Diike BASS CONNECTIONS

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OBJECTIVE

This study explores supports and barriers for access to community-based pediatric services in Uganda that support school-aged children (5-14 years old) with disabilities following surgery. We highlight commonly discussed barriers and supports for children in the domains of rehabilitation, assistive devices, familial support, and school reintegration as reported by stakeholders. In doing so, we suggest the most salient areas for intervention to improve access to these resources for children after surgery.

BACKGROUND

In low and middle income countries (LMICs), children are disproportionately affected by disability. Without appropriate clinical and community support, children with disabilities face increased risk for health complications, isolation, and increased stigmatization. Greater attention is needed to identify supports and barriers to pediatric care in LMICs, especially services that focus on increased participation in community life and daily activities after a surgical event and/or disability.

METHODS

 Conducted in-depth qualitative interviews with key stakeholders from 8 organizations operating in Uganda, both local and international about their perceptions of supports and barriers to resource access.

 Transcribed, coded, and analyzed interviews in NVivo by research team with 98% average agreeance for inter-coder reliability.

 Ran multiple matrix gueries to identify most salient and prevalent themes.

SUPPORTS AND BARRIERS TO **COMMUNITY-BASED CARE FOR CHILDREN** WITH DISABILITIES IN UGANDA

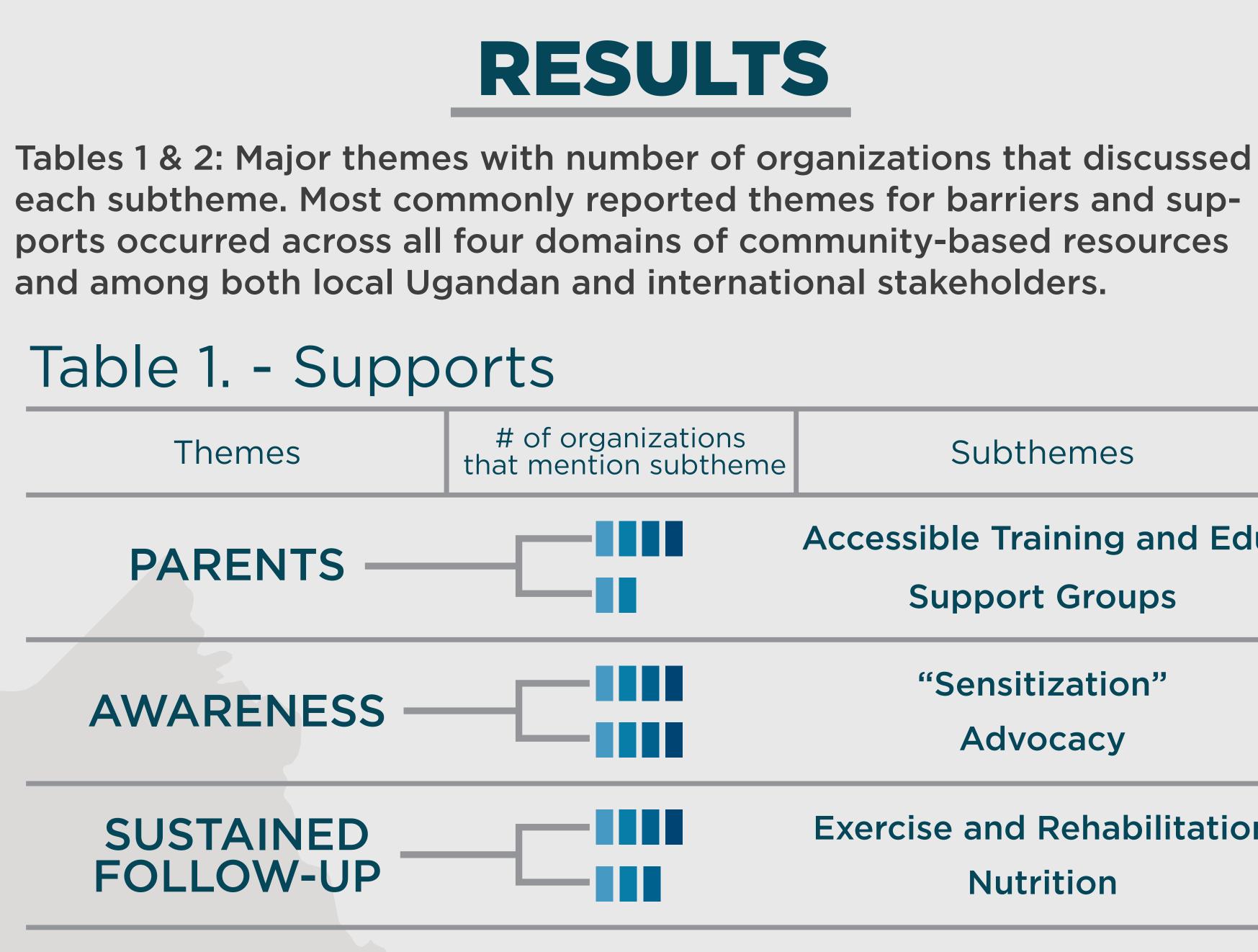
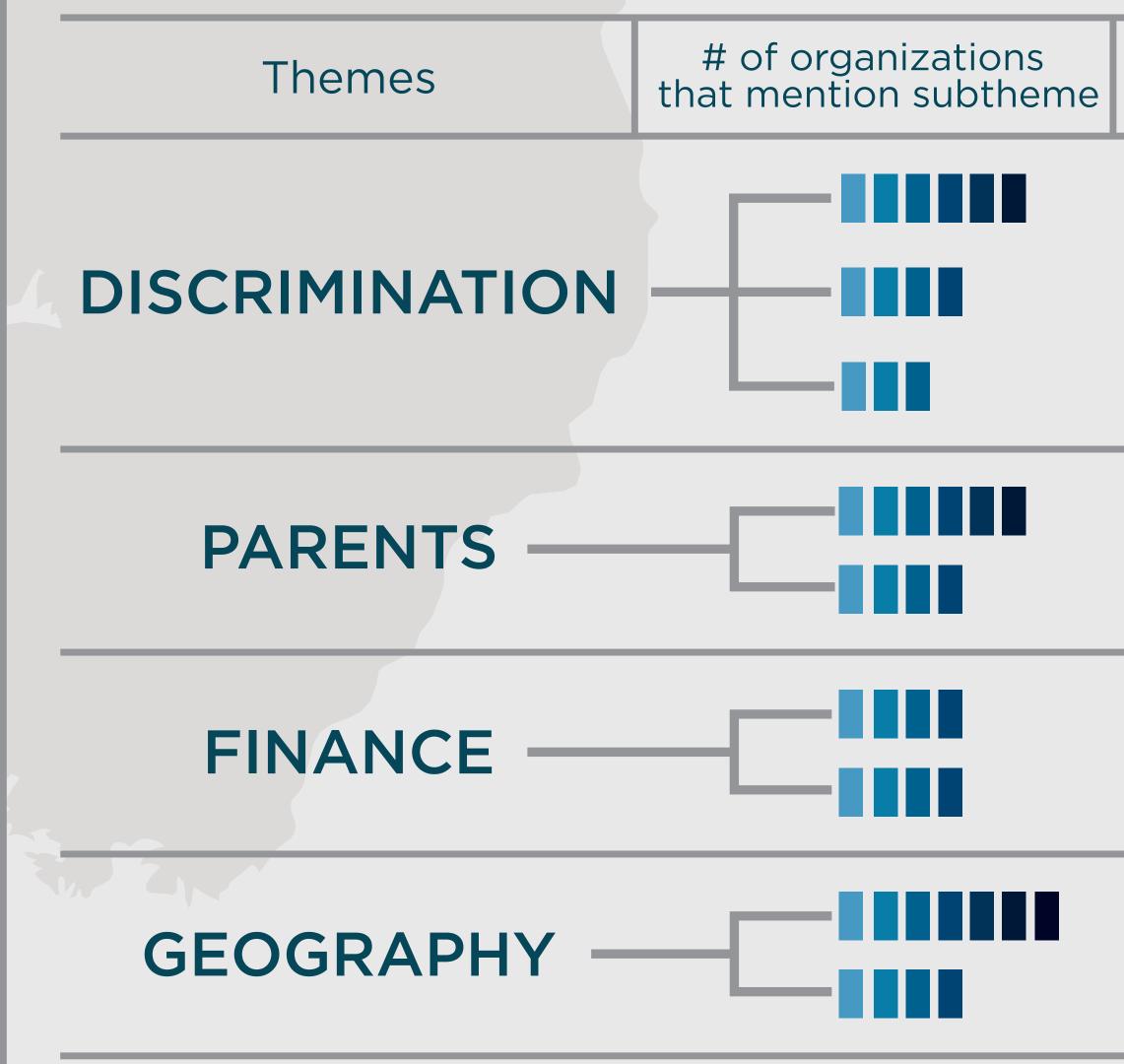


Table 2. - Barriers



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Subthemes

Accessible Training and Edu. Support Groups

> "Sensitization" Advocacy

Exercise and Rehabilitation Nutrition

Subthemes

Cultural Discrim.

Abandonment, Neglect, & Abuse

Educational Discrim.

Lack of Understanding Info

Lack of Training and Edu.

High Cost for Services Low SES

Transportation Challenges Rural Settings

On Awareness: "Please don't just come in and do a surgery, but come in and spread awareness and understanding first."

On **Parents:** *"It really comes down to the* parents. There's no one else who is going to actively work to reintegrate that child."

On **Discrimination:** "This is not witch craft. This is not a curse. This is not a problem. It's a sickness and this child has to be taken care of. We train [parents]. We do parenting and restoring hope for them together with their children."



Our results suggest strong agreement among diverse stakeholders and distinct service domains on the most extant barriers and supports for access to communitybased pediatric care in Uganda. Both attitudinal and structural factors contribute to current barriers and supports. Advocating for increased pediatric disability awareness and acceptance, as well as supporting ongoing efforts for sustained follow-up care, are the strongest supports. In contrast, more attention and action are necessary to address stigma and parent training. Our research team looks forward to sharing our findings with Ugandan organizations to support their efforts to expand capacity and networks.



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