The Acceptability, Feasibility, and Adaptation of the World Health Organization Caregiver Skills Training for Children with Developmental Disabilities in Kenyan settings

Dr. Vibian Angwenyi[1*], Eva Mwangome[2], Eunice Ombech[1], Victoria Lewa[2], Beatrice Mkubwa[1], Brenda Nzioka[1], Veronica Achoki[1], Ann Mumira[1], Constance Thoya[2], Joy Yvonne Yaa[2], Eunice Wandei[1], SPARK consortium[3], Prof. Charles Newton[2], Prof. Rosa Hoekstra[4], Prof. Amina Abubakar[1,2]

1. Institute for Human Development, Aga Khan University, Nairobi, Kenya
2. Neurosciences Department, KEMRI/Wellcome Trust Research Programme, Kilifi, Kenya
3. SPARK project: **S**up**P**orting **A**frican Communities to Increase the **R**esilience and Mental Health of **K**ids with Developmental Disorders and their Caregivers in Kenya and Ethiopia
4. Department of Psychology, Institute of Psychology, Psychiatry and Neuroscience, King's College London, London, UK

Background

Millions of children in Africa have developmental disorders/disabilities (DDs), with the majority presenting with behaviour and communication problems. Available interventions are predominantly from high-income settings, resource-intensive, and mostly delivered by specialists posing challenges for cross-cultural adaptation. The WHO Caregiver Skills Training (CST) pilot in Kenya delivered by trained non-specialists demonstrated CST was acceptable and feasible to implement. CST's preliminary evaluation suggested improvements in child and caregiver outcomes in rural and urban Kenya. However, existing evidence on the use of non-specialist facilitators (NSFs) to deliver CST in diverse contexts is limited. Furthermore, evidence is needed on how country teams have adapted the CST materials and other contextual considerations specific to low-resource settings.

Setting and methods

SPARK (SupPorting African communities to increase the Resilience and mental health of Kids with developmental disorders and their caregivers in Kenya and Ethiopia) is an international research collaboration funded by the NIHR-UK (NIHR200842). In Kenya, the research was implemented in rural Kilifi and informal settlements in Nairobi (Ruaraka and Dagoretti sub-counties). This paper draws on a multi-phased mixed-methods study and the findings focus on: i) describing the adaptation process of the WHO CST materials for the Kenyan context; ii) sharing lessons from the training model for non-specialist facilitators and supervisors to deliver CST in diverse contexts; and, iii) a qualitative evaluation of caregivers' experiences receiving the CST intervention.

Results/lessons

The Kenyan CST team was involved in harmonising the Swahili version of the earlier CST pilot materials to align with the WHO CST updated guidelines released in 2022. Thereafter, a hybrid training delivered by a WHO CST international trainer followed. Trained NSFs undertook a series of live practice sessions with caregivers and their children to improve competency in delivering

the manualised CST. The CST intervention consists of nine group sessions and three home visits delivered in community or health facility settings. Caregivers participating in the CST reported improved knowledge, a better understanding of their child's condition and ability to learn, gaining confidence applying the acquired skills. They also reported better coping with mental health stressors and stigma.

Conclusion

There is great value to using non-specialists/ paraprofessionals in delivering CST in contexts with limited specialists and overstretched health workforce. Mechanisms to embed the CST intervention within health, education, and community-based structures require further exploration.