTM), UK in partnership with researchers at the BRAC Institute of Governance and Development (BIGD), Bangladesh.

When is the study starting and how long is it expected to run for?
The study started in May 2023 with baseline data collection. The DIUPG intervention finished in May 2025. The endline data collection is expected to happen in July-August 2025.

Who is funding the study?
The study is funded by the United Kingdom Foreign, Commonwealth and Development Office under the Programme for Evidence to Inform Disability Action (PENDA) project awarded to the International Centre for Evidence in Disability (ICED), a research group based at LSHTM (UK).

Who is the main contact?
The main contact for the study is Professor Hannah Kuper at LSHTM, hannah.kuper@lshtm.ac.uk

Contact information

Type(s)
Principal investigator

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Public, Scientific

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Additional identifiers

Protocol serial number
GB-EDU-133903-PENDA

Study information

Scientific Title
Cluster-randomised controlled trial to assess whether a disability-inclusive ultra-poor graduation [DIG] programme reduces poverty among people with disabilities

Acronym
DIUPG

Study objectives
Null hypothesis: No difference in poverty levels between households with persons with disabilities who receive the DIUPG intervention [treatment arm], relative to households with persons with disabilities who receive no DIUPG intervention [control arm].

Alternative hypothesis: Significant reduction in poverty levels between households with persons with disabilities who receive the DIUPG intervention [treatment arm], relative to households with persons with disabilities who receive no DIUPG intervention [control arm].

Ethics approval required
Ethics approval required

Ethics approval(s)
1. Approved 10/05/2023, Observational / Interventions Research Ethics Committee London School of Hygiene & Tropical Medicine (Keppel Street, London, WC1E 7HT, United Kingdom; +44 (0)20 7636 8636; ethics@lshtm.ac.uk), ref: 22619 03

2. Approved 21/05/2023, Institutional Review Board (IRB) of the BRAC James P Grant School of Public Health, BRAC University, (65, Bir Uttam AK Khandakar Road, Mohakhal, Dhaka, 1213, Bangladesh; +880-2-48812213-18; jpgsph.comms@bracu.ac.bd), ref: IRB-21 March'23-010

Primary study design
Interventional

Study design
Cluster-randomized superiority trial design with two parallel groups

Study type(s)
Treatment

Health condition(s) or problem(s) studied
Poverty reduction

Interventions
For the purposes of the DIUPG Bangladesh intervention, clusters are defined as BRAC (the implementer) branch office catchment areas. BRAC identified eligible households for the DIUPG

Bangladesh intervention by screening households within 96 branch office catchment areas across 14 districts of Bangladesh. All households selected for the DIUPG Bangladesh programme contain a person with a disability. In the treatment arm all eligible households receive the DIUPG intervention. Participants in the control arm do not receive any intervention but are expected to receive the DIUPG intervention after the trial.

DIUPG Bangladesh takes a twin-track approach. First, it aims to ensure that the mainstream components of the ultra-poor graduation approach reach persons with disabilities. Second, it adds targeted activities designed to meet the unique needs of persons with disabilities. The four main ultra-poor graduation programme components of DIUPG Bangladesh are:

1. Livelihoods support (e.g., asset transfer and enterprise skills training)
2. Support to access social protection services
3. Financial inclusion (e.g., financial training and savings platform support)
4. Social Empowerment (e.g., awareness raising on community issues like hygiene).

Disability-specific activities include provision of rehabilitation and psychosocial support and sensitisation of village leaders on disability.

For the evaluation, 72 branch out of 96 office catchment areas were randomly selected through stratified random sampling by district in STATA, due to limited evaluation funding. Within each district, the 72 branch office catchment areas were randomly assigned to either the treatment or control group. Either 3 or 6 branch office catchment areas from each district were selected in order to maintain a 2:1 ratio between the treatment and control groups.

In the treatment arm, the duration of treatment (DIUPG intervention) is 20 months. In both the treatment and control arms, expected follow up duration is 2 months after the conclusion of all DIUPG intervention activities.

Intervention Type
Other

Primary outcome(s)
The aim of this study is to assess extreme poverty reduction. This is assessed via changes on the following measures (all measured at baseline and at endline after approximately 25 months of follow up):
1. Per capita household income, measured via reported annual income of all working members in the household
2. Income of persons with disabilities measured via reported annual income of persons with disabilities
3. Employment of persons with disabilities measured via reported all earning activities of persons with disabilities in the last year
4. Per capita food consumption and expenditures measured via reported total amount of foods consumed by all household members in the last 3 days and their monetary values
5. Per capita non-food expenditures measured via reported total non-food expenditures for the last month

Key secondary outcome(s)
All measured at baseline and at endline after approximately 25 months of follow up:
1. Financial inclusion measured via reported amount of savings of all household members and reported amount of loans from all sources by all members last year.

2. Psychological well-being measured via total scores on 14 scale items
3. Health-seeking behaviour measured via reported illness and medical treatment in the last year.
4. Social inclusion of persons with disabilities measured via total scores on 14 scale items.

Completion date
31/12/2026

Eligibility

Key inclusion criteria
Eligible households were those that met the following conditions:
1. Monthly per capita household income ≤ BDT 2,250
2. Household has at least one member aged 18–62 years
3. Household has at least one person with disability who is aged 1–62 years

Participant type(s)
Patient, Resident

Healthy volunteers allowed
No

Age group
Mixed

Lower age limit
1 Years

Upper age limit
62 Years

Sex
All

Total final enrolment
0

Key exclusion criteria
1. Household does not meet study inclusion criteria 1-3
2. Household is excluded if any of the household members have an institutional loan.

Date of first enrolment
22/05/2023

Date of final enrolment
30/06/2023

Locations

Countries of recruitment
United Kingdom

England

Bangladesh

Study participating centre
London School of Hygiene and Tropical Medicine
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Study participating centre
James P Grant School of Public Health, BRAC University
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Sponsor information

Organisation
London School of Hygiene & Tropical Medicine

ROR
https://ror.org/00a0jsq62

Funder(s)

Funder type
Government

Funder Name
Foreign, Commonwealth and Development Office

Alternative Name(s)
Foreign, Commonwealth & Development Office, Foreign, Commonwealth & Development Office, UK Government, FCDO

Funding Body Type

Government organisation

Funding Body Subtype
National government

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan
Survey data will be made available on LSHTM's Data Compass 12 months after the end of the study, along with project documentation and a data-users guide. The data will be made available open access, ensuring that no identifiers are included in the data. Explicit consent has been included for making data open access.

IPD sharing plan summary
Stored in non-publicly available repository

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol article		23/05/2026	26/05/2026	Yes	No