# WomenLift Health



## **Executive Summary**

#### Introduction

Established in 2019, WomenLift Health (WomenLift) aims to expand the power and influence of women leaders to transform health outcomes for women, girls, and vulnerable populations and be change agents for inclusive leadership. WomenLift works through regional hubs in East Africa, India, North America, and Southern Africa to deliver contextualized leadership development programs to serve thousands of mid-to-senior women leaders around the world, equipping them with tools, networks and support systems to navigate their path to the highest decision-making levels in health. It supports health institutions and their leaders to advance gender equality and, is a thought-leader, generating evidence and supporting national and global convenings to contribute to societal change. WomenLift partners with Bixal—a research and consulting company—to support their monitoring, evaluation, and learning (MEL) work. Bixal completed the data collection, analysis, and reporting for this 2024 annual evaluation. This evaluation focuses on the Leadership Journey as a core piece of the WomenLift strategy.

#### **WomenLift Health Programs**

WomenLift's individual leadership development programs target mid- to senior career women leaders. The programs range from standalone workshops to embedded trainings to yearlong "Leadership Journeys." The Leadership Journey, implemented with partner Center for Creative Leadership (CCL), brings together cohorts of 30 competitively selected women and equips them with the tools, along with peer, mentor, and coach support to increase their leadership awareness, skills, and networks. The result is that the women leaders become more confident and intentional in using their leadership power to improve health and gender outcomes. Upon completing this Journey, the women leaders join a global alumnae community in which they continue to be supported to grow and connect as leaders. These women progress in their careers and expand their decision-making power and influence at a faster rate than women who are not given this leadership opportunity. They use their transformative power to lift up other women, shape their institutions to be more inclusive, and determine health practices, policies, research and funding to improve the health of women, girls and vulnerable populations.

In addition to the institutional impact of the alumnae, WomenLift works with senior leaders to support more gender inclusive work environments including investing in in-house leadership development programs such as Leadership Journeys and workshops.

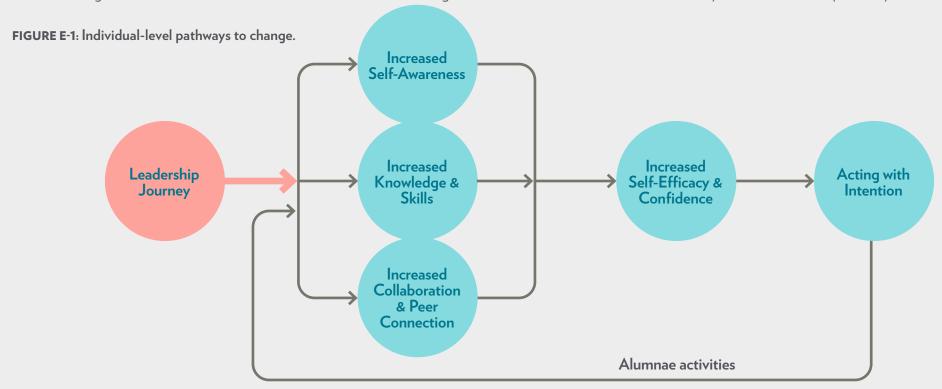
#### Methodology

**Longitudinal Online Survey.** The evaluation team conducts online surveys with all the program participants at multiple time-points: 1) baseline (at the beginning of the Journey), 2) endline (immediately after completing the Journey), and 3) annual follow-up.

**Key Informant Interviews (KIIs).** The evaluation team conducted 19 KIIs with program stakeholders—16 women across the regions and 1 WomenLift staff member from each region.

Monitoring and Program Data. The evaluation team also had access to monitoring and program data from the Journey.

**Case Studies.** In addition to the KIIs, the evaluation team conducted case study interviews with six women from the 2023–2024 cohorts across the three regions. Stories from each of the six women are integrated across the results to illustrate key individual-level pathways to change.



## Findings: Individual-Level Pathways to Change

#### **Increased Self-Awareness**

Women in the Leadership Journey shared how the 360 Assessment, the coaching, and the learning touchpoints gave them insights into their strengths and their areas for growth, which helped them be more intentional about cultivating their leadership styles. Increased self-awareness supported women to actively view themselves as leaders—with the leadership identity competency growing by 0.39 points, or 10 percent, over the duration of the Journey—something many did not feel confident in identifying themselves as prior to the Leadership Journey.

#### **Increased Knowledge and Skills**

Women leaders who most recently completed the Leadership Journey (2023–2024 cohorts) grew all their leadership competencies by an average of 0.32 points out of 5, or an increase of 8.4 percent over a year. There was regional variation in overall improvements—East African women reported improving by 5 percent, Indian women reported improving by 8 percent, and North American women by 8.6 percent. For women in the East Africa and North America 2023–2024 cohorts, there was some relationship between those competencies that they reported practicing the most throughout the year and those that improved the most at endline. Women leaders are actively using their skills from the program in their work lives and found longevity in using the materials from the Leadership Journey even after they finished it—further, women's competencies are mostly retained at the one-year follow-up for all 2022–2023 cohorts.

The improvements reported by women in the 2023-2024 cohort were measured against a comparable group of women leaders in health over the same time period, see Figure E-2. The comparison group's average leadership competency score decreased, on average, by 1 percent from 2023 to 2024; comparatively, the 2023–2024 cohorts increased their leadership competency scores by 8.4 percent over their Journey year. All the data demonstrate that the WomenLift program is equipping women with the targeted competencies, they are largely retaining those competencies after the Journey is complete, and the program is having an effect that is not seen in the comparison group of women.

### WomenLift Health

Cohorts Endline (2024)

Comparison Group Endline (2024)

FIGURE E-2: Leadership competency changes from baseline (2023) to endline (2024) for all 2023–2024 cohorts and comparison group (n = 289).



Note: The evaluation team only included women who had responses in both 2023 and 2024 in the comparison group (n = 62 in 2023 and 2024).

Data source: longitudinal online survey.

#### **Increased Collaboration and Peer Connection**

The women in the Leadership Journey created bonds on both personal and professional levels based on shared leadership experiences and challenges, allowing for deeper connections to be formed than through regular networking. The bonds between members of the same cohort are particularly strong and enduring. As alumnae, the women are broadening their connections to include women in other cohorts in their region and across regions. The women have expressed a strong desire for more opportunities to connect with other regions both during and after the Leadership Journey.

### **Increased Self-Efficacy and Confidence**

Confidence and self-esteem have increased. Women leaders reported speaking up more more frequently and without hesitation, which has led to greater self-efficacy. The leadership competency of confidence and courage increased by 8.2 percent, on average, for all women in 2023-2024 —with East Africa leading with an increases of 10.8 percent. This is in comparison to the marginal 1.6 percent increase in reported confidence and courage competencies from baseline (2023) to endline (2024) in the comparison group.

"It's given me a sense of self-efficacy that is stronger. [I am] positioning myself [and] taking space ... You can take the space sometimes, but it's not received well. But I'm taking it nevertheless."

**—EAST AFRICAN ALUMNA** 

#### **Acting with Intention**

Women have become more intentional about how they spend their time, recognizing the importance of delegating tasks and being mindful about what work they take on. This has helped to give them space to pursue their own priorities and goals. Alumnae from the 2020–2023 cohorts have shown a steady increase in those who have had a pay raise in the past year, growing 8 percentage points from 2022 to 2024, although this varied significantly by region. East African women leaders from the 2023–2024 cohort showed growth over the past year in their pursuit of additional leadership opportunities, while, on average, this has remained high for alumnae in the 2022–2023 cohorts.

## Findings: Institutional-Level Pathways to Change

## Acting with Intention— Through Institutional Policy and Practice

Through the confidence, skills, and knowledge gained from the Leadership Journey, women reported speaking-up to shape institutional decisions, but felt their influence was primarily at the project level rather than at the level of the institution. Women leaders from the 2023–2024 cohorts across all regions have seen an increase in those who have contributed to institutional policy or practice, rising 18 percentage points overall. Further, women reported that their ability to influence decision-making in their institution increased during their Journey year, with 2023–2024 cohorts showing a 21 percentage point increase, and 2022–2023 cohorts showing a 23 percentage point increase during their Journey year but a 22 percentage point decrease the following year. Finally, women leaders from the 2023–2024 cohorts increased their budgetary authority in each region. These findings suggest increased influence over institutional policy and practice throughout the Journey year.

### **Acting with Intention—Through People**

In 2024, women leaders from all cohorts oversee 11,055 people of which 1,759 people are direct reports.¹ Women leaders in East Africa and India managed, on average, 7.6 and 8.9 people, respectively, which is higher than North America's 4.5 people. Women leaders noted they were delegating tasks to their supervisees to free up their own time and to give more development and growth opportunities to staff members. Women also noted they

"I was able to push to include new priorities areas in the organization. It was something that I wouldn't [normally] do with such confidence, you know, I would be much more hesitant, second guessing myself, [thinking] 'maybe it's not my role, maybe I should defer to other people.' I think WomenLift helped me to understand that ... I want the seat, and I deserve to be [here]. I have something to say and I can say it ... I think that really helped me and I took that lead and I was able to [get] traction [on] those priorities [which] became priorities in my organization."

-NORTH AMERICAN ALUMNA

were investing more time supporting junior-level women staff, seeing this as a way to pay-forward investments from others during their career. This aligns with the 9.5 percent increase seen in the competency of developing others. Taken together, this suggests women leaders are being intentional in increasing efforts to support their staff.

<sup>1</sup> This is as reported by 250 women who managed at least one person in 2024.

## Findings: Societal-Level Pathways to Change

#### **Acting with Intention—Through Policy and Practice**

The East Africa 2023–2024 cohort increased their contributions to health policy or practice during their Journey year (from 70 percent to 80 percent). Women leaders in the India and North America 2023–2024 cohorts were less likely to report contributions to health policy and practice between baseline and endline. Across all regions, over half (51 percent) of women leaders in 2020–2024 cohorts contributed to health policy or practice within the past year. Qualitative data indicate that women leaders are being intentional and strategic with the policy and practice initiatives they pursue. They are being intentional in positioning themselves and their teams to increase their influence to achieve their goals. For women leaders who completed the program (2020–2024 cohorts), nearly half (44 percent) of all their contributions to health policy and practice in 2024 were linked to their Leadership Projects. These contributions to policy and practice will be further explored in the coming years to understand the long-term outcome.

#### **Acting with Intention—Through Research**

More women leaders in the East Africa and North America 2023–2024 cohorts published peer-reviewed and non-peer-reviewed articles at endline (2024) than at baseline (2023). Nearly two-thirds (61 percent) of all women leaders who have completed the program (2020–2024 cohorts) were first authors on published, peer-reviewed articles in the past year—an increase from about half (52 percent) in 2023. The proportion of women leaders in 2020–2024 cohorts who currently lead a research trial or study increased from 43 percent in 2023 to 51 percent in 2024. Similar to the policy and practice outcomes, these outcomes need to be tracked over several years to understand the long-term trends.

### **Acting with Intention—Through Networks**

Participation in professional networks or associations increased for the East Africa and North America 2023–2024 cohorts from baseline to endline—women serving on boards of directors within those institutions in all regions nearly doubled. Participation in conferences, meetings, or other fora increased overall for the 2020–2023 cohorts, from 78 percent in 2023 to 87 percent in 2024.

#### Conclusion

Participants involved in WomenLift's Leadership Journey have shown pointed increases in key leadership competencies, specifically networking and facilitating greater connections with peers, developing their staff and others around them, and becoming more aware of their own strengths and weaknesses. The program continues to show strong results with participants, and recommendations and findings continue to improve the program as WomenLift iterates and expands.

"I do a lot of research to develop novel diagnostic platforms and, globally, I'm collaborating with scientists and clinicians in [England], as well as in Germany, with other scientists and researchers to develop biomarkers in liver diseases."

-INDIAN ALUMNA

