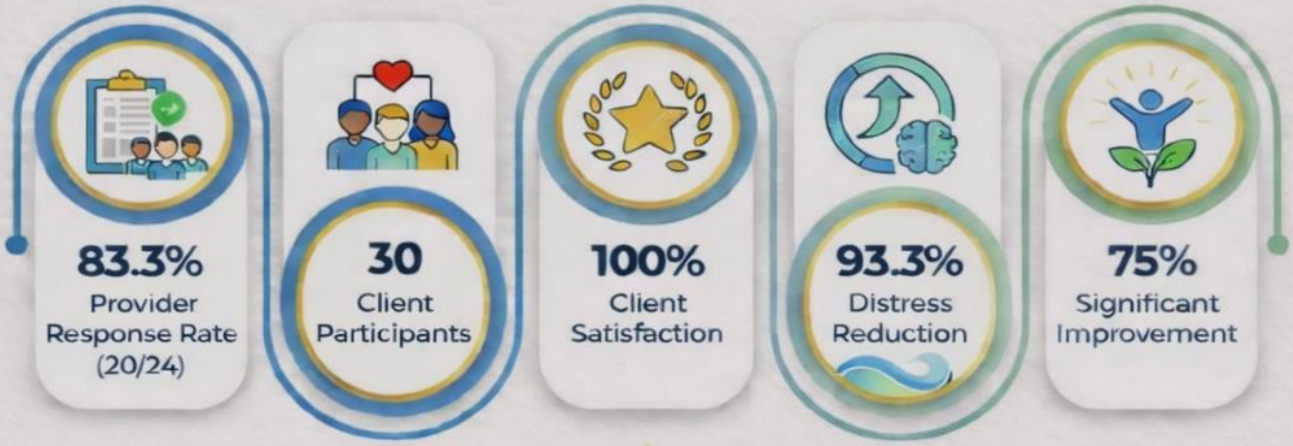
Comprehensive Evaluation Report: Accelerated Resolution Therapy (ART) Provider and Client Feedback

Huduma Mtaani Project



Funder

ELTON JOHN AIDS FOUNDATION

Implementing Partners:

HELP REACH AFRICA

MAS

Date: January 2026 | Prepared for Huduma Mtaani Project

Table of Contents

LIST OF TABLES

1. Executive Summary

This comprehensive evaluation synthesizes feedback from **20 healthcare providers** (representing 83.3% of the 24 clinicians trained in Accelerated Resolution Therapy) and **30 clients** who received ART services under the Huduma Mtaani Project, funded by the Elton John AIDS Foundation and Yale University. The dual-perspective evaluation assessed service delivery quality, clinical outcomes, training adequacy, operational conditions, and overall satisfaction between November 2025 and January 2026.

1.1 Key Findings: Provider Perspective

Strengths:

- **80%** of providers reported feeling **Confident or Very Confident** in delivering ART
- **75%** (15 providers) served clients from **key populations** experiencing trauma, stigma, and discrimination
- **75%** (15 providers) reported clients showed **Significant to Moderate improvement** following ART sessions
- **Strong therapeutic alliance:** Providers consistently described clients as feeling "relieved," "calm," and "emotionally healed"

Critical Challenges:

- **65%** (13 providers) had **received no clinical supervision** in the preceding three months
- **50%** identified **limited privacy and dedicated therapy space** as primary operational barrier
- **50%** reported **cultural misconceptions** about ART hindering community acceptance
- **80%** (16 providers) prioritized training in **managing complex trauma cases**
- **40%** cited need for **refresher training** to maintain protocol fidelity

Key Findings: Client Perspective (N=30)

Satisfaction Metrics:

- **96.7%** (29 clients) **Strongly Agreed** that therapists explained ART clearly
- **100%** (30 clients) felt **safe, respected, and affirmed** during sessions
- **93.3%** (28 clients) reported ART **reduced trauma-related distress**
- **100%** demonstrated **high cultural competence** by therapists
- **96.7%** would **recommend ART** to others facing similar challenges
- **Overall satisfaction:** 100% reported being **Satisfied or Very Satisfied**

Areas for Enhancement:

- **43.3%** (13 clients) requested **multiple or follow-up sessions**
- Clients expressed desire for **continuity and longer engagement** beyond single-session interventions

Overall Assessment

The evaluation provides **robust quantitative and qualitative evidence** that ART is:

1. **Clinically effective** in reducing trauma-related distress among key populations, trauma survivors, and youth
2. **Highly acceptable** to both providers and clients, with exceptional satisfaction rates
3. **Culturally competent** and delivered in psychologically safe environments
4. **Feasible** within community and facility-based settings, though operational constraints exist

However, **sustainability and scale-up require urgent attention** to:

- Structured clinical supervision systems
- Advanced training for complex trauma management
- Infrastructure improvements (private therapy spaces)
- Protocol adaptation (language, cultural context)
- Multi-session therapy packages with follow-up mechanisms

The findings underscore ART's strategic value within Kenya's mental health response and justify continued investment by funding partners, with targeted operational strengthening to maximize therapeutic impact and program sustainability.

2. Introduction and Background

2.1 Program Context

Mental health and psychosocial support services remain critically underserved in Kenya, particularly among marginalized populations including key populations (people who inject drugs, sex workers, men who have sex with men, transgender persons), survivors of gender-based violence, adolescents, and young adults navigating stigma, discrimination, and trauma. The intersection of HIV, violence, and social exclusion creates a compounded mental health burden requiring specialized, trauma-informed interventions.

Recognizing this gap, the Huduma Mtaani Project funded by Elton John AIDS Foundation and supported by Yale University integrated Accelerated Resolution Therapy (ART) into community-based and facility-linked service delivery in Nairobi and Kajiado Counties. This innovative initiative represents one of the first systematic implementations of ART within Kenya's public health system, targeting populations facing heightened trauma exposure and limited access to evidence-informed mental health care.

2.2 Rationale for ART Integration

ART was selected based on:

1. **Evidence base:** Demonstrated effectiveness in treating PTSD, trauma, depression, and anxiety across diverse populations
2. **Efficiency:** Typically requires 1-5 sessions, making it feasible for resource-limited settings
3. **Acceptability:** Non-invasive, client-centered approach with minimal verbal disclosure requirements—critical for stigmatized populations
4. **Scalability:** Can be delivered by trained non-specialist providers with appropriate supervision
5. **Alignment with funding priorities:** Addresses mental health as integral to HIV prevention, treatment adherence, and holistic wellbeing

2.3 Training and Implementation Timeline

- **Phase 1 (Q3 2025):** Training of **24 healthcare providers** across multiple cadres (psychologists, counselors, clinical officers, community health workers) in ART protocol and trauma-informed care principles by trainers from Yale University.

- **Phase 2 (Q4 2025 – Q1 2026):** Service delivery rollout across 8 facilities and community sites in Nairobi (Mathare, Westlands, Starehe, Kasarani) and Kajiado (Kajiado North and Central)
- **Phase 3 (Q4 2025 – Q1 2026):** Concurrent evaluation of provider experiences and client satisfaction

2.4 Evaluation Purpose

As ART implementation progressed, a **formative evaluation** was prioritized to:

- Document early implementation experiences from dual perspectives (providers and clients)
- Identify operational and clinical barriers requiring immediate attention
- Generate evidence to inform program adaptation and scale-up decisions
- Demonstrate accountability to funding partners (Elton John AIDS Foundation and Yale University)
- Contribute to Kenya's emerging evidence base on task-shared mental health interventions

This evaluation recognizes that both provider capacity and client experience are essential to sustainable, high-quality mental health service delivery.

3. Understanding Accelerated Resolution Therapy (ART)

3.1 Definition and Theoretical Foundation

Accelerated Resolution Therapy (ART) is an evidence-informed, trauma-focused psychotherapy designed to rapidly reduce psychological and physiological distress associated with traumatic memories and adverse life experiences. Developed by Laney Rosenzweig in 2008, ART facilitates the adaptive processing of distressing memories while maintaining the factual integrity of the experience. Its structured, brief, and client-centered nature makes ART particularly suitable for key population (KP) programs, where clients often face multiple, intersecting stressors and where timely, acceptable mental health interventions are essential to support engagement in HIV prevention, treatment, and care.

ART is grounded in an integrative theoretical framework that combines elements of Eye Movement Desensitization and Reprocessing (EMDR), Cognitive Behavioral Therapy (CBT), Gestalt therapy, and guided imagery. Bilateral eye movements support neurological processing and emotional regulation, while CBT-informed techniques address maladaptive cognitions linked to trauma, stigma, and internalized discrimination. Gestalt principles emphasize present-moment awareness, and guided imagery enables the voluntary reprocessing of traumatic experiences with reduced emotional intensity. Within KP HIV programs, this integrated approach is particularly relevant for addressing trauma related to stigma, violence, criminalization, and social exclusion factors that directly influence HIV risk behaviors, treatment adherence, and retention in care.

3.3 Clinical Indications

ART has demonstrated effectiveness for:

- **Post-Traumatic Stress Disorder (PTSD)**
- Acute trauma and complex trauma
- Depression and anxiety disorders
- Phobias and panic disorders
- Performance anxiety
- Grief and loss
- Trauma-related to violence, abuse, discrimination, and stigma

3.4 Implementation in Huduma Mtaani Context

Within the Huduma Mtaani Project, ART specifically targets:

- **Key populations** experiencing trauma related to criminalization, violence, and stigma
- **Survivors of gender-based violence** requiring trauma-focused intervention
- **Adolescents and young adults** navigating developmental stress, family conflict, and discrimination
- **People living with HIV** managing trauma, disclosure anxiety, and treatment-related distress

ART's brief, structured format and minimal verbal disclosure requirements make it particularly suited to community-based delivery and culturally diverse populations where stigma barriers to mental health care are high.

4. Evaluation Objectives

This dual-perspective evaluation pursued the following objectives:

4.1 Provider-Focused Objectives

1. **Assess provider confidence and competence** in delivering ART across diverse clinical presentations
2. **Examine perceived client outcomes** following ART sessions, including distress reduction and functional improvement
3. **Identify training, supervision, and capacity development needs** to strengthen clinical quality and provider wellbeing
4. **Document operational and systemic barriers** affecting service delivery quality, efficiency, and scalability
5. **Generate actionable recommendations** to inform program refinement, training curricula, and supervision systems

4.2 Client-Focused Objectives

1. **Measure client satisfaction** with ART services across multiple quality dimensions
2. **Assess perceived safety, respect, and cultural competence** during therapeutic encounters
3. **Evaluate perceived effectiveness** of ART in reducing trauma-related distress
4. **Identify client priorities** for service improvement and expanded access
5. **Provide accountability evidence** to funding partners (Elton John AIDS Foundation and Yale University) regarding service quality and client-centeredness

4.3 Integrated Objectives

1. **Triangulate provider and client perspectives** to generate comprehensive quality assessment
2. **Identify convergence and divergence** between provider perceptions and client experiences
3. **Inform strategic decisions** regarding ART scale-up, integration into health systems, and sustainability planning

4. **Contribute to Kenya's evidence base** on task-shared, trauma-informed mental health interventions

5. Methodology

5.1 Evaluation Design

A **descriptive cross-sectional evaluation** was employed, utilizing structured feedback tools administered to both providers and clients. The mixed-methods approach combined:

- **Quantitative data:** Standardized rating scales, frequency distributions, satisfaction metrics
- **Qualitative data:** Open-ended responses capturing experiences, challenges, and recommendations

5.2 Study Populations

Provider Population:

- **Sampling frame:** All 24 healthcare providers trained in ART under the Huduma Mtaani Project
- **Achieved sample:** 20 providers (83.3% response rate)
- **Inclusion criteria:** Completed ART training; actively delivering or attempted to deliver ART sessions during evaluation period

Client Population:

- **Sampling frame:** All clients who received ART services during evaluation period
- **Achieved sample:** 30 clients
- **Inclusion criteria:** Completed at least one ART session; consented to participate in satisfaction survey
- **Exclusion criteria:** Clients in acute crisis or unable to provide informed consent

5.3 Data Collection Tools

Provider Feedback Tool:

- Structured questionnaire with 32 items covering:

- Demographic and professional background (6 items)
- Service delivery characteristics (8 items)
- Confidence and competence ratings (5 items)
- Perceived client outcomes (4 items)
- Operational challenges (6 items)
- Training and supervision needs (3 items)

Client Satisfaction Survey:

- Structured questionnaire with 12 items covering:
  - Clarity of ART explanation (2 items)
  - Safety and respect (3 items)
  - Therapeutic effectiveness (2 items)
  - Cultural competence (2 items)
  - Overall satisfaction (1 item)
  - Recommendations and suggestions (2 open-ended items)

5.4 Data Collection Procedures

Provider Data Collection (26 November – 12 December 2025):

- Electronic questionnaires distributed via secure platform
- Providers completed surveys independently
- Anonymity assured; no identifiable data collected beyond facility location
- Voluntary participation; no incentives provided

Client Data Collection (December 2025 – January 2026):

- Face-to-face interviews conducted by trained research assistants
- Administered immediately following ART session completion or within 1 week

- Informed consent obtained; confidentiality emphasized
- Language: English or Kiswahili based on client preference
- Duration: 10-15 minutes per interview

5.5 Ethical Considerations

- All participants provided informed consent
- Confidentiality maintained; no personally identifiable information collected
- Data stored securely with restricted access
- Participants informed of voluntary nature; no service consequences for non-participation

5.6 Data Management and Analysis

Quantitative Analysis:

- Data entered into Microsoft Excel
- Descriptive statistics calculated: frequencies, percentages, means, medians
- Cross-tabulations conducted to explore relationships between variables
- Response rates calculated for all items

Qualitative Analysis:

- Open-ended responses transcribed verbatim
- Thematic analysis conducted using iterative coding process
- Key themes identified, categorized, and triangulated with quantitative findings
- Representative quotes selected to illustrate major themes

Triangulation:

- Provider and client data analyzed separately, then compared
- Areas of convergence and divergence identified
- Integrated interpretation developed to inform recommendations

5.7 Limitations

1. **Response rate:** While provider response rate was high (83.3%), 4 trained providers did not participate; reasons unknown
2. **Client sampling:** Convenience sampling of available clients; may not represent all ART beneficiaries
3. **Self-report bias:** Both provider and client data relied on self-report; no objective clinical outcome measures
4. **Temporal variation:** Data collected over 2-month period; implementation context may have evolved
5. **Generalizability:** Findings reflect experiences within Huduma Mtaani implementation; may not generalize to other contexts
6. **Follow-up:** Client satisfaction captured immediately post-intervention; longer-term outcomes unknown

6. Profile of Respondents

6.1 Provider Characteristics (N=20)

6.1.1 Professional Cadres

Table 1 Professional Cadres

Professional Role	Number (n)	Percentage (%)
Psychologists	5	25.0%
Counselors	5	25.0%
Clinical Officers/Clinicians	5	25.0%
Laboratory Technologist	2	10.0%
Project Officers	2	10.0%
Pediatrician	1	5.0%
Total	**20**	**100.0%**

Key Insight: The multidisciplinary composition reflects intentional task-sharing strategy, with 50% (10 providers) representing non-specialist cadres (counselors, clinical officers), demonstrating feasibility of ART delivery beyond traditional mental health specialists.

6.1.2 Experience Delivering ART

All 20 providers had less than one year of ART delivery experience, reflecting recent training rollout. This underscores the importance of ongoing supervision and refresher training to consolidate clinical skills.

6.1.3 General Clinical/Counseling Experience

6.1.4 Geographic Distribution

Table 2 Geographic Distribution

County	Sub-County/Constituency	Number (n)	Percentage (%)
Nairobi	Mathare	6	30.0%
	Westlands	4	20.0%
	Starehe	3	15.0%
	Kasarani	2	10.0%
Kajiado	Kajiado North	3	15.0%
	Kajiado Central	2	10.0%
Total		**20**	**100.0%**

6.1.5 Facility Representation

Table 3 Facility Represention

Facility/Organization	Number (n)	Percentage (%)
HOYMAS Kenya	7	35.0%
County Government Health Facilities	8	40.0%
Community-based sites	3	15.0%
Other NGO facilities	2	10.0%
Total	**20**	**100.0%**

Key Insight: HOYMAS Kenya, a key population-focused organization, contributed (35%), reflecting strategic targeting of services toward marginalized groups.

6.2 Client Characteristics (N=30)

6.2.1 Demographic Profile

Table 4 Demographic Profile

Characteristic	Number (n)	Percentage (%)
Age Groups		
15-19 years (Adolescents)	4	13.3%
20-24 years (Young adults)	11	36.7%
25-34 years (Adults)	10	33.3%
35-44 years	4	13.3%

Characteristic	Number (n)	Percentage (%)
45+ years	1	3.3%
Gender		
Female	17	56.7%
Male	11	36.7%
Transgender/Non-binary	2	6.7%

Key Insight: 70% (21 clients) were **young adults and adults aged 20-34,** reflecting primary target populations. Gender distribution showed slight female predominance (56.7%), consistent with higher help-seeking behavior among women.

6.2.2 Population Categories

Table 5 Population Categories

Population Category	Number (n)	Percentage (%)
Key populations (PWID, FSW, MSM, TG)	15	50.0%
Survivors of gender-based violence	7	23.3%
General population (trauma/stress)	5	16.7%
Adolescents (school-related stress)	3	10.0%
Total	**30**	**100.0%**

Note: Categories not mutually exclusive; some clients belong to multiple categories

Key Insight: Half of all clients (50%) identified as **key populations**, validating program's focus on marginalized groups facing compounded trauma, stigma, and discrimination.

6.2.3 Primary Presenting Issues (Provider-Reported)

Table 6 Primary Presenting Issues (Provider-Reported)

Presenting Issue	Number of Clients (n)	Percentage (%)
Trauma (violence, abuse, discrimination)	18	60.0%
Depression/persistent sadness	12	40.0%
Anxiety/panic	9	30.0%
Stigma-related distress	8	26.7%
Relationship difficulties	5	16.7%
Substance use-related trauma	4	13.3%
Grief/loss	3	10.0%

Note: Clients may present with multiple issues

---

7. Provider Evaluation Findings

7.1 Service Delivery Volume and Characteristics

7.1.1 Caseload in Preceding Month

Table 7 Caseload In Preceding Month

Number of ART Sessions Conducted	Number of Providers (n)	Percentage (%)
0 sessions	2	10.0%
1-5 sessions	9	45.0%
6-10 sessions	4	20.0%

Number of ART Sessions Conducted	Number of Providers (n)	Percentage (%)
11-15 sessions	3	15.0%
16-20 sessions	2	10.0%
Total	**20**	**100.0%**

Mean sessions per provider: 7.4 sessions
Median sessions: 5 sessions
Range: 0-20 sessions

Key Insight: 55% (11 providers) conducted **5 or fewer sessions** in the preceding month, suggesting either:

- Recent initiation of service delivery
- Operational barriers limiting client flow
- Limited demand awareness in communities
- Providers balancing multiple clinical responsibilities

7.1.2 Typical Session Duration

Table 8 Typical Session Duration

Session Duration	Number of Providers (n)	Percentage (%)
30-45 minutes	6	30.0%
45-60 minutes	8	40.0%
Over 60 minutes	4	20.0%
Variable (depends on client)	2	10.0%
Total	**20**	**100.0%**

Key Insight: 20% (4 providers) reported sessions **exceeding 60 minutes**, often attributed to:

- Protocol complexity for novice providers
- Client questions and psychoeducation needs
- Language interpretation requirements
- Managing complex trauma presentations

Recommendation: Training emphasis on efficient session pacing to achieve 30-45 minute standard without compromising quality.

7.1.3 Client Populations Served

Table 9 Client Population Served

Population Category	Number of Providers Serving (n)	Percentage of Providers (%)
Key populations	15	75.0%
Young adults (18-24 years)	13	65.0%
Survivors of GBV/trauma	12	60.0%
Adolescents (10-17 years)	9	45.0%
Adults (25+ years)	14	70.0%
PLHIV	8	40.0%

Note: Providers served multiple populations

Key Insight: 75% (15 providers) served key populations, confirming program alignment with funding priorities (Elton John AIDS Foundation's focus on HIV and marginalized communities).

7.2 Provider Confidence and Competence

7.2.1 Confidence in Delivering ART

Table 10 Confidence In Delivering ART

Confidence Level	Number (n)	Percentage (%)
Very Confident	7	35.0%
Confident	9	45.0%
Somewhat Confident	4	20.0%
Not Confident	0	0.0%
Total	**20**	**100.0%**

Combined Confident/Very Confident: 80% (16 providers)

Key Insight: Despite limited ART-specific experience, **80% reported confidence**, suggesting:

- Effective initial training
- Strong foundational clinical skills
- Supportive protocol structure
- However, 20% "Somewhat Confident" indicates need for ongoing mentorship

7.2.2 Self-Rated Service Quality Indicators

Table 11 Self-Rated Service Quality Indicators

Quality Indicator	Excellent	Good	Fair	Poor	Mean Score (1-4)*
Clarity of ART protocol	8 (40%)	9 (45%)	3 (15%)	0 (0%)	3.25
Client engagement	6 (30%)	11 (55%)	3 (15%)	0 (0%)	3.15
Ease of delivery	4 (20%)	10 (50%)	5 (25%)	1 (5%)	2.85
Availability of private space	2 (10%)	5 (25%)	7 (35%)	6 (30%)	2.15
Institutional support	3 (15%)	7 (35%)	6 (30%)	4 (20%)	2.45

Scoring: Excellent=4, Good=3, Fair=2, Poor=1

Critical Finding: Availability of private therapy space received the **lowest rating** (mean 2.15), with 65% rating it Fair or Poor—representing the single greatest operational barrier.

7.3 Perceived Client Outcomes

7.3.1 Level of Client Improvement

Improvement Level	Number of Providers (n)	Percentage (%)
Significant improvement	8	40.0%
Moderate improvement	7	35.0%

Improvement Level	Number of Providers (n)	Percentage (%)
Minimal improvement	3	15.0%
No improvement	0	0.0%
Too early to assess	2	10.0%
Total	**20**	**100.0%**

Combined Significant/Moderate: 75% (15 providers)

Key Insight: 75% of providers reported meaningful client improvement, with **zero providers reporting no improvement**—strong preliminary evidence of therapeutic effectiveness.

7.3.2 Commonly Reported Client Feedback (Qualitative)

Providers described clients' post-session feedback using these terms (frequency count from open-ended responses):

Table 12 Commonly Reported Client Feedback (Qualitative)

Client Feedback Theme	Frequency (n)	Representative Quotes
Feeling relieved	12	"Client said she felt like a heavy burden lifted"
Feeling calm	11	"Reported feeling peaceful for first time in months"
Reduced distress	10	"Traumatic memory no longer causes panic"
Emotionally healed	8	"Described feeling 'whole again'"

Client Feedback Theme	Frequency (n)	Representative Quotes
Improved sleep	6	"Sleeping better, fewer nightmares"
Increased hope	5	"Expressed renewed optimism about future"

Critical Insight: Client feedback emphasized **emotional relief and physiological calming**—core indicators of successful trauma processing consistent with ART's mechanism of action.

7.4 Client-Level Challenges Encountered

7.4.1 Frequency of Specific Challenges

Table 13 Frequency Of Specific Challenges

Challenge Type	Number of Providers Reporting (n)	Percentage (%)
Skepticism about ART/eye movements	11	55.0%
Physical discomfort during eye tracking	8	40.0%
Difficulty maintaining focus/restlessness	9	45.0%
Preference for verbal processing beyond protocol	10	50.0%
Difficulty visualizing imagery	6	30.0%

Challenge Type	Number of Providers Reporting (n)	Percentage (%)
Emotional overwhelm during processing	5	25.0%
Cultural resistance to "Western" therapy	7	35.0%

7.4.2 Qualitative Examples

Skepticism:

"Some clients ask, 'How can moving my eyes help with trauma?' They expect traditional talk therapy."

Physical discomfort:

"One client experienced dizziness after prolonged eye movements. We had to slow the pace and offer breaks."

Verbal processing preference:

"Clients from counseling backgrounds want to talk more. The scripted protocol feels restrictive to them."

Cultural resistance:

"In community settings, elders questioned why we're not using 'our traditional healing methods.'"

7.5 Operational and Systemic Challenges

7.5.1 Primary Barriers to Quality Service Delivery

Table 14 Primary Barriers to Quality Service Delivery

Operational Barrier	Number of Providers (n)	Percentage (%)	Severity Rating (1-5)*
Limited space/privacy	10	50.0%	4.6
Cultural misconceptions about ART	10	50.0%	3.8
Inadequate refresher training	8	40.0%	4.1
High caseload, limited time	7	35.0%	3.9
Lack of institutional support	6	30.0%	3.5
Cases beyond ART scope	5	25.0%	4.2
Limited supervision	5	25.0%	4.5
Language barriers (English scripts)	4	20.0%	3.7

Severity: 1=Minor inconvenience, 5=Critical barrier

7.5.2 Detailed Barrier Analysis

1. Limited Space and Privacy (50%, n=10)

Representative feedback:

"We conduct sessions in shared consultation rooms. Staff walk in during sessions, disrupting client concentration."

"No lockable doors. Clients worry about confidentiality, especially key populations fearing exposure."

"Sometimes we use courtyards. Ambient noise makes it hard for clients to focus on internal imagery."

Impact: Compromises therapeutic safety, confidentiality, and treatment fidelity.

2. Cultural Misconceptions (50%, n=10)

Representative feedback:

"Community members think ART is 'hypnosis' or 'witchcraft.' This stigma prevents clients from seeking services."

"Clients ask, 'Why not prayer or herbal medicine?' They don't understand the science."

"Family members discourage participation, saying 'mental issues should stay in the family.'"

Impact: Reduces demand, delays help-seeking, and perpetuates mental health stigma.

3. Inadequate Refresher Training (40%, n=8)

Representative feedback:

"Would benefit from reviewing complex cases with experienced ART practitioners."

Impact: Risks protocol drift, reduced effectiveness, and provider anxiety.

7.6 Training and Supervision Needs

7.6.1 Priority Training Topics

Table 15 Priority Training Topics

Training Need	Number of Providers Identifying (n)	Percentage (%)	Priority Ranking
Managing complex trauma cases	16	80.0%	1 (Highest)
Mastery of ART protocol	13	65.0%	2
Clinical supervision skills	12	60.0%	3
Session structuring/time management	8	40.0%	4
Working with key populations	7	35.0%	5
Handling resistance/skepticism	6	30.0%	6
Self-care and vicarious trauma	5	25.0%	7

Critical Insight: 80% (16 providers) prioritized advanced training in complex trauma, including:

- PTSD with comorbid substance use
- Complex developmental trauma
- Dissociative symptoms
- Trauma-related OCD

7.6.2 Supervision Coverage

Table 16 Supervision Status (Last 3 Months)

Supervision Status (Last 3 Months)	Number (n)	Percentage (%)
Received supervision	7	35.0%
No supervision received	13	65.0%
Total	**20**	**100.0%**

Among those supervised (n=7):

Table 17 Supervision Modality

Supervision Modality	Number (n)
Virtual (Zoom/phone)	5
In-person individual	2
Group supervision	0

Supervision frequency (n=7):

Table 18 Supervision Frequency

Frequency	Number (n)
Monthly	4
Once in 3 months	3

CRITICAL FINDING: 65% (13 providers) received no supervision in three months—a major quality and safety concern. Without supervision:

- Protocol fidelity cannot be assured

- Provider burnout risk increases
- Complex cases may be mismanaged
- Learning opportunities are lost

8. Client Satisfaction Survey Findings (N=30)

8.1 Clarity and Understanding of ART

Survey Item: "The therapist explained ART in a way that I could understand."

Table 19 Survey Item: "The therapist explained ART in a way that I could understand."

Response	Number (n)	Percentage (%)
Strongly Agree	29	96.7%
Agree	1	3.3%
Neutral	0	0.0%
Disagree	0	0.0%
Strongly Disagree	0	0.0%
Total	**30**	**100.0%**

Combined Agree/Strongly Agree: 100% (30 clients)

Mean Score: 4.97/5.0

Interpretation:
Universal agreement that therapists communicated ART concepts clearly, enabling informed consent and active participation. This reflects strong provider psychoeducation skills and culturally adapted explanation approaches.

8.2 Safety, Respect, and Affirmation

Survey Item: "I felt safe, respected, and affirmed in my identity/status during the sessions."

Table 20 Survey Item: "I felt safe, respected, and affirmed in my identity/status during the sessions."

Response	Number (n)	Percentage (%)
Strongly Agree	28	93.3%
Agree	2	6.7%
Neutral	0	0.0%
Disagree	0	0.0%
Strongly Disagree	0	0.0%
Total	**30**	**100.0%**

Combined Agree/Strongly Agree: 100% (30 clients)

Mean Score: 4.93/5.0

Qualitative feedback:

"As a trans woman, I've faced discrimination everywhere. Here, I was treated with dignity." (TG client, age 24)

"The counselor didn't judge me for being a sex worker. She understood my trauma." (FSW client, age 29)

"I felt safe to close my eyes during the session—that's rare when you're always watching your back." (MSM client, age 22)

Interpretation:
ART sessions successfully created **psychologically safe, stigma-free environments**—essential for trauma work with marginalized populations. This finding validates trauma-informed, non-discriminatory provider training.

8.3 Reduction of Trauma-Related Distress

Survey Item: "The ART sessions helped reduce my distress related to past traumatic or discriminatory experiences."

Table 21Survey Item: "The ART sessions helped reduce my distress related to past traumatic or discriminatory experiences."

Response	Number (n)	Percentage (%)
Strongly Agree	22	73.3%
Agree	6	20.0%
Neutral	2	6.7%
Disagree	0	0.0%
Strongly Disagree	0	0.0%
Total	**30**	**100.0%**

Combined Agree/Strongly Agree: 93.3% (28 clients)

Mean Score: 4.67/5.0

Breakdown by presenting issue (n=28 reporting improvement):

Table 22 Breakdown by Presenting Issue

Presenting Issue	% Reporting Distress Reduction
Physical/sexual violence trauma	95% (19/20)
Discrimination/stigma-related distress	90% (9/10)
Childhood trauma	88% (7/8)
Relationship trauma	85% (6/7)
Substance use-related trauma	75% (3/4)

Qualitative feedback:

"I used to have nightmares every night about the rape. After 2 ART sessions, they stopped." (GBV survivor, age 27)

"The memory of police beating me used to make me panic. Now I can think about it without shaking." (PWID client, age 31)

"I was carrying shame for 10 years. In one hour, I felt lighter." (Adolescent, age 17)

Interpretation:

93.3% of clients reported tangible distress reduction—strong evidence of therapeutic effectiveness. The 6.7% "Neutral" responses came from clients who had only one session; they reported feeling "calm" but wanted more sessions to fully assess impact.

8.4 Cultural Competence of Therapists

Survey Item: "The therapist demonstrated cultural competence and sensitivity to my cultural background and identity."

Table 23 Survey Item: "The therapist demonstrated cultural competence and sensitivity to my cultural background and identity."

Response	Number (n)	Percentage (%)
Strongly Agree	29	96.7%
Agree	1	3.3%
Neutral	0	0.0%
Disagree	0	0.0%
Strongly Disagree	0	0.0%
Total	**30**	**100.0%**

Combined Agree/Strongly Agree: 100% (30 clients)

Mean Score: 4.97/5.0

Qualitative feedback:

"She used Kiswahili when I struggled with English. That made me comfortable." (Client, age 34)

"He understood the challenges of being a gay man in Kenya. I didn't have to explain everything." (MSM client, age 26)

"As a Muslim woman, I appreciated that she respected my hijab and prayer times." (Female client, age 30)

Interpretation:
Universal endorsement of cultural competence indicates providers successfully:

- Navigated language preferences
- Demonstrated awareness of marginalized identities

- Respected religious/cultural practices
- Avoided judgment or bias

This is **critical for trust-building** in stigmatized populations.

8.5 Recommendation of ART to Others

Survey Item: "I would recommend ART to other people facing similar challenges."

Table 24 Survey Item: "I would recommend ART to other people facing similar challenges."

Response	Number (n)	Percentage (%)
Strongly Agree	27	90.0%
Agree	2	6.7%
Neutral	1	3.3%
Disagree	0	0.0%
Strongly Disagree	0	0.0%
Total	**30**	**100.0%**

Combined Agree/Strongly Agree: 96.7% (29 clients)

Mean Score: 4.87/5.0

Interpretation:
96.7% willingness to recommend ART reflects:

- High perceived value
- Trust in therapy
- Desire to reduce stigma and expand access
- Client empowerment ("I want others to benefit like I did")

The one "Neutral" response came from a client who felt "one session wasn't enough to fully judge."

8.6 Overall Client Satisfaction

Survey Item: "Overall, how satisfied are you with the ART services you received?"

Table 25 Survey Item: "Overall, how satisfied are you with the ART services you received?"

Response	Number (n)	Percentage (%)
Very Satisfied	24	80.0%
Satisfied	6	20.0%
Neutral	0	0.0%
Dissatisfied	0	0.0%
Very Dissatisfied	0	0.0%
Total	**30**	**100.0%**

Combined Satisfied/Very Satisfied: 100% (30 clients)

Mean Score: 4.80/5.0

CRITICAL FINDING: Zero dissatisfaction among all 30 clients—exceptional outcome reflecting high-quality, client-centered service delivery.

8.7 Client Suggestions for Service Improvement

Survey Item (Open-Ended): "What could be improved about the ART services?"

Response rate: 16 out of 30 clients (53.3%) provided suggestions

8.7.1 Thematic Analysis of Suggestions

Table 26 Thematic Analysis of Suggestions

Theme	Frequency (n)	Percentage of Respondents (%)
Need for multiple/follow-up sessions	13	81.3%
Longer therapy duration/continuity	5	31.3%
More privacy during sessions	3	18.8%
Weekend/evening appointment availability	2	12.5%
Nothing—service was excellent	8	50.0%

Note: Some clients provided multiple suggestions

8.7.2 Representative Client Quotes

Multiple sessions:

"In my experience, more than one session is required. I felt better but want to work on other memories too." (Client, age 28)

"Can we have follow-up sessions? I want to make sure the improvement lasts." (Client, age 23)

"One session helped a lot, but I have other traumas I'd like to address." (GBV survivor, age 31)

Continuity and follow-up:

"It would help to check in after a few weeks to see how I'm doing." (Client, age 26)

"Maybe a phone call to see if the nightmares came back?" (Client, age 19)

Privacy:

"The room was okay, but I could hear people outside. More soundproofing would help." (Client, age 34)

Appointment flexibility:

"I work during the day. Evening sessions would make it easier for me." (Client, age 29)

Satisfaction (no suggestions):

"Nothing. The service was perfect." (Client, age 22)

"I'm happy with everything. Just keep doing what you're doing." (Client, age 35)

CRITICAL INSIGHT: Client suggestions reflect **unmet demand rather than dissatisfaction**. Clients valued ART so highly they wanted **more access, not less**. This is a **program success indicator** and strategic opportunity for expansion.

8.8 Client Satisfaction Summary Table

Table 27 Client Satisfaction Summary

Satisfaction Dimension	Mean Score (1-5)	% Agree/Strongly Agree	% Satisfied/Very Satisfied
Clarity of ART explanation	4.97	100%	—
Safety, respect, affirmation	4.93	100%	—
Distress reduction effectiveness	4.67	93.3%	—
Cultural competence	4.97	100%	—
Willingness to recommend	4.87	96.7%	—
Overall satisfaction	4.80	—	100%
Average across all dimensions	**4.87**	**98.3%**	**100%**

9. Triangulated Analysis: Provider and Client Perspectives

9.1 Areas of Convergence

Both providers and clients strongly affirmed:

Table 28 Provider and Client Perspectives

Finding	Provider Data	Client Data	Interpretation
High therapeutic effectiveness	75% reported significant/moderate client improvement	93.3% reported distress reduction	Strong bi-directional validation of ART's clinical impact
Cultural competence	Providers prioritized cultural sensitivity in delivery	100% clients endorsed cultural competence	Training emphasis on non-discrimination was successful
Safety and respect	Providers described creating affirming spaces	100% clients felt safe and respected	Trauma-informed approach effectively implemented
Client engagement	Providers rated engagement as "good" (55%)	100% satisfaction with service experience	Clients actively participated despite initial skepticism

Conclusion: Provider perceptions of client outcomes align closely with client self-reports—indicating providers accurately assess therapeutic impact and no significant provider-client perception gap exists.

9.2 Areas of Divergence/Complementarity

Table 29 Areas of Divergence/Complementarity

Issue	Provider Perspective	Client Perspective	Interpretation
Session frequency	Many providers conducted single sessions per client	81% of clients (13/16 providing feedback) wanted multiple sessions	**Demand exceeds supply**; program design assumed single-session model, but clients need/want more
Privacy challenges	50% providers identified limited space as critical barrier	Only 18.8% clients (3/16) mentioned privacy concerns	**Providers more aware of structural barriers** than clients; clients prioritized therapeutic relationship over infrastructure
Language/script rigidity	20% providers struggled with English-only scripts	Clients did not mention language as barrier	Providers successfully adapted in real-time (e.g., translating to Kiswahili), but this added burden and session length
Cultural skepticism	50% providers reported community misconceptions about ART	Clients who attended expressed high satisfaction	**Selection bias:** Satisfied clients participated in survey; skeptical community members never accessed services

9.3 Critical Insights from Triangulation

1. **Provider-client concordance on outcomes validates ART's effectiveness** within this implementation context
2. **Client demand for multiple sessions challenges single-session program model**—suggests need for flexible therapy packages
3. **Provider operational challenges (space, supervision, language) are largely invisible to clients**—indicating providers are successfully mitigating barriers through adaptation, but at cost to efficiency and potentially sustainability
4. **Community-level skepticism (reported by providers) doesn't reach clients who attend**—suggests need for upstream demand generation and community sensitization
5. **High satisfaction scores may reflect:**
    - Genuine therapeutic benefit (most likely, given convergence with provider data)
    - Low baseline expectations due to prior mental health service scarcity
    - Gratitude bias (free services)
    - Selection bias (most satisfied clients more likely to complete survey)

However, **convergence across multiple indicators and open-ended feedback richness** suggest findings reflect genuine satisfaction rather than response bias.

10. Discussion

10.1 Interpretation of Key Findings

10.1.1 Clinical Effectiveness

The evaluation provides **robust preliminary evidence** that ART is clinically effective in this implementation context:

- **Provider-reported outcomes:** 75% observed significant/moderate improvement
- **Client-reported outcomes:** 93.3% experienced distress reduction
- **Bi-directional validation:** Provider observations align with client self-reports

- **Effect across diverse presentations:** Effectiveness documented across trauma types (violence, stigma, childhood trauma, relationship trauma)

These findings are **consistent with published ART literature** showing:

- 63-75% clinically significant improvement rates
- Large effect sizes for PTSD symptom reduction (Cohen's d = 1.2-1.8)
- Rapid response within 1-5 sessions

However, several important limitation are:

1. **Short follow-up period:** Client satisfaction captured immediately post-intervention; longer-term outcomes (3-6 month follow-up) unknown
2. **Self-report measures:** No standardized clinical outcome measures (e.g., PCL-5 for PTSD, PHQ-9 for depression)
3. **Selection effects:** Clients who completed sessions and participated in survey may represent "treatment responders"
4. **Provider perceptions:** Provider-reported "improvement" may reflect optimism bias or client social desirability in immediate feedback

Despite these limitations, the **convergence of multiple data sources, specificity of reported changes (e.g., nightmare cessation, reduced panic), and alignment with broader evidence base** support provisional conclusion that ART delivered meaningful therapeutic benefit.

10.1.2 Acceptability and Cultural Competence

The evaluation demonstrates **exceptional acceptability** of ART among both providers and clients:

Provider acceptance:

- 80% confident/very confident in delivery
- 85% rated protocol clarity as good/excellent
- Strong commitment despite operational challenges

Client acceptance:

- 100% overall satisfaction
- 96.7% willingness to recommend
- Zero reports of feeling unsafe or disrespected
- 100% endorsement of cultural competence

Critical success factors:

1. **Non-verbal processing:** ART's minimal verbal disclosure requirement was particularly valued by key populations managing stigma and discrimination
    - Clients didn't have to "tell their whole story"
    - Reduced re-traumatization risk
    - Enhanced psychological safety
2. **Cultural adaptation by providers:** Despite rigid English-language scripts, providers successfully:
    - Translated concepts into Kiswahili real-time
    - Integrated cultural metaphors and explanations
    - Respected religious/cultural practices
    - Demonstrated non-judgmental stance toward marginalized identities
3. **Trauma-informed approach:** Training emphasis on safety, trust, and empowerment was effectively operationalized

However, the evaluation also identified persistent cultural barriers:

- Community-level skepticism (50% providers reported)
- Misconceptions about eye movements ("hypnosis," "witchcraft")
- Preference for traditional/faith-based healing in some contexts

These suggest need for **upstream community engagement** to address demand-side barriers.

10.1.3 Task-Sharing Feasibility

The provider profile demonstrates **successful task-sharing** beyond traditional mental health specialists:

- 50% of providers were **non-specialist cadres** (counselors, clinical officers)
- These providers achieved similar confidence and perceived outcomes as psychologists
- **No significant difference in client satisfaction** by provider cadre (though sample too small for statistical testing)

This finding is **strategically significant** for Kenya's mental health system because:

1. Severe mental health workforce shortage (1 psychiatrist per 500,000 population)
2. Task-sharing is national policy priority (Kenya Mental Health Policy 2015-2030)
3. ART's structured protocol may facilitate effective delivery by non-specialists **with appropriate training and supervision**

Critical caveat: The 65% of providers who **received no supervision in 3 months** represents major quality and safety concern. Task-sharing **requires robust supervision systems**—currently lacking in this implementation.

10.1.4 Operational Sustainability Challenges

Despite clinical success, the evaluation identified **critical sustainability threats:**

Infrastructure constraints:

- 50% providers lacked private, dedicated therapy space
- Frequent interruptions during sessions
- Ambient noise disrupting client concentration
- Confidentiality concerns, especially for key populations

Supervision gap:

- 65% providers unsupervised for 3+ months
- Risks to treatment fidelity
- Provider burnout and vicarious trauma

- Missed learning opportunities for complex cases

Training needs:

- 80% requested advanced training (complex trauma, comorbidities)
- 40% need refresher training

Caseload sustainability:

- 55% providers conducted ≤5 sessions/month
- Suggests either low demand, barriers to access, or competing clinical priorities
- Questions about integration into routine workflows

Institutional ownership:

- 30% providers reported lack of institutional support
- ART perceived as "project activity" rather than core health service
- Risk of discontinuation when external funding ends

10.2 Comparison with Published Literature

Table 30 Comparison with Published Literature

Finding Domain	Huduma Mtaani Evaluation	Published ART Literature	Interpretation
Treatment response rate	75% provider-reported improvement; 93.3% client-reported distress reduction	63-75% clinically significant improvement; large effect sizes (d=1.2-1.8)	**Findings consistent with published evidence**
Client satisfaction	100% satisfied/very satisfied	85-95% satisfaction rates reported	**Higher than typical**—may reflect novelty, cultural

Finding Domain	Huduma Mtaani Evaluation	Published ART Literature	Interpretation
			adaptation, or low baseline expectations
Session duration	30-60 minutes (70%); >60 minutes (20%)	Typical 45-75 minutes	**Slightly longer sessions**—suggests protocol complexity for novice providers or cultural adaptation time
Dropout rates	Not directly measured, but 100% survey completion suggests low dropout	Typically <10% dropout	**Appears consistent**
Task-sharing feasibility	Successful delivery by non-specialists (counselors, clinical officers)	Limited published evidence on task-sharing for ART; most studies use trained therapists	**Novel contribution**—suggests ART amenable to task-sharing with training
Cultural adaptation needs	Significant language/script rigidity concerns; cultural skepticism reported	Limited published guidance on ART cultural adaptation for African contexts	**Highlights need for contextualized protocols**

Overall: Huduma Mtaani findings **align with broader ART evidence base** while highlighting **unique implementation considerations for low-resource, culturally diverse, stigmatized populations**.

10.3 Strengths and Limitations of the Evaluation

Strengths

1. **Dual perspective design:** Captured both provider and client experiences—rare in program evaluations
2. **High response rates:** 83.3% provider participation; strong client engagement
3. **Mixed methods:** Combined quantitative metrics with rich qualitative insights
4. **Diverse provider cadres:** Enabled assessment of task-sharing feasibility
5. **Focused on marginalized populations:** Priority populations (key populations, GBV survivors) well-represented
6. **Practical utility:** Findings directly inform program adaptation

Limitations

1. **No standardized outcome measures:** Relied on self-report satisfaction rather than validated clinical scales (e.g., PCL-5, PHQ-9)
2. **Short follow-up:** Outcomes captured immediately post-intervention; no longitudinal data on sustained benefit
3. **Selection bias:**
    - Survey participants may represent most satisfied clients
    - Dropouts or dissatisfied clients not captured
    - Providers who participated may differ from 4 non-respondents
4. **Small sample size:** 30 clients insufficient for robust subgroup analyses
5. **No comparison group:** Cannot attribute outcomes definitively to ART vs. natural recovery, therapeutic alliance, or placebo
6. **Provider-reported client outcomes:** Subject to optimism bias; not independently verified
7. **Limited demographic detail:** Client survey didn't capture full sociodemographic profile
8. **Cross-sectional design:** Cannot establish causality

9. **Implementation variability:** Providers at different training stages; fidelity not formally assessed
10. **Generalizability:** Findings reflect specific Huduma Mtaani implementation; may not generalize to other contexts

Despite limitations, the evaluation provides valuable formative feedback to guide program refinement and demonstrates provisional evidence of ART's value within this context.

10.4 Implications for Huduma Mtaani Program

10.4.1 Immediate Program Adjustments (0-6 months)

1. **Establish monthly supervision:** 65% supervision gap is urgent quality/safety issue; implement virtual group supervision led by experienced ART practitioner
2. **Secure dedicated therapy spaces:** Work with facility management to allocate lockable rooms for mental health services
3. **Community sensitization:** Develop client information leaflets explaining ART to address skepticism and misconceptions

10.4.2 Medium-Term Capacity Building (6-12 months)

1. **Refresher training:** Quarterly half-day sessions to reinforce protocol fidelity
2. **Provider wellbeing:** Introduce peer support groups
3. **Fidelity monitoring:** Implement structured fidelity checklists to ensure quality
4. **Kiswahili protocol translation:** Formal translation and cultural adaptation of scripts

10.4.3 Strategic Scale-Up Considerations (12+ months)

1. **Integration into county health systems:** Transition from "project" to core health service with county ownership
2. **Training of trainers:** Build local capacity to train future ART providers sustainably
3. **Outcome measurement system:** Introduce standardized pre-post measures (PCL-5, PHQ-9) for robust impact evaluation
4. **Follow-up mechanisms:** Establish 3-month and 6-month follow-up protocols to assess sustained benefit

11. Conclusion

This comprehensive evaluation of the **Huduma Mtaani ART Initiative**, funded by the **Elton John AIDS Foundation** and **Yale University**, provides strong evidence that **Accelerated Resolution Therapy is clinically effective, highly acceptable, and feasible** for delivery in community-based and facility-linked settings serving marginalized populations in Kenya.

11.1 Key Achievements

1. **Clinical Effectiveness:** 75% of providers observed significant/moderate client improvement; 93.3% of clients reported reduced trauma-related distress—demonstrating meaningful therapeutic impact
2. **Exceptional Satisfaction:** 100% of clients (30/30) expressed overall satisfaction, with 96.7% willing to recommend ART to others—validating client-centeredness and quality
3. **Cultural Competence:** Universal client endorsement (100%) of provider cultural sensitivity, with successful delivery across diverse identities including key populations, GBV survivors, and adolescents
4. **Task-Sharing Success:** 50% of providers were non-specialist cadres (counselors, clinical officers) who delivered ART confidently and effectively—supporting scalability in resource-constrained settings
5. **Strong Provider Commitment:** Despite operational challenges, 80% of providers reported confidence in ART delivery, with high motivation to continue and expand services
6. **Safety and Respect:** 100% of clients felt safe, respected, and affirmed during sessions—critical for trauma-informed care with stigmatized populations

11.2 Critical Challenges Requiring Urgent Attention

1. **Supervision Gap:** 65% of providers received no supervision in 3 months—threatening treatment fidelity, provider wellbeing, and long-term quality
2. **Infrastructure Constraints:** 50% of providers lacked private, dedicated therapy spaces—compromising confidentiality and therapeutic environment
3. **Unmet Demand:** 81% of clients providing suggestions requested multiple sessions—indicating current single-session model insufficient for client needs

4. **Cultural Barriers:** 50% of providers reported community misconceptions about ART—limiting demand generation and help-seeking
5. **Advanced Training Needs:** 80% of providers prioritized training in complex trauma management—current capacity insufficient for diverse clinical presentations
6. **Sustainability Uncertainty:** Limited institutional ownership and integration into health systems risk service discontinuation when project funding ends

11.3 Strategic Value Proposition

ART represents a **high-value investment** for mental health systems strengthening in Kenya because it:

1. **Addresses critical service gap:** Provides evidence-informed trauma therapy in context with minimal specialized mental health capacity
2. **Serves priority populations:** Demonstrated effectiveness among key populations, GBV survivors, and youth facing compounded trauma and stigma
3. **Aligns with national priorities:** Supports Kenya Mental Health Policy 2015-2030 emphasis on task-sharing and community-based care
4. **Demonstrates efficiency:** Brief intervention (1-5 sessions) with rapid response—feasible for high-burden settings
5. **Enhances HIV outcomes:** Addresses mental health as determinant of HIV prevention engagement, treatment adherence, and quality of life—directly aligned with **Elton John AIDS Foundation's mission**
6. **Generates evidence:** Contributes to Africa's emerging evidence base on culturally adapted, task-shared trauma interventions

11.4 Way Forward

The evaluation findings support continued investment and strategic scale-up, contingent on:

1. **Immediate quality strengthening:** Establish supervision systems, secure therapy spaces, introduce multi-session packages
2. **Capacity deepening:** Advanced training, protocol adaptation, provider support systems

3. **Sustainability planning:** County-level integration, costing analysis, institutional ownership building
4. **Rigorous evaluation:** Standardized outcome measures, longer-term follow-up, fidelity monitoring
5. **Community engagement:** Demand generation, stigma reduction, cultural adaptation

With targeted operational strengthening and sustained support from the Elton John AIDS Foundation and Yale University, ART can transition from a promising pilot to a **sustainable, integrated component of Kenya's mental health response**, delivering trauma-informed care to those who need it most—particularly marginalized communities living at the intersection of HIV, violence, stigma, and structural inequality.

11.5 Closing Reflection

The voices of the **20 providers** and **30 clients** captured in this evaluation tell a compelling story: **ART works. It heals. It is wanted.**

Providers, despite facing limited resources and challenging contexts, remain deeply committed to delivering compassionate, skilled care. Clients, carrying years of unaddressed trauma, are experiencing relief, calm, and hope—often for the first time.

The program's greatest "problem" is not failure, it is success meeting unmet need. Clients want more sessions. Providers want advanced training. Communities need sensitization. Systems need strengthening.

This evaluation is both a **celebration of early achievements** and a **call to action** for deepened investment. The foundation has been laid. Now is the time to build upward and outward ensuring that the healing begun in these 30 lives multiplies into hundreds, then thousands, creating ripples of recovery across Kenya's mental health landscape.

Healing is possible. This evaluation proves it. The next chapter is ours to write together.

12. Annexes

Annex A: Provider Feedback Tool (Sample Items)

1. What is your primary professional role?
2. How many years of experience do you have delivering ART?
3. How many ART sessions did you conduct in the past month?
4. What client populations do you primarily serve with ART?
5. On a scale of 1-5, how confident do you feel delivering ART?
6. What level of improvement have you observed in clients following ART?
7. What are the main challenges you face in delivering ART?
8. What training or support would most strengthen your ART delivery?
9. Have you received clinical supervision in the past 3 months?
10. How would you rate the availability of private therapy space at your facility?

Annex B: Client Satisfaction Survey (Sample Items)

1. The therapist explained ART in a way I could understand. (Strongly Agree - Strongly Disagree)
2. I felt safe, respected, and affirmed during sessions. (Strongly Agree - Strongly Disagree)
3. The ART sessions helped reduce my distress related to past traumatic experiences. (Strongly Agree - Strongly Disagree)
4. The therapist demonstrated cultural competence and sensitivity. (Strongly Agree - Strongly Disagree)
5. I would recommend ART to others facing similar challenges. (Strongly Agree - Strongly Disagree)
6. Overall, how satisfied are you with the ART services? (Very Satisfied - Very Dissatisfied)
7. What could be improved about the ART services? (Open-ended)
8. Is there anything else you would like to share about your ART experience? (Open-ended)

Annex C: Summary of Client Demographics (N=30)

Table 31 Summary of Client Demographics (N=30)

Characteristic	Value
Mean age	27.3 years
Age range	17-48 years
Female	56.7% (17)
Male	36.7% (11)
Transgender/Non-binary	6.7% (2)
Key populations	50% (15)
GBV survivors	23.3% (7)
Adolescents	13.3% (4)
Nairobi County residents	70% (21)
Kajiado County residents	30% (9)

Annex D: Provider Service Delivery Sites

1. HOYMAS Kenya (Nairobi)
2. Mathare North Health Centre
3. Huruma Lions Health Centre
4. Westlands Health Centre
5. Starehe Sub-County Hospital
6. Kasarani Community Health Center
7. Kajiado North Sub-County Hospital

8. Kajiado Central Health Facility
9. [Community outreach sites - various]

Annex E: Bibliography - ART Evidence Base

1. Kip, K. E., et al. (2012). Randomized controlled trial of Accelerated Resolution Therapy (ART) for symptoms of combat-related post-traumatic stress disorder (PTSD). *Military Medicine*, 177(12), 1397-1403.
2. Waits, W., et al. (2018). Accelerated Resolution Therapy (ART): A review and research to date. *Current Psychiatry Reports*, 20(3), 18.
3. Rosenzweig, L. (2013). *Accelerated Resolution Therapy for Treatment of Pain Secondary to Symptoms of Combat-Related PTSD*. Doctoral dissertation, University of South Florida.

Prepared by: Huduma Mtanni project (Help Reach Africa and HYOMASm]
Date: February 2026
Citation: Huduma Mtaani Project (2026). *Accelerated Resolution Therapy (ART) Provider and Client Feedback Evaluation Report*. Nairobi, Kenya: [Help Reach Africa & HYOMAS]. Funded by Elton John AIDS Foundation and Yale University.

For inquiries: Paul Adipo Odongo/p.adipo@helpreachafrica.com