WomenLift Health

WomenLift Health **2024 Evaluation Report**

SEPTEMBER 2024

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Acronyms

ASHA	Accredited Social Health Activist
BIRAC	Biotechnology Industry Research Assistance Council
CCL	Center for Creative Leadership
EIP	Evidence-Informed Policymaking
ESG	Environmental Social Governance
FPCA	Family Planning and Contraceptive Access
KII	Key Informant Interview
KT	Knowledge Translation
MEL	Monitoring, Evaluation, and Learning
MWAN	Medical Women's Association of Nigeria
NGO	Nongovernmental Organization
NIH	National Institutes of Health
PI	Principal Investigator
PToPEH	Post-Termination of Pregnancy Emotional Health
STEM	Science, Technology, Engineering, and Mathematics
USD	U.S. Dollar
WHO	World Health Organization
WILAN	Women in Leadership Advancement Network
WLGH	Women Leaders in Global 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

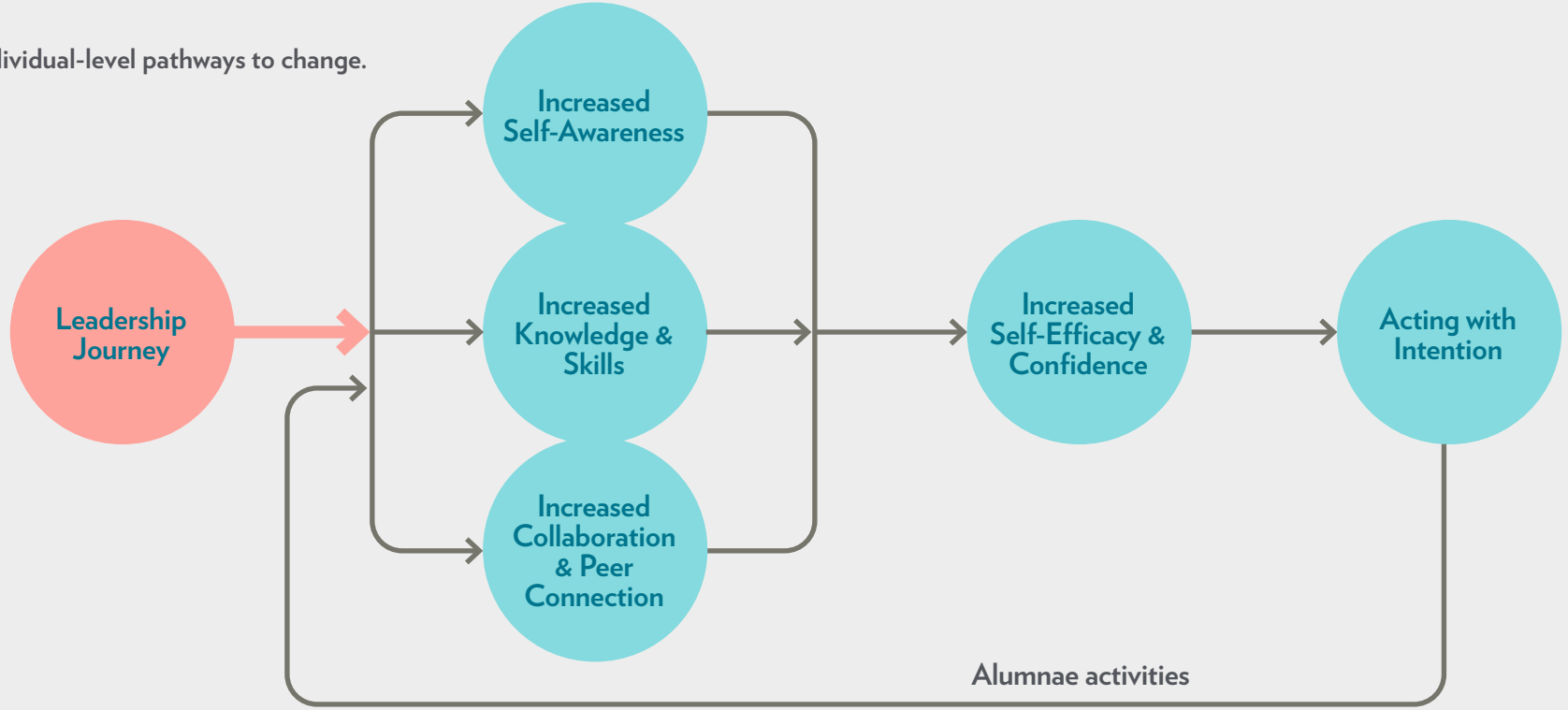
Longitudinal Online Survey. The evaluation team conducts online surveys with all the program participants at multiple time-points: 1) baseline (at the beginning of the Journey), 2) endline (immediately after completing the Journey), and 3) annual follow-up.

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.

FIGURE E-1: Individual-level pathways to change.



Findings: **Individual-Level Pathways to Change**

Increased Self-Awareness

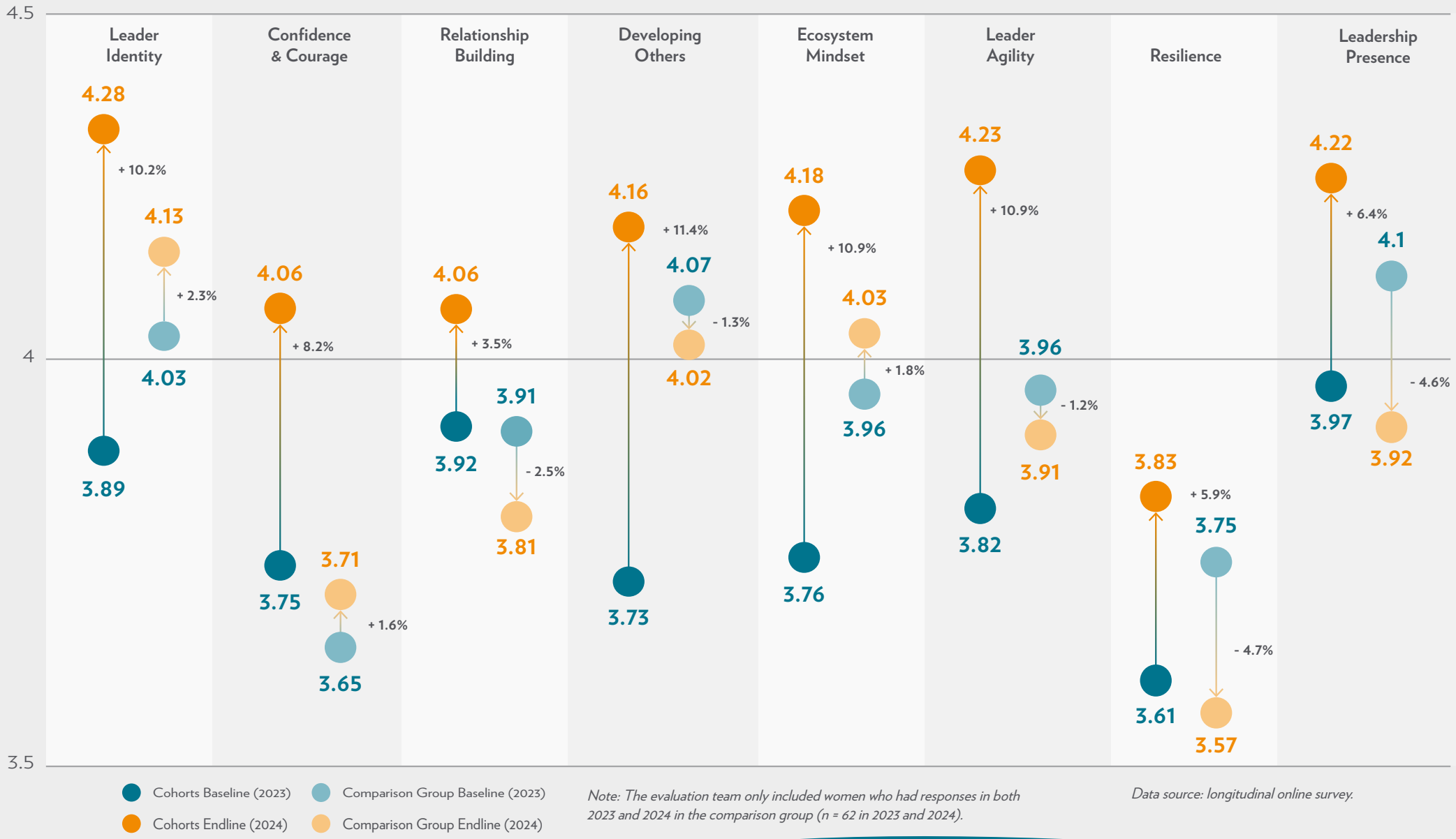
Women in the Leadership Journey shared how the 360 Assessment, the coaching, and the learning touchpoints gave them insights into their strengths and their areas for growth, which helped them be more intentional about cultivating their leadership styles. Increased self-awareness supported women to actively 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.

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.

> "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

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 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.

1 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.

> "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

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.

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. WomenLift 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.

As highlighted in WomenLift Health's Theory of Change (see Figure 1), its programs span individual-, institutional-, and societal-levels by investing in transformative women leaders and influencing the environments in which these leaders live and work. As of early 2024, WomenLift worked in three hubs—East Africa, India, and North America—and was expanding to two more hubs (Southern Africa and Nigeria). North America hosted their first cohort[2] in 2020-2021. East Africa and India hosted their first cohorts in 2022-2023.

WOMENLIFT LEADERSHIP JOURNEY

WomenLift's individual leadership development programs target mid- to senior career women leaders. The programs range from standalone workshops to embedded trainings to a yearlong "Leadership Journey." 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 awareness, leadership 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. This report focuses on the Leadership Journey as a core piece of the WomenLift strategy.

2 Cohorts are groups of typically 30 mid-career women leaders in public and global health who participate in WomenLift's Leadership Journeys.

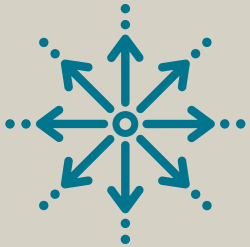
This data captures WomenLift's continued growth as it increases the number of women served through its leadership programs, most notably the Leadership Journey. This evaluation is conducted annually and includes data from 2022, 2023, and most recently in 2024. This report includes: 1) baseline data from the 2024–2025 Journeys, 2) baseline and endline data from the 2023–2024 Journeys, and 3) baseline, endline, and follow-up data from alumnae from each cohort since the original 2020–2021 cohorts, and baseline and endline data from a comparison group of women in 2023-2024. In 2023, WomenLift served 90 women (3 cohorts), while in 2024 it expanded to serve 200 women (7 cohorts). These cohort include: 1) "Signature" Leadership Journeys that focus on global and public health in general, 2) "Thematic" Leadership Journeys that focus on women from specific sectors (e.g., Family Planning and Contraceptive Access (FPCA)), and 3) "Partner" Leadership Journeys that focus on women working at a specific institution (e.g., Biotechnology Industry Research Assistance Council (BIRAC)) The growth in women served through Leadership Journeys corresponds with the growth of the alumnae community, as each Leadership Journey cohort of 30 women "Lifts-Off", or graduates, and the women transition to become alumnae.

As a result of this Leadership Journey, participants will be effectively positioned and equipped to:

Confidently rise as a strong purposeful leader, enhance their influence and increase their impact

Build trusting relationships and collaborate with a diverse network of allies to dismantle barriers for women leaders within organizations

Cultivate the next generation of authentic, inclusive, strategic, and impactful leaders

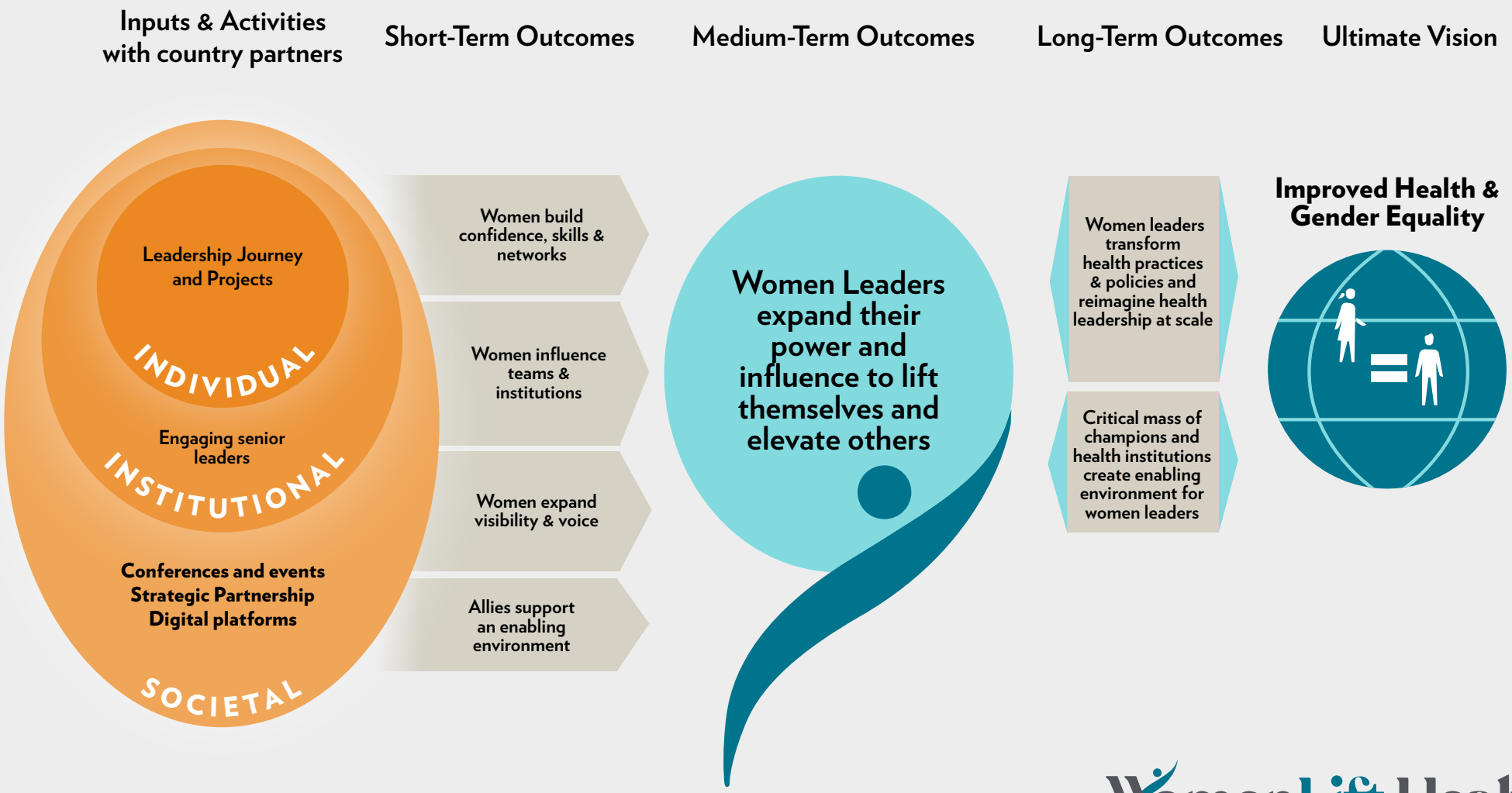


Internalize that change will only come when those in positions of power expand & diversify the circle of leadership, and learn from those whom they wish to serve

Leverage the collective power of champions and institutional partners to advance gender equality and better health

Theory of Change

FIGURE 1: WomenLift theory of change.



WomenLift Health

Evaluation Questions

The evaluation questions below are informed by the WomenLift Theory of Change (Figure 1) that details the pathway by which WomenLift contributes to women gaining more power and influence in their institution and in the health sector. The Theory then details that women use this power to prioritize the needs of women, children, and communities, thereby improving health outcomes and gender equality.[3,4,5] WomenLift recognizes that every woman is embedded in a complex web of relationships that require catalyzing change at the societal-, institutional-, and individual-levels. This evaluation contributes to answering these questions with a particular focus on how the individual leaders drive a pathway to change at the individual- (Figure 5), institutional- (Figure 21), and societal-level (Figure 28).

Evaluation Question 1 (Individual-Level): To what extent has the Leadership Journey led to key leadership outcomes for women leaders in each cohort? Which elements of the Journey have been most impactful?

Evaluation Question 2 (Institutional-Level): How have WomenLift alumnae and the WomenLift strategy[6] influenced institutions to create a more enabling environment for women leaders?

Evaluation Question 3 (Societal-Level): How has the overall WomenLift strategy contributed to the advancement of women leaders in the targeted countries/regions, including their visibility and their influence on health results?

3 Naqvi, R.A. and M.D. Woudenberg. (2018). "Where Are the Women in Social Science Research?" Hindustan Times. Last modified August 3, 2018. https://www.hindustantimes.com/analysis/where-are-the-women-in-social-science-research/story-8Ul44vxdCi88Kip9fAH8ZK.html.
4 Gewin, Virginia. (2018). "Why Diversity Helps to Produce Stronger Research." Nature. https://doi.org/10.1038/d41586-018-07415-9.
5 Potvin, D.A. et al. (2018). "Diversity Begets Diversity: A Global Perspective on Gender Equality in Scientific Society Leadership." PLOS ONE 13(5). https://doi.org/10.1371/journal.pone.0197280.
6 WomenLift Health Strategic Plan: Investing in Women's Leadership to Improve Health Outcomes (https://www.womenlifthealth.org/wp-content/uploads/2023/03/WomenLift-Health-Strategic-Plan-Report-DIGITAL-v2-2023-03-18-RM.pdf).

Methodology

Longitudinal Online Survey

The evaluation team conducts an online survey with women leaders of each cohort at multiple time-points: 1) at baseline (the beginning of the Journey), 2) at endline (immediately after completing the Journey), and 3) at an annual follow-up (every year post Journey completion). In 2024, this was done with the four East Africa cohorts, the five India cohorts, and the six North America cohorts. This online survey included baseline questions for those starting their Journey, endline questions for those completing their Journey, and follow-up questions for alumnae. The questions focused on each woman leader's career progression, influence within their institution, external networking, and overall feedback on the Leadership Journey. A pilot of some social network mapping questions was also included in this year's survey and will be reported on separately. In 2024, 347 woman leaders completed the survey summarized in Table 1 by cohort and Figure 2 by region.

In addition to the baseline, endline, and follow-up surveys, the evaluation team collects data on a comparison group of women for each region. This comparison group is a delayed "treatment" group, where women in 2023 participated in the evaluation prior to starting the Leadership Journey in 2024. Further details can be found in Annex 1 and Table 3.

Key Informant Interviews (KIIs)

To capture qualitative findings about the program, the evaluation team conducted KIIs with women leaders and WomenLift staff. The evaluation team conducted KIIs with 16 women leaders across the regions and three staff (one per region), summarized in Table 1 by cohort and Figure 2 by region. Questions focused on women leaders' experience of the program, ways in which their approach to leadership changed during and after the Leadership Journey, and program recommendations. KIIs are primarily conducted with women who recently finished the Leadership Journey (2023-2024 cohorts for this evaluation).

Monitoring and Program Data

The evaluation team used the following monitoring and program data: 1) data from quarterly check-ins to track self-rated leadership competencies across the Journey year, and 2) all monitoring data to capture recommendations and suggestions for the program.

TABLE 1: 2024 survey, KII, and case study responses, by cohort.

Cohort	Cohort Size	2022		2023		2024			
		Frequency	Response Rate	Frequency	Response Rate	Frequency	Response Rate	KIIs	Case Studies
East Africa									
Cohort 1 (2022–2023)	30	28	93%	16	53%	11	37%	1	-
Cohort 2 (2023–2024)	30	-	-	25	83%	25	83%	3	2
Cohort 3 (2024–2025)	28	-	-	-	-	28	100%	-	-
Cohort 4 FPCA Thematic Journey (2024–2025)	28	-	-	-	-	28	100%	-	-
India									
Cohort 1 (2022–2023)	30	30	100%	23	77%	17	57%	1	-
Cohort 2 (2023–2024)	30	-	-	28	93%	29	97%	4	2
Cohort 3A (2024–2025)*	30	-	-	-	-	28	93%	-	-
Cohort 3B (2024–2025)*	30	-	-	-	-	26	87%	-	-
Cohort 4 BIRAC Partner Journey (2024–2025)	20	-	-	-	-	20	100%	-	-
North America									
Cohort 1 (2020–2021)	23	9	39%	10	43%	11	48%	1	-
Cohort 2 (2021–2022)	27	20	74%	15	56%	15	56%	1	-
Cohort 3 (2022–2023)	30	28	93%	22	73%	21	70%	1	-
Cohort 4 (2023–2024)	30	-	-	29	97%	29	97%	4	2
Cohort 5A (2024–2025)*	30	-	-	-	-	30	100%	-	-
Cohort 5B (2024–2025)*	30	-	-	-	-	29	97%	-	-
Total	**429**	**115**	**82%**	**168**	**73%**	**347**	**81%**	**16**	**6**

**Two cohorts completing the Signature Journey during the same period.*

Case Studies

Beyond the KIIs, the evaluation team purposively selectedtwo women from the 2023–2024 cohorts in each of the three regional hubs and conducted case study interviews with them. Stories from each of these women's experiences through the Journey year are integrated across the results to illustrate key individual pathways to change.

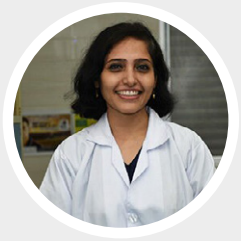
For additional details on the methodology, including the evaluation design and limitations, please see Annex 1.

Meet the women leaders who tell their stories:

Idyoro Ojukwu
Technical Advisor
Cervical Cancer Screening and Prevention and Treatment Program.
Ministry of Health
East Africa, South Sudan

Marie Grace Sandra Musabwasoni (Sandra)
Lecturer
University of Rwanda
East Africa, Rwanda

Apoorva Sharan
Global Safety Expert—Noval Oral Poliovirus Vaccine Type 2
World Health Organization—Headquarters (remote)
South Asia, India



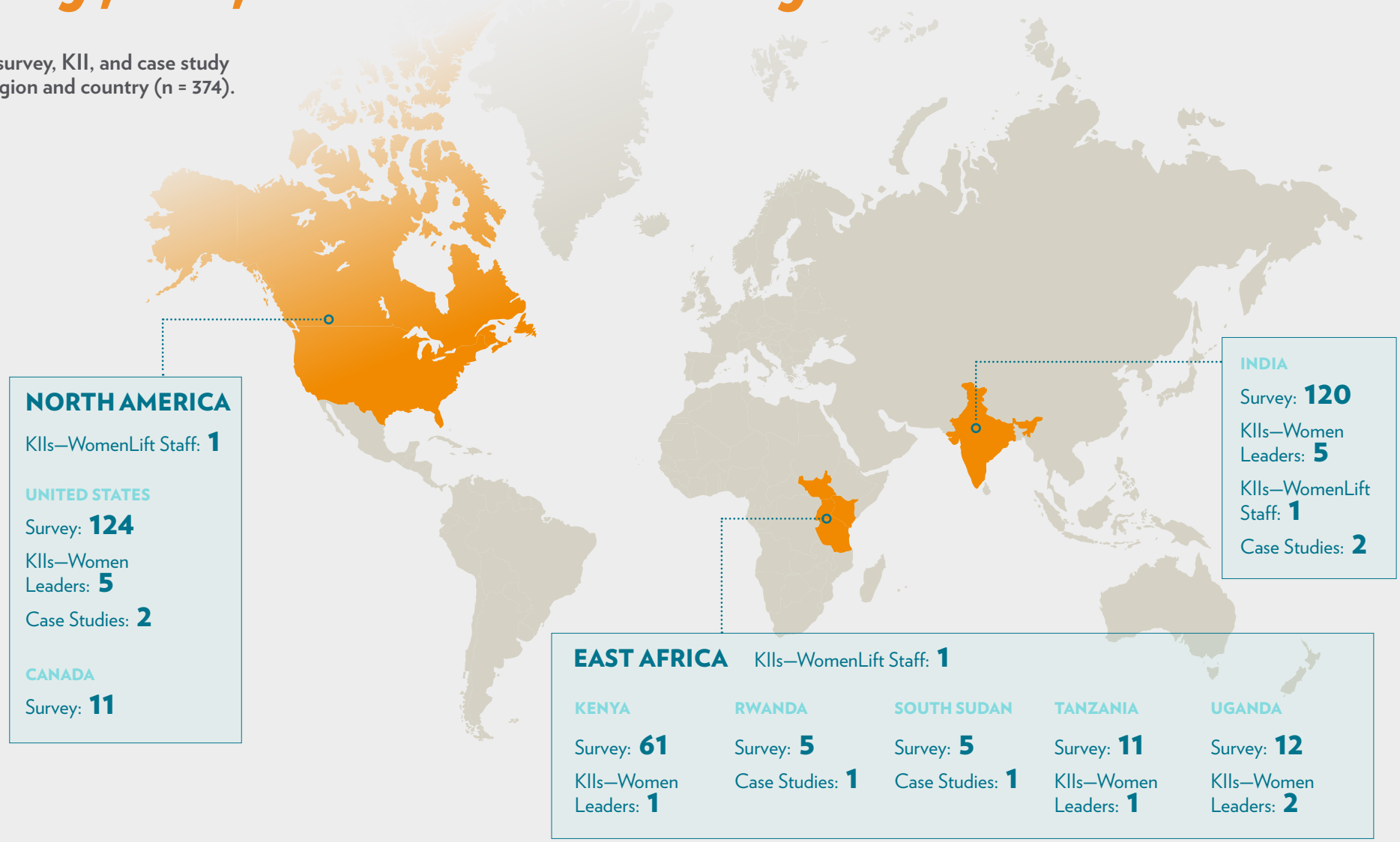
Poulome Mukherjee
Consultant Surgical Oncologist
Cachar Cancer Hospital and Research Center
South Asia, India

Maimunat Alex-Adeomi
Founder and Director
WMen Leading Change
Director of Global Training and Implementation
American Academy of Pediatrics
North America, United States

Joyce Sepenoo
Senior Director, Health Equity and Rights
CARE USA
North America, United States

Survey, KII, and Case Study Attributes

FIGURE 2: 2024 survey, KII, and case study responses, by region and country (n = 374).

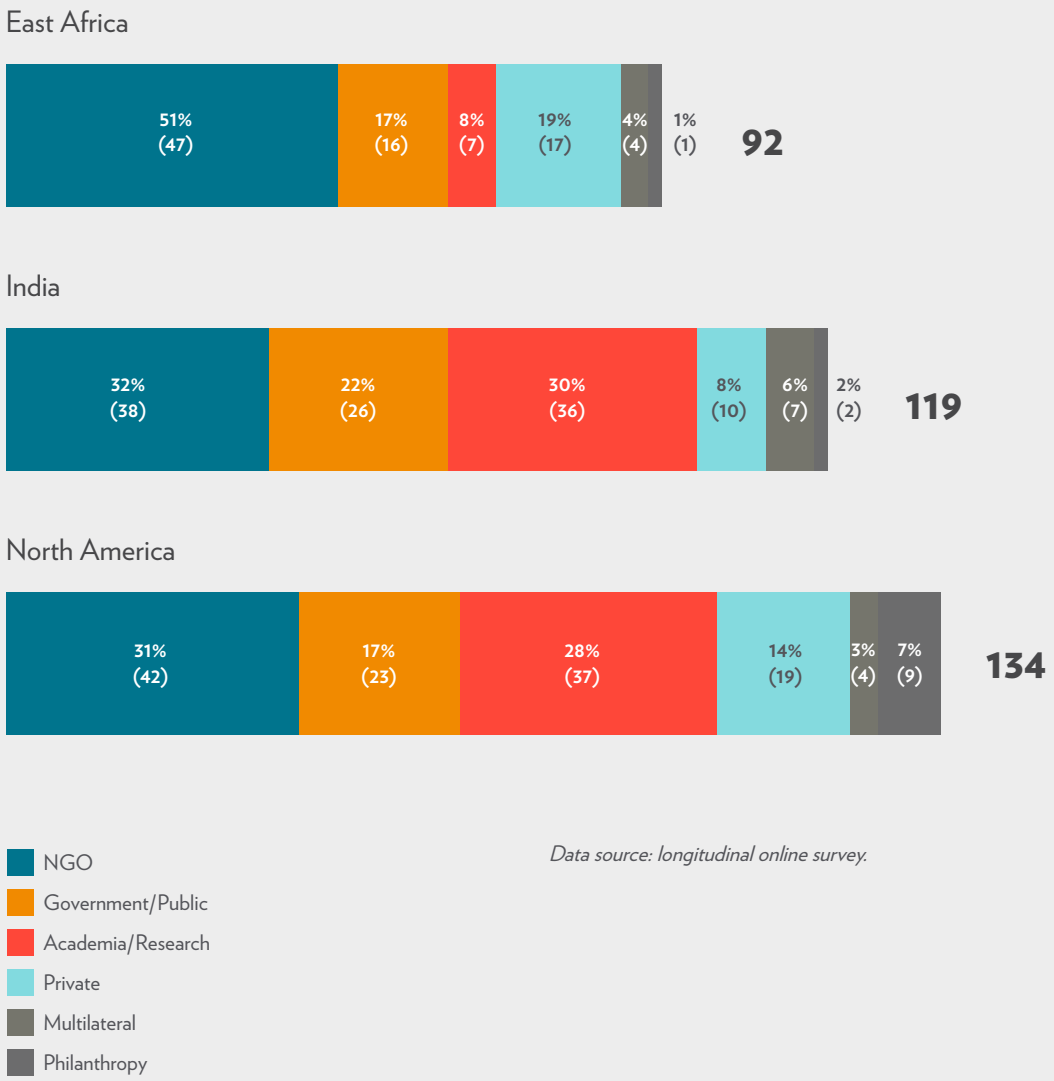


In the 2024 online survey, 347 women across the three regions responded: 94 from the East Africa cohorts, 120 from India cohorts, and 135 from the North America cohorts (see Figure 2). This includes women from the four cohorts in East Africa, five cohorts in India, and six cohorts in North America, dating back to the first cohort completed in 2021. Beyond the online survey, the evaluation team conducted four KIIs with East African alumnae, five with Indian alumnae, and seven with North American alumnae. One WomenLift staff representative from each region also participated in the KIIs. Finally, the team conducted case studies with six women, two from each region.

Throughout the document, the evaluation team reports on the WomenLift Journey cohort members at three points in time: 1) women leaders just starting their Journey year through baseline data collection (2024–2025 cohorts), 2) women leaders just ending their Journey year through endline data collection (2023–2024 cohorts), and 3) women leaders at least one year out of the program through follow-up data collection (all cohorts from 2020–2023). Findings are often grouped by these three points in time, within the three regions. These groupings allow for the analysis to view the various cohorts at cohesive timepoints (i.e., those women just starting the program, those just finishing the program, and those at least one year after completing the program) compared to their program participation to see changes over various points in time.

The women leaders in 2024 were distributed across multiple sectors in global health (see Figure 3). In all regions, the most

FIGURE 3: 2024 survey job sectors, by region (n = 347).

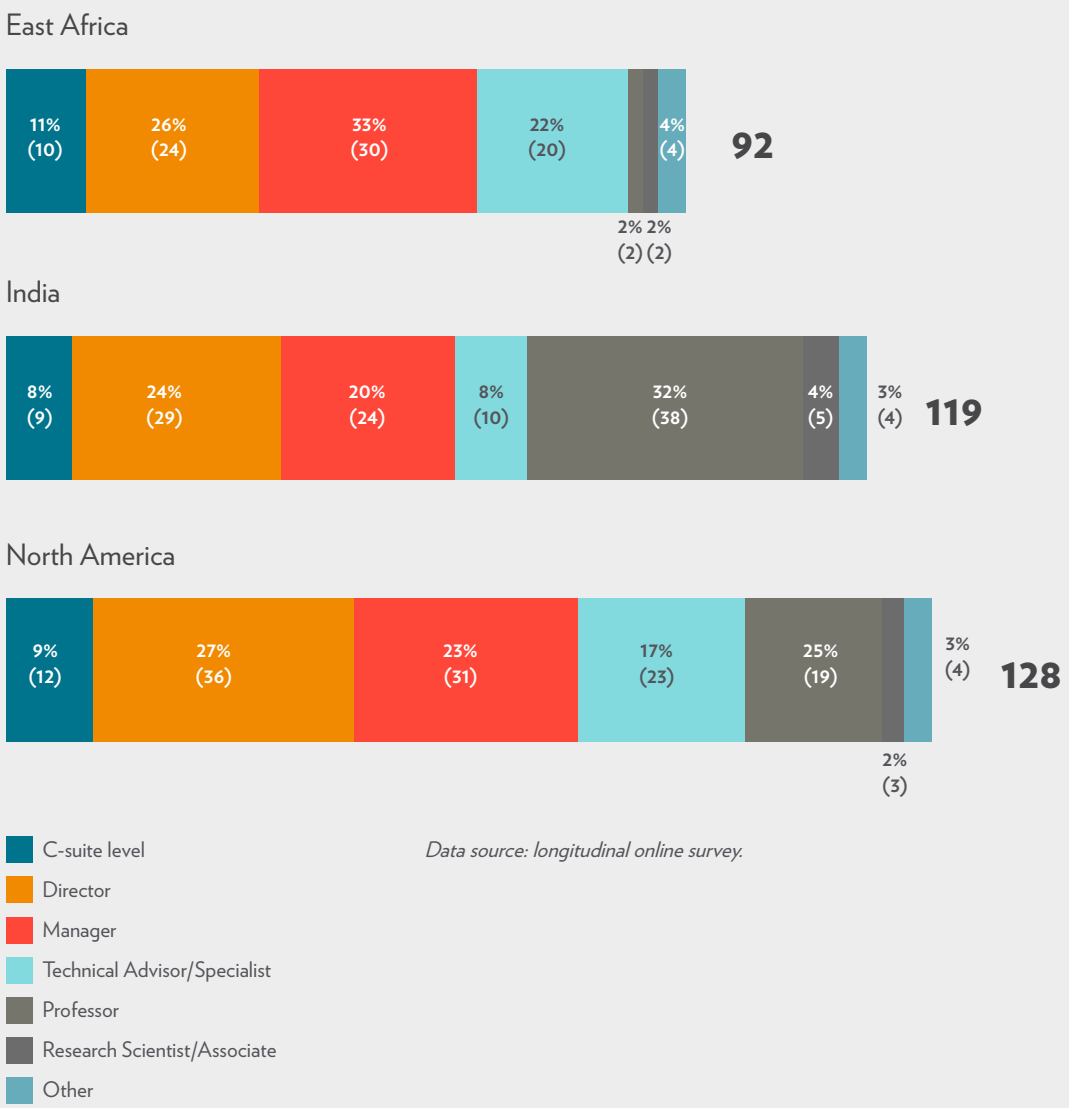


Data source: longitudinal online survey.

reported sector was nongovernmental organizations (NGOs), where approximately one-third of the women leaders worked in India (32 percent) and North America (31 percent) and more than half (51 percent) of the women leaders worked in East Africa. Following NGOs, nearly one-third of Indian (30 percent) and North American (28 percent) respondents worked in academia or research; only 8 percent of East African respondents worked in academia or research. The second most common sector in East Africa was the private sector, where 19 percent of women leaders worked.

Similarly, there was some variation across regions within the titles of women leader respondents (see Figure 4). "Director" was one of the most common titles across regions, with North America reporting the highest proportion (27 percent), followed by East Africa (26 percent) and India (24 percent). "Manager" was also a frequently reported title for all regions, accounting for 33 percent of titles in East Africa, 20 percent in India, and 23 percent in North America. The frequency of Director and Manager (along with C-suite level) positions demonstrates the institutional influence of women leaders in their workplaces.

FIGURE 4: 2024 survey job titles, by region (n = 347).



Data source: longitudinal online survey.

Core Leadership Competencies

The Leadership Journey supports participants to develop leadership competencies. This report measures eight of these competencies that are tracked through routine monitoring and evaluation throughout the Journey (Table 2). The scores in the report are constructed from several questions per competency that ask women to rate themselves from 1 to 5 on various statements under each competency. For example, the Leader Identity competency includes the statement: "Is decisive and makes decisions that are aligned with personal values." See Annex 2 for a full description of statements making up each score.

TABLE 2: WomenLift Leadership Journey competencies.

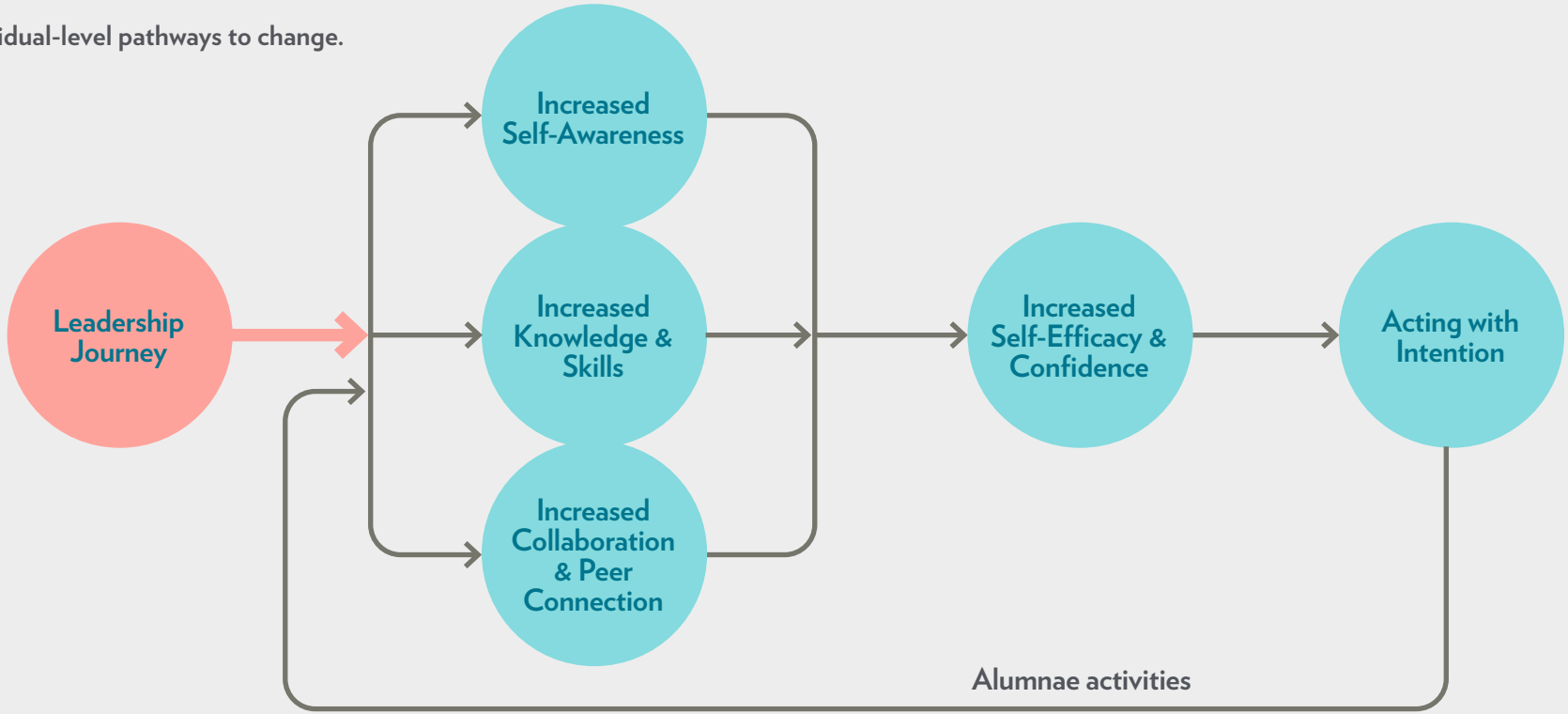
CONFIDENCE AND COURAGE 	Demonstrates inner strength and reliance on one's personal capabilities. Puts forth a willingness and ability to navigate tensions, promote constructive responses, and take meaningful and appropriate action amid challenges, fear, and uncertainty.	**LEADER IDENTITY** 	Projects a clear sense of self, including awareness and monitoring of the components that drive a leader's intent, behaviors, and impact on others. These components include, but are not limited to, values, beliefs, and traits; a sense of purpose, emotions, strengths, and gaps; and awareness of context, personal power, and privilege.
DEVELOPING OTHERS 	Actively works to build the capacity of others by providing guidance and support and fostering a healthy team dynamic in a concerted effort to grow the pipeline of diverse leaders in health.	**LEADERSHIP PRESENCE** 	Recognized as a respected and trusted leader in the institution. Stays informed of one's own reputation by soliciting feedback from a variety of stakeholders. Engages with others in a sincere and authentic way, and in alignment with one's expressed vision and intent.
ECOSYSTEM MINDSET 	Cultivates a broad vision, embraces transformational thinking, and applies cultural intelligence in decision-making. This includes using an expansive worldview, acknowledging structures of privilege and power that contribute to global colonization, and generating political will for systemic change. It also includes centering local partners in generating ideas and amplifying their visibility, power, and ownership.	**RELATIONSHIP BUILDING** 	Applies an inclusive and discerning approach to developing new and existing relationships. This includes establishing comfort with initiating new connections, securing a diverse network of allies and supporters to co-create ideas and vision, navigating opposition, and combining personal and social power to get things done.
LEADER AGILITY 	Envisions the big picture and leads change processes with discernment and versatility. This includes building agile systems and processes to respond quickly and effectively to unforeseen disruption, creating synchrony between individual and environmental change, and increasing learning and innovation through every challenge.	**RESILIENCE** 	Maintains the energy and mindset to lead as the best version of oneself. This involves the ability to adapt and effectively respond to interpersonal challenges, systemic barriers, competing priorities, project setbacks, and unpredictable circumstances associated with leading in institutions.

Key Findings

Individual-Level Pathways to Change

The evaluation first explored the individual-level changes women leaders who participated in the Leadership Journey. The evaluation team reported on data from both the 2023–2024 cohorts who just completed the Journey and the 2020–2023 cohorts to understand how the program influenced alumnae beyond the Leadership Journey year. The Leadership Journey is designed to increase the self-awareness, to enhanced knowledge and skills, and to create a network that enables collaboration and peer connection among women leaders. These changes then contribute to increased self-efficacy and confidence of the women leaders. Finally, all these changes equip women to act with intention (see Figure 5). The evaluation approach attempts to follow this pathway to change among the women leaders captured through various methods and presented in the following section.

FIGURE 5: Individual-level pathways to change.



Increased Self-Awareness

The Leadership Journey helped participants become more aware of their strengths and areas for growth, supporting them to reflect on their leadership and engagement styles and seeing themselves as leaders.

Women shared how the 360 Assessment, the coaching, and the learning touchpoints helped to provide them with more insight into their strengths and their areas for growth, which helped them be more intentional about cultivating their leadership styles. Participants lauded the 360 Assessment as a useful tool to gather information from a range of each woman's colleagues and supervisors on their working style and allowed women to get to know themselves better. The coaching sessions were a helpful space for self-reflection andthoughtful goal setting. The Leadership Journey supportedwomen to be more accepting of themselves and shift into a growth mindset, which allowed them to release feelings of guilt they had previously held if they felt they did not meet certain standards of performance. Increased self-awareness supported women to actively view themselves as leaders—with the leadership identity competency growing by 0.39 points, or 10.2 percent, over the duration of the Journey (see Figure 6).

WHAT IS THE 360 ASSESSMENT?

WomenLift and CCL collaborated to create a unique and tailored 360 Assessment for mid-career women leaders in global public health. This tool set a baseline for the eight competencies which the WomenLift cohort will develop throughout their Leadership Journey. It includes a self-assessment, but also requests information from colleagues including peers, direct reports, and supervisors. The tool provides meaningful data to enhance self-awareness, understand how one is perceived by others, decide what strengths to leverage, identify what areas to develop, set short- and long-term goals, and make the most of current challenges and opportunities.

"The 360 evaluations are going to be my milestone for my life because they have guided me."
—INDIAN ALUMNA

"I never used to see myself as a leader, but WomenLift has helped instill in me that I am a leader, and I deserve to be a leader. I am supposed to be here. That was just language and a perspective that I never had."
—NORTH AMERICAN ALUMNA

Increased Self-Awareness

Case Study: **What a leader looks like.**

Apoorva Sharan
India

Through the Leadership Journey process, Apoorva realized that "**there is no mold for what a leader is supposed to look like. It is easy in the research world and in the science world to glamorize certain personality traits which are not really productive**." The steps of the Leadership Journey process—the 360 Assessment, interacting with dynamic women leaders, and meeting with her mentors—helped Apoorva see the core qualities that she needs to be a leader, "**there is no stereotype or shape I need to fit myself [in] to be recognized as a leader. What you need is passion, integrity, authenticity, and an openness to learning**."

Maimunat Alex-Adeomi
United States

Maimunat saw the 360 Assessment as a gift that opened her eyes to areas of herself that she was unaware of and is working on today. She explained, "**I experienced a significant paradigm shift in my mindset as a leader and in me taking up the mantle to understand the privileges and responsibilities of being a leader in this space. That really spoke to me throughout my Journey.**"

She found the 360 Assessment "**really impactful because it leveraged adult learning principles, [and] used evidence[-based] psychology to ensure it was an enriching learning experience**." Becoming aware of how she shows up as a leader through the process of "**critical reflection and an increased awareness of self and my impact on others**" inspired a shift Maimunat's perspective and in her leadership goals and aspirations, which resulted in a shift in "**the way [she] think[s] and show[s] up in the world.**"

"[The Leadership Journey] was really about developing an understanding of how to be a leader in a really fundamental way. And again, I just didn't really have a sense of what that was supposed to look like for me. Like what type of leader did I want to be? And that's what [the Leadership Journey] was."

—NORTH AMERICAN ALUMNA

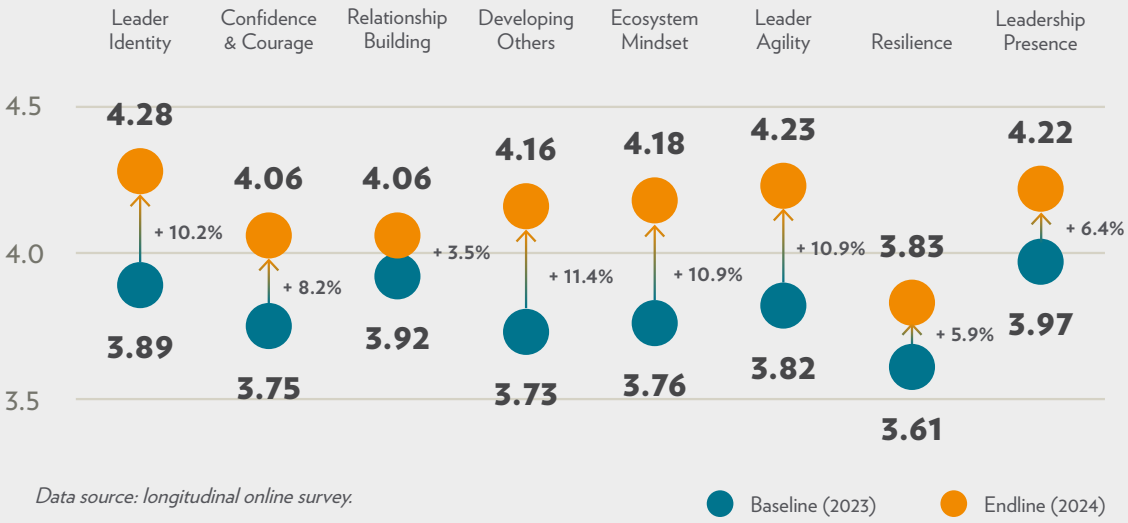
Increased Knowledge and Skills

Women leaders in the 2023–2024 cohorts grew all their leadership competencies by 8.4 percent over a year.

As demonstrated in Figure 6, the competency of developing others had the highest reported change, on average, across all regions (11.4 percent increase). This was closely followed by ecosystem mindset (10.9 percent increase), leader agility (10.9 percent increase), and leader identity (10.2 percent increase). At baseline, women leaders reported their highest scores in leadership presence and relationship building. Consequently, these competencies were some of the least improved, with leadership presence improving by 6.4 percent (third least improved overall) and relationship building improving by 3.5 percent (least improved overall). At endline, women leaders reported their highest scores in leader identity and leader agility, which were also some of the most improved leadership competencies.

In the KIIs, women reported growing a range of leadership competencies related to the competencies throughout the Leadership Journey, particularlytheir ability to value and incorporate diverse insights from their team and manage conflict more effectively. This may be linked to the growth seen in the survey results around developing others, which relates to relationships within a team, as well as leader identity, which relates to aligning with their values and knowing strengths and areas for growth.

FIGURE 6: Leadership competency changes from baseline (2023) to endline (2024) for all 2023–2024 cohorts (n = 165).



Data source: longitudinal online survey.

WHAT ARE THE LEADERSHIP COMPETENCIES?

The eight leadership competencies are the knowledge, skills, abilities, and behaviors that contribute to individual and organizational performance and that the Leadership Journey focuses on improving. To measure change in the leadership competencies over time, women are asked to rate an element of the competency from 1 to 5 on various statements under each competency. See Annex 2 for a full description of statements making up each score.

Increased Knowledge and Skills

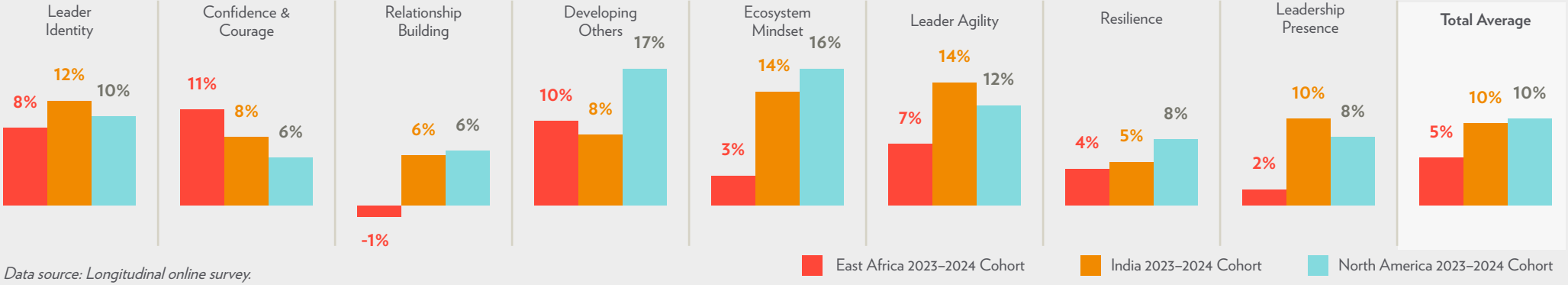
For the 2023–2024 cohorts, there was significant variation between regions for women's improvement in leadership competencies—on average, East African women reported improving by 5 percent, Indian women reported improving by 8 percent, and North American women reported improving by 8.6 percent overall.

> "[The Leadership Journey] triggered a lot of issues around specific aspects related to values [and] skills related to internal aspects that each person has. And I think after the immersion, I really felt that I wanted to dig deeper on those things. I wanted to understand more about, for example, what is my purpose? What are the key values?"
>
> —NORTH AMERICAN ALUMNA

Women in the 2023–2024 cohort in East Africa improved the most in confidence and courage (10.8 percent increase), developing others (9.5 percent increase), and leader identity (8.4 percent increase) (see Figure 7). The East Africa cohort was the only cohort that reported a small decrease in one competency—relationship building. Women in the India 2023–2024 cohort improved the most in leader agility (14.4 percent increase), ecosystem mindset (13.7 percent increase), and leader identity (12 percent increase). The least improved competency in the India cohort was resilience (5.3 percent increase). Women in the North America 2023–2024 cohort had the most improved competency in developing others (16.7 percent increase) and ecosystem mindset (16.3 percent increase). Their third most improved competency was leader agility (11.9 percent increase). Confidence and courage was the least improved competency for North America (5.7 percent increase).

Confidence and courage was notable for the East Africa cohort as the most improved competency, but was not in the top three improved competencies in any other region. Developing others was highly improved in both East Africa and North America, and leader identity was highly improved in East Africa and India. Both leader agility and ecosystem mindset were highly improvedin India and North America.

Figure 7: Leadership competency percent changes for the 2023–2024 cohorts from baseline (2023) to endline (2024), by region (n = 165).



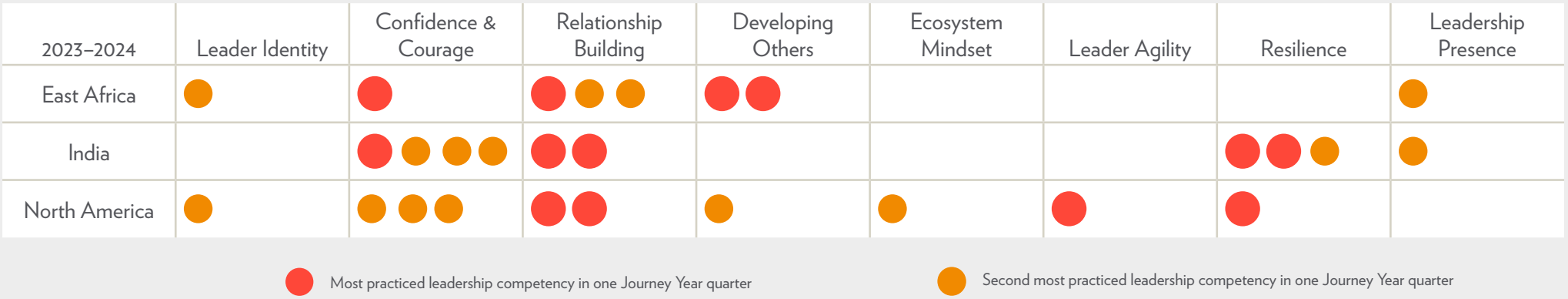
Data source: Longitudinal online survey.

Increased Knowledge and Skills

For women in the East Africa and North America 2023–2024 cohorts, there was some relationship between those competencies that women reported practicing the most throughout the year and those that improved the most at endline.

Each cohort completed a quarterly check-in survey throughout the Journey. In that quarterly check-in survey, women reported the leadership competencies they practiced the most in their professional environment in the past quarter.

FIGURE 8: Quarterly monitoring program data of self-reported most practiced leadership competencies for the 2023–2024 cohorts, by region (n = 239).



Note: Some competencies tied for first or second in the quarterly rankings. Therefore, in some areas, there were more than four competencies that were practiced the most or second most.

Data source: Program monitoring data.

For East Africa, confidence and courage and developing others were the two most improved competencies from baseline to endline (see Figure 7), and they were two of the three most practiced competencies throughout the Journey year for those cohort members (see Figure 8). For the North America cohort, ecosystem mindset and developing others (the two most improved competencies at endline) were the second most practiced in one quarter, which put them in the middle of the most practiced competencies in the North America cohort. Leader agility—the third most improved competency at endline—was the most practiced in one quarter. There was no association in the India cohort, where the three most improved competencies at endline were neither the most nor the second most practiced competency in any quarter.

Increased Knowledge and Skills

Women leaders are actively using their learnings from the program in their work lives and found longevity in using the materials from the Leadership Journey even after it concluded. Further, women's competencies are mostly retained at the one-year follow-up for all 2022–2023 cohorts.

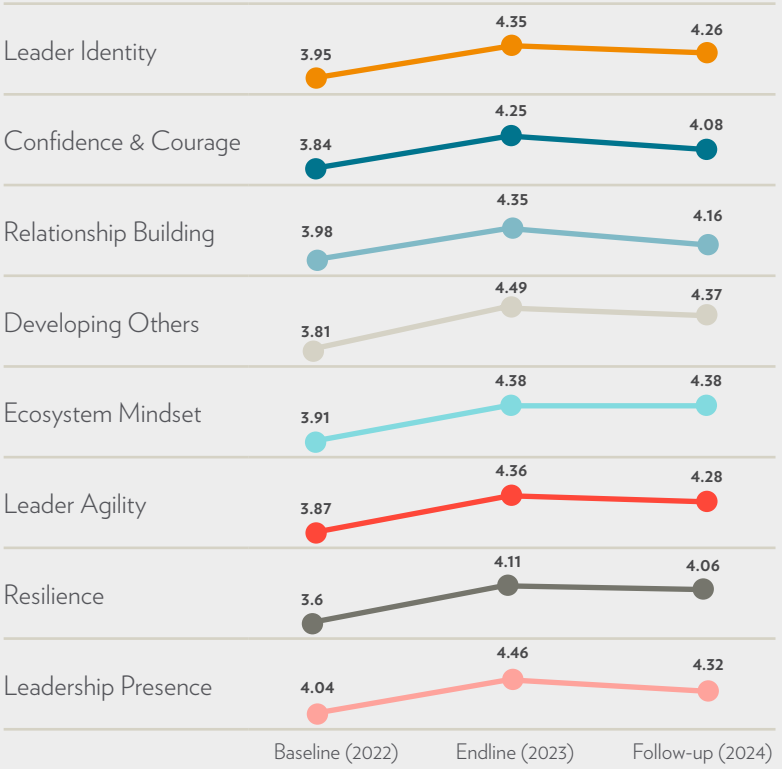
Women reported that key learning and skills from the touchpoints and sessions with mentors and coaches were things they regularly reflected on and positively employed in their professional careers. Women discussed routinely revisiting the resources from the Journey after they completed it to refresh their memory and continue to develop their knowledge and skills, indicating a lasting use and effect of the gained competencies. Further, women noted that other leadership programs did not allow them to develop the same range of competencies, nor did the learning have as much longevity, compared to WomenLift's multipronged, long-term approach.

In Figure 9, the 2022–2023 cohorts' leadership competency scores are measured across two years: their Journey year and then the first year post-Journey. The leadership competencies see a similar increase to those seen in the 2023–2024 cohorts (see Figure 6), where every competency improves over the Journey year. Women in the 2022–2023 cohorts improved their competency scores by 0.46 points, or 11.9 percent, on average. Then, in the year following the Journey, most competencies have a slight drop-off, where respondents report a small reduction in capacity from their endline. This is in line with many competency-based measures that experience a drop-off post-program without further intervention.[7,8] Still, from baseline to follow-up at one year, there is an increase in average competencies by 0.36 points, or 9.3 percent.

7 Vaughan, A.D., et al. (2020). "Building Personal Resilience in Primary Care Paramedic Students, and Subsequent Skill Decay". Australasian Journal of Paramedicine, 17(1-8). doi:10.33151/ajp.17.803

8 Brouwers, S., and Joung, W. (2024). "Predicting Skill Decay: A Practical Application of the Skill Decay Analysis Tool." Ergonomics in Design, 0(0). https://doi.org/10.1177/10648046241236519

FIGURE 9: Leadership competency changes across baseline (2022), endline (2023), and one-year follow-up for all 2022–2023 cohorts (n = 196).



Data source: Longitudinal online survey.

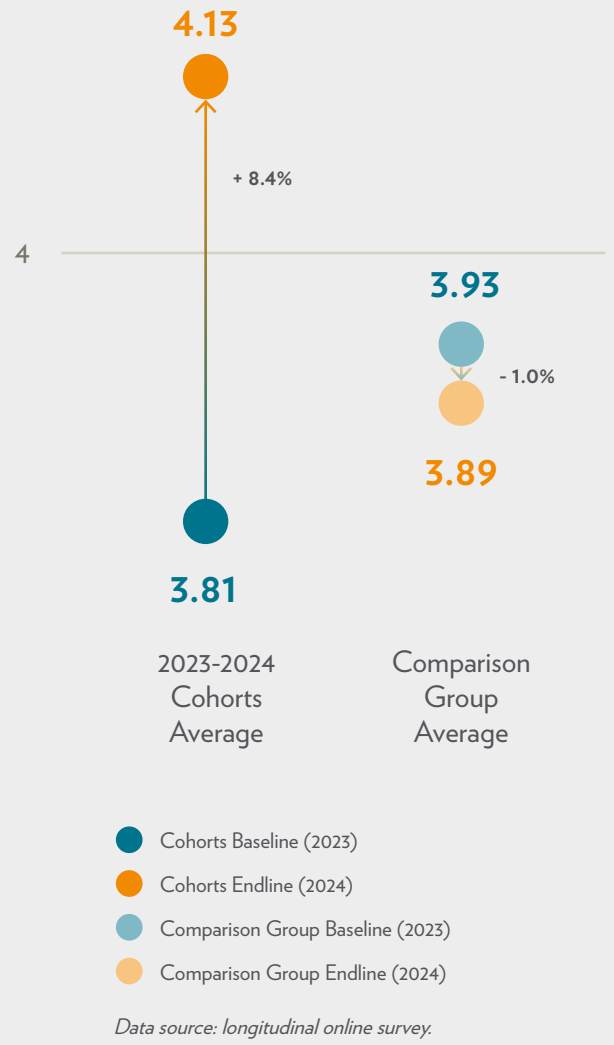
> "I continually go back to the resources, the conversations, the advice, the network. Even now, a year out, and it continues to pay dividends. It's something that I feel like my professional life would be very different today had I not gone through this program, hands down."
>
> —NORTH AMERICAN ALUMNA

Increased Knowledge and Skills

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.

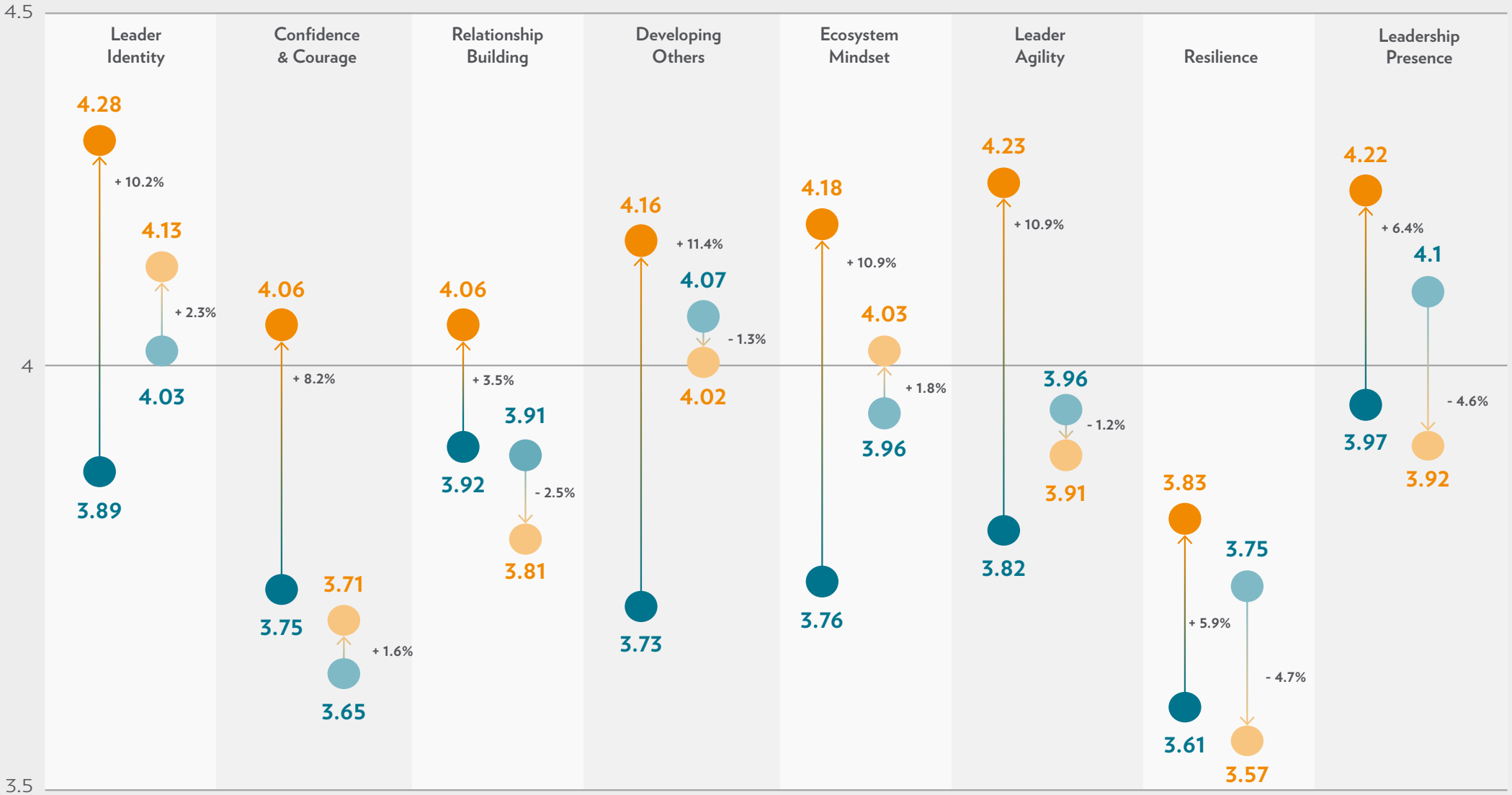
When comparing the comparison group to the WomenLift alumna, all leadership competency scores showed either much smaller increases or decreases from 2023 to 2024. WomenLift alumna increased their leadership competency scores overall, compared to an average decrease in competency skills in the comparison group (see Figure 10). In five of the eight scores, the leadership competency decreased from 2023 to 2024. The two largest decreases were in resilience (decreased by 4.7 percent) and leadership presence (decreased by 4.6 percent). Notably these were two competencies that the 2023–2024 cohorts showed smaller increases in (5.9 percent for resilience and 6.4 percent for leadership presence), which may suggest that these competencies were harder to improve over time. The largest increase seen in the comparison group was for the leader identity competency, which increased 2.3 percent from 2023 to 2024. While this was positive when compared to the 10.2 percent increase seen in the 2023–2024 cohorts, it was only a small change (see Figure 11). Together, this data demonstrates the ability of the WomenLift program to equip women with the leadership competencies as they go through the Journey.

FIGURE 10: Average leadership competency change from baseline (2023) to endline (2024) for all 2023–2024 cohorts and comparison group (n = 289).



Data source: longitudinal online survey.

FIGURE 11: Leadership competency changes from baseline (2023) to endline (2024) for all 2023–2024 cohorts and comparison group (n = 289).



Note: We only included women who had responses in both 2023 and 2024 in the comparison group. A truncated axis (3.5–4.5) was used for greater clarity in this figure.

Data source: Longitudinal online survey.

Increased Knowledge and Skills

Case Study: **New skills for authentic leadership.**

Joyce Sepenoo
United States

Joyce used the skills she built through the Leadership Journey to inform her work in a new job. To better lead her "A-Team," she used her increased skills and knowledge in conflict resolution, dealing with assumptions, being clear about her views and opinions, and processing her thinking and decisions.

She put her new knowledge to work in navigating a recent position change—learned to lead in a new environment and role, authentically interacted with new people, and mapped out the stakeholders and allies in her new institution.

Understanding her leadership style and the awareness of impostor syndrome has been important for her to "**validate within myself that, yes, the fact that I'm here means that I belong here**."

Poulome Mukherjee
India

At the end of the Leadership Journey, Poulome found her new knowledge and skills helped her become not a new person, but a much-improved version of herself. By finding her voice as a leader, she is an advocate for herself and colleagues in the workplace.

Understanding the importance of leadership in her position and that "**leadership is not a choice, it is [a] duty**," she used the tools and support available to her as a leader. She also learned the importance of taking everyone along and using her "**voice to bring compassion and empathy into the working system, which still is chiefly based on efficiency**."

As she took on increased clinical responsibility, she used her improved skills in time management, triaging tasks, and prioritization, as well as her new tools to navigate difficult situations to inform her work and support her team.

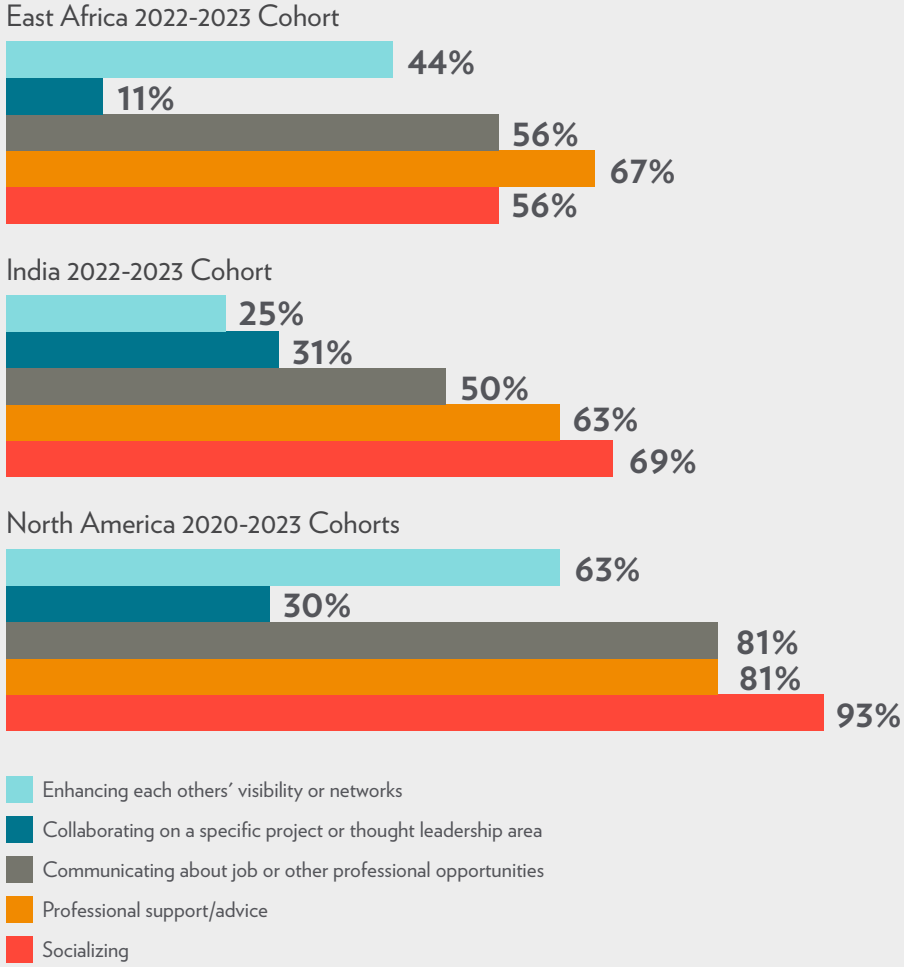
Increased Collaboration and Peer Connection

Women leaders across cohorts have made strong connections within their cohorts, which have continued beyond the end of the Leadership Journey.

The connections made with others have remained a lasting cornerstone of the Leadership Journey. All (100 percent) alumnae from the North America 2020–2023 cohort reported interactions with women from their Leadership Journey cohort. Similarly, nearly all the alumnae from the East Africa (90 percent) and India (94 percent) 2022–2023 cohorts reported interactions with their cohort members at some point during the past year. Professional support and advice was the most common interaction for the East Africa cohort and socializing was the most common interaction for the India and North America cohorts (see Figure 12).

In the KIIs, women discussed how elements of the Leadership Journey, particularly the mentoring groups and the opportunities for in-person events during the Journey (e.g., Immersion and Lift-Off), helped to strengthen their connections within their cohort.

FIGURE 12: Alumnae characterization of interactions they had with other Leadership Journey members in the past year (n = 68).



Note: Respondents interacted with others in multiple ways, so the percentages are not meant to add up to 100 percent.

Data source: Longitudinal online survey.

Increased Collaboration and Peer Connection

Inter-cohort connections were high within a cohort's own region, though there was a strong desire to facilitate more connections with other regions both during and after the Leadership Journey.

In addition to the strong connections within their cohorts, some alumnae connected with others outside of their cohorts. Except for the 2022–2023 East Africa cohort—where 71 percent interacted with cohort members from North America—interactions were primarily within one's own region (see Figure 13). The least cross-regional interaction was between India and the other two regions. Women reported that interactions were higher with other Leadership Journey alumnae who lived in their city or nearby, as it allowed for more frequent in-person opportunities. Women in similar technical areas also tended to make connections, which supported them in problem solving, networking, and continued technical learning.

The desire for interaction with cohorts outside of one's own for global cohort members from 2020–2023 was nearly universal (99 percent). Some KIIs discussed a desire to grow their networks, particularly globally, outside of their cohorts and learn from each other about equity and decolonization. However, women discussed that it was challenging to form connections across regions due to the inability to have in-person events and the challenge of finding time to attend events.

FIGURE 13: Origin of alumnae reported interactions with other alumnae, both within and outside their region (n = 73).

2023–2024 Cohorts	North America	India	East Africa
East Africa Cohort	36%	9%	86%
India Cohort	6%	100%	6%
2020–2023 Cohorts			
East Africa Cohort	71%	0%	43%
India Cohort	14%	93%	7%
North America Cohort	100%	8%	17%

Note: Some respondents interacted with women in and outside their region, so the percentages do not add up to 100 percent. Additionally, the team added the question this year after the endline for the North America 2023–2024 cohort was completed, so we are missing that data.

Data source: Longitudinal online survey.

> "For the in-person ones, it's just in-person connection is so nice, especially coming out of COVID. So, building community here in D.C. with other people, I would say as a result of some of those; like I was just texting with somebody who wasn't in my cohort but was in the previous year to try to meet up and grab lunch this week. So, it provides the spillover effect of additional touchpoints. So that has been useful."
> —NORTH AMERICAN ALUMNA

Increased Collaboration and Peer Connection

The Leadership Journey created bonds on personal and professional levels of shared leadership experiences and challenges, allowing for deep connections to be formed that are otherwise challenging to do through regular networking.

The depth of the connections and expanded networks made during and after the Leadership Journey have been a standout feature of the program for women leaders. The elements of the Journey that allowed for group reflection, sharing, and discussion—particularly the mentoring and touchpoints—helped to bring out shared experiences among the cohort members in both their professional and personal lives. This supported them to build strong bonds, which they had not been able to do with other networking and leadership training opportunities or within their regular workplace settings. All members being women working in a global health field bolstered the level of sharing and connection. In some sectors and regions, the sharing and connection was further valued because the women were coming from man-dominated fields and workplaces.

As a result of these deep connections, women leaders discussed the ability to be more vulnerable with the networks they built through the WomenLift community. Women reported regularly turning to their connections for advice and discussion about complex leadership or work problems they were facing, as well as sought out the connections to provide emotional support.

> "One of the most valuable aspects of the program has been the connections that I've made with fellow participants. And I think that these relationships ... provided me with a supportive community of like minded individuals. We continue to share insight, resources, encouragement. We encourage each other, it is kind of like a new community that you belong [to]."
>
> —EAST AFRICAN ALUMNA

> "All the cohort members were so helpful and they're friendly and very easy to mingle with...It's a good feeling, that we have a kind of sisterhood where we are having the same kind of mindset and we are also on the same path ... and I also feel that it is a safe space"
>
> —INDIAN ALUMNAE

> "The other thing that I think was the best part of the leadership Journey, which probably everybody tells you, is the connections and the sort of social network and the solidarity with the other women leaders in learning together, getting to share experiences, and really reflect about things together."
>
> —NORTH AMERICAN ALUMNA

Increased Collaboration and Peer Connection

Case Study: **Peer connections spark collaboration and support continued growth.**

Maimunat Alex-Adeomi
United States

Maimunat was grateful for the opportunity to engage with her WomenLift cohort and beyond. They "**engage beyond work and [in] some instances, it has almost become like family with some of the women—not just my cohorts, even other WomenLift Health alumni**."

Reaching out to an alumna from another cohort who also works in the maternal newborn health field led to Maimunat taking part in her first Twitter Spaces discussion. This, in turn, led to her connecting with other stakeholders in that space. By reaching out across cohorts, Maimunat continued to grow her community and spark new collaborations.

Joyce Sepenoo
United States

Joyce appreciated being part of the community of women in her cohort and the learning and sharing that took place in her Leadership Journey—particularly the support, challenges, and feedback from her mentoring group. Continuing meeting with her mentoring group and connecting with alumna in Atlanta and through the WhatsApp group kept Joyce connected to her peers: "**Sharing information, hearing about experiences and celebrating each other … it is so important**."

A key takeaway for Joyce was to "**cherish the community of the WomenLift Health cohort that I belong to and their alumni and to stay connected**." She found the power of community was central to continuing her growth as a leader. Joyce noted, "**We need this support to continue to learn, to share, and to grow**."

Increased Self-Efficacy and Confidence

Confidence and self-esteem have increased, and womenleaders were speaking up more without hesitation, which has led to greater self-efficacy. The confidence and courage competency also rose for all women in 2023–2024 cohorts—increasing by 8.2 percent, on average, over the Journey year—with East Africa leading the pack.

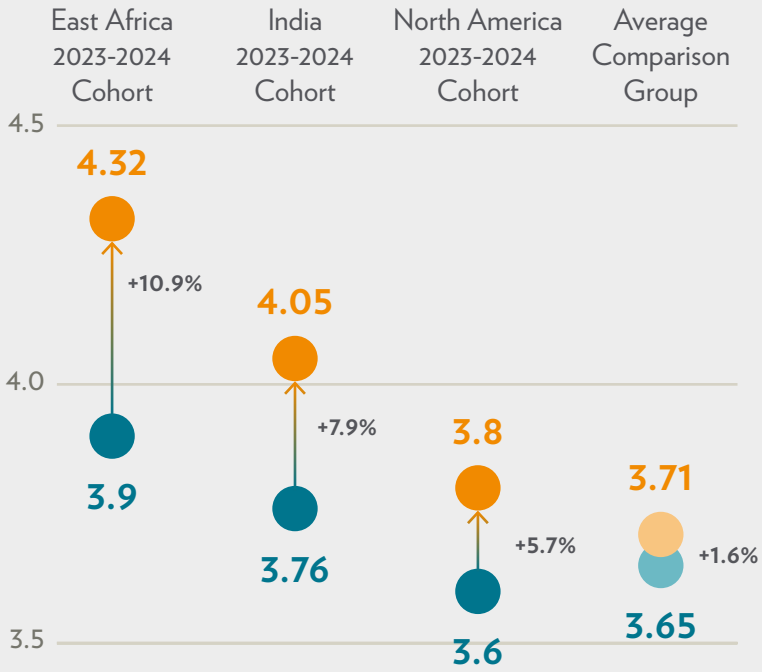
Growth in confidence was a central element of the Leadership Journey for many women leaders, according to the KIIs. In the KIIs, women report that they not only became more confident as leaders, but many discussed how their self-esteem was bolstered during this process as well. Previously, women felt anxious about speaking up due to the fear of others judging them or not believing they were good enough. Women were hesitant to share their opinions and ideas, leading them to not pursue new opportunities. Following the Leadership Journey, many women shared that they were no longer letting these fears hold them back from speaking up. In turn, they have found themselves becoming better advocates for themselves and their teams. Women leaders and WomenLift staff also noted how this increased confidence and self-efficacy was evident in how women leaders handled themselves. They focused on responding to a problem rather than expending their energy on second-guessing themselves. This is reflected in the growth seen in the confidence and courage competency (see Figure 14).

WHAT IS SELF-EFFICACY?

Self-efficacy[9] is the perception of one's ability to reach a goal. Achieving self-efficacy requires a person to develop the skillset needed to reach a goal, as well as the confidence to know that they can do this.

9 McCormick, M.J. (2001). "Self-Efficacy and Leadership Effectiveness: Applying Social Cognitive Theory to Leadership." Journal of Leadership Studies 8(1): 22–33.

FIGURE 14: Confidence and courage self-rated leadership competency change for women in 2023–2024 cohorts, compared to the comparison group. by region (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.

"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 nevertheles."

—EAST AFRICAN ALUMNA

Increased Self-Efficacy and Confidence

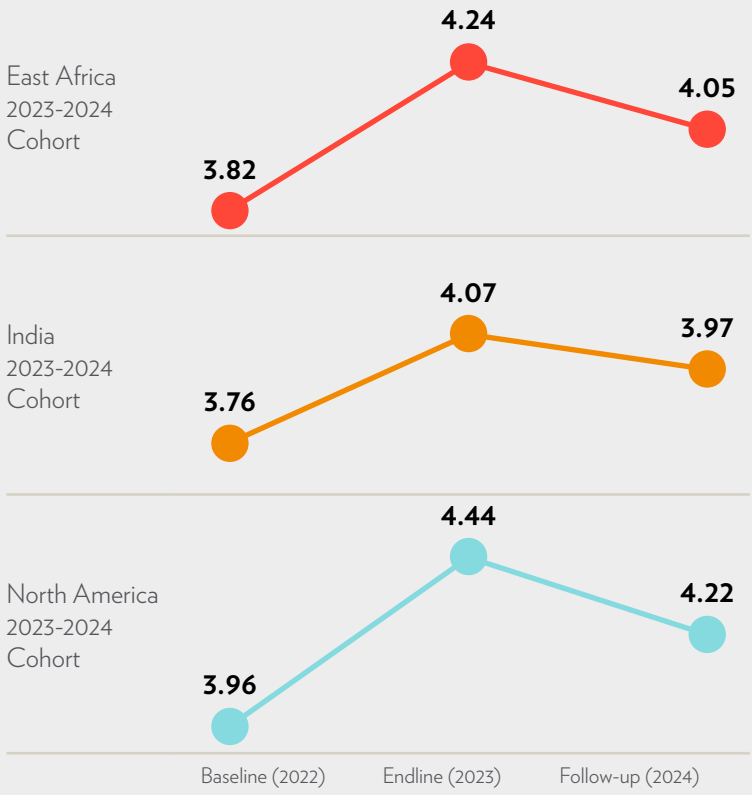
There was a marginal 1.6 percent increase in reported confidence and courage competencies from baseline (2023) to endline (2024) in the comparison group—much less than the WomenLift cohorts.

Despite the small size of the cohorts and the comparison group, there was some difference between those women who participated in the WomenLift leadership cohort and those who did not. Across regions, there was some variation in confidence and courage in the comparison groups. In the comparison group in East Africa, there was a 4.8 percent decrease in confidence and courage from 2023 to 2024. In India, there was the largest increase in the comparison group—a 3.6 percent increase from 2023 to 2024. In North America, there was a very small increase of 0.9 percent from 2023 to 2024. The changes documented for the comparison group were significantly less than the changes documented for each WomenLift cohorts, that had 10.9 percent increase in East Africa, 7.9 percent increase in India, and 5.7 percent increase in North America (see Figure 14).

Both the East Africa 2022–2023 cohort (see Figure 15) and the 2023–2024 cohort (see Figure 14) rated themselves the highest in confidence at baseline, as compared to the other two regions. Similarly, both East Africa cohorts had the largest improvement from baseline to endline, with the 2022–2023 cohort improving their scores by 12.1 percent and the 2023–2024 cohort improving their scores by 10.8 percent.

Both India and North America also improved their scores in both cohort years (see Figure 14 and Figure 15). Across regions, the 2022–2023 cohorts improved their scores by 10.7 percent from baseline to endline and 6.3 percent from baseline to one-year follow-up. This shows that across cohort years and regions, women enrolled in the program increased their self-reported confidence and courage, and there was some retention of this increase in confidence, even after the program was complete.

FIGURE 15: Confidence and courage self-rated leadership competency change from baseline to follow-up for women in 2022–2023 cohorts, by region (n = 196).



Data source: Longitudinal online survey.

Increased Self-Efficacy and Confidence

Case Study: **Confidently speaking up, standing up, and moving up!**

Idyoro Ojukwu
South Sudan

Idyoro's key lesson from the Leadership Journey was that "**there is leadership potential in everyone**."

She gained awareness that "**every woman is a leader in their capacity. But we just need a small push, that small interaction with each other, or that small coaching or mentoring that will just bring us out altogether**."

She noted that too often women do not speak up for a range of reasons, but knowing this was a common problem gave her courage to make her voice heard: "**WomenLift Health has given me the capacity to do what I was not able to do—sit in a meeting and express and negotiate for consideration of my ideas**."

"**This Journey makes us think loud. You think loud, you talk, and you bring forward your ideas. You don't have to be silent. You have to bring it out for people to know you. You don't have to be silent with what you are able to achieve. You have to bring it out so that you can achieve your goals.**"

Idyoro has done just that—with encouragement from her Leadership Journey coach, she set a goal of sharing her research data with the Ministry of Health to encourage the incorporation of cervical cancer screening in the Ministry of Health Policy. She has taken that advocacy one step further; she not only spoke up for policy change but also spoke up for herself and became the technical advisor to help implement South Sudan's new cervical cancer screening and treatment program.

"They respond instead of reacting anymore. And because of that, we've seen some alumna actually getting promoted while they're in the Journey, which is fantastic."

—WOMENLIFT STAFF

Maimunat Alex-Adeomi
United States

Maimunat set a bold Leadership Journey goal for herself, to "**no longer play small … don't be afraid to dare to dream, and to take steps towards accomplishing that dream**." She reported that she is now "**practicing and utilizing my strategic leadership muscle and engaging my influence style to bring together these partners for a common vision.**"

In her leadership project, Maimunat has not played small; her initial pilot project—developing leadership in global health within the Medical Women's Association of Nigeria (MWAN)—began with a single local chapter of the association. It was so well-received that it quickly grew into a nationwide initiative in collaboration with Women in Leadership Advancement Network (WILAN). This has ultimately birthed a new initiative—WMen Leading Change.

Apoorva Sharan
India

Apoorva has already put her increased skills for self-advocacy into practice. She notes, "**It was very interesting to learn that there are training tools on how to pitch yourself. That was an eye opener for me.**"

She found that "**before the Leadership Journey, there was a lot of hesitation to occupy spaces … When you are in a meeting room with all men, or are the only woman of color, or are the only one from a low- and middle-income country, for example, it can be difficult to speak up—to share your ideas with confidence. To be assertive requires courage.**" The Leadership Journey helped Apoorva develop the courage and positive practices to expand her network and to be confident in using her "**voice to influence positive change, whether it is at policy meetings or at our monthly team meeting**."

> "I certainly gained new skill sets, but probably more than anything else, [I gained] confidence as a woman leader. Which is different than arrogance and I think helps really offset things that can develop out of imposter syndrome, such as insecurity."
>
> —NORTH AMERICAN ALUMNA

Acting with Intention

Women have become more intentional about where they spend their time, recognizing how to delegate tasks and being mindful about what work to take on, which has helped to give them space to pursue their own goals.

During KIIs, women spoke about intentionally considering their approach to leadership and if it aligned with their own and their teams' goals and was true to their authentic self. One key change stemming from becoming more intentional about their leadership was recognizing the weight of their time and guarding it more fiercely. Women in the KIIs discussed learning how to delegate tasks to their staff, particularly in a way that can increase the staff's own professional development. They recognized the value of their time and used it more efficiently to pursue their goals and said no to opportunities that would overcommit them.

Women also discussed being more intentional about the support given to their teams and mentees and deliberately investing in their team members' growth, just as their mentors had invested in them. In one case, this took the form of being more mindful in how one women leader pushes women members of their team forward as to not reinforce patriarchal norms of working or leadership. Women also spoke about practicing proper self-care to have the mental space to operate as the leader they would like to be and recognized they cannot pour from an empty cup.

> "One of the things I've learned is to delegate more to allow for [the people I lead] to grow, but also to allow me to be able to concentrate on things that are more important so that I can do what I'm supposed to do as a technical advisor."
>
> —EAST AFRICAN ALUMNA

> "[The Leadership Journey] taught me … I'm not on this Journey alone. Who are my allies? Who are my mentors? Who are the people in my network that I can lean on, that I can pull on, that I can support? And how do I also invest in other women were more junior, as they're also continuing. So it's also about like, reminding me that I needed to give back because people were investing in me."
>
> —NORTH AMERICAN ALUMNA

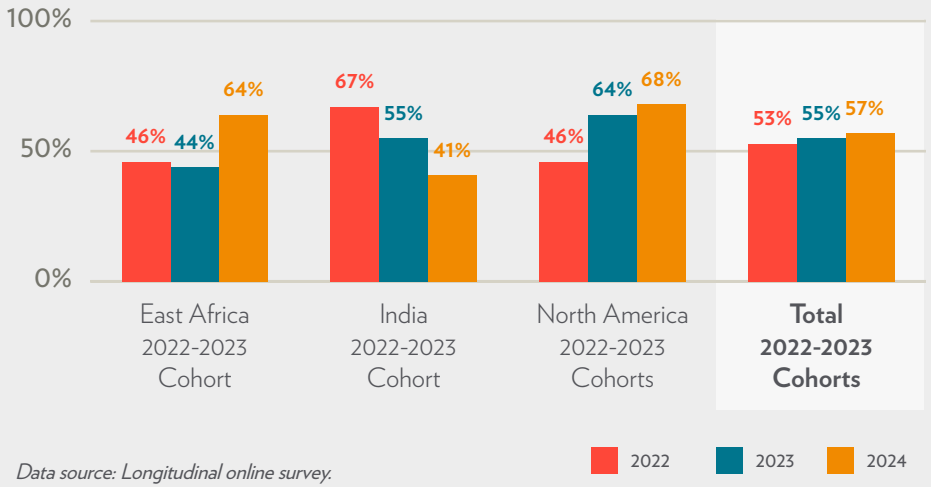
Acting with Intention

Alumnae from the 2022–2023 cohorts have shown a small increase in those who have had a pay raise in the past year, growing 4 percentage points from 2022 to 2024, although this varied significantly by region.

The long-term aim of measuring pay raises at the individual-level for women leaders is to understand if they are seeking out new opportunities with more decision-making power and advocating for themselves for more pay when they can. Women leaders who have reported a pay increase in the past year has grown steadily across regions since 2022 for alumnae in the 2022–2023 cohorts, starting with 53 percent of women reporting an increase in 2022 and rising to 57 percent in 2024 (see Figure 16). Both East African and North American women who reported a pay raise increased from 2022 to 2024; however, fewer Indian women reported a pay raise in 2024 as compared to 2023. This kind of variation is expected given that people are not expected to get a pay raise every year. The intent with this measure is to measure change over multiple years to better understand trends.

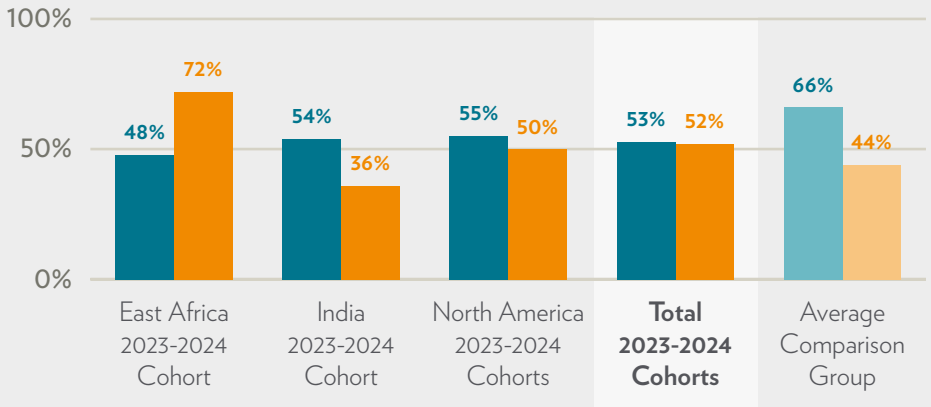
For the 2023–2024 cohorts, East African women who reported a pay increase saw a 24 percentage point growth (see Figure 17). India and North America both saw decreases from 2023 to 2024 on this metric. Further, women in the comparison group who reported a pay increase decreased 22 points from 2023 to 2024, from 66 percent to 44 percent. Notably, the majority (64 percent) of pay rises across all groups were reported to be performance based, rather than due to cost of living or another factor.

FIGURE 16: Women who reported a pay increase in the past year, for 2022–2023 cohorts, by region (n = 268).



Data source: Longitudinal online survey.

FIGURE 17: Women who reported a pay increase in the past year, from baseline to endline for the 2023–2024 cohorts, by region (n = 285).



Data source: Longitudinal online survey.

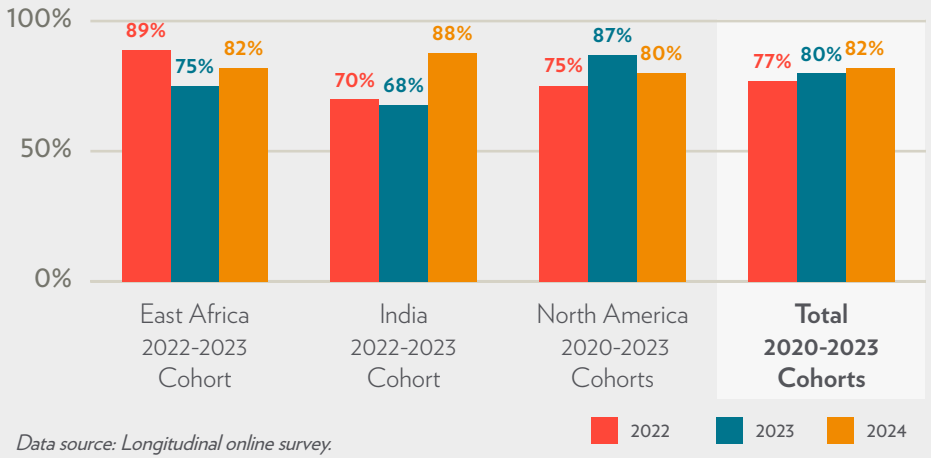
Acting with Intention

East African women leaders from the 2023–2024 cohort showed growth over the past year in their pusuit of additional leadership opportunities, and on average, this has remained high for alumnae in the 2022–2023 cohorts.

An average of 82 percent of 2020-2023 cohort respondents indicated they pursued additional leadership opportunities—such as seeking a promotion, leadership on a project or initiative, or additional job responsibilities—in the past year (see Figure 18). The data shows that slightly less women in East Africa and India seek additional leadership opportunities during their Journey year, but that these numbers recovered after their Journey year was complete (2024). The North America 2022–2023 cohort was the only region that reported an increase during their Journey year and then reverted back to baseline (2022) levels in the following year. Women suggest that they are focusing more on the Journey during that year, but then remain interested in seeking out opportunities after they complete the Journey. It is also possible that some women were being more thoughtful about what leadership opportunities they were pursuing, and others were more confident in pursuing available opportunities.

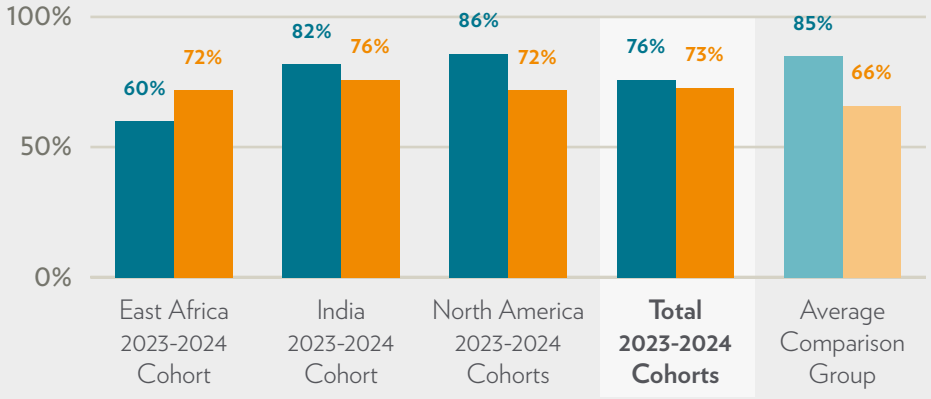
Additional leadership opportunities were pursued by an average of 73 percent of alumnae from the 2023–2024 cohorts in 2024 (see Figure 19). Women reported spending their professional development time during their Journey year on the WomenLift program and trying to be more intentional about choosing other opportunities to pursue at the same time. Notably, the comparison group experienced a large decrease from 2023 to 2024, from 85 percent to 66 percent—larger than the average 2023–2024 cohort decrease or any other regional change.

FIGURE 18: Women who reported pursuing additional leadership roles in the past year, for 2020–2023 cohorts, by region (n = 272).



Data source: Longitudinal online survey.

FIGURE 19: Women who reported pursuing additional leadership roles in the past year, from baseline to endline for the 2023–2024 cohorts, by region (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.

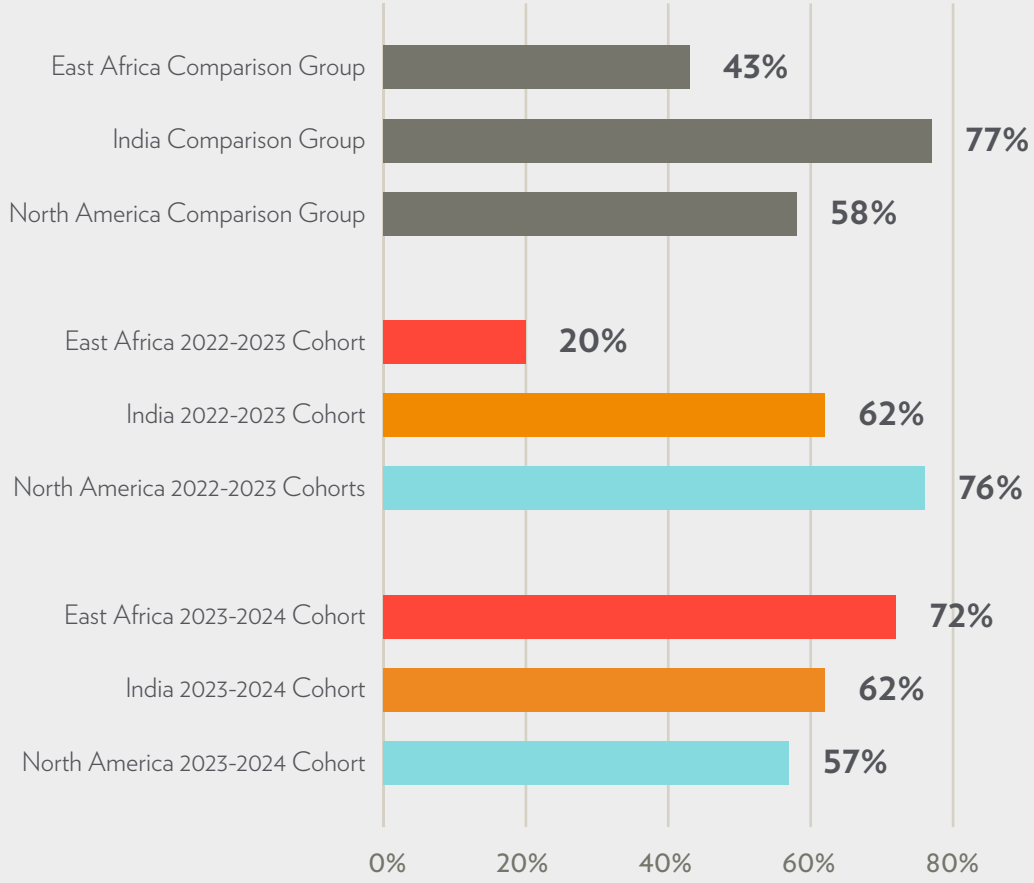
Acting with Intention

Women leaders across cohorts continue to have high rates of those who have received a promotion or changed to a job with higher responsibility over the last two years.

Data shows that cohort members across time have continued to grow in their careers through consistently high rates of being promoted or taking on another job that has greater responsibility. Both the India (62 percent) and North America (76 percent) 2022–2023 cohorts have high rates of women who reported a promotion or job change in the last two years, though East Africa was lower at 20 percent (see Figure 20). For the 2023-2024 cohorts these numbers were high across the board, with East Africa at 72 percent, India at 62 percent, North America at 57 percent respectively. The rates of promotions or changing jobs staying high demonstrate continued growth. In North America, it also appears that women were more likely to get promoted in the year following their Journey, as compared to during or before their Journey.

Qualitatively, women discussed gaining more confidence to apply for new roles and opportunities. Some also noted they were more likely to advocate for themselves and highlight their accomplishments.

FIGURE 20: Percentage of women who were promoted or changed to jobs with higher responsibility over the past two years, by region and cohort (n = 252).



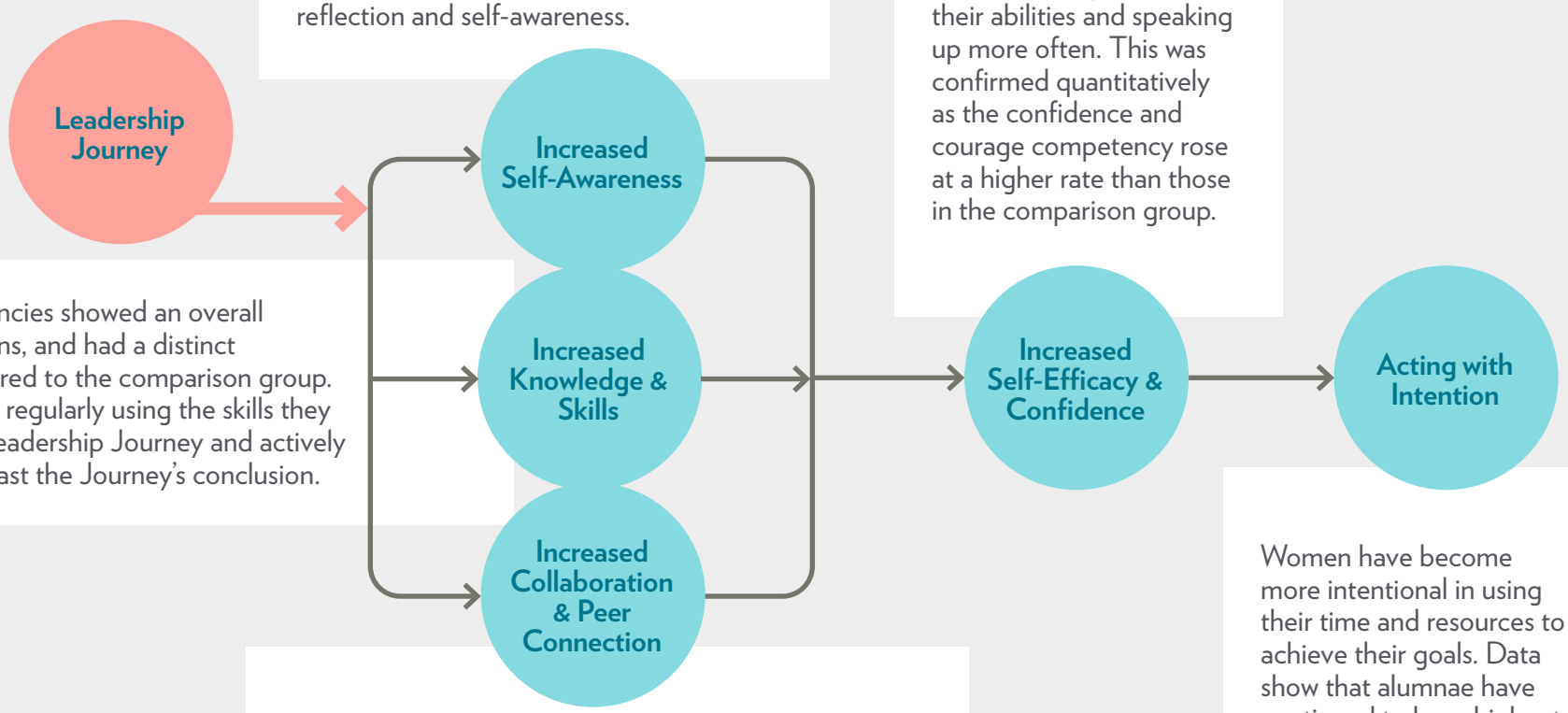
Note: The evaluation team only included women who had responses in both 2023 and 2024 in the comparison group (n = 62 in 2023 and 2024). For the alumnae, there are only 5 respondents for the East Africa 2022–2023 cohort with responses both in 2023 and 2024, while the other cohorts have 13–28 matched respondents. This could contribute to the drastically different rate for the East Africa 2022-2023 cohort.

Data source: Longitudinal online survey.

Section Summary

Throughout the elements of the Journey, women were able to understand their own strengths and areas for growth. The 360 Assessment in particular enabled self-reflection and self-awareness.

Confidence has increased over the course of the Leadership Journey, with women feeling confident in their abilities and speaking up more often. This was confirmed quantitatively as the confidence and courage competency rose at a higher rate than those in the comparison group.



Leadership competencies showed an overall increase across regions, and had a distinct improvement compared to the comparison group. Women spoke about regularly using the skills they learned during the Leadership Journey and actively using the materials past the Journey's conclusion.

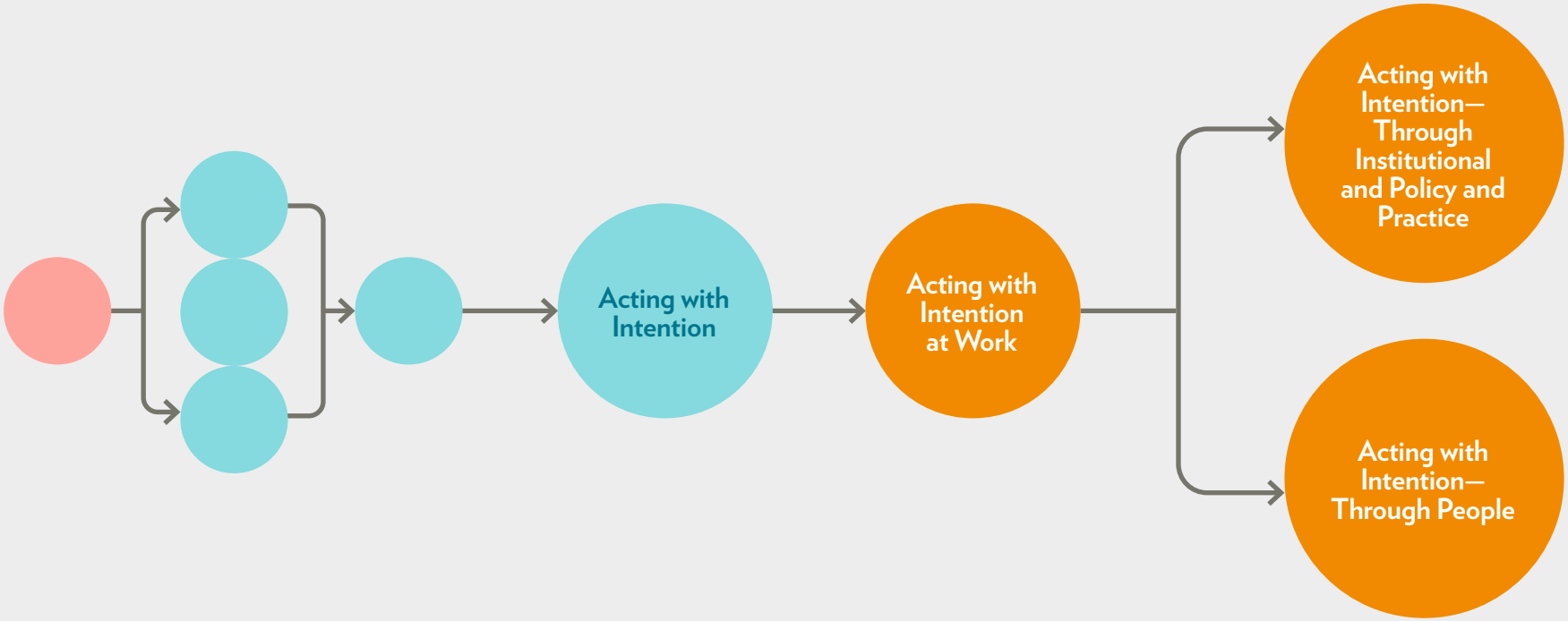
The connections made during and after the Leadership Journey have been a hallmark of the program and have allowed for deep, personal bonds that would be challenging to form outside of WomenLift. These connections were strongest within cohorts and regions.

Women have become more intentional in using their time and resources to achieve their goals. Data show that alumnae have continued to have high rates of pay increases based on merit, as well as promotions or job changes to a higher responsibility role.

Institutional-Level Pathways to Change

In this section, the evaluation team explored how women leaders applied their individual learnings at the institutional-level through intentional and strategic actions at their institution.[10] They applied their learnings both through institutional policy and practice, as well as with their colleagues and peers.

FIGURE 21: Institutional-level pathways to change.



10 Note: This report focuses on the Leadership Journey elements of WomenLift's overall portfolio of work. The Journey is focused at the individual-level interventions, but WomenLift does additional programming at the institution-level that is not evaluated here.

Acting with Intention—Through Institutional Policy and Practice

Through the skills and knowledge gained from the Leadership Journey, women have increased their confidence in speaking up on institutional decision-making, but felt they were largely holding influence at the project level rather than at the level of the institution.

Women leaders qualitatively discussed their increased confidence in giving their input on some institutional decisions or pushing priorities forward with their own bosses; however, many women agreed that their overall decision-making power was most influential surrounding the projects and teams they led, rather than within their wider institution. Most of the women in the WomenLift program were at a mid-level, and they were not always in the rooms where institutional decision-making was happening. This indicated a gap for non-senior leaders to find the channels to access higher-level institutional decision-making spaces—a gap that the women alone may not be able to overcome until they are in senior-level positions.

> "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

> "I'm a mid-level faculty in my organization, so I'm involved partially in decision-making, but I'm not very high up in the ranks yet. I am more [involved in decision-making] somewhat, but not in the very, very important decisions."
>
> —INDIAN ALUMNA

> "I'm on the management team in my unit … so within the unit I can influence decisions around my grant at organizational level there is a level that is higher than the unit. The unit that I'm in is just one of the projects that is part of a bigger organization."
>
> —EAST AFRICAN ALUMNA

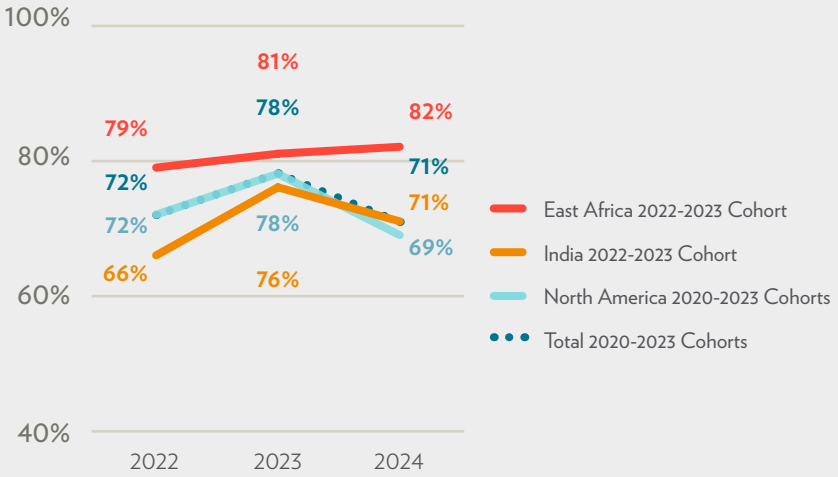
Acting with Intention—Through Institutional Policy and Practice

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.

For both the 2020–2023 cohorts (see Figure 22) and the 2023–2024 cohorts (see Figure 23), all regions showed an increase in women reporting contribution to institutional policy or practices during the Journey year. At the end of the Journey year, an average of 78 percent in the 2020–2023 cohorts and 74 percent in the 2023–2024 cohorts stated they have contributed to institutional policies or practices in some way. Women leaders from North America showed the greatest increase among the 2023–2024 cohorts, rising 21 percentage points. East African women also made a significant increase, rising 19 percentage points. They additionally reported the highest overall contribution to institutional policy or practice out of all the regions by 15 percentage points. For the 2020–2023 cohorts, we saw a decrease back to pre-program levels—it remains to be seen if this trend will continue for every cohort. If this trend continues, it may suggest that women feel most capable contributing to institutional policy and practice while enrolled in the Journey. Notably, the comparison group experienced a steep decline of 24 percentage points from 2023 to 2024 for those reporting contribution to institutional policy or practices.

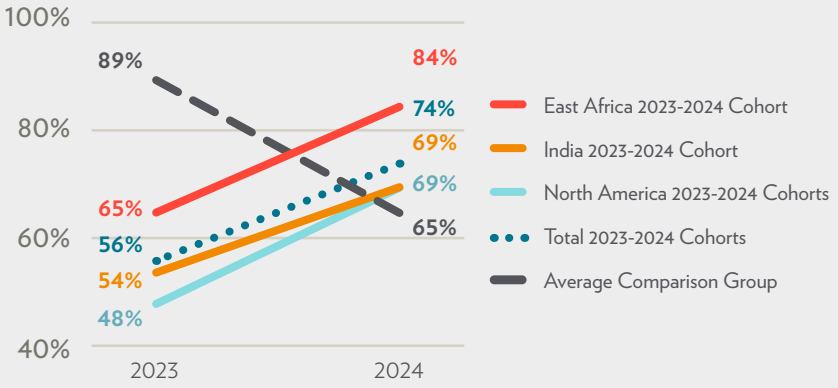
As noted above, most women in the KIIs felt they had greater influence to contribute at the project or team level, compared to the level of the institution; however, a few women discussed supporting specific institutional policies, particularly surrounding sexual harassment policies. Others simply discussed pushing their priorities forward with their bosses. As women continue to grow in their positions, their institutional influence may increase.

FIGURE 22: Women who reported contributions to institutional policy and/or practices for 2020–2023 cohorts, by region (n = 266).



Data source: Longitudinal online survey.

FIGURE 23: Women who reported contributions to institutional policy and/or practices for 2023–2024 cohorts, by region (n = 287).



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.

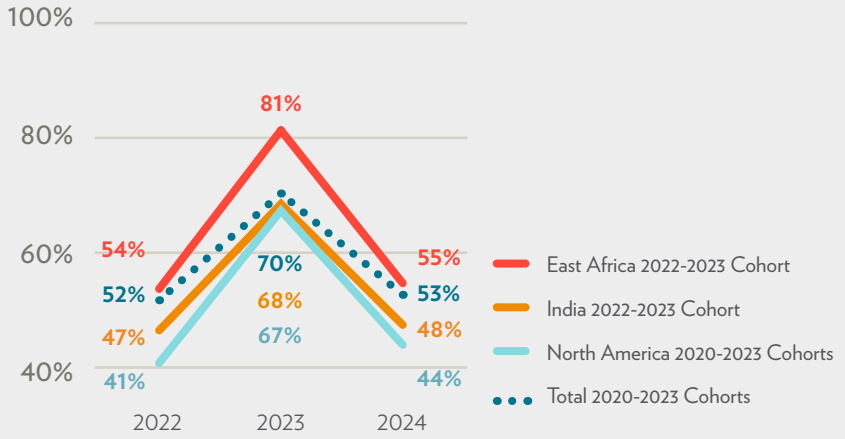
Acting with Intention—Through Institutional Policy and Practice

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 and a 22 percentage point decrease the following year.

Looking across all cohorts, data shows that women leaders reported having increased influence over institutional decision-making during their Journey year. During the Journey year for women in the 2022–2023 cohorts, increased institutional influence rose from an average of 47 percent to 70 percent, increasing by 23 percentage points (see Figure 24). However, this fell to almost pre-Journey levels by 2024, averaging 48 percent across all regions. This may suggest women were more active in their pursuit of influencing institutional decision-making while in their Journey year, potentially even through their Leadership Project, but that increased influence did not continue to grow over time (at least for these cohorts).

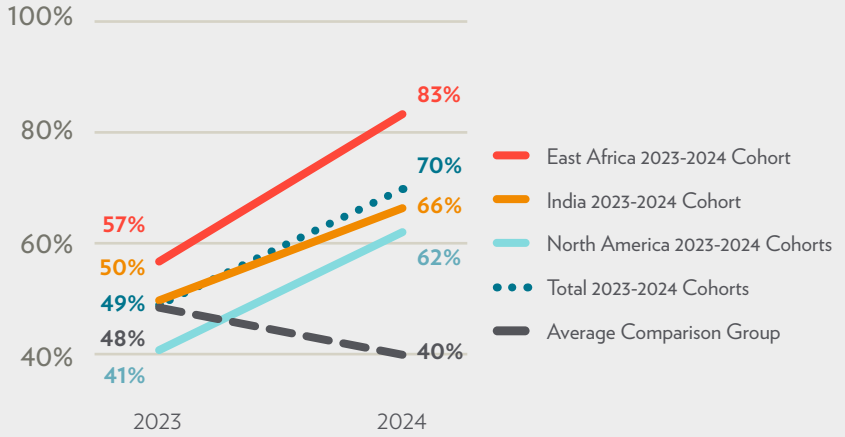
Similarly, as shown in Figure 25, women in the 2023–2024 cohorts, on average, increased their institutional influence by 21 percentage points, from 49 percent to 70 percent. East African women made the largest percentage point gain (26 points) and had the highest overall percentage of people reporting their influence has increased over the past year. Less women in the comparison group, on the other hand, reported an increase in institutional decision-making from 2023 to 2024, demonstrating a stark difference from all cohorts of women going through the Journey from 2023–2024.

FIGURE 24: Women who reported their influence over institutional decision-making has increased in the past year for 2020–2023 cohorts, by region (n = 267).



Data source: Longitudinal online survey.

FIGURE 25: Women who reported their influence over institutional decision-making has increased from baseline to endline for the 2023–2024 cohorts, by region (n = 286).



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.

Acting with Intention—Through Institutional Policy and Practice

Women leaders from the 2023–2024 cohorts increased their budgetary authority in each region.

Across regions, the average budgetary authority of women in the 2023–2024 cohort increased by around $1 million U.S. dollars (USD) on average (see Figure 26). East African women showed a notable increase from 2023 to 2024, increasing their budget authority by 112 percent, on average. Budgetary authority of women in India and North America also increased, by 51 percent in India and 5 percent in North America, on average.

While the data indicated that women from the Leadership Journey were increasing the total budget they have authority over, the large increases suggested that other factors outside of the Leadership Journey have influenced the budgetary authority growth. Further, one or two large budgetary numbers can affect these averages.

FIGURE 26: Women leaders' average budgetary authority from baseline to endline for the 2023–2024 cohorts, by region, in USD (n = 99).

Data source: Longitudinal online survey.

Acting with Intention—Through Institutional Policy and Practice

Case Study: **Leaders advocate for others by working for institutional change.**

Apoorva Sharan
India

During the Leadership Journey, Apoorva realized that "**positive change requires advocacy. It requires policy and program interventions**," and that inclusive environments "**require deliberate effort and consensus building**."

She found that the duty for that deliberate action lands those who are "**now in positions to have some influence in our work and in … global public health in general**." Now seeing herself as a leader, she feels "**more emboldened to call out gender discriminatory behavior when I see it, to insist on [a] gender-blind recruitment processes, [for example]**."

Apoorva has taken steps within her institution—as part of the Gender Mainstreaming Group, she collaborates with a diverse group of international development partners and gender experts to advance gender equality in all aspects and levels of the Polio immunization program. By centering the health of women, Apoorva is aiming to improve women's health outcomes through this work.

Acting with Intention—Through People

In 2024, women leaders from all cohorts currently directly supervise 1,759 people and oversee 11,055 people directly and indirectly.

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. East African women indirectly oversee 67.1 people, which is over twice the number managed in North America (see Figure 27). As noted previously, women leaders discussed delegating tasks to their supervisees to free up their time as leaders and to give more opportunities for professional development and growth to staff members. Women also discussed investing more time in junior-level women staff to support them, noting that they had this investment by others during their career. This aligns with the 9.5 percent increase seen in the developing others leadership competency, together suggesting women leaders are growing the efforts made to support their staff.

FIGURE 27: Women leaders' average direct and indirect supervision responsibility for all cohorts, by region (n = 250).

Data source: longitudinal online survey.

Acting with Intention—Through People

Case Study: **Leaders with the courage of their convictions—mentoring new leaders and supporting colleagues' growth.**

Joyce Sepenoo
United States

Poulome Mukherjee
India

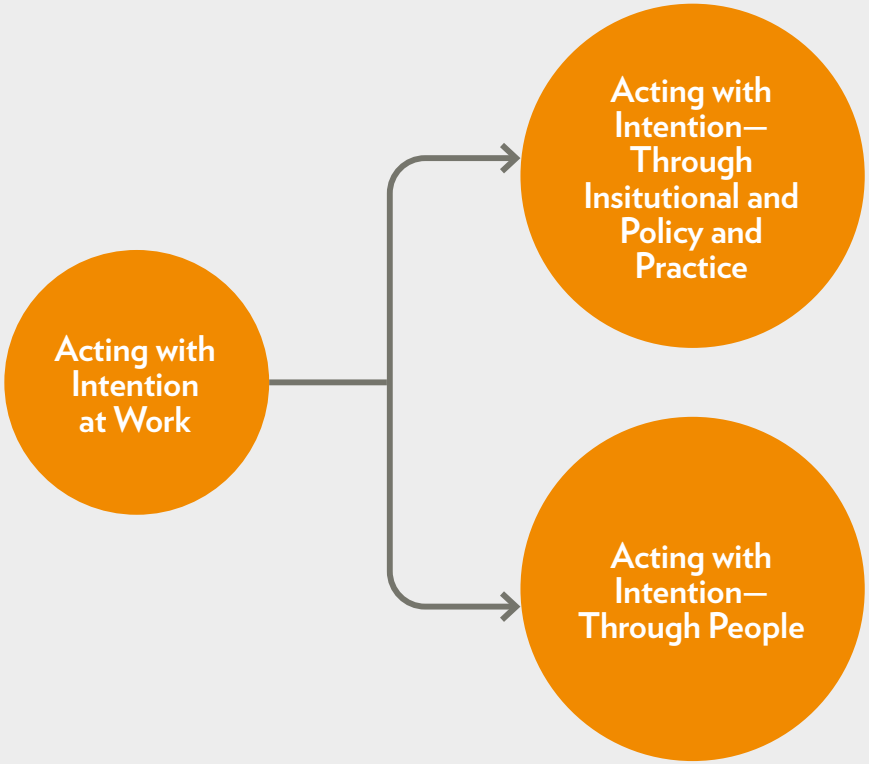
Joyce puts acting with intention into practice by supporting the 16 women on her team. She has set out time to incorporate deeper conversations with her team members into their twice-yearly evaluations. By thinking about how to amplify their work, she has begun deliberate career development conversations and discussions about their own leadership.

This approach is fueled by Joyce's awareness of her own leadership thinking—an understanding that she needs to be intentional in her leadership and understand how she shows up as a leader. She noted, "**I am very deliberate in my management of the people that I work with directly and I make sure that we talk about their own leadership. Asking questions around what more can we do, or can I do, to support you?**"

The most significant change Poulome experienced during the Leadership Journey was finding her voice and purpose as a leader. She came to understand that "**you need not be a natural leader. You need not be born with those skills. Even if you are born with those skills, there are tools you need to know and use to get your point across. It gives you a lot of courage**."

She is putting her leadership courage and convictions to use in mentoring a junior colleague. Poulome now speaks out to support her colleague and the projects she is working on—including advocating for funding. Additionally, her conviction and voice as a leader impacts thousands of women patients, to help them to achieve better health outcomes.

Section Summary



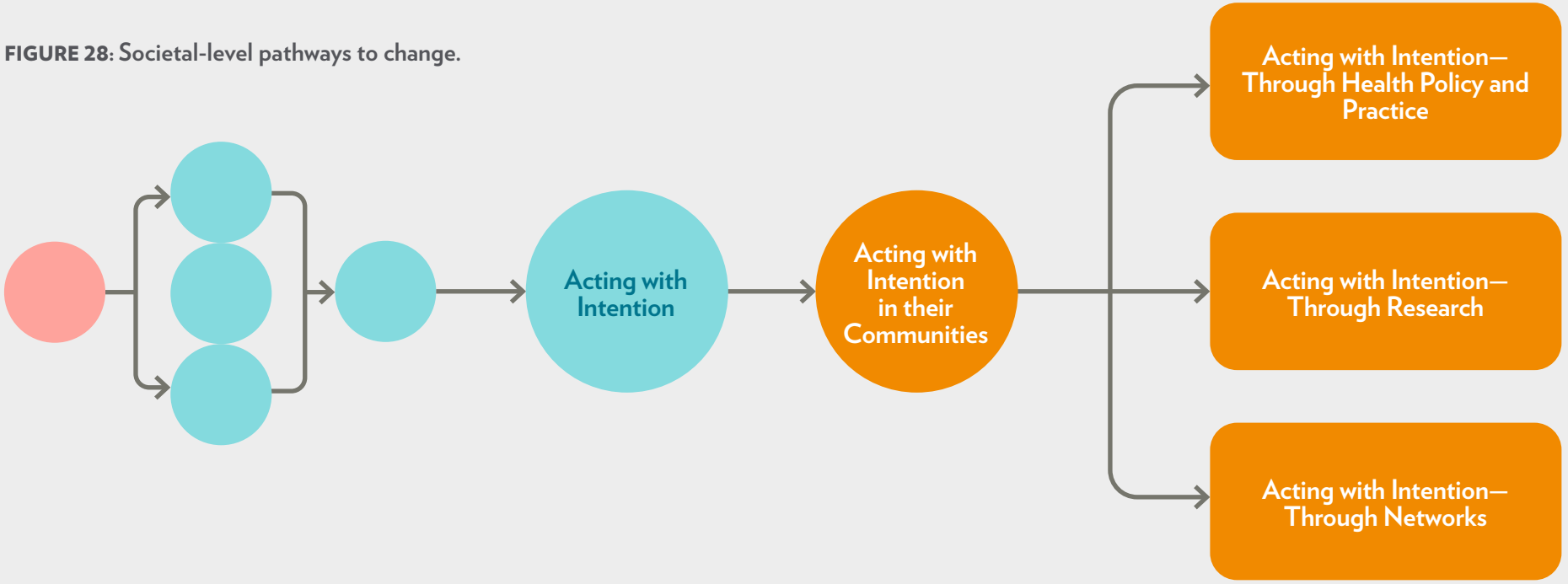
Women felt more confident in their abilities to speak up on institutional decision-making, though they felt they had the most power over their own projects and teams, compared to at the level of the institutional. Those who felt their influence over institutional decision-making has increased showed a trend of rising influence during the Journey year and then returning to pre-Journey levels after. Still, alumnae from the 2023–2024 cohorts who said they contributed to institutional policy change increased by 18 percentage points.

In East Africa and India, women directly supervise, on average, 7.6 and 8.9 people, respectively. Cumulatively, women leaders from all cohorts directly supervise 1,759 people and oversee 11,055 people directly and indirectly. Women leaders discussed delegating more to their staff to support their professional development, as well as investing more in the growth of junior-level women staff.

Societal-Level Pathways to Change

The institutional-level pathway to change demonstrated how acting with intention at work through peers and organizational policy allowed women to influence their institutions in diverse ways. At the societal-level, women leaders further leveraged their learnings to influence their communities. By acting with intention to influence policy and practice, contribute to research, and build global networks, women leaders applied their new competencies to influence change at the societal level.[11]

FIGURE 28: Societal-level pathways to change.



11 Note: This report focuses on the Leadership Journey elements of WomenLift's overall portfolio of work. The Journey is focused at the individual-level interventions, but WomenLift does additional programming at the institution-level that is not evaluated here.

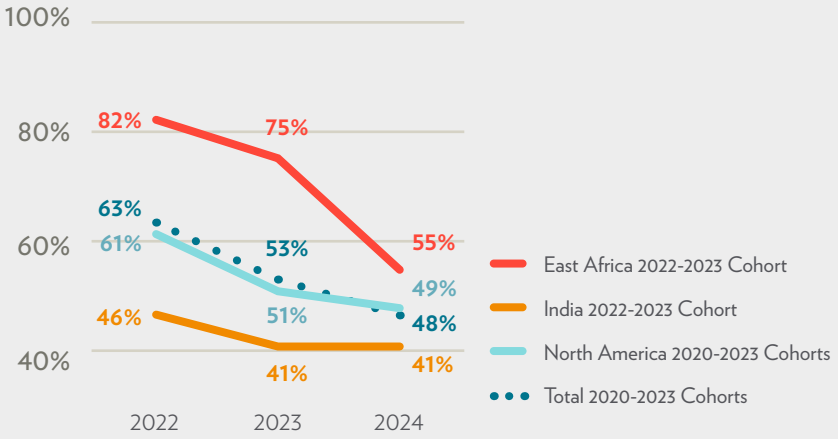
Acting with Intention—Through Health Policy and Practice

The East Africa 2023–2024 cohort increased their contributions to health policy or practice during their Journey year (from 70 percent to 80 percent). Across all regions, over half (51 percent) of women leaders in 2020–2024 cohorts contributed to health policy or practice within the past year.

Women leaders in 2020–2023 cohorts reported a decrease from 2023 to 2024 (see Figure 29); however, nearly half (48 percent) of these alumnae reported contributing to policy or practice in the past year. 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 (see Figure 30). The downward trend across cohorts should be viewed in context with other data, such as the increases in contributions to institutional policy and practice in the 2023–2024 cohorts (see Figure 25) and the East Africa 2022–2023 cohort (see Figure 24). Additionally, decreases in contributions to health policy or practice may also be indicative of women leaders being intentional in their work and balancing their professional and personal responsibilities. The comparison group also experienced a decrease during this time, from 58 percent to 47 percent of women reporting contributing to health policy or practice. Despite these decreases, over half (54 percent) of women leaders across all regions in 2023–2024 cohorts reported contributing to health policy or practice within the past 12 months.

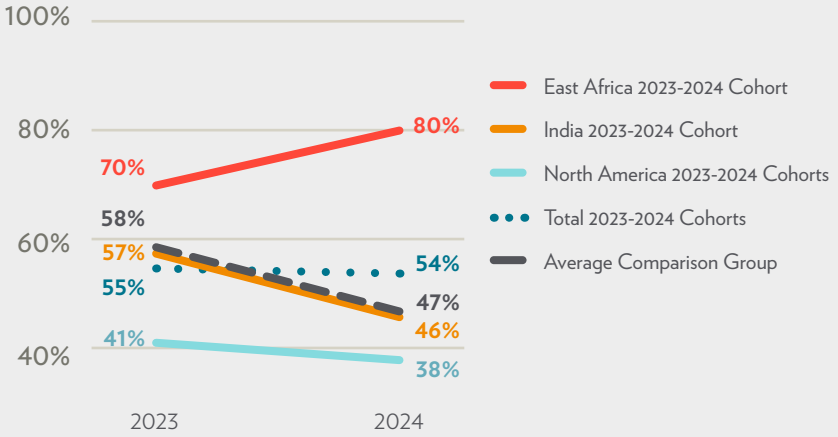
Qualitative data indicate that women leaders are being intentional and strategic with the policy and practice initiatives they pursue. They are positioning themselves or their team to increase their influence, leveraging the knowledge and skills from the Leadership Journey to further their goals. Women leaders are also using innovative methods and collaborative approaches to respond to global health challenges. Some examples of policy and practice contributions of women leaders are detailed in Figure 30.

FIGURE 29: Women who contributed to health policy or practice in the 2020–2023 cohorts, by region (n = 264).



Data source: Longitudinal online survey.

FIGURE 30: Women who contributed to health policy or practice in the 2023–2024 cohorts, by region (n = 286).

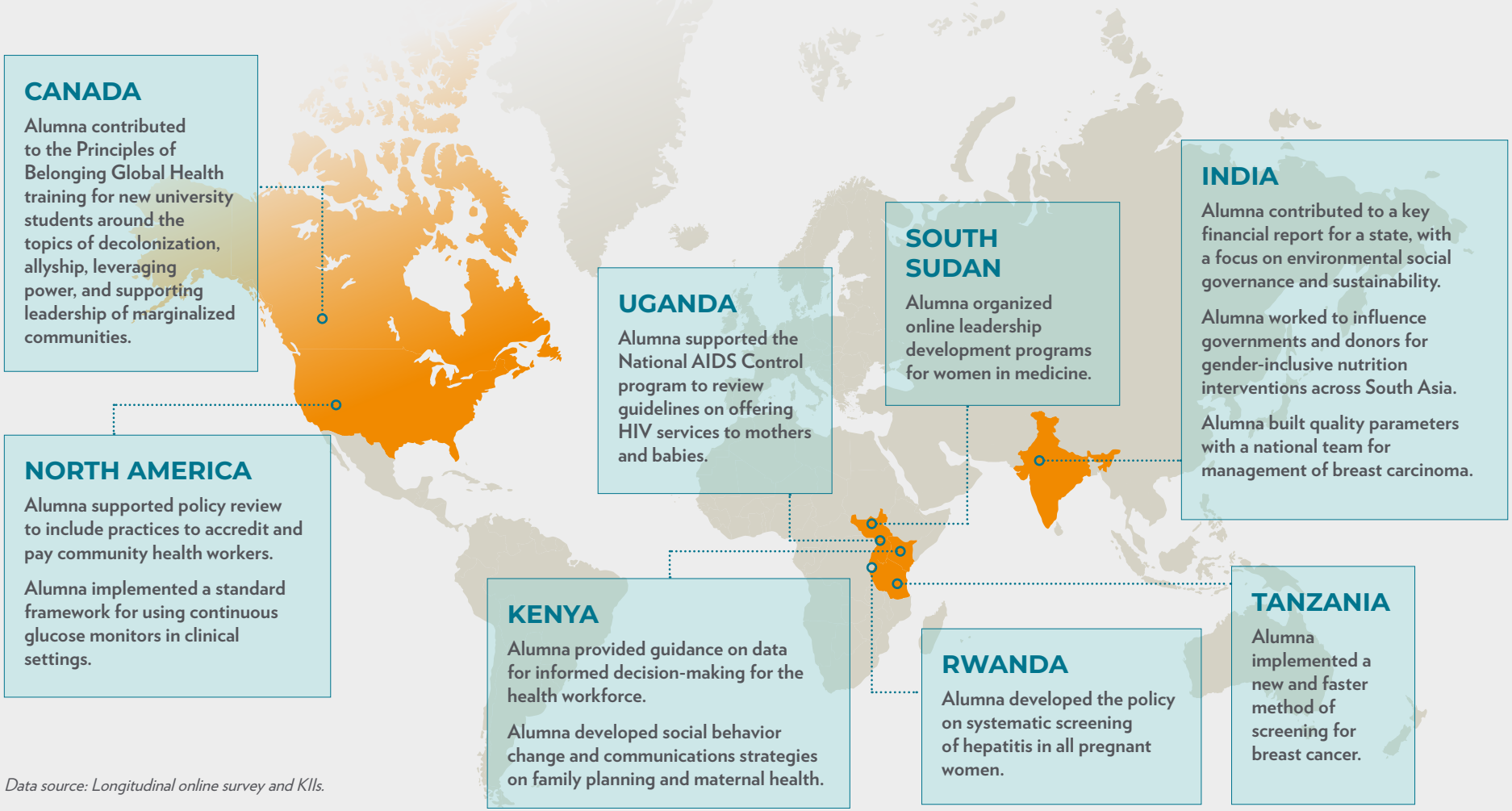


Note: The evaluation team only included women who had responses in both 2023 and 2024 in the comparison group (n = 62 in 2023 and 2024).

Data source: Longitudinal online survey.

Acting with Intention—Through Health Policy and Practice

FIGURE 31: Examples of how women leaders who have recently completed their Journey year (2023-2024 cohorts) have contributed to diverse and global policy and practice initiatives in the past year.



Data source: Longitudinal online survey and KIIs.

Acting with Intention—Through Health Policy and Practice

Case Study: **Leading practice and policy changes to improve women's lives globally.**

Idyoro Ojukwu
South Sudan

Idyoro's Leadership Journey led to a positive change for women's health in South Sudan. **"Through the WomenLift Leadership Journey, I approached the Ministry of Health, Reproductive Health Department to ask them, why don't the policies for reproductive health in South Sudan incorporate women's reproductive track cancers?"** The South Sudan Ministry of Health then approached the World Health Organization (WHO) to implement a new cervical cancer screening and treatment program in South Sudan. **"If not for WomenLift Health, I don't think I would have come forward and I don't think that we would now have a cervical cancer screening and treatment program in the country."**

As the technical advisor for the new cervical cancer screening and prevention program in South Sudan, Idyoro is "**influencing the implementation of the program for cervical cancer screening and treatment**" as they work toward the WHO 2030 goal of having at least 70 percent of women screened for cervical cancer and for those who need treatment, at least 90 percent receive treatment.

Sandra Musabwasoni
Rwanda

Sandra was recently selected to contribute to the WHO's inclusive research priority-setting exercise in knowledge translation (KT) and evidence-informed policymaking (EIP) as a subject matter expert. She noted that her learnings through the Leadership Journey "**helped me to be productive from my first day of consultancy till now**." Sandra is helping the WHO obtain an approximate ranking of the research areas to further discuss and refine research domains to achieve meaningful health and social policy outcomes.

Sandra is also continuing to build on her Leadership Project by supporting additional health care services for women and girls in Rwanda. The results generated from her Leadership Project informed the development of the Post-Termination of Pregnancy Emotional Health (PToPEH) service. There are plans to include this service in the termination of pregnancy service provision in Rwanda to help improve and sustain positive mental health outcomes among women and girls.

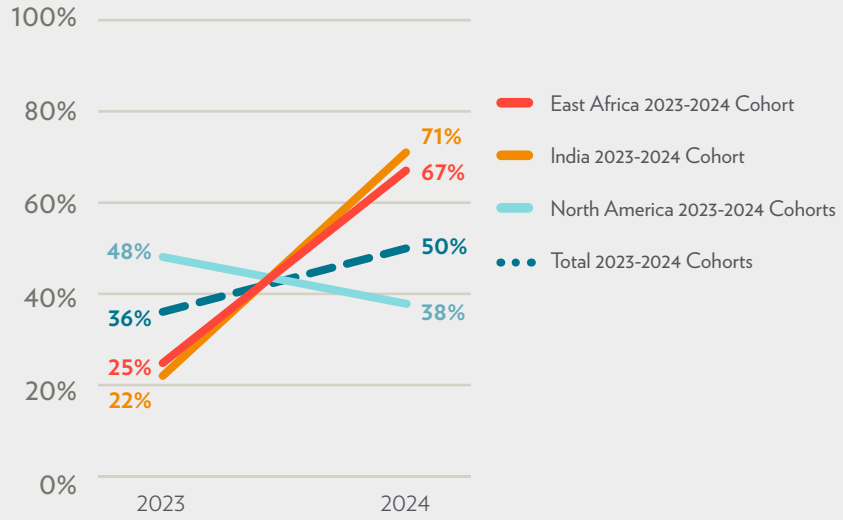
Acting with Intention—Through Health Policy and Practice

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 Leadership Projects.

As part of the program application process, women leaders developed a Leadership Project to focus on during the Leadership Journey. For the 2020–2023 cohorts, 50 percent of the contributions were linked to Leadership Projects (see Figure 32). The proportion for the 2023–2024 cohorts was lower, with 39 percent of women leaders reporting their contributions were linked to Leadership Projects. In the 2023–2024 cohorts, Indian women leaders were most likely to report their contributions related to their Leadership Project (46 percent), followed by East Africa (40 percent) and North America (27 percent). Across all cohorts (2020–2024), India cohorts reported the highest proportion at 55 percent, followed by East Africa (46 percent) and North America (34 percent).

The evaluation team matched program monitoring data on the type of Leadership Project with 2024 Annual Survey data to provide further insight into the Leadership Projects linked to policy or practice change. The Leadership Project must fall within one of four categories, see Leadership Project Type in Figure 33. The data show that while Building Integrated and Resilient Health Systems accounts for 19 percent of Leadership Projects overall, the proportion of women leaders reporting a link to their Leadership Projects within that category is notably lower (9 percent), as shown in Figure 33. This suggests women who undertake Leadership Projects within Building Integrated and Resilient Health Systems are less likely to continue working on their projects after the Journey, or those projects are less likely to contribute to policy or practice contributions.

Figure 32: Proportion of contributions to health policy or practice linked to Leadership Projects for 2020–2023 cohorts (n = 76).



Data source: Longitudinal online survey.

Figure 33: Leadership Project type for alumnae who reported policy or practice contributions linked to Leadership Project in the 2020–2024 cohorts (n = 306).

Leadership Project Type	Building Integrated & Resilient Health Systems	Catalyzing Institutional Change	Centering Women and Girls in Health	Optimizing Pathways to Leadership
Leadership Projects that Contribute to Policy or Practice	9%	24%	38%	29%
Leadership Projects Overall	19%	20%	33%	28%

Data source: Longitudinal online survey and program monitoring data.

Acting with Intention—Through Research

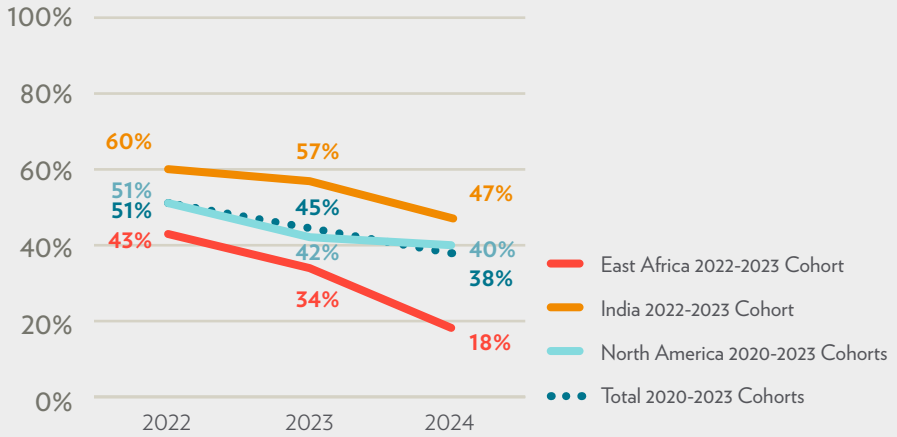
More women leaders in the East Africa and North America 2023–2024 cohorts reported publishing peer-reviewed and non-peer-reviewed articles at endline (2024) than at baseline (2023).

Conversely, average publication rates of peer-reviewed and non-peer-reviewed articles for the 2020–2023 cohorts decreased in the past year (see Figure 34). The North America 2020–2023 cohorts reported the smallest overall decrease, from 42 percent to 40 percent, due to their increase in peer-reviewed article publications (31 percent to 41 percent).

In the East Africa 2023–2024 cohort, the proportion of women leaders who published peer-reviewed or non-peer-reviewed articles increased from 22 percent to 32 percent between baseline and endline (see Figure 35). East African women leaders in the 2023–2024 cohort in the government or public sector formed the largest proportion (38 percent) of those in the region who published peer-reviewed articles (see Figure 36 on the following page).

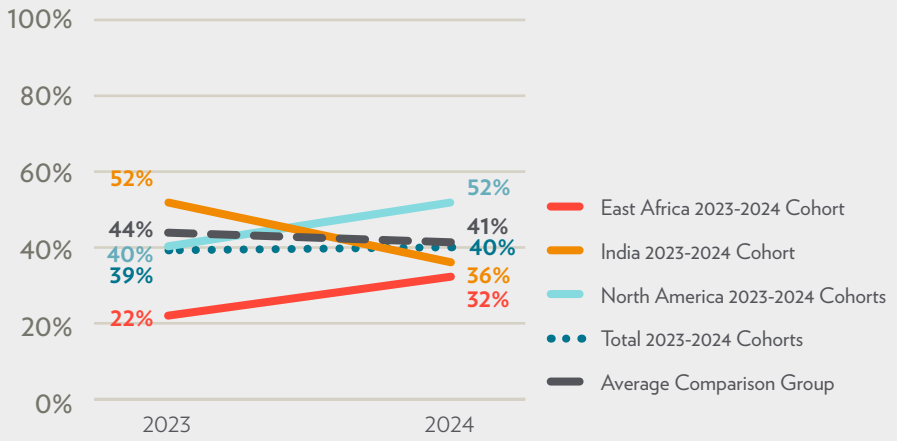
In the North America 2023–2024 cohort, 40 percent of women leaders published an article at baseline, compared to 52 percent at endline. Publication rates by sector differed between the East Africa and North America 2023–2024 cohorts. The women from the North America 2023–2024 cohort who published peer-reviewed articles were largely from the academia or research sector (44 percent at endline) rather than the government or public sector, as in the East Africa 2023–2024 cohort.

FIGURE 34: Average publishing rates of peer-reviewed and non-peer-reviewed articles for 2020–2023 cohorts (n = 266).



Data source: Longitudinal online survey.

Figure 35: Average publishing rates of peer-reviewed and non-peer-reviewed articles for 2023–2024 cohorts (n = 286).



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)

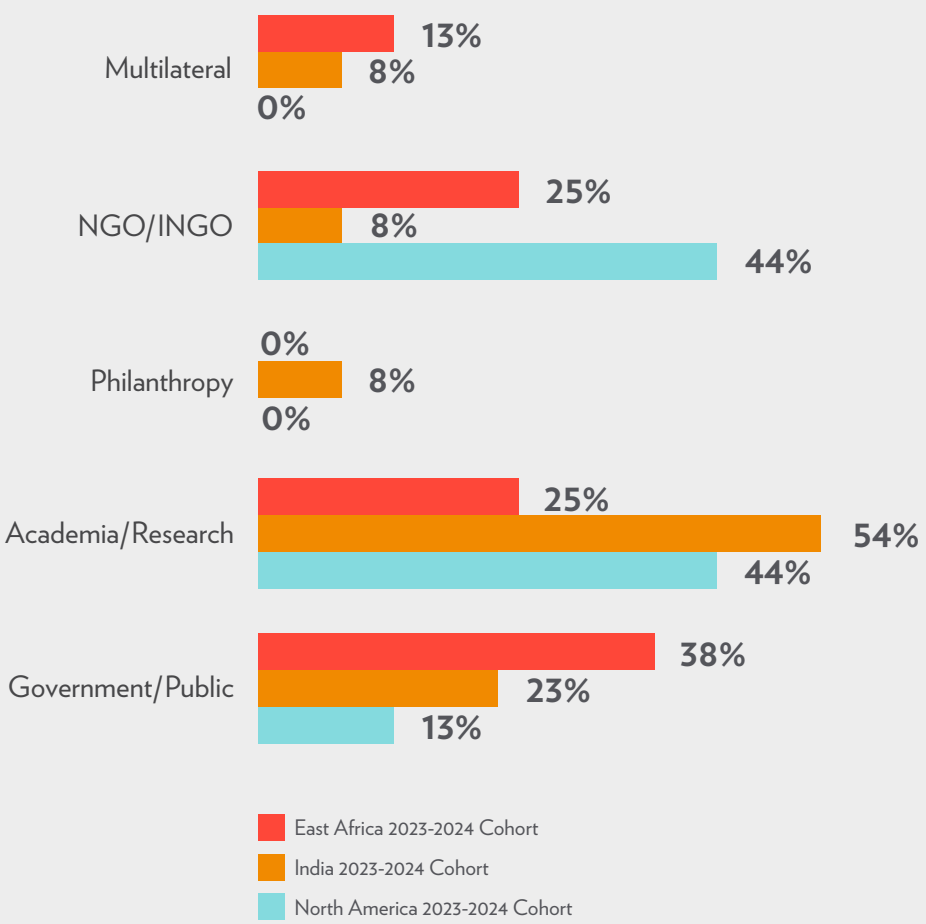
Data source: Longitudinal online survey.

Acting with Intention—Through Research

Similar to North America, women leaders in the India 2023–2024 cohort in the academia or research sector accounted for over half (54 percent) of those who published a peer-reviewed article at endline (see Figure 36). However, publication rates decreased for the India 2023–2024 cohort between baseline and endline (52 percent to 36 percent, see Figure 35). On average, women leaders in the India 2023–2024 cohort published two articles in the past year, while women in the East Africa and North America 2023–2024 cohorts published, on average, 2.3 and 2.6 articles, respectively. The comparison group also experienced a small decrease in peer- and non-peer-reviewed articles in this time, from 44 percent in 2023 to 41 percent in 2024 (see Figure 35).

> "My pilot project is published in [a] peer-reviewed international journal. The results of this big project will be published as well in a peer-reviewed journal and discussed in conferences."
>
> —INDIAN ALUMNA

FIGURE 36: Publishing rates by sector for peer-reviewed articles for 2023–2024 cohorts at endline (2024) (n = 73).



Data source: Longitudinal online survey.

Acting with Intention—Through Research

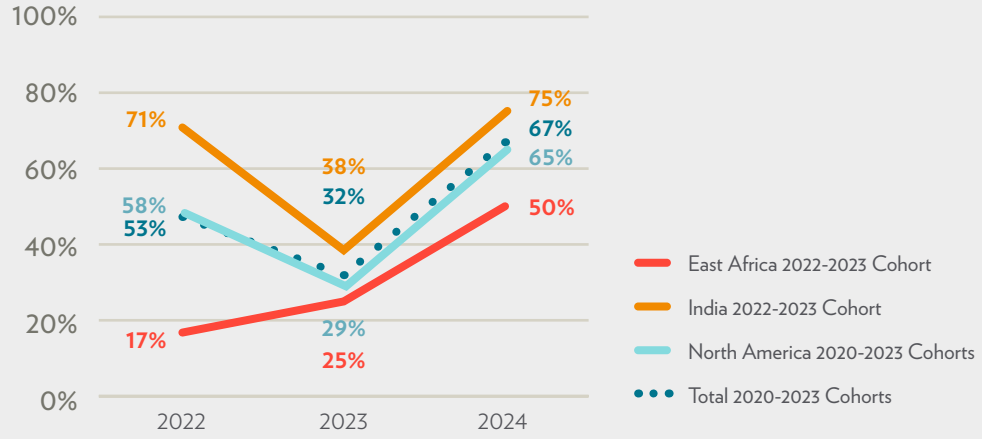
Nearly two-thirds (61 percent) of all women leaders who have completed the program (2020–2024 cohorts) were first authors on published, peer-reviewed articles in the past year—an increase from about half (52 percent) in 2023.

While women in the 2020–2023 cohorts experienced a decrease in first authorship during their Leadership Journey, first authorship increased between 2023 and 2024 for all 2020–2023 cohorts. North American women showed the largest increase (see Figure 37). Over half of the women leaders who reported being first authors were part of the academia or research sector (56 percent), followed by those in the NGO (23 percent) and government or public (21 percent) sectors.

Conversely, women leaders who recently completed the program (2023–2024 cohorts) reported lower rates of first authorship (see Figure 38). The India 2023–2024 cohort reported the smallest decline (71 percent to 69 percent) while the North America 2023–2024 cohort reported the largest decline (69 percent to 50 percent), between baseline and endline. This may be mirroring the trend seen in previous cohorts (see Figure 37), where first authorship drops during the Journey year, but recovers in the following year. These trends also may require multiple years of data to understand, as academic publishing is often a multiyear process.

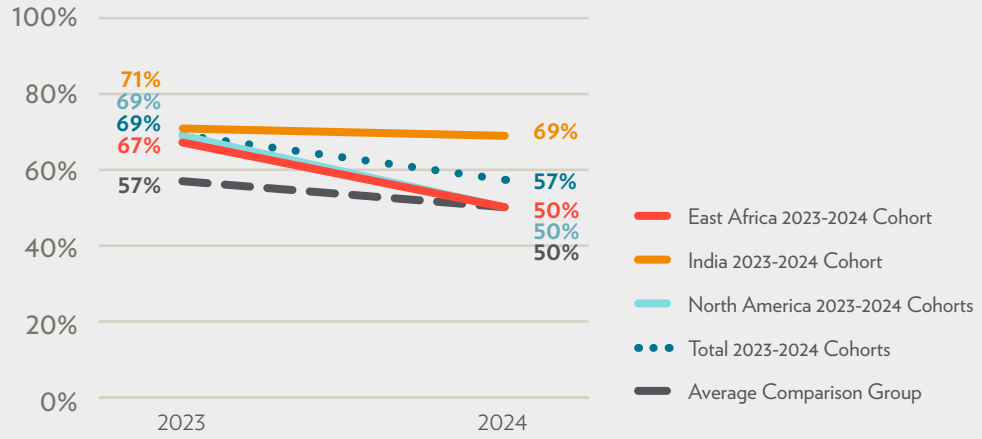
> "My focus is on closing gaps in care for people living with HIV… I'm in collaboration with great partners. I think our research informs clinical care and informs policy. It absolutely is done in collaboration and co-creation with countries."
>
> – NORTH AMERICAN ALUMNA

FIGURE 37: First authorship of women in 2020–2023 cohorts, by region (n = 113).



Data source: Longitudinal online survey.

FIGURE 38: First authorship of women in 2023–2024 cohorts at baseline (2023) and endline (2024) (n = 99).



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.

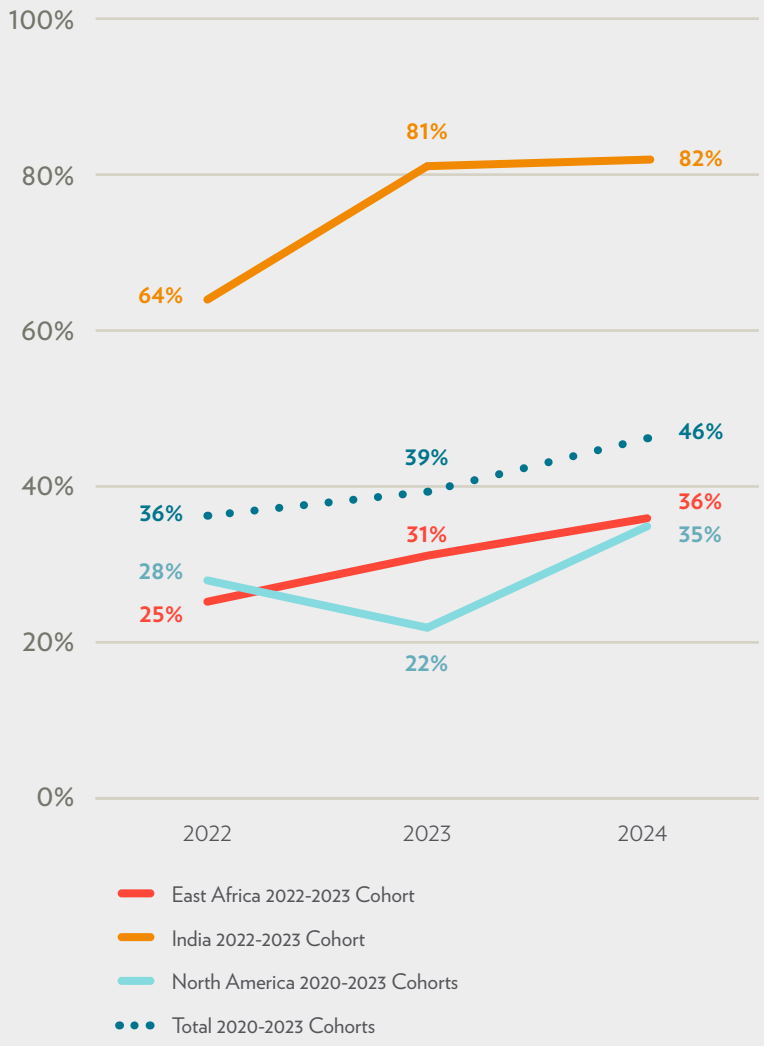
Acting with Intention—Through Research

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.

The East Africa and North America cohorts drove this increase, as the rates of Indian women leaders leading research trials or studies remained unchanged during the past year for both 2020–2023 and 2023–2024 cohorts (see Figure 39 and Figure 40 on the next page). The stable proportion of Indian women leading research trials or studies may suggest that Indian women leaders in research or academia are already well-established within their field and not currently seeking to increase or decrease their involvement in research projects. The proportion of women from the India 2023–2024 cohort in the NGO sector leading research trials or studies increased from 25 percent to 34 percent between baseline and endline.

> "I'm currently fully engaged in several research projects focused on improving cancer care and quality of life for those living with cancer. Focused especially on low-resource settings. So, research that is based on … answering questions raised by local health care providers [and] conducted in the context specific to our local needs … So, I think when you do research, I think it trickles up into the global level based on the data that we get and when we disseminate, we disseminate it globally."
>
> —EAST AFRICAN ALUMNA

FIGURE 39: Women in the 2020–2023 cohorts leading research trials or studies (n = 263).



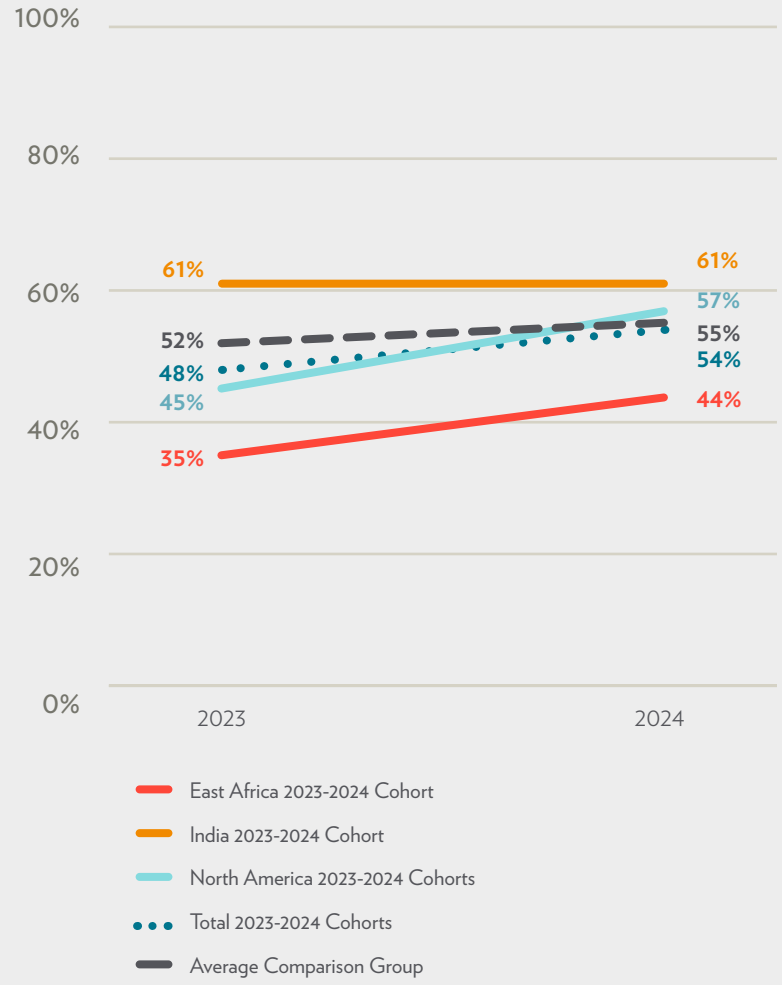
Data source: Longitudinal online survey.

Acting with Intention—Through Research

The East Africa 2023–2024 cohort reported a 9 percent increase in the proportion of cohort members leading research trials or studies between baseline and endline (see Figure 40). The average number of studies the East Africa 2023–2024 cohort led also increased, from 1.5 to 2.82. The East Africa 2023–2024 cohort had a larger proportion of women leaders in the government or public sector leading research trials (38 percent at baseline and 27 percent at endline) than the India or North America 2023–2024 cohorts, where women leading research trials or studies were largely from the academia or research or NGO sectors. In the East Africa 2023–2024 cohort, 100 percent of the women leaders who work in the academia or research sector and 60 percent of women leaders within the government or public sector led a research trial or study in 2024. The North America cohort reported the largest increases in leading a research trial or study, from 45 percent to 57 percent between baseline and endline. On average, women from the North America 2023–2024 cohort led 3.13 studies in 2024, compared to 2.77 studies in 2023. There does not appear to be any notable difference between the 2023–2024 cohorts and the comparison group; 52 percent reported leading research trials in 2023 and 55 percent reported leading research trials in 2024. This number falls between the different cohorts and demonstrates a similar, modest upward trend.

> "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

FIGURE 40: Women in 2023–2024 cohorts leading research trials or studies at baseline (2023) and endline (2024) (n = 285).



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.

Acting with Intention—Through Research

Case Study: **Amplifying research that impacts women's health.**

Idyoro Ojukwu
South Sudan

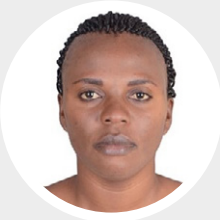
Through her leadership project on the attitude of women toward cervical cancer screening and treatment programs in South Sudan, Idyoro is already putting her leadership lessons into practice. She leapfrogged her goal of sharing data with the Ministry of Health to begin advocating for a national cervical cancer screening program. Idyoro explained that her research as translated into direct action, "**I'm actually influencing the implementation of the program for cervical cancer screening and treatment program**."

She will continue to put the learnings from this ongoing research—accessibility of and barriers to cervical cancer screening for women; willingness of health care personnel to incorporate services for cancer screening in their facilities and the availability of screenings; and community awareness of screenings—to use in planning for and implementing screening and treatment programs at a range of facilities.

Poulome Mukherjee
India

As a consultant surgical oncologist at Cachar Cancer Hospital and Research Center, Poulome is aware that all the research that she does today can translate into policy—at the community, state, or country level. She explained that once those policies were put into practice, "**we also come back and review the practices and results that our research has brought forth in various policies. There is research at all levels**."

As part of her work in community research, she is looking at the results of training the Accredited Social Health Activist (ASHA) workers to screen for common cancers, such as cervical, breast, and oral cancers. This involves exploring their training, how they their work in the community, and community awareness. Depending on the results of the research, "**the Government of India may look to empower the ASHA community health workers, who are mostly women, through things like higher financial incentives**."



Sandra Musabwasoni
Rwanda

Sandra recently published the paper "Psychology of Abortion: A Qualitative Exploration of Women's Quality of Life after Termination of Pregnancy Service Provision." Her research looked at the impact of psychological support from different women's surroundings, including health care provider's support to improve women's mental health outcomes after the termination of pregnancy service provision. This critical issue continues to impact the lives of women and girls worldwide. She reports, "**this is a result from the WomenLift Health project and it is informing the development of the psychological, emotional health package that will impact service provision when integrated**."

Acting with Intention—Through Networks

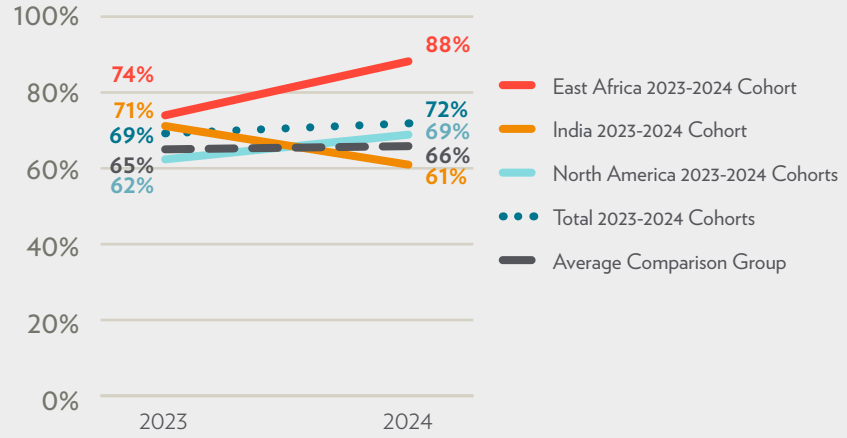
Participation in professional networks or associations increased for the East Africa and North America 2023–2024 cohorts from baseline to endline—women serving on boards of directors within those institutions in all regions nearly doubled.

The East Africa 2023–2024 cohort reported an increase (74 percent to 88 percent) in participation in professional networks or associations between baseline and endline (see Figure 41). Women in the North America 2023–2024 cohort reported a marginal increase in participation in networks between baseline and endline, from 62 percent to 69 percent. The India 2023–2024 cohort reported a decrease in participation in professional networks or associations between baseline and endline, from 71 percent in 2023 to 61 percent in 2024. The comparison group saw no real increase in professional network participation over time. The proportion of women leaders from the East African 2023–2024 cohort who are serving on boards increased from 18 percent in 2023 to 36 percent in 2024. Both India and North America 2023–2024 cohorts reported similar increases, as detailed in Figure 42.

Qualitative data indicates that women leaders participated in a diverse array of networks and associations and served in a variety of positions within those institutions. Examples of women leaders' involvement include:

- Mentoring recently resettled refugee youth, with a focus on educational opportunities in their country of resettlement.
- Serving as a chairperson for a national initiative to provide fellowships for PhD students in science and technology fields, aimed at expanding the research and development base.
- Providing strategic advising around global health research and innovation for a multilateral institution.

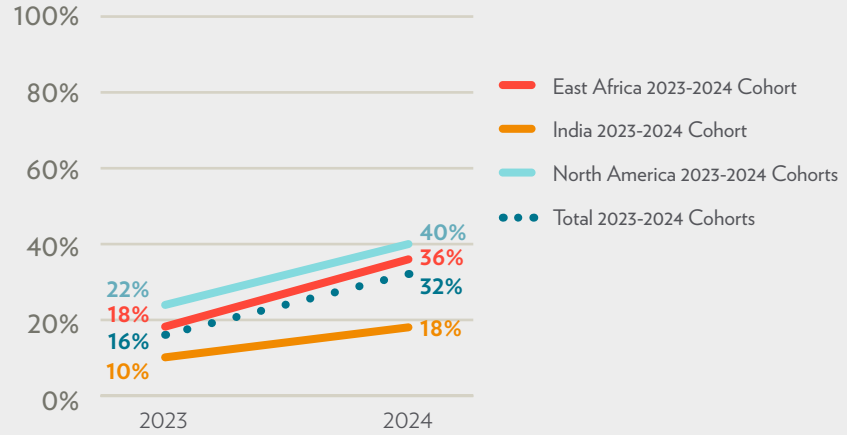
FIGURE 41: Women in 2023–2024 cohorts who are members of professional networks from baseline (2023) to endline (2024), by region (n = 286).



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.

FIGURE 42: Women in 2023–2024 cohorts who serve on boards of directors from baseline (2023) to endline (2024), by region (n = 114).



Data source: Longitudinal online survey.

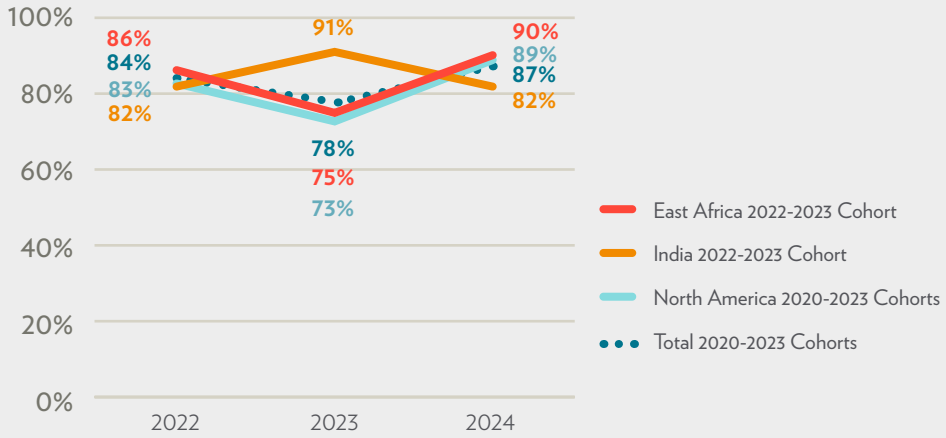
Acting with Intention—Through Networks

Participation in conferences, meetings, or other fora increased overall for the 2020–2023 cohorts, from 78 percent in 2023 to 87 percent in 2024.

The proportion of women leaders in East Africa 2022–2023 and North America 2020–2023 cohorts who reported participating in conferences, meetings, or other fora increased between over the past year (see Figure 43). The average number of events that the East Africa 2022–2023 cohort attended increased from 2.42 to 2.78; for North American 2020–2023 cohorts, the average decreased from 3.18 to 2.78 between 2023 and 2024. The India 2022–2023 cohort reported a decrease in participation in these events, from 91 percent in 2023 to 82 percent in 2024. The average number of events attended also decreased for the India 2022–2023 cohort from 7.05 to 4.07 between 2023 and 2024. The comparison group did report a small increase in conference participation from 77 percent 2023 to 84 percent 2024.

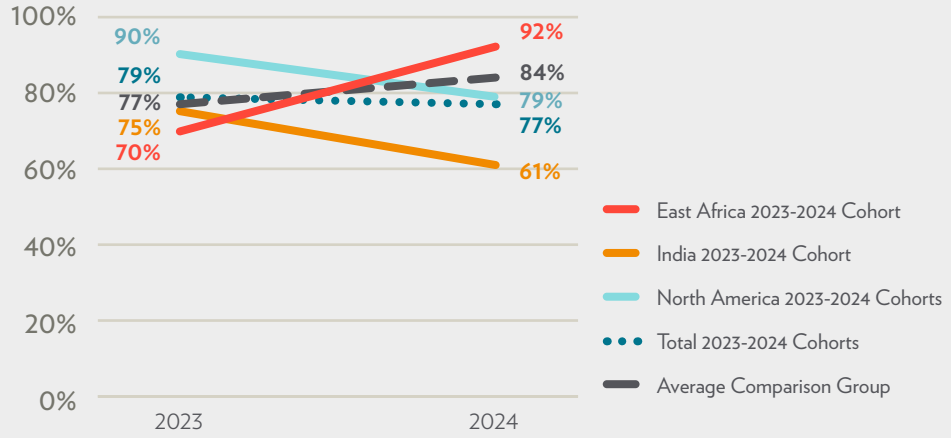
> "I chair a lot of committees, national committees … different policymaking or project-sanctioning authorities … I'm also [a] member of [a] number of Research Review committees. Because I'm a senior person in this area and there are few women like [me, I] keep on getting called to some of the other committees."
>
> —INDIAN ALUMNA

FIGURE 43: Women in 2020–2023 cohorts who participated in global or regional conferences, meetings, or other fora, by region (n = 264).



Data source: Longitudinal online survey.

FIGURE 44: Women in 2023–2024 cohorts who participated in global or regional conferences, meetings, or other fora, by region (n = 286).



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.

Acting with Intention—Through Networks

Women leaders in the East Africa 2023–2024 cohort who reported attending conferences, meetings, or other fora increased from baseline (70 percent) to endline (92 percent). Conversely, fewer women leaders in the India and North America 2023–2024 cohorts reported attending such events at endline (see Figure 44). While variable by region, there was a marginal overall decrease in conference participation during the Journey year. The 2022-2023 cohorts mirrored the overall decrease during the Journey year. The subsequent increase in participation in 2024 for the 2020–2023 cohorts indicates women may decrease their conference participation during the Leadership Journey, perhaps due to time commitments, and resume their participation after completing the program.

Qualitative data indicate that women leaders also connect with each other at large-scale convenings, particularly at global conferences where alumnae can reconnect with their cohort members or build new, cross-regional connections between cohorts.

> "I pushed really hard for my team … We were originally only allocated one topic and one session … [I] pushed to meet with the organizers, and they gave us a spot on two more panels … I'm really going hard and leaning into, we need to be very vocal at the conference [and] I'm also trying to think strategically about … how do we maintain momentum? What is our communication strategy? How are we building this as a business development opportunity? So, I guess I'm trying to use the opportunity more strategically to elevate the work that we're doing and highlighting again the health outcomes that are related to it."
>
> —NORTH AMERICAN ALUMNA

Acting with Intention—Through Networks

Women leaders discussed the tension of experiencing significant and meaningful internal growth during the Leadership Journey, but still existing in a society and in institutions that remain the same.

In qualitative interviews, alumnae reflected on how the transformative experience of the Leadership Journey sometimes conflicts with the reality of the society or institution in which they operate. Women leaders felt a great deal of internal growth and awareness around their leadership style and approach to leadership, but the lack of change in their environment could sometimes lead to friction. Alumnae shared a desire for more practical skill-building opportunities to learn how to navigate man-dominated workplaces and spaces. Providing women leaders with techniques and tools to navigate such an environment could serve to address the tension the women leaders discussed.

"I think that there's so many times where I wish someone within my organization had been through the WomenLift Health program so I could speak the same language to them … how do you move from doing this at an individual-level to doing it in an organizational level? I think that that would be valuable. How [do] you actually do that?"

—NORTH AMERICAN ALUMNA

"This Journey has changed our mental makeup, but the opportunities outside are still bleak … the society around me is still the same."

—INDIAN ALUMNA

"I think it's a very academic thing, like women's opinions are not really valued. The men are senior, by virtue of the grants and the professorship. So … [women] can talk, we have space to contribute to strategy meetings, but you'd have to assert yourself and be confident. And I think the currency is publications, and I do have the publications. I'm one of the few people who can speak up and I'm an adjunct, so I'm able to speak up and I've gotten bolstered more after the [Leadership Journey] to speak up and be in spaces, and I've been able to get assigned to PI [Principal Investigator]-ship and projects because of my speaking up … but again, the men grow faster, the men earn more, the men have more responsibility."

—EAST AFRICAN ALUMNA

Acting with Intention—Through Networks

Case Study: **Building wider networks to support peers and promote leadership development.**

Poulome Mukherjee
India

Throughout the Leadership Journey, interactions with peers were very important to Poulome—so important that she **started her own peer network for her work**. She formed a network with her peers where they help each other with surveys and research.

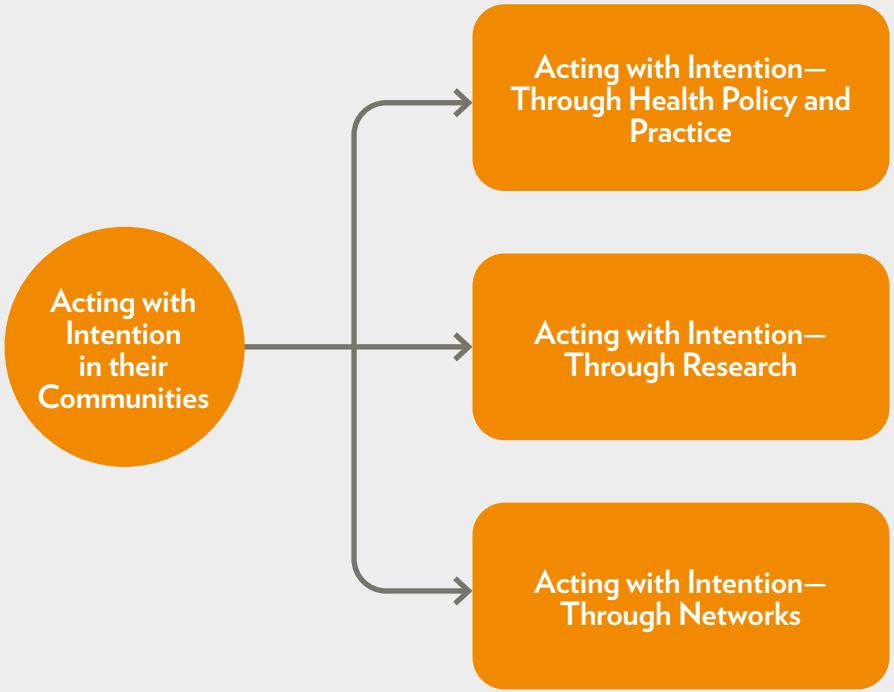
She has also reached out to a senior person in a previous Leadership Journey cohort for mentorship and collaboration.

Idyoro Ojukwu
South Sudan

In 2020, Idyoro, with her cohort member Emily Koti and another colleague, established the South Sudan Women in Medicine organization to build the capacity of women. While the organization does not focus solely on leadership, Idyoro reports that "**leadership programs will play a larger part their future activities**." They are currently organizing programs through the online platform of the University of Washington's Leadership and Management in Health, which has trainings on leadership in management in health at the local, national, and global levels.

Idyoro also stays connected to Leadership Journey alumnae through the WhatsApp group. She has found this group valuable for connecting to the wider cohort and learning about useful conferences and job announcements.

Section Summary



Women leaders in the East Africa and North America 2023–2024 cohorts reported an increase in publishing peer-reviewed and non-peer-reviewed articles between baseline and endline. The rates of women leaders listed as first authors on such articles increased overall in the last year (from 52 percent in 2023 to 61 percent in 2024); however, the 2023–2024 cohorts reported a decrease in first authorship between baseline and endline, which may relate to the time and focus they spent on the Leadership Journey itself. Finally, the rates of women who led research trials or studies increased in the past year for the East Africa and North America 2023–2024 cohorts.

Over half (51 percent) of women leaders who completed the Leadership Journey contributed to health policy or practice within the past year. Although women in the India and North America 2023–2024 cohorts reported a decrease in contributions to health policy or practice, qualitative data suggest that women are being intentional and supporting initiatives strategically. Nearly half (44 percent) of women leaders reported that the policy or practice change was linked to their Leadership Project.

Alumnae reported more participation in networks, associations, and convenings over the past year. Within these networks, alumnae took on leadership roles. Between baseline and endline, women leaders in 2023–2024 cohorts serving on boards of directors nearly doubled in each region, with an overall increase of 16 percent to 32 percent. Participation in conferences, meetings, or other fora increased overall for the 2020–2023 cohorts, from 78 percent to 87 percent, which may indicate that women decrease their participation during the Journey year and resume conference attendance in the year following the Leadership Journey. However, women noted while they grew individually, they struggled with continuing to operate in organizations and a society that uphold inequitable gender norms.

This version of the report does not include the project feedback and recommendations, which are published in a separate version of the report.

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 key recommendations can support in bolstering the results as it moves forward. Individual-level key findings of this report include:

- Throughout the elements of the Journey, women were able to understand their own strengths and areas for growth. The 360 Assessment in particular enabled self-reflection and self-awareness.
- Leadership competencies showed an overall increase across regions (8.4 percent increase from 2023 to 2024, see Figure 10), and had a distinct improvement compared to the comparison group, which on average reported a decrease of 1 percent in their leadership competencies (Figure 11). Women spoke about regularly using the skills they learned during the Leadership Journey and actively using the materials past the Journey's conclusion.
- The connections made during and after the Leadership Journey have been a hallmark of the program and have allowed for deep, personal bonds that would be challenging to form outside of WomenLift. These connections were strongest within cohorts and regions.
- Confidence has increased over the course of the Leadership Journey, with women feeling confident in their abilities and speaking up more often. This was confirmed quantitatively as the confidence and courage competency rose at a higher rate than those in the comparison group (8.2 percent increase for those in the Journey, as compared to 1.6 percent for those in the comparison group, see Figure 15).
- Women have become more intentional in using their time and resources to achieve their goals. Data show that alumnae have continued to have high rates of pay increases based on merit, as well as promotions or job changes to a higher responsibility role.

Based on WomenLift's Theory of Change, the individual-level changes for the women in the Journey are then meant to contribute to institutional- and societal-level changes over the long-term. While the evaluation team plans to track these changes over several years to understand trends better, some initial findings at this level include:

- Women felt more confident in their abilities to speak up on institutional decision-making, though they felt they had the most power over their own projects and teams, compared to power within their wider institutions. Those who felt their influence over institutional decision-making has increased showed a trend of rising influence during the Journey year and then returning to pre-Journey levels after. Still, alumnae from the 2023–2024 cohorts who said they contributed to institutional policy change increased by 18 percentage points.
- In East Africa and India, women directly supervise, on average, 7.6 and 8.9 people, respectively. Cumulatively, women leaders from all cohorts directly supervise 1,759 people and oversee 11,055 people directly and indirectly. Women leaders discussed delegating more to their staff to support their professional development, as well as investing more in the growth of junior-level women staff.
- Over half (51 percent) of women leaders who completed the Leadership Journey contributed to health policy or practice within the past year. Although women in the India and North America 2023–2024 cohorts reported a decrease in contributions to health policy or practice, qualitative data suggest that women are being intentional and supporting initiatives strategically. Nearly half (44 percent) of women leaders reported that the policy or practice change was linked to their Leadership Project.
- Women leaders in the East Africa and North America 2023–2024 cohorts reported an increase in publishing peer-reviewed and non-peer-reviewed articles between baseline and endline. The rates of women leaders listed as first authors on such articles increased overall in the last year (from 52 percent in 2023 to 61 percent in 2024); however, the 2023–2024 cohorts reported a decrease in first authorship between baseline and endline, which may relate to the time and focus they spent on the Leadership Journey itself. Finally, the rates of women who led research trials or studies increased in the past year for the East Africa and North America 2023–2024 cohorts.
- Alumnae reported more participation in networks, associations, and convenings over the past year. Within these networks, alumnae took on leadership roles. Between baseline and endline, women leaders in 2023–2024 cohorts serving on boards of directors nearly doubled in each region, with an overall increase of 16 percent to 32 percent. Participation in conferences, meetings, or other fora increased overall for the 2020–2023 cohorts, from 78 percent to 87 percent, which may indicate that women decrease their participation during the Journey year and resume conference attendance in the year following the Leadership Journey.

ANNEX 1

Evaluation Design, Methodology, and Data Analysis Process

Evaluation Design

To support measuring outcomes and documenting learning, WomenLift has partnered with Bixal to conduct ongoing data collection, learning, and evaluation for the program. Bixal conducts annual evaluations documenting achievements, lessons learned, and recommendations to support WomenLift's learning and adaptive management. This report presents the results of the 2024 annual evaluation.

This evaluation design relies on a theory-driven approach,[12] guided by the WomenLift Theory of Change. The Theory of Change (Figure 1) demonstrates the pathway by which WomenLift aims to contribute to efforts to ensure gender equality and thus transform global health outcomes (impact). By elevating a diverse group of mid-career women to leadership positions in the global health arena, women will then prioritize the needs of women, children, and communities.[13,14,15] WomenLift recognizes that every woman is embedded in a complex web of individual, institutional, and societal relationships that require catalyzing change at the societal-, institutional-, and individual-levels. Interventions must happen through a critical mass of change agents who lead country-owned efforts that support and promote women's leadership. The WomenLift Theory of Change illustrates how WomenLift expects inputs and activities to lead to observable outcomes in the short- (within 12 months), medium- (3–4 years), and long-term (5–10 years). Routine program monitoring tracks whether the initiative is meeting its short-term outcomes, while this evaluation gauges the medium- and, ultimately, long-term outcomes that will lead to impact. The evaluation explores the relationships between activities, the overall cohesion of the program, and how these influence progress toward WomenLift's desired outcomes.

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Methodology
—Online Surveys (Baseline, Endline, Follow-Up, and Comparison)

Baseline, Endline, and Follow-Up Surveys

The evaluation team sent out online surveys to all women in the four East Africa cohorts, five India cohorts, and six North America cohorts. The surveys included questions on women's career progression, influence within their institution, external networking, and overall feedback on the Leadership Journey. This feedback will inform WomenLift's programs for coming years. Table 1 outlines the response rate for all cohorts, which is highest for cohorts completing their baseline (2024–2025 cohorts) or endline (2023–2024 cohorts). The evaluation team used individualized links to collect data so that the evaluation can track individualized changes longitudinally. The baseline, endline, and follow-up surveys are very similar. The only differences are in feedback on the program being included only in the endline survey and a few follow-up questions on topics the team is only tracking after women complete the program (e.g., how often are women meeting with other alumnae).

Comparison Survey

In addition to the baseline, endline, and follow-up surveys, the evaluation team collects data on a comparison group of women for each region. This comparison group is a delayed "treatment" group, where women in 2023 participated in the evaluation prior to starting the Leadership Journey in 2024. The selection process for the delayed "treatment" group was done randomly in almost all cases, as WomenLift was still expanding their capacity to manage multiple cohorts per region at once. In a small number of cases, women opted to delay until the next year due to personal circumstances. The comparison group survey is very similar to the baseline, endline, and follow-up surveys. The type of questions the team is tracking include questions on women's career progression, influence within their institution, and external networking. If women in the comparison group fill out the survey, they are offered a small gift card as a 'thank you'. Note that a few people in the comparison group declined the gift card after completing the survey because their job precludes them from accepting monetary gifts. Given that this is a delayed comparison group, they can only be followed as a distinct comparison group for one year (2023-2024), as they join the program in 2024. For this year's analysis, the evaluation team only used the women who filled out the survey both during 2023 and 2024. Note that the small number in East Africa is due to the delayed cohort only being partially identified when the survey was shared in 2023 (see Table 3).

TABLE 3: Matched comparison survey response, by region.

Region	2023 Responses	2024 Responses
East Africa	7	7
India	28	28
North America	27	27
Total	**62**	**62**

Methodology

—KIIs, Case Studies, and Monitoring and Program Data

KIIs and Case Studies

The evaluation team conducted 16 KIIs with alumnae and three with WomenLift staff (one per region), for a total of 19 KIIs. Table 1 details the interviews by stakeholder type. The evaluation team also conducted six case studies with alumnae from the 2023–2024 cohorts. For both the KIIs and the case studies, the evaluation team received recommendations from the WomenLift team from each region. Then, the evaluation team reached out to all possible respondents with the option for both the KII and case study interview, with the primary difference from the respondent's point of view being that the case studies are not anonymous and the KIIs are anonymous. The case study interviews are a semi-structured interview to document the women telling their story of their Journey year. The KIIs use a structured KII guide that asks questions about the women's experience with the Leadership Journey program, ways in which the program influenced their approach to leadership, involvement with other alumnae and WomenLift events, and program recommendations.

Monitoring and Program Data

The evaluation team also supports the collection of monitoring data for WomenLift and has access to the monitoring data for the Leadership Journey. The team used this data in a few specific places, where relevant, particularly on leadership competencies (Figure 8), policy and practice contributions linked to Leadership Projects (Figure 32), and recommendations for the program.

Data Analysis Process

Qualitative: The evaluation team conducted a multistage review of the qualitative data. In the first stage, the team reviewed qualitative transcripts and created a draft codebook. The team then reviewed the codebook to ensure it would reflect the key findings from the transcripts. The evaluation team next undertook an inter-rater reliability exercise, where the evaluation team applied the codebook to the same interview, compared results, clarified code meanings, and updated the codebook based on the findings. In the second stage, the team coded the data using Atlas.ti qualitative coding software. The evaluation team then used this dataset to identify the most common themes, areas of agreement and disagreement, and trends by stakeholders.

Quantitative: The evaluation team analyzed survey data in Stata, looking at trends since last year, overall distributions of answers, and disaggregation by region, sector, and other relevant disaggregates. Because of the small sample size, the team did not assess the statistical significance of results. The evaluation team also analyzed program data in Stata, looking for differences between respondent types and for changes over time and between categories in the touchpoint feedback data.

Triangulation of various data sources: The evaluation team then entered these data into a Findings, Conclusions, and Recommendations matrix to organize results and triangulate different data sources to draw conclusions. The evaluation team validated preliminary findings and recommendations with WomenLift. In this report, the evaluation team presents findings and themes for individual-, institutional-, and societal-level pathways to change (mirroring the evaluation questions), followed by recommendations and then the conclusion.

Limitations

TABLE 4: WomenLift Annual Evaluation Limitations.

Limitation	Mitigation
Response bias: Most of the primary data collected are based on people's individual observations, which may have meant that some data were less objective.	To the extent possible, this report triangulates each data source with additional sources, particularly program data from other points in time. These capture more systematic data on obstacles at the institutional- and societal-levels and provide an additional data point for program feedback.
Self-selection bias: Women leaders who respond to the annual follow-up surveys may be systematically different than those who choose not to participate. Alumnae who do respond may feel successful in their career, be more engaged with WomenLift, or view the Leadership Journey program in a very positive way. This may lead to unrepresentative results, particularly for early cohorts (2020–2023) and for questions with low sample sizes.	Self-selection bias is not a large concern for alumnae who recently completed the program (2023–2024 cohorts), as the baseline and endline surveys are integrated into the Leadership Journey and the response rate is very high. However, as the program expands and alumnae are more removed from the program, additional methods, such as incentives, should be considered. Incentives may serve to encourage responses from a higher number of alumnae to build a larger and more representative sample. For this year, the evaluation team ran a comparative analysis of the characteristics of those women who did not respond to the longitudinal online survey, and those that did, and the team did not find any notable differences.
Early cohort response rates: For the early North America cohorts (cohorts 1 and 2), we had lower response rates than the response rates for those cohorts that are completing their baseline or endline in 2024. The response rate was 48 percent for North America cohort 1 (2020–2021) and 56 percent for North America cohort 2 (2021–2022).	As follow-up continues after the completion of a program, it is normal for the response rate to fall off. As this survey continues, it may be prudent to consider an incentive to encourage participation for those participants who are not currently enrolled in the Leadership Journey.

ANNEX 2

Leadership Competency Score Construction

How Leadership Competency Scores are Calculated

The leadership competencies are each calculated from two to three statements that women rate themselves on in the baseline and endline surveys. The ratings range from 1 (to a very little extent) to 5 (to a very great extent). The scores the women give themselves are then averaged together for each of the eight competencies, and that score from 1 to 5 becomes their score for that competency.

TABLE 5: WomenLift Leadership Journey leadership competencies and the statements the competencies are calculated from.

Leadership Competency	Leadership Competency Definition	Leadership Competency Statements
Confidence and Courage 	Demonstrates inner strength and reliance on one's personal capabilities. Puts forth willingness and ability to navigate tensions, promote constructive responses, and take meaningful and appropriate action amid challenges, fear, and uncertainty.	Believes they can make valuable contributions to the organization.
		Navigates opposition and institutional power dynamics effectively.
Developing Others 	Actively works to build the capacity of others by providing guidance and support and fostering a healthy team dynamic in a concerted effort to grow the pipeline of diverse leaders in health.	Maintains awareness of the aspirations, strengths, and developmental needs of others they support.
		Provides individuals with developmental challenges, stretch opportunities, and appropriate support.
		Delegates work that provides substantial responsibility and visibility for an upcoming leader.
Ecosystem Mindset 	Cultivates a broad vision, embraces transformational thinking and applies cultural intelligence in decision-making. This includes using an expansive worldview, acknowledging structures of privilege and power that contribute to global colonization, and generating political will for systemic change. It also includes centering local partners in generating ideas, and amplifying their visibility, power, and ownership.	Builds diverse teams and includes individuals with various lived experiences and perspectives in decision-making.
		Actively solicits and considers perspectives of those affected before making decisions.
		Works to increase the power of individuals in underrepresented or historically overlooked groups.

Leadership Competency	Leadership Competency Definition	Leadership Competency Statements
Leader Agility 	Envisions the big picture and leads change processes with discernment and versatility. This includes building agile systems and processes to respond quickly and effectively to unforeseen disruption, creating synchrony between individual and environmental change, and increasing learning and innovation through every challenge.	Has vision; often brings up ideas about possibilities for the future.
		Adjusts leadership style and acts according to the demands of the situation and context.
		Treats every challenge as an opportunity to learn something.
Leader Identity 	Projects a clear sense of self, including awareness and monitoring of the components that drive a leader's intent, behaviors, and impact on others. These components include, but are not limited to, values, beliefs, and traits; a sense of purpose, emotions, strengths, and gaps; and awareness of context, personal power, and privilege.	Is decisive and makes decisions that are aligned with personal values.
		Acknowledges limitations and blind spots, and seeks out growth opportunities.
Leadership Presence 	Recognized as a respected and trusted leader in the institution. Stays informed of one's own reputation by soliciting feedback from a variety of stakeholders. Engages with others in a sincere and authentic way, and in alignment with one's expressed vision and intent.	Has an approachable leadership style that allows others to engage authentically.
		Inspires others through their passion for the work.
		Pursues feedback to understand their impact on others.
Relationship Building 	Applies an inclusive and discerning approach to developing new and existing relationships. This includes establishing comfort with initiating new connections, securing a diverse network of allies and supporters to co-create ideas and vision, navigating opposition, and combining personal and social power to get things done.	Comfort with initiating new connections.
		Builds an inclusive and diverse network when considering new and existing relationships.
		Leverages allies, advocates, and supporters to implement change.
Resilience 	Maintains the energy and mindset to lead as the best version of oneself. This involves the ability to adapt and effectively respond to interpersonal challenges, systemic barriers, competing priorities, project setbacks, and unpredictable circumstances associated with leading in institutions.	Remains calm in high-pressure situations.
		Provides an atmosphere that supports and balances both high performance and self-care.

ANNEX 3

Leadership Competency Score Tables

Leadership Score Competency Tables

TABLE 6: Leadership competency scores for the 2023–2024 cohort and the comparison group.

	Baseline (2023)	Endline (2024)	Difference	% Difference
Leader Identity	3.89	4.28	0.40	10.2%
Confidence and Courage	3.75	4.06	0.31	8.2%
Relationship Building	3.92	4.06	0.14	3.5%
Developing Others	3.73	4.16	0.43	11.4%
Ecosystem Mindset	3.76	4.18	0.41	10.9%
Leader Agility	3.82	4.23	0.42	10.9%
Resilience	3.61	3.83	0.21	5.9%
Leadership Presence	3.97	4.22	0.25	6.4%
Average	**3.81**	**4.13**	**0.32**	**8.4%**
Leader Identity (Comparison Group)	4.03	4.13	0.09	2.3%
Confidence and Courage (Comparison Group)	3.65	3.71	0.06	1.6%
Relationship Building (Comparison Group)	3.91	3.81	-0.10	-2.5%
Developing Others (Comparison Group)	4.07	4.02	-0.05	-1.3%
Ecosystem Mindset (Comparison Group)	3.96	4.03	0.07	1.8%
Leader Agility (Comparison Group)	3.96	3.91	-0.05	-1.2%
Resilience (Comparison Group)	3.75	3.57	-0.18	-4.7%
Leadership Presence (Comparison Group)	4.10	3.92	-0.19	-4.6%
Average (Comparison Group)	**3.93**	**3.89**	**-0.04**	**-1.0%**

TABLE 7: Leadership competency scores for the 2022–2023 cohort.

	Baseline (2022)	**Endline** (2023)	**Difference** (Baseline to Endline)	**% Difference** (Baseline to Endline)	**Follow-Up** (2024)	**Difference** (Baseline to Follow-Up)	**% Difference** (Baseline to Follow-Up)
Leader Identity	3.95	4.35	0.4	10.10%	4.26	0.32	7.8%
Confidence and Courage	3.84	4.25	0.4	10.70%	4.08	0.24	6.3%
Relationship Building	3.98	4.35	0.36	9.30%	4.16	0.18	4.5%
Developing Others	3.81	4.49	0.67	17.80%	4.37	0.56	14.7%
Ecosystem Mindset	3.91	4.38	0.47	12.00%	4.38	0.47	12.0%
Leader Agility	3.87	4.36	0.48	12.70%	4.28	0.4	10.6%
Resilience	3.6	4.11	0.51	14.20%	4.06	0.46	12.8%
Leadership Presence	4.04	4.46	0.42	10.40%	4.32	0.28	6.9%
Average	**3.88**	**4.34**	**0.46**	**11.90%**	**4.24**	**0.36**	**9.3%**

WomenLift Health

Contact Information:
info@womenlifthealth.org