Miguel Tomas opens his mouth to encourage five-year-old Toucha to do likewise so he can examine her throat to check whether she has an infection. His gentle manner with Toucha puts her at ease. Sitting on her mother’s lap, Toucha opens her mouth.

Miguel finds no sign of an obvious infection and decides to do a malaria test. Toucha allows him to prick her finger and squeeze drops of her blood to test for malaria using the rapid diagnostic test kit.

The examination is taking place in a small reed and stick shelter in Chifuio, in the southern province of Inhambane, Mozambique. Inside, there is only a table on which are placed plastic medicine bottles, tablets, a register and a back pack, which Miguel uses for his home visits. Miguel, 27, looks professional, as if he has been doing this all his working life. But just last year he was a mechanic.

The course of his life changed suddenly during a community meeting in which he thought he was just participating. Instead, he was nominated by his own father, Tomas Laquico a community leader, to become an Agente Polivante Elementar (APE) or community health worker. Miguel then had to pass basic literacy and numeracy tests before attending a four-month course implemented by the Ministry of Health with technical support from Malaria Consortium and other partners.

Laquico says he nominated his son because he met the basic criteria: he is a respected member of that community, able to read and write, and is between 18 and 40 years. He was also prepared to work without pay. “Some people were unwilling to work voluntarily, although they liked the idea of being an APE.”

Indeed, Laquico and his community realised that having an APE in their remote area could make a huge difference. “Lots of people have died here because they could not get to hospital in time,” says Laquico, who lost two of his five children to diarrhoea when they were aged two and three years. “It took me four hours on foot to get to the hospital.”

Gilda Nassone, Toucha’s mother, says she is relieved Miguel is
working in her area. She was unaware of the meeting to vote for Miguel, but heard from her neighbour about him. “Before it used to take me two hours by bike to get to the hospital and then I would sometimes wait two hours before being seen.” By contrast, this time it was a 20-minute walk to see Miguel and there were only three other people before her and Toucha.

Although it’s only mid-morning, Miguel says he has had 15 consultations already. “I started work when the first person arrived at my home at 5am”. After 10 am he will carry out home visits to complete disease prevention work and treat anyone who is sick. If he cannot treat them, he will refer them to hospital. When they are too sick to travel to hospital, he borrows a phone and calls for the only ambulance in the district. For now, Miguel has forgotten his work as a mechanic. “I like this job. I’m helping my community to make our life better.”

APEs like Miguel bring the management of childhood diseases to the community level in Mozambique. Integrated community case management (ICCM), as it is known, provides community based-care for diarrhoea, pneumonia and malaria through training community based agents to diagnose and treat these three killers. ICCM focuses on the widespread use of diagnostics for pneumonia and malaria, appropriate treatment and community health education. The Canadian International Development Agency (CIDA) is funding Malaria Consortium’s ICCM activities in Mozambique. The Planet Wheeler Foundation is also supporting our training of APEs such as Miguel together with the Mozambique Ministry of Health as part of the national strategy.

“Lots of people have died here because they could not get to hospital in time”

Tomas Laquico, community leader