

EVALUATION LEARNINGS: 2021-2022

WomenLift Health aims to expand the power and influence of diverse women in global health and catalyze systemic change to achieve gender equity in leadership. Towards this end, WomenLift works at the individual, organizational and societal levels to expand the number of diverse, accomplished women leaders working in global health.

A central component of WomenLift Health's work is the Leadership Journey, an intensive year-long leadership immersion for mid-career women working in health globally. WomenLift has conducted two Leadership Journeys in the US/Canada and the third Journey is currently on-going. WomenLift also launched Leadership Journeys in India and East Africa in 2022. As WomenLift Health expands its work with women leaders, monitoring,

evaluation, and learning are central to ensuring that the program is measuring change, understanding how it can be most impactful, and continuously adapting. WomenLift Health's MEL activities are a core part of the program's work and include key indicators tracking outputs and outcomes, regular qualitative and quantitative landscape assessments to tailor approaches, and reflection meeting to discuss data and lessons learned.

Finally, we conduct annual evaluations to synthesize the progress and lessons learned from the year. This year's annual evaluation included 25 key informant interviews, a survey with 56 women across all three US/Canada-cohorts, a targeted literature review, and review of regular monitoring data. This document summarizes the findings from the March 2022 annual evaluation.

Cohort Timeline

- 2020 ● Cohort 1—US/Canada
- 2021 ● Cohort 2—US/Canada
- 2022 ● Cohort 3—US/Canada
- Cohort 1—India
- Cohort 1—East Africa



EQ1: To what extent has the Leadership Journey training led to key leadership outcomes? (Individual Level)

Across the board we find that women report positive changes across all key leadership outcomes:



Peer networks

One of the most immediate, concrete outcomes has been the growth of peer support networks, which provide women with a safe space to discuss both professional and personal issues.

"The peer network is the most long-lasting. . . You see you are in a cohort of amazing women and that must mean something about you . . . as you move towards leadership positions, it's . . . harder to find that support at your organization, so it's nice to find that support outside of it."

—Woman Leader Cohort 2



Voice and confidence

Women have grown in confidence and voice, which they are using to push for change.

"[The Leadership Journey] allowed me to express myself more. Before, I could pull aside a colleague to bring up my ideas. I'm more confident and found a voice to speak up in meetings now about my concerns and ideas."

—Woman Leader Cohort 2



Self-awareness and deliberate action

Women are using the tools they have gotten through the Leadership Journey such as self-awareness to change how they prioritize at work.

"The WomenLift Journey took me off that hamster wheel for a second to look at what I'm doing, my vision, how I'm showing up to everything to make it cohesive and thoughtful – less frantic on the best days and more thoughtful and planned and organized."

—Woman Leader, Cohort 2

EQ1-A: Which elements of the Journey have been most impactful?

Women found the core elements of the Leadership Journey, working together in concert, to be transformational. This year's updated curriculum and structure resonated strongly. These included:

Coaching

"The coaching has been good, talking through the results of the assessment. She helped me with impostor syndrome, talking about my struggles . . . to [take on] more responsibility. . . . She gave me practical resources of when to delegate and when not to."

—Woman Leader Cohort 2

Mentoring

"Having a subgroup of five was extremely powerful. Sometimes chatting with the larger group over the WhatsApp group is daunting while group of five is [less so]. My mentor [had to cancel] one day and we decided to meet without her and it was the best one."

—Woman Leader Cohort 2

Touchpoints

"[Learning Touchpoints] were helpful to have different themed areas for us to think about. Those were really helpful to get food for thought over the year."

—Woman Leader Cohort 2

Leadership Projects

Many women made changes through Leadership Projects (see box), but pointed out areas where the Projects could be more strongly integrated into the Journey overall. Projects were most successful when they pushed boundaries while still being realistic with limited time and resources.

"There was good guidance to make sure it was achievable and within my power to do... this seemed like something that was manageable and that would not have happened without a push from WomenLift."

—Woman Leader Cohort 2



Examples of Institutional Change through Leadership Projects

Ritu Kamal, [Expanding Access to the Global Faculty Training Program at Stanford Biodesign](#). Ritu recognized a gap in her Global Faculty in Training program's target; very few of the faculty trained were women, and even fewer were from LMICs. Through her Leadership Project, she targeted recruitment outreach, partners, and developed a strategy to improve access to the program. This work raised number of women faculty trained by 50% over one year, and increased number of faculty trained from LMIC from zero to two.

Schola Matovu, [Designing and Implementing a Leadership and Professional Development Training Program for Nurse-to-Nurse Global Initiative](#). Schola conducted a needs assessment with nurses in her target audiences and wanted to address the gap she saw in nurses' empowerment and ability to advocate for themselves and patients. She cultivated partners and developed an online training program which will be piloted in summer 2022.

Alumnae Network

WomenLift now has two US/Canada cohorts completed and has a growing alumnae network. WomenLift hosted its first in-person alumnae event in Seattle in April 2022, with nearly all alumnae attending. Many women from the first two cohorts are eager to continue to be involved with their peers within and across cohorts, especially in other countries as WomenLift begins Leadership Journeys in India and East Africa.

Consistently, women said they valued **depth** of connection most, whether speaking about alumnae events, potential e-learning opportunities, or connections with women in other regions.

Alumnae reported interacting with one another for a myriad of professional and personal reasons:



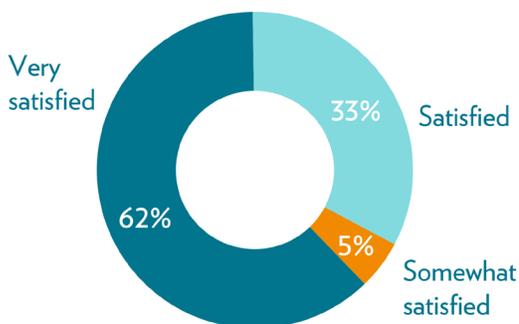
EQ2: How have WomenLift Health alumnae and the WomenLift Health strategy influenced organizations to create a more enabling environment for women leaders?

Leadership Journey

The Leadership Journey has served as an entry point into institutional-level change by building the capacity and raising the profile of the women leaders in the Leadership Journey. Seventy percent of women reported contributing to changes in organizational policy or practice in the past year; among Cohort 2, about one-third of women reported that these changes were a part of their Leadership Projects.

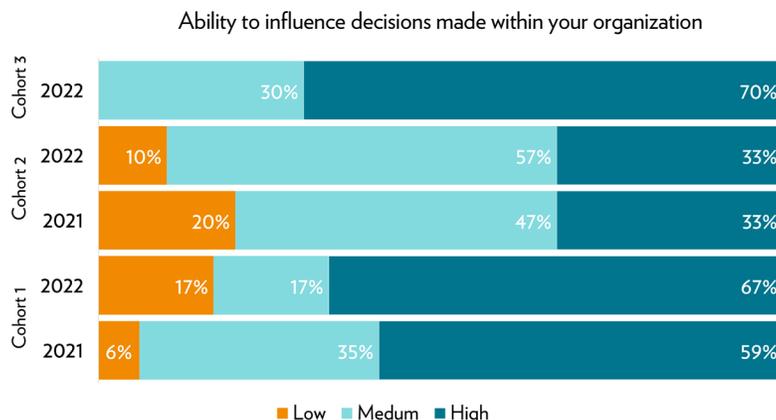
The type and scope of these changes were diverse and many were far-reaching within the organization. Many touched on organization-specific DEI issues, like developing wellness policies or accommodations (e.g., lactation rooms, telework, and compensatory time policies), formation of DEI committees, and creation of mentorship programs or other investments for junior staff professional development. Other changes were more externally-facing, like developing new policies and guidelines for a global health advanced degree program, research ethics, and even use of vaccines for infectious diseases (e.g., COVID-19, Ebola, and polio). The box below highlights some of the changes women made at the institutional level through their [Leadership Projects](#).

95% of participants were very satisfied or satisfied with their Leadership Journey experience.



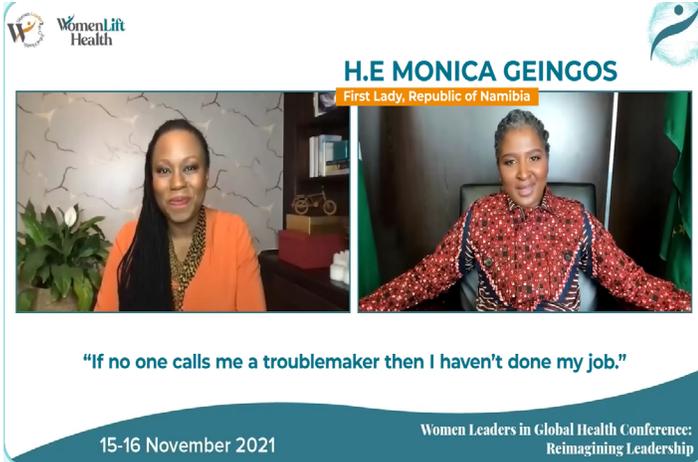
Somewhat unsatisfied or Very unsatisfied = 0

In survey results, women in Cohort 2 who said they have a “low” ability to influence decisions in their organizations decreased since last year, while the percentage characterizing their influence as “moderate” rose:





EQ3: How has overall WomenLift Health strategy contributed to the advancement of women leaders in the targeted countries/regions, including their visibility and their influence on health policy? (Societal Level)



Influencing the Health Landscape

Across all cohorts, 61% of women reported contributing to changes in health policy or practice in the last 12 months. These changes fell into two broad categories: influencing policy through technical inputs, and engaging in conversations about DEI and decolonization. In policy, participants reported contributions including developing COVID-19 testing and vaccine policies, contributing to reproductive rights research and advocacy, and program design and strategy targeting youth, private sector engagement, and others.

In addition to using research to influence policy and practice, women are contributing to the global health evidence base through conducting their own research and publishing. In DEI and decolonization, participants described conversations they were having through the Journey to shape global health at different levels.

Often, this was a matter of examining their own roles within the sector—especially among white participants—amongst themselves and/or with coaches and mentors to examine whether the responsible thing to do was to step back and make space for other voices. Others said they are critically examining ways to shift power dynamics in the global industry.

Women Leaders in Global Health (WLGH) Conference

The WLGH Conference has been held annually since 2017 and is closely linked to the origins of WomenLift Health, which assumed leadership of the conference when the program began. The purpose of the conference is to foster dialogue around gender in global health.

In 2021, the two-day “Re-Imagining Leadership” themed conference was held virtually for more than 2,000 participants. WomenLift was intentional about the process and optics of the speaker selection in order to achieve “true diversity,” going beyond the popular names in the global health conference circuit and immediate networks to seek out new and traditionally underrepresented voices.

The WLGH conference has become an important platform for bringing attention to the need for women’s leadership in the global health, and amplify newer and non-traditional voices.



www.womenlifthealth.org

[WLGH Conference](#)

[2020—US/Canada Cohort 1](#)

[2021—US/Canada Cohort 2](#)

[2022—US/Canada Cohort 3](#)

[2022—India Cohort 1](#)

[2022—East Africa Cohort 1](#)



Societal Change through Leadership Project

Pwint Htun, [Leveraging smartphone technology as tools of resilience for women and girls in Myanmar during times of crisis](#). Responding to the 2021 coup in Myanmar, Pwint pivoted her Leadership Project to focus on enabling the blind population to use mobile money for transactions to reduce the risk of fraud. Mobile money has been a key way to circumvent aid blockades and build resiliency.