# Template for Intervention Description and Replication (TIDieR)The eBASE Family Centered Evidence Toolkit for Disability (EFCETD)

## The eBASE Family Centered Evidence Toolkit for Disability

With the EFCETD, a family’s current (household and community) practices on health, education, social wellbeing, livelihood and empowerment are questioned (audited) and scored for points by a community health worker following the toolkit during household visits. The responses from the family members are contrasted with evidence-based targets embedded in the toolkit and recommendations following this process are then feedback to the family. This feedback is followed up on during the next visits to know progress in practice, identify challenges and support the process. This way families get use to engaging in evidence-based recommendations that promote respect of the rights and meeting of needs of the children with disabilities.

## The Rationale, Theory or Goal essential for the EFCETD

A bulk of disability related literature has focused on the global north meanwhile there is lack of data concerning challenges and opportunities in the global south, even though the World Health Organization (WHO) reports that 80% of people living with various forms of disability are based in low- and middle-income countries. There has also been renewed interest on disability leading to the creation of disability working groups like the Campbelll disability Working Group and the Cochrane Disability working group. Also, programs have been designed in the past for and not with people with disabilities thereby making them to be less impactful. Despite the fact that the experimenting and learning community has put in place structures to facilitate the use of research evidence, it has not developed creative approaches and structures that will get research into policies, practice, and households in a way that would reach PWDs. This further widens the inequality gap. The intervention is designed to address this under the global agenda of Leave No One Behind, in this case- Leave No One Behind the Evidence Base Practice Train.

Our innovation aims at bridging the gap, gathering contextually relevant evidence, synthesizing and bringing it to the family in consumable format to promote respect of their (people with disabilities) rights and meeting their needs. This approach called getting research into households (GRIH) is inspired by Getting research into practice (GRIP). Respecting the educational, health, empowerment, livelihood and social rights of people with disabilities and also meeting their needs will ensure for an inclusive society and reduce over dependence of People with disabilities on their families. Also, bringing evidence into household and communities of people with disabilities will help them to make informed choices for themselves and will also empower he families to set the pace for respecting of the rights of the children with disabilities which will create a replicating effect in the community and the society at large thereby zeroing stigmatization. Furthermore, including the voice in the design and implementation of programs and projects for them will create a high impact and increase ownership. For example, family participation in community health enhances collaborations between families and healthcare providers for better services as they raise their voice and express their issues through these structures, it provides relevant data for policy development and provision of specific facilities particular to CWDs (WHO & World Bank, 2011; WHO & UNICEF, 2012; Sammon & Mbe, 2018; Edgman-Levitan, Brady & Howitt, 2013; Committee on Children with Disabilities, 1999;).

## What materials are needed for EFCETD

1.Synthesized Evidence: This refers to evidence searched from evidence databases relevant to the intervention and dissected for easy use.

2. Partnership agreement between stakeholders: This refers to agreements signed with families of the people with disabilities, the relevant authorities like the Mayor, Regional Chief of persons with disability, district medical officer and the community health workers. This is needed to ensure commitment and to facilitate work.

3.Administrative Clearance: working with people with disability needs an ethics clearance from the appropriate authorities like the ministry of health.

4. Getting research into household tool (The EFCETD): This refers to toolkit called the eBASE Family Centered Evidence Toolkit for Disability that community health workers use during household visits to guide their discussions and to give evidence recommendations to the families of children with disabilities for promoting respect of their rights and meeting of their needs.

5.families of People with Disabilities: This refers to the families that the children with disabilities live with.

6. Community Health Workers: These are health workers in the community that connect the community and healthcare service providers. They usually work in the community and feedback to the health service providers and they also have options of exploring aspects of disability during their normal community routine.

7. Training of Community health workers: Community health workers need to be trained to be able to use the EFTCET, use smart phones and WhatsApp to collect qualitative data and send reports via email.

8. Training tools/materials (projector, flip chart, markers, notebooks, pens, internet, smartphones): Projector is used to show/project the toolkit, WhatsApp functions to be used in the field and email so that everyone can see, flipcharts and markers to write opinions and discussion points, notebooks and pens to take down notes to remember, internet and smart phones to practice lessons learnt. The training is facilitated the project manager.

9. Community Members for Pilot test: These are people in the various communities needed for community health workers to pilot test the skills acquired during training. After they report on the pilot another meeting is conveyed to discuss challenges, feedback and adjust.

10. Venue: a venue is needed to train the community health workers, hold stakeholder session and carry out KI and FGD

11. Smart phones: These are phones which community health workers need to carry out household visits. The toolkit (EFCETD) and WhatsApp are installed into the smartphones using internet. The emails addresses of the community health workers are also activated into the smartphones so that they can use while on the field to report. The EFCETD is installed through magpi application and they use this tool to collect quantitative data during household visits. They use WhatsApp to collect qualitative data and tag along the geolocation of the family they are visiting. After visits they submit report via email and on WhatsApp to the project manager at the eBASE office. The project manager and eBASE team send evidence recommendations by email and WhatsApp to community health workers to deliver to the families based on follow up and feedback.

12. Internet: internet is needed for magpi which the toolkit (EFCETD) is embedded in to function, for WhatsApp and email to function. So, community health workers are provided with internet bundles by eBASE to be able to carry bout tasks.

13. Communication credit: Community health workers use communication credit to call families and book appointments before visiting. This will make the families to stay home and wait for their appointment.

14. Transport: Each time the community health workers go for house visits they pay transport on a bike.

15. Magpi liscense: The toolkit is built on magpi and to use magpi we need a license from the magpi team.

16. salaries: project staff like community health workers, project manager needs to be paid for the work they do monthly.

## Description of all activities involved in implementing the EFCETD. who does what?

1. eBASE: eBASE staff facilitates stakeholder sessions. They carry out qualitative research, search evidence, synthesize it and use to build the toolkit (EFCETD). EBASE staff source for community health workers, recruit and train them to use the toolkit and explore aspects of disabilities during their community work and household visits. They also transcribe and code the qualitative interviews. They give the community health workers evidence recommendations in consumable formats to bring to the families of children with disabilities. eBASE also optains the reports, data collected from the field analyze and give feedback to community health workers.
2. Families of Children with disabilities: Family members provide responses to the questions asked by CHWs, discuss with CHWs following the toolkit (EFCETD) and use evidence recommendations as advised by CHWs to promote respect of the rights of their children and update on challenges.
3. Community members: These are people in the community where the children with disability reside. They talk with the children with disability, allow their children to play with the children who have disabilities and support them in the community.
4. Community health workers: Community health workers carry out household visits and collect quantitative and qualitative data. Engaging families in discussions, giving them evidence recommendations and following up on their practice and improvement. They also submit reports on work done to eBASE.
5. Ministry of Social Affairs: This ministry handles all issues and concerns related to this particular population. A partnership agreement with them is necessary for effective work.
6. Health District Office: They provide ethical clearance to ensure that this population (people with disability) are protected while working with them.

## How is the ECETD intervention delivered?

The EFCETD is delivered through the help of community health workers who during their normal community work and household visits explore aspects of disability using the toolkit (EFCETD) to audit/score family current practices against evidence recommendations.

## Where is EFCETD implemented?

The EFCETD is delivered and implemented at household and community level. Community workers do household visits to families of children with disability and audit/score their household practices using the EFCETD. They give them evidence-based recommendations. Data collected from households is uploaded to eBASE server and discussed before subsequent visit.

## When and how much?

in other to ensure that families get use to and are comfortable engaging with their children in evidence-based practices, without follow up, household visits should be done at least 6times a year on an interval of 2months each. After each round of visit the community health workers discuss results collected with eBASE and challenges are addressed and feedback given for follow up. A community health worker is able to visit 7 families in 2months. They can choose to visit either 4 the first month and 3 the second month or vice versa. In a year they visit the families 6times. A session with a family takes between 45 to 60 minutes.

The cost of the intervention is estimated per community health worker in a month

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| --- | --- | --- | --- | --- |
| Cost category | calculation | Amount in a month FCFA | Amount in 2months FCFA | Amount in a year FCFA |
| Smart phone | 1 phone per CHW |  |  | 80000 |
| Internet | 2000\*4families  2000\*3families | 8000  6000 | 14000 | 84000 |
| Communication credit | 2000\*4families  2000\*3families | 8000  6000 | 14000 | 84000 |
| Transport | 2000\*4families  2000\* 3families | 8000  6000 | 14000 | 84000 |
| Salary | 20000 per month | 20000 | 40000 | 240000 |
| Total |  |  |  | 492000 |
|  |  |  |  |  |