Gender inequality, directly and indirectly, influences the health outcomes of women in Ethiopia. USAID Transform: Primary Health Care partnered with the Government of Ethiopia to mainstream gender into primary health care systems. Through this partnership, training was organized for Debire-Elias Woreda Health Office (WorHO) in Amhara region to build their capacity to understand and apply gender perspectives in their work.

Training on gender, health, and gender-based violence (GBV) was organized for health workers and managers to prioritize gender-related issues within health care systems. Trainings were organized on how to conduct a gender analysis at the health center (HC) and WorHO levels. Yonas Abebe, a Reproductive Health Officer based at WorHO was among the trained individuals who organized training sessions for staff members at the WorHO and HC levels. After the sessions, Yonas said, “previously, we had not known about a gender analysis at the woreda (district level). Now, every quarter a gender analysis is conducted at the HC level.”

Gender analyses assess and identify gaps related to gender, such as women’s participation status on the boards of HCs and whether they hold leadership positions. Based on the findings of the analysis, the WorHOs and HCs can act to address these issues. Ethiopian policy and strategy enforce affirmative action for women. However, this has not always been practiced. However, after the gender analysis was conducted, efforts are being made to increase employment opportunities for women.

For example, the WorHO mobilized resources to ensure gender-related activities are implemented as planned and Yonas was appointed as the gender focal point to coordinate various activities. These activities include separating anemic cases based on gender (male or female), organizing treatment services for survivors of GBV, and ensuring linkages are established between HCs and the Women’s Affairs Office.

After he was trained, Yonas led and conducted the gender analysis at the WorHO and the findings were used for annual planning. “During the annual woreda-based planning, some of the gender-related activities were incorporated into the plan. However, convincing authorities to allocate a budget for gender-related activities was difficult. Since gender activities are the first of its kind to be introduced into the primary health care system, the initiatives taken and the activities executed in the woreda, thus far, are quite impressive,” he said.