



EVIDENCE & INSIGHTS

Key Messages

- DIUPG is a specialised adaptation of an established poverty-reduction programme, designed to address the unique needs of persons with disabilities and support them in moving out of poverty.
- Earnings among households receiving DIUPG interventions increased by 20%; household expenditure also increased significantly.
- Employment among persons with disabilities increased by 21% and income by 30%—gains driven by increased self-employment.
- DIUPG is an effective poverty-reduction intervention for persons with disabilities.

Can a Disability-Inclusive Poverty Graduation Programme Reduce Poverty Among Persons With Disabilities?

Findings From a Cluster Randomised Controlled Trial of DIUPG in Bangladesh

Background

Globally, around one in six people experience significant disability (World Health Organization [WHO], 2022). In low- and middle-income countries like Bangladesh, the experiences and outcomes of persons with disabilities are often shaped by structural inequalities and limited access to services. In Bangladesh, the Ministry of Social Welfare (MoSW) recorded 3.64 million persons with disabilities in 2024, highlighting the continued importance of disability inclusion within the national context.

Disability and poverty are closely intertwined and mutually reinforcing. Disability increases the risk of poverty through higher living costs, reduced access to education and employment, and social exclusion. Conversely, poverty may contribute to disability through malnutrition, unsafe working conditions, and limited access to healthcare (Banks et al., 2017). Yet, little is known about “what works” to improve the livelihoods of persons with disabilities and their families (Hunt et al., 2022).

Within this broader context, BRAC introduced the Disability-Inclusive Ultra-Poor Graduation (DIUPG) programme as an adaptation of its flagship Ultra-Poor Graduation (UPG) model, specifically focusing on poverty reduction for persons with disabilities. The DIUPG programme has been found to be effective in Uganda (Kuper et al., 2025). This brief presents the findings of a DIUPG evaluation in Bangladesh.

Programme Overview

The DIUPG programme is designed to address the unique needs and barriers faced by extremely poor persons with disabilities. Households are selected based on economic vulnerability and the presence of at least one person with a disability, including children. While the most vulnerable households receive full grant support, others receive the asset but are required to repay 50% of its value in 36 interest-free instalments.

The DIUPG programme integrates four main UPG components:

- **Livelihood Support:** Asset transfers (e.g., livestock) and technical training for income generation.
- **Social Protection:** Cash transfers and linkages to existing national social safety net schemes.
- **Financial Inclusion:** Financial literacy training and awareness raising.

- **Social Empowerment:** Home coaching and awareness raising (e.g., on disability myths and causes, hygiene, and disaster preparedness).

Alongside these core components, extensive health support is offered to address specific needs and barriers faced by persons with disabilities.

DIUPG provides:

- Access to rehabilitation and psychosocial support (e.g., therapeutic and counselling support),
- Assistive devices and home accessibility modifications, and
- Sensitisation of village leaders and other key stakeholders on disability inclusion.

The programme also actively engages caregivers to support implementation and participation at the household level.

Study Design

The London School of Hygiene & Tropical Medicine (LSHTM) and the BRAC Institute of Governance and Development (BIGD) led a randomised controlled trial (RCT) to evaluate the DIUPG programme across 14 districts in Bangladesh.

The RCT sample was drawn through stratified random sampling by district, resulting in the selection of 72 BRAC UPG branches. One-third of these selected branches (24) were randomly assigned to the control group and the remaining branches (48) to the treatment group (i.e., offered DIUPG support).

A baseline survey was conducted between May and June 2023, covering 2,940 households across the study sample prior to the start of programme implementation. Among the eligible persons with disabilities in these households, 55% were men and 45% were women.

The total duration of the DIUPG programme cycle was 24 months, of which 20 months were allocated to direct implementation of activities to participants by BRAC, and the remaining months were used for programme selection and handover activities. Following the completion of the intervention, an endline survey was conducted covering 2,640 households to assess

programme impacts—reflecting an attrition rate of approximately 10%, with no significant differences between groups.

Quantitative surveys measured several poverty-related variables, including household welfare, asset accumulation, expenditure, livelihoods and income-generating activities (IGAs), loans and savings, and food security. The surveys also measured health and social participation outcomes, including psychological well-being, social inclusion, and empowerment.

A process evaluation using qualitative interviews with persons with disabilities, caregivers, and programme implementers also explored how the DIUPG intervention was delivered and its impact mechanisms.



Findings

Household Income, Expenditure, and Assets

- Household monthly earnings increased by about BDT 405 (USD 3.30) per person, representing a 20% increase compared to the control group.
- Similarly, monthly food expenditure rose by BDT 91 (USD 0.74) per person (a 9% increase), while monthly non-food spending increased by BDT 424 (USD 3.46) per person (a 20% increase).
- DIUPG households accumulated productive assets worth BDT 33,788 (USD 275.35) more than control households, representing a 256% increase. This large wealth gain suggests that the programme enabled households to invest significantly in productive resources.

Employment and Earnings of Persons With Disabilities

- Persons with disabilities in DIUPG households were 11 percentage points more likely to be employed (a 21% increase) compared to those in control households.
- Their individual monthly income also increased by BDT 543 (USD 4.43) (a 30% increase) and their working hours increased by 22.5 hours per month (a 27% increase).
- These gains were driven by increased self-employment; however, the programme had no impact on waged employment.

Who Benefitted the Most From DIUPG?

- The programme generated income and expenditure gains for both the most economically vulnerable households (Group A) and the those that were relatively less vulnerable (Group B). The impacts for Group A and Group B were not statistically different across any outcome, suggesting that the programme was broadly effective regardless of economic vulnerability level.
- The programme benefited both men and women with disabilities. However, men with disabilities experienced more meaningful improvements, as they were 7.5 percentage points more likely to be employed and earned BDT 742 (USD 6.05) more per month (a 26% increase) than their control

counterparts. On the other hand, although women with disabilities were 14 percentage points more likely to be employed compared to their control counterparts, their earnings were not significantly different from those of the control group. The lower earnings effect observed among women may be associated with pre-existing social and gender norms in rural Bangladesh, where increased female labour participation does not necessarily result in higher earnings due to limited financial autonomy.

- Persons with disabilities in beneficiary households were 11.1 percentage points more likely to self-report improved health than those in control households.

Experiences of Persons With Disabilities

- Qualitative data supported key components of the DIUPG model. For example, giving productive assets enabled income generation and reinvestment. At the same time, rehabilitation enhanced economic participation:
- “Those exercises really helped me to ease my pain...I now use both my hands for picking potatoes; it was not possible even six months ago.”—Participant with a physical disability
- However, participants living in the flood-prone southern region may have faced environmental barriers that restricted their community participation compared to those in the northern region:

“Where would I go with this white cane in mud? My cane broke when I slipped in the mud.

—Participant with a visual disability



Conclusion and Recommendations

Our findings indicate that DIUPG is an effective poverty-reduction programme for persons with disabilities and their families. The findings documented in our study are larger than those observed for the UPG programme offered to persons without disabilities, suggesting that persons with disabilities can meaningfully utilise DIUPG support to improve their financial situation.

With the DIUPG intervention already proven effective in Uganda, these findings collectively provide evidence that disability-inclusive poverty graduation programmes can be successfully implemented and can achieve meaningful economic improvements across different country contexts.

References

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Further Information

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The Programme for Evidence to Inform Disability Action (PENDA) is a consortium led by the International Centre for Evidence in Disability at LSHTM. Funded by the UK's Foreign, Commonwealth and Development Office (FCDO), PENDA generates evidence to achieve long-term improved well-being and inclusion of people with disabilities in low- and middle-income countries, by developing knowledge, people, and tools.