



Bringing Healthcare to the Hardest to Reach

Serawit's Journey as a Health Extension Worker in Dasenech, South Omo

Every morning, I wake up with a deep sense of purpose, knowing that my work could mean the difference between life and death for a mother or a child. My name is Serawit Lukase, and I serve as a Health Extension Worker (HEW) at Libe-Muket Primary Health Care Unit in Dasenech Woreda, South Omo, Ethiopia.

I was born and raised in the fertile highlands of Wolaita, where access to health services is relatively better, roads are paved, and communities are densely settled. I completed my training there, first earning a Level III certificate, then graduating with a Level IV diploma as a Health Extension Worker. Even as I studied, I felt a strong calling to serve in areas where access to essential healthcare services remains a critical challenge, places where my presence could make a greater impact.

That calling brought me to Dasenech, a remote pastoralist region marked by a harsh climate, vast distances, and limited infrastructure. The contrast with my hometown was stark. Life in Dasenech is far from easy. Here, temperatures often soar above 39 degrees Celsius, roads are either dusty trails or washed away during floods, and many villages lack even a basic health post.

Despite these challenges, I remain deeply committed. Often, I walk up to 12 kilometers to reach mothers in remote villages. I educate them about antenatal care,

safe delivery practices, family planning, neonatal care, and the importance of early antenatal visits. I encourage them to give birth at health facilities because I've seen how skilled care during delivery can save lives.

For the past two years, my kebele, like many others in Dasenech Woreda's kebele, has been plagued by recurring droughts, floods, disease outbreaks, and conflicts, leaving families vulnerable and without reliable access to essential health services. Many villages in my catchment area lack permanent health posts, making timely access to essential healthcare extremely difficult. Before the flooding occurred, the Amref-Improve Primary Health Care Service Delivery (IPHCS) project, in collaboration with the Dasenech Woreda Health Office, established a multidisciplinary team to provide mobile health services to hard-to-reach areas. It was a good thing that the mobile health team was activated ahead of the flood, as this helped ensure continued access to essential healthcare services and mitigate the health impacts of the recurring emergencies.

I am proud to be part of a mobile health team that was set up to ensure continued care during emergencies. Alongside using the Village Health Leaders, a community volunteer, we mobilize mothers and caregivers and deliver lifesaving services right where they live.

Whether we're providing family planning, childhood immunizations, or maternal health services, we are



always on the move, bridging the gap between communities and care.

What inspires me most is the impact we are making. I've seen women return for their fourth antenatal care visits, babies brought in for postnatal checks, and families embracing modern family planning methods. These are not just numbers; they are people I know, whose lives I see changing.

My work is not just about providing healthcare, it's about continuous learning, growth, and making a meaningful impact. Through the IPHCSD project, I have received regular supervision, participated in review meetings, and undergone various trainings, including certification as a family planning expert. These experiences help us monitor progress, address challenges, and improve the quality of our services using real-time data.

"Now, I can fully educate women on different family planning methods and provide direct services during mobile health sessions."

The work I do as part of the Mobile Health Service (MHS) is more than just a job; it is a critical response to the growing needs of our community. Working closely with mothers has deeply inspired me.

"I aspire to become a midwife because I've seen firsthand how much more can be done to support women throughout pregnancy and childbirth. My journey is just beginning, and I am determined to make a lasting difference."

Every step I take reaffirms my commitment to bringing healthcare to those who need it most, no matter how far I must walk or how high the sun rises in the sky.

The Mobile Health and Nutrition Team (MHNT) in South Omo was initially launched to address urgent needs during humanitarian crises, relying on staff deployed from other areas. However, the model lacked sustainability. Recognizing this, the IPHCSD project restructured the emergency-focused approach into a fully institutionalized, woreda-led, PHCU-based mobile health service. Today, this strengthened system ensures consistent delivery of essential RMNCAH-N services to underserved communities.

Serawit, alongside Village Health Leaders, a dedicated community volunteer, is part of this newly established team, working to mobilize and serve their village. The mobile health service now operates at ten sites across five PHCU catchment areas. Like Serawit, Health Extension Workers from other kebeles open mobile health service points twice a month, bringing lifesaving care closer to remote populations.

To date, a total of 86,404 individuals have received RMNCH services through this model. These include 652 women attending their first antenatal care visit, 449 completing four ANC visits, 774 receiving postnatal care, and 2,464 individuals accessing family planning services. These results reflect not only improved service access but also the power of community-driven, sustainable health solutions in transforming lives across South Omo.