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Impact evaluation of the disability-inclusive ultra-poor graduation programme in Uganda

Submission date
14/08/2023

Recruitment status
No longer recruiting

Registration date
17/08/2023

Overall study status
Completed

Last Edited
22/07/2025

Condition category
Other

[_] Prospectively registered
[X] Protocol
[_] Statistical analysis plan
[X] Results
[_] Individual participant data

Plain English summary of protocol
Background and study aims
There is little evidence on how to support very poor persons with disabilities living in low-income countries to adopt sustainable livelihoods. The programme 'DIG' is a Disability-Inclusive Graduation programme targeting poor women and/or persons with disabilities living in rural Uganda. The programme is an adaptation of a poverty-graduation formula that has been shown to be effective in many contexts but has not been evaluated for persons with disabilities. The programme is being delivered by a consortium of BRAC Uganda, Humanity and Inclusion (HI), and the National Union of Women with Disabilities of Uganda (NUWODU).

Who can participate?
Women, or persons with a disability, aged over 18 years old, who are 'ultra-poor', living in Kiryandongo, Gulu, Nwoya and Oyam districts in Uganda.

What does the study involve?
All participants will be asked to complete a questionnaire. Approximately half of the participants will, at random, be assigned to receive the DIG programme. The other half of participants will receive 'business as usual', with no additional services offered by the intervention team – although they will be provided with information on how to access existing services for which they may be eligible.

What are the possible benefits and risks of participating?
The possible benefit is being offered the DIG programme; although this has not been tested in this context. No specific discomfort, distress or hazards are expected as a result of participating. However, the interviews to complete the questionnaire will take 60-120 minutes per visit and could be tiring for participants. To compensate for this fatigue, participants will be offered a small token (bar of soap or a kilogramme of sugar) at the end of the interview as an appreciation.

Where is the study run from?
Intervention implementation is led from Kampala, Uganda by BRAC Uganda. Data for collection for the impact evaluation is being led by the BRAC Institute of Governance and Development (BIGD), which works independently of BRAC Uganda, and qualitative data for the process evaluation by Makerere University. The trial has oversight from the London School of Hygiene

and Tropical Medicine in the UK, under the Programme for Evidence to Inform Disability Action (PENDA).

When is the study starting and how long is it expected to run for?
The study started in February 2020 and is expected to run until November 2023.

Who is funding the study?
The study is funded by the Foreign, Commonwealth and Development Office (UK)

Who is the main contact?
Professor Hannah Kuper (Principal Investigator), International Centre for Evidence in Disability, London School of Hygiene & Tropical Medicine, Hannah.Kuper@lshtm.ac.uk (UK)

Contact information

Type(s)
Principal investigator

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Additional identifiers

Protocol serial number
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Study information

Scientific Title
Cluster-randomised controlled trial and process evaluation of a disability-inclusive ultra-poor graduation programme in Uganda

Acronym
DIG programme evaluation

Study objectives
A multi-component and disability-accessible livelihoods programme can improve per-capita household consumption as well as other markers of economic development in rural Uganda.

Ethics approval required
Ethics approval required

Ethics approval(s)
1. Approved 07/07/2020, Mildmay Uganda Research Ethics Committee (12 Km Entebbe Road, Naziba Hill, Lweza, Kampala, None available, Uganda; +256 312 210 200; mailbox@mildmay.or.ug), ref: 0604-2020

2. Approved 22/10/2020, Uganda National Council for Science and Technology (Plot 6, Kimera Road, Ntinda P.O.Box 6884, Kampala, None available, Uganda; +256 414 705500; info@uncst.go.ug), ref: SS529ES

3. Approved 21/09/2020, London School of Hygiene and Tropical Medicine Research Ethics Committee (Keppel Street, London, WC1E 7HT, United Kingdom; +44(0)2076368636; ethics@lshtm.ac.uk), ref: 22619 /RR/21198

4. Approved 03/01/2023, London School of Hygiene and Tropical Medicine Research Ethics Committee (Keppel Street, London, WC1E 7HT, United Kingdom; +44(0)2076368636; ethics@lshtm.ac.uk), ref: 28134 (Process evaluation)

Primary study design
Interventional

Study design
Unmasked cluster-randomized controlled trial village-level allocation with baseline and endline surveys

Study type(s)
Quality of life

Health condition(s) or problem(s) studied
Multi-dimensional poverty

Interventions
A cluster randomised controlled trial will be used to evaluate the DIG programme. Clusters are based at the village-level and are randomly allocated to intervention and control arms prior to baseline and implementation of the DIG programme. Clusters in the intervention arm will receive a novel disability-inclusive version of the non-governmental organization BRAC's 'ultra-poor poverty graduation' programme. The programme delivers a six-month unrestricted cash transfer, a (potentially) profitable asset, training, and access to locally-appropriate financial services (village savings and loans associations). Additional support for participants with disabilities includes referrals to services, assistive technology, community sensitisation, home adaptations, and advocacy. Clusters in the control arm will receive 'business as usual'. No additional services will be provided by the intervention team. However, control arm participants are provided with information on how to access existing services for which they may be eligible, including health, rehabilitation, and social protection programmes. The DIG programme will be implemented for 18 months, with follow-up at the programme end for participants with disabilities; and a second follow-up for all participants approximately 3 years after baseline. The primary outcome of the trial is per-capita household consumption. The impact evaluation is complemented by a process evaluation to further understand DIG programme implementation, mechanisms, and context using complementary qualitative and quantitative methods.

Eligible households were identified based on demographics, education, assets, nutrition status, income, and healthcare access. This range of characteristics was jointly interpreted to identify the “ultra-poor”. Within ultra-poor households, the Washington Group's short set of questions is used to identify households with persons with disabilities, as those that report ‘a lot’ of difficulty on at least one dimension of the six-question set for potential inclusion in the DIG programme. Ultra-poor households without a person with disabilities are still eligible for inclusion in the DIG programme in order to ensure there is a sufficient number of households within each cluster for

village-level interventions to operate, however, the priority will be households that have a person with disabilities.

Intervention Type
Mixed

Primary outcome(s)
Per-capita household consumption, measured using a questionnaire at endline.

Key secondary outcome(s)
The following secondary outcome measures are assessed using a questionnaire at endline:
1. Monthly household income from agricultural and non-agricultural sources (household level)
2. Participation of the project participant in livelihood activities
3. Participation of the project participant in social activities
4. Health and wellbeing of the project participants

Completion date
30/11/2023

Eligibility

Key inclusion criteria
1. Eligible “ultra-poor” households were identified based on the following criteria:
1.1. Demographics
1.2. Education
1.3. Assets
1.4. Nutrition status
1.5. Income
1.6. Healthcare access
2. Households with persons with disabilities within the ultra-poor category identified using the Washington Group short set of questions based on reporting 'a lot' of difficulty on at least one dimension of the six-question set

Participant type(s)
Resident

Healthy volunteers allowed
No

Age group
Mixed

Lower age limit
18 Years

Sex
All

Total final enrolment
5300

Key exclusion criteria
Not meeting the participant inclusion criteria

Date of first enrolment
01/11/2020

Date of final enrolment
30/11/2020

Locations

Countries of recruitment
Uganda

Study participating centre
BRAC Uganda
Plot 880 Heritage Drive
Kampala
Uganda
-

Sponsor information

Organisation
BRAC Uganda

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
The survey datasets generated during the current study will be stored in a publicly available repository, specifically LSHTM's Data Compass (https://datacompass.lshtm.ac.uk/), alongside project documentation and a data-user guide. The data will be made available twelve months after the completion of endline data collection. Data will be made available through open access. Explicit consent from participants has been requested to make the data open access. No identifiers will be included in the data.

IPD sharing plan summary
Stored in publicly available repository

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article		30/04/2025	01/05/2025	Yes	No
Results article	secondary analysis	03/07/2025	22/07/2025	Yes	No
Protocol article		21/03/2024	30/06/2025	Yes	No
Study website	Study website	11/11/2025	11/11/2025	No	Yes