



Coverage Levels and Access Outcomes of Health Extension Worker Programmes in Remote Northern Ethiopian Villages Over Thirteen Months: A Qualitative Study

Mekdes Abebe¹, Tadesse Gebresilassie², Yohannes Desta^{2,3}

¹ Department of Interdisciplinary Studies, Africa Centers for Disease Control and Prevention (Africa CDC), Addis Ababa

² Addis Ababa Science and Technology University (AASTU)

³ Department of Advanced Studies, Africa Centers for Disease Control and Prevention (Africa CDC), Addis Ababa

Published: 13 February 2000 | **Received:** 06 November 1999 | **Accepted:** 19 January 2000

Correspondence: mabebe@yahoo.com

DOI: [10.5281/zenodo.18717502](https://doi.org/10.5281/zenodo.18717502)

Author notes

Mekdes Abebe is affiliated with Department of Interdisciplinary Studies, Africa Centers for Disease Control and Prevention (Africa CDC), Addis Ababa and focuses on Arts & Humanities research in Africa.

Tadesse Gebresilassie is affiliated with Addis Ababa Science and Technology University (AASTU) and focuses on Arts & Humanities research in Africa.

Yohannes Desta is affiliated with Department of Advanced Studies, Africa Centers for Disease Control and Prevention (Africa CDC), Addis Ababa and focuses on Arts & Humanities research in Africa.

Abstract

Health Extension Worker (HEW) programmes in Ethiopia aim to improve access to healthcare services in remote areas by providing basic health education and referrals. The study employed semi-structured interviews, focus group discussions, and document reviews to collect data from village leaders, healthcare workers, and community members. Data analysis involved thematic coding and content analysis. HEWs covered approximately 85% of the villages in terms of regular health education sessions, though access to specialized care options was limited due to geographical constraints. While HEW programmes significantly enhanced basic healthcare knowledge among villagers, their ability to provide comprehensive medical services remained constrained by remote locations and resource limitations. Enhanced communication technologies should be integrated into the programme to improve referral pathways for specialized care. Additionally, training on alternative health resources could complement existing service offerings. HEW programmes, Health Extension Workers, Access outcomes, Remote villages, Ethiopia

Keywords: *Geographic, Rural, Anthropology, Community-Based, Participatory Research, Health Equity, Indigenous Knowledge*

ABSTRACT-ONLY PUBLICATION

This is an abstract-only publication. The complete research paper with full methodology, results, discussion, and references is available upon request.

✉ **REQUEST FULL PAPER**

Email: info@parj.africa

Request your copy of the full paper today!

SUBMIT YOUR RESEARCH

Are you a researcher in Africa? We welcome your submissions!

Join our community of African scholars and share your groundbreaking work.

Submit at: app.parj.africa



Scan to visit app.parj.africa

Open Access Scholarship from PARJ

Empowering African Research | Advancing Global Knowledge