

# Strengthening a local organization to support children with delays and disabilities: the case of ADEMO in Mozambique



## Background

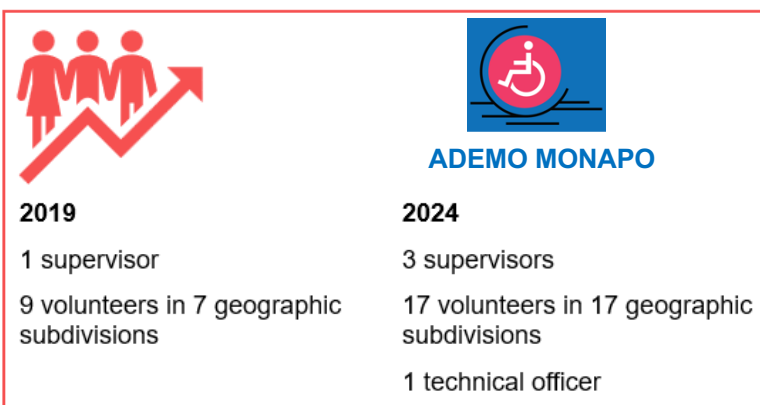
Primary health care (PHC) services often do not have the capacity to effectively identify and follow up on children with developmental delays and disabilities (CWDD). Local, community-based organizations can fill this gap by offering services such as early identification, referrals to health services, community-based rehabilitation (CBR) through use of locally-made assistive technologies, and peer support to caregivers of these children. To provide such services effectively, local organizations require not only technical assistance but also operational and management support. This can ensure that the organizations can provide these important services in the absence of a larger nongovernmental partner and maintain adequate business practices, as well as fundraise independently.

One local organization providing such childhood disability services in Mozambique is the district branch of the national association of people with disabilities, ADEMO (Associação dos Deficientes Moçambicanos), in Nampula Province's Monapo District. Starting in mid-2019, with funding from the Conrad N. Hilton Foundation, PATH has been building ADEMO's capacity. Through this partnership, PATH has supported ADEMO to prioritize under-five children, expand its geographic coverage, include additional services, and work more closely with PHC. To achieve these successes, PATH has supported ADEMO to build a stronger human resource base, establish new partnerships, and improve organizational management and accountability.

## Building a stronger human resource base

In 2019, when ADEMO started its partnership with PATH, it comprised of a small group of volunteers, who were predominantly older individuals. They were respected in their communities, but struggled to read job aids and follow the steps of a typical home visit or to complete a child's data form. PATH encouraged ADEMO to use the newly available funding to invite recent high school graduates to apply to serve as ADEMO volunteers. With limited

employment opportunities in the district, a stipend provided to the volunteers helped attract skilled young people to join ADEMO. Volunteers were initially trained by a team of PATH, ADEMO supervisors, and government health personnel and received monthly refresher trainings thereafter. The results have been encouraging. Recent supervision data showed that **100 percent of volunteers reached required level**



**of quality in delivering home visits and 86 percent reached required level of quality in conducting group sessions.**

The volunteers appreciate the value of their work and its importance in giving CWDD the best chance to reach their life's potential.

*"I learned that disability has a solution; maybe it does not have complete cure but it can be reduced. Before I thought that disability is for life. I feel satisfied because I am saving children's lives." (Gustavo, ADEMO volunteer in Muripotane)*

*"I did not know that you could do exercises and stimulate the child and in this way improve a case of disability; I did not know that it is important to give toys to children with disability. I feel this work helps families a lot, especially those who did not have much hope for their children." (Eliseu, ADEMO volunteer in Jagaia)*

Initially, there was only one supervisor to assist the volunteers. PATH supported ADEMO to add two more supervisors by promoting two exemplar volunteers. This allowed the supervisors to divide the district among themselves, with each supervisor providing more intensive support to a smaller group of volunteers. As a result, most volunteers now receive two supportive supervision visits per quarter, one focusing on home visits and the other on group sessions. Supervisors meet and problem-solve regularly, identifying solutions when weak volunteer performance or problems are identified. They also encourage and praise volunteers for any observed successes.

*"I praise them when I see progress. And I encourage them to compete with the volunteers from the other two regions, by saying: Let's see if we will be able to identify more cases, and to have more success stories in the end." (Paulo, ADEMO supervisor)*

Supervisors are incentivized to look for innovative solutions to respond to community needs. Paulo, who at 24 years is ADEMO's youngest supervisor, realized that caregivers of CWDD in a community served by one of the volunteers he supervises struggle to travel long distances to attend peer support meetings. To address this barrier, he started a second caregiver support group there to facilitate caregiver participation in meetings.

Additionally, as part of its efforts to transfer capacity to local entities, PATH encouraged one of its district staff to join ADEMO as a technical officer. In addition to providing broad technical support, the district staff has worked with ADEMO supervisors to develop their skills in data entry and analysis. As a case in point, Abiba, a model volunteer who has been promoted to a supervisor, is now able to register new cases, track families' participation in the support groups, and identify most common risk factors among the children.



*Supervisor Paulo during a recent home visit to a child that has since graduated from ADEMO's intensive support. Photo: PATH.*

## Establishing new partnerships

Prior to engaging with PATH, ADEMO's primary work involved delivering CBR services that focused primarily on school-age children, youth, and adults. Historically, its primary partners have been government education and economic services, as well as district physiotherapists. However, as PATH's technical assistance has enabled ADEMO to expand its focus to also include under-five children, ADEMO was, for the first time, asked to collaborate with routine health services. ADEMO volunteers were trained to screen for malnutrition and to refer families of children with acute malnutrition to their local health facilities. Additionally, ADEMO volunteers were formally introduced at health facilities and their contact numbers were posted in visible locations. In addition to providing CBR services, ADEMO volunteers counsel families on providing children with protein-rich foods, disease prevention, and using routine health services. Through the strengthening of linkages with local health facilities, ADEMO volunteers essentially extended PHC into communities and complemented efforts of community health workers.

Additional partnerships were formed over time to address barriers to effective rehabilitation of young children (mentioned in a separate brief). For example, PATH engaged the clinical director of the Monapo district hospital to take part in community outreach brigades with ADEMO volunteers. Subsequently, the director now assigns specific days for children identified by ADEMO to receive follow-up appointments in the hospital. She also organizes transfers of complicated cases to the provincial hospital.



*Mothers arrive at the ADEMO office the night before, to travel to the club foot clinic the following day. Photo: PATH.*

In addition to government partnerships, PATH facilitated a partnership between ADEMO and Hope Walks, a nongovernmental organization that supports club foot clinics in the country. This has resulted in all children identified with club foot being referred to the Nampula provincial hospital to receive regular treatment with the noninvasive Ponseti method. Travel costs are shared between the two partners and the Hope Walks activist positioned at the provincial hospital ensures that families referred by ADEMO are received and attended.

PATH also supported ADEMO to conduct a learning exchange visit to Orebacom, a CBR partner in central Mozambique. The visit allowed ADEMO to better understand its comparative strengths and weaknesses in CBR. Additionally, ADEMO participated in a hands-on workshop where their volunteers and staff were trained by Orebacom in

constructing affordable positioning devices for children with cerebral palsy. This training has enabled ADEMO to provide better support to children with cerebral palsy in Monapo by ensuring that each child who needs it, has access to a custom-made positioning device.

As new needs emerge, PATH has continued to facilitate additional partnerships with ADEMO. For example, a provincial speech therapist has recently been engaged to provide a training on screening and support for children with communication challenges. After the training, the speech therapist, Ilídio Nhacale, reflected:

*“This was the first time that a district and its partners showed interest in supporting children with speech problems. We realized, among other, that we needed to develop exercises that use words in local language.*

*I am looking forward to ADEMO’s work to generate important data, so that we can advocate for investment from provincial health services into supporting these children.”*

## **Improving organizational management and accountability**

While ADEMO had been managing annual budgets of US\$30,000–40,000 prior to partnering with PATH, its financial management processes were under-developed. For example, it did not have written financial policies and procedures (including for procurement), a standard financial reporting tool, or dedicated accounting staff. PATH provided extensive technical assistance to address these gaps and ensure that ADEMO has the financial systems in place that would ultimately enable them to directly receive and manage funding from donors to sustain and scale up their important work. PATH worked with ADEMO to develop written financial and procurement procedures and include them in the organization’s operating manual. These procedures included guidance on preparing and submitting financial reports, developing and tracking budgets, obtaining and comparing quotes for procurement, and payment of income tax and social security expenses. PATH also helped develop simple tools to support these processes. Furthermore, PATH assisted ADEMO to develop inventory and maintenance records to track physical assets.

## **Next steps**

The partnership with PATH has been critical in supporting ADEMO’s technical and institutional growth. For its part, ADEMO has distinguished itself by being a learning-oriented partner, adapting to emerging needs, and always open to exploring innovative ways to support CWDD. Not only has the partnership resulted in ADEMO serving over 800 under-five CWDD in Monapo; but it is now respected as a credible service provider and thought-leader in the district and the broader region. The partnership has also provided a blueprint for how other international nongovernmental partners can support and build capacity of exemplar local organizations to provide CBR and related services targeting CWDD and their caregivers, which are often not provided by PHC but represent a critical gap in most low- and middle-income settings.

Moving forward, PATH recommends strengthening ADEMO in a few additional areas. These include developing income-generating activities to ensure continuity of service delivery when donor funding is inadequate; moving financial transactions to cashless methods, such as mobile money, to strengthen financial accountability; digitizing data collection; and continuing to emphasize use of data for decision-making.