

ADEMO MONAPO 2019–2024

17 volunteers
3 field supervisors
1 officer
1 accountant

17 district health areas
124 communities

Directly managing
donor funding since
2022

832

Under-five children
supported in May
2019 –July 2024

50%

Under-two children

60%

Children referred to
health services for
the first time

38%

Children graduated
from ADEMO's CBR
program within a year
due to sufficient
improvement

"I am now able to
manage Florindo without
problems. And ADEMO's
visits bring me comfort."

—Grandmother of
Florindo, 1 year old.

"For me the project has
made a difference. Anifa
is able to sit and play
with others. She can hold
things in her hand now."

—Mother of Anifa, 1 year
old.

Situational analysis of children with developmental delays and disabilities

Monapo district in northern Mozambique's Nampula Province has close to 78,000 under-five children.¹ In general, 10% of under-five children in sub-Saharan Africa have delays or disabilities.² At the same time, according to routine health management information system (HMIS) data, less than 1% of children coming to well-baby clinic are identified with developmental delays or disabilities. This suggests that most cases are not being detected. Additionally, PATH conducted a rapid assessment of referrals in Monapo and found that of children that are identified with developmental delays or disabilities and referred for treatment, only 20% complete their prescribed treatment (e.g., physiotherapy). Barriers identified during this assessment include distance to referral facilities and associated cost of transportation.

The enhanced community-based rehabilitation model

With support from the Conrad N. Hilton Foundation, PATH has partnered with the Monapo district chapter of the Associação de Deficientes Moçambicanos (Association of Disabled People in Mozambique [ADEMO]) since May 2019. ADEMO operates in 7 of Nampula's 23 districts and has been working in Monapo since 1994. It has traditionally focused on school-age children and adults with disabilities and their rights to access education, employment, and other services.

"We never worked with children younger than 5 years, because we did not know what interventions could be suitable for that age group." —Rosario Jorge, ADEMO Field Supervisor.

PATH and ADEMO engaged in a co-creation process with local health and social services to design an enhanced community-based rehabilitation (CBR) program for under-five children, while also addressing other barriers that prevent such children and their families from accessing services. The eCBR model included the following:

- Home visits to identify and follow up on children with delays and disabilities (CWDD) and support caregivers with assistive technologies using locally available materials.
- Specialist outreach leveraging the Ministry of Health's mobile brigades model to diagnose and follow up on children unable to travel to referral facilities.
- Strengthening local health services such as referrals and supply of medicines.
- A transport fund for families to access specialized services in tertiary facilities.
- Agricultural inputs to the most vulnerable families to improve child nutrition.
- Group-based parenting support based on an adaptation of the Ubuntu package^a to parents of CWDD.

PATH provided ADEMO with initial training, on-the-job mentoring, and tools for providing the above services, as well as supported data tracking and analysis. District health services received referrals from ADEMO and facilitated diagnosis and treatment; while social services provided social assistance to families struggling to provide nutritious foods to their children.

^a <https://www.ubuntu-hub.org/>

Results to date

Increased identification of CWDD

- 832 under-five CWDD were identified. Of these, 50% were children under two years, suggesting early identification.
- The most common delays were physical (71%), followed by communication (20%), learning (7%), and audiovisual (7%) delays. At least 30% of children had multiple disabilities. 10% of children had cerebral palsy and 12% of children had epilepsy.
- Among potential risk factors, 43% of children had acute malnutrition, 22% had complications due to severe malaria, 14% had birth defects, and at least 7% were born with low birth weight.



Approved access to specialist services for CWDD

- Close to 60% of children were referred to specialist services for the first time.
- Ten specialist outreaches reached close to 300 CWDD in catchment areas of remote health centers, most of whom had never been seen by a specialist.
- The number of children starting physiotherapy increased three-fold.
- Anti-epileptic medication became available for the first time in remote facilities.



Improved rehabilitation and stimulation at home

- Caregivers of CWDD had better knowledge of the causes of childhood disabilities, protein-rich foods, and strategies to support their children.
- Caregivers of children with cerebral palsy demonstrated improved positioning of their children—including during meals.
- Warm, responsive interactions were observed during a recent assessment, along with presence of play items in 90% of families with CWDD. Parent-child object play and conversations with children need to be strengthened—especially for children with cerebral palsy.
- 86 families had locally made parallel bars installed in their yards and over 20 children with club foot started treatment in the provincial hospital.



Improved social integration of families

- 65% of families took part in monthly parenting support groups.
- Approximately 70% of these families now also meet with each other outside of sessions for peer support purposes.
- Close to one quarter of all families were supported to start egg production for improving family nutrition.
- Families of 23 children identified with severe acute malnutrition were referred to and supported by social services for 6 months.



Next steps for ADEMO

By late-2024, as PATH wraps up its technical assistance, ADEMO will have scaled up its services further in Monapo District and is poised to become a learning hub for other partners and districts on how to identify and support young CWDD by strengthening linkages with government services.

References

1. National Institute of Statistics (INE) (Mozambique). Mozambique Population and Housing Census 2017.
2. Global Research on Developmental Disabilities Collaborators. Developmental disabilities among children younger than 5 years in 195 countries and territories, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. *The Lancet*. 2018;6(10):E1100-E1121.