

## ANNEX A

### Progress Report Guidelines

The report is to be a maximum of 4 sides of A4 size paper. Excluding the Output to Purpose Report

**Date**

1<sup>st</sup>.October 2003

**Title Of Project & Project Ref. No.**

**Evaluating the impact of a CBR intervention on children with communication disabilities, using women's groups in Kenya.**

**Organisation**

Institute of Child Health, (ICH) University of London and Kenya Medical Research Institute.(KEMRI)

**Reporting Period**

from April 2003

To October 2003

**Anticipated Completion Date**

October 2003. this is the final report

### 1. Goal, Purpose and Outputs of the project :

The original goal of the project was to validate an instrument that measures communication and use this instrument to evaluate a community-based intervention, conducted to improve the communication and quality of life of children with communication disabilities.

The purpose was to provide information, which will inform the development of appropriate community-based interventions and contribute towards meeting the needs of an estimated 2 million people (in Kenya alone) who have a communication disability and who have no access to specialist services. It is envisaged that the process has the potential to be utilized in other low-income countries.

The proposed outputs of the project are:

- Piloting and evaluating a new instrument for the assessment of children with communication disabilities in the Kilifi district of Kenya.
- A prototype tool that can be translated into other languages and used as a basis for evaluation of other service strategies, in other parts of Kenya and other low-income countries. This will have the potential to inform and evaluate other community-based interventions in other low-income settings.
- A community-based intervention targeting children with communication disabilities, which can be carried out by non-specialists and focuses on simple strategies to improve their communication and quality of life.
- Insights into the process of developing a community-based, needs related, participatory intervention. using women's groups.

### 2 Work carried out in this period :

Taking the framework of 'stages' outlined in the original project document, activities in this period have focused on completing stage 7,8 and 9.

This means that the intervention stage has been completed and post-intervention data has been collected on the 302 children identified as having a communication disability from the Neurological impairment study (stage 5). We were unable to collect post-intervention data on 9 of the original children, 2 had died and 7 had either moved away or were uncontactable.

In addition, a random selection of 30 children (10%) were re-assessed to give test-retest data to establish reliability of the data.

All data has now been double entered into the Fox Pro statistical programme and has been checked and cleaned. There have been some problems with this as the staff responsible were away on maternity leave which caused some delay.

Qualitative data has been collected from 2 representatives of each women's group (8 x 2 = 16 in total). The representatives were chosen from the most active and the least active member as judged by the group.

The intervention has been costed together with costings of the locally provided Physiotherapy and Occupational therapy services.

Feedback sessions have been conducted with the Women's groups.

Initial analysis of the qualitative data has been carried out.

Initial analysis of the quantitative, statistical data has been carried out.

Presentation of the process and data of phase one of the project has been given at the AHSC conference in Ethiopia.

Paper presentations have been submitted to two other conferences one a disability conference at the University of Pretoria South Africa . The other the 26<sup>th</sup> World Congress of the International Association of Logopedics and Phoniatrics hosted by the University of Queensland Australia.

Work has continued on the production of a manual reflecting the approaches developed and adopted by the intervention. A publishing company have been approached and they have expressed interest in seeing a draft of the manual.

This means that data analysis and dissemination have started but will continue.

## 1. Results :

A

- Development of two practical and easily administered tools for assessing communication skills holistically and quality of life as observed by parents. Available in three languages, English, Swahili and Giriama.
- Development and documentation of a community intervention aimed at improving the communication skills and quality of life of disabled children.

B.

- The qualitative results of the impact of the study have been analysed. They provide data to support that for some parents and children this was a very positive experience, e.g. *'My child used not to hear, in most cases one had to shout at her, but now she can hear well'* *'she helped me get friends for my children to play with'* but for others it did not appear to be beneficial. e.g. *'I did not see anything of importance because the way my child was before is still the same.'* The women were more optimistic about their interaction with the parents than visa versa. They also reported on how much they had learnt. E.g. *'initially we did not know what to do with an epileptic person, but now we know'* how their status and confidence had increased *'most parents appreciate our visits... they call us the KEMRI people'* They observed a higher level of inclusion in society *'most of them have been placed in schools'*
- Early statistical analysis indicates an upward, but non-statistical difference in the level of communication skills and observed quality of life as measure by the tools developed. This trend is stronger for children over 8 years old. Future analysis will examine the data from the perspective of different impairment groups and from the impact of the intervention with regards to measurably increased inclusion, for example in the form of possible increased school attendance.
- The comparative cost analysis shows that physiotherapy is by far the most expensive service per child seen, (£900 per child over 9 months). This is followed by the community intervention developed in this project (£61 per child over 9 months) and the least expensive service is Occupational therapy at £28 per child over 9 months)

## 2. Implications of the results or findings for achieving the outputs of the project :

The measurement tools developed in this project have the potential to be used in future studies and the Quality of life tools is being considered for use in a study about epileptic children which is just commencing at KEMRI.

The mixed results of the qualitative data and the lack of definite quantitative evidence on the positive impact of the intervention indicates that more reflection and modification of the intervention and perhaps of ways in which the intervention were measured, should be considered.

## 3. Priority activities during next reporting period

Although the project has now officially completed analysis and dissemination will continue to take place. Initially these will specifically target the 2 proposed conference presentations and the publication of the manual, but a more formal write up and dissemination through an academic journal is also envisaged.

**6 Summary of Financial Expenditure to date and forecast through to completion :**

This is supplied direct from our finance department.

**7 Name and signature of author of this progress report :**

Sally D Hartley.

Confirmation can be sort from [s.hartley@ich.ucl.ac.uk](mailto:s.hartley@ich.ucl.ac.uk)

<b>OUTPUT TO PURPOSE SUMMARY REPORT</b>				
<b>Title:</b> [ <i>Evaluating the impact of a CBR intervention on children with communication disabilities, using women's groups.</i> ]				
<b>Country:</b> [ <i>Kenya</i> ]		<b>MISCODE:</b> [ <i>to be inserted by DFID</i> ]		
<b>Report No. 1.</b>	<b>Date:</b> 01.10.03.	<b>Project start date:</b> <i>Oct.01</i> <b>Project end date:</b> <i>Oct 03</i>	<b>Stage of project:</b> <i>Stage 7,8 and 9 Final report</i>	
<b>Project Framework</b>				
<b>Goal statement:</b> Evaluating the impact of a CBR intervention on children with communication disabilities, using women's groups in Kenya				
<b>Purpose statement:</b> [ <i>To facilitate better communication for children with communication disabilities. To evaluate the efficacy of a community based intervention</i> ]				
<b>Outputs:</b> <i>3. A CBR intervention to improve communication and the quality of life of children with communication disabilities by training women's groups</i> <i>4. Evaluation of a community based intervention</i>	<b>OVI:</b> <i>A training intervention programme has been developed</i>  Modified versions of the assessment tool in 3 languages. Improvement in communication skills and QOL have been observed both quantitatively and qualitatively A research design and process has been established as practical and repeatable for evaluating the efficacy of a community intervention	<b>Progress:</b> <i>The training programme is now documented</i>  Initial analysis has been made  <i>completed</i>	<b>Recommendation/actions:</b> The programme will be offered to publishes for publication  More detailed analysis will take place to try to establish if there is a connection between age, impairment and improvement of communication skills and QOL as measured by the tools used  Research design to be used in future studies	<b>Rating:</b> <i>[to be completed by DFID]</i>
<b>Purpose:</b> <i>To evaluate the efficacy of a community-based intervention</i>				