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Nawiri Mama Program

Evaluation Report | April 2023

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Contributing organisations to the Evaluation Report



Torrens University is Australia's fastest growing university with employability and industry at the core of everything we do. Capstone students in the Master of Public Health engaged with industry partners, Bright Futures and Dorcas Creation to evaluate the Nawiri Mama program in Kenya.



Bright Futures Child Aid & Development Fund Australia is an Australian based Christian aid and development agency working to provide education and development opportunities for children and communities in poverty. Bright Futures currently operates in four countries – India, Pakistan, Kenya and Uganda. Bright Futures works with its overseas development partners in providing a wide range of programs relevant to local needs. Nawiri Mama is one of Bright Futures' development programs in partnership with Dorcas Creation in Kenya.



Dorcas Creation, an indigenous Christian-based non-governmental organisation (NGO), started in 2006 in Nairobi, Kenya. Women empowerment is the main focus of Dorcas Creation. Dorcas Creation works with women who are unemployed and vulnerable in resource poor settings. Dorcas Creation has strong connection with local organisations to implement development programs. Nawiri Mama is one of Dorcas Creation's empowerment programs for women.

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Executive summary

Dorcus Creation in partnership with Bright Futures designed and implemented the Nawiri Mama program to empower mothers of disabled children who lived in the Marurui slum, Nairobi, Kenya. Post-graduate Public Health students at Torrens University evaluated the planning, implementation and impact of the program to contribute to this report.

A qualitative approach was used to collect and analyse the evaluation of data from the Nawiri Mama program. Document review and semi-structured interviews were conducted to collect data for all three types of evaluation. Content and thematic analysis were used to analyse the data.

Needs assessment evaluation revealed that a participatory approach was applied to identify and prioritise the needs of the mothers. A logic model for the program was retrospectively developed that evidenced the Nawiri Mama program was designed based on the Theory of Change (IF, THEN) and empowerment theory. Process evaluation indicated that the program was implemented as it was planned and the program recruited the targeted number of mothers and caregivers from the Marurui slum. The program activities were successfully implemented and adapted as needs changed, the program was well received by the mothers.

Finally, mothers of disabled children from the Marurui slum were empowered by the Nawiri Mama program and its activities. On completion of the program the mothers and caregivers have continued to apply the physiotherapy knowledge and skills to their children at home with demonstrated improvements to their child's health and development. Mothers have also established small businesses utilising the skills developed in the vocational training to establish financial independence to support their families. The process of meeting other women in the program facing similar challenges has created a support network for the women who have been isolated and neglected by the community. With the support of the program and the network of women from the Nawiri Mama program they are more confident to step out into the community.

The evidence from the Nawiri Mama program suggest the activities are feasible and have significant impact on the life of disabled children and the mothers and caregivers of those children. The Nawiri Mama program can be replicated in similar settings for the betterment of disabled children and their mothers.

Introduction

Background

Disability in children is a significant public health issue, and according to the United Nations International Children's Emergency Fund (UNICEF 2022), approximately 240 million children worldwide suffer from disability. Africa has the highest percentage of children with disability compared to other countries, and Kenya has 10 percent of the total disabled population with approximately 1.92 million children aged between 0 and 14 with disability (Global Disabilities Rights Now, 2022).

The World Health Organization's (WHO) evaluation of 29 African nations found substantial differences in rehabilitation services across the continent, with inadequate coordination of delivery, overloaded service settings, a lack of competent and capable workers, limited access to educational programs at the community level, and a continued need for development work (WHO, 2018). UNICEF (2022) also states that 67% of the disabled population in Kenya live in poverty and access to healthcare services and facilities are not available to these most vulnerable populations.

Mothers of children with disability in Kenya face significant disadvantages and must overcome many hurdles aside from poverty. The inefficient healthcare system and lack of access to any form of medical treatment or therapy for their children add to their burden (Seresht et al., 2022). In addition, the lack of knowledge and awareness about their child's disability creates distress for mothers, can delay treatment access and reduce the chance of rehabilitation and developmental growth of their children (Bakare & Munir, 2011).

In addition, these mothers lack education qualifications and cannot access skilled employment. They have limited means to meet the basic needs of their family with the situation amplified when they must stay home to care for their disabled child. Disability in children affects not just the disabled child, there are psychological, social, and economic impacts affecting the whole family (Seresht et al., 2022).

Parents make up a child's immediate environment and have the greatest influence on their development and empowerment (Willis et al., 2017). Willis et al., (2017) explore how an ecological intervention encourages parents of children with disabilities to develop as facilitators, to enable participation in a child's local environment. The Local Environmental Model (LEM), refers to the process by which mothers and caregivers gained knowledge, understanding, and control over their role as facilitators. The main goal of empowering the mothers with disabled children is to make them feel secure and well-equipped with the abilities, basic skills, knowledge, and support to enable their child to engage in activities at individual and community levels.

There is a need for effective home and community-based programmes for children with disabilities and their families to bring awareness among the parents about their child's condition, and to empower the caregivers and to improve life prospects of children with disabilities (Netshisaulu et al., 2019; Smythe et al., 2021).

The program

Nawiri Mama (Flourishing Mother) program commenced in the year 2019/2020 with the collaboration of Dorcas Creation and Bright Futures with the objective to empower 200 mothers of children with disability. The life of these mothers in the Marurui slum is especially difficult. They are often ‘shut in’ due to the need to care for their disabled children and have few opportunities to earn an income. They are also existing in very poor living and sanitary conditions.

The strategies of the Nawiri Mama program are to teach mothers and caregivers basic physiotherapy skills to enable them to respond to their children’s therapeutic needs and to promote growth and development of their children. Vocational training, such as bakery, dressmaking, and soap making, is offered with the purpose of enhancing economic empowerment and independence to fulfil the basic financial needs of the mothers and their families.

In addition, counselling and psychosocial support was provided to the women to improve their mental health so they can step out from the trauma resulting from stigma and social isolation. The program’s primary beneficiaries are the mothers/caregivers, and the secondary beneficiaries are their children and families.

Although there was a disruption in carrying out the group activities with the mothers and children due to Covid-19, the program kept moving ahead with individual visits in their homes until it was possible to return to normal activities. At the time of this report (2022) the program had enrolled and trained 139 mothers and was well on its way to achieving its target of reaching 200 women.

Aim and objective of this project

This project aimed to evaluate the planning phase of the Nawiri Mama program, which has been implemented for over two years to empower mothers of children with disabilities in the Marurui slum in Nairobi, Kenya. It is known that good planning before a program starts increases the chance of achieving the desired outcomes. This evaluation project involves needs assessment, clarificative evaluations, process evaluation and impact evaluation consisting of the evaluation of the planning stage, implementation stage and post-implementation stage of the program. Thus, the specific objectives of the evaluation project are as follows:

- To assess the best practice of program planning and design applying a Needs Assessment and Clarificative Evaluation (Section 1)
- To assess that the program was implemented as planned by applying Process Evaluation (Section 2)
- To assess that the program obtained the intended outcomes by applying an Impact Evaluation (Section 3)

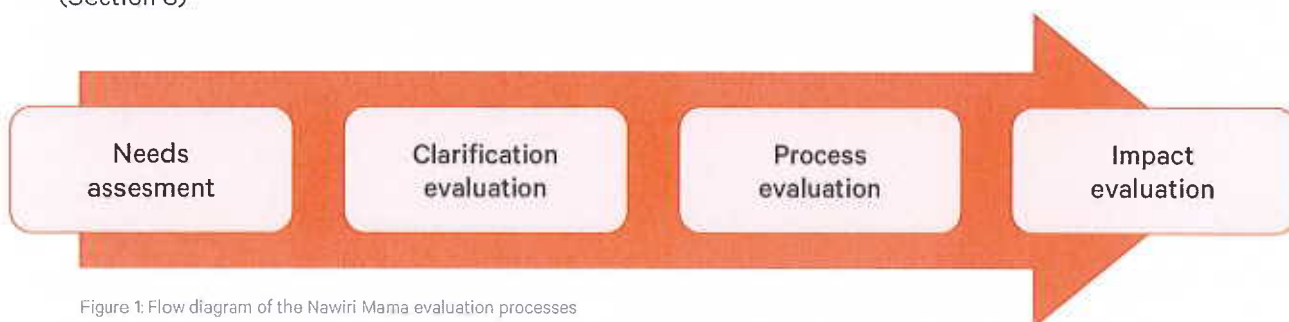


Figure 1: Flow diagram of the Nawiri Mama evaluation processes

Data collection method

One of the most important considerations for program evaluation is selecting methods and tools for data collection (Mwita, 2022).

The primary data collection method used for the evaluation of the Nawiri Mama program was document review, which was largely determined by the access and availability of program information and resources. By reviewing existing documents, such as reports, funding proposals, newsletters, and meeting notes, data was collected and analysed. In addition to these documents, a collection of video recordings provided by Bright Futures were used to collect data. Video recordings from Dorcus Creation's YouTube channel were also used. Data related to Nawiri Mama program outcomes were collected and transcribed from those video recordings (appendix 1).

Data was also collected from a semi-structured interview with the program coordinators. A pre-formed interview guide consisting of open-ended questions related to the Nawiri Mama program outcomes was used to direct the interview. The interview was conducted over Zoom and recorded digitally.

Reviewing existing documents to better understand the program was the initial step and aided the development of data collection tools for analysis as the next step in the evaluation process.

Document review as a data collection method can be an inexpensive process and a good source of background information. The challenges with document review are the information can be disorganised or unavailable or incomplete and it is time consuming to collect, transcribe, review and analyse.

Data Analysis Method

The data analysis involved combined elements of content analysis, thematic analysis, and narrative synthesis. The content analysis involved a first-pass document review, where meaningful and relevant text passages were identified. The thematic analysis involved a careful, focused re-reading and review of the data to identify relevant themes. Finally, the narrative synthesis consisted of describing and summarising the main findings.

To facilitate data collection, interpretation and visualisation, the themes and subthemes of interest were combined with the evaluation questions and their answers extracted from documents, meetings, and videos into individually developed Evaluation Frameworks (see Appendix 2, 4, 5, 6). Thematic analysis is a popular approach and well suited to the Nawiri Mama Program Evaluation as it focuses on identifying and interpreting patterns of meaning or themes within qualitative data.

Section 1: Program Planning and Design

Part A: Needs Assessment

Needs assessment is an essential part of planning a program. Needs assessment involves identifying targeted populations, identifying their needs, prioritising the needs and identifying potential solutions to the problem (need) (Naidoo and Willis, 2016). Needs assessment is usually conducted by collecting demographic and epidemiological information from both primary and secondary sources. The central focus of the Needs Assessment Evaluation for the Nawiri Mama program was to assess how the target population was identified and how their needs were identified and prioritised. Questions answered through the Needs Assessment Evaluation include:

- Was there a need for the program?
- Were the actual and desired conditions of the population assessed?
- Did the target population want this program?
- Have certain needs been prioritized over others?

Results and discussion

The current study aimed to explore how the Needs Assessment of the program was conducted and how the program was designed to evaluate the program's planning phase. The presentation of results is divided into two main components: Needs Assessment Evaluation and Clarificative Evaluation.

The results of the Needs Assessment Evaluation are presented in different themes and subthemes to understand who the target population is, the needs assessment methods used, the needs of the target population identified, and the solutions considered for their needs.

Population

Socio-economic Status

The target population of the Nawiri Mama Program are 200 women (aged 16 to 45 years) and with disabled children who live in the Marurui slum in Nairobi, Kenya. Slum settlements are characterised by poor environmental conditions with limited infrastructure and access to services and poor health outcomes of residents (Zulu et al., 2011). There is insufficient means to pay for preventative services and unregulated health services are of a poor and unsatisfactory standard (Zulu et al., 2011). Usually, in a slum setting like the Marurui slum, the houses are congested, with multiple family members living together in a small single room. In addition, these are rented premises made of iron sheets or wood, with no running water and poor sanitation, and is populated by approximately 10,000 residents.

Within the slum there is a population of mothers and caregivers of children with disabilities. These households are women-led households, many are single mothers abandoned by their husbands due to the stigma of having a child with a disability. These women are often housebound to care for their children and their ability to generate an income is significantly limited. For most mothers, any income comes from selling or making some products, and they have very few opportunities. In addition, mothers have limited educational and vocational skills, leading to reduced economic opportunities.

Health Status

There are different types of disabilities among the children within the program. Many children have cerebral palsy (80%), autism, and a combination of cerebral palsy and autism, Down Syndrome, and other physical disabilities. Moreover, malnutrition is widespread among the children and malaria, dysentery and other diseases are also prevalent within the slum. They have little access to health care and therapies to assist their children. The disabled children are very dependent upon their mothers for their basic needs. The age range of the children participating in the program is between 2 to 15 years of age.

Many mothers within the program setting suffer from low self-esteem due to the lack of social support and isolation they face due to the stigma associated with disabled children. They often feel embarrassed and ashamed and do not want to be seen in public.

Needs assessment methods

Dorcas Creation conducted a needs assessment utilising a participatory approach through a focused group discussion in May 2019. They met with 47 women with their disabled children living in the slum to discuss their needs and to explore empowerment opportunities. However, during the group discussion, these women shared their struggles with raising a child with a disability and pointed out that their need was therapy for their children.

It was a surprise for the NGO staff as many of these children are hidden inside their houses due to the stigma from society and the difficulties the disability imposes on the women in moving around with them. It was estimated approximately two hundred mothers/women cared for children with disabilities in the Marurui slum in Nairobi.

A partnership with a local primary school that provides education for children with disabilities was made to mobilise more women to participate in the program. In the first mobilisation, 17 caregivers participated in the session, where the nature of the disabilities among their children was identified, and the age of the children was recorded. In addition, local leaders and social health workers who had previous contact with these mothers and their children were consulted to collect more information about the target population.

Moreover, when a woman caring for a child with special needs is identified in the community, Dorcas Creation starts by establishing rapport with the woman in a one-to-one interaction to understand their needs, and the physiotherapists assess their children and record the necessary therapy in each case.

Needs of the target population

Health care accessibility in slums

Poor environmental conditions and limited infrastructure in the slum results in reduced access to health care and services for children with disabilities. There is a clinic within the slum, but it is in poor condition and has few resources, in addition there are no funds to buy medication to treat children with special needs. A local school had previously offered their facility to provide therapy once a week for the disabled children. However, due to the lack of financial resources, the organisation engaged in the service had to cease the therapy sessions and nothing has replaced this service since.

Even though there are health services outside the slums, they are at least twenty kilometres away from the Marurui slum. Due to the expensive transportation cost and children's mobility difficulties, these barriers often mean they cannot access the hospital. Moreover, as it is a public hospital, few doctors are available to attend to the high demand of needs and the waiting time can be two to three months. Access to treatment in private hospitals is not possible for these children due to the high costs their families cannot afford.

Physiotherapy skills, Economic empowerment, and Psychosocial support

Even though the needs assessment with the women was intended to be about economic empowerment, they indicated their need was therapy for their children. Because many of their children have cerebral palsy, weekly physiotherapy and medication use are essential for their improvement. As mentioned, constant access to these services in hospitals and clinics is unfeasible for these mothers/caregivers.

Poverty was also a concern mentioned in the needs assessment as women detailed their struggle to sustain their families due to the lack of a stable source of income. In addition, the women indicated the need for counselling because of their social and psychological struggles, related to social stigmas, loneliness, and the burden of caring for a child with a disability.

Prioritising the Needs

As explained by the Bright Futures Executive Officer, in a slum setting such as the Marurui slum, the programs always start with very few resources, and their approach is to respond immediately to the situation they encounter, thinking of what can be done promptly with the resources available. In these settings, they might start the intervention with one problem, but another problem may arise during the program implementation that needs to be addressed.

Dorcas Creation did not select a clear set of criteria for prioritising the needs of the target population. However, Nawiri Mama starting with the provision of vocational training to improve the economic circumstances of the mothers seemed to them the most sensible choice given their experience and expertise acquired from previous empowerment programs targeting women living in slums and poor communities.

Solutions and Strategies

Best practice to address the problem from the expert view and the Indigenous Solution

As identified, stigma and social isolation was prevalent among the mothers of children with disabilities in the Marurui slum. This was also confounded by their basic education and knowledge about disabilities, which made them more vulnerable as they could not respond to their children's therapeutic needs. They were also disproportionately disadvantaged due to the lack of means to create a stable source of income. Therefore, the empowerment of these women was an important solution identified by Dorcas Creation.

Dorcas Creation approached Bright Futures Australia to present the situation of the mothers of the Marurui slum. Based on their extensive experience developing programs in poor communities in different countries, Bright Futures agreed this was a need that should be urgently addressed and acted on. They focused on two needs: how mothers could be empowered and how the children with disabilities could be strengthened.

The stakeholders opted to provide vocational training to the women, such as baking, jewellery making, and tailoring, considering their experience in other programs witnessing that when a mother becomes skilled and able to earn income, they have a powerful influence in the development of their children and the engagement in the community. Another important observation was preparing the mothers to face stigma and other societal pressures by providing psychosocial support to them. In addition, the NGO had an existing program called "At Doorstep", where social workers visited women in the Marurui slum to encourage the mothers to step out of their houses.

In regard to the rehabilitation of the children with special needs, the mothers expressed a desire to have weekly physiotherapy treatment, given that the local school had provided it years before, and they found it helped t. Dorcas Creation consulted a hospital, private centres, and health workers to gather information about physiotherapy treatments and useful medical aids. These consultations, resulted in the development of a weekly physiotherapy program. The program aim was to teach the mothers basic physiotherapy skills and educate them about their child's disability to enable and empower the women to play an active role in their children's development and wellbeing.

Part B Clarificative Evaluation

Clarificative evaluation is another formative evaluation which is conducted before implementing a program. The purpose of clarificative evaluation is to assess that the program has been designed based on logic, evidence and theory. It also clarifies the internal structure and function of the program (Owen, 2007). The IF-Then logic is the convention of testing the clear logic between program components. Usually, the development of a program logic model helps to understand clear structure, function and logic of the program. It is also an indication of the success of a program. Clarificative Evaluation was concerned with the design and rationale of the program. In this case, in order to help with this evaluation, a program logic model was created to be the object of analysis based on the description of the program (see Appendix 3).

Results and discussion

In Clarificative Evaluation, the proposed program logic model was utilised to understand the program's design and explain its theory.

Program Design

Dorcas Creation developed the Nawiri Mama Program in partnership with Bright Futures, supported through a grant from the Australian High Commission. The program aimed to empower 200 mothers/caregivers of children with disability residing in the slums in Nairobi, Kenya. For this purpose, the program developers designed a four-week course with a total of 16 hours of training. The structure of the course includes eight hours of physiotherapy skills training (two hours each day), where the children receive a physiotherapy session (exercises and stretching) while mothers learn and demonstrate the learned skills. The other eight hours are devoted to psychosocial support and vocational and business skills. The mothers connect with other mothers and share their personal stories and receive an introduction to beadwork, crocheting, tailoring, mat making, soap making, yoghurt making, and cake baking, to build their vocational skills.

The team of professionals that deliver the courses include vocational trainers, physiotherapists, and occupational therapists with the addition of aides and therapy equipment. Dorcas Creation rented a premise to conduct the training and provided help with transportation considering the difficulties the mothers faced in easily moving around with their children.

Program Theory

Nawiri Mama Program developers designed the program in order to achieve particular outcomes. The theory behind the program is the Empowerment Theory, interlinking different mechanisms and types of intervention to address the different needs of the target population. The "if/then" logic was used to explain the theory:

- **IF** the mothers are trained to apply physiotherapy skills to meet the needs of their disabled children, **THEN** they will better understand their child's needs and be more skilled and encouraged to support their children's development leading to improved health benefits for the child
- **IF** the mothers increase their awareness regarding the health and potential of their children, **THEN** the bond between mothers and children is enhanced, and the relationship within their families is improved;
- **IF** the mothers increase their employable skills, **THEN** they will feel encouraged to establish small businesses to generate income and improve their economic potential;
- **IF** mothers increase their awareness of training as a pathway to employment, **THEN** they will be encouraged to progress with their qualifications;
- **IF** mothers increase their social status and social network, **THEN** they will be more confident, engaged in their communities, less isolated, and able to share with others what they learned;
- **IF** the outcomes mentioned above are achieved, **THEN** the mothers of children with disabilities will be empowered, and family well-being will be enhanced.

Section 2: Process Evaluation

Process evaluation is conducted when a program is being implemented in the field (Owen, 2007). Generally, a program manager will conduct process evaluation to assess if any fine tuning is required in the program based on the current situation. Monitoring is the main technique to gather information about process evaluation. The purpose of process evaluation is to assess the program is on track and being implemented as designed and intended. Process evaluation provides information regarding the success of a program and helps to identify if any changes to the program are required.

The Nawiri Mama program was implemented with the aims of providing basic physiotherapy training and vocational training to the participating mothers. The program planned to provide therapy training sessions, psychosocial support, lunches, transport assistance to the participants. Process evaluation aims to assess whether the Nawiri Mama program provided the stated program, efficiently, effectively, on time and within budget.

Results and discussion

The study aimed to explore how the Nawiri Mama program was implemented through the method of Process Evaluation. The results of the Process Evaluation are described below as per the themes identified in the data collection tool and key findings are elaborated.

Recruitment and Participation

In June 2019, Dorcas Creation convened a meeting with 47 women from the Marurui slum who care for children with disability to discuss their needs. It was estimated that 200 women with disabled children are living in the Marurui slum and it is the ambition of the Nawiri Mama program to recruit 200 women into the program.

The planning phase of the program started in January and February 2020 with the mobilisation of 200 mothers for the program. The recruitment process was supported by a partnership with Community Health Volunteers (CHVs) who went into the community to find the women eligible to recruit into the program. The results were not as expected for two reasons; the women were reluctant to bring their children out in public and secondly the mothers had previous experiences with aid projects that took advantage of them and they had lost trust. A second approach was initiated and another partnership was made with Niathaini Primary School, an integrated school with a thriving wing for children with disability. The first mobilisation meeting at the primary school occurred in February 2020 and the Nawiri Mama project was well received. A total of 14 mothers registered for the Nawiri Mama program commencing in March 2020.

The initial recruitment plan successfully transitioned from the CHVs recruiting in the community to the primary school and led to the successful recruitment of the first group of participants. Important lessons were learnt from the initial recruitment plan as it identified unanticipated barriers.

The integrated school presented an opportunity to recruit from an engaged community of mothers with disabled children attending the school. In addition, a physiotherapy program for the children had previously been delivered in the school and the children had benefited from this program. The barriers to recruitment as experienced by the CHVs recruiting within the community were less apparent with this group of school mothers.

There were however women and children not engaged with the school, and due to the community stigma attached to disability, these children were not seen in public. As described by women in the program sharing their stories.

“I did not use to socialise because of shame. I do not show my child in front of people because I saw he made people uncomfortable ...”

Program participant

“I never took my child outside before, I would leave him and go outside alone, it was like I was hiding him, afraid to let people see him...”

Program participant

Recruitment of these women required a different strategy and the barriers to join the program addressed. It is understood that as the program progressed, and women were sharing their positive experiences and were empowered to step outside with their disabled children, they encouraged other women to do the same. This had a natural and positive flow on affect to women who had not yet made that step. According to the program implementers, it was not difficult to recruit and it happened organically through the networks in the community. The recommendations from women in the program to other women addressed the issue of mistrust and was a testament to the success of the program.

Additionally, the barriers related to keeping the children hidden and the stigma attached to disability is a much broader and complex issue. Community events such as Stigma awareness day for mothers and caregivers with disabled children, held in March 2022 aim to address this issue.

The information not available was the records of who attended and participated and who didn't. These records will help to further understand differences between participants, access and barriers of participants and the effective reach of the program

In summary, recruitment of women into the program has been successful. The target of reaching 200 women with disabled children was close to being achieved with 139 women successfully completing the program at the time of undertaking this process evaluation. . Since then, over 175 women have participated in the program. The recruitment successfully targeted the women it intended to target and access to the program was supported by the provision of transport to ensure all women had equal access.

Partner Organization & Resources

Partner organisations formed an important part of the Nawiri Mama program. Funding partners were essential to the overall set up and running of the program which included equipment, facilities, resources, and staffing. Local partners were identified that were aligned with their Nawiri Mama program objectives to support and connect the women and children with services such as sourcing specialist equipment, access to corrective surgery, care packages, individual funding support and schooling. The Nawiri Mama program was run by

Dorcas Creation, a local indigenous Christian based NGO with 17 years of experience supporting the local community and running empowerment and vocational programs in the Maurui slum. Dorcas Creation is well connected and well respected in the community with established relationships with the local and global support services. They have a wide range of programs and one program, 'At Doorstep', involves going among the houses in the Marurui slum, meeting with mothers, getting to understand what their challenges are.

“I have three children. my first borne is 9 years he has autism. I met the woman from Dorcas Creation through my friend when they were doing door to door, they called me they told me they have therapy sessions because my third born cannot stand due to calcium deficiency. they told me they have therapy sessions. I told them I will be attending.”

Program participant

This mother's experience, illustrates how the women in the program are not only supported by the Nawiri Mama program but additional needs are identified and supported by partnering organisations.

“Jackline is a single mother of two. Her firstborn William, has cerebral Palsy and is Autistic. William is also in need of Corrective surgery. Jackline has no source of livelihood and struggles to feed her family, pay house rent and take her second son to school. She also struggles to afford diapers for her son. One of our well-wishers has taken care of jackline's house rent, diapers, and monthly shopping. She also joined a savings group in one of our Sacco's in Kenya and is hoping to start her own business in 2022.”

Program coordinator

During the COVID19 period through the Charity Basket food distribution, women were identified as potential participants for the Nawiri Mama program who had not been identified during the normal mobilisation process. These women were provided with support during this time while waiting for the program to commence again.

Delivery and Program Adjustments

During the delivery of the program additional needs were identified, prioritised and addressed where possible. For example, most children in the Nawiri Mama program showed signs of malnutrition and lacked sufficient calcium. This had consequences for the child's immunity and affected their growth and development. A Nutritionist was invited to talk to the mothers about nutrition and goats milk recommended. Goats milk was sourced and provided to the children with the program lunches. Addressing this issue was important as it had implications for the children's response to the physiotherapy. Where the children were floppy and lacked strength to stand or mobilise because of calcium deficiency, they were able to improve the child's nutrition in order to benefit from the physiotherapy.

“I am a physiotherapist. I work with challenged children here in Dorcas Creation. We are still getting more and more children as time goes and we have seen some improve very fast like some of them who are here today within a few sessions they were OK. In the process of the therapy, we also recommended goat’s milk. It’s very good with the calcium because most of them have very low calcium, and the mothers are giving but there is that big challenge of them getting enough money to buy the goat’s milk.”

Program Physiotherapist

“My child was unable to stand on his own ... I learnt about goat’s milk ... I gave it to him for those two days. He was unable to stand or walk while supporting himself but now he can. Now he’s also trying to stand without holding anything. Since I discovered Dorcas Creation, I have been able to get help for my child”

Program participant

It was also identified during the implementation of the program there was a need for a range of therapeutic equipment to meet the training needs required to cater for the diverse conditions the children presented with. Recommendations were provided for equipment that could be included for the best outcomes and progress of the children’s development.

“My child has benefited greatly because when they came the child’s head was dropping but now it is almost rehabilitated, and I am very grateful. and they don’t have all the tools for therapy. if they had them at the moment, I think my child would be walking by now.”

Program participant

Additional needs were identified during the implementation of the program which included an occupational therapist, a nurse, a videographer, and a mobile van. These additions were added as the need was identified.

It was observed during the delivery of the Nawiri Mama program that most of the children with disability are from first time mothers. This is an important observation supported by data provided through the documentation of the Nawiri Mama program. This information identifies a need for a different program focusing on antenatal care for first time mothers with the potential to decrease the number of children born with disability. A focus group with this group of women could provide valuable information for a needs assessment and design of an antenatal education program in the future.

During COVID the program was closed to align with local public health orders. However, the program continued in a different and somewhat reduced way. The therapy sessions were carried out in a space in the church in some instances. The women were followed up in their homes by the Occupational Therapist and CHV’s and encouraged to continue with the therapy for their children. It was also a time to ask the women how they were managing and offer support and to provide them with flour and food packages.

Psychosocial support was identified early on as an important aspect of the empowerment program, in addition to learning new vocational skills. Many women were isolated due to the stigma and non-acceptance of disability within the community. The opportunity to share their stories in a safe and supportive environment and connect with other women was essential to the empowerment process and the success of the program.

“As they brought their children during the days two times in a week ..we introduced the psychosocial support and counselling we are talking with the mothers, encouraging them and getting to know them ...”

Program coordinator

“We have been encouraged. We had despaired that our children would never walk. But when we got here, we found that we are not alone. There are others, a lot of them in fact.”

Program participant

Despite the efforts to reduce the stigma from the community, there was still a broader resistance and community events were organised to address social inclusion and address stigma. “Make a Caregiver Smile Again” was an organised awareness day for mothers and caregivers with disabled children. It has been noted that more work with the community is needed to reduce the stigma and enable the women to feel confident in bringing their children out of their houses and into the community.

“As part of social inclusion, mothers expressed the desire to be more understood by other “normal” mothers and the society.”

Program coordinator

“Despite our .. efforts, we still observe a gap in social inclusion...in our home visits we met quite a number of women who are not confident to come out and actually lock their children in their houses due to stigma from the community. The society has not been able to fully accept them back into the community ... Out of 5 mothers with disabled children, only 1 is willing to come out an ask for help”

Program coordinator

Section 3: Impact evaluation

Impact evaluation aims to assess the impact of a completed program and the impact on the target population's life. In other words, it assesses whether the program aims and objectives have been achieved. It is usually conducted as an end-point evaluation of a program to evaluate its success in achieving the program goals and the fulfilment of participants' needs. Therefore, goal-based and needs-based evaluation techniques are used in conducting impact evaluation (Owen, 2007). According to Bonciani et al., (2021), impact evaluation helps evaluate the overall impacts by addressing program goals and objectives for the better delivery of the outcomes in the future. The impact evaluation of the Nawiri Mama program has facilitated an understanding of the program success and effectiveness in terms of empowering mothers with disabled children, improving the development of the children with physiotherapy skills, and development of vocational skills and a means to generate income. Results of the impact evaluation of Nawiri Mama will help stakeholders to determine if a similar intervention program addressing similar social issues could be implemented in different settings. The following questions were addressed by the impact evaluation of the Nawiri Mama program.

1. To what extent do participating mothers believe this training program has met mothers' and children's needs?
2. To what extent have the local community perceptions changed toward the mothers after the delivery of this program?
3. To what extent has the program developed the physiotherapy skills of the mothers to apply to their children?
4. To what extent has the employability of the mothers improved after the project?
5. To what extent does this program impact the lives of the disabled children?
6. To what extent has the mothers' financial capability increased due to the Nawiri Mama program?

Results and discussion

On evaluating the outcomes of the Nawiri Mama program the program achieved its aim to empower 200 mothers with disabled children in the Marurui slum in Nairobi by providing basic physiotherapy skills and vocational and business skills. The results are reported according to the following themes:

Physiotherapy Skills Training:

The effectiveness of the physiotherapy training provided to the mothers and applied to their children is evaluated. An understanding of what kind of knowledge the mothers gained from the training in physiotherapy has shown that the mothers' level of knowledge about their child's condition increased and the physiotherapy skills learnt to apply to their child were well utilised by the mothers at home outside of the program.

From the overall assessment, 139 mothers received physiotherapy skills training, with more than 130 mothers utilizing the skills for the betterment of their children. Regarding understanding the frequency of the practices, the responses have shown that the mothers have been using the physiotherapy skills on their children as a regular independent practice. Furthermore, the regular utilization of training over the last couple of years has further enhanced the skills of mothers to help their children.

In the analysis of the benefits of the application of physiotherapy to the children, the mothers reported the children's mobility was improved. The children have responded well to the physiotherapy and through their enhanced mobility they have increased their independence, such as walking and standing independently and this has increased the independence of the mothers as the children no longer need constant assistance. In addition, the application of the physiotherapy skills has led to better regulation of the children's health and enhanced confidence and understanding by the mothers about their children's condition and specific needs. Hence, from the inferences generated, the physiotherapy skills applied to the children has improved the child's development and led to positive outcomes for the children.

“His neck was dropping but it looks fine now. He can hold food and guide it to his mouth, he could not before”

Program Participant

Vocational training:

The vocational training provided in the program is evaluated on the knowledge and skills acquired by the mothers and the associated employment outcomes. The vocational training mothers received included baking, fireless cooking, yoghurt making, tailoring, sewing, and making detergent powder. The vocational skills have helped to create self-sufficiency within their household and provided a level of confidence and self-reliance by the mothers to utilise the new skills in their household activities. Furthermore, within household activities, the cooking skills learned have helped the mothers save fuel and enhanced the efficiency of their cooking practices. The analysis of the responses has reflected on women's empowerment through effective training, leading to better outcomes for the mothers and their families.

**“They taught us about fireless cooker using baskets.
I practice at home and nowadays cooking rice after 5 minutes.”**

Program Participant

In terms of understanding the application of vocational skills, the responses obtained have reflected that the skills acquired have improved the mother's employability and have the potential to lead to financial independence. Moreover, the responses also show that 30 mothers have been able to establish a small business using the skills obtained. The achievement of the overall objective will become a success once all 200 women can obtain development opportunities.

The vocational training has resulted in financial empowerment and enhanced quality of life.

“She also joined a savings group in one of our Sacco’s in Kenya and is hoping to start her own business in 2022.”

Program Coordinator

Social network and engagement:

The third theme addressed factors relating to social networking and engagement. The theme focuses on the engagement of mothers in the facilitation of social and community activities.

It was clear the mothers and caregivers within the program benefitted from the opportunity to interact with each other and exchange personal stories. It also helped them to feel less isolated.

“...the women even formed themselves into a choir and some of the women have actually formed themselves into local self-help groups along the way and it’s been in the willingness to come out of a place of hiding. They have been encouraged to step out from the shadow so to speak. I’m not sure if the team began with a clear strategy in mind, but as women began to come to the program, as they grew in confidence, they also gave confidence to others in the community to also step out.”

Program Coordinator

Due to social stigma towards disability within the local community, the participating mothers were not engaged in community activities and would typically keep their children hidden at home. With the help of Community Health Volunteers, Dorcas Creation organised a stigma awareness program and a celebration with attendance by the Australian High Commissioner. It was rare that mothers of disabled children would participate in celebrations at the community level and there is more work to be done. The Nawiri Mama program has encouraged mothers with disabled children to participate in community activities, and has worked with community to change social stigma, and cultural beliefs around disability.

“Despite our efforts, we still observe a gap in social inclusion of this kind of women, in our home visits we met quite a number of women who are not confident to come out and actually lock their children in their houses due to stigma from the community. The society has not been able to fully accept them back into the community.....Out of 5 mothers with disabled children, only 1 is willing to come out and ask for help”

Program Coordinator

Empowerment:

The fourth theme assesses the empowerment of the mothers in terms of their financial abilities, freedom, decision making and control over their own life.

The ultimate aim of the Nawiri Mama program was to empower mothers with disabled children. Mothers who could not feed their families before due to lack of money are starting small businesses of baking and sewing with the vocational skills acquired from the Nawiri Mama program. Now they are earning money to feed their

families and this financial independence has empowered participating mothers. Additionally, these mothers were uneducated about how they could help their disabled children. The children in many instances were immobile and totally dependent on their mothers. The provision of physiotherapy to the children, and the application of those skills at home made mothers hopeful about the physical capacity of their children as they witnessed improvements in mobility and development. Mothers began to feel empowered as they could see the direct correlation of the physiotherapy skills they applied to their children and the child's improved mobility and capacity.

Health and wellbeing:

The last theme was about health and wellbeing, which evaluated the health and wellbeing of the family physically, psychologically, and socially. By analysing the responses from mothers who took part in the Nawiri Mama program, it was apparent that mothers could provide their children with an effective therapy and gain a deeper understanding of their child by recognizing their capabilities. Their children learnt to sit, to crawl, to walk and to reach many new milestones since receiving physiotherapy. The children's health has significantly improved as a direct result of the program. Mothers also learnt about nutrition and in many instances the children were weak due to poor calcium levels. They were recommended Goats milk and this provided children with the necessary nutrition to help them grow and gain strength to mobilise.

According to the responses, we can also infer that mothers gained knowledge through the Nawiri Mama program that they were not alone and that they were able to share their experiences with other mothers facing similar challenges. Mothers used to avoid bringing their children outside because of the social stigma attached to disability and mothers felt shame or embarrassment. Now they have participated in the program they take their children outside into the community. Mothers expressed how empowered they feel because of attending this Nawiri Mama program and by speaking with other mothers and members of Dorcas Creation.

“He was unable to stand or walk while supporting himself but now he can. Now he is also trying to stand without holding anything. Since I discovered Dorcas Creation, I have been able to get help for my child. .. We are being encouraged, we are despaired that our children would never walk, but when we got here we found that we are not alone, there are others, a lot of them in fact.”

Program Participant

Unintended Outcomes

An unintended outcome of the Nawiri Mama was observed between mothers and children. Mothers have described how the application of the physiotherapy skills to their children has not only improved their physical mobility but the relationship with their children has improved. The attention given to the child through the physical contact provided by the regular application of the physiotherapy to their children has created a bond with their children and mothers have become more accepting of their children and their disability.

Conclusion

The aim of the project was to evaluate the planning, implementation and effectiveness of the Nawiri Mama program. Evaluation procedures includes (1) needs assessment, (2) clarificative evaluation, (3) process evaluation, and (4) impact evaluation.

Needs assessment utilised a participatory approach within the community, the program developers assessed the population's needs by asking them to talk about their issues and how they would like to address them. Promoting community participation during needs assessment successfully led to the mothers/caregivers engaging in the intervention.

Utilising the program logic model made the design of the program and the theory of change behind the program clear. The Nawiri Mama has a clear goal and theory-based strategies (i.e., Empowerment Theory) to achieve its intended outcomes and is underpinned by successfully tested Theories of Change. For example, **IF** the mothers are trained to apply physiotherapy skills to meet the needs of their disabled children, **THEN** they will better understand their child's needs and be more skilled and encouraged to support their children's development leading to improved health benefits for the child. The **IF/THEN** statements were proven by the Nawiri Mama program; however, they would normally be developed in the planning phase of the program rather than after implementation of the program.

Process evaluation of Nawiri Mama program focused on the recruitment of participants, engagement of the participants in the program, management of the partner organisations and required resources, and program delivery and adjustment. With the help of Community Health Volunteers (CHVs) and Niathaini Primary School the targeted number of mothers with disabled children were recruited into the program. Provision of transportation to bring the disabled children to the program office and participating mothers' word-of-mouth





technique also helped to recruit targeted participants. Both international and local partner organisations were engaged in securing funds and sourcing required human resources (i.e., physiotherapist) and logistics (i.e., physiotherapy equipment).

Nawiri Mama program was delivered as it was planned to achieve basic physiotherapy and vocational skills development among mothers. The program was adjusted during implementation based on identifying new needs, such as addressing malnutrition of the children by providing goats milk. Program implementation was also adjusted aligning with local regulations during the COVID period. Dorcus Creation demonstrated adaptability and community mobilization to address needs as they arose, and were able to effectively adjust staff, resources and programing during the COVID period.

The ultimate aim of the Nawiri Mama program was to empower mothers of disabled children through developing basic physiotherapy skills to apply to their children and vocational capacities to establish economic independence. The results of the impact evaluation have drawn on evaluating the impacts of physiotherapy skills, vocational training, social engagement, health and wellbeing and finally empowerment. The results obtained from the evaluation have clearly shown the importance of physiotherapy skills among the mothers in the management of the health and development of their children. On the other hand, the importance of vocational training has shown that the training has led to the empowerment of mothers through skills development. Furthermore, empowerment has led to better financial decision-making, and enhanced the mothers' financial capabilities. Finally, the development in the well-being of the children and the mothers reflects the success the program has obtained for the mothers with disabled children as intended by the program objectives. Hence, based on the overall evaluation it can be stated that the Nawiri Mama has met the program objectives devised for the program.

Recommendations

Results of the evaluations indicates recommendations as twofold: (1) application of successful Nawiri Mama strategies could be adapted to suit other similar programs in similar contexts and (2) The planning for the evaluation of the program would be best carried out prior to the implementation of the program because it will give all stakeholder the idea about what type of data needs to be collected for program evaluation.

Partnerships with local organisations, provision of transportation and word-of-mouth or snowball technique can be used in similar programs to reach the targeted population, especially when the population is as interconnected as in the Marurai slum. Collaboration with international and local organisations is highly recommended to ensure funding and program logistics. For example, the recognition of Dorcas Creation as a well-established, highly connected and well trusted within the community was integral to the success of the program and can largely be attributed to their experience of running similar community empowerment programs.

It is valuable for a future program to develop a program logic model during the planning stage of the program, considering its essential role in clarifying the design and theory of the program. To improve the program planning and implementation phase, it is recommended to include quantitative data collection methods during needs assessment as it may give a complete picture of the target population, develop indicators based on SMART principles, and contribute to impact evaluation. Monitoring and documentation during program implementation are also highly recommended.

Finally, the evaluation strongly suggests the children with disability have benefited from the program. The program provided an opportunity to physically assess the children, many had not been assessed previously due to the limitation of access to medical services. From this assessment, the mothers and caregivers were better able to understand their child's health and needs and through the Nawiri Mama program the mothers and caregivers were guided with skills and knowledge to assist their children to grow and thrive in a more positive way. It is also recommended to continue collecting follow up data about the children and their progress - how have their lives (children/mother/family) have changed over time.

Summary of Recommendations

- Planning for evaluation of a program should be during the planning of the program.
- Quantitative methods to be added in collecting evaluation data.
- Monitoring and documentation to be conducted during the implementation of the program.
- Data should be collected from primary stakeholders or beneficiaries for impact evaluation.

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