

Mozambique: A community leader's perspective on the impact of community health workers

Fenias Angelo Benhane, Project Officer at Malaria Consortium Mozambique, interviews Augusto Edi Guivala, a community leader in Lindela, Inhambane province.

Augusto Edi Guivala, is 70 years old and has been the community leader for Lindela village for over 35 years. Part of his role, having been elected by the community to address their interests, is to support the in the management of a number of health-related challenges, with malaria the most common cause of illness, followed by tuberculosis and diarrhoea.

Key to this support is the community health worker, locally known as an Agente Polivalente Elementar (APE). The APE for Lindela, called Mrs Arnalda, was appointed after the community was contacted by the local health centre. "We were asked to select someone for the role of APE who could live and work here," explained Augusto. We had a meeting and chose Mrs Arnalda. Her name was sent to the health centre and she was trained."

Community health programmes have been running for over 30 years in Mozambique with government support. In 2009, revitalisation of the programme was begun by the Ministry of Health. In addition to health promotion and first aid, APEs in Mozambique are now trained to diagnose



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and treat simple forms of the three main childhood diseases; malaria, pneumonia, diarrhea. Since 2010, Malaria Consortium has been working with the Inhambane provincial health team providing training, equipment, supplies and supervision for community health workers to carry out these new tasks.

“When someone is sick, they go to Mrs Arnalda’s house and if she is able she will treat that person,” said Augusto. “If she is not able to help, she takes that person to the health centre. This is the way she deals with health problems in our community.”

A major concern for the community in Lindela is that the APE does not have a permanent office or space to treat patients. “The community has said that they would like to have a central place where they can meet the APE, rather than Mrs Arnalda always having to go to their homes.”

Despite this, however, the impact of her work is already starting to be felt by the community. “After Mrs Arnalda came back from her training, we noticed a significant improvement in her treatment of community members. Another positive aspect is that she sensitises the community on disease prevention by communicating the importance of the construction of latrines, cleaning hands after using the latrines, and on the use of mosquito nets.”

In Mozambique, malaria is the leading killer of children, with 3,500 dying every day. The achievement of universal coverage of mosquito nets through distribution to households is now a national policy being rolled out across the country. The fight against malaria is changing with APEs at the front line, educating families on the importance of sleeping under mosquito nets and bringing basic health services closer to people’s homes.

Mrs Arnalda’s role as an APE in Lindela has had a positive effect on the community - by shortening the distance patients have to travel for treatment (the nearest health center in Jangamo, is approximately 20km away) and by emphasising the importance of using mosquito nets for protection from malaria, instead of using them in farms, barns or for fishing. Strong links between the APE and the community continue to ensure health problems are identified and dealt with.

Following the creation of a community health committee, the benefits of building and proper use of latrines, sensitisation on health matters and other improvements are beginning to show in the community. According to Augusto: “The number of malaria and diarrhoea cases have reduced. Also money spent on transport is saved and the time lost travelling to hospital now can be used for other activities.”
