

# eBASE Africa Annual Report

**March 2019**



*Improving Livelihoods through Innovation  
and Best Practices*

## About us

eBASE Africa is an international charity registered in Cameroon. We seek to make basic services more effective by ensuring best available research evidence is applied in service delivery. We work across the evidence ecosystem – project implementation, primary research, evidence synthesis, evidence translation and evidence implementation.

In a quest to ensure sustainable interventions, eBASE implements projects along existing local health or education systems and incorporation of community participation in all projects.

### VISION

Be the **game changers** for effective **basic services** – including health and education – through the use of **best available evidence** and **technology** in Africa.

### MISSION

eBASE mission is to make basic services, health and education especially, more effective through the use of best available evidence and technology within the evidence ecosystem.

### VALUES

Empathy

Curiosity

Innovation

Evidence based

Community Involvement

# ABBREVIATIONS

<b>BIHAPH</b>	<b>Bihndumlem Humanitarian Association for Peace and Hope</b>
<b>CBR</b>	Community-Based Research
<b>CBW</b>	Community-Based Worker
<b>CHW</b>	CommunitY Health Worker
<b>eBASE Africa</b>	Effective Basic Services Africa
<b>HCW</b>	Health Community Worker
<b>ICT</b>	Information Communication Technology
<b>ID</b>	Intellectual Disability
<b>IRB</b>	Internal Review Board
<b>PLWD</b>	Person Leaving With Disability
<b>QE</b>	Qualitative Evidence
<b>SDG</b>	Sustainable Development Goals
<b>SSBK</b>	Stichting Steunfonds Bijzondere Kansen
<b>TVET</b>	Technical and Vocational Education and Training
<b>UK</b>	United Kingdom
<b>UN</b>	United Nations
<b>WHO</b>	World Health Organisation

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## Word From Team Lead

Dear Friends,



*Dr Okwen Patrick,  
Team Lead eBASE Africa.*

True to our vision to improve livelihoods through innovation and best practices, eBASE Africa has dedicated the year 2019 to identifying partners that will positively contribute to our vision. It built on the promise of 2018 to engage more actively partners that share our vision at national and international scenes.

Building partnerships is a slow and difficult process that requires both financial commitments and patience. In 2019, we have added to our list of partners some promising partners like the Education Endowment Foundation UK, and the Rotman Center of Management at University of Toronto, University of Maroua, and the Samariya Association in Cameroon.

In 2019, we recorded a reduction in annual income particularly because some projects were ending. We however recorded an increase in number of lives touched by our work and an increasing presence at international conferences and the global evidence community.

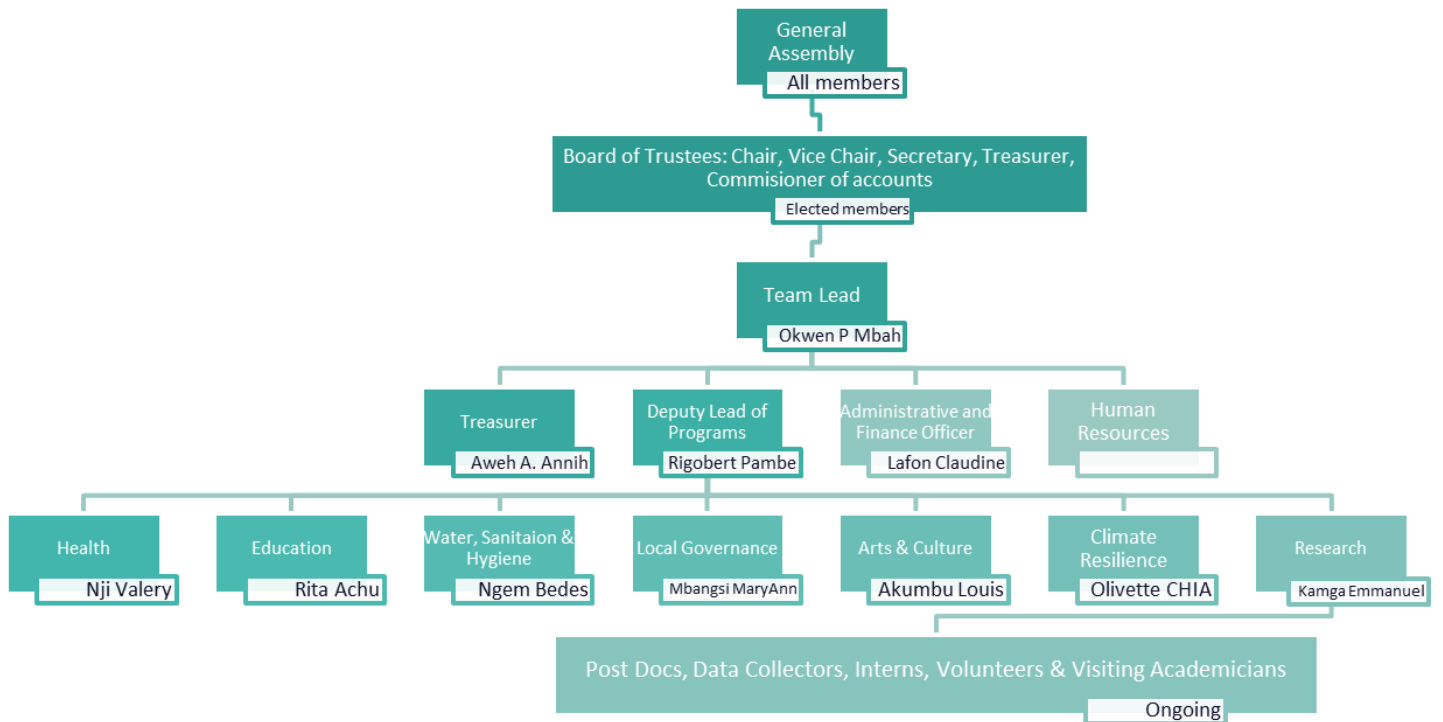
In 2019, we directly impacted over 2000 lives with innovative products that will improve their livelihoods including underserved populations like women, children, people with disabilities, and indigenous populations. These innovative products included solar cookstoves and lamps, mobile phones, computers, and nutritional supplements. We also indirectly impacted over 200,000 lives through innovation and research evidence through capacity building, supporting evidence informed decision making, and sensitization programmes.

It is our hope and promise that 2020 will see us build on these partnerships to improve our visibility and get more funding to continue the important work we have embarked upon.

Thank you!

*Dr Okwen Patrick,  
Team Lead eBASE Africa.*

# Our Team



## Organizational Governance

eBASE Africa is governed by a general assembly of members that is guided by the board of trustees. Daily activities are also guided by policies and procedures with board of trustee members acting as chaperons to diligent implementation of policies.

Board of Trustees Members

## Members

- Dr Marvice Tebid
- Ashu Walters
- Prof. Karen Grimmer
- Wim & Gerdy Weustink
- Rev Bernadine Nsom
- Dr Elvis-Paul Tangem
- Dr Okwen Collins

eBASE Africa is proud to welcome 2 more board members Drs Pisoh Edward and Pisoh Anota and Honourable Honore Ngam. They replace Miriam Nkangu and Sr Stella Ekukule who both resigned from the board due to other commitments – we heartily thank them for their contributions to eBASE Africa’s vision.



**Dr Pisoh Edward and Dr Pisoh Anota**, a couple based in the US and working at the St Francis Medical Center Peoria, Illinois. Ed is a consultant emergency physician and Anota is a consultant family physician. They bring on board experience in healthcare at global level, access to funding opportunities, and access to US partners.



**Honourable Honore Ngam** is the senate lead for youths and education in at the Senate in Cameroon with a long experience in the political terrain in Cameroon as a member of the main opposition party. He joined the eBASE Africa board because of his passion for evidence informed decision making.

## List of Policies

SN	Policy	Policy no.	Person Responsible	Remarks (version; date modified; need to modify)
	Finance policy	001/2016	Mr Ashu walters	Addendum: funds request and disbursement (02/2017)
	Anti Bribery and Corruption	002/2017	Fr Bernadine Nsom	
	Child protection	003/2017	Dr Marvice Tebid	
	Confidentiality	004/2017	Fr Bernadine Nsom	
	Data protection	005/2017	Barr MaryAnn Zithem	03/04/2017
	Privacy	006/2017	Fr Bernadine Nsom	
	Anti discrimination policy	007/2017	Dr Marvice Tebid	
	Health and safety policy	008/2017	Barr MaryAnn Zithem	
	Board of Trustees	009/2017	Team Lead	
	Environmental protection	010/2017	Elvis Paul Tangem	

## eBASE Africa in 2019



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*In 2019, eBASE Africa with a team of 15 staff could only be able to achieve so much within the global evidence community through the dedication and passion of its staff.*

6 Evidence Projects Implemented	140 pregnant women supported	100+ policy makers and practitioners trained
12 evidence summaries	12 contextualized guidelines	3 countries
20 TVET students supported	30 families with children with disabilities supported	1889 non-literate populations impacted with research evidence
10 international conference presentations		

# ACTIVITY SUMMARY REPORTS

1

**Promoting Computer literacy and Information and Communication Technology (I.C.T) based learning in Technical and Vocational Education and Training (T.V.E.T): The Weustink-Leerdam Junior Fellowship for TVET**



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**PROJECT PERIOD: 01/01/2020 TO 30/06/2021**

**REPORTING PERIOD: 1<sup>ST</sup> SEMESTER**

## **Project overview**

The first semester of the project ran from 1<sup>st</sup> January 2020 to 30<sup>th</sup> June 2020 and was a follow up on previous computer support from SSBK. SSBK sourced extra funding to improve outcomes from an initial computer distribution project which began in 2017 where 40 TVET students in rural and conflict affected areas received computers to assist with their education.

Following the 2017 project, computers donated to TVET students had shown promising effect on learning outcomes and self esteem especially in female students. A conflict escalated in 2018 causing the shutdown of schools and further complicated by COVID-19 in early 2020. The computers were potentially useful in these circumstances, however due to lack of access to internet distance learning was very limited. The funding from SSBK in 2020 facilitated training of tutors and mentors for 20 outstanding TVET students, providing financial support for tutors and mentors, and provision of internet materials.

All objectives for semester 1 were achieved despite the challenges of conflict, COVID-19, and timing of funding.

Some of the activities were pre-financed by eBASE once SSBK had confirmed greenlights for funding. All budget was used as per allocated. Funds transfer for the quarter arrived on June 20<sup>th</sup> 2020.

### **Project activities:**

#### **Selection of 20 TVET Students**

A total of 40 TVET students received computers in 2017. 34 students who still had functional computers were eligible to benefit from this round of funding to support them access internet and benefit from distance learning with a mentor or personal tutor. 20 students were selected based on an objective assessment based on motivation, geographic location, gender, and vocation. 10 girls and 10 boys were selected, amongst whom were 4 from informal sector education, 1 student with disability, 2 students from indigenous populations, 8 students from rural areas. All students were from conflict and COVID-19 affected areas.

#### ***Accompanying justifications:***

***Annex 1 – Narrative Report on Assessment Process***

***Annex 2 – Students Motivation letters***

### **Training Tutors and Mentors**

10 teachers were trained as tutors and mentors to selected students. Initially the plan was to train 4 tutors, but there was no cost difference in training more so we opted to train 10 teachers instead. We however maintained only 4 teachers for the tutoring and mentoring within the Weustink-Leerdam project. The modules for teacher training included how to teach students remotely, including use of video calls on WhatsApp and Zoom, searching for teaching and learning resources online, identifying effective open source materials, virtual collaboration, remote students evaluation, and adapting distance learning in Africa. A teacher guidelines was also developed to assist teachers with the process.

#### ***Accompanying justifications:***

***Annex 3 – Distance Learning Guidance***

***Annex 4 – teacher training modules,***

### **Technical Support for Distance Learning**

Technical support for distance learning and teaching was provided by eBASE Africa using funds from SSBK. Technical support in material form included internet modems and internet data provided to students. The data was provided on a monthly basis but the modems were a one-time gift from the project. Each student was entitled to 8GB internet data access per month. Internet data was expected to be used strictly for studies but also for use for social media for students who are starting a business. Students were put on schedule and monitored by tutors. They reported their monthly use of internet.

#### ***Accompanying justifications:***

***Annex 5 – Tutor Reports of students' progress (sample)***

***Annex 6 – List of learning resources downloaded and shared***

## Municipal Councils Advocacy

Two meetings were held with the Bamenda city council and 1 meetings with the Santa council to advocate for investments for ICT for TVET in schools. The municipal councils were very welcoming to the project and promised to support TVET schools with computers once school resume.

*Accompanying justifications:  
Annex 7 – Meeting reports*



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## Project Milestones

Milestones to be achieved during quarter	Target	Achieved	Variance	Remarks eg reasons for variance
Semester 1 (January-June 2020)				
Select 20 TVET students in the North West region and offer them computers and required resources.	20	20 (100%)	0	
<ul style="list-style-type: none"> <li>Select and train tutors that will be in charge of mentoring selected students</li> </ul>	4	10 (250%)	+6	More teachers were available and eager to be trained in distance learning techniques. It was also more cost effective to train more than 5 teachers.
<ul style="list-style-type: none"> <li>Provide technical support in designing and implementing a robust computer based technical learning environment.</li> <li>Providing internet modems for 20 TVET students</li> <li>Providing monthly internet data for 20 TVET students</li> </ul>	20	20 (100%)	0	
<ul style="list-style-type: none"> <li>Use and distribute rapidly available learning materials</li> <li>98 learning resources downloaded and shared with students (including open source TVET software, e-books, electronic articles, YouTube videos) shared through flash drives and WhatsApp.</li> </ul>	Lump	Lump (100%)	0	
<ul style="list-style-type: none"> <li>Carry out advocacy in at municipal, and related government departments to provide at least 10 computers per schools in all rural schools.</li> </ul>	1	2 (200%)	+1	Advocacy was conducted at Bamenda City Council as planned. A second advocacy was conducted at the Santa Council. The municipal councils agreed to consider provision of computers in the next budget once schools resume.
Data Collection	20	Ongoing		

## Challenges

- **The Anglophone Conflict:** the anglophone crisis has led to a shutdown of schools and the educational system has been fragmented. Measuring comparative class performance is therefore difficult.
- **COVID-19:** Has complicated home visits which was initially conducted by tutors to look at state of computers and talk with families about students progress. We have resorted to the use of Zoom and WhatsApp video meetings for this purpose.
- **Number of students in the programme:** 20 students are too small for effect to be measured. In addition the demand on the field is huge and more families are eager to be considered for the project.
- **Informal sector education:** Measuring impact of intervention on informal learning sectors is very difficult.
- **Correct use of data:** students tend to use data for other purposes aside learning thereby running down their monthly data.
- **Internet connectivity:** internet connectivity is poor and quite unreliable
- **Electricity outages:** electricity outage is common especially in rural areas where some villages could go for several weeks without electricity. Solar energy and laptops will be very useful in such settings.

## Lessons Learnt

- 1** ICT can especially boost education for girls in the informal learning sector, this includes girls doing apprenticeship in vocations like tailoring, beads making. Trainings in using social media for marketing proved lucrative.
- 2** The project was a perfect solution for both conflict and COVID-19 as both situations prevented kids from going to classrooms. Our project facilitated distance learning. This project is therefore an exemplary approach to mitigate impact of conflict and pandemics as well as possible use as a tool for education in emergency.
- 3** Only 20% of kids in Africa have access to ICT, therefore consideration of distance learning options for kids in Africa will be helpful, this includes radio classroom, messenger classes, and narrative or storytelling learning.

# ACTIVITY SUMMARY REPORTS

2

## Increasing Awareness for Needs and Rights of Persons with Disability In the North West Region of Cameroon: A Family and Community Centered Approach



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### Background

Inclusion in the design and implementation of disability programs will improve project outcomes (Miles 1996). Sustainability of disability projects can be assured if these projects combine community participation and government involvement (Chappell 2009). Experiences in 3 southern African countries suggest that empowering community workers to be community disability workers contributed to social justice for persons with disability and their families (Lorenzo 2015) however, this best practice has not been implemented

this best practice has not been implemented in Cameroon where CHW are available but lack the skills to manage persons with disability during their home visits. Sexual abuse on persons with disability is common in rural areas in Cameroon, studies suggest that teenagers with disability are vulnerable to sex abuse and this can happen in schools, at home or while they are moving about the community (Phasa 2014). Families with persons with disability therefore need to be able to promptly identify or notice signs of sex abuse when they happen or even speculate when their disabled person is about to be sexually abused. Vulnerability factors can be classified as individual, family and community (Phasa 2014). In Cameroon, cultural beliefs have it that having sex with a mentally disabled person could lead to more wealth or the so called 'nyongo' or occultist, this beliefs increase vulnerability of persons with disability. (Nixon SA, 2017) Unless community-based rehabilitative programs consult with disability right movement, they may repeat the same mistakes as institutional based rehabilitation (Miles 1996). In southern Africa, partnership between CBR programs and adults with disabilities/parents led to a more consumer focused approach where both persons and parents of disability are fully involved in the design and implementation of CBR programs. (Miles 1996). In Cameroon, CBR workers have a clearer understanding of these programs as a development tool. Education, employment and poverty alleviation have been highly prioritized than medical rehabilitation in these programs. In Cameroon just like other low-middle income countries, persons with disabilities are largely cared for by families with most of the weight and responsibilities on the shoulders of women. Studies suggest that families incorporated with persons with disabilities should be given improved support appropriate to resources especially when the existing care givers are no longer able to cater for these persons (McKenzie, McConkey 2016). persons with disabilities and their families still live in stigma and a high level of exclusion in most rural areas in Cameroon which are poorly resourced and serviced. CBWs in health and social development are in a better position to assist in providing essential support for those in

such areas who risk being neglected. Unfortunately these CBWs do not have the necessary competencies and skills to deliver these services. Studies suggest that in order for inclusive services in rural areas to fully embrace a philosophy of social inclusion, and a set of values that seek to protect the human dignity and rights of persons with disability, it required that CBWs should be capacitated and equipped with skills to work cross-cutting and in a cross disciplinary manner in order to operationalize the community-based rehabilitation guidelines that are designed to promote delivery of services in remote and rural areas. (Lorenzo, Van, Booyens 2015). Childhood disability has a great effect on family life especially in Cameroon. Studies explain that children, family, ecological, and sociocultural variables intertwine to shape the ways families respond to disability, and that professionals can promote coping, adaptation, and empowerment (Seligman 2017)

Family centered practices are perceived as best practices and need further exploration. (Raghavendra P, Murchland S, Bentley M, Wake-Dyster W, Lyons T 2007). However Parents generally rated the family-centred behaviors of staff as positive. *Respectful and supportive care* received the highest rating, while *providing general information* received the lowest.

The implementation of family centered practices to persons living with disabilities was the best children who have physical disabilities and their families, involvement with a variety of providers of rehabilitation services is the norm practice as it brings the person more closer and to develop better contact with those close by. (Dempsey I, Keen D.) For rather than the exception. There is need to improve on the quality of services and more effective follow up. There is need to continuously identify the environmental factors that enhance the impact on community participation of persons with an intellectual disability. (Verdonschot MM, De Witte LP, Reichrath E, Buntinx WH, Curfs LM. 2009) A number of environmental factors positively affecting participation includes: opportunities to make choices;

variety and stimulation of the environment of facilities; opportunities for resident involvement in policy making; small residential facilities; opportunities for autonomy; vocational services; social support; family involvement; assistive technology; and positive staff attitudes. A number of identified environmental factors negatively affecting participation are: lack of transport and not feeling accepted. All these needs to be looked into in order to engage full impact on community participation of persons with disability. There is the possibility to identify relevant QoL evidence from the literature in a proactive way, and to ensure that it is methodologically sound, provides both quantitative and qualitative data, represents inter- and intra-individual variability, and illustrates changes over both the lifespan and across cultural settings

Increased contact with family and friends by people with intellectual disability (ID) following relocation from an institution to the community improves the individual's quality of life. (Bigby C.) In this study, changes in the nature of the informal relationships of residents 5 years after leaving an institution were examined. It shows that contact with friends, family members will increase their sense of belonging and worthwhile without these elements they feel left out leading to adverse consequences for people with intellectual disability.

Our project focused on 3 level to impact on rights and needs for persons with disability, these are individual, family and community levels.

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## Objectives

To increase awareness on needs and rights of disabled persons using an innovative family and community approach coupled with family incentives.

### Specific Objectives

1. Identify the needs of disabled persons in Bamenda city and its environs by December 2019
2. Raise awareness about the rights of persons with disabilities in 15 communities in the North West region of Cameroon by December 2019.
3. Create one resource center for persons with disabilities in the North West region of Cameroon by June 2019
4. Integrate health sector through the use of 5 community health workers for disability home visits in Bamenda by December 2019.
5. Improve quality of life for persons with disability in Bamenda city by December 2019
6. Integration of 30 disabled children and young adults into the wider community through income generating activities by December 2019.
7. Provide education on the rights of persons with disability to 80% identified vulnerable persons by December 2019.
8. Provide Life skills development to 80% identified vulnerable persons by December 2019.
9. Provide psychosocial support for 80% identified disabled persons and their families.
10. 30 families undergo BIHAPH- eBASE model of interactions between families with disabled persons in Bamenda
11. Evaluate the impact of innovation by January 2020.

## Methods

We reviewed existing evidence and work on family centered disability interventions to identify what works and gaps for further research. We used existing evidence of what works to design our intervention. We found existing guidelines for family centered (Cockburn L, 2014) with recommendations on family centered care for children with disability. We followed the eBASE Africa evidence barometer to ensure intervention used evidence based approaches in all activities as follows:

1. Quality life services and best practices are essential in improving the conditions of persons with intellectual disability. There is great need to identify the QoL in order to fully apply it. (Brown RI, Schalock RL, Brown I 2009) .
2. Evidence searched to use at implementation: We searched Campbell, Cochrane, Joanna Briggs Institute systematic review databases, PubMed and Google Scholar for best available evidence. We also searched UN, WHO, and SDG websites. We emailed other actors active in disability for unpublished data including CBM Cameroon and Bamenda Coordinating Centre For Studies in Disability And Rehabilitation Cameroon, and International Centre For Disability And Rehabilitation University Of Toronto, Canada. We identified 212 relevant studies, we included evidence from 34 studies including 3 systematic reviews, 1 national disability policy, and 1 guideline in the project development.
3. Project follows sound scientific method in impact evaluation: We developed outcomes of measure based on the rights-based approach for disability and the SDG disability indicators. Outcomes will be measured before and after intervention.
4. Stakeholder engagement level: After identifying existing knowledge on family centered care, preliminary outcomes were discussed with stakeholders (PLWD and families, CHWs, HCWs, community leaders, traditional healers). Outcomes of measure were scored and highest scoring outcome was considered as primary outcome.
5. Address conflict of interests: All key staff on the project declared no conflicts of interests
6. Ethics: ethics approval was gotten from the Bali District Hospital IRB
7. Peer Reviewed: Protocol was reviewed by two independent editors and feedback was considered in final protocol.
8. System Integration: CHWs were involved in the project
9. Evaluating Resource use: A cost analysis is planned
10. Equity Issues: The project itself is developed to address equity issues, however, we focused on identifying further at risk populations within PLWDs, including girls and indigenous groups.
11. Report Published: we planned to publish report.

Based on research recommendations we identified 3 main areas of focus (Cockburn L, 2014):

- psychosocial care
- basic needs, material and educational care
- programs, organizations

We identified families having at least 1 PLWD meeting predefined criteria (aged less than 25 years and living in the Bamenda Municipality). We developed 2 disability maps following the Washington Group on Disability Criteria for children between 2-4 years in one group and children between 5-17 years in another group.

We worked with the Bamenda DHS to identify CHWs in health areas with families having PLWD within the health district. We trained CHWs on Family centered approach and identifying disability during home visits.

We developed modules to train CHWs identifying PLWDs, assessing their needs, identifying rights abuse, and mainstreaming disability into household visits. We developed modules to train families to live with PLWDs, respect their rights, and manage stigma. We developed modules for community sensitization on stigma, inclusion, and rights.

We supported CHWs with 2 motor bikes to facilitate mobility in the community.

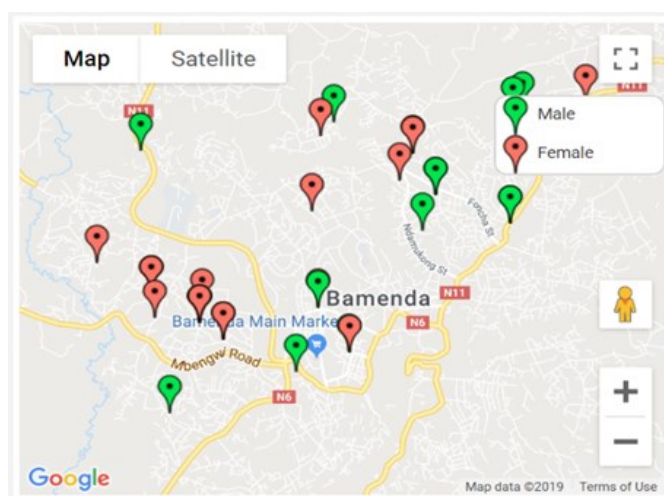
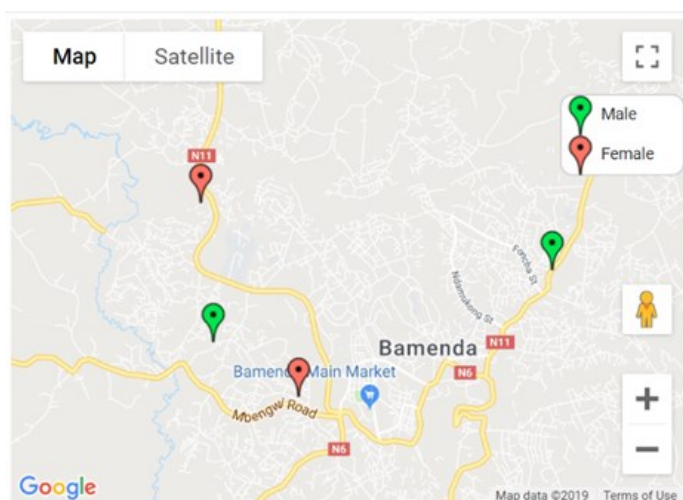
We identified 30 families to be supported with income generating activities.

Data collection was done using MaxAPP for qualitative data and Magpi for quantitative data.

We planned to measure the following outcomes:

Outcome	Source	Score/10	How to Measure
Identify PLWD in the community	Protection and Promotion of PLWD Policy for Cameroon	9.5	Head counts DisabilityMaps
Increase income for PLWD	The Rights Of Persons With Disabilities And The Sustainable Development Goals	7	Number of PLWD provided with seed funds
Reduce community stigma against PLWD	eBASE Africa Policies	6.8	Reduced reports of stigma from PLWD
Identify needs of PLWD	Protection and Promotion of PLWD Policy for Cameroon	6.5	Number of needs identified per household
Participation of PLWD in decision making	Committee on the Rights of Persons with Disabilities	6	Number of decisions influenced by PLWD

## Results



We recruited to total of 56 PLWD; 7 PLWD between ages 2-4, 37 PLWD between ages 5-17, and 12 PLWD at age 18 and above. We excluded PLWD above 18 years in our intervention. We included 23 females and 21 males in the project.

All eligible PLWD were assessed using the Washington Group assessment tool. The results suggest 14.3 of PLWD had a family history of disability. We also report mental health issues with all PLWD included in the project, with 100% having at least one depressive episode a year and 91.9% having more than one anxiety episodes a year.

The project assessed the presence of family history of mental disorder, family income, mothers level of education, religion, and geographical positioning. We assessed disability including hearing, vision, walking, friendship, and mental health using an adapted Washington Group assessment tool for 56 PLWD disaggregated by age and sex as above. (See annex )

Dissemination: we have shared tools and results with the regional delegation of social affairs, the Bamenda city council, the Baptist Health Service, the CBM Cameroon, The What Works Network, and the Qualitative Evaluation Symposium. We have gained interest from CBM Cameroon with potentials for further work with them. We have also been invited to present the approach at the What Works conference in Mexico in October 2019 and the QE Symposium in Brazil in October 2019.

# ACTIVITY SUMMARY REPORTS

## 3

### Facilitating Evidence Informed Decision Making to Non-Literate Consumers in Cameroon



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## Background

The peculiar context of basic services consumers of evidence calls for diverse approaches in evidence translation and communication. In Africa for example, literacy rates are low and the people are ingrained in a culture of storytelling and the arts. Research evidence presented as text and numbers tends to be indigestible to consumers in this context. An approach that uses the arts; storytelling, drama, poems, music, graphics, and dance will be better suited in this context.

eBASE Africa and consumer representative groups in healthcare and education in collaboration with local traditional story tellers developed an approach of knowledge translation whereby evidence recommendations are modeled into stories, poems or graphics and communicated to consumers during art shows.

**Objectives:** contextualizing knowledge translation and communication of evidence for consumers through story-telling, drama, poetry slam and music. Promote the use of evidence by consumers of basic services (patients, carers, general public, students, school boards) and providers in Cameroon.

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## Results

**Education:** We identified evidence gaps in education in homework where students were reluctant to use evidence-based approaches for doing homework in schools. We developed a PICO. Population: TVET students in secondary schools; Intervention: Interventions to improve homework effectiveness; Comparator: current methods; Outcome: Number of children completing homework, exam pass rates. We searched evidence from Cameroon Ministry of Education guidelines database; Campbell Collaboration; Education Endowment Foundation database; and eBASE Teaching and Learning Toolkit.

**Health:** we identified evidence gaps from the consumer perspective in the treatment of malaria; consumers not wanting to do tests and demanding injections. We developed our PICO: P - children under 5 years with uncomplicated malaria; I - Any WHO (World Health Organization)-recommended Artemisinin-Based Therapy; C - any standard evidence deviating care, O - absence of malaria parasite. We searched for relevant evidence from Cameroon Ministry of Health guidelines database, Cochrane Reviews, WHO guidelines and JBI (Joanna Briggs Institute) database.

We summarized the relevant evidence that we found into one sentence per piece of evidence. we worked closely with artists to model the summarized evidence into art (songs, drama, stories, graphics and poems), ensuring that the evidence is communicated. We moved on to organize two performing arts events during which stories, poems, songs, dramas, and graphics were exhibited to communicate this evidence.

**Results: from our search of relevant evidence from evidence ecosystems and databases, we found 2 national guidelines; 3 Campbell reviews; 85 Cochrane Review titles; three JBI evidence reports; one WHO guideline; and six relevant primary studies. We used evidence on the back end of the eBASE Teaching and Learning Toolkit.**

We developed evidence summaries (three sentences; one sentence for each piece of evidence). We modelled evidence summaries into two dramas; two poems; one piece of music and several graphics (drawings and posters). Two events organized with 1889 people in attendance generated USD 735. We generated 218 code systems from MAXQDA and identified seven emerging themes including evidence acceptance; evidence hesitancy; diversity needs; role of culture; evidence communication; evidence reaffirmation, and recommendations on the process. Six out of 10 consumers were likely to accept evidence while four out of 10 were still hesitant about evidence.

**Conclusions:** Contextualized Evidence Translation is critical to Basic Services Evidence Uptake in diverse settings. Our project targets consumers and we believe contextualizing evidence promotes consumer evidence uptake

## Incubating Innovations

### *Evidence Tori Dey*

Complex research evidence may not be readily digestible for policy makers, practitioners, and consumers and more so for consumers who are non-literate. Evidence Tori Dey is being developed by eBASE Africa to bridge this gap. It consists of a rigorous approach of getting research evidence to non-literate populations through storytelling in a collaboration between scientists and traditional storytellers.

### *Evidence Barometer*

The evidence barometer is a tool for evaluating use of evidence in policies and programmes in development. It uses 10 points criteria to rigorously assess policies and make recommendations for improvement. It is used before, during, and after policies design.

### *Taammunde*

A mobile phone platform used to facilitate access to emergency obstetrics care for pregnant women in distress. This platform has now been piloted in Lagdo and Bali District Health Services in Cameroon. So far over 500 women in rural areas have been able to use this platform.

### *WasteMaps*

A mobile platform for mapping city waste points and engaging policy makers and companies about pollution and corporate social responsibilities. The proof of concept for this project is now complete.

### *ChopFyne*

A mobile and paper based platform to improve nutrition for children under five years of age used by community health workers in district health services. It monitors the food portions of children in households and makes recommendations for improvements and balanced diets. This concept is still being developed.

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## Capacity Building

In 2019, eBASE Africa conducted capacity building workshops for research including:

- Qualitative study: Use of MAXQDA for qualitative research in development: 2 national and 1 international trainings were conducted in Cameroon and Brazil respectively. A total of 61 persons were in attendance.
- Quantitative study: Use of Magpi for data collection and analysis in development: 2 trainings were conducted in Cameroon with 32 persons in attendance.
- Comprehensive systematic review using the JBI Approach: 1 training was conducted in Cameroon with 25 persons in attendance.

***Our trainees included practitioners, policy makers, community health workers, and students.***

# eBASE AFRICA FINANCIALS

Effective Basic Services (eBASE) Africa		
Income Statement		
For the Period ended	2018	
<b>Income</b>		
	Membership Contributions	13,058,000 XAF
	Grants	67,145,468 XAF
	Donations	17,655,010 XAF
	Sundry incomes	9,122,143 XAF
<b>Total Income</b>		106,980,621 XAF
<b>Expenses</b>		
	General & Administrative	7,738,079 XAF
	Operating Expenses	39,270,010 XAF
	Motor Vehicle Expenses	4,289,500 XAF
	Website Expenses	465,000 XAF
	Employment Expenses	47,148,000 XAF
	Capital expenditure	- XAF
	Other Expenses	2,569,000 XAF
	<b>Expenses total</b>	<b>101,479,589 XAF</b>
<b>Net income</b>		<b>5,501,032 XAF</b>

# STRATEGIC PLAN 2020

eBASE Africa's seeks to improve livelihoods through innovation and best practices in basic services for underserved populations, this includes women, children, rural populations, people with disabilities, and indigenous populations.

Our targets sectors include health, education, agriculture, environment, water sanitation and hygiene, micro-finance, and arts.

While placing an accent on underserved populations, eBASE Africa's current strategic plan runs from 2018 to 2020 and has six main axes:

## Axes 1: Use of Best Practices

eBASE Africa seeks to promote use of research evidence by policy makers, practitioners, and consumers through:

- Mapping existing research in basic services, development programmes, government policies
- Identifying potential areas for research and development
- Synthesizing research evidence
- Knowledge translation
- Evidence implementation

## Axes 2: Use of Innovation

eBASE Africa seeks to nurture and promote innovation in accordance with the African Union's vision 2063 for the Africa we want through:

- Designing and testing new interventions that will impact livelihoods in Africa
- Using mobile phone technologies
- Using geographical positioning technologies
- Innovating for non-literate populations
- Exploring evidence ecosystem approaches that work for the African context
- Including culture and arts in interventions

## Axes 3: A focus on Basic Services

eBASE Africa's consideration of basic services have been carefully selected through a stakeholder's consensus process with considerations of how these contribute to the sustainable development goals. Use of best practice and innovations in projects are considered within the following basic services:

**Health:** stakeholders considered health to play a key role in poverty reduction and effective and decent work. Focus is laid on the health of underserved populations and diseases that are peculiar to these groups like the Neglected Tropical Diseases.

**Education:** stakeholders considered education to play a key role poverty reduction, getting a decent job, making informed choices about daily lives, and creating new paths for their nations. Focus is laid on the health of underserved populations and education for kids primary and secondary education, and educational options that will promote development like technical vocational education and training (TVET).

**Agriculture:** stakeholders considered agriculture to play a key role in zeroing hunger and poverty. Focus is placed on the use of citizens voice and promotion of evidence generation and synthesis for indigenous foods.

**Environment:** stakeholders considered environment to be closely linked to culture, ancestors, and health and must be protected. Focus is laid on environmental aspects closely linked to the heart of the Africa person. These include indoor and outdoor pollution, use of the abundant sunlight in Africa, and environmental concerns of indigenous groups like the Baka Pygmies and Mbororos.

**Water Sanitation and Hygiene:** stakeholders considered water sanitation and hygiene access to play a key role in health, education, and environment. Focus is placed on role of WaSH for girls especially in menstrual hygiene management in schools, access to water for rural farmers, access to water for communities with outbreaks of infectious diseases like cholera.

**Micro-finance:** stakeholders considered interventions that provide financial viability to underserved populations play a key role in zeroing poverty and hunger. Focus is placed on financial empowerment for less privileged.

#### Axes 4: Community Engagement

eBASE Africa seeks to develop activities across the evidence ecosystem through community

engagement with community members in the driver's seat through:

- stakeholder's engagement activities

- focus on mixed methods research

- focus on decentralized structures policy makers and practitioners

- focus on getting research evidence into households

#### Axes 5: Inclusion of underserved populations

eBASE Africa considers underserved populations those populations that are expected to pay taxes but have been largely ignored by policies and programmes. These populations may also be referred to as disadvantaged or under privileged or vulnerable populations.

#### Axes 6: Use of arts



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