Faith-based health providers and assistive technology provision in low-resource areas

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Introduction

A 2015 article in Lancet, the premier British medical journal, indicated that across the African continent in the evidence they reviewed that estimates ranged between 20 – 70% of medical services are through faith-based health providers (FBHP) [1]. In many countries, FBHP were the initiators of modern health care, and they have remained major players [1,2]. Very early in their history, many FBHP recognized that some of the acute illnesses they were seeing could be ameliorated by prevention programs through public health and began programs in the surrounding communities [1,2]. They also began local medical training initiatives. As locally trained medical and administrative staff became available, more staff were hired from local populations, and FBHP moved to local ownership [1]. Findings indicate that care is provided equally to all comers and is not based upon those that share the world view of the FBHP [1]. Evidence indicates that working with FBHP enhances the global response to critical health challenges. For example, FBHP are significant partners in the global response to AIDS, malaria, neonatal health and Ebola [4,5]. In countries with fragile infrastructure, challenges in delivering effective national health care abound, and the proportion of health care provided by FBHP is especially high [1]. In many countries, FBHP may be the most effective possible partners for global initiatives to improve AT provision.

An example of methods used for one FBHP

BethanyKids (BK) is a compassionate Christian organization which focuses on transforming the lives of children with congenital conditions in need of surgery and children with disabilities. They are registered as a not-for-profit in Kenya, and their programs in Kenya are directed by Kenyan executives who lead their extensive Kenyan program and staff. BK headquarters in Kenya is at Kijabe and is part of the extensive FBHP center there. That center includes schools and training initiatives such as PAACS membership and a nursing school and has been a major player in the response to HIV/AIDS in Kenya. Clients come from all over Kenya and from neighboring countries.

Methods

Steps taken

BK had initially focused on pediatric neuropsychiatric and orthopedic surgery. This broadened to a concern for rehabilitation, therapy and assistive technology for children. They contracted to provide rehabilitation services at a school for children with disabilities and hired a team of therapists for that location. There was a need for more than 150 wheelchairs at the school, but they had no access to appropriate wheelchairs. They began to work with a research project that did long term studies on wheelchair function [7-10]. BK heard about the World Health trainings for wheelchair provision and sent some of their therapists to those trainings. They were then able to apply successfully to the Accelerating Core Competencies for Effective Wheelchair Service and Support (ACCESS) grant. More staff were trained, and wheelchair services increased but the end of the grant again left them with no appropriate wheelchair supply. In 2016, BK leadership put in place a three-year plan to develop teams of appropriately trained staff for wheelchair provision. They looked for sources of funding and wheelchairs. They were able to partner with Free Wheelchair Mission (FWM) which provides wheelchairs free to port. Research indicates that FWM updated Gen 2 wheelchairs work adequately for adults and teens with good upper body function [9]. However, BK serves a pediatric population that includes children with complex seating needs. Although there is one type of locally made pediatric supportive wheelchair, studies and experience have indicated significant quality control issues [7,8]. BK has brought in smaller donations of pediatric chairs including Hope Haven and BeeLine adaptive pediatric chairs. In 2019 BK was accepted as a partnering organization with the Consolidating Logistics for Assistive Technology Supply Project (CLASP). Plans for local assembly and manufacturing are also being explored with BeeLine wheelchairs.

Discussion and Conclusion

As it has with BK, providing large stable FBHP like BK with opportunities for training, education and AT supplies will very likely have significant impact in each of the countries they serve. External funds for initial hiring and staff training would open doors. If things are done in a well-planned stepwise manner, AT provision can become part of the fabric of services provided. Awareness and long-term care will be disseminated through existing community health programs [10-13]. An affordable, durable and sustainable source of appropriate wheelchairs is very badly needed and is likely the largest barrier to effective wheelchair provision. External and sustained funding for wheelchair provision is necessary since individuals can not carry the whole cost of a wheelchair. International initiatives like AT Scale could encourage local governments to fund individual wheelchair provision through all competent providers. In many low-resource countries regulations for importing are complex, unevenly enforced and expensive. Countries could be encouraged to loosen barriers to the importation of wheelchairs by FBHP. Any initiative to enhance appropriate technology services around the globe is incomplete without the inclusion of FBHP. Plans to include large stable FBHP would harness the demonstrated ability of these organizations to sustain excellent local medical services, to reach a large local referral base, and to effectively use limited funds.

Table 1. Some benefits of working with large established faith-based hospitals [1]

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<thead>
<tr>
<th>Percentage</th>
<th>Benefits</th>
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<tbody>
<tr>
<td>70%</td>
<td>Stability and ability to work in country. Long record of service, many over 50 years.</td>
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<tr>
<td>50%</td>
<td>Locally owned and run.</td>
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<tr>
<td>20%</td>
<td>Established record of working well with local governments and international initiatives.</td>
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<td>High client satisfaction level.</td>
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<td>Existing and functional community health networks.</td>
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<td></td>
<td>Commitment to nurturing local expertise. Many have established nursing schools and internships.</td>
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<td>Part of networks encouraging medical excellence: Links to some of them Banda PAACS SP, CCHI CMDA</td>
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Results

The three-year plan BK put into place in 2018 has not yet reached full implementation. However, the impact has been significant and is still growing. In 2019 BK provided over 900 wheelchairs through three venues: at the main hospital in Kijabe, through a pediatric clinic in Thika, and through a mobile clinic which visits 17 locations around Kenya. In 2020, the wheelchair provision team has been able to continue in a more limited manner while taking precautions. Barriers have been primarily accessing appropriate wheelchair supplies.

Works cited


Figure 1. Published estimates of % of medical care provided through FBHP. 50% is the most frequent estimate.