

EVIDENCE BRIEF

Disability-Inclusive Poverty Graduation (DIG)

Findings from a cluster randomised controlled trial of a Disability-Inclusive Poverty Graduation (DIG) programme in Northern Uganda

Key messages:

- DIG focuses on ultra-poor households to support people with disabilities and women to address barriers to economic inclusion through asset transfers, training, cash support and empowerment.
- DIG significantly improved household income, consumption, and savings, reducing the poverty gap for ultra-poor households with disabilities.
- Project participants with disabilities benefited equally or more compared to those without disabilities, challenging biases about their economic potential.
- Inclusive, well-adapted livelihood programmes can promote meaningful financial progress for people with disabilities.

Background

The need: There are 1.3 billion people with disabilities globally, making up 16% of the world's population [1]. People with disabilities are much more likely to experience poverty, economic deprivation, limited access to resources, and barriers to social inclusion [2-4]. In low- and middle-income countries, these challenges are compounded by a lack of interventions tailored to their needs. Consequently, a focus on disability-inclusive poverty reduction is needed to achieve the Sustainable Development Goal (SDG) to “end poverty in all its forms everywhere”.

The Disability-Inclusive Poverty Graduation (DIG) programme was adapted from a proven Ultra-Poor Graduation model, which has improved the livelihoods of people living in poverty in over 50 countries. DIG uses a multi-pronged approach to poverty alleviation for ultra-poor households, focusing on individuals with disabilities and women. This brief summarises the findings from the trial of effectiveness of DIG, conducted in Uganda [5].

Programme Overview

The Disability-Inclusive Poverty Graduation (DIG) programme in Uganda is an 18-month intervention aimed at helping ultra-poor people with disabilities and/or women achieve sustainable livelihoods.

The DIG programme, which was led by BRAC Uganda, integrates the following key components to address barriers faced by people with disabilities:

- **Livelihood Support:** Asset transfer (e.g., livestock), technical training, mentorship for income generation, as well as home and workplace adaptation.
- **Social Protection:** Cash transfers, rehabilitation services, and linkages to existing social welfare schemes.
- **Financial Inclusion:** Village savings groups and financial literacy training.
- **Social Empowerment:** Individual empowerment plans, inclusive community committees, and advocacy for disability inclusion.

Study Design

London School of Hygiene & Tropical Medicine in partnership with BRAC Institute of Governance and Development, led the trial to evaluate the DIG programme in Uganda. The study employed a cluster-randomized controlled trial design with 96 intervention and 89 control clusters in Kiryandongo, Gulu, Nwoya, and Oyam districts in the rural North of Uganda.

Eligible ultra-poor households were identified using proxy means testing. They were randomised to receive an 18-month intervention including cash transfers, asset provision, training, savings-and-loans access, and social support, or else “usual care”. A baseline survey (Nov 2020) was conducted before implementation, followed by two endline surveys (July 2022 - households with people with disabilities only; and Oct 2023 - all

households and participants) to measure impact, with per-capita household consumption as the primary outcome. In total, 5,300 households were recruited to the study, which included 1,012 people with disabilities – of which 2,700 households (548 people with disabilities) received the DIG intervention. A process evaluation using qualitative and quantitative methods assessed implementation fidelity, mechanisms, and context.

Approvals for the trial were obtained from LSHTM Ethics Committee (ref: 0604–2020), Mildmay Uganda Research Ethics Committee (ref: Reference: 0604–2020) and Uganda National Council for Science and Technology (ref: SS529ES).

Findings

Findings from the DIG trial are summarised below, showing the benefits observed in intervention compared to control households. All monetary values are adjusted for inflation and expressed as constant 2017 purchasing power parity (PPP) USD.

Economic Improvements:

- Annual household consumption expenditure increased by \$274 USD (PPP), with \$36 USD per capita.
- Annual household income rose by \$185 USD (PPP), or 31 USD in per capita terms, driven primarily by improved agricultural income – in line with the main livelihood activities supported by DIG.
- Savings improved by \$16 USD compared to households in the control group, while loans increased modestly by \$8 USD.

Poverty Gap Reduction:

- The poverty gap decreased by 5 percentage points in intervention compared to control households, though poverty headcount remained unchanged. This finding reflects progress toward poverty alleviation despite households’ extreme baseline poverty levels.

Inclusive Impact:

- Households where the primary DIG participant was a person with a disability achieved similar or greater benefits compared to households without a disabled main participant.
- Households with women with disabilities as primary participants saw particularly strong financial outcomes, countering biases about the productivity of people with disabilities.

Pathway to Long-Term Impact:

- Increased savings, income, and consumption expenditures suggest progress along the pathway out of poverty, though additional time may be needed to observe reductions in poverty headcount.

Other Improvements:

- Non-economic benefits were also observed of the DIG programme for people with disabilities.
- There were some improvements in social participation in the short term among people with disabilities enrolled in DIG, but these would require more resources to be sustained longer term.
- People with disabilities enrolled in the DIG programme reported lower levels of unmet need and higher healthcare access following the intervention.

‘The interventions helped us overcome poverty and graduate to the level of owning assets like cows, goats and pigs. We also started going to church because we had been socially empowered. We started mingling with the rest of the community members and accessing social services. We are also involved in politics and are demanding for our rights in society as granted by the national Constitution and other laws.’

(Female intervention recipient with disabilities, Oyam district)

Recommendations

Expand and Scale Disability-Inclusive Models:

- Broaden implementation and evaluation of DIG-like programmes to other regions and contexts to assess replicability and scalability. BRAC, in partnership with LSHTM, is already evaluating the transferability of DIG to the Bangladesh context, with results anticipated in 2026 and the hope of greater roll-out across BRAC’s programmes.

Strengthen Inclusion for Women with Disabilities:

- Increase the participation of women with disabilities in the scale-up of DIG and other livelihood programmes.

Promote Policy Integration:

- Advocate for the integration of disability-inclusive approaches into national poverty reduction and social protection policies.
- Promote disability-inclusive training for government and NGO staff involved in livelihood programmes.

Conclusion

The DIG programme offers a promising model for inclusive poverty reduction for people with disabilities and women living in ultra-poor households. It contributes to the limited evidence base on livelihoods interventions for people with disabilities in low-resource settings. The findings show that livelihood programmes, with appropriate adaptations, can achieve meaningful financial improvements for people with disabilities and challenge prevailing barriers to inclusion.

It is particularly exciting that the programme is already being implemented and studied in Bangladesh, providing an opportunity to assess whether its findings are transferable to other contexts and inform future scale-up efforts and we look forward to sharing these results in 2026.

Further information:

Kipchumba, E., Davey, C., Marks, S. et al. Evaluation of a disability-inclusive ultra-poor graduation programme in Uganda: study protocol for a cluster-randomised controlled trial with process evaluation. *Trials* 25, 206 (2024). <https://doi.org/10.1186/s13063-024-08040-w>

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Website:

<https://www.lshtm.ac.uk/research/centresprojects-groups/penda>

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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. Funded by the UK's Foreign Commonwealth and Development Office (FCDO), PENDA creates evidence to achieve long-term improved wellbeing and inclusion of people with disabilities in low- and middle-income countries, by developing knowledge, people and tools.

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