

# The Impact of Disability Inclusive Extreme Poverty Graduation Model

*Submitted to*



## Handicap International - Humanity & Inclusion (HI) Bangladesh Programme

MUHAMMAD SHAHADAT HOSSAIN SIDDIQUEE  
FIONA MACLEOD BUDGE  
RIMA IRMAYANI  
FAISAL M AHAMED  
SMRITEE RANJAN DHAMAI

*Submitted by:*

### **HDRC** Human Development Research Centre

House 5, Road 8, Mohammadia Housing Society, Mohammadpur, Dhaka –1207  
Phone: (+88 02) 58150381, 58157621, 8101704, Cell +88 01700743020  
E-mail: [info@hdrc-bd.com](mailto:info@hdrc-bd.com), [hdrc.bd@gmail.com](mailto:hdrc.bd@gmail.com), Website: [www.hdrc-bd.com](http://www.hdrc-bd.com)

*in association with*



ResultsinHealth

Zijlbaan 46, 2352 BN Leiderdorp, The Netherlands,  
T +31 71 760 1200, E [office@resultsinhealth.org](mailto:office@resultsinhealth.org)

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## LIST OF ACRONYMS

BDT	Bangladeshi Taka
BHH	Beneficiary Household
BRAC	Bangladesh Rural Advancement Committee
DFID	Department for International Development
DiD	Difference-in-Difference
DIGM	Disability Inclusive Graduation Model
DPO	Organization for Persons with Disabilities
DRR	Disaster Risk Reduction
FGD	Focus Group Discussion
GPAF	Global Poverty Action Fund
HDDS	Household Dietary Diversity Score
HDRC	Human Development Research Centre
HHs	Households
HI	Handicap International - Humanity & Inclusion
HIES	Household Income & Expenditure Survey
IDI	In-depth Interview
KII	Key Informant Interview
MSC	Most Significant Change
NGO	Non-Governmental Organization
ODK	Open Data Kit
RCT	Randomized Control Trial
RDRS	Rangpur Dinajpur Rural Service
RiH	ResultsinHealth
SDG	Sustainable Development Goal
SHIREE	Stimulating Household Improvements Resulting in Economic Empowerment
TUP	Targeting the Ultra Poor
UK	United Kingdom

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**Professor Dr. Muhammad Shahadat Hossain Siddiquee**  
Team Leader

## EXECUTIVE SUMMARY

In order to explain the programme impact on graduation indicators, this impact study looked into the change in indicators over the two years between the treatment and control groups. It is noteworthy to mention that the extreme poor households' consumption was affected by the lockdown declared by the government due to the COVID-19 pandemic.

Disability Inclusive Graduation Model (DIGM) successfully involved person with disabilities in livelihood activities. The impact estimate for this indicator is positive and statistically significant. In addition, the programme had a significant contribution to the caregiver's involvement with livelihood activities, their earning, participation in female community or samittee, participation sometimes in the social, cultural, religious, and political event and their confidence.

The original gap measured in terms of proportion of households having three meals a day was only -0.8 percent, which was insignificant. However, the gap is now 25.3 percent, which is highly statistically significant. This implies a significant impact of the DIGM in achieving food security among extreme poor households having at least a person with impairment. Further inspection of food deficit analysis echoes with the improvement of the three-meal coverage that DIGM significantly reduced both occasional and chronic food shortages among beneficiary households. The significant improvement in the HDDS is the ultimate proof of DIGM's contribution in reducing food security for the beneficiaries.

The evidence of improvement in food security is supported by the fact that the program had a significant positive impact on households having at least two regular sources of income despite the challenges arising from COVID-19. The programme significantly increased the income and expenditure of beneficiary households, which contributed to reducing the extreme poverty among them. Similarly, it had a significantly positive impact on the involvement of farm activity, which was found as the most regular source of income. The income improvement (the beneficiary households experienced an annual income increase to BDT 30,816 while for control households the increase is BDT 19,504) led to the possibility that the beneficiary households practice savings. Data indicate that the programme had significantly improved the savings behaviour of the beneficiary households. Almost none of the households had savings in 2019. However, in 2021, 86.3 percent of the beneficiary households had savings, and it was only 14.6 percent among the control households.

This study finds a significantly positive impact on the average number of productive household assets, except for homestead or cultivable land ownership. The possession of livelihood activity worth more than BDT 40,000 significantly increased to 65 percent from 4.3 percent in the baseline, with a significant change of 40.2 percent over the control households. The contributing factor of such change is the increase in possession of livestock and poultry and other productive assets.

This study finds that 100 percent of treatment and control households use tube-well for drinking and cooking water in 2019 and 2021.

This study finds a significant impact of the programme in reducing treatment-seeking from the local pharmacy or village doctors. Moreover, people with disabilities in the treatment group seek treatment significantly more from the government health facilities in 2021 compared to its counterpart. Therefore, the programme had a significant impact on improving the behaviour of the beneficiaries for seeking treatment from the government health facilities. The programme had a significantly positive impact on access to government services by the extreme poor households having at least a person with an impairment. More specifically, this programme significantly increased access to Government's social safety nets. The impact estimate stood at 4.3 percent, which is statistically significant. More importantly, 99 percent of treatment HHs had the access to social safety nets provided by the Government of Bangladesh.

Positive changes from participants in the intervention group were more significant than changes reported by the control group, clearly indicating the positive impact of HI's intervention in terms of access to health and the positive outcomes for participants due to assistance received when communicating with health providers.

Both treatment and control beneficiaries had no or very little knowledge of disaster preparedness in 2019. However, knowledge of the programme beneficiaries improved a lot within the two years. The estimate indicates an impact of 25.3 percent regarding awareness of at least three measures of facing disaster.

Analysis indicates that the average functional score among people with disabilities has shown improvement since baseline, but the overall impact is not significant. It is important to note here that the programme had the least impact on participation in the family life of persons with disabilities, important household decision making, community life, education and confidence, implying a great scope for further re-designing interventions.

The DIGM resulted in positive outcomes in relation to the treatment group accessing health and/or impairment specific services. The programme had a significant impact in reducing treatment seeking from local pharmacies or village doctors.

Despite the negative impact of COVID-19, project sustainably increased the involvement of the treatment persons with disabilities with the IGAs. The impact estimate is 40 percent, which is positive and statistically significant at 5 percent level, implying an indication of effective support of HI's to persons with disabilities and their families to stop living in poverty.