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humanity & inclusion

UKaid
from the British people

Title of The Research Project:

Evaluate Effectiveness & Impact of the Disability Inclusive Poverty Graduation Model Using Randomized Control Trial *(Baseline)*

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Funded by UKAid

HDRC Human Development Research Centre
humane development through research and action

Results inHealth
Evidence, Innovation and Practice

Defining Extreme Poor

Consume below 1,805 kcal per person per day / income below $2 per capita.

Have very few or no IGAs and thus, more vulnerable to shocks & fail to cope with such shocks.

Multiple problems i.e diseases, malnutrition, shortages of food and shelter, illiteracy, lack of access to basic healthcare services and limited access to community support etc. keep them in chronic poverty.

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Objectives of the Study

Use of **experimental** research design where **pre- and post-intervention data** & data from the **intervention and control groups** will be collected for **measuring impacts** of the model.

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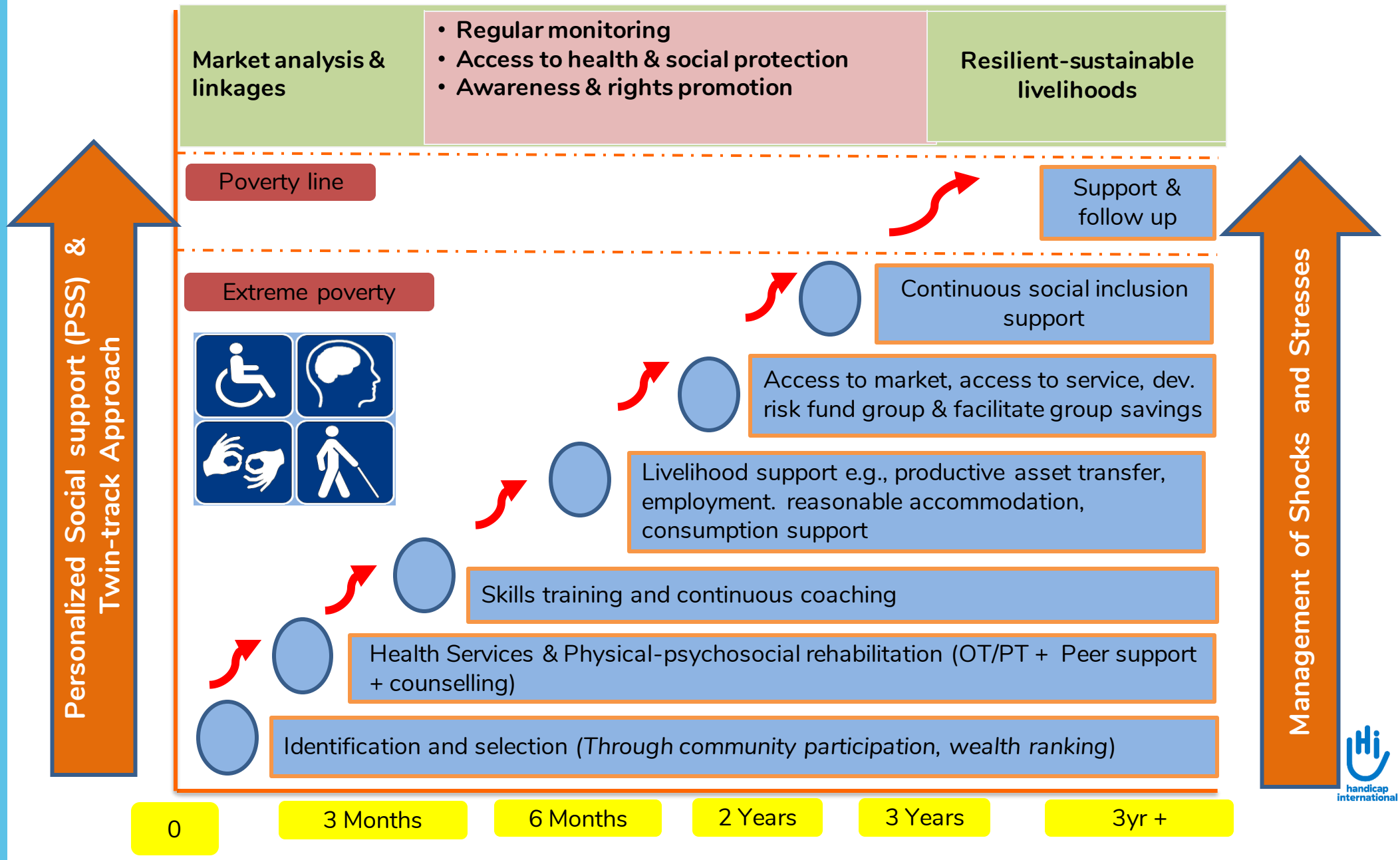
Disability Inclusive Graduation Model



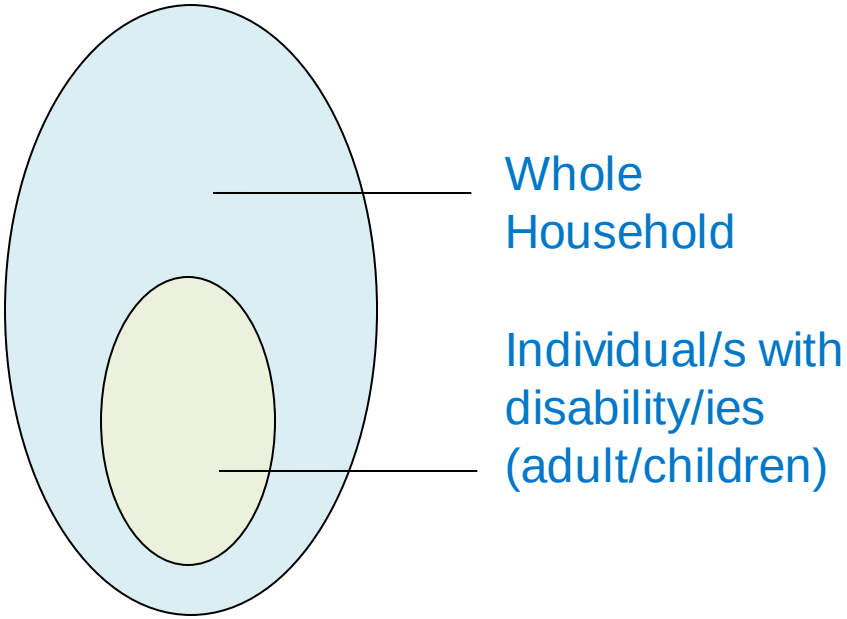
Disability-Inclusive Graduation Index

Household:

- Stabilized and diversified income sources
- Increase in productive assets
- Increase in formal and informal savings
- Food security (no or limited negative food copying strategies, food diversity, food reserves)
- Access to education & healthcare

Individual:

- Increased functional autonomy
- Use of sanitary latrine and clean drinking water
- Improved participation and self-confidence



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Choice of Methodology

- Combining **QUANT and QUAL**
- Cross-sectional quantitative data using RCT
- Qualitative approaches –**FGDs and IDIs** – have been used to legitimate and contextualize the findings from QUANT.
- The study follows *explanatory research design*, where QUANT leads the QUAL.

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RCT Design

- 400 potential **intervention** beneficiary households (BHH) identified that have at least one person with disability
- For avoiding programme selection bias, study team independently used this 400 BHHs for sample selection using **randomization technique**.
- After the finalization, a survey conducted using the selected indicators
- Similar process done in the **control area**

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Quantitative Survey Design

- Target population and their characteristics
- **Treatment-control** approach
- **Standard measurement** of change with accordance with **Type-I error** (level of significance)
- **Attrition rate** etc.
- 242 treatment households and 444 control households were interviewed

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Qualitative Survey Design

- Data are collected through In-Depth Interviews (IDIs); Focus Group Discussions (FGDs), and Key Informant Interviews (KIIs) methods.
- This to provide **significant experiences of beneficiaries** and project implementers to enrich the insight of the study findings from the quantitative method.

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Selection of Control Area & Control Households

Criteria	*Ulipur (%)*	*Rajarhat (%)*	*Kurigram Sadar (%)*	*Chilmari (%)*
Poverty Rate	65.3	67.7	58.0	61.1
Disability (all)	1.4	1.5	1.5	1.1
Disability (speech)	0.2	0.2	0.2	0.2
Disability (vision)	0.3	0.3	0.3	0.2
Disability (hearing)	0.1	0.2	0.2	0.1
Disability (physical)	0.6	0.6	0.6	0.4
Disability (mental)	0.2	0.2	0.2	0.2
Population Density	862	1098	1130	546
Average Household Size	3.83	3.93	4.26	3.96
Literacy Rate	45.6	52.0	46.1	39.7
River flow (#)	3	2	3	2
Hat/*bazaar* (#)	35	31	24	6

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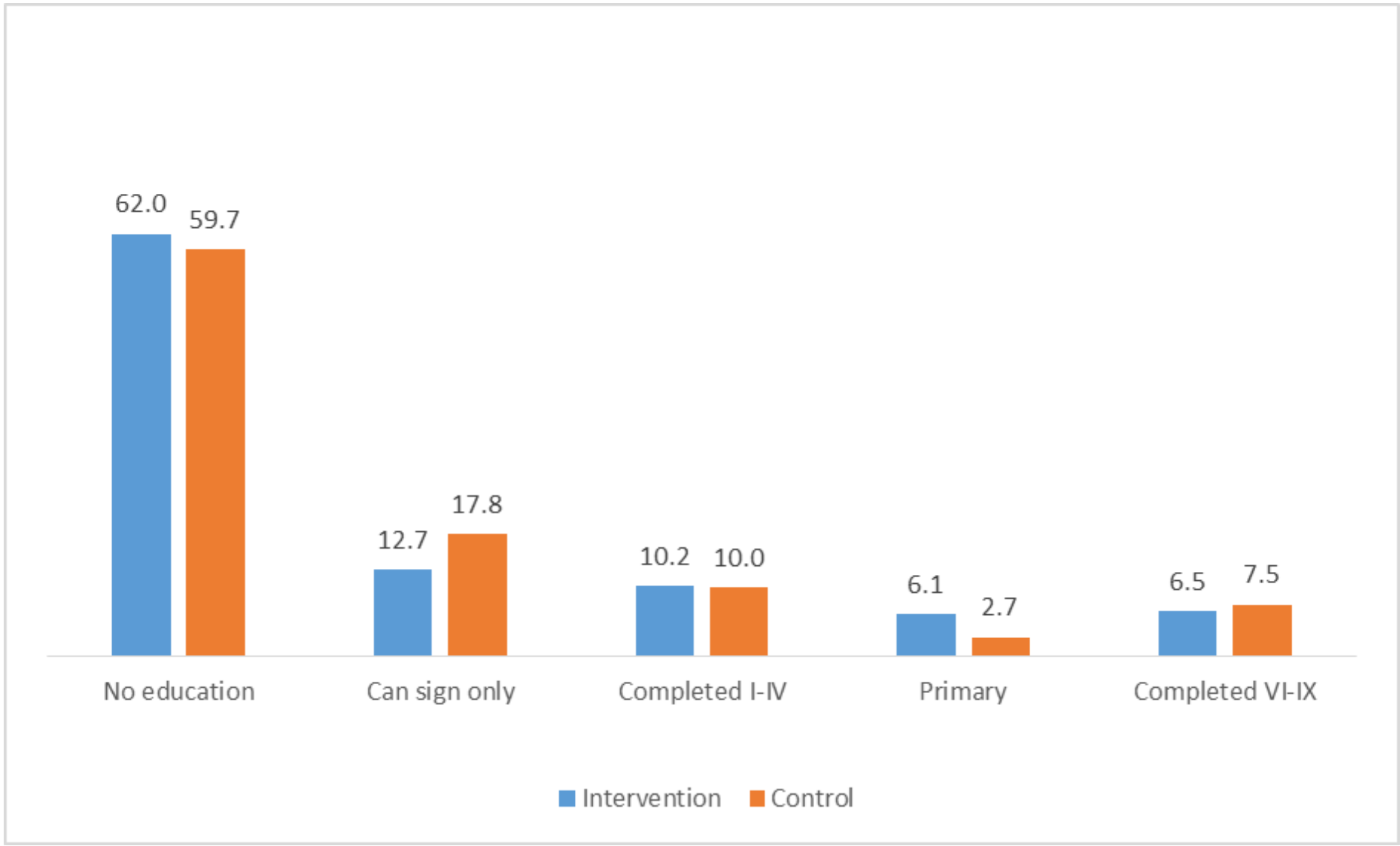
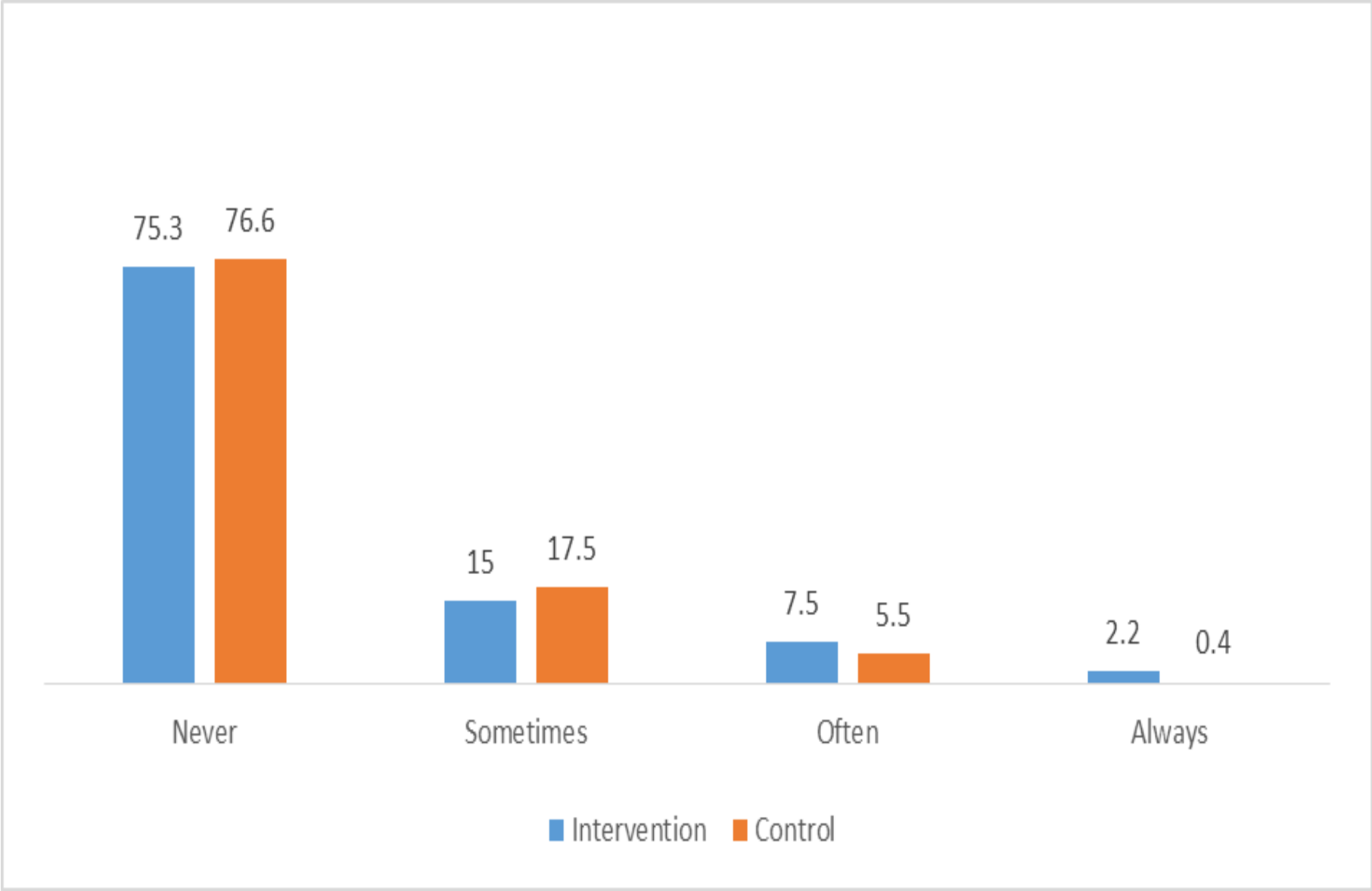
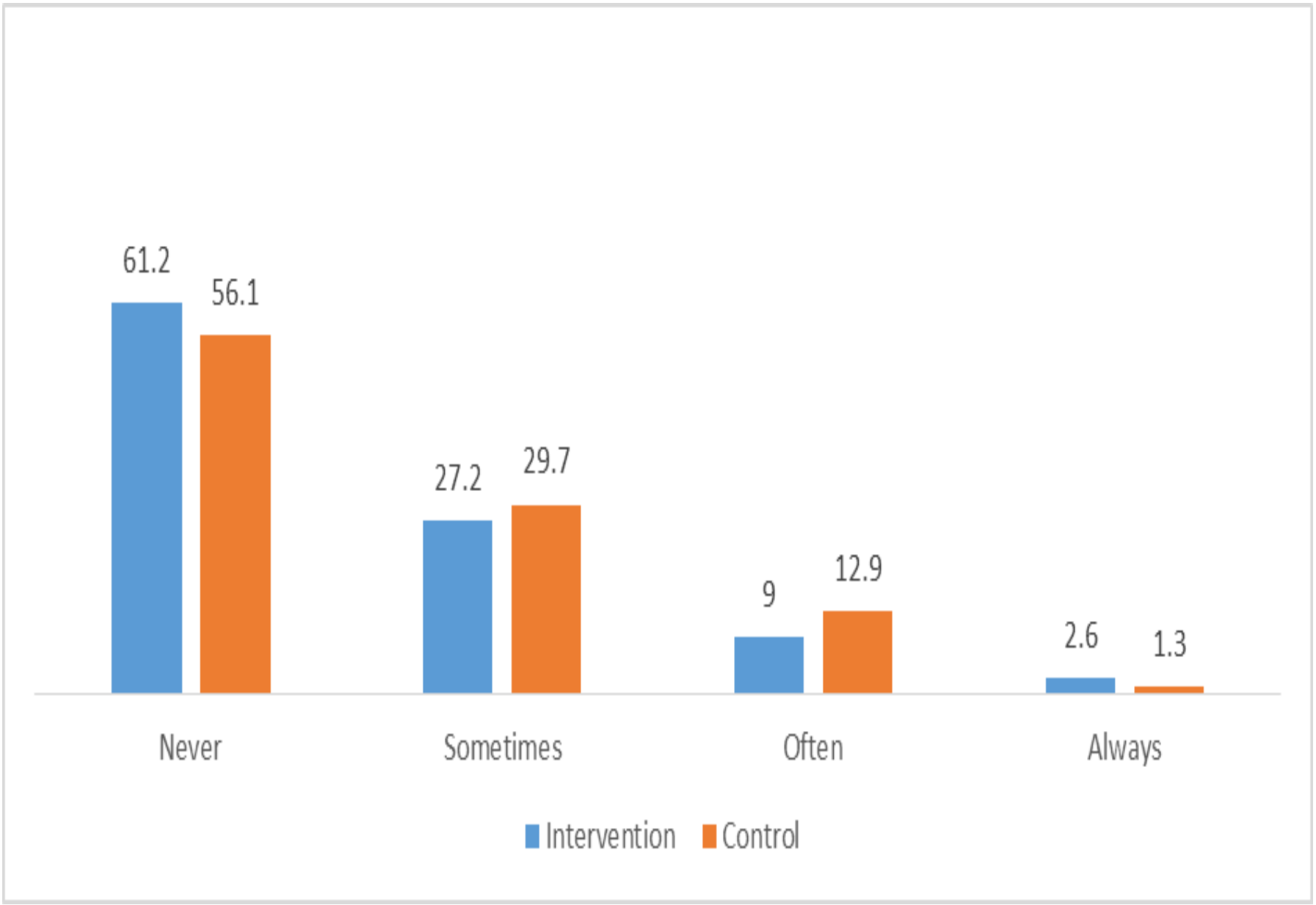
Education of People with Disabilities (%)



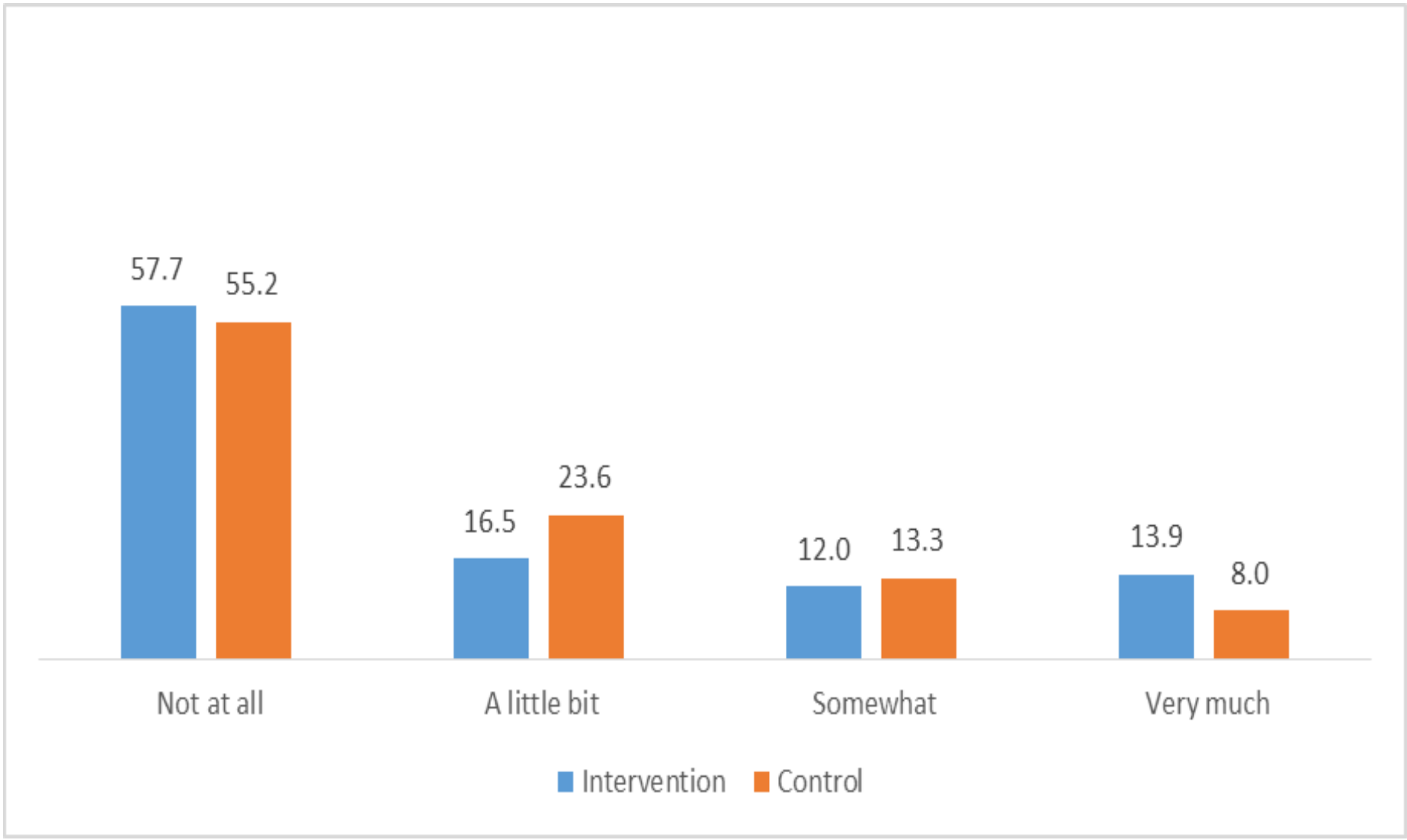
Participation in HH Important Decision Making (%)



Participation in Community Life (%)



Confidence of the People with Disabilities in Participation in Family life & Decision Making (%)



Caregivers

- Caregivers are predominantly female (treatment: 91.6%, control: 91.0%).
- Majority of them were housewives (treatment: 56.4%, control: 55.1%).
- Age of caregivers ranged from 11 to 85 and their median age are 40 years in both areas.
- Majority of the caregivers are married (treatment: 80.3%, control: 82.6%).
- About 9.5% and 11.9% in treatment and control respectively are self-caregivers.

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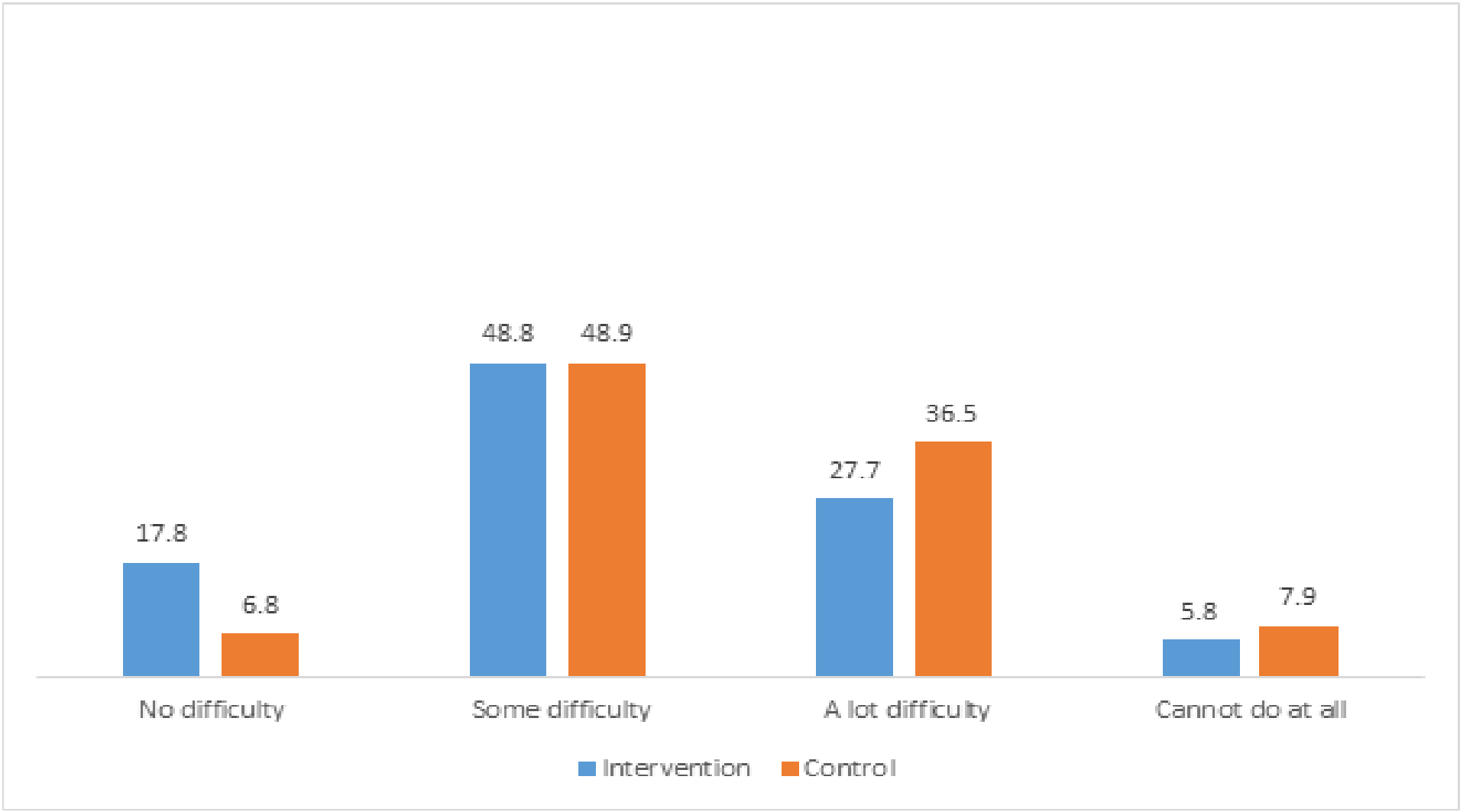
Difficulties Faced by the Caregivers due to Caregiving role (%)



Food Security

Food Security Status	Treatment	Control	P-value
Food Shortage	69.0	68.3	0.206
Percentage of households ate 3 meals a day	31.0	31.7	0.84
Category of food shortage			
Chronic Food Shortage	9.1	5.9	0.113
Occasional Shortage	59.9	62.4	0.526
Neither surplus nor shortage	31.0	31.5	0.884
Surplus	0.0	0.2	0.461
n	**242**	**444**	

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Reasons of Food Shortage

Reasons	Treatment	Control
Natural disaster	2.4	1.3
Social/Political unrest	0.0	1.0
Did not have any work	71.3	77.2
Did not have sufficient income	42.5	35.0
Others	1.2	1.3
n	167	303

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Household Food Consumption Index

Food Security Status	Treatment	Control	P-value
Household Dietary Diversity Score (HDDS)	5.27	5.18	0.16
Percentage of household ate meat	2.1	0.9	0.20
Percentage of household ate fish	28.5	19.8	0.01
Percentage of household ate milk	2.9	2.9	0.98
Percentage of household ate egg	7.4	4.1	0.06
Percentage of household ate meat, fish, milk, and/or egg	37.6	24.6	0.00
Average number of food items consumed by all household members	4.93	5.07	0.13
Average number of food items consumed by household members with disability	5.15	5.12	0.74
n	**242**	**444**	

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Savings and Credit

Form of savings	Treatment	Control	P-value
Household have savings in cash or kind (%)	14.0	10.6	0.18
Household have savings in cash (%)	13.6	10.1	0.17
Save in NGOs (%)	88.6	86.4	0.10
n	242	444	

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Household preparedness to withstand natural disaster

	Intervention	Control	P-value
Percentage of household know how to face how to face natural disaster like flood/intense cold/ earthquake/ fire/ tornado	32.6	30.9	0.630
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Positive measures they know to face natural disasters

Number	Intervention (%)	Control (%)	P-value
0	68.2	69.6	0.702
1	15.7	14.2	0.594
2	13.6	13.5	0.964
At least 3	2.5	2.8	0.861
n	**242**	**444**	

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Income Sources

Economic Activities	Treatment	Control	P-value
Farm activities	**56.2**	**68.7**	**0.00**
Agricultural day labour	49.2	64.6	
Agricultural production (own/leased land)	9.9	9.0	
Poultry	3.3	2.0	
Livestock	2.1	2.7	
Aquaculture	2.1	1.4	
Kitchen Garden	0.4	0.2	
Fruit Garden	0.4	1.4	
Other farm activities	0.8	1.4	
Off-farm activities	**69.4**	**65.5**	**0.30**
Non-agricultural labour/day labour	53.3	55.4	
Hawker	0.8	0.5	
Food selling and processing (vegetable shop, tea stall, snacks hotel etc.)	4.5	4.1	
Small enterprise (sewing, handy crafts, cobbler etc.)	4.5	2.9	
Rickshaw/Van/Push Cart Driver	8.7	4.1	
Mechanical Vehicle Driving	3.7	0.7	
Housemaid	9.9	14.2	
Other off farm activities	6.6	3.4	
Private/Public Service (with bonus)	**6.2**	**4.5**	**0.34**
Others	**76.9**	**80.2**	**0.31**
Remittance	0.4	0.0	
Getting help from others	44.6	48.6	
Allowance (Old-age, VGD,VGF, Freedom Fighter, Disability)	48.8	54.3	
Scholarship/stipend/tuition	17.8	14.0	
Others	2.9	1.1	
n	**242**	**444**	

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Household average annual income

Income (BDT)	Treatment	Control	P-value
Average annual income	52,347	46,267	0.00
SD	24,934	22,154	
5% trimmed mean	50,605	44,435	0.00
Per capita annual income	13,012	12,520	0.31
Per capita per day income	35.65	43.30	0.31

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Annual Average Expenditure

Expenditure (BDT)	Intervention	Control	P-value
Average annual expenditure	47,357	42,469	0.00
SD	24,328	19,675	
5% trimmed mean	45,208	40,836	0.00
Per capita annual expenditure	11,504	11,220	0.437
Per capita per day expenditure	31.52	30.74	0.437

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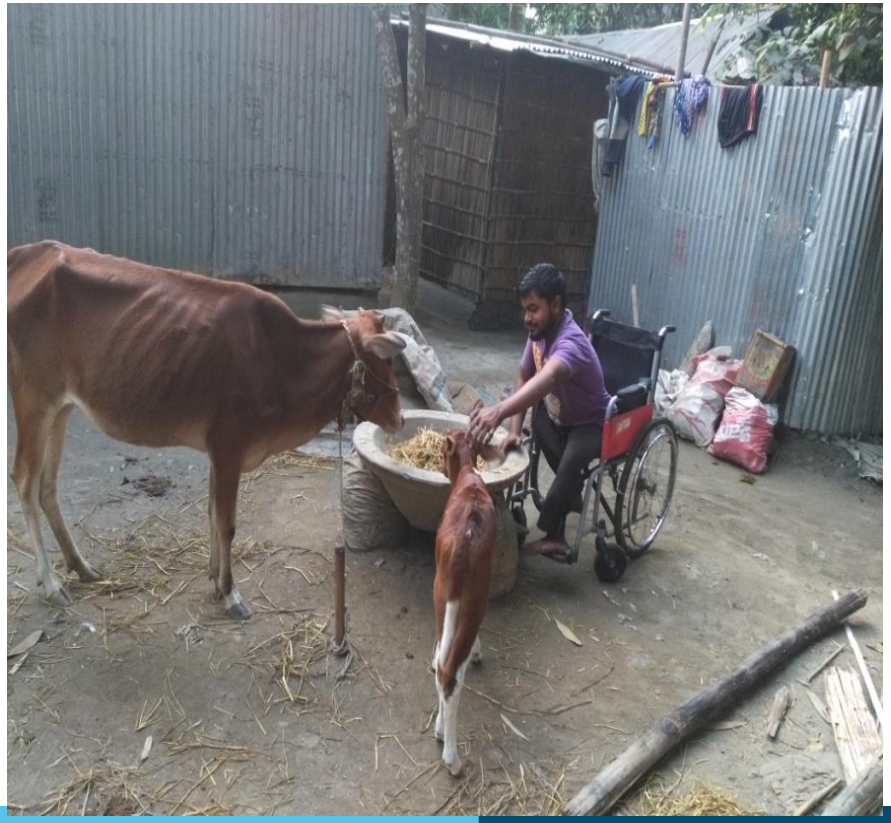
Extreme poverty based on $2 per capita per day

Indicators	Treatment	Control	P-value
% households with per capita per day income ($2)	99.6	100.0	0.176
% households with per capita per day expenditure ($2)	99.6	100.0	0.176
n	242	444	



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Exclusion Examples (Qualitative)

The primary factor determining exclusion was the ability or not to buy a gift:

"Among the 9 participants, 3 people with disability get invitation in wedding. Rest of the other 6 people with disability didn't get invitation in the wedding; their family members get the invitation. They couldn't able to go to the function and able to buy any gift …".

"They don't participate in any marriage ceremony or other ceremonies. As they are poor and don't have money so they can't give gifts. So, they do not participate".

"Relatives come to our house, but don't eat anything. We ask them to eat, but they don't eat anything".

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General comments

Challenges:

- Research timing versus operational timing
- Discussions on ethics issues implementing such an evaluation

Unexpected outcomes:

- Awareness on disability of research partners

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Next steps

- **Endline** to come (by march 2021)

- **Uptake activities,** for example,
  - Stakeholder engagement (including donor)
  - Dissemination through Workshop
  - Replication of the model
  - Recommendation for policy makers

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Thank you for your participation!

I welcome any questions or feedback if you have

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