

### Mozambique: Community health workers provide care to remote communities

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*Dirce Costa, Malaria Consortium's Malaria Prevention and Control Project Coordinator, and Romeo Carlos from International Relief & Development, interview Felizarda Eugénio on access to health care in Guimereço community, Inhambane.*

We visited Felizarda, a young mother and seven months pregnant, who was accompanied by her two year old son Félix, at her home near the National Road, Guimereço community, Inhambane province.

Felizarda takes care of her family and her small farm of cassava, which provides everyone with food. She also sells coconuts. Her husband Delcídio Eugénio is a mason working at a tourist resort around 100 metres from their home. The joint income is enough to cover the costs of daily life. "Gu dukwua dukwana (enough to not leave the family hungry)," Felizarda explained in the regional *bitonga* language.

Felizarda invited us into her garden where she showed us three rooms; one belonging to Felizarda's grandmother, another for food storage and the last one where the family sleeps.

We asked Felizarda where she usually goes when she or anyone in her family is sick.

She explains that she goes to the health clinic in Jangamo, or to the community APE (community health worker, locally known as *agente polivalente elementare*), Mrs Arnalda's house.

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 and treat simple forms of the three main childhood diseases; malaria, pneumonia, diarrhoea. Since 2010, Malaria Consortium has been working with the Inhambane provincial health team providing



*Felizarda Eugénio at home with her son Félix*

training, equipment, supplies and supervision for community health workers to carry these new tasks.

Felizarda remembers that she went twice to the APE's house, firstly when Felix was suffering from a fever and vomiting, and a second time when she had a headache. Felizarda said: "Mrs Arnalda is a good person because the two times when I went looking for treatment, I was treated well. Mrs Armada gave me drugs and healed us.."

Felizarda also explained that she learned how malaria was transmitted: "I had been told about malaria at the health clinic in Jangamo, when I went for my ante-natal consultation." She was also given a mosquito net, under which she sleeps, protecting her unborn child. The net keeps the mosquitoes away, although her son Felix has had malaria.

In Africa, malaria is the leading killer of children, with 3,500 dying from the disease every day. The 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.

When Felizarda or her family has health problems, firstly they visit the APE who decides if it is possible to treat them at the community level. If it is not possible, she refers them to the health clinic. At the clinic in the past, Felizarda has waited from early morning until two o'clock in the afternoon to receive medical treatment, so she appreciates the APEs' being able to treat her and her family within her community.

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