Ultra-Poor Graduation (UPG) Programme Information Book

Book no. .....

(Group .....)

Year of inclusion in the programme .....

Training batch no.

Ledger page number

Branch | Sub-district | Region

Member's name

Husband's name

Mother's name

Father's name

Organisation name

Organisation code

Member number

Member's age

National ID / birth registration number

Member's mobile number (own/family's)

Member's bKash* number (own/family's)

Member's specimen signature

Village name: ..... Spot name (area within the village): .....

PRA** number: ..... Household number: .....

Enterprise name (type of business): .....

Enterprise option name (specific activity, e.g., cow rearing): .....

*bKash is Bangladesh's largest mobile financial service provider and a subsidiary of BRAC Bank. People use it to send, receive and store money by mobile phone.

**PRA (Participatory Rural Appraisal) is the community wealth-ranking exercise used to identify and select ultra-poor households.

Important Mobile Numbers (Programme-related)

Serial no.	Designation	Name	Mobile number
1	PO-UPG (Programme Organiser)		
2	Branch Manager-UPG		
3	Regional Manager-UPG		
4	Livestock artificial insemination service provider		
5	Chairperson, ... Committee		
6	Community Health Care Provider (CHCP)		
7	Sub-Assistant Agriculture Officer		
8	Sub-Assistant Livestock Officer		
9	Specialist (Poultry and Livestock)		
10	Specialist (Agriculture and Income Generation)		
11	Specialist (Rehab)		
12	Mental Health and Psychosocial Support Specialist		
13	City/Sub-district Social Services Office		
14	District/Sub-district Disability Service and Help Centre		
15	Union Parishad (council) Chairman		
16	Relevant PO-Dabi* (fill in on transfer to Dabi)		
17	Branch Manager-Dabi* (fill in on transfer to Dabi)		

Important Mobile Numbers (Complaints/Advice)

Serial no.	Complaint and advice issue	Mobile number
1	Sexual harassment	01729-071546 01730-346883
2	Prevention of violence against women	109
3	Prevention of child abuse	1098
4	National emergency service	999
5	Shasthya Batayon (health advice)	16263
	Sub-district Information Service Centre	
6	Livestock advice	16358
	Sub-district Health Complex	
7	Krishi (agriculture) call centre	16123

*Dabi (Bengali for "demand" or "right") is a BRAC microfinance product designed for women. Members can move to Dabi after the UPG programme.

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Transferred Assets, BRAC Support Details

Date of training ..... Date of becoming a member: .....

Serial no.	Date	Asset/cash transfer			Amount of BRAC support	Amount of grant	Staff signature	BM-UPG signature
		Nature/type	Number/ quantity	Taka				

Health-related Financial Support Details

Serial no.	Date	Health-related financial support details		Staff signature	BM-UPG signature
		Type of support/name of illness	Amount of support (Taka)		

Input/Adaptation-related Financial Support Details

Serial no.	Date	Input/adaptation support details			Staff signature	BM-UPG signature
		Name/nature/ type	Number/quantity	Taka		

BRAC Support Details

Serial no.	Item	Details	BM-UPG signature
1	Date of asset/cash distribution		
2	Amount of BRAC support (Taka)		
3	Term		
4	Date of first repayment		
5	Total number of instalments		
6	Amount repaid each time (Taka)		

Support Received from Other Sources

Serial no.	Date	Support details				Staff signature	BM-UPG signature
		Name/nature/ type	Number/ quantity	Taka	Source		

Social and Health Issues and Dates Taught in Group

Serial no.	Social and health issue	Dates the issue and message were taught in the group						
		Date	Date	Date	Date	Date	Date	Date
1	Child or early marriage and marriage registration							
2	Dowry							
3	Drug addiction							
4	Women's empowerment							
5	Domestic violence							
6	Children's education							
7	Pregnancy care and child care							
8	Food, nutrition and anaemia							
9	Family planning							
10	Personal health, hygiene and preventing worm infection							
11	Using hygienic latrines and drinking safe water							
12	Awareness of different diseases							
13	Causes of disability and how to prevent it							
14	Mental health care							
15	Climate change							
16	Disaster management							
17	Review							

Session on participation of boys and men in household work	1st time				2nd time			
	Date	No. of participants	Women	Men	Date	No. of participants	Women	Men

Savings and BRAC Support Repayment Information

Serial no.	Date	Savings			BRAC support			Staff signature	BM-UPG signature
		Deposit	Withdrawal	Balance	Current repayment	Repaid to date	Balance due		

Note: The Branch Manager signs against the date of each home visit/check.

Savings and BRAC Support Repayment Information

Serial no.	Date	Savings			BRAC support			Staff signature	BM-UPG signature
		Deposit	Withdrawal	Balance	Current repayment	Repaid to date	Balance due		

Note: The Branch Manager signs against the date of each home visit/check.

Savings and BRAC Support Repayment Information

Serial no.	Date	Savings			BRAC support			Staff signature	BM-UPG signature
		Deposit	Withdrawal	Balance	Current repayment	Repaid to date	Balance due		

Note: The Branch Manager signs against the date of each home visit/check.

Sanitation Support Repayment Information

Serial no.	Date	Sanitation support			Staff signature	BM-UPG signature
		Current repayment	Repaid to date	Balance due		

Note: The Branch Manager signs against the date of each home visit/check.

Enterprise Status Details

Part 1

Date	1st asset (name and number)	2nd asset (name and number)	Enterprise expense information						Crops/fodder/fish										Land under cultivation (decimals)
			Fixed cost		Running/ current cost		Total cost		Name of crop	Production (kg/number)		Value of produce (Taka)		Value of by-products (Taka)		Net income (Taka)			
			Current	To date	Current	To date	Current	To date		Current	To date	Current	To date	Current	To date	Current	To date		

Enterprise Status Details

Part 1

Heifer/bull												Goat/sheep									
Breeding date		Pregnant	Calf	Heifer/bull died	Calf died	Sold		Re-purchased		New purchase/ sharecropping/gift	Current number of assets	Breeding date	Pregnant	Kids/lambs obtained	Goat/sheep/kid died	Sold		Re-purchased		New purchase/ sharecropping/gift	Current number of assets
Natural	Artificial					Number	Taka	Number	Taka							Number	Taka	Number	Taka		

Enterprise Status Details

Part 2

Date	1st asset (name and number)	2nd asset (name and number)	Small business							Boat/net								
			Current monetary value of stock (Taka)	Cash in hand (Taka)	Credit sales (Taka)	Advance paid (Taka)	Current total value (Taka)	Withdrawals from the business	Current monetary value of the business (Taka)	Fish sales		Business income		Total income	New purchase/ share-cropping/ gift/ re-purchase		Current assets	
										Quantity (kg)	Taka	Boat rental	Other		Boat	Net	Boat	Net

Enterprise Status Details

Part 2

Chicken/duck/pigeon								Increased assets: name and number					Name of best practice								Staff signature
Egg sales		Current number of chicks	Chicken sales		Died	Repurchased	Current number of assets						Grass cultivation								
Number	Taka		Number	Taka									Land area	Taka							

Special Observations and Actions During Home Visits

(Write neatly, so the member can read and understand it herself)

Serial no.	Date	Day	Technical topic	Special observation

Steps taken to solve the problem	Staff signature

UPG Member's Overall Situation Analysis

(Include household members with disabilities, children, older people and others)

Strengths	Weaknesses
(e.g., skills, interest, work experience, physical and mental ability, family bonds, social and government support, working-age members in the household)	(e.g., illness of family members, physical or mental disability, lack of working-age members, lack of self-confidence, lack of education and awareness, lack of treatment and rehabilitation support, lack of cultivable land, lack of money-management skills)
Opportunities	**Threats/Risks**
(e.g., usable assets, easy access to cultivable land, space to keep assets, market access, access to social safety nets and community support and services, membership of a self-help group)	(e.g., natural disasters, risk of asset loss or theft, health complications, persistent social discrimination, declining health, unstable market prices, lack of guardian/caregiver, unhygienic latrine, lack of safe water)

PO-UPG's signature ..... Name: ..... Date: .....

Member-based household development plan (economic): based on the member's interests and aspirations, and the staff's assessment of the member's current situation, surroundings and home verification **(first year)**

Serial no.	Name of the specific development plan (Economic: asset growth and income generation)	Amount and source of support or spending, and detailed implementation strategy and method	Implementation period		Signature and date (PO)	To be completed at the end of the achievement period, and reasons if not achieved	Signature and date (PO/BM)
			From	To			

Member-based household development plan (health and social): based on the member's interests and aspirations, the essential service needs of the member and family (basic needs and social protection), the staff's assessment of the member's and family's current situation and surroundings, home verification and stakeholder mapping **(first year)**

Serial no.	**Name of the specific development plan** (Social and health: guided by the graduation indicators and essential service needs)	**Amount and source of support or spending, and detailed implementation strategy and method**	**Implementation period**		**Signature and date (PO)**	**To be completed at the end of the achievement period, and reasons if not achieved**	**Signature and date (PO/BM)**
			From	**To**			

Member-based household development plan (innovation): based on the member's interests and aspirations, and the staff's assessment of the member's current situation, surroundings and home verification **(first year)**

Serial no.	**Name of the specific development plan** (Innovation: plan all agriculture and livestock innovations or interventions needed to meet the family's nutrition and economic needs and ensure the desired growth of the enterprise/ assets)	**Amount and source of support or spending, and detailed implementation strategy and method**	**Implementation period**		**Signature and date (PO)**	**To be completed at the end of the achievement period, and reasons if not achieved**	**Signature and date (PO/BM)**
			From	**To**			

Disability-focused Household Development Plan (Rehabilitation and Psychosocial Support):

Based on the interests and aspirations of the member/person with disability, the staff's assessment of their current situation and surroundings, and the Intensive Rehabilitation Assessment (IRA) and Psychosocial Assessment (PSA) **(first year)**

Serial no.	**Rehabilitation and psychosocial support:** *(home-based therapy, assistive devices, accessibility, tools and task modification, self-care, stress management, habit/behaviour change, caregiver support, family/social participation, specialised referral, participation in education, vocational training, participation in income-generating work, leadership development)*		**Implementation period**		**Signature and date (PO)**	**To be completed at the end of the achievement period, and reasons if not achieved**	**Signature and date (PO/BM)**
	Name of the specific development plan	**Amount and source of support or spending, and detailed implementation strategy and method**	**From**	**To**			

Member-based household development plan (economic): based on the member's interests and aspirations, and the staff's assessment of the member's current situation, surroundings and home verification **(second year)**

Serial no.	Name of the specific development plan (Economic: asset growth and income generation)	Amount and source of support or spending, and detailed implementation strategy and method	Implementation period		Signature and date (PO)	To be completed at the end of the achievement period, and reasons if not achieved	Signature and date (PO/BM)
			From	To			

Disability-focused Household Development Plan (Rehabilitation and Psychosocial Support):

Based on the interests and aspirations of the member/person with disability, the staff's assessment of their current situation and surroundings, and the Intensive Rehabilitation Assessment (IRA) and Psychosocial Assessment (PSA) **(second year)**

Serial no.	**Rehabilitation and psychosocial support:** *(home-based therapy, assistive devices, accessibility, tools and task modification, self-care, stress management, habit/behaviour change, caregiver support, family/social participation, specialised referral, participation in education, vocational training, participation in income-generating work, leadership development)*		**Implementation period**		**Signature and date (PO)**	**To be completed at the end of the achievement period, and reasons if not achieved**	**Signature and date (PO/BM)**
	Name of the specific development plan	**Amount and source of support or spending, and detailed implementation strategy and method**	**From**	**To**			

BRAC-UPG Programme
Voucher no. 1

Group-2 Group-3

Serial no. .....

Region ..... Branch .....

Branch code .....

Member's name ..... Member number .....

Organisation name ..... Organisation code .....

Husband's/father's name ..... Date of BRAC support .....

Date voucher was used ..... Member's specimen signature .....

Reason for using the voucher ..... Repayment number .....

PO-UPG's signature ..... Branch Manager's signature .....

Date ..... Date .....

BRAC-UPG Programme
Voucher no. 1

Group-2 Group-3 Serial no. .....

Region ..... Branch .....

Branch code .....

Member's name ..... Member number .....

Organisation name ..... Organisation code .....

Husband's/father's name ..... Date of BRAC support .....

Date voucher was used ..... Member's specimen signature .....

Reason for using the voucher ..... Repayment number .....

PO-UPG's signature ..... Branch Manager's signature .....

Date ..... Date .....

BRAC-UPG Programme
Voucher no. 2

Group-2 Group-3

Serial no. .....

Region ..... Branch .....

Branch code .....

Member's name ..... Member number .....

Organisation name ..... Organisation code .....

Husband's/father's name ..... Date .....

Date voucher was used ..... Member's specimen signature .....

Reason for using the voucher ..... Number .....

PO-UPG's signature ..... Branch Manager's signature .....

Date ..... Date .....

BRAC-UPG Programme
Voucher no. 2

Group-2 Group-3 Serial no. .....

Region ..... Branch .....

Branch code .....

Member's name ..... Member number .....

Organisation name ..... Organisation code .....

Husband's/father's name ..... Date .....

Date voucher was used ..... Member's specimen signature .....

Reason for using the voucher ..... Number .....

PO-UPG's signature ..... Branch Manager's signature .....

Date ..... Date .....

Livestock Deworming and Vaccination Information

Item	Date of 1st dose	Date of 2nd dose	Date of 3rd dose	Remarks
Deworming (cattle/goat/sheep)				
Deworming (duck/chicken/pigeon)				
Foot-and-mouth disease				
Black quarter				
Anthrax				
Haemorrhagic septicaemia				
Lumpy skin disease				
PPR (goat plague)				
RDV/BCRDV (Newcastle disease vaccines for chickens/chicks)				
Duck plague				
Pigeon pox				

Note: Write the actual dates of deworming and vaccination.

Visitor's Comments (visitors at all levels, including the Branch Manager)

Serial no.	Date	Name	Designation	Comments	Signature

Visitor's Comments (visitors at all levels, including the Branch Manager)

Serial no.	Date	Name	Designation	Comments	Signature

Visitor's Comments (visitors at all levels, including the Branch Manager)

Serial no.	Date	Name	Designation	Comments	Signature

Ultra-Poor Graduation Programme
Status Improvement Indicators for Group-1 Members
Cohort 20.....

Member's name ..... Region ..... Branch .....

Household number ..... Village ..... Spot ..... VO no. .....

Member no. ..... Enterprise ..... Enterprise option .....

What the organisation wants to see in a Group-1 member's situation after two years:

Serial no.	Status improvement indicator	Tick (✓) if the indicator is achieved
1	The member's household has at least 2 types of productive assets	
2	Household members regularly eat good-quality food	
3	Household members use a hygienic latrine	
4	Household members drink safe water	
5	The member deposits savings with a formal institution	
6	The member lives in a durable house	
7	Since joining the programme, the member's household has used a service from a government or non-government institution at least once	
8	Since joining the programme, the member's household has been invited to a social or family event at least once	

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Ultra-Poor Graduation (UPG) Programme
Graduation Indicators
Cohort .....

Member's name ..... Region ..... Branch .....

Household number ..... Group ..... Village ..... Spot .....

Enterprise ..... Enterprise option .....

What the organisation wants to see in a UPG member's situation after two (2) years:

Serial no.	Graduation indicator	Type	Tick (✓) if achieved
1	The household has 3 (three) types of productive assets, and the member controls those assets and the income from them	Mandatory	
2	Household members regularly eat good-quality food	Mandatory	
3	School-age boys and girls go to school	Mandatory	
4	Household members use a hygienic latrine	Mandatory	
5	Household members drink safe water	Mandatory	
6	The value of the member's current productive assets is double the value of the assets the programme provided	Additional indicator	
7	The member regularly deposits savings with an institution	Additional indicator	
8	Since joining the programme, the member takes an active part in household decisions such as buying and selling assets, children's education and marriage	Additional indicator	
9	Since joining the programme, no under-age son or daughter in the member's household has been married	Additional indicator	
10	The member lives in a durable house	Additional indicator	
11	Since joining the programme, the member has used a service from a government or non-government office at least once	Additional indicator	
12	Since joining the programme, the member has been invited to a social or family event at least once	Additional indicator	
13	Since joining the programme, the member or another household member has lent money or goods to a neighbour, relative, friend or other person, borrowed from someone, or bought goods on credit	Additional indicator	
14	Male household members take part in household work	Additional indicator	

BRAC

Ultra-Poor Graduation (UPG) Programme

Pledge (Group-1....)

To
BRAC
75 Mohakhali Commercial Area
Dhaka-1212, Bangladesh

Batch no. .....
Ledger page no. .....

I, ..., father ....., husband ....., mother/wife ....., village ....., post office ....., sub-district ....., district ....., a member of the ..... village organisation of BRAC's UPG programme in the year ..... My member no. is ..... and organisation code no. is ..... (I/name (person with disability) ....., father/husband ....., mother ....., on behalf of) ....., for the purpose of ....., from BRAC's ..... branch office on date ..... received assets worth Taka ..... (in words: ..... Taka) as a grant. I accept these assets on the conditions below, will strive to become self-reliant through self-employment, and pledge that:

1. I will not, under any circumstances, transfer, exchange, relocate or destroy the assets and goods provided by BRAC.
2. I will always take care to maintain the assets received and use them to improve my household's income and well-being.
3. If any problem arises while the programme is running or being carried out, I will try to solve it myself and inform the local BRAC office immediately.
4. I will never think of the assets BRAC provides as relief. I will treat them as my own assets or capital and use them to increase my household's income and well-being.
5. I will follow all the rules of BRAC's Ultra-Poor Graduation Programme and remain loyal to BRAC.

Having received the assets and understood the full meaning of this pledge, I sign it willingly, knowingly and without inducement.

Serial no.	Name of asset	Number/quantity	Value (Taka)

Member's signature/thumbprint ..... Date .....

1. Organisation witness's signature ..... Name ..... Member no. ..... Father's/husband's name ..... Address ..... Mobile	2. Family witness's signature ..... Name ..... Relationship ..... Address .... Mobile .....

Signature and date of the relevant PO, UPG		PIN	
Signature and date of the BM, UPG		PIN	

BRAC

Ultra-Poor Graduation (UPG) Programme

Pledge (Group-2)

To
BRAC
75 Mohakhali Commercial Area
Dhaka-1212, Bangladesh

Batch no. .....
Ledger page no. .....

I, ..., father ....., husband ....., mother/wife ....., village ....., post office ....., sub-district ....., district ....., a member of the ..... village organisation of BRAC's UPG programme in the year ..... My member no. is ..... and organisation code no. is ..... (I/name (person with disability) ....., father/husband ....., mother ....., on behalf of) ....., for the purpose of ....., from BRAC's ..... branch office on date ..... received assets worth Taka ..... (in words: ..... Taka), of which Taka ..... (in words: .....) is repayable and Taka ..... (in words: .....) is a grant. I accept these on the conditions below, will strive to become self-reliant through self-employment, and pledge that:

1. I will not, under any circumstances, transfer, exchange, relocate or destroy the assets and goods provided by BRAC.
2. I will always take care to maintain the assets received and use them to improve my household's income and well-being.
3. If any problem arises while the programme is running or being carried out, I will try to solve it myself and inform the local BRAC office immediately.
4. Starting on ....., I will repay the full amount of this BRAC support in fortnightly instalments of Taka ....., in ..... instalments, by the month of ..... 20.....
5. Until the full amount of this support is repaid, I will remain liable to BRAC for it. Otherwise, BRAC may take appropriate legal action against me.
6. I will follow all the rules of BRAC's Ultra-Poor Graduation Programme and remain loyal to BRAC.

Having received the assets and understood the full meaning of this pledge, I sign it willingly, knowingly and without inducement.

Member's signature ..... Date .....

1. Organisation witness's signature ..... Name ..... Member no. ..... Father's/husband's name ..... Address ..... Mobile	2. Family witness's signature ..... Name ..... Relationship ..... Address .... Mobile .....

Signature and date of the relevant PO, UPG		PIN	
Signature and date of the BM, UPG		PIN	

BRAC

Ultra-Poor Graduation (UPG) Programme

Pledge (Group-3)

To

BRAC

75 Mohakhali Commercial Area

Dhaka-1212, Bangladesh

Batch no. .....

Ledger page no. .....

I, ..., father ....., husband ....., mother/wife ....., village ....., post office ....., sub-district ....., district ....., a member of the ..... village organisation of BRAC's UPG programme in the year ..... My member no. is ..... and organisation code no. is ..... (I/name (person with disability) ....., father/husband ....., mother ....., on behalf of) ....., for the purpose of ....., from BRAC's ..... branch office on date ..... received BRAC support worth Taka ..... (in words: ..... Taka), of which Taka ..... (in words: .....) is repayable and Taka ..... (in words: .....) is a grant. I accept these on the conditions below, will strive to become self-reliant through self-employment, and pledge that:

1. With the support BRAC provides, I will buy assets for the enterprise I was trained in, and will not, under any circumstances, transfer, exchange, relocate or destroy them.
2. I will always take care to maintain the assets received and use them to improve my household's income and well-being.
3. If any problem arises while the programme is running or being carried out, I will try to solve it myself and inform the local BRAC office immediately.
4. Starting on ....., I will repay the full amount of this BRAC support in fortnightly instalments of Taka ....., in ..... instalments, by the month of ..... 20.....
5. Until the full amount of this support is repaid, I will remain liable to BRAC for it. Otherwise, BRAC may take appropriate legal action against me.
6. I will follow all the rules of BRAC's Ultra-Poor Graduation Programme and remain loyal to BRAC.

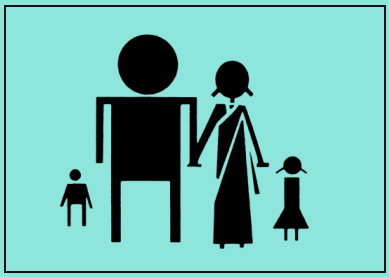
Having received the BRAC support and understood the full meaning of this pledge, I sign it willingly, knowingly and without inducement.

Recipient's signature ..... Date .....

1. Organisation witness's signature ..... Name ..... Member no. ..... Father's/husband's name ..... Address ..... Mobile	2. Family witness's signature ..... Name ..... Relationship ..... Address .... Mobile .....

Signature and date of the relevant PO, UPG		PIN	
Signature and date of the BM, UPG		PIN	

Photo



Nomination Form for Death-related Safety Benefit

(Daughters, women and persons with disabilities must be given priority when naming a nominee)

I, the undersigned, nominate the person(s) below to receive, after my death, all money payable under the death-related safety benefit, to be shared at the rates shown next to their names.

Serial no.	Name of nominee	Permanent address	Relationship	Age	Share of the payable amount

Witness's signature: ..... Applicant's signature: .....

Period | | | | | | | | from | | | | | | | | to

Seal

Branch Manager, UPG signature and date

Period: (until the end of the term of the repayable BRAC support)

Item	Day/place	Time
Group visit		
Home visit		
Village Social Solidarity Committee meeting		