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MINISTRY OF HEALTH-ETHIOPIA

STRATEGY FOR MAINSTREAMING GENDER WITHIN DIGITAL HEALTH AND HEALTH INFORMATION SYSTEMS IN ETHIOPIA (2023/24-2025/26)

September, 2023

**STRATEGY FOR MAINSTREAMING GENDER
WITHIN DIGITAL HEALTH AND HEALTH
INFORMATION SYSTEMS IN ETHIOPIA
(2023/24-2025/26)**

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Foreword



Dr. Lia Tadesse

Minister, Ministry of Health,
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The delivery of quality, accessible and affordable health services, products and information to all segments of the population is a priority agenda for the government of Ethiopia. The health information revolution (IR) is one of the key transformation agendas to achieve this objective. It is designed with two core pillars: transforming and advancing the data use culture and digitalization of the health system.

With the use of digital technologies, quality of care is achieved through standardization of services; supply chains are better tracked with end-to-end visibility; patient records are kept in a more secure and confidential manner; service providers, program managers, and policymakers get quality data for decision making; loss of medical records and retrieval are minimized; and communication with patients, clients and health care providers is promoted.

The ministry of health, in collaboration with its partners, mobilized resources and implemented interventions in support of the IR which resulted in tangible advances in infrastructure, recording, reporting, data quality and data use as demonstrated by continued progression of health institutions along the IR pathways. However, a lot of work remains ahead in addressing chronic challenges related to ICT infrastructure, technology adoption and human resource capacity to maximize these benefits.

Lack of equitable access to and utilization of digital health technologies, mainly gender-based inequities, exacerbated by existing low educational and economic status of women, contribute to systemic differences in technology product ownership and use. Low level of digital literacy and inadequate women participation in decision making platforms, further exacerbate the gender-digital health and health information system (HIS) divide. To achieve a gender-based equitable access to and utilization of digital health technologies and data from the HIS, increased participation and leadership of women in the design, development, and utilization of these systems is critical that calls for immediate action.

Strengthening and continuing existing interventions to be more inclusive, responsive, and effective for everyone by integrating gender perspectives into digital health and HIS is important. Doing so, will allow us to identify and address gender-specific health needs including gender gaps in access to healthcare services, products and information promoting gender equity in healthcare leadership and decision-making.

This strategy is developed to mainstream gender within digital health and HIS. The proper implementation and contextual adaptation of the strategy is helpful to fully harvest the described benefits. Therefore, the ministry of health is determined to implement the core interventions to achieve the objectives stated in the strategy document.

Together, we can improve the availability, quality and accessibility of data and digital technologies and realize equitable use for all.

A handwritten signature in blue ink, appearing to read 'Lia Tadesse', written in a cursive style.

Dr. Lia Tadesse

Minister, Ministry of Health, Ethiopia

Message from Executive Officer of Women and Social Affairs Executive Office

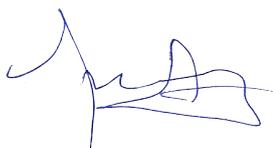
In pursuit of its national and global commitments, Ethiopia has been mainstreaming gender within its health programs and institutions. The Sustainable Development Goals (SDGs), Ethiopia's health sector transformation plan, and the national gender mainstreaming strategy identify gender mainstreaming as an integral part of effective health intervention implementation. To achieve the SDGs and the promise to "leave no one behind", it is imperative first to tackle the gender inequalities and discrimination that women and girls continue to face around the country.

Generally speaking, the burden of morbidity disproportionately affects women due to the additional burden of women specific morbidities such as dysmenorrhea, abortion, obstetric complications, gynecologic problems and cervical and breast cancers. In addition, healthy women have more reasons to visit health facilities, particularly maternity (antenatal, delivery, and postnatal care) and immunization services, than do healthy men. The health of women and children is also intertwined, particularly in the early postpartum period where women seek healthcare services for themselves and their babies. As a result of the frequent contact with health facilities, most of the health system data pertain to women and children.

Empowering women within the context of digital health and health information systems involves increasing participation, benefits, decision-making, and leadership capacities of female health workers. This empowerment also encompasses promoting the engagement of female health workers to share their perspectives when defining health information needs and designing tools for data collection and data quality assessment. It is imperative that citizens have access to high-quality data and acquire the necessary skills to make informed decisions on women's health. In this regard, harnessing the power of digital technologies to create gender-balanced access to and utilization of health data by health service providers and managers is of paramount importance.

On par with rapidly advancing global technology, the healthcare system is undergoing a digital transformation. Ethiopia has embarked on its digital journey in line with the Digital Ethiopia strategy and the Health Sector Transformation Plan (HSTP I & II). However, women, including female health workers, face limitations in digital literacy and access to and use of technology. Empowering women in digital health involves ensuring female health workers' engagement in the digital health development continuum (design, development, deployment, maintenance, and utilization) to ensure the inclusion of the gender perspective in all phases of the digital health product development cycle.

This strategy, therefore, aims to bridge the existing gender divide in digital health and health information systems in Ethiopia. It encompasses five strategic objectives, each supported by carefully selected core interventions. Operationalizing the proposed interventions requires a coordinated effort involving all digital health and health information system actors, including communities, government entities, partners, and donors. It is my belief that through a strong partnership, we can expedite progress and achieve the vision of this strategy, ultimately realizing a gender-balanced digital health and health information system in Ethiopia.



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The MOH would like to express its heartfelt appreciation to the Women and Social Affairs Inclusive Implementation Executive Office, Strategic Affairs Executive Office (SAEO), and the Digital Health Lead Executive Office (DHLEO) for leading the preparation of the strategy. Special recognition goes to the JSI/DHA and JSI/DUP teams for their technical and financial support during the development of this strategy.

Acronyms

CEDAW	UN Convention on the Elimination of All Forms of Discrimination against Women
DHA	Digital Health Activity
DHIS2	District Health Information Software 2
DHLEO	Digital Health Lead Executive Office
DUP	Data Use Partnership Project
eCHIS	Electronic Community Health Information System
EDHS	Ethiopian Demographic and Health Survey
GBV	Gender-Based Violence
HIS	Health Information System
HMIS	Health Management Information System
HSTP	Health Sector Transformation Plan
ICT	Information and Communication Technology
IT	Information Technology
JSI	John Snow, Inc.
MDG	Millennium Development Goals
MOH	Ministry of Health
NAG	National Advisory Group
PMT	Performance Monitoring Team
RDQA	Routine Data Quality Assurance
RHB	Regional Health Bureau
SAEO	Strategic Affairs Executive Office
SDG	Sustainable Development Goals
SO	Strategic Objective
SOP	Standard Operating Procedure
SWOT	Strengths, Weaknesses, Opportunities, and Threats
TWG	Technical Working Group
UN	United Nations
USAID	United States Agency for International Development
WCYD	Women, Children, and Youth Directorate
WorHO	Woreda Health Office

Glossary of Terms

Sex: Refers to the biological and physiological characteristics that define a person as male or female.

Gender: Refers to the socially constructed characteristics of women and men such as norms, roles, and relationships of women and men. In the Ethiopian context, gender refers to men and women.

Gender equality: Refers to equal treatment, chances, or opportunities for groups of women and men to define their needs and to access and utilize health services.

Gender equity: Is a process of being fair to women and men with the objective of reducing unjust and avoidable inequality between women and men in health status, access to health services and their contributions to the health workforce.

Gender analysis: Is a variety of methods used to understand the relationships between men and women and their access to information and resources that generate information needed for health planning and programming.

Gender divide: Is a term used to describe the unequal representation of men and women in various fields and sectors of society.

Gender mainstreaming: Is a strategy to improve the quality of health policies, programs, and projects to ensure a more efficient allocation of resources so that women and men are considered at every stage of the programming cycle from planning to implementation and evaluation.

Gender-blind: Refers to health programs and tools that ignore gender norms, roles, and relations between women and men.

Gender-sensitive: Refers to health programs and tools that consider gender norms, roles, and relations for women and men and is aware of how gender influences the opportunities of individuals in a society.

Gender-responsive: Refers to health programs and tools that consider women and men's specific needs and address the causes of gender-based health inequities.

Gender-balanced: Is ensuring equal numbers of men and women, boys and girls in participation and input into activities and decision-making to ensure that both male and female interests are considered and protected. Participation should be proportional to their representation in the population.

Gender-transformative: Refers to health programs and tools that are designed around a fundamental aim of addressing root causes of gender inequality within a society. In this document it is interpreted based on the national gender policy of Ethiopia.

Digital health: Is the use of information and communication technologies (ICT) in health care including the application of digital tools for health service provision, the health information system (HIS), and community mobilization activities.

Gender digital divide: The inequalities between men and women in terms of access to ICT.

Health Information System (HIS): A system that provides specific information support to the decision-making process at each level of the health system. It draws information from the routine health information system (RHIS) and from non-routine sources.

HIS workforce: Personnel primarily engaged in data entry, data cleaning, and other data management activities including information system planning and implementation as well as program monitoring and evaluation. Specifically, it includes professionals in the field of health informatics, information technology (IT), computer science, monitoring and evaluation, statistics, biostatistics, etc. in the HIS structure.

1. Introduction

1.1. Background

Over the past two decades, Ethiopia has experienced substantial improvements in both its health system and the overall health of its population. A significant body of research shows that the social determinants of health affect men, women, boys, and girls in a myriad of ways (1). Gender is one of the broader determinants of health because health seeking behavior and health services uptake is highly affected by gender norms (2,3). Gender inequalities, influenced and exacerbated by additional social factors, such as race, age, place of residence, and economic status, continue to shape the extent to which women and men access, use, and benefit from the health sector. This holds particular importance for Ethiopia where around half of the population are women (4). Discriminatory gender norms and inequalities often result in disparities in healthcare and health status between men and women and boys and girls (1,3). The 2019 Mini Ethiopian Demographic and Health Survey (EDHS) indicates disparities in health services and outcomes across these social differences (5). Because the health system is reflective of its society, addressing gender becomes critical to strengthening the system itself and ultimately improving health outcomes (6). After the United Nations (UN) established the Commission on the Status of Women in 1946, several landmark declarations and protocols, such as the 1979 UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the 1995 Beijing Declaration and Platform for Action, have underscored that gender equity and equality is fundamental in all aspects of development. As a result, global development agendas of the twenty first century, namely, the Millennium Development Goals (MDGs), the Sustainable Development Goals (SDGs), and the African Union Renaissance Agenda 2063, have inculcated women empowerment and gender equity at their core (2). Gender mainstreaming is a globally adapted strategy for achieving gender equity and ultimately gender equality. It is essential in realizing the right to health and it puts people at the center of public health programs and policies. Gender mainstreaming ensures that gender perspectives are central to policy development, planning, implementation, and monitoring of programs. It includes five principles: use of gender-sensitive language, gender-specific data collection and analysis, equal access to and utilization of health services, equal involvement of women and men in decision-making, and equal treatment is integrated into steering processes (quality management, budgeting, etc.) (2,7). Health is one of the sectors in which the Government of Ethiopia has proactively prioritized gender inclusion. Gender considerations have been an integral part of the country's first health policy, implemented since 1993. In a more recent effort to address existing gender disparities in the sector, the Ministry of Health (MoH) established the Women, Children and Youth Directorate (WCYD) in 2008, which is currently named the 'Women and Social Affairs Inclusive Implementation Executive Office.' This initiative led to the development of various documents guiding the process of gender mainstreaming into the sector (8). Despite the significant strides in the sector, there is still much work to be done to ensure that gender integration becomes an ingrained culture across all streams of the health system, including the health information system (HIS). The HIS is the backbone of the health system that accelerates achievements of better health outcomes by availing the timely and accurate information for evidence-based decision-making at all levels (9). It plays a crucial role in generating information needed to measure and respond to health inequities and their key determinants. Moreover, analyzing data and results through a gender-based lens can provide effective support for gender-related advocacy, and help decision makers develop and refine evidence-informed policies and programs that address specific gender-related problems (10). Addressing gender disparities within the HIS and digital health spaces is not solely a rights issue, but is also a development issue. Disregarding the needs and health issues of half of the population (estimated at approximately 120 million) is ignoring half of the country's

development potential. Consequently, ensuring the capturing, analysis, reporting and use of gender-sensitive data is essential to addressing gender-based inequities and improving health programs, ultimately leading to improved health outcomes of the population (11). In countries like Ethiopia, where a significant portion of health challenges is disproportionately borne by women and children (5), actively involving women health providers, program managers, technologists, and decision makers within the HIS and digital health spaces ensures that gender considerations are integrated into the design and implementation of the systems (9). With the advent of digital technologies and their application in HIS, taking bold measures to ensure a gender-transformative HIS development is an urgent priority. Global efforts to increase women's involvement and decision-making in the digital space, such as the SDGs, have already acknowledged a digital gender divide and have called for more capacity building activities for women in information and communications technology (ICT) (12). While there is broad agreement that gender is critical to health systems strengthening and ultimately improving the health outcomes of populations (13), recent assessments indicate that gender perspectives have not been fully mainstreamed into HIS and digital health activities, programs, and projects. There are major gaps in the actual implementation of gender mainstreaming within the HIS and digital health spaces (7,14,15). It is within this context that this gender mainstreaming strategy has been developed.

1.2. Rationale

The MoH has developed a national gender mainstreaming manual that demonstrates the government's commitment to mainstream gender as a cross-cutting issue in all health programs, including HIS and digital health. However, the two national assessments conducted by the MOH, in collaboration with the USAID Digital Health Activity (DHA) and the Ethiopia Data Use Partnership (DUP), to assess the current gender-digital health-HIS divide have shown that there is a significant implementation gap in translating commitments into concrete actions.

The assessments also showed that gender mainstreaming efforts at the lower level of the HIS are very limited. Moreover, the findings indicated that consideration of gender perspectives, including women's participation in HIS document preparation, data management, decision-making, and HIS leadership has been limited. One of the major cited reasons for this issue is the absence of a tailored gender mainstreaming strategy for HIS and digital health space. Recognizing this issue, the MoH and its implementing partners have developed this gender mainstreaming strategy to address identified gaps and mainstream gender within the HIS and digital health systems.

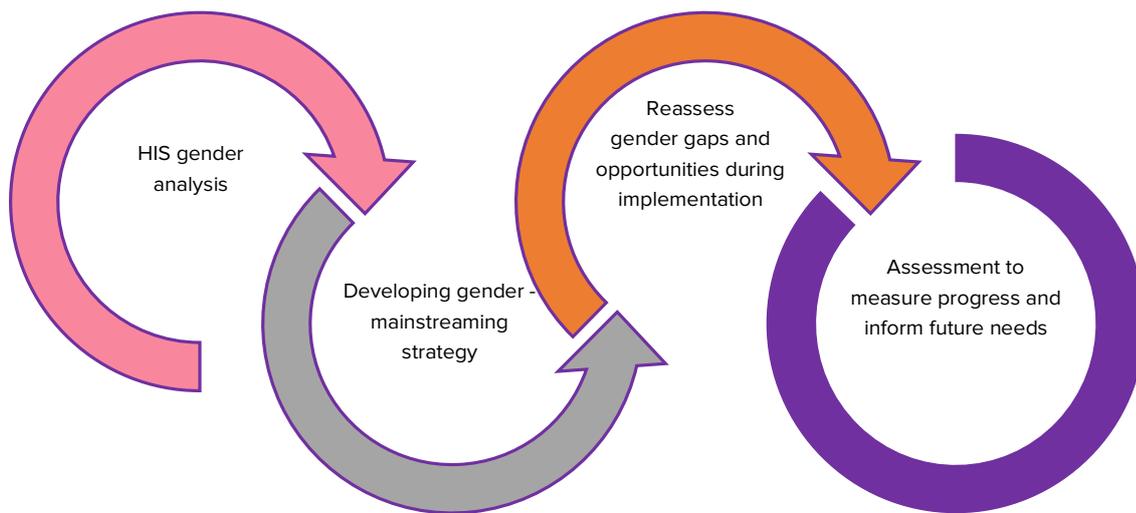
1.3. Strategy development process

This strategy guides gender mainstreaming for digital health and the HIS in Ethiopia. It was developed in a highly participatory process that engaged different stakeholders from MoH and HIS implementing partners and was guided by the MoH's national technical working group. Integral to the strategy development were two national studies (a desk review followed by key informant interviews) conducted from October 10 to December 30, 2022.

During the desk review, the team extensively reviewed national HIS and digital health-related documents. These findings were then validated by expert groups. The team then collected qualitative data through interviews with key informants from the MoH, regional health bureaus (RHBs), woreda health offices (WorHOs), hospitals, health centers, health posts, academia and HIS partners. Subsequently, the team synthesized the results and integrated the findings into the strategy document.

The findings from both studies identified the current gender mainstreaming gaps within Ethiopia’s digital health and HIS systems. On February 7, 2023, MoH staff, partners, and other key stakeholders organized a dissemination and validation workshop to validate and interpret the initial findings, conclusions, and recommendations. Figure 1 indicates the gender mainstreaming approach adopted for digital health and HIS.

Figure 1: Gender mainstreaming for the digital health and HIS system in Ethiopia



2. Situational analysis

2.1. Content analysis

Ethiopia's pursuit of gender equality and women's empowerment are supported by policies and actions; however, cultural and socio-economic constructs continue to present challenges. Issues, such as low literacy rates, social status, poverty, and limited access to technology, also hinder progress, particularly in digital health. Many women and girls are excluded from active participation, preventing them from taking on roles as custodians, innovators, and leaders, like their male counterparts (7).

The Constitution of Ethiopia, adopted in 1995, assures the equal rights of women in every sphere of development, and emphasizes affirmative action as a means to remedy inequalities. Policies have also been revised to remove laws that discriminate against women; increase the age of marriage; give women the right to access, own, and control property; and criminalize rape, female genital mutilation/cutting, and gender-based violence (7).

In the health sector, gender has remained a crucial cross-cutting concern, prompting the MoH to set clear objectives for gender mainstreaming to promote gender equality and the empowerment of women at all levels of the health system. Addressing gender disparities has been one of the key principles in the former and revised health policy of Ethiopia. The Health Sector Transformation Plan (HSTP) focused on addressing quality and on the equitable distribution of health services for all, stating that service delivery should address existing gender, geographic, economic, and socio-demographic inequities.

The MoH together with DHA and DUP conducted an assessment to understand the current gender mainstreaming landscape within the HIS and digital health spaces to inform with evidence the development of this strategic document. The assessment showed that there is a general political will and commitment to address gender in the health sector, including the HIS. However, there are gaps in implementation and when cascading efforts to the lower levels of the health system. At a higher level of the health system, there have been notable improvements in gender mainstreaming within the HIS over time. Specifically, the health management information system (HMIS) tools have displayed promising trends in considering women's health issues and gender perspectives, including the disaggregation of data by sex and the incorporation of new indicators for gender-based violence (GBV) and positions held by female health workers (14). However, there are major implementation gaps in HIS and digital health workforce development (15).

While national policies and strategies recognize gender disparities in the health sector, including the HIS, there is insufficient participation of women in decision-making platforms such as the Performance Monitoring Team (PMT) and the development of national HIS documents (14). The availability of gender-sensitive data and its utilization for evidence-based decision-making is limited. There are no measures in place to ensure gender balance in data management and informed decision-making within the HIS and digital health systems (15).

Further, despite Sustainable Development Goal (SDG) 5c emphasizing the use of ICT to advance women's empowerment, a digital-gender divide has been acknowledged by researchers and practitioners (7). The assessment also indicates that digital health and HIS-related documents lack recognition and inclusion of gender perspectives (14).

According to the assessment, government commitment has resulted in an increased participation of women in the health workforce and in leadership. However, there is still an imbalance in the quality and quantity of female health workers. Achieving parity in the health workforce requires affirmative

action and structural adjustments to address the root causes (7). The HIS workforce is dominated by male health workers at the national level with relatively better gender balance at the lower levels of the health system. Gaps remain at all levels in empowering women to hold leadership positions due to the lack of adequate numbers of competent female HIS professionals (14).

Women are still underrepresented in higher education, particularly in teaching, research, and leadership (7). In the production of the HIS workforce, there is gender imbalance both in academia and students (15).

As demonstrated by the national assessments, barriers to mainstream gender within the HIS and digital health system include the:

- lack of actionable commitment and structure at the lower levels of the health system,
- lack of integration between relevant stakeholders,
- limited allocation of resources for gender-related activities,
- limited research on gender mainstreaming, and
- absence of a clear strategy to mainstream gender within digital health and HIS (15).

2.2. SWOT analysis

The team also conducted a strengths, weaknesses, opportunities, and threats (SWOT) analysis to assess internal factors (strengths and weaknesses) and external factors (opportunities and threats). The analysis helps to understand the context in which the gender mainstreaming strategy will be implemented within the HIS and digital health spaces in Ethiopia (Table 1).

Table 1: SWOT analysis to mainstream gender within the digital health and HIS space.

Strengths	Weaknesses	Opportunities	Threats
<ul style="list-style-type: none"> ○ The existence of a gender structure at the higher-level of the health sector ○ Availability of the health system structures from federal to community level ○ High commitment of top leadership to mainstream gender within the health sector ○ New capacity building initiatives such as leadership incubation program ○ Promotion of women to leadership positions at the higher-level of the health sector ○ Growing availability of gender-disaggregated data in the health sector ○ Availability of health care provision at sub-national levels including in rural communities where women can seek care 	<ul style="list-style-type: none"> ○ Poor awareness and misconceptions about gender (norms and biases), particularly within digital health and HIS ○ Inadequate gender-based data analysis and utilization ○ Existing gender structures are not adequately staffed ○ Insufficient funding for gender mainstreaming activities ○ Fragmented and weak implementation of gender mainstreaming ○ Limited understanding among health information and digital health professionals and policymakers to effectively mainstream gender in the health/digital information system space 	<ul style="list-style-type: none"> ○ Political commitment ○ Positive government attention (availability of favorable policies, strategy, and plans) ○ Improved advancements in technology with a potential to improve access to healthcare for marginalized groups and individuals ○ Presence of global and national commitments toward addressing gender issues ○ Strong advocacy from human/women's rights organizations ○ Availability of ICT savvy young women and girls 	<ul style="list-style-type: none"> ○ High adult illiteracy rate, especially among women ○ Low digital literacy rate among women ○ Widespread harmful health practices including gender disparities ○ Weak multi-sectoral coordination mechanisms ○ Competing priorities, especially during times of crisis or budget shortfall ○ Potential for unintended consequences if digital health solutions are not designed with a nuanced understanding of gender issues ○ Cyber bullying negatively impacts young women's use of and engagement in digital platforms

2.3. Stakeholder analysis

Stakeholders are key players to mainstream gender within the HIS and the digital health system. Understanding their needs is crucial for successful implementation. The table below shows the key stakeholders whose needs and interests should be taken into consideration (Table 2).

Table 2. Stakeholder analysis to mainstream gender within the HIS and digital health space.

Stakeholders	Desired roles	Stakeholder needs	Engagement strategy
<ul style="list-style-type: none"> ○ All relevant line ministries (Ministry of Innovation & Technology, Ministry of Women and Social Affairs, Ministry of education, Public service commission, Ministry of Finance, Ministry of Planning and Development, Central Statistical Services and Ministry of Justice) ○ Health system leadership at all levels 	<ul style="list-style-type: none"> ○ Intersectoral collaboration ○ Support gender mainstreaming activities ○ Review HIS/DH-related policies, strategies, standards, and guidelines ○ Provide tailored technical support 	<ul style="list-style-type: none"> ○ Joint planning, implementation and reporting ○ Coordination and partnership ○ Clear strategies to implement gender mainstreaming activity 	<ul style="list-style-type: none"> ○ Advocacy ○ Collaboration ○ Coordination ○ Policy and leadership support ○ Strong M&E system
<ul style="list-style-type: none"> ○ Higher learning institutions (universities, health science colleges) 	<ul style="list-style-type: none"> ○ Capacity building on gender mainstreaming ○ Providing tailored technical support ○ Generating scientific evidence ○ Producing gender balanced and competent health professionals for HIS and digital health 	<ul style="list-style-type: none"> ○ Joint planning, implementation and reporting ○ Adequate resource mobilization ○ Policy guidance and support on gender mainstreaming activities ○ Clear strategies to implement gender mainstreaming activity 	<ul style="list-style-type: none"> ○ Coordination and partnership ○ Policy and leadership support ○ Strong M&E system
<ul style="list-style-type: none"> ○ Donors, UN agencies, implementing partners, CSOs, professional associations, and private digital sectors 	<ul style="list-style-type: none"> ○ Support in resource mobilization ○ Technical support to better mainstream gender within the HIS ○ Support in evidence generation ○ Harmonized and aligned participation 	<ul style="list-style-type: none"> ○ Involvement in planning, implementation and M&E ○ Inclusive and responsive digital health and HIS policies and programs 	<ul style="list-style-type: none"> ○ Government leadership ○ Advocacy ○ Coordination ○ Capacity building ○ Resource mobilization ○ Joint planning, implementation
<ul style="list-style-type: none"> ○ Community/Health care workers at all levels 	<ul style="list-style-type: none"> ○ Participation ○ Ownership ○ Needs based service utilization/provision 	<ul style="list-style-type: none"> ○ Integration of gender into existing digital health and HIS initiatives ○ Equitable access to health information and service 	<ul style="list-style-type: none"> ○ Community mobilization ○ Ensure participation ○ Conducive environment

3. Scope, Strategic Objectives, and Core Interventions

3.1. Scope of the strategy

The strategy aims to address gender disparities in access to and use of digital health technologies and HIS. It also aims to address gender biases and issues in the development, implementation, and evaluation of digital health and HIS initiatives.

3.2. Vision

To see a gender-transformative health information system that contributes to a healthy, productive, and prosperous society.

3.3. Mission

To integrate gender mainstreaming principles into the design, development, implementation, and evaluation of digital health and HIS systems by promoting gender equity in HIS and digital health that will address the unique needs and challenges faced by women and men towards equal access to quality healthcare services.

3.4. Guiding principles

The gender mainstreaming strategy is guided by the following seven principles:

- **Participation (Inclusiveness):** Ensuring fair participation in the design, development, piloting, and implementation of HIS and digital systems. This includes participation in HIS and digital health-related document preparation and decision-making.
- **Responsiveness:** HIS and digital health systems need to be responsive to the information needs of women and men health workers and the population to ensure equity in access to and use of health services.
- **Adaptability/flexibility:** Gender mainstreaming within digital health and HIS requires adaptability to geographies, time, and other contexts — there is no one-size-fits-all intervention.
- **Accountability:** Ensuring accountability at institutions, departments, and individual levels is a key principle. Gender consideration during planning, review meeting, training, and reporting helps to create a platform for accountability.
- **Empowerment:** Addressing existing gender inequities during recruitment, placement, and promotion of HIS workforce is emphasized. In addition, gender considerations in pre-service and in-service capacity building (technical and leadership skills) are among the key focus areas.
- **Transformative:** The full-scale integration of gender perspectives in the HIS and digital health space will bring transformative change in health outcomes.
- **Collaboration and partnership:** Mainstreaming gender is a cross-cutting issue that needs collaboration and partnership with different sectors and stakeholders. One of the key principles of this strategy is to maximize successes and avoid duplication of efforts.

3.5. Purpose

The strategy will help to ensure gender considerations are integrated into the planning, design, development, implementation, and evaluation of digital health systems and HIS so that it addresses existing gender disparities in healthcare access and outcomes.

In general, this strategy aims to:

- Advocate for policies and legal frameworks that promote gender equity in the digital health and HIS systems,
- Guide gender integration efforts throughout all HIS and digital health cycles,
- Provide mechanisms to narrow the current gender disparities within the HIS and digital health systems,
- Promote gender equity in access to digital health and HIS to address barriers that prevent equal benefit to men and women in accessing health services,
- Promote male engagement in addressing gender disparities in HIS and DH design, implementation and M&E and,
- Improve access and uptake of healthcare services by reducing gender disparities within digital health and HIS spaces.

3.6. Strategic Objectives with Core Interventions

The assessment findings and the situational analysis have created a strong foundation and evidence for designing effective interventions to address gender-related gaps within the HIS and digital health. The strategic objectives (SO) emanate from the identified gaps of the assessments that were conducted at the national level. There is a chain of interdependent results from the SO at a higher level, through core interventions and performance measures. This will also help to track the progress of gender mainstreaming implementation.

SO-I: ENSURE A GENDER-BALANCED AND COMPETENT HIS AND DIGITAL HEALTH WORKFORCE

CORE INTERVENTIONS

- Strengthen the existing HIS and DH structure to mainstream gender within the HIS and digital health systems with a particular emphasis on the lower levels
- Establish a gender-balanced HIS governance platform (PMT, technical working groups (TWGs), National Advisory Group (NAG), etc.)
- Build the capacity of HIS and digital health workforce and organizational processes
 - Identify, interpret, and address gender related issues in health data
 - Ensure gender balance in recruitment, training, and deployment of HIS workforce during pre-service and in-service capacity building programs
 - Build the leadership capacity of HIS and digital health workforce: Scale up Leadership Incubation Program

- Ensure advisors seconded/embedded within MoH have sufficient gender training to be able to provide gender-sensitive and responsive technical assistance
- Ensure gender balance in research activities and advanced data analytic techniques and build capacity of female researchers
- Promote equity in HIS mentorship, routine data quality assurance (RDQA), and supervision with gender-balanced engagement
- Address gender gaps in HIS and digital health leadership positions
- Examine gender ratios in existing decision-making bodies and advocate for increased gender mainstreaming
- Support leaders to develop gender awareness through training and sharing information and resources in decision-making processes
- Advocate for the implementation of affirmative action in higher education in recruitment and retention, including motivating women and girls to join disciplines such as ICT and medical informatics
- Promote and support male engagement in HIS and digital health gender mainstreaming activities
- Build the capacity of youth as custodians, innovators, and leaders of HIS and digital health (e.g., IT internship and HACKATHON programs)
- Support health service providers and managers to access and utilize existing tools and resources, such as an online gender-based analysis course, programming, M&E, etc.

SO-II: ENSURE HIS AND DIGITAL HEALTH SYSTEM-RELATED GOVERNANCE DOCUMENTS AND TOOLS CONSIDER GENDER

CORE INTERVENTIONS

- Advocate for the inclusion of a gender mainstreaming agenda in all HIS and digital health policies, strategies, legal frameworks, standards, and protocols
- Design mechanisms to ensure that HIS and digital health document preparation processes are inclusive, equitable (maintain gender balance), and not exploitative of gender norms
- Strengthen the engagement and contribution of women in revisions of HMIS tools and indicators
- Support the revision of existing and newly developed HIS and digital health related documents in a way that addresses gender disparities
- Develop gender-sensitive standard operating procedures (SOPs) for HIS supervision, RDQA, and mentorship activities
- Ensure HIS and digital health documents are adaptable and sensitive to dynamic changes in time and context
- Ensure inclusion of sufficient gender-based indicators during HMIS development and revision including disaggregation by sex

SO-III: ENSURE GENDER TRANSFORMATIVE DATA MANAGEMENT AND DECISION-MAKING

CORE INTERVENTIONS

- Capacitate health service providers to evaluate patients/clients for gender-related issues and elicit data to unmask GBV and harmful practices that lead to health problems
- Increase the availability and accessibility of data for decision-making about gender-related issues
- Use gender integrated RDQA (RDQA+G), supervision, and mentorship tools
- Conduct continuous and regular gender analysis based on data generated from the health system and through triangulation with data from other sectors to visualize the gender perspective and disseminate the findings for policy decisions, programing, and intervention
- Improve women's participation in interpreting analytic outputs to ensure gender perspectives are considered and health data are used to address gender issues
- Improve engagement of women in decision-making platforms, such as strategic planning, woreda-based planning, and review meetings
- Support existing decision-makers to increase demand for data to monitor and evaluate gender norms in accessing and using health services and examine gender disparities in health outcomes
- Take women and girls' perspectives on what and how to facilitate into account and incentivize data quality and use
- Ensure adequate engagement of women in advanced data analytics techniques
- Enhance engagement of local communities to collect, analyze, interpret, and use health data to address women's health issues in the community

SO-IV: ENSURE DIGITAL HEALTH DESIGN, DEVELOPMENT, AND IMPLEMENTATION ARE GENDER RESPONSIVE

CORE INTERVENTIONS

- Integrate gender perspectives in digital tool design, development, and implementation
- Design and implement interventions to increase digital health literacy among women/female health workers to promote adoption of digital technologies
- Ensure electronic dashboards are gender inclusive (sex disaggregated dashboards, such as District Health Information Software 2 (DHIS2) and the electronic community health information system (eCHIS))
- Ensure automated and AI supported analysis, interpretation, and decision-making to be gender sensitive
- Ensure the accessibility of digital solutions to women and girls
- Ensure using digital solutions is not further aggravating gender inequities (e.g., double data collection burden, application related challenges, etc.)

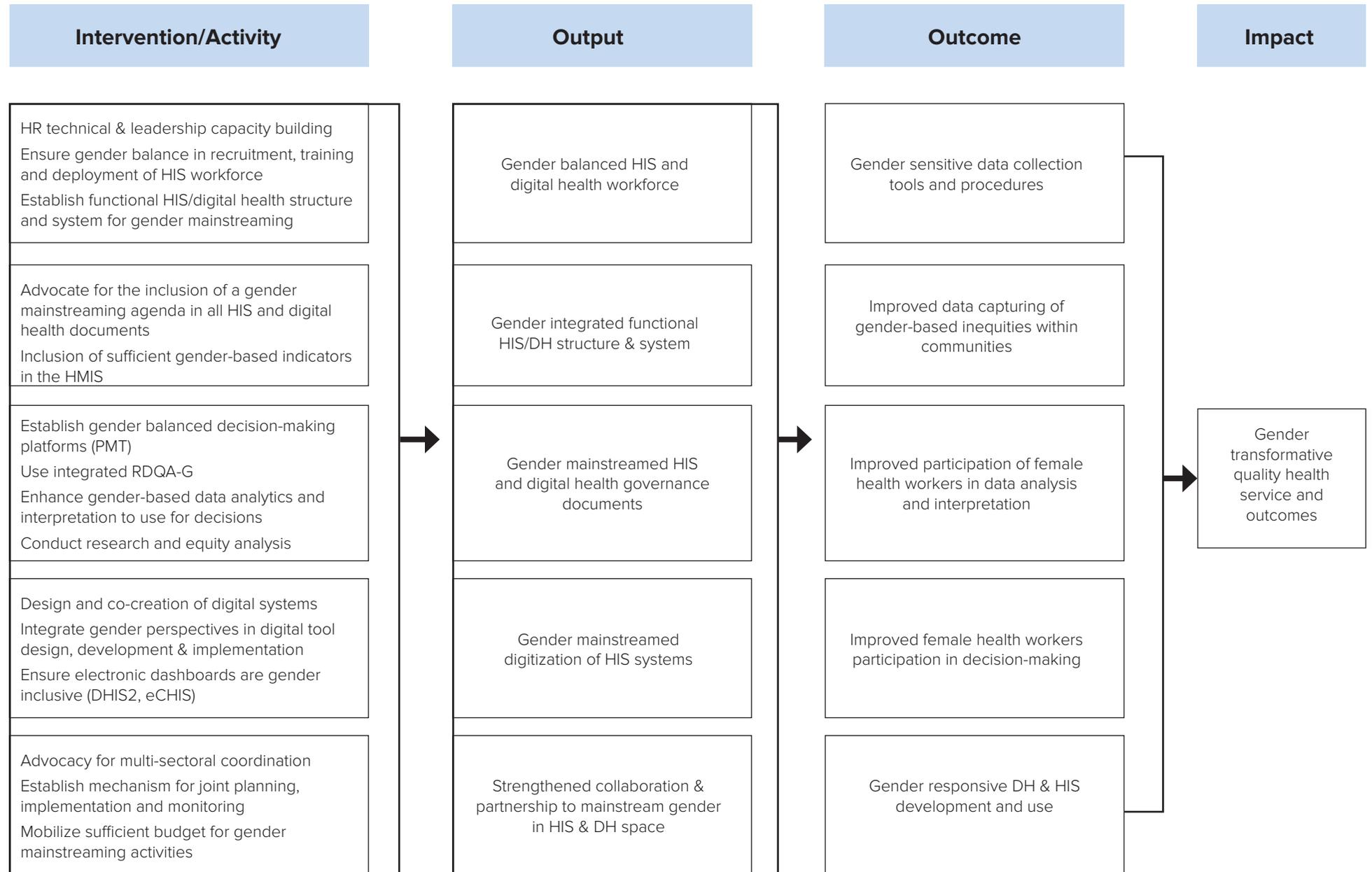
- Ensure that disaggregation by sex is maintained across systems and included in standards of interoperability
- Integrate gender issues in automated data audits and quality control systems
- Promote mainstreaming of gender issues in digital health adoption and use during international and national events
- Establish /leverage hotlines for GBV victims

SO-V: STRENGTHEN COLLABORATION AND PARTNERSHIP WITH RELEVANT SECTORS AND STAKEHOLDERS TO MAINSTREAM GENDER IN HIS AND DIGITAL HEALTH

CORE INTERVENTIONS

- Establish/integrate mechanisms for joint planning, monitoring, and evaluation of gender mainstreaming efforts within HIS and digital health spaces
- Advocate and raise awareness for multi-sectoral coordination among line ministries and other relevant sectors at all levels
- Work with relevant actors to apply affirmative actions to address gender inequality in education and employment
- Promote the establishment of women-tech clubs in colleges and universities, and promote active participation to create pools of future custodians and leaders of digital health technologies
- Advocate with HIS and digital health-related associations, enterprises, and tech-companies to consider gender mainstreaming
- Advocate to increase the representation of women in higher education particularly in the areas of teaching and research related to HIS and DH
- Advocate for building a gender-balanced leadership capacity of current and future health facility managers and health workers in collaboration with multiple institutional stakeholders, such as the Ministry of Education, universities, public service commission, and other line ministries
- Mobilize adequate resources from different stakeholders and strengthen inclusion of gender in resource mapping and/or budgeting
- Ensure local partners understand the importance of gender in strengthening HIS and digital health systems, and how to support sustainable gender-responsive changes at the organizational level
- Involve gender experts and representatives from the Ministry of Women and Social Affairs, and other sectors during gender mainstreaming activities in HIS and digital health
- Engage stakeholders and partners in establishing daycare centers at health facilities to create a conducive environment for the female workforce
- Create awareness within the community on the need for their adequate engagement in mainstreaming gender in HIS and digital health and its implications

3.7. Strategic framework



4. Strategy Costing and implementation (USD)

The total estimated budget for the implementation of the core interventions included under this strategy is estimated to be \$6,116,809 USD. The costing was done considering gross assumptions and the actual costing for each strategic objective along with its core interventions will be determined based on the target set for each indicator under each strategic objective. An operational workplan will also be prepared for the actual costing of detailed activities.

Strategic Objectives	Core Interventions/Activities	2023/24	2024/25	2025/26	Lead entity (MOH Executive Office/ RHB/Agency)
Strategic Objective-I	Strengthen existing HIS and digital health structure to mainstream gender within the HIS and digital health systems	X	X	X	SAEO, DHLEO, MOH agencies, RHBs
	Establish a gender-balanced HIS governance platform (PMT, TWGs, NAG, etc.)	X	X	X	SAEO, DHLEO MOH agencies, RHBs
	Build the capacity of HIS and digital health workforce and organizational processes	X	X	X	SAEO, DHLEO MOH Agencies, RHBs
	Address gender gap in HIS and digital health leadership positions		X	X	SAEO, DHLEO, MOH agencies, RHBs,
	Build the capacity of youth as custodians, innovators and leaders of HIS and digital health (e.g., IT internship and HACKATHON programs)		X	X	SAEO, DHLEO, RHBs
Strategic Objective-II	Advocate for the inclusion of a gender mainstreaming agenda in all HIS and digital health policies, strategies, legal frameworks, standards, and protocols	X	X	X	SAEO, DHLEO, Women and Social Inclusive Implementation Executive Office
	Design mechanisms to ensure that the HIS and digital health document preparation process is inclusive and equitable (maintain gender balance)	X	X	X	SAEO, DHLEO,
	Support the revision of existing and newly developed HIS and digital health related documents in a way that addresses gender disparities	X	X	X	SAEO, DHLEO
	Develop gender-sensitive SOPs for HIS supervision, RDQA and mentorship activities		X		SAEO
	Ensure inclusion of sufficient gender-based indicators during HMIS development and revision including disaggregation by sex	X		X	SAEO

Strategic Objective-III	Capacitate health service providers to evaluate patients/clients for gender-related issues and elicit data to unmask GBV and harmful practices that lead to health problems	X	X	X	Women and Social Inclusive Implementation Executive Office
	Increase the availability and accessibility of data for decision-making about gender-related issues		X		SAEO, DHLEO
	Use gender integrated RDQA (RDQA+G), supervision and mentorship tools	X	X	X	SAEO
	Conduct continuous and regular gender analysis based on data generated from the health system and through triangulation with data from other sectors to see the gender perspective and disseminate the findings for policy decisions, programming, and intervention	X	X	X	Women and Social Inclusive Implementation Executive Office
	Improve women's participation in interpreting analytic outputs to ensure gender perspectives are considered and health data are used to address gender issues	X	X	X	SAEO
	Improve engagement of women in decision-making platforms such as strategic planning, woreda-based planning, and review meetings	X	X	X	SAEO
	Enhance engagement of local communities to collect, analyze, interpret, and use health data to address women health issues in the community		X		SAEO
Strategic Objective-IV	Integrate gender perspectives in digital tool design, development and implementation	X	X	X	DHLEO
	Design and implement interventions to increase digital health literacy among women/female health workers and promote their adoption of digital technologies	X	X	X	DHLEO
	Ensure electronic dashboards are gender inclusive (such as DHIS2 and eCHIS)	X	X	X	DHLEO
	Ensure automated and AI supported analysis, interpretation and decision-making to be gender sensitive	X	X	X	SAEO, DHLEO
	Ensure that disaggregation by sex is maintained across systems and included in standards of interoperability	X	X	X	DHLEO, SAEO
	Promote the mainstreaming of gender issues in digital health adoption and use during international and national events	X	X	X	DHLEO, SAEO
	Integrate gender into automated data audits and quality control systems	X	X	X	DHLEO,
	Establish/leverage hotline for GBV victims		X	X	DHLEO

Strategic Objective-V	Establish/integrate mechanisms for joint planning, monitoring, and evaluation of gender mainstreaming efforts within HIS and digital health spaces	X	X	X	SAEO, DHLEO
	Advocate and raise awareness for multi-sectoral coordination among line ministries & relevant sectors at all levels	X	X	X	Women and Social Inclusive Implementation Executive Office
	Work with relevant actors to apply affirmative actions to address gender inequality in education and employment	X	X	X	Women and Social Inclusive Implementation Executive Office
	Promote the establishment of women-tech clubs in schools, colleges, and universities to create pools of future custodians, leaders, and technologists	X	X	X	DHLEO
	Advocate with HIS and digital health-related associations, enterprises, and tech-companies to consider gender mainstreaming	X	X	X	DHLEO,
	Advocate to increase the representation of women in higher education particularly in the areas of teaching and research related to HIS and digital health	X	X	X	Women and Social Inclusive Implementation Executive Office
	Advocate for building a gender-balanced leadership capacity of current and future health facility managers and health workers in collaboration with multiple institutional stakeholders, such as the Ministry of Education, universities, public service commission, and other line ministries	X	X	X	Women and Social Inclusive Implementation Executive Office
	Ensure local partners understand the importance of gender in strengthening HIS and digital health, and how to support sustainable gender-transformative change at the organizational level	X	X	X	Women and Social Inclusive Implementation Executive Office
	Create awareness of the community on the need for adequate engagement of the community in mainstreaming gender in HIS and digital health and its implications	X	X	X	Women and Social Inclusive Implementation Executive Office

5. Implementation modality

MOH along with the leadership of the health system hierarchy to lower levels and other HIS implementing partners and relevant stakeholders will be responsible to roll out this strategy. As this gender strategy is a living document, it will be revised as necessary when gaps are identified that require correction.

National Level Technical Working Group (TWG)

The members of the TWG at the federal level, including representatives from the executive offices of MoH and HIS implementing partners (DHA and DUP), and the Strategic Affairs and Women and Social Affairs Executive Offices will take the lead in a coordination role. The TWG will play an advisory role and provide guidance in implementing the strategy, and be responsible for following up and evaluating the overall implementation of the strategy at the national level. The TWG is expected to conduct regular meetings on a quarterly basis to ensure that planned activities are being carried out.

Regional Level Technical Working Group (TWG)

The members of the TWG at regional level, including representatives from Plan/IT and gender offices at regional levels, representatives from HIS implementing partners and representatives from academia, are responsible for closely monitoring and evaluating the overall strategy implementation at regional levels. The regional TWG is expected to conduct regular meetings on a quarterly basis. The TWG is also expected to be established at zonal and woreda levels with roles and responsibilities similar to that of the regional TWG, but tailored to the local context.

Launching and Advocacy of the Strategy

Engaging stakeholders is one of the key practices of good governance. Thus, the strategy will be endorsed, launched, and advocated in the presence of all stakeholders at the federal level. The launching of the plan is also expected to be cascaded to regional, city administration, zonal, woreda, and primary health care unit levels.

Preparation, Ignition, and Cascading

The implementation of this plan requires the leadership and managerial readiness, commitment, and sensitization of stakeholders. The SAEO, DHLEO, and the Women and Social Issues Inclusive Implementation Executive Office will play the leading role at the federal level. In order to coordinate the implementation at regional and sub-regional levels, the regions are expected to use similar approaches. The regional team/unit will coordinate the zonal and district level technical assistance. The unit sensitizes PHCU and local structures for the implementation of the proposed interventions under this particular strategy.

Each region is expected to consult this strategy and develop an operational plan by adapting to their context to address the gender gaps and customize the strategy as needed. Once an agreement is reached on the content and modality of implementation of the proposed strategies and core interventions, specific activities will be identified and implemented. The strategy will be dissected into an annual plan with clear deliverables and indicators by the MOH, RHBS, and agencies together with HIS stakeholders.

The implementation of interventions will also be integrated with existing efforts during:

- Planning
- Capacity building (training, supportive supervision, mentorship)
- M&E mechanisms
- Review meetings
- Reporting mechanisms
- Message design and communication

Sustainability and continuous engagement of stakeholders

To ensure the sustainability of the initiative, health sector entities at various levels of the hierarchy are expected to lead the planning, monitoring, and evaluation of the gender mainstreaming activities within HIS and digital health. Establishing gender structures at all levels of the health system, allocating an adequate budget for gender-related activities, and consistently advocating for these measures are key for sustainability. Another crucial aspect is enhancing the capacity of relevant stakeholders and involving them in every phase, from planning to evaluation, as well as engaging them in the HIS and digital health governance structures to promote sustainability.

6. Roles and Responsibilities of Stakeholders

During the implementation of this strategy, several stakeholders will have a role to play, and the success of the proposed initiatives depends on the proper delivery of these responsibilities by each stakeholder. The roles and responsibilities of key stakeholders are stated below:

Ministry of Health

- Advocates for and leads review of relevant policies
- Launches and introduces the gender mainstreaming strategy to the regions
- Coordinates the preparation and ignition stage of the strategy's implementation through advocacy
- Supports regions on building the capacity at each level of implementation
- Strengthens multisectoral engagement and collaboration
- Mobilizes resources and ensures their efficient use
- Facilitates operational plan development based on the strategic plan and oversees its implementation
- Coordinates and supports monitoring and evaluation of the implementation of the Strategy
- Leads the utilization and dissemination of data for policy change and change in cultural practices that are discriminatory to women and girls

Regional Health Bureaus

- Develop region-specific plans and cascade them to the lower levels
- Lead the implementation of the endorsed strategy in the region and customize the strategy to regional contexts as needed
- Support and build capacity of zones and woredas for efficient and effective implementation
- Work with all relevant sectors and stakeholders in the region to generate resources and ensure adequate technical support
- Conduct regular monitoring and evaluation of the mainstreaming within their respective regions
- Support national efforts including the revision of the strategy, as needed
- Support the ZHDs to identify champions in the utilization of data for advocacy and improvement in women and girls' health

Zonal Health Departments

- Develop zonal-specific plan and cascade to woredas
- Ensure the implementation of the plan in the zone
- Support and build capacity of woredas for efficient and effective implementation
- Work with all relevant sectors and stakeholders in the zone for effective implementation
- Conduct regular monitoring and evaluation of the mainstreaming within their respective zones
- Support the WorHOs to identify champions in the utilization of data for advocacy and improvement in women and girls' health

Woreda Health Offices

- Prepare woreda level plan and cascade to health facilities
- Support and strengthen the implementation of the plan at the PHCU level
- Regularly monitor and evaluate the implementation of the plan at the WorHO and PHCU levels
- Work closely with all sectors and stakeholders at woreda level
- Conduct regular monitoring and evaluation
- Identify champions in the utilization of data for advocacy on improvement to budget for women's health and well-being

Health Facilities

- Prepare tailored plan at health facility level
- Monitor the implementation of the plan
- Strengthen community engagement platforms
- Avail all essential health services for all people regardless of their gender status

Implementing Partners

- Support the effective implementation of the strategy at each level
- Build the capacity of the health workforce on gender mainstreaming
- Advocate for and raise awareness about gender mainstreaming
- Provide technical and financial support for effective implementation of the strategy at each level of the health system

Ministry of Education and Universities

- Design and implement a research agenda on gender mainstreaming for evidence-based decision making at all levels
- Build the capacity of female researchers in academia
- Ensure the implementation of affirmative action in education and training as per the national legal framework
- Support and guide the establishment of women-tech clubs in schools, colleges, and universities
- Implement the core interventions included in the strategy

Ministry of Women and Social Affairs and other Line Ministries

- Provide technical support in the preparation/revision of the strategy and other gender mainstreaming areas as applicable
- Jointly implement the core interventions included in the strategy

7. Monitoring and Evaluation of implementation

Considerable effort will be made to integrate progress monitoring of the strategy's implementation with existing HIS/digital health and sector-wide monitoring and evaluation mechanisms. The following key activities will be given due focus:

- Timely regular performance reviews
- Integrated supportive supervision and mentorship
- Baseline and end line assessments of the strategy implementation
- Evidence generation through research
- Documentation and sharing of best practices

The MoH, along with stakeholders, will monitor implementation of this strategy by using indicators specific to the interventions included under each strategic objective (Table 3).

The source of data for the indicators will be primarily from research/assessments. Some of the indicators will also be included during the national HMIS revision. For the included indicators, definition, type, disaggregation, source, and frequency of reporting will be defined and a separate M&E plan will be developed accordingly.

Table 3: Indicators to monitor implementation of the strategy

SO-I: Ensure gender-balanced and competent HIS and digital health workforce
1.1. Proportion of female health workers trained in HIS leadership and governance
1.2. Sex ratio of HIS leadership positions
1.3. Sex ratio of HIT/IT professionals in the health system
1.4. Number of health workers trained on gender mainstreaming in the HIS and digital health space
1.5. Number of decision makers/managers trained on gender mainstreaming in the HIS and digital health space
SO-II: Ensure HIS and digital health system related governance documents and tools consider gender
1.1. Percent of women that participated and contributed in HIS and digital health documents revision and development
1.2. Number of HIS and digital health related documents developed with a thorough analysis of gender and clear inclusion of gender mainstreaming agendas
1.3. Percent of HIS and digital health related documents developed with fair participation of women in governance platforms
1.4. Number of gender related indicators in the sector-wide, HIS and DH related strategic documents

SO-III: Ensure gender transformative data management and decision making
1.1. Percent of health facilities conducting regular analysis to examine gender norms in access and use of health services
1.2. Percent of RHBs/ZHDs/WorHOs/health facilities conducting regular analysis to examine gender disparities in health outcomes
1.3. Percent of health institutions that have a gender-balanced composition of performance review teams (PMT)
1.4. Percent of health administrative units that use gender integrated RDQA tool (RDQA+G) during data quality assessments
1.5. Proportion of core indicators of the health sector strategic plan with gender disaggregation
SO-IV: Ensure digital health design, development and implementation are gender responsive
4.1. Sex ratio of digital health review board team members
4.2. Number of dashboards with gender-disaggregated data
4.3. Number of female health workers who received capacity building trainings to effectively use digital tools to deliver services
4.4. Proportion of female students graduated from ICT & Health Informatics fields
SO-V: Strengthen collaboration and partnership with relevant sectors and stakeholders to mainstream gender in HIS and digital health
1.1. Number of partners that provide technical and financial support for the implementation of gender mainstreaming in HIS/DH activities
1.2. Number of women-tech clubs established in schools, colleges and universities to create a pool of future custodians, leaders and technologists
1.3. Percent of female students in higher education institutions in health and medical informatics

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