WomenLift Health Evaluation Report

Read the Executive Summary

JULY 2023

Evaluation Design & Methodology
Survey & KII Demographics
Individual-level
Pathways to Change
Institutional-level
Societal-level
Conclusion & Summary of Findings
Annexes

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This report was produced by an external evaluation team at Bixal, with feedback and coordination with the WomenLift Health & CCL teams.

This version of the report is public, and does not include project feedback & recommendations.

Acronyms

CCL	Center for Creative Leadership
DEI	Diversity, Equity, and Inclusion
HR	Human Resources
INGO	International Nongovernmental Organization
IRB	Institutional Review Board
KII	Key Informant Interview
NGO	Nongovernmental Organization
USD	U.S. Dollars
WLGH	Women Leaders in Global Health

Introduction

WomenLift Health, through support from the Bill and Melinda Gates Foundation, aims to accelerate the involvement of women in global health leadership by investing in and elevating talented mid-career women to become global health leaders. WomenLift Health believes that it is essential to contribute to transformative institutional- and societal-level changes by raising awareness about the value of women's leadership and catalyzing change through a portfolio of scaled interventions.

WomenLift Health is developing, implementing, and learning from a range of interventions that span the individual, organizational, and societal levels. At the individual level, WomenLift Health implements a Leadership Journey for mid-career women leaders in global health, with partner Center for Creative Leadership (CCL) facilitating Leadership Journey activities and linking the women to coaches. WomenLift is now beginning the fourth Leadership Journey cohort in the United States, and 2022 saw the expansion of the Leadership Journey to East Africa and India. WomenLift has now completed its first cohort in both East Africa and India, and 2023 brings the second cohort in both areas.

WOMENLIFT LEADERSHIP JOURNEY

WomenLift Health believes that global health challenges will not be solved unless talented women have a seat at the table. The Leadership Journey is designed to provide talented mid-career women leaders in health with the safe space to explore their authentic leadership through vulnerability and reflection, an inclusive and diverse network that fosters a strong sense of belonging, tools and strategies for enhancing their voice, presence, and influence – all while being supported by a powerful group of peers, mentors, and coaches. Participants engage in two **in- person experiential learning residencies** (Immersion and Lift-Off), in addition to **learning touchpoints, group mentoring, one-on-one coaching sessions, and a self-directed leadership project** – while being supported by their Leadership Journey community and experts in the health sector. The Leadership Journey focuses on mid- to senior-level career women who are on track to become top-level decision makers in health practice, policy, and research.

At the societal level, WomenLift Health conducts the Women Leaders in Global Health (WLGH) conference, PowerUp workshops, elevates women leaders' voices, and works to integrate discussion of issues of women's leadership into broader public discourse.

The Leadership Journey focuses on various competencies and skills. This report focuses on 8 key leadership competencies that the evaluation and internal monitoring tracks throughout the Journey.

TABLE 1: WomenLift Leadership Journey Leadership Competencies

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 in the midst of challenges, fear, and uncertainty.
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.
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.
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.
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.
Leadership Presence	Recognized as a respected and trusted leader in the organization. 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.
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.
Resilience	Maintains the energy and mindset to lead as the best version of one's self. 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 organizations.

Demographics for Enrolled Participants and Acceptance Rate by Region

North America*

North American cohorts 1 - 3 are most commonly white or Caucasian (52%), Asian or Pacific Islander (20%), or Black or African American (15%). Cohorts also included women who were Hispanic or Latino (7%) and women with two or more races (7%). Accepted participants most often work in nongovernmental organizations (NGO)/international NGOs (INGOs) (30%), academia (23%) or private (19%), and philanthropy (11%), while other women were from the government/public sector (10%) and multilateral (8%).

East Africa

East African cohort members most often work in NGO/INGOs (53%), the government/public sector (23%), and academia (13%), while other women were from the private (7%) and multilateral (3%) sectors. Unlike in North America and India, there are no women in philanthropy. Most participants were from Kenya (71%) and the rest were from Uganda (20%) and Rwanda (6%).

India

Indian cohort members most often work in the NGO/INGOs (37%), academia (20%), or government/public sector (20%), while other women were from the private (13%) and philanthropy (10%) sectors. Unlike in North America and East Africa, there are no women at multilateral.

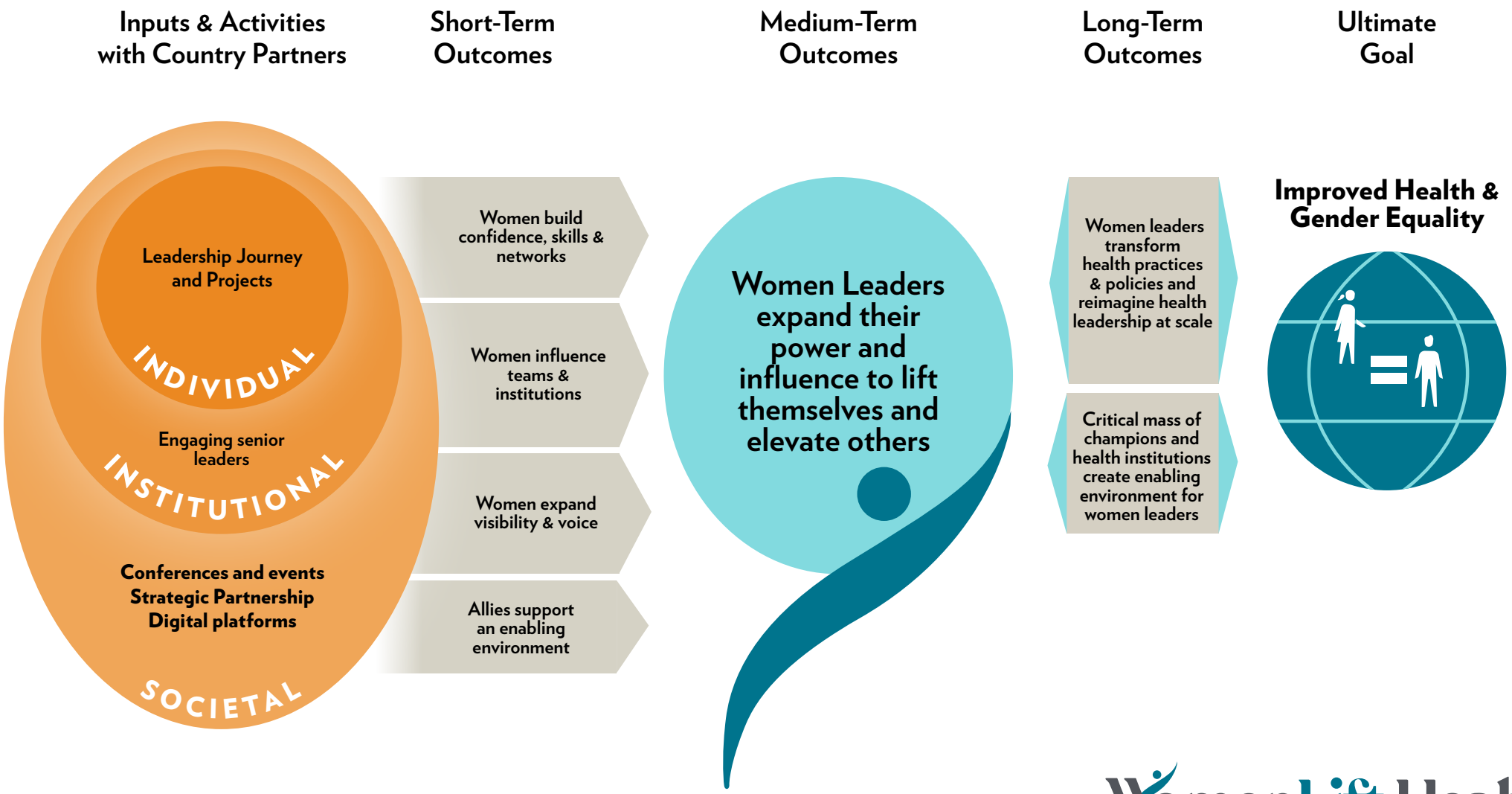
*Note: For cohort 1 in North America, race and ethnicity data were not collected, so the summary presented here only includes Cohorts 2 and 3.

TABLE 2: Acceptance Rate for Leadership Journey, by Cohort

	Number of Applicants	Acceptance Rate
North America		
Cohort 1**	28	86%
Cohort 2	91	33%
Cohort 3	91	33%
Cohort 4	94	32%
East Africa		
Cohort 1	81	37%
Cohort 2	194	15%
India		
Cohort 1	57	53%
Cohort 2	140	21%

**Note: All cohorts comprise 30 women, other than North America cohort 1, which had 24 women.

THEORY OF CHANGE



WomenLift Health

Evaluation Questions

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

a. Which elements of the journey have been most impactful?

EQ2: How have WomenLift Health alumni and the WomenLift Health strategy influenced organizations to create a more enabling environment for women leaders? (Institutional Level)

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)

Methodology

Online Survey

The evaluation team sent out an online survey to all the women in the four U.S. cohorts, the two Indian cohorts, and the two East Africa cohorts. The survey consisted of questions about women's career progression, influence within their organization, external networking, and overall feedback on the Leadership Journey. The online survey garnered 168 responses, detailed in Table 3.

Key Informant Interviews (KIIs)

The evaluation team conducted 23 KIIs with program stakeholders – 20 women from each region, and 1 CCL facilitator from each region (see Table 4). Case study interviews were also conducted with 6 women, detailed on the next page.

Monitoring & Program Data

The evaluation team also had access to some monitoring data from the program, and some data on self-ratings of leadership competencies that women completed at the beginning of the Leadership Journey.

Further details of the methodology, evaluation design, and limitations can be found in Annex 1.

TABLE 3: 2023 Survey Response Rate

Cohort	Responses	Cohort Size	Response Rate
North America Cohort 1 (2020 – 2021)	10	23	43%
North America Cohort 2 (2021 – 2022)	15	27	56%
North America Cohort 3 (2022 - 2023)	22	30	73%
North America Cohort 4 (2023 – 2024)	29	30	97%
India Cohort 1 (2022 – 2023)	24	30	80%
India Cohort 2 (2023 – 2024)	27	30	90%
East Africa Cohort 1 (2022 – 2023)	16	30	53%
East Africa Cohort 2 (2023 – 2024)	25	30	83%

TABLE 4: 2023 Key Informant Interview Sample

North America	Cohort 1 (2020 – 2021)	2
	Cohort 2 (2021 – 2022)	3
	Cohort 3 (2022 – 2023)	5
India	Cohort 1 (2022 – 2023)	5
East Africa	Cohort 1 (2022 – 2023)	5
CCL Facilitators		3
	Total	23

Methodology

Case Studies

In addition to the KIIs, with recommendations from CCL and WomenLift Health, the evaluation team purposively selected and conducted case study interviews with 6 women from the 2022–2023 cohort across the three regions. Stories from each of the 6 women will be integrated across the results to illustrate key individual pathways to change.

Meet the women from the case studies

Debora Freitas, MS

Executive Director of Joh Hopkins Center for Communication Program a Johns Hopkins Bloomberg School of Public Health

North America, United States

Dr Jacqueline Kitulu, MD, MBA, OGW

General Practitioner & Chair Rocket Health Board
Director E-Plus Kenya Director PATH (K)

East Africa, Kenya

Dr. Suzanne Kiwanuka, DDS, MPH, PhD

Senior Lecturer, Department of Health Policy Planning and Management Makerere University College of Health Sciences, School of Public Health

East Africa, Uganda

Saroj Sedalia, MPH

Director of Strategic Learning & Impact Rockefeller Foundation

North America, United States

Ines Buki, MS

Rwanda Country Director, USAID Global Health Supply Chain Program-Procurement and Supply Management Project, Chemonics International

East Africa, Rwanda

Sanjana Brahmawar Mohan, MD

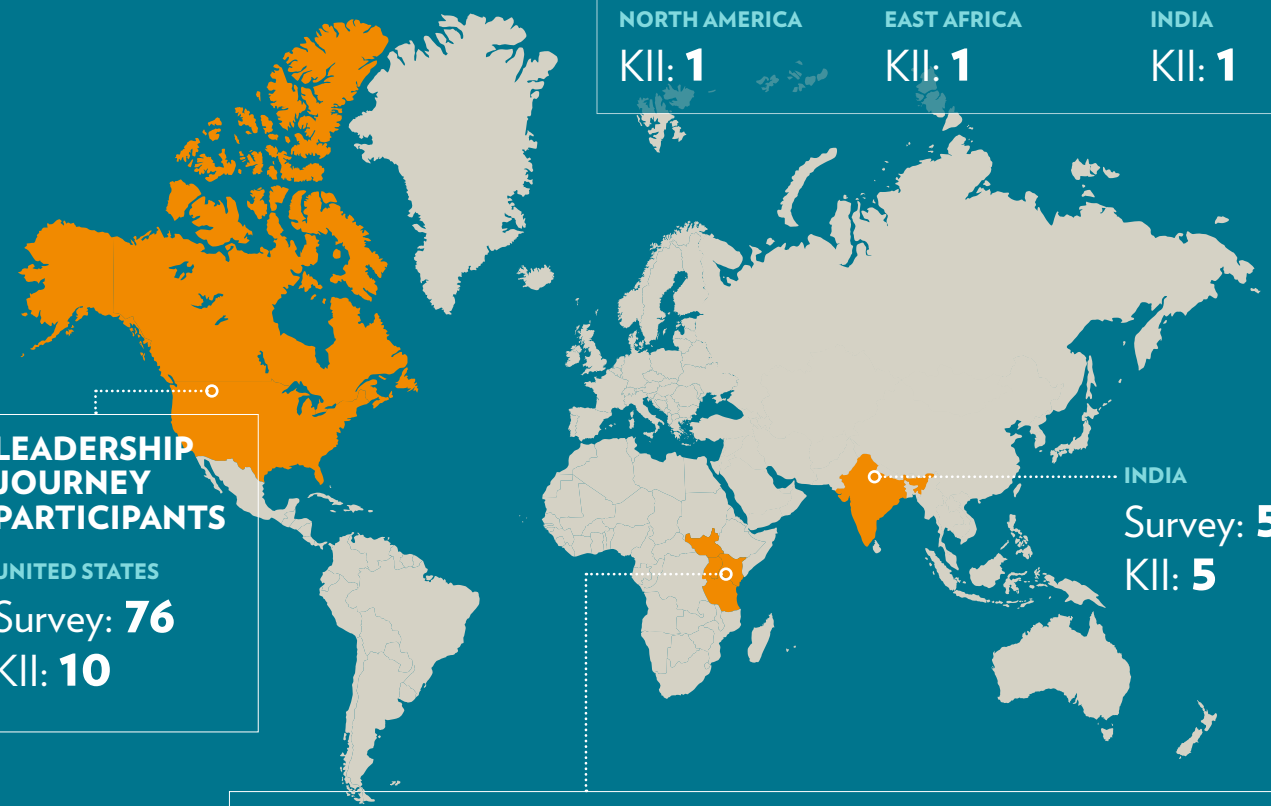
Director, Basic Healthcare Services

India

SURVEY & KII DEMOGRAPHICS

Map with response numbers by country

A total of 168 women responded to the survey in 2023, with 76 women from North America, 51 women from India, and 41 women from East Africa. This includes women from 4 cohorts in North America and 2 in both India and East Africa. KIIs were also completed with 10 women in North America, 5 women in India, and 5 women in East Africa. A CCL facilitator was also interviewed in each region, bringing the total KIIs to 23. Additionally, there are more details on demographics by region found in Annex 2.



LEADERSHIP JOURNEY FACILITATORS

NORTH AMERICA	EAST AFRICA	INDIA
KII: **1**	KII: **1**	KII: **1**

LEADERSHIP JOURNEY PARTICIPANTS

UNITED STATES
Survey: **76**
KII: **10**

LEADERSHIP JOURNEY PARTICIPANTS

SOUTH SUDAN	UGANDA	RWANDA	TANZANIA	KENYA
Survey: **1**	Survey: **6**	Survey: **5**	Survey: **5**	Survey: **24**
KII: **0**	KII: **2**	KII: **1**	KII: **0**	KII: **2**

FIGURE 1: Online Survey Work Sectors by Region

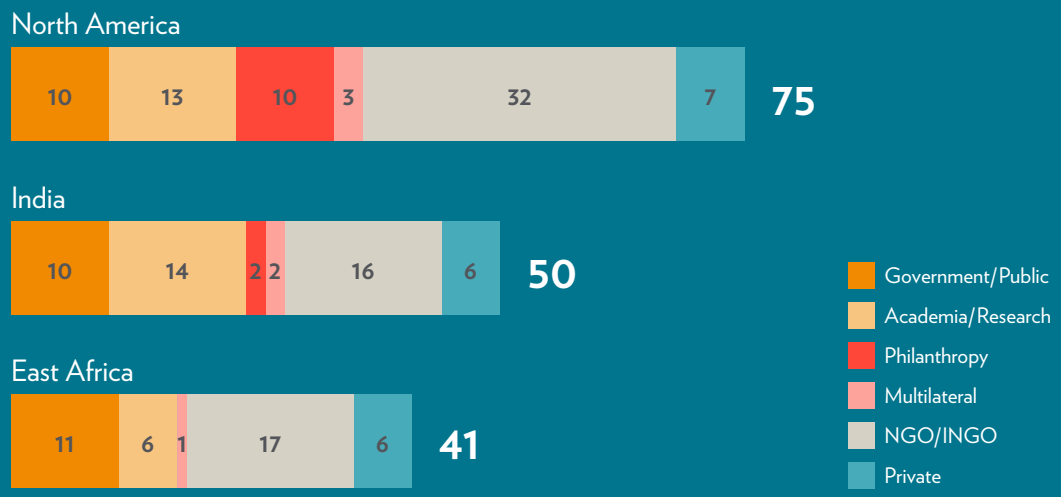
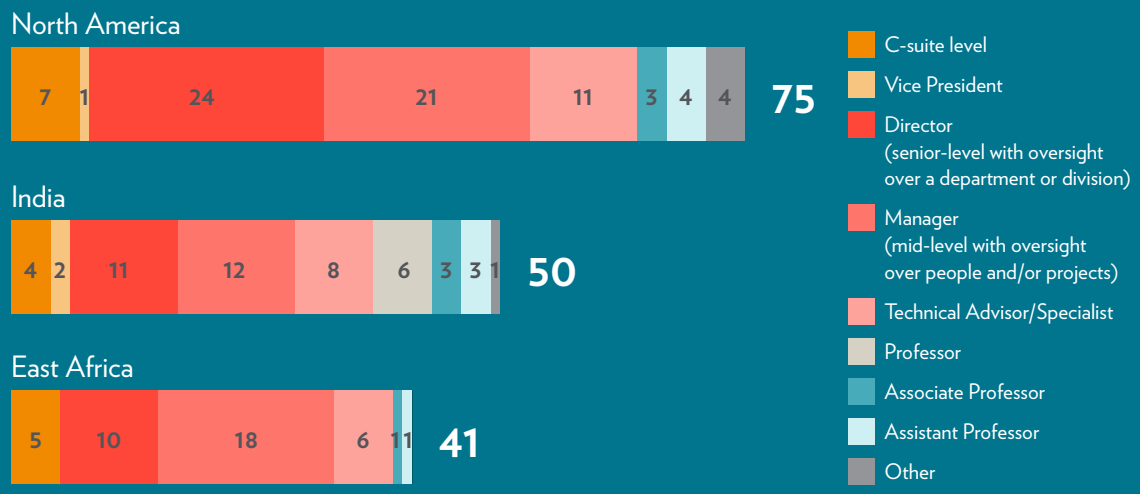


FIGURE 2: Online Survey Job Title by Region

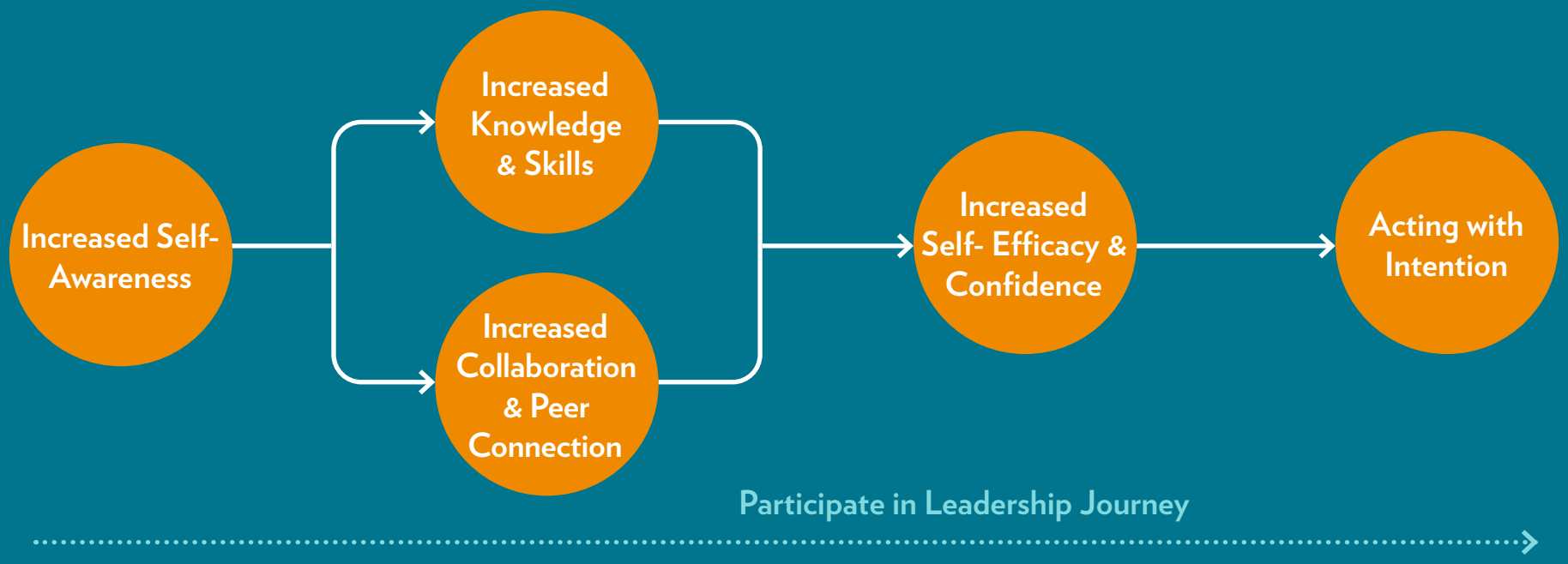


The respondents in 2023 had representatives from across each sector, although there was some variation across regions. North America had the largest share of respondents from philanthropy (83% of total philanthropy respondents were from the North America cohort). India had a large proportion of respondents from academia/research (42% of all academia respondents), as compared to the other regions. For every region, the most common group of respondents work primarily in the NGO/INGO sector.

Respondents at the Director level and above made up 43% of the North American respondents, 37% in East Africa, and 36% in India. The most common job title in East Africa and India was Manager (with mid-level oversight), while in North America it was Director (with senior-level oversight). India had the highest number of professors (12) as compared to North America (7) and East Africa (2).

Individual Pathways to Change

In this section, the evaluation team will explore the individual-level pathways to change participants underwent during and after participating in the Leadership Journey. Regional variations will be highlighted as they exist, but throughout this report, many of the outcome-level changes are similar across regions, so they are presented together. The most significant regional variation exists in project feedback.



INCREASED SELF-AWARENESS

Leadership Journey's focus on building self-awareness through different tools and frameworks helped women become more aware of their own leadership styles and helped them prioritize areas they want to strengthen.

Women noted the peer and supervisor feedback from the 360 assessment – a key tool of the Leadership Journey – was pivotal to better understanding their leadership qualities and later developing their plan for areas they want to improve. As we will explore in the next section, women across cohorts and regions are consistently improving their leadership competency scores in the 360 assessment, which suggests that they are able to use this self-awareness to improve their skills (see Figures 3–5).

Additionally, the Leadership Journey raised awareness of participants' own potential and ways they can have bigger impacts in their organizations and externally. For some, they had underestimated their abilities, so seeing positive reviews from peers and better understanding their unique qualities and strength helped women create goals to have even more impact in their careers.

WHAT IS THE 360 ASSESSMENT?

WomenLift Health and the Center for Creative Leadership (CCL) have collaborated to create a unique and tailored 360 evaluation for mid-career women leaders in global public health. This self-assessment tool sets a baseline for the capabilities our cohorts to develop throughout their journey. We repeat it again, at the end of the Leadership Journey, to assesses the gains and transformation that the women leaders have experienced over the year.

> I set up a few things I wanted to work on based on the assessments. One was assertiveness, being more assertive and clearer about what I'm looking for with the job search has been easy for me. Another was style. I had been experimenting unknowingly with the more authoritative top-down and flat leadership style.
>
> NORTH AMERICA, 2022–2023 COHORT

> The 360 assessment was very helpful and insightful and eye opening in some instances. I got to see how I viewed myself, how others viewed me and how my boss viewed me. I learned about my leadership influence style. I understood what kind of leader I am. It led me to start reading more and bring in all different kinds of leadership styles in how I influence.
>
> EAST AFRICA, 2022–2023 COHORT

> The Leadership Journey made me more aware of the impact I could have if I put effort into it. In my own organization, thinking about how to have confidence in my voice and how to impact change.
>
> EAST AFRICA, 2022–2023 COHORT

INCREASED SELF-AWARENESS

CASE STUDY

Debora Freitas, MS

North America,
United States

Debora noted that **the 360 assessment was very helpful to go through and was a useful guide to conversations that focused on her self-awareness and maneuvered behaviors and triggers in her environment**. She noted that, "sometimes you know that you have specific characteristics, but you don't know how to define them, which is why the assessment was helpful. The journey helped us define what type of leader we are and what type of leader we want to be. **It gave us a pathway to become the leader we want to be.**"

Dr Jacqueline Kitulu, MD, MBA, OGW

East Africa, Kenya

Dr. Jacqueline has had a coach before during her Masters Program, but in Leadership, **she notes that it is very crucial to have a person to talk to and help you break down issues that you are facing**. Coupled with the 360 assessment, the coaching was crucial in helping Dr. Jacqueline know who she is. For Dr. Jacqueline, **the feedback and coaching sessions were illuminating in identifying her own blind spots and helped her to own her authentic self.**

Through the 360 assessment, Dr. Jacqueline has been able to get recommendations on how to engage with her team. She has learned that she typically uses inspirational and bridging influencing styles but there isn't always time for this, so it is good to choose other styles in different situations and use more tools in her new toolbox. Dr. Jacqueline reports that she is now aware of other influencing styles and knows how to use them.

INCREASED KNOWLEDGE & SKILLS

The Leadership Journey increased women's knowledge and skills on leadership topics.

Data from the KII, 360 assessment, and the online surveys show that participants increased their leadership knowledge in the 8 leadership competency areas that are part of the focus of the Leadership Journey (see Table 1 for exploration of these competencies, and Figures 3 – 5 to see the increased knowledge and skill across regions). It is notable that women enter the Leadership Journey as mid-level and above leaders in health, and an increase in knowledge and skills from that baseline is meaningful. There was variance among participants on how much previous formal and informal leadership training they received, but even those with significant previous leadership training learned new information and gained knowledge.

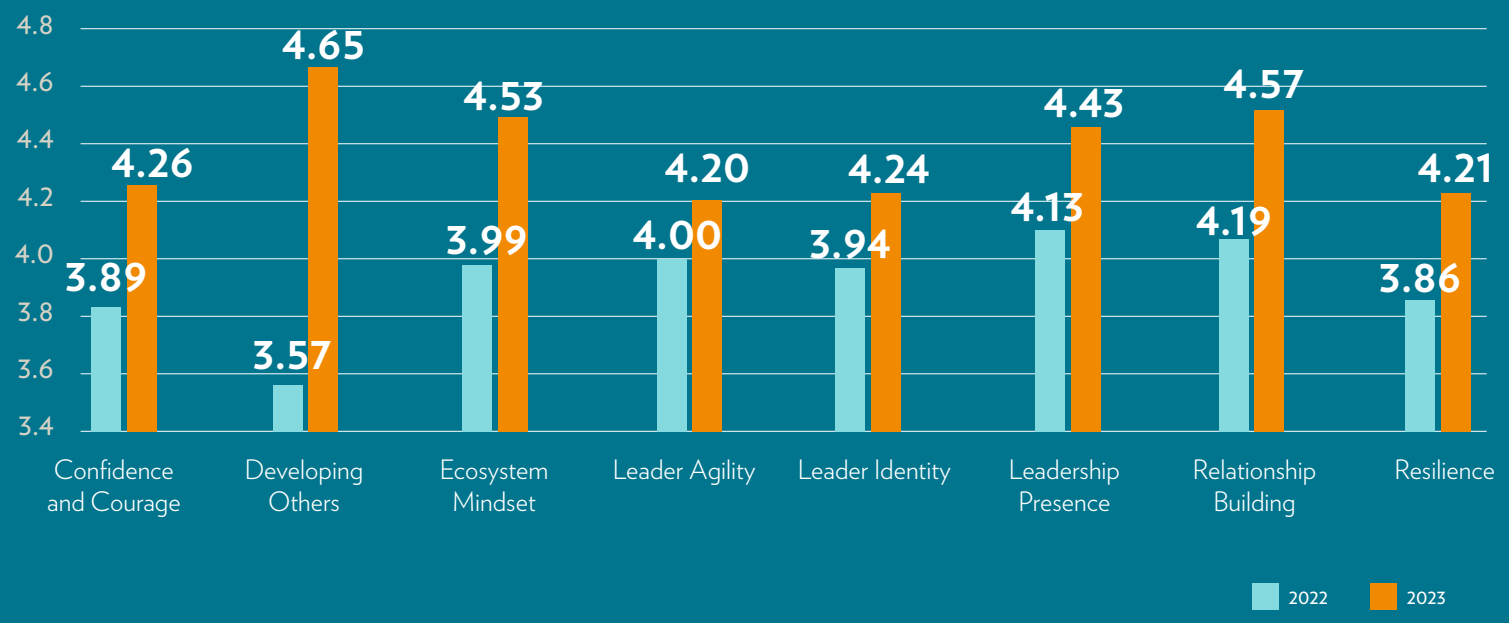
Alumna also saw the value of leadership training from their Leadership Journey; with more than one-third (39%) of women alumna in North America pursued additional leadership skills training or leadership professional development in the past year. This included general skills training (e.g., communications, strategy), 1:1 leadership coaching, other executive leadership programs, and technical training courses.

> **With every touchpoint, I learned something important. I didn't realize how important your story was before this. It's less about the information you have, but more about your story. Whether it's sharing your story to kindergartners or old men, your story can move things. We also did a touchpoint about blogs.**
> **Leaders can influence things with writing. The journey impacted my life in so many ways. I found this educational and empowering. Right now, I feel like I can be the CEO of any country or organization.**
>
> NORTH AMERICA, 2022-2023 COHORT

INCREASED KNOWLEDGE & SKILLS

Across regions, the increased self-awareness women gained through the initial Leadership Journey activities helped them target specific areas to increase their skills. This helped lead to increased knowledge and skills over the Journey year in key leadership competencies.

FIGURE 3: North America 2022 – 2023 cohort, change in self-rated competencies from Baseline (2022) to Endline (2023)

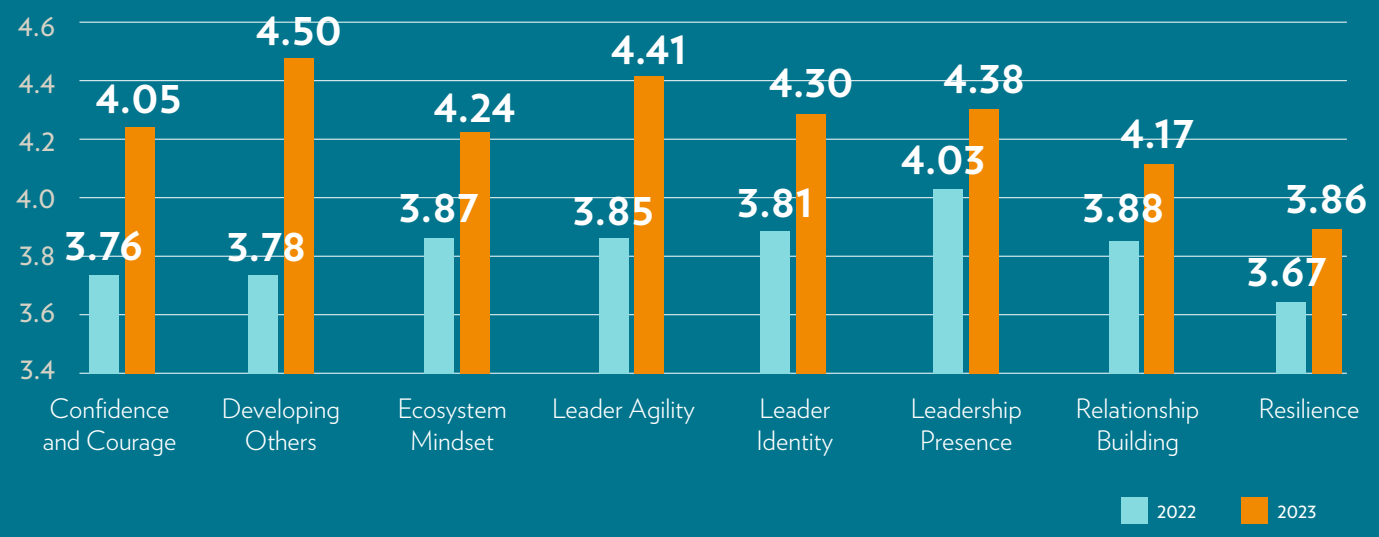


For the North America 2022–2023 cohort, all self-rated leadership competencies increased over the course of the Leadership Journey.

INCREASED KNOWLEDGE & SKILLS

Developing Others saw the largest increase across regions, highlighting the interest among the women in developing their organizations and women in their community.

FIGURE 4: India 2022–2023 cohort, change in self-rated competencies from Baseline (2022) to Endline (2023)



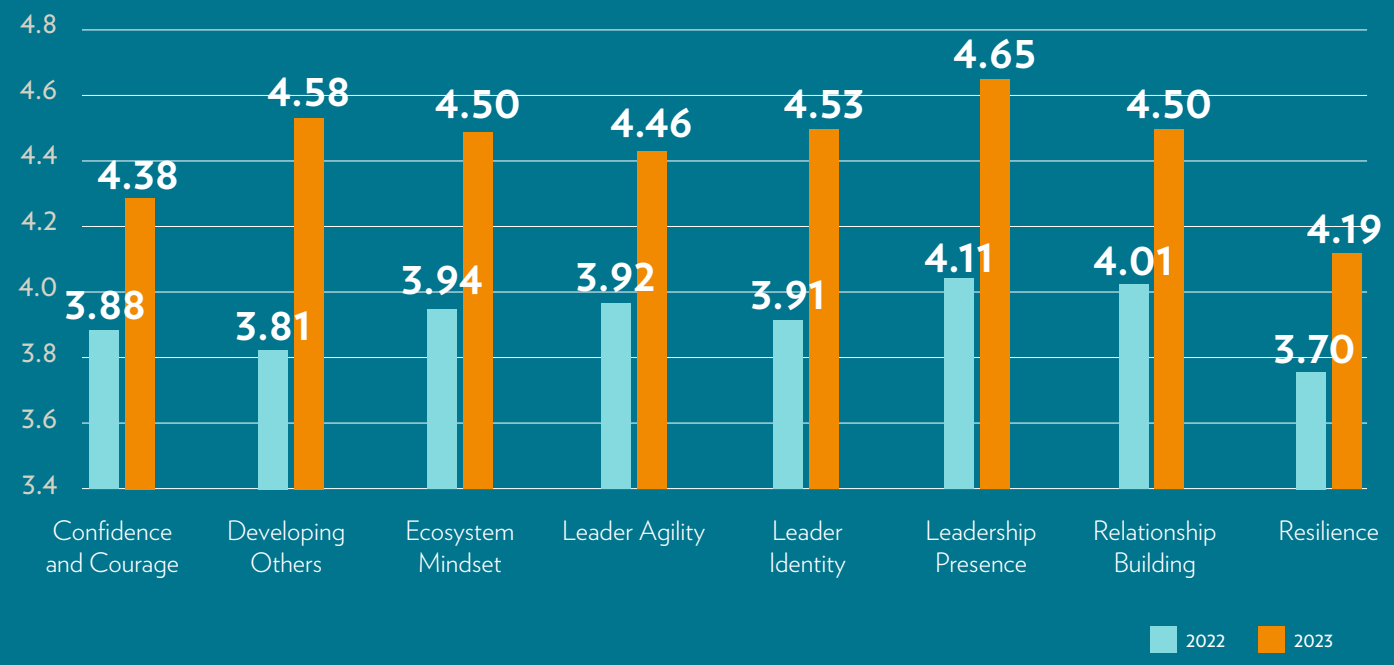
> The assessment was really helpful. Getting an assessment from my bosses and peers has helped me know myself better. That came out as something specific and molded to me. I learned how to take feedback on myself whether it be formal or informal. This kind of feedback helps me develop my skills.
>
> INDIA, 2022–2023 COHORT

For the India 2022–2023 cohort, all self-rated leadership competencies increased over the course of the Leadership Journey.

INCREASED KNOWLEDGE & SKILLS

The East Africa 2022–2023 cohort saw the largest increase on average (as compared to the North America and India cohorts), increasing all their scores by 0.56 points on average.

FIGURE 5: East Africa 2022–2023 cohort, change in self-rated competencies from Baseline (2022) to Endline (2023)

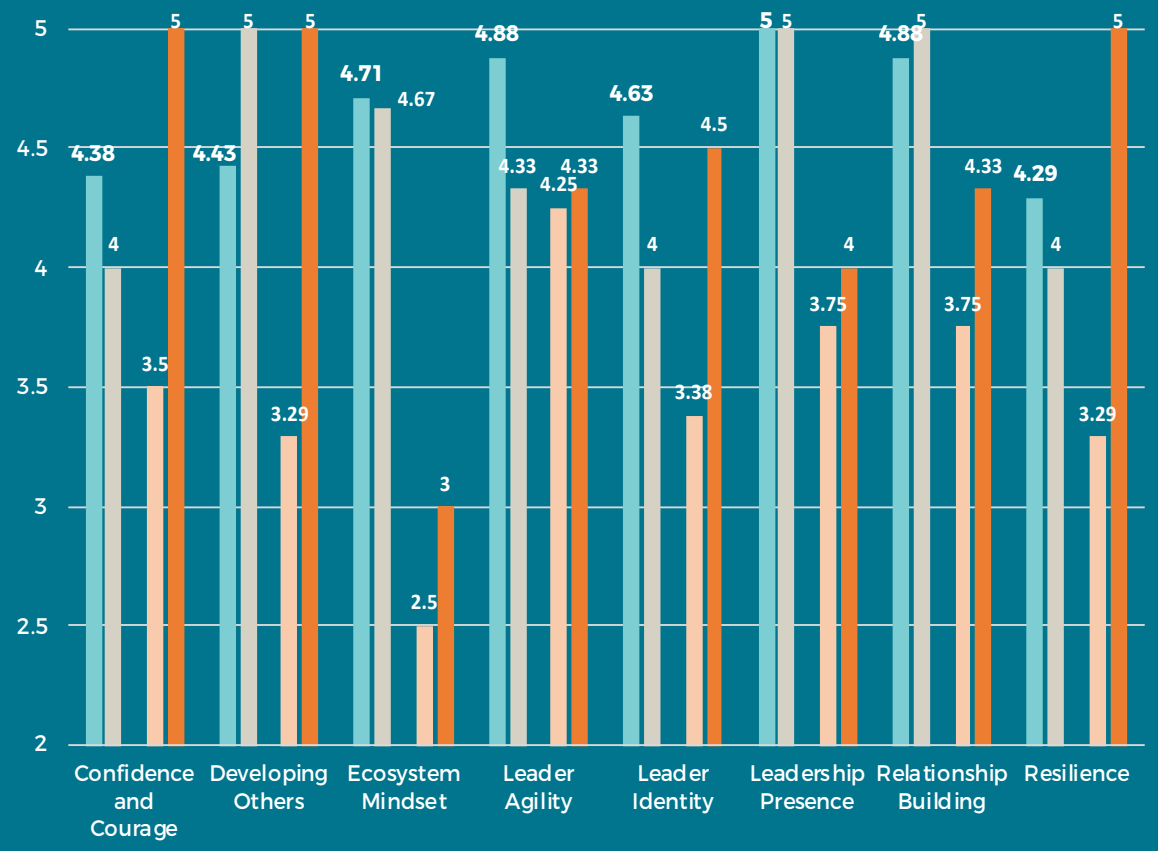


For the East Africa 2022–2023 cohort, all self-rated leadership competencies increased over the course of the Leadership Journey.

INCREASED KNOWLEDGE & SKILLS

All but one individual in the North America 2022–2023 cohort improved their competencies overall, but each individual's data told a different story.

FIGURE 6: The most improved and the least improved women in North America 2022–2023 cohort, change in self-rated competencies from Baseline (2022) to Endline (2023)



The individuals in North America cohort 3 (2022–2023) show us the variation in improvements across individuals. Note that this evaluation was only able to examine individual changes for the North America cohort (see Limitations in Annex 1 for more information.

While Developing Others saw the largest increase on average, Confidence and Courage saw the largest individual increase. All but one individual increased overall. Figure 6 demonstrates the variation from individual to individual, showing the most and least improved women in North America cohort 2022–2023. Note there was no significant difference between the baseline values of women who did not fill out the endline survey and those who did.

As this dataset grows as the Leadership Journey expands and new cohorts are added every year, there is more potential to learn from individual types of respondents. While the trend of improvement is clear across regions and cohorts, each individual is prioritizing different areas and competencies, and may contribute to more tailored and specific learning in the future.

INCREASED KNOWLEDGE AND SKILLS

CASE STUDY

Dr Jacqueline Kitulu, MD, MBA, OGW

East Africa, Kenya

Dr. Jacqueline has done other leadership programs for the public and other sectors. Through all these leadership trainings, she has learned a lot, so she was surprised to see that the Leadership Journey was different. **She reported that the Leadership Journey focused on understanding her leadership style** and how one can lead as a woman in various leadership positions.

For example, **she felt that the conflict resolution session was incredible and timely. Dr. Jacqueline was facing issues at work so the session helped her resolve conflicts on a Board she was serving on**. The session helped her better understand the issues and how to come up with resolutions. She even reached out to the training facilitator afterward and consulted Miriam on the situation she was facing at work and to get her support in navigating it.

Sanjana Brahmawar Mohan, MD

India

Sanjana has learned best practices for influencing others. She also learned strategies to coach others without telling them what to do. Earlier, she would have been prescriptive but now Sanjana has conversations and guides her team so they can come up with solutions themselves.

Earlier, Sanjana would be much more controlling, and would not involve her younger colleagues on key areas at work. **Through reflections in the Leadership Journey, she can now see that her micro-managing behavior could be frustrating for her team. She is now able to develop ideas collaboratively with her team.** There are some ideas that come from Sanjana and others that come from her team. Additionally, her team is also now working to further develop ideas, which was not the case before.

In the short time since these changes, Sanjana has already noticed a change in the workplace. She is also seeing more opportunities come in. For example, when she started on the Nurse Leadership initiative, she pulled together Professors and Stakeholders, including the London School of Economics. Sanjana happily reports that she is now working on a research project with this group on the Nurse Leadership initiative, which is not an opportunity that would have happened without the Leadership Journey.

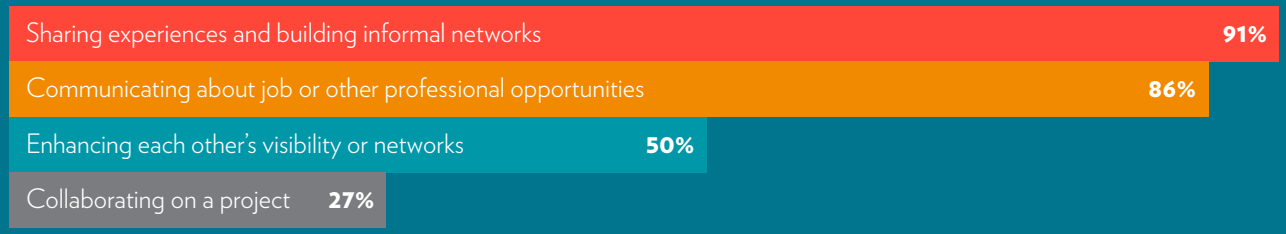
INCREASED COLLABORATION AND PEER CONNECTION

Women built connections with peers, supporting each other to grow as leaders, which continued even after the Leadership Journey was complete.

One of the most important aspects of the Leadership Journey is the connections women build with one another. These peer connections showed women that they were not the only ones going through similar challenges in the workplace. They were able to share their experience with each other and build a supportive community. Participants were able to support one another so they can grow as leaders, navigate challenges in the workplace as a group, and cheer for each other's successes.

This interaction continues after the Leadership Journey is complete; all alumna who responded to the survey (cohorts 1 and 2 in North America) reported some interaction with other women from their leadership cohort. Most reported that these interactions were sharing experiences, building informal networks, or communicating about jobs or other professional opportunities (see Figure 7 for details of these interactions). Women reported that the main value of the interactions with fellow Leadership Journey participants include practical, moral, and emotional support. Networking and professional guidance and mentorship were also noted as important.

FIGURE 7: Women alumni's (North America Cohort 1 & 2) characterization of the interactions they had with other women from their Leadership Journeys



> Knowing that there are a group of women on a similar journey as me and it is not a lonely process. It is a sense of community and comradery. If something happens, we can be each other's support group.
>
> NORTH AMERICA, 2021–2022 COHORT

> I was able to build and grow with women as a team. We shared wins and plans we had encountered. This is something we will continue. We agreed we would continue sharing with each other.
>
> EAST AFRICA, 2022–2023 COHORT

INCREASED COLLABORATION AND PEER CONNECTION

Women collaborated during and after their Leadership Journey was complete, and they were interested to expand their collaboration with women in other regions.

For example, women were able to work on papers together, broaden each other's networks, identify grants to collaborate on, and support each other during job searches. For women in India and East Africa, they noted the importance of forming connections with women in other regions because they had career aspirations to work for international organizations and multilaterals based in the Global North, so they wanted opportunities to connect with women in other regions. Additionally, they also wanted better connections to collaborate on cross-regional research efforts and identify universities and research institutions with which to work.

> **I have met with 2 women outside the formal WomenLift networking sessions. I'm writing a grant with one of them [and] the other one is joining my team as a thought leader.**
>
> INDIA, 2022–2023 COHORT

> **Some of [the women] are from pharmaceutical backgrounds. One participant and I discussed how we could work together. [We collaborated on] an article that we produced together and shared with the public.**
>
> INDIA, 2022–2023 COHORT

Most of these collaborations occurred within cohorts but women were interested in connecting with cohorts from previous years and other regions to broaden collaboration. As WomenLift Health expands and builds a larger alumnae group, women are also able to build those connections across regions and cohorts. Sixty-six percent of alumna and women who recently completed Liftoff (cohorts 1–3 in North America and cohort 1 in East Africa and India) report interactions with women from cohorts outside of their own. Furthermore, most alumna (91%) report that they would like more interaction with women from other Leadership Journey cohorts. They report seeking networking, advice, comradery and friendship, problem solving, skill building and learning, and inspiration from these connections. Finally, women want to continue building this community; 96% of alumna in North America attended a recent alumna event.

INCREASED COLLABORATION AND PEER CONNECTION

CASE STUDY

Saroj Sedalia, MPH

North America,
United States

The group aspect of the Leadership Journey helped **Saroj become more comfortable with being her authentic self.** Throughout her career, she has never had people she could speak to about professional development in a way that felt safe. Discussions about professional development were always in the confines of her organization, which introduces power dynamics. In the past, she discussed professional development with friends from school, but they ultimately wanted different things than her. Saroj notes that **it was nice to be in a group of women who were unapologetic about their passions and values**. In this group, Saroj and her peer participants talked about things powerfully and proactively, which felt nurturing. She has never experienced anything like that in her life and is not sure if she will ever experience it again.

Sanjana Brahmawar Mohan, MD

India

Sanjana reported that one of her peers was looking at pathways to leadership. Her peer visited her workplace and interviewed nurses. **She found that the nurses were very committed in their roles, but they don't see themselves as leaders.** This was a deep insight and provoked us to help build a leadership lens with nurses.

Dr. Suzanne Kiwanuka, DDS, MPH, PhD

East Africa,
Uganda

Throughout the Leadership Journey, the group interactions with peers were very important. Dr. Suzanne notes that they learned that they are not alone and not to take themselves too seriously; her cohort has been able to use the WhatsApp group and celebrate each other's wins. Women also post opportunities, so this can broaden their network. Dr. Suzanne states that **such collaboration and sharing with her peers help everyone map out their network, get the opportunities**, and share them with others as well.

INCREASED SELF-EFFICACY & CONFIDENCE

Through the Leadership Journey, women strengthened their own confidence, contributing to improved self- efficacy.

The Leadership Journey has supported women in identifying and strengthening their own voices. Women who didn't see themselves as leaders were able to build their confidence and start overcoming imposter syndrome. Coupled with their increased skills, women built their self-efficacy by increasing their confidence and having the knowledge, skills, and peer support need to achieve their personal career goals.

> I feel more confident. I don't feel imposter syndrome anymore. It's turned from imposter to why am I not leading everything that can be led.

NORTH AMERICA, 2022–2023 COHORT

> Prior to the Leadership Journey, I thought about myself as the individual behind the leader that makes the vision happen. After the Leadership Journey, I found myself thinking of actually being that leader, instead of the person behind the leader.

EAST AFRICA, 2022–2023 COHORT

> Many women talked about wanting to make bold decisions in how they want to live their lives and careers. They walked into the journey with a mindset that they are good enough and walked out saying that they are great.

INDIA, 2022–2023 COHORT

What is the self- efficacy?

As coined by psychologist Bandura in Social Cognitive Theory,[1] Self-efficacy is the perception of one's ability to reach a goal.

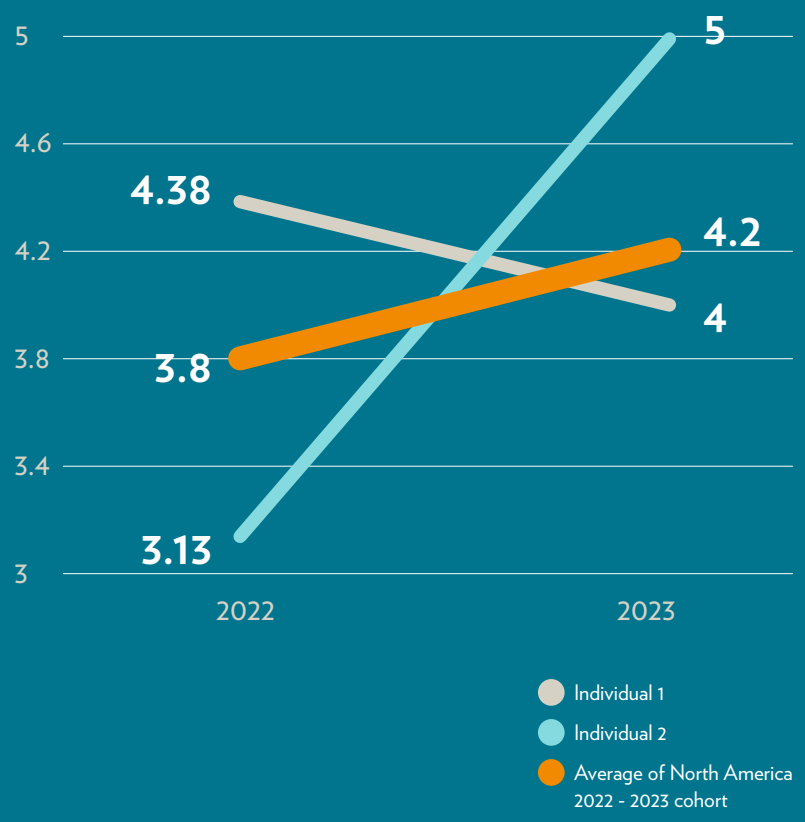
To achieve self-efficacy, an individual needs to develop the skillset needed to reach a goal and the confidence to know that they can do this.

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

INCREASED SELF-EFFICACY & CONFIDENCE

Confidence and Courage for women in the 2022–2023 cohorts is increasing across regions and cohorts, but there are large variations by individual.

FIGURE 8: Confidence and Courage self-rated competencies change for women in North America cohort 2022–2023



The Confidence and Courage leadership competency increased on average across regions and cohorts. Confidence and Courage increased from 3.89 to 4.26 in North America, 3.76 to 4.05 in India, and 3.88 to 4.38 in East Africa (see Figures 3 – 5). This varies by individual, as shown in Figure 8, where the most improved individual in the North American 2022–2023 cohort increased from 3.13 to 5, while the least improved individual decreased from 4.38 to 4. The group on average increased overall, and 13 of 16 individuals we could track over the journey year increased their self-rated individual competency.

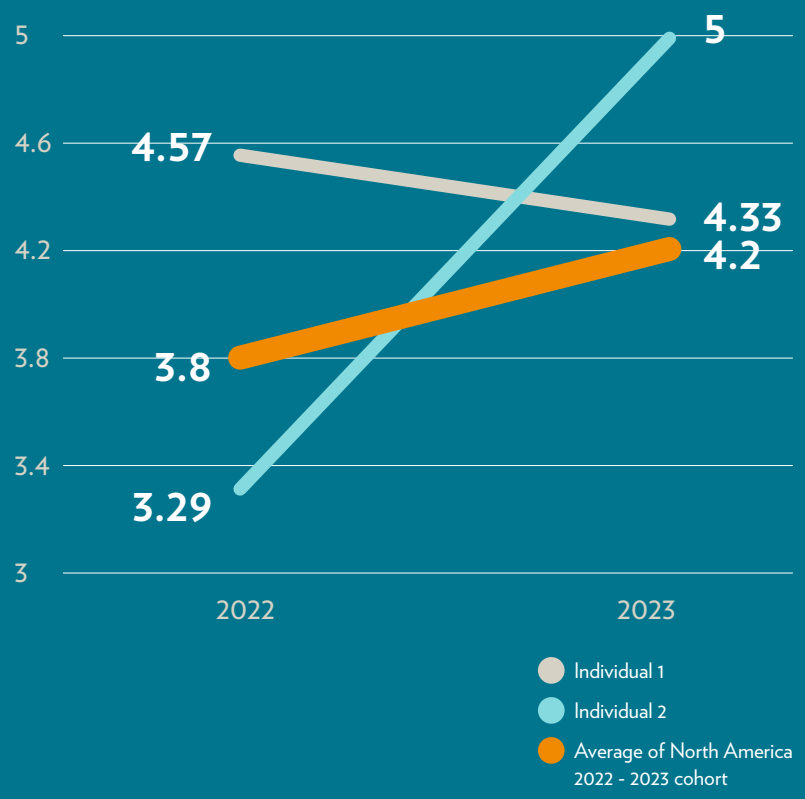
This increase shows us that women in the Leadership Journey identify that they need to improve their confidence, and during the journey year, they are doing so.

> **I didn't think of myself as a leader. I have been aspiring to leadership positions in my day job, but I didn't think about myself as a global health leader. I have been doing global health for 20 years, but not in a traditional way. WomenLift has taught me that I have space as a global leader in this journey.**
>
> NORTH AMERICA, 2020-2021

INCREASED SELF-EFFICACY & CONFIDENCE

With increased confidence and skills, women are prioritizing Developing Others as a key competency for their own growth.

FIGURE 9: Developing Others self-rated competencies change for women in North America cohort 2022–2023



As seen in Figures 3 – 5, Developing Others was the the leadership competency that saw the highest increase across regions and cohorts. Developing Others increased from 3.57 to 4.65 in North America, 3.78 to 4.50 in India, and 3.81 to 4.58 in East Africa.

This varies by individual, as shown in Figure 9, where the most improved individual in the North American 2022–2023 cohort increased from 3.8 to 5, while the least improved individual decreased from 4.57 to 4.33. The group on average increased overall, and 12 of 14 individuals we could track over the journey year increased their self-rated individual competency.

This increase shows us that women in the Leadership Journey are prioritizing Developing Others as a key leadership skill, and through the journey year, they are improving their skills in doing so.

INCREASED SELF-EFFICACY & CONFIDENCE

Women learned and are using strategies to amplify the voices of others.

While some women learned strategies to speak up more, others also learned ways to step back and amplify voices of their team and become more inclusive. Women wanted to amplify their own voices, but also the voices of others, which further speaks to the reported improvements in Developing Others in the 360 assessment, and the prioritization of giving back to other women in the KIIs.

Women are prioritizing developing their staff, especially junior women, and are taking steps to support the career development pathways for their staff. They are doing this by providing staff the space to grow, providing them with support and guidance when they need them, and coaching them through challenges staff face. This in return has a large potential to benefit the organizational as a whole and create an inclusive enabling environment.

> **In terms of people I do manage, I'm conscious of how to ensure personal and professional growth. I think about how to support people holistically. I think about peer coaching and not coming in with solutions, but more about how to work with people to find solutions.**
>
> EAST AFRICA, 2022–2023 COHORT

> **For people above me, I have become more empathetic towards their problems because I now understand how hard it is to lead. I think I now understand the complexity of leadership. With people below me, I have made my leadership style more structured [so that I can] support those under me, especially women under me. I think about how I can help them.**
>
> INDIA, 2022–2023 COHORT

INCREASED SELF-EFFICACY & CONFIDENCE

CASE STUDY

Debora Freitas, MS

North America,
United States

Debora saw her current job posted online. She looked at it and said, **"Wouldn't it be cool if I could apply for this position 10 years from now?"** A recruiter reached out to her about the position, and Debora gave them a list of people who could be good for the role. However, they were actually recommending her for the position. Debora realized that she was acting like the stereotype of professional women who only apply for positions when they meet 100% of the requirements and decided to apply. **During the interview process, she was able to showcase what she learned in the Leadership Journey as a present, intentional leader, who has strong communication skills and gives power to others.** Debora thought about how she really defines power as it is not just decision-making. For Debora, the Leadership Journey sessions were instrumental. The topics from the learning touchpoints helped her create her unique brand and enabled her to be authentic self. **The skills she developed during the Leadership Journey prepared her for the job opportunity.**

Deborah said, "**the beauty [of] WomenLift Health is that it doesn't just teach you new concepts, but it brings something out of you that already existed.** You either didn't know you had it in you, or you didn't believe you had it in you. **It is really about giving women the belief in ourselves that we had an inkling about already.**"

Debora notes that she has her current job as the Executive Director of a Center at Johns Hopkins because of WomenLift Health. The Leadership Journey gave her the tools, prepared her for her current opportunity and unlocked her own strengths to succeed in her current position. Debora uses many of the skills she learned during the Leadership Journey daily and **wishes that more women from all sectors could participate in the program**.

Saroj Sedalia, MPH

North America,
United States

When Saroj applied for the job she has right now, **she was much more direct about her expectations with work–life balance**. She didn't think she would ever have conversations about work–life balance prior to the Leadership Journey. **Because of the journey, Saroj felt safe and comfortable with what she was offering** despite what some may perceive as putting limitations on what she could deliver.

Saroj noted that she had no sense of "fake it until you make it" with her job search. **She felt confident in what she was presenting to potential employers.**

ACTING WITH INTENTION

Women are equipped to strategically pursue their own goals.

As women progress through the Leadership Journey from increased self-awareness to self-efficacy, women were able to act with intention as they pursued their goals. Women in the KIIs reported that they were able to be more intentional in their communication style, in their approach to their roles, and in the ways they interacted with their peers and teams in the workplace.

> **I have been more intentional about getting [feedback from others] about my communication style. I have mentees and I've been intentional about integrating aspects from the Leadership Journey [so it can be useful for them too].**
>
> NORTH AMERICA, 2022–2023 COHORT

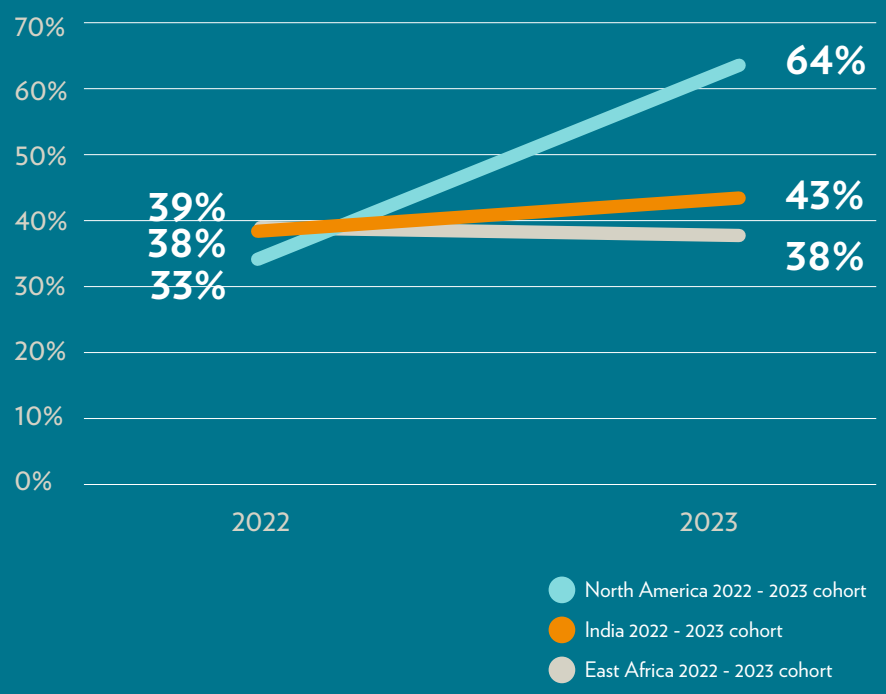
> **My approach to leadership has changed. I can't change much around me because I work for the government, and they don't change. I think about the approaches we use and how we can apply different styles and situations. What has changed is me thinking about using the right style and situation and changing things when they aren't working. I put more effort into situations that routinely work better. It has changed my approach to how I view things. I know I can do more and make influence where I can.**
>
> INDIA, 2022–2023 COHORT

Additionally, women also started distinguishing between their careers and their jobs. Instead of only performing the responsibilities, they started to identify strategic goals in and outside of their jobs that will help them pursue their career goals. For some, this meant that they doubled down on efforts in their workplace, and advocated for themselves so they can continue to grow and attain leadership roles. To do this, women were more strategic with their time, prioritized activities, and started to say no to efforts or requests that weren't well aligned to their goals. Further, while some women are further advocating for themselves in their current roles, others have decided to pivot and pursue other career goals leading them to new responsibilities in the workplace or new jobs.

ACTING WITH INTENTION

Women who reported a job promotion or change in the past year increased from 37% to 49% in the 2022–2023 Leadership Journey cohorts. There was nominal change overall in percentage of women reporting a pay raise.

FIGURE 10: Women who reported a promotion or job change in 2022–2023 cohorts, % change



Most cohorts saw an increase in women who reported a job change or promotion in the past year; the 2022–2023 North American cohort increased from 33% to 64%, the Indian increased from 38% to 43%, and the East African cohort stayed nominally the same (with 39% of women reporting a change in 2022 and 38% reporting a change in 2023).

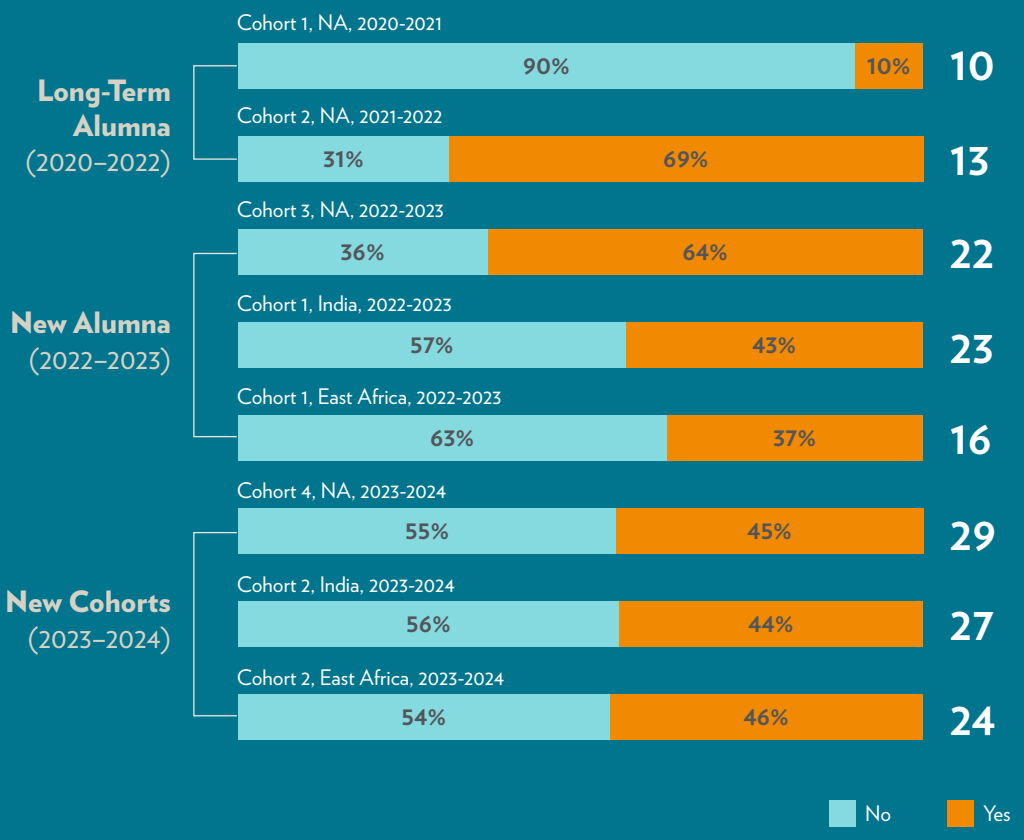
The data for women reporting a pay raise in the 2022–2023 cohorts was mixed. The North American cohort reported an increase from 44% in 2022 to 64% in 2023. The Indian (67% to 57%) and East African (46% to 38%) cohorts both had a decrease in percent of women reporting a pay raise.

> **I felt like I was in a plateau with my job and even becoming a little bit depressed, the coaching was very useful in shepherding my forecast for my future. I thought about the path I was going to take and how to expand and do more than I was doing.**
>
> EAST AFRICA, 2022–2023 COHORT

ACTING WITH INTENTION

Looking at all respondents, including alumna, 46% of women were promoted or changed jobs in the last year, and more than half (54%) had a pay raise in the past year.

FIGURE 11: Women who have had a promotion or job change in the past year, by cohort



There was a lot of variability between cohorts, but 46% of women were promoted or changed to a job with a higher level of responsibility in the last year. Half (49%) of women who have gone through the Leadership Journey in the past year were promoted, while 45% of new cohort members were promoted in the past year.

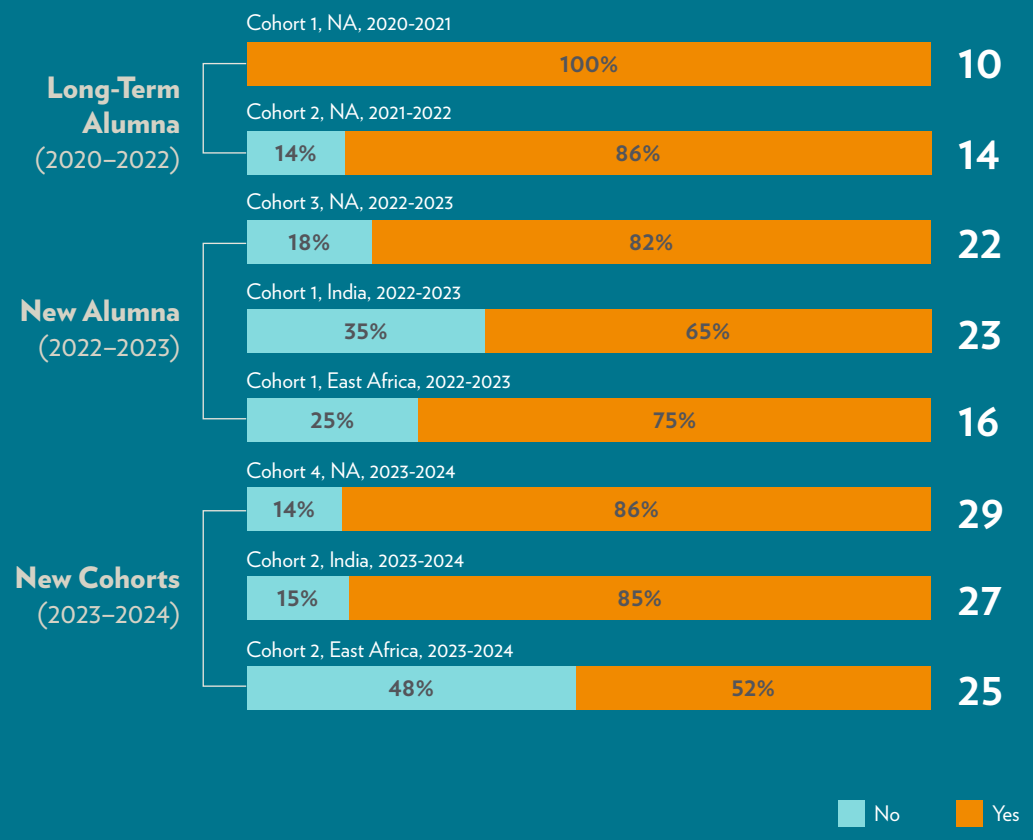
> **Within 2 months of joining the Leadership Journey, I got a promotion.**
>
> NORTH AMERICA, 2021–2022 COHORT

More than half (54%) of women had a pay raise in the past year. Women in North America were more likely to report a raise (58%), as compared to India (54%) and East Africa (45%). Of those who got a raise, 10% of women reported a 1–3% raise, 30% of women reported a 4–6% raise, 24% of women reported a 7–10% raise, and 36% reported a raise greater than 11%. With more longitudinal data in coming years, we will be able to explore these long-term changes more.

ACTING WITH INTENTION

Seventy-nine percent of the women who have completed the Leadership Journey report pursuing additional leadership roles in the past year.

FIGURE 12: Women who report pursuing additional leadership roles in the past year, by cohort



All North American cohorts reported a high proportion of women pursuing additional leadership roles in the past year (ranging from 82%–100% by cohort). This is an increase from 2022, where 75% of North American cohort respondents reported pursuing additional leadership roles.

Nearly two-thirds (65%) of India respondents in cohort 1 (2022–2023) reported that they pursued additional leadership roles in the past year, which is approximately consistent with 68% of respondents who reported the same in 2022. Comparatively, 85% of those in cohort 2 (2023–2024) reported pursuing additional roles in the last year.

In East Africa, 75% of respondents in cohort 1 reported pursuing additional leadership roles in the past year (as compared to 89% of cohort 1 that reported the same in 2022). Only 52% of the new cohort reported pursuing additional leadership roles in the past year.

ACTING WITH INTENTION

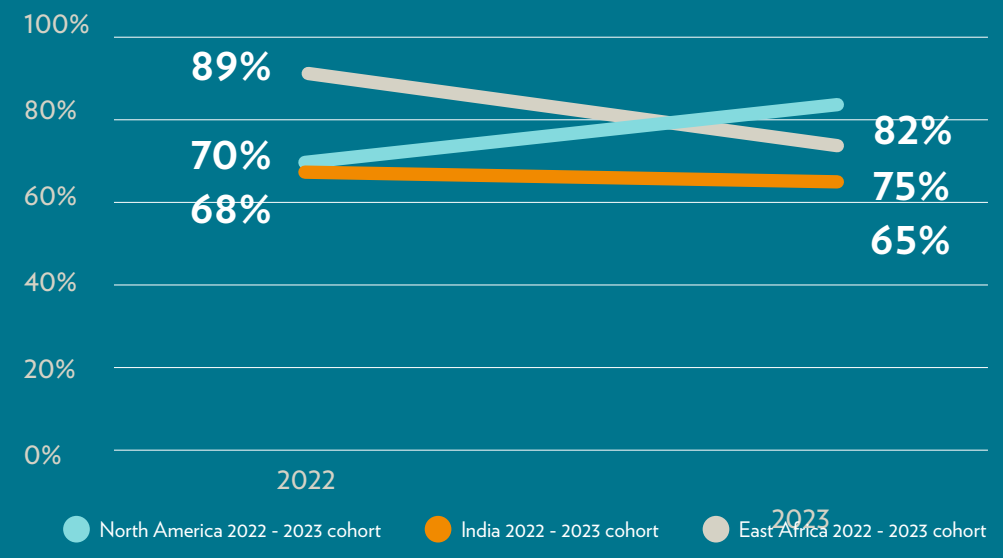
Women in the India and East Africa 2022–2023 cohorts both reported a marginal decrease in the proportion who pursued additional leadership opportunities in the past year, while women in the North American cohort reported a marginal increase. Paired with the qualitative data, the variation in the percentage of women pursuing additional leadership roles from 2022 to 2023 suggests that women are being more strategic about what leadership opportunities they are pursuing.

These additional leadership responsibilities included opportunities in their current roles (e.g., taking over a new department), opportunities in their current organizations (e.g., becoming part of more senior leadership committees), and opportunities outside their current roles and organizations (e.g., being elected country coordination for women working in a specific sector).

These data (Figures 10–13) speak to the various environments in which the women are operating. It may be easier for women in the North American cohort to seek a job change or pay increase than those in the India and East Africa cohorts. Timings for pay raises in the year also vary, further contributing to this difference. Given that they are operating in vastly different environments, this report attempts to explore how women are using their newly gained strategies and skills to progress where it is feasible to do so.

Being targeted in the jobs for which they apply and the projects they take on in their current roles, and the skills they develop, are all key pieces of what women report getting out of the Leadership Journey.

FIGURE 13: Women who pursued additional leadership opportunities in the last year, % change



> For me, changing jobs was one thing. I said..., I don't want to do any more fundraising– I've done my time, I want to work Philanthropy. Then the coach [held me] accountable. Then I had conversations with my peers and WomenLift team [who sent me a job post]. [The] journey put me in the right framework, to make me active, and ... have a JD that matches what I'm putting out into the universe, was vital to me being in this [new] position.
>
> NORTH AMERICA, 2020–2021 COHORT

ACTING WITH INTENTION

Using tools they learned in the Leadership Journey, women act more strategically in their own work and when supporting others.

Beyond using their skills to strategically act for themselves, women are using leadership tools and strategies from the Leadership Journey and applying them in the workplace with others. Participants applied new strategies to manage their teams and manage upwards. Some participants changed their approaches, while others were more intentional about these interactions. How women are acting more strategically for their teams and mentees is explored further in institutional-level pathways to change.

> **The way in which I supervise people has dramatically changed. The fellowship has changed the way I lead and enable people.**
>
> NORTH AMERICA, 2022–2023 COHORT

> **As the head of a Department, I oversee a lot of decisions. I have a lot of responsibilities. On one occasion, there was a huge amount of pressure and I navigated all of this without losing my cool. I was able to navigate [difficult work meetings] and get to a final point that everyone agreed upon. I don't think I would've done that a year back. I would've screamed and made a decision. Instead, I asked people for their feedback and asked questions to find a final solution.**
>
> INDIA, 2022–2023 COHORT

Finally, women were also identifying and applying strategies to strike a better work–life balance. Acting intentionally at work and in society is explored further in the next two sections, institutional-level pathways to change and societal-level pathways to change.

ACTING WITH INTENTION

CASE STUDY

Ines Buki, MS

East Africa, Rwanda

Through the Leadership Journey, Ines has learned that you need to have a plan for yourself and a path to grow as a leader. She learned how to be conscious of her day and set time for herself to grow and set goals for her individual growth and development. Now, she is reserving more time for herself to learn things on a daily and weekly basis.

The Leadership Journey has also changed the way she looks at her team, supports them, and helps them grow. **She has been dedicating time to helping her team set goals. Ines has been sharing things from the Leadership Journey to help shape them to become more confident and independent to make decisions.** As an added benefit, this in turn has freed up her time for her own self-development.

Dr. Suzanne Kiwanuka, DDS, MPH, PhD

East Africa, Uganda

For Dr. Suzanne, **one of her biggest takeaways is that she needs to be very intentional about her leadership**. Soon after the Leadership Journey, she took over as a Department Head at Makerere University School of Public Health. **At the start of her new position, she was intentional about developing a strategy and creating visioning exercises.** Dr. Suzanne has already been able to clearly articulate a vision and path to achieving her set goals early on in her appointment.

Dr. Suzanne notes that she has taken women's leadership for granted but has now realized that the chances for other women in her Department and at the University to become a leader is very small. **Without a concentrated effort, the University can't increase women's leadership numbers, so she is very focused on developing better pathways for women leaders at the University.** Before the Leadership Journey, she thought, "When it is your time, you will get into a leadership position." But now, she sees things differently and has prioritized women's leadership as a focus during her tenure as a Department Head.

On a personal note, Dr. Suzanne has been more focused on her personal goals for her career, family, and her financial goals. **Dr. Suzanne emphasized that she has wasted a lot of time focusing on things that were important to other people, so she is now taking charge, being intentional, and has started to say no to focus on the things that are most important to her.**

SECTION SUMMARY

Women come into the Leadership Journey with goals, experience, and passion. Tracking women leaders through the work they have undertaken during their leadership journey demonstrates a consistent pathway through the year that come out of both the qualitative and quantitative data.

Women have skills and knowledge going into the Leadership Journey, but they do not necessarily have a good view of their specific strengths or those areas they want to strengthen to meet their goals. The 360 assessment and the learning touchpoints helped women improve their own self-awareness on what areas to prioritize.

Across regions, the increased self-awareness women found through the initial Leadership Journey activities (including participating in the 360 assessment), helped lead to increased knowledge and skills which can be seen in the improvements in the 8 leadership competencies areas over the Journey Year.

At the same time, women are developing their networks and collaborating with peers. This first allowed women to understand other women's experiences, learn from them, commiserate, and support each other. Beyond those initial connections, the connections also allowed women to collaborate with each other, including working on papers together, broadening each other's networks, identifying grants to collaborate on, and supporting each other during job searches.

Both qualitative and quantitative data demonstrates marked improvements in confidence, which when paired with skill improvement, leads to improved self-efficacy. With the improved self-efficacy, built with the skills, knowledge, networks, collaboration, and confidence built throughout the journey, women believe they have the capacity to pursue their leadership goals.

Finally, coming out of the Leadership Journey, women report that they apply these skills, networks, confidence, and self-efficacy to intentionally act to pursue their leadership goals. This looks like different things for every woman, and is further explored in the next two sections, but here we can see that women are approaching leadership differently, applying the skills in their workplace and with their teams, identifying areas where they can grow in their current and future roles, use leadership tools and strategies to support others, and pursue promotion and job change in environments where that is possible, among many other actions.

INSTITUTIONAL-LEVEL PATHWAYS TO CHANGE

> The way I advocate for [my staff] in front of people [has changed]. I have tried to be intentional. There's an African woman who has not been promoted for 7 years. I have more visibility, so I have been able to be this woman's sponsor and bring this woman to a very visible role in Europe. This is one example. I have tried to use my voice and leadership to enable other people.
>
> NORTH AMERICA, 2021–2022 COHORT

The individual-level pathway, from increased self-awareness to intentional and strategic actions, allowed women to apply their new skills at the institution where they work and lead. They applied these learnings through policies and practice at their organization, and through the people they manage and with whom they work.

ACTING WITH INTENTION – THROUGH ORGANIZATIONAL POLICY & PRACTICE

The new skills women have gained through the Leadership Journey are supporting them to continue their impactful roles at their institutions by being more strategic, collaborative, and leading with their authentic leadership styles.

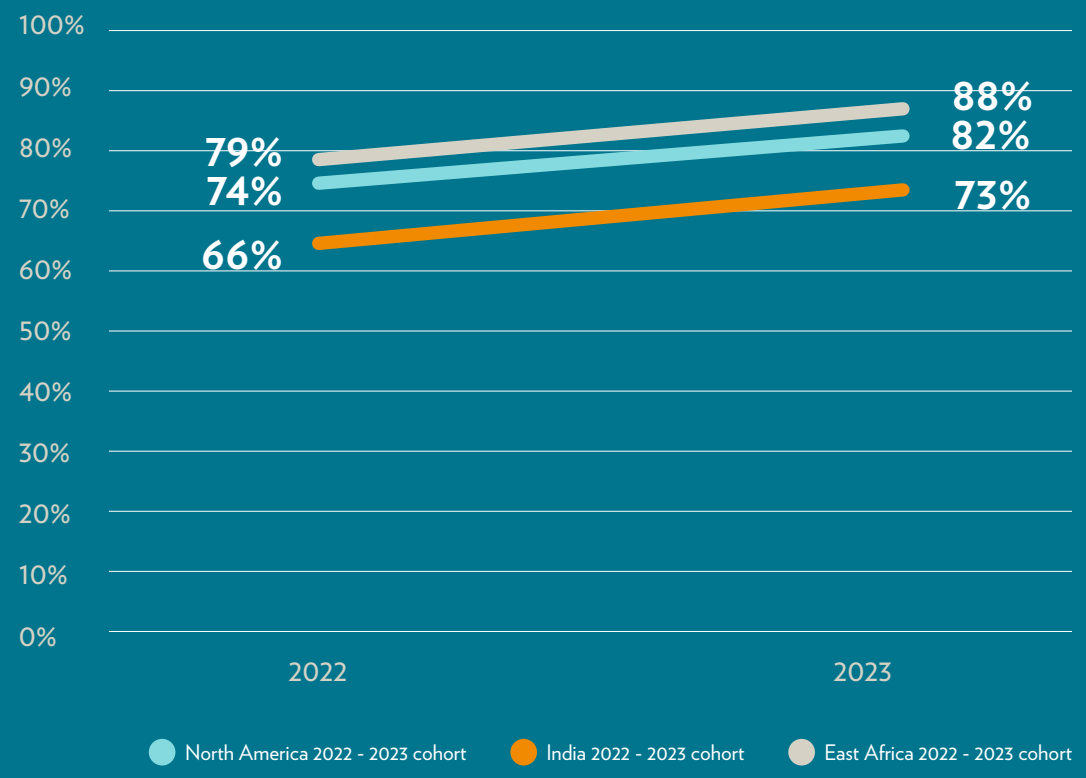
Using the key lessons from the Leadership Journey, women are finding new ways to amplify their efforts in the workplace by investing their time into strategic activities, including:

- Leading and contributing to diversity, equity, and inclusion (DEI) efforts in their institution.
- Leading and contributing to other institutional policy changes (e.g., developing new human resources (HR) policies that are more gender inclusive, change HR policies to support flexible working, mobilizing around a strategy to address the impact of climate change on health).
- Supporting the development of more inclusive institutional systems and processes (e.g., developing a gender working group, introducing a new required set of benchmarks to center equity across all projects and proposals, sensitizing management on equal pay for equal work).
- Leading and contributing to mentoring programs, especially those that focus on women.
- Managing staff with more intentionality and inclusivity.

ACTING WITH INTENTION – THROUGH ORGANIZATIONAL POLICY & PRACTICE

The proportion of women in all 2022–2023 cohorts who contributed to organizational policy or practice change increased from 73% at baseline to 80% at endline.

FIGURE 14: Women who contributed to organizational policy or practice change, % change



Beyond the 2022 - 2023 cohorts, there is a stark difference between those who have completed the Leadership Journey and those who have not. Approximately 4 out of 5 women (78%) who have completed the Leadership Journey contributed to changes in policies or practices within their organization in the past year. For those women just starting the Leadership Journey, 55% reported contributing to changes in policies or practices. They are contributing to changes in a variety of ways, including through DEI policies, budget decisions, staffing decisions, developing new projects and strategies, and many more. Forty percent of women who just completed their Leadership Journey reported that this change was linked to their Leadership Project.

These activities speak to the ripple effects women who go through the Leadership Journey can have at their organizations. They are strategically investing in improving the environment for women at their organizations, applying their skills to negotiate different environments, advocating for themselves and others, and collaborating at higher levels of their organization.

ACTING WITH INTENTION – THROUGH ORGANIZATIONAL POLICY & PRACTICE

CASE STUDY

Sanjana Brahmawar Mohan, MD

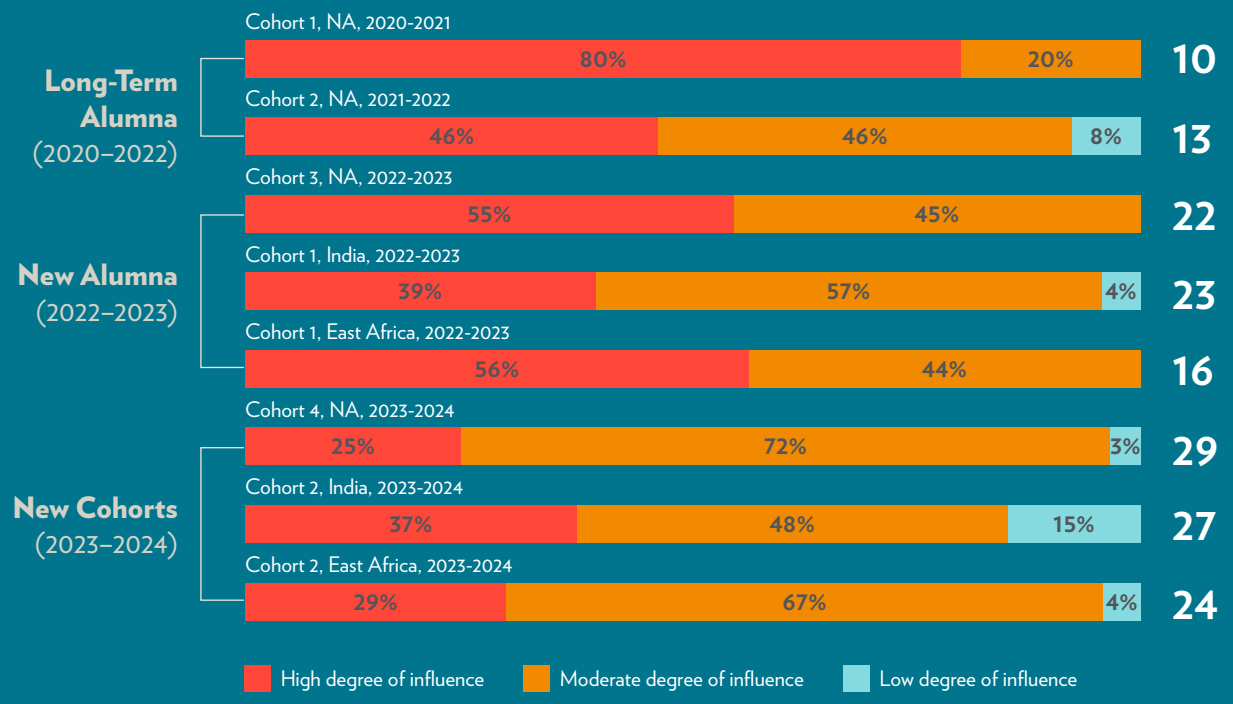
India

Sanjana is actively working on building safe workplaces and helping prevent sexual harassment in her organization and throughout a network of organizations. In these efforts, she has led sessions to discuss key issues that women and men face in the workplace. For example, through the sessions, participants talked about gossiping in the workplace, women getting unsolicited advice, and micro-aggression. The group discussed these sessions and was able to produce strategies to mitigate them. For example, **women talked about ways they can push back when they faced micro-aggression** and ways to decrease gossiping in the workplace. Going forward, her team is going to reconstitute the committee and convene regularly.

ACTING WITH INTENTION – THROUGH ORGANIZATIONAL POLICY & PRACTICE

More than half (52%) of women who have completed the Leadership Journey report a high degree of influence at their organization, as compared to 30% of women who are just entering the journey.

FIGURE 15: Women's reported degree of influence at their organization, by cohort



Thirty percent of women who are just entering the Leadership Journey in North America, India, and East Africa report that they have a high influence at their organization; 63% report a moderate influence at their organization. More than half (52%) of women who have completed the program report a high degree of influence at their organization, with 45% reporting a moderate degree of influence.

For those women who completed the Leadership Journey in the past year (2022–2023 cohorts), 70% reported that their ability to influence decisions made at their organization had increased over the past year, as compared to 49% of those women just entering the Leadership Journey (see Figure 17).

ACTING WITH INTENTION – THROUGH ORGANIZATIONAL POLICY & PRACTICE

All 2022–2023 cohorts report an increase in organizational influence in the past year, from 49% of women reporting an increase in 2022 to 70% reporting an increase in 2023.

FIGURE 16: Women who report a high degree of influence at their organization, % change

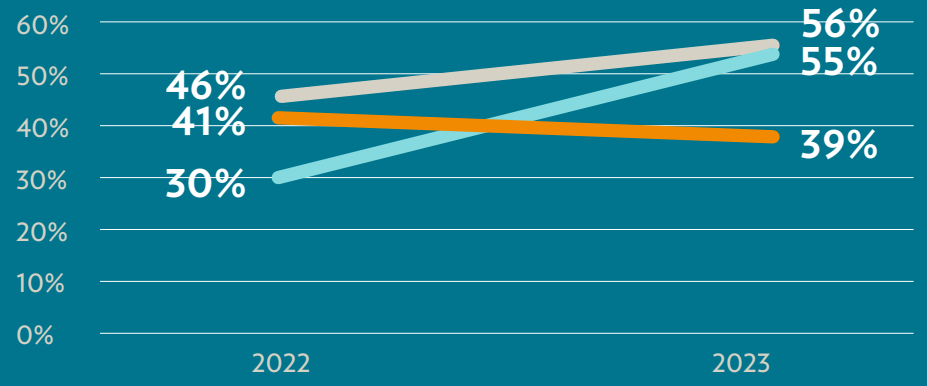
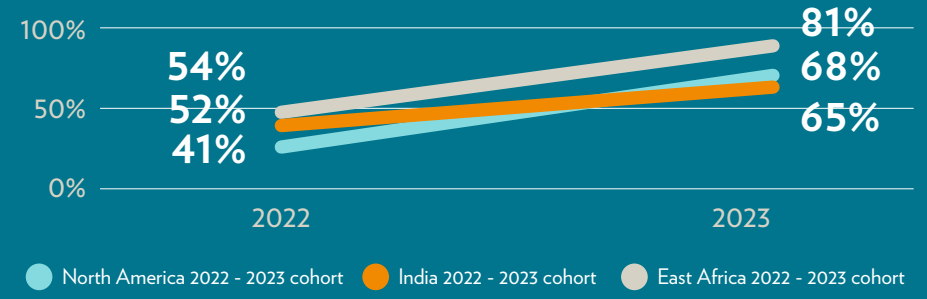


FIGURE 17: Women who report that their organizational influence has increased in the past year, % change



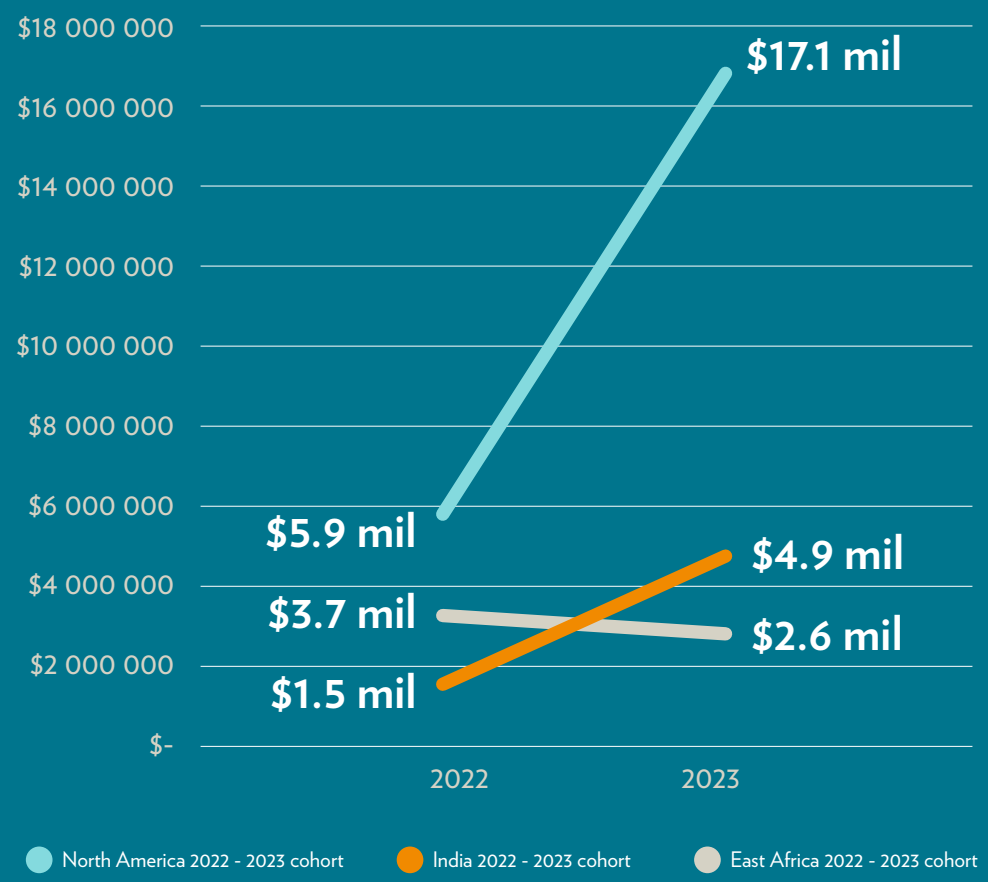
Overall, the proportion of women who reported a high degree of influence at their organizations increased in the 2022–2023 cohorts from 41% at baseline to 49% at endline. There was a marginal decrease seen in the India cohort (41% to 39%), while there was an increase in both the North America cohort (30% to 55%) and the East Africa cohort (46% to 56%). Note that there was a corresponding moderate decrease in women in the India cohort who reported a low degree of influence (7% to 4%) and an increase in those who reported a moderate degree of influence (52% to 57%).

The positive trends seen in contribution to policy or practice change at the institutional-level (Figure 14) and the degree of influence women have at their organizations (Figure 15–17) suggest that the women coming out of the Leadership Journey are equipped and motivated to undertake change at their organizations. The type of change they are targeting varies from woman to woman, but the data suggest that women are increasing their organization influence, while strategically targeting specific policies and practices to change, which often focus on improving the organization's environment for women and other marginalized communities.

ACTING WITH INTENTION – THROUGH ORGANIZATIONAL POLICY & PRACTICE

Emphasizing the organizational influence women are building, they are also building influence over money, particularly in the North America cohort.

FIGURE 18: Average budgetary authority



Three-fourths of Leadership Journey participants (75%) report having some budgetary authority or oversight. North America participants have on average authority over 12.0 million U.S. Dollars (USD), India participants have an authority over 10.5 million USD, and East Africa participants have authority over 8.4 million USD. In total, all respondents had authority over 1.1 billion USD.

For the 2022–2023 cohorts, a higher proportion of respondents reported budgetary authority at baseline (82%) as compared to endline (75%). This change was marginal and may have been due to variation in respondents from baseline to endline but was consistent across the regions. That noted, the average budgetary authority increased from baseline to endline for all cohorts except East Africa, increasing from $3.4 million to $8.3 million USD overall.

This suggests that beyond the changes women are making at the organizational level, there is potential for ripple effects at the programmatic level as well.

ACTING WITH INTENTION – THROUGH PEOPLE

In total, women leaders directly supervise 941 people, and oversee 4,833 people directly and indirectly around the world. Women coming out of the Leadership Journey report that they are motivated and equipped to apply some of the strategies they have learned to women and men they supervise and mentor, further contributing to the ripple effect trained women have in their institutions.

ACTING WITH INTENTION – THROUGH PEOPLE

Through the Leadership Journey, women have learned new strategies to manage teams, which has the potential to have an enormous impact on the large number of staff they manage. Women discuss using techniques to empower and support their staff (as was discussed in individual-level pathways to change, see Figure 9).

Of the women in all cohorts, 39% report that the number of their direct reports increased in the past year, and 37% reported that the number had stayed the same. On average, women who have direct reports supervise 7.3 people. In North America, women supervise on average 4.9 people, in India they supervise 11.0 people, and in East Africa women supervise 6.9 people. Fifteen percent of women reported that they had no direct reports. In total, women leaders directly supervise a total of 941 people around the world.

Adding in indirect reports, women oversee 37.7 people on average, either directly or indirectly. In total, women leaders directly and indirectly oversee a total of 4,833 people around the world.

> **In terms of people I do manage, I'm conscious of how to ensure personal and professional growth. I think about how to support people holistically. I think about peer coaching and not coming in with solutions, but more about how to work with people to find solutions.**
>
> EAST AFRICA, 2022-2023 COHORT

> **It is not just about leading; it is about empowering. I think I learned how to sit back and let people do their jobs**
>
> INDIA, 2022–2023 COHORT

ACTING WITH INTENTION – THROUGH PEOPLE

FIGURE 19: Average number of direct reports

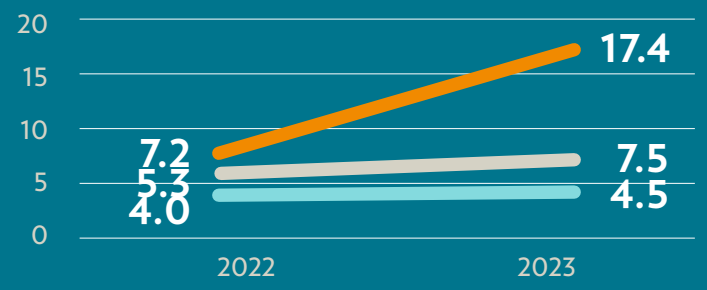
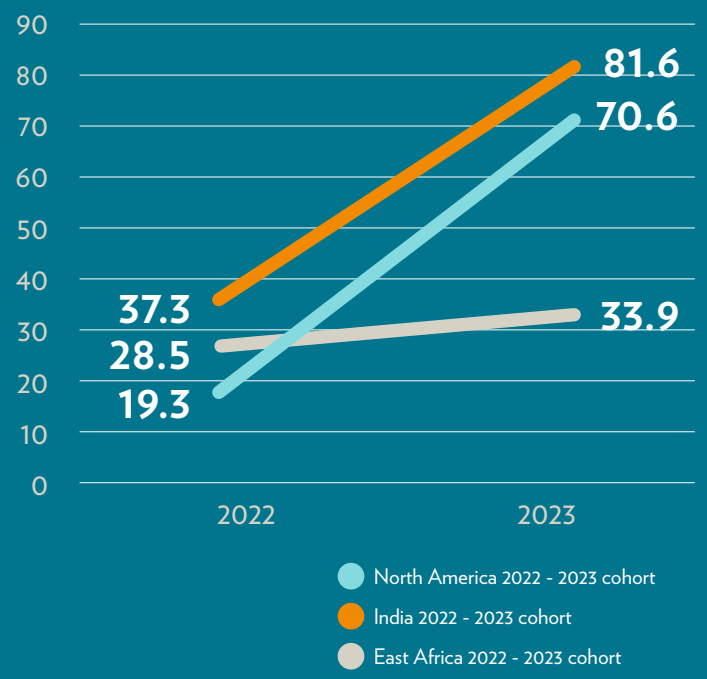


FIGURE 20: Average number of direct and indirect reports



All 2022–2023 cohorts reported an increase in the number of both direct and indirect reports they had from 2022 to 2023, with the total average increasing from 5.6 to 11.1 direct reports and 28.5 to 67.9 indirect reports.

As participants continue to increase their leadership roles and supervise more people, the leadership journey is helping them lead their teams in more inclusive and thoughtful ways.

Women were also sharing their learnings from the Leadership Journey with others. Almost all women who have completed the Leadership Journey (94%) have shared their learning with someone else. This came in the form of mentoring other women, sharing resources with informal and formal groups, and supporting other women to apply for the program.

> **Before, I was somebody who provided direction and ensured that everyone was doing what they were expected to be doing. We were making sure that everyone was being brought along with what we were doing. I was already working in the field of inclusion, but I changed my impact. I learned about capacity building for others, especially young women. Holding someone else's hand and ensuring that their capacity is being built. Helping others clarify their mission vision and purpose.**
>
> EAST AFRICA, 2022–2023 COHORT

SECTION SUMMARY

Coming out of the Leadership Journey, women report that they apply the skills, networks, confidence, and self-efficacy to intentionally act to pursue their leadership goals. This goes beyond pursuing their own goals; women are utilizing their new skills and strategies at work through organizational policies and practice, and through people to support their own leadership goals and to support others.

Acting with Intention – Through Organizational Policy & Practice

We find that women coming out of the Leadership Journey are increasing their contribution to policy and practice change at their organizations, they are reporting a higher degree of influence at their organizations, and they are building policies and practices at their organization to support their own goals, but also to support others. While the goals and targets vary from woman to woman, women who are working at the organizational level to affect change are focusing on improving the organization's environment for women and other marginalized communities.

Acting with Intention – Through People

Further, women are supervising (both directly and indirectly) thousands of people around the world, with this number increasing year over year. Women have grown their skills in Developing Others, and they report applying those skills with the men and women they supervise.

This speaks to the ripple effects women who go through the Leadership Journey can have at their organizations. They are strategically investing in improving the environment for women at their organizations, and applying their skills to negotiate different environments, advocate for themselves and others, and collaborate at higher levels within their organization.

SOCIETAL-LEVEL PATHWAYS TO CHANGE

The individual-level pathway to change from increased self-awareness to intentional and strategic actions allowed women to apply their new skills within their communities. They applied these learnings through contributions to policies and practice, research, and through building their networks.

> I am becoming more intentional and thinking about taking the next step of my life and how I can develop the next steps through professional relationships. I'm thinking about next steps, who to connect with, what I want to do in the long term, etc.
>
> EAST AFRICA, 2022-2023 COHORT

> I think about work–life balance and how to think more intentionally about how I navigate that.
>
> EAST AFRICA, 2022–2023 COHORT

Women are Making Strategic Contributions at a Societal Level

Beyond the changes that women are undertaking at their institutions, we explore how women acting intentionally have been able to bring about ripple effects at the societal level in this section.

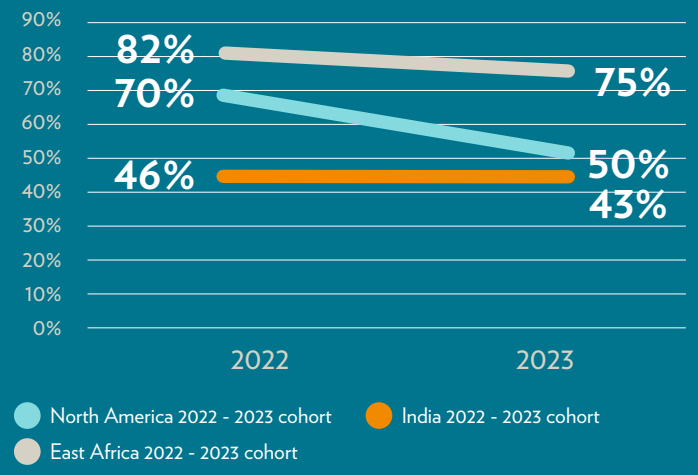
After prioritizing how they wanted to contribute, women continued their efforts in the three core areas: **Policy & Practice** — Contributing to policy and practice changes at a national or regional level; **Research** — Writing and publishing literature, collaborating with new research institutions to improve research efforts, and raising additional funds to increase research efforts; **Networks** — Enhancing and diversifying their networks to increase their visibility and influence.

Women have to juggle multiple roles in the workplace, in their families, and in their communities. The Leadership Journey equipped women with strategies to engage with their work in more thoughtful ways, which sometimes led to them doing less in various quantitative measures at the societal level. While the results in this section are varied, the institutional changes detailed previously are suggestive of women having a larger impact at the individual and institutional level in the short term, with the potential for the women to expand their reach as their career continues. Furthermore, the longitudinal results of alumni as the Leadership Journey continues will explore these long-term outcomes better as the evaluation team collects new data annually.

ACTING WITH INTENTION – THROUGH POLICY & PRACTICE

More than half of all women (54%) have contributed to changes in health policy or practice in the past year. Women in the 2022–2023 cohorts reported a small decrease in the proportion of those who had contributed to policy or practice change in the past year.

FIGURE 21: Women who contributed to changes in health policy or practice, % change



Women in East Africa reported the highest contribution to policy and practice (with 70% of women reporting contributing to changes in health policy in the last year), as compared to 50% in India and 47% in North America. For those women who have completed Liftoff, 36% report that this change in health policy was linked to their Leadership Project. Policies women contributed to included:

- U.S. maternal health policies.
- National health reform in Armenia and Bosnia and Herzegovina.
- Adoption of maternal and newborn health interventions by governments in Zambia and Uganda.
- Government of Uttar Pradesh newborn survival strategy.
- Sexual and Reproductive Health Rights and gender-based violence inclusion in the Kenya Disability Summit Commitment.
- Kenyan National Adolescent Health Policy and Family Planning Policy.

In all 2022–2023 cohorts, there was a consistent decrease in the proportion of women reporting that they contributed to changes in health policy or practice. In 2022, 66% of women reported that they contributed to changes in health policy or practice, while 54% reported a contribution in 2023.

Linked with the qualitative data, it is possible this decrease can be linked to women acting more strategically to pursue the goals that are most important to them. As stated previously, women entering the Leadership Journey are accomplished, and the year is often focused on personal and organizational change. The longitudinal data of this and future cohorts will be most helpful in exploring questions at the societal level.

ACTING WITH INTENTION – THROUGH POLICY & PRACTICE

CASE STUDY

Debora Freitas, MS

North America, United States

Today, Debora is the Head of the Johns Hopkins Center for Communication Program. **She is helping the Center evolve and expand into being a thought leader in the global health space.**

The Center for Communications Program is the largest one at the University and globally. In her role, she oversees global projects in over 40 countries, and while she doesn't oversee every project directly, she is leading the teams who do. **Debora oversees an organization, maneuvers politics, and manages relationships with the University.**

Dr. Jacqueline Kitulu, MD, MBA, OGW

East Africa, Kenya

Dr. Jacqueline notes that the Leadership Journey has opened opportunities for her to participate at a global level. **She was was able to participate in the G20 ThinkTank in India** . She was able to talk about the role of leadership programs for women and how the field can fill in the gaps, along with on-going efforts in Kenya.

Additionally, **Dr. Jacqueline has been seeking out leadership positions on Boards. Her efforts led her to become a Chair of Rocket Health Uganda**. She notes that her coaches and mentors supported her, even when she didn't have 100% of the qualifications. She was able to seek out these opportunities and take the leadership role. Dr. Jacqueline is also exploring another Board position in the Private sector, which is not an area she had engaged with previously. **With these new engagements, she is moving into the private sector more to provide affordable, accessible healthcare in innovative ways**.

ACTING WITH INTENTION – THROUGH RESEARCH

Women in 2022–2023 cohorts were slightly less likely to have published a peer-reviewed article at endline, but they were slightly more likely to have led a research trial or study in the last year.

For the 2022–2023 cohorts, the proportions of women publishing peer-reviewed journals and non-peer-reviewed journals decreased from baseline to endline across cohorts. This may be due to the multi-year nature of publishing, or to the fact that many women who move into leadership positions in academia or research publish less.

Women leading research trials or studies in the India 2022–2023 cohort increased from 64% to 77% and stayed the same in the North America and East Africa cohorts. These changes are driven by the India cohort, which has the highest number of women working in academia and research.

FIGURE 23: Women who published non-peer-reviewed articles, % change

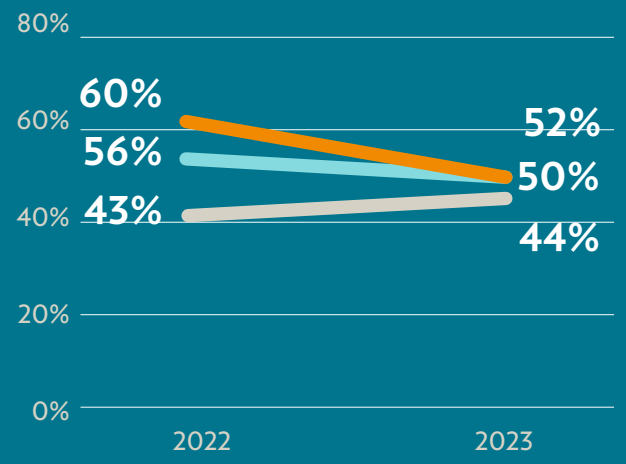


FIGURE 22: Women who published peer-reviewed journal articles, % change

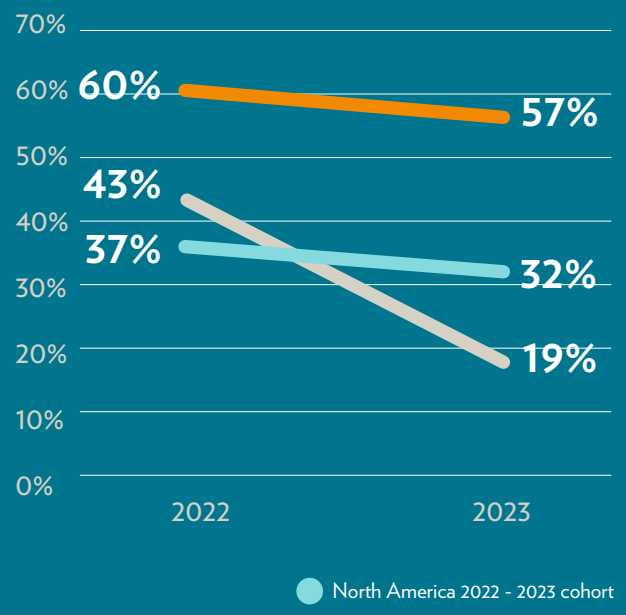
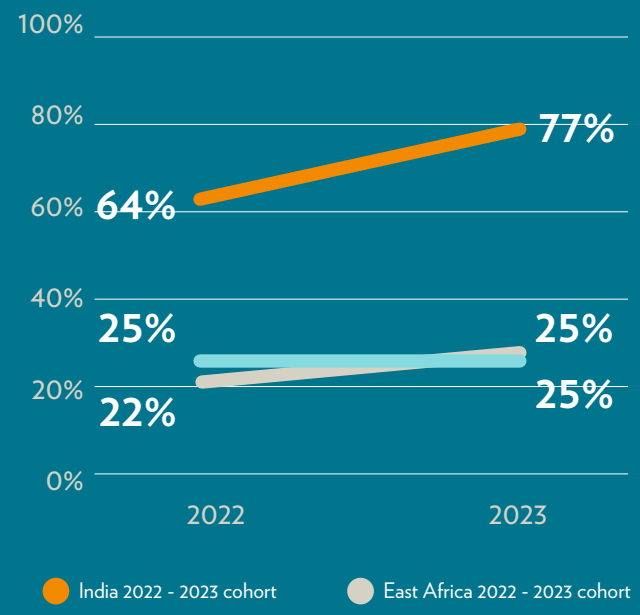


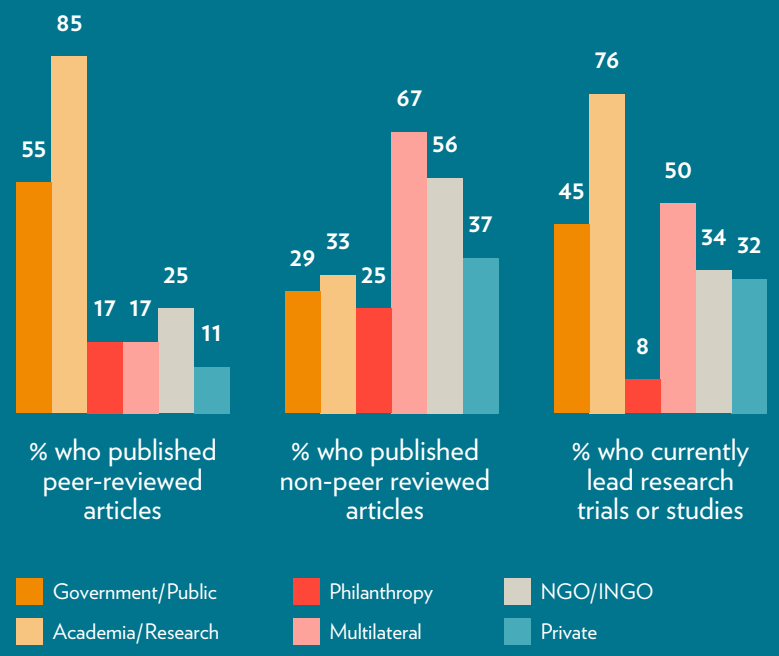
FIGURE 24: Women who lead research trials or studies, % change



ACTING WITH INTENTION – THROUGH RESEARCH

Women who work in academia or research are most likely to have published a peer-reviewed article in the past year (85%) commonly lead research studies (76%), but women who work in multilaterals (67%) and NGO/INGOs (56%) are more likely to have published a non-peer-reviewed article in the past year.

FIGURE 25: Women Publishing Rates by Sector



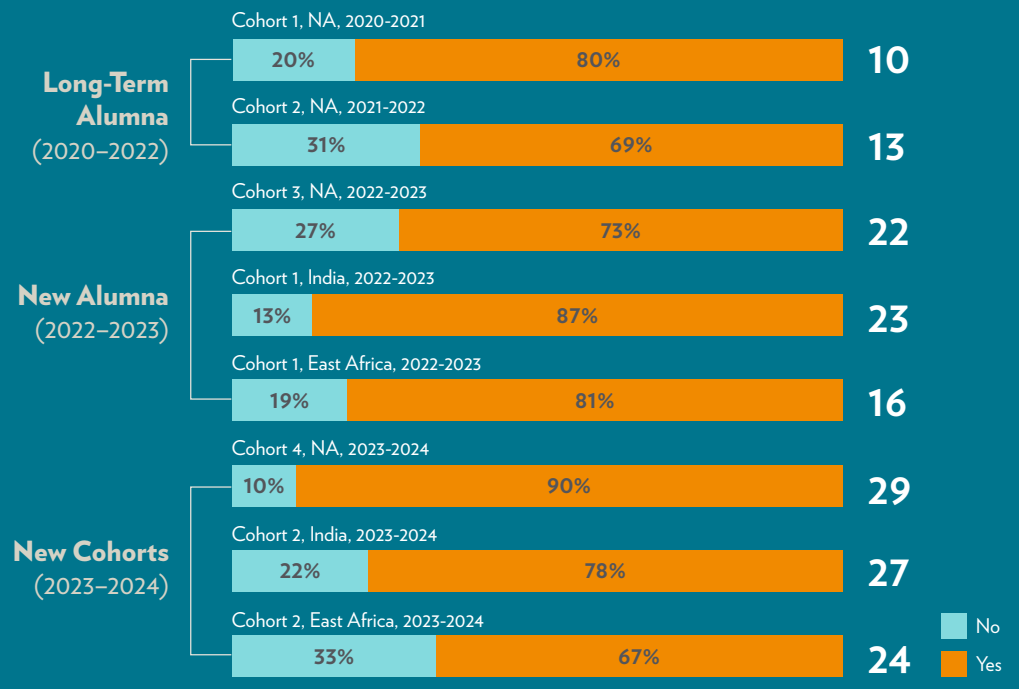
There is variability between cohorts on published articles and research trials, which is primarily driven by differences in proportion of each cohort who work primarily in academia or research. As India leads in respondents who work in academia, they also lead in those who have published a peer reviewed journal in the past year (60% of respondents), followed by North American respondents (36%), and then East Africa respondents (23%). Half (52%) of those women were the first author on at least one of their journal articles.

Leadership Journey women who published, published 2.2 non–peer-reviewed articles on average. They were led by women in India, 48% of whom who published non–peer- reviewed articles, closely followed by North American cohort members (46%), and then East African cohort members (28%). Many India cohort members (69%) are currently leading research studies, while one-third of North American cohort members (31%) and East Africa cohort members (33%) currently lead research studies. On average, for those leading research studies, India cohort members are leading 3.4 studies, North America cohort members are leading 2.6 studies, and East African cohort members are leading 1.8 studies.

ACTING WITH INTENTION – THROUGH NETWORKS

Women are prioritizing networking and being more strategic about what events and conferences they attend.

FIGURE 26: Women who participated in global or regional conferences, meetings, or other fora in the past year

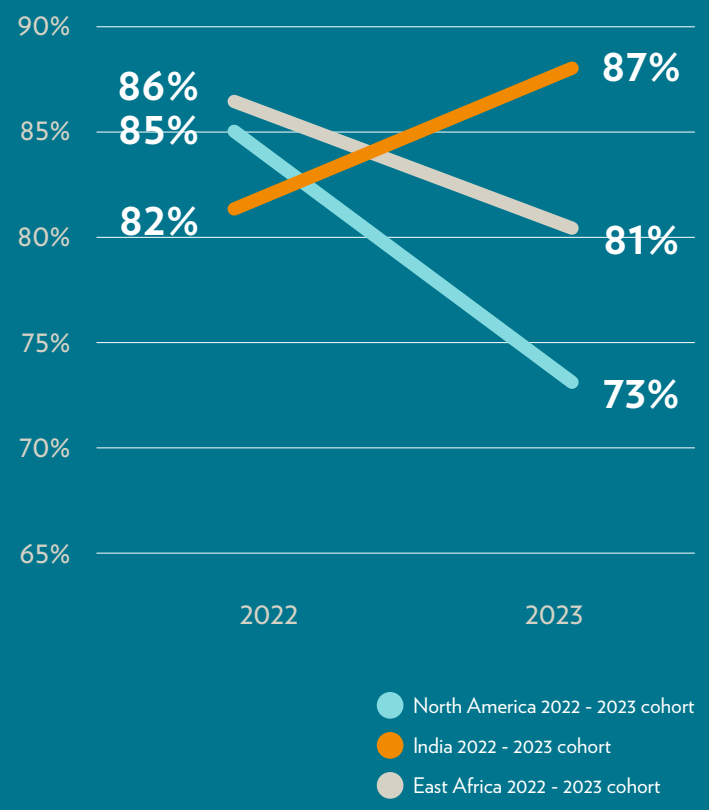


The network analysis women completed during the Leadership Journey helped them identify the diversity of their networks and areas they need to strengthen. Several participants noted that they have prioritized diversifying their network and becoming more intentional about who they meet and how they connect with them at conferences, external meetings, and associations. Therefore, women could decrease their overall involvement while increasing the diversity of their networks instead.

A majority of women (79%) have participated in global or regional conferences, meetings, or other fora in the past year (see Figure 26). The average respondent attended 3.9 meetings, with new alumna attending 4.7 and new cohort members attending 3.6 events on average.

A marginally smaller proportion of women in the North America and East Africa 2022–2023 cohorts attended conferences in the past year from baseline to endline (a 12-point and 5-point decrease, respectively). The India 2022–2023 cohort reported a 5-point increase in the proportion of women who participated in conferences in the past year (see Figure 27).

FIGURE 27: Women who participated in conferences in the past year, % change



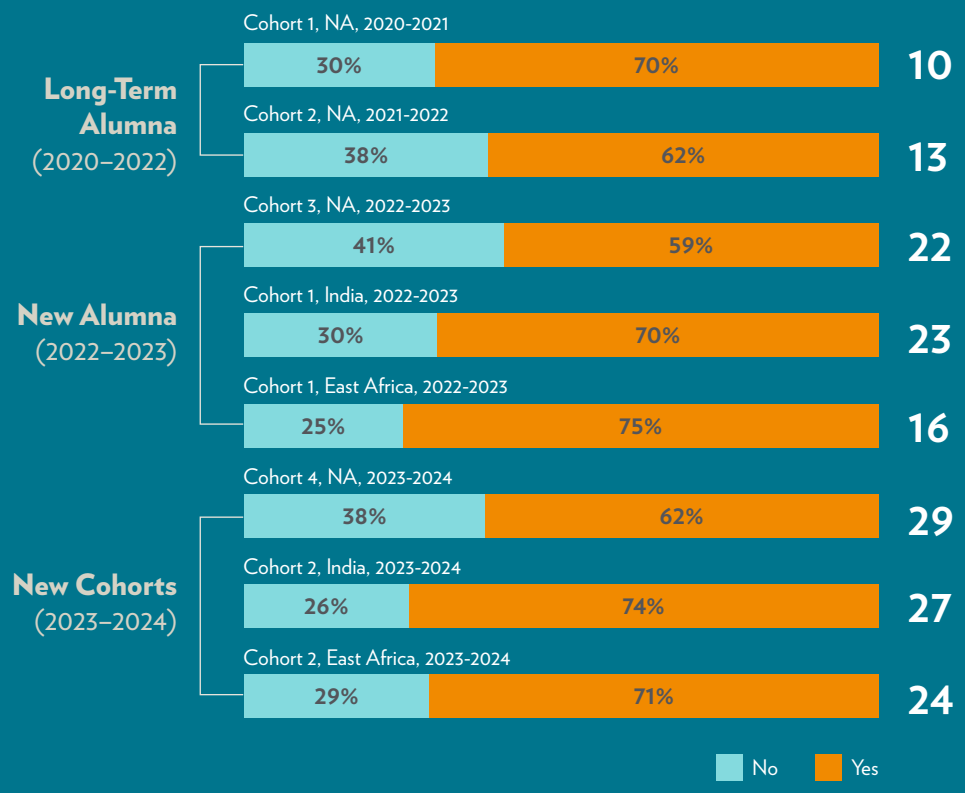
> I want there to be more diverse stakeholders in the networks, so my target is to expand a diverse network. I am more conscious about professional relationship building and how building relationships is very key. We need to consciously make an effort towards a more diverse network.
>
> INDIA, 2022–2023 COHORT

> I have a very close network of people with my own network and expertise. WLH has expanded my network to people in government, policy, etc. This is an area I would like to continue to build and make more contacts with WLH alumnae and to those even outside of India. I think this would help me level up my career.
>
> INDIA, 2022–2023 COHORT

ACTING WITH INTENTION – THROUGH NETWORKS

To diversify and expand their networks, women are continuing to participate in their existing professional networks and approaching these interactions with more intention.

FIGURE 28: Women who are members of professional networks of associations

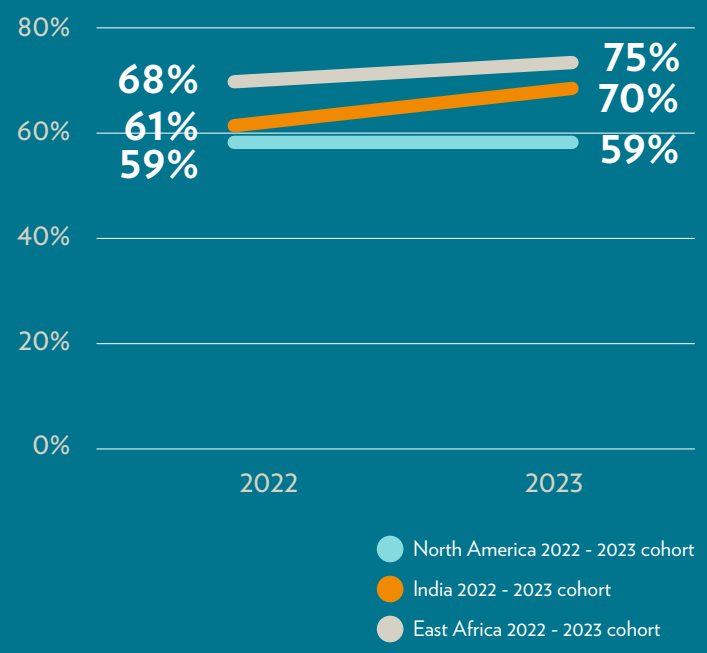


Two-thirds (68% of women) are members of professional networks or associations. Slightly fewer women in the North America cohorts (62%) report being part of networks or associations, while 72% of women in India and 73% of women in East Africa report being part of networks or associations. Many women (48%) report having meetings or informational interviews several times per year with the main purpose of networking; 32% of women have those meetings even more frequently, monthly or more often.

There was a small increase among the women in the 2022–2023 cohort who reported participating in professional networks or associations (63% to 67% from baseline to endline).

Women are coming into the Leadership Journey with networks developed, and many of them are already quite active in developing their networks outside of their job. Women are reporting that instead of simply increasing the number of networks they belong to, they are prioritizing networks that better align with their careers and interacting with more intentionality during these meetings.

FIGURE 29: Women who participated in professional networks or associations, % change

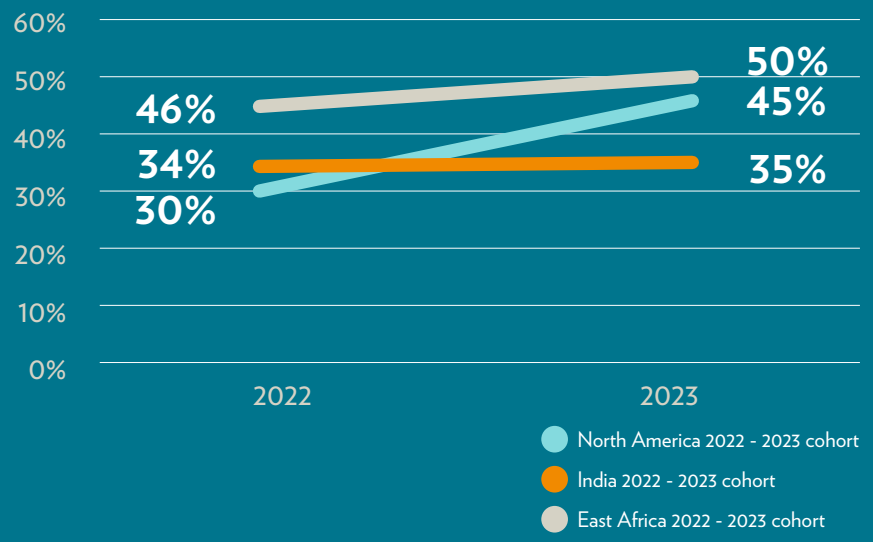


> My work involves local collaboration. I work with local government, NGOs, Academia. My coach in my assessment said I was not giving enough effort in networking. I have now made a conscious effort to network and to take meetings with people that I normally would not have before. I do participate in public health and epidemiology networks. What has changed in the last year is my attitude towards these interactions.
>
> INDIA, 2022–2023 COHORT

ACTING WITH INTENTION – THROUGH NETWORKS

With a diverse and enhanced network, women are striving to increase their visibility and influence on their communities.

FIGURE 30: Women who are on boards of directors, % change



> I had set out with a goal to work for a global health organization and now I am on a Board for a global initiative
>
> NORTH AMERICA, 2022–2023 COHORT

With a more diverse and enhanced network, women are becoming more intentional about seeking opportunities that increase their wider visibility and influence. To do this, they are tapping into their networking and seeking leadership positions outside of their organizations. Strategic positions on Boards allow women to have a larger influence and a wider global health impact.

In total, 39% of women report serving on a Board in the past year. East African cohort members are most likely to have served (50%), followed by North American cohort members (38%), and India cohort members (32%). There was a marginal increase of women in the 2022 – 2023 cohorts serving on boards from baseline (37%) to endline (43%).

Women are prioritizing enhancing and diversifying their networks, so they are connected to the right people and organizations. Instead of focusing solely on attending more external events, they are instead prioritizing conferences, events, and networking associations that are better aligned to their overall career goals. This diversified network is also allowing women to increase their overall visibility and influence as they seek and attain larger leadership positions. The data here shows that more women are seeking positions on Boards for example, a strategic decision-making role, which will further contribute to their global health impact at a societal level.

SECTION SUMMARY

Coming out of the Leadership Journey, women report that they intentionally act to pursue their leadership goals. This goes beyond pursuing their own goals; women are utilizing their new skills and strategies in their communities 1) through contributions to policy globally, 2) through contributions to research, and 3) through diversifying their networks to have more impact on their communities.

Acting with Intention – Through Policy & Practice

More than half of all respondents have contributed to changes in health policy or practice in the past year; women in the 2022–2023 cohorts reported marginal decreases in those who had contributed to policy or practice change in the past year. The qualitative data suggest this decrease can be linked to women acting more strategically to pursue the goals that are most important to them. The longitudinal data of this and future cohorts will be most helpful in exploring questions at this level.

Acting with Intention – Through Research

The data on research were mixed and need to be further explored in the coming years. Women in 2022–2023 cohorts were slightly less likely to have published a peer-reviewed article at endline, but they were slightly more likely to have led a research trial or study in the last year. With the multi-year nature of publishing and the various ways women working in academia can contribute to their communities, exploring further data points will be important in the years to come.

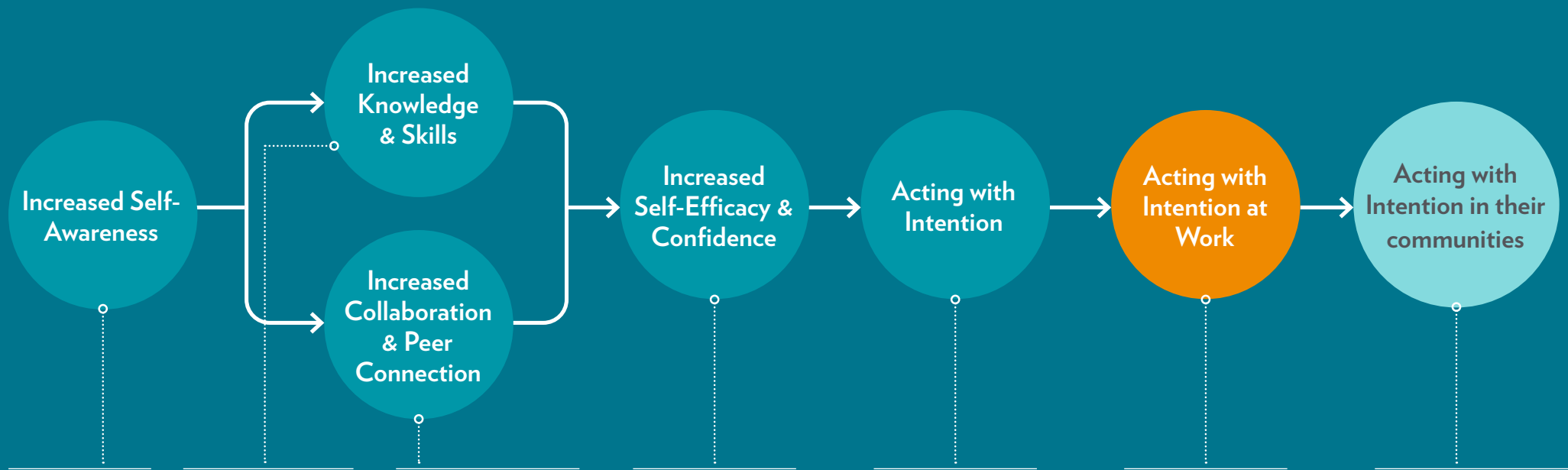
Acting with Intention – Through Networks

Women are prioritizing enhancing and diversifying their networks, so they are connected to the right people and organizations. Instead of focusing solely on attending more external events, they are instead prioritizing conferences, events, and networking associations that are better aligned to their overall career goals. There was a small increase in those getting involved in associations and Boards, and a decrease in those attending conferences, which suggests that women are strategically selecting those opportunities where they can have the most impact.

While the results in this section are varied, the individual and institutional changes detailed previously are suggestive of women having a larger impact at these levels initially, with the potential for the women to expand their reach as their career continues. This speaks to the ripple effects women who go through the Leadership Journey can have in their communities.

CONCLUSION & SUMMARY OF FINDINGS

In this section, the evaluation team presents a summary of the findings detailed throughout the report.



The 360 assessment and learning touchpoints increased women's self-awareness and helped them prioritize the areas they wanted to strengthen.

Across regions, the increased self-awareness women found through the initial Leadership Journey activities helped lead to increased knowledge and skills over the Journey year, which can be seen in the improvements in the 8 leadership competencies areas.

Women collaborated during and after their Leadership Journey was complete, built connections with peers, and supported each other to grow as leaders.

Through the Leadership Journey, women strengthened their own confidence and skills – both of which are documented in the the KIIs and the improved leadership competencies. The improvement in confidence and skills contributed to improved self-efficacy.

Women used the knowledge and skills built through strategic focus, the peer connections they made, and the improved confidence and self-efficacy to move forward and act intentionally and strategically with their own personal and career goals.

Using the skills and strategies women built during the Leadership Journey, women can support their own leadership goals, and the goals of others, through their influence on organizational policies, practice, and people.

While more long-term data are needed, women report that they are intentionally acting to pursue their leadership goals at the societal-level as well. Women are utilizing their new skills and strategies in their communities through 1) contributions to policy globally, 2) contributions to research, and 3) diversification of their networks.

ANNEX 1

Methodology

Methodology – Online Surveys

The evaluation team sent out an online survey to all the women in the four U.S. cohorts, the two Indian cohorts, and the two East Africa cohorts. The survey consisted of questions about women's career progression, influence within their organization, external networking, and overall feedback on the Leadership Journey and will inform both this evaluation report and WomenLift's monitoring indicators. Table 3 outlines the response rate, which was high for most currently active cohorts but low for East Africa Cohort 1 (2022–2023) and North America Cohort 1 and 2 (alumna who are a few years out of the Journey).

Starting in 2022, the evaluation team used individualized links to collect data so that in subsequent years we can track individual changes over time and analyze trends among those who have responded to the survey each year. This report is the first to reflect that change.

Finally, we also collected data on a comparison group from each region. The North America and India comparison groups include women who had been shortlisted for later years of the program. For both North America and India in 2023, the comparison group is only made up of women selected for the 2024–2025 Leadership Journey, or those waitlisted for the journey. For East Africa, the evaluation team is still discussing the strategy for the comparison group at the time of report writing.

Methodology – Key Informant Interviews

The evaluation team conducted 23 KIIs with program stakeholders. Table 4 details interviews by stakeholder type. The evaluation team, with support from WomenLift Health, used a combination of purposive and random sampling based on stakeholder type. The evaluation team purposively selected CCL facilitators who had been involved in facilitating the Leadership Journey across the three regions. The evaluation team used stratified random sampling to invite women leaders for interviews, first stratifying women by sector (non-profit, private, philanthropy, academia, and government) and then randomly sampling one woman from each sector and each cohort. Interviews reached saturation, the point at which few or no new themes are brought up by each additional key informant.

METHODOLOGY – MONITORING & PROGRAM DATA

The evaluation team also had access to some monitoring data from the Leadership Journey, and data from women participants' 360 assessments (assessments they and several of their colleagues completed at the beginning of the Leadership Journey regarding the women leaders' leadership styles). These data were combined with online survey data tracking the same metrics to report on change over the Leadership Journey throughout this report.

Evaluation Design

To support measuring outcomes and documenting learning, WomenLift Health 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 in order to support WomenLift's learning and adaptive management. This report presents the results of the 2022 annual evaluation.

This evaluation design relies on a theory-driven approach,[2] guided by the WomenLift Health Theory of Change. The Theory of Change demonstrates the pathway by which WomenLift Health aims to contribute to efforts to ensure gender equality and thus transform global health outcomes (impact). Through elevating a diverse group of mid-career women to leadership positions in the global health arena, women who will then prioritize the needs of women, children, and communities.[3, 4, 5] WomenLift Health recognizes that every woman is embedded in a complex web of individual, organizational, and cultural relationships that require catalyzing change at the societal, organizational, group, and individual level. 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 Health expects inputs and activities will lead to observable outcomes in the short- (within 12 years), medium- (3–4 years) and long- (5–10 years) term. 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 Health outcomes.

2 Breuer, E., Lee, L., De Silva, M., & Lund, C. (2015). Using theory of change to design and evaluate public health interventions: a systematic review. Implementation Science, 11(1), 63.

3 "Where Are the Women in Social Science Research?," Hindustan Times, August 3, 2018, https://www.hindustantimes.com/analysis/where-are-the-women-in-social-science-research/story-8Ul44vxdCi88Kip9fAH8ZK.html.

4 Virginia Gewin, "Why Diversity Helps to Produce Stronger Research," *Nature*, November 13, 2018, https://doi.org/10.1038/d41586-018-07415-9.

5 Dominique A. Potvin et al., "Diversity Begets Diversity: A Global Perspective on Gender Equality in Scientific Society Leadership," *PLOS ONE* 13, no. 5 (May 30, 2018): e0197280, https://doi.org/10.1371/journal.pone.0197280.

Analysis Process

Qualitative: The evaluation team conducted a multi-stage review of the qualitative data. In the first stage, the team reviewed qualitative transcripts and created a draft codebook. The team then reviewed and codebook to ensure key findings from transcripts will be reflected. The evaluation team next undertook an inter-rater reliability exercise, where we applied the codebook to the same interview, compared results, clarified code meanings, and updated the codebook based on findings. In the second stage, we 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 sector, job seniority, and race. Because of the small sample size, most differences between groups were not statistically significant. The evaluation team also analyzed program data in Stata, looking for differences between respondent types and between categories in the 360 data and for changes over time and between categories in the Touchpoint feedback data.

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 a presentation. In this report, we present findings and themes for individual-, institutional-, and societal-level pathways to change (mirroring the evaluation questions), followed by a conclusion and recommendations section.

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 the external literature and program data from other points in time. These capture more systematic data on obstacles at the organizational and societal level and provide an additional data point for program feedback.
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 2023. The response rate was 43% for North America cohort 1 (2020–2021) and 56% for North America cohort 2 (2021–2022). Similarly, they also had lower response rates for the KIIs.	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.
East Africa Response Rates: For East Africa cohort 1 (2022–2023), our response rates were low when compared to other cohorts just finalizing their (53%). This means that our data for that cohort is slightly more limited and may be missing some key factors that a more robust sample would have illustrated.	In order to get as many responses as possible, we followed up with participants multiple times, and coordinated with WomenLift to reach out to participants on WhatsApp. In the future, it may be necessary to coordinate a slightly different process for surveys occurring in Africa.
360 data: The data collected for the women participants' 360 assessments for India and East Africa is incomplete this year. When CCL collects that data, they separately collect consent for use of that data. Unfortunately, that was not done for the 2022–2023 India and East Africa cohort members. An effort was made to go back and request consent from them, but only a few participants consented. In addition, as was the case in 2022, the survey 360 questions use an updated version of the assessment, so most of the metrics will not be directly comparable to the 360s for the women in the first two U.S. cohorts.	For the North American cohort, the evaluation team has all the available data and consent, so that is reported as normal throughout this report. For the India and East Africa cohorts, CCL was able to provide the average scores for each indicator of interest, so those are reported throughout this report. Moving forward, CCL is working on adjusting their process to ensure that consent is collected for all regions and cohorts in the same way.

ANNEX 2

Survey Demographics by Cohort

North American Respondent Demographics

North American cohort respondents are most commonly white or Caucasian (49%), Black or African American (21%), or Asian or Pacific Islander (18%). Respondents most often work in the NGO/INGOs (43%), academia (17%), philanthropy (13%), or government/public sector (13%). Their titles are most commonly director or senior-level (32%), manager or mid-level (28%), or technical advisor or specialist (15%).

RACE/ETHNICITY: U.S. PARTICIPANTS

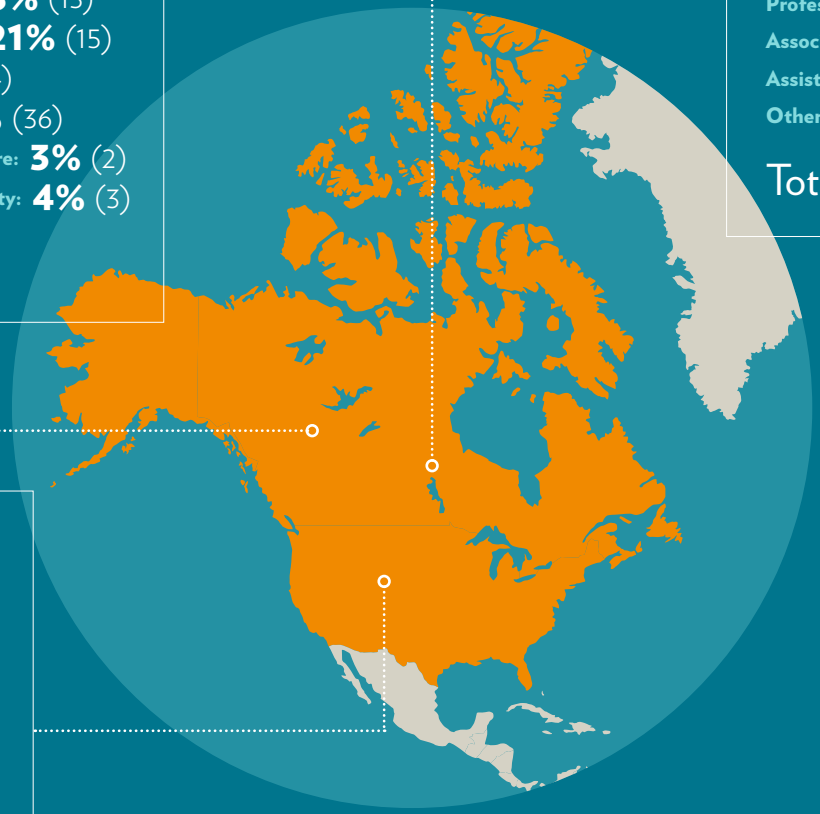
- **Asian or Pacific Islander:** **18%** (13)
- **Black or African American:** **21%** (15)
- **Hispanic or Latina:** **5%** (4)
- **White or Caucasian:** **49%** (36)
- **A race/ethnicity not listed here:** **3%** (2)
- **More than one race or ethnicity:** **4%** (3)

Total: **73**

TITLE

- **C-suite level:** **9%** (7)
- **Vice President:** **1%** (1)
- **Director** (senior-level with oversight over a department or division): **32%** (24)
- **Manager** (mid-level with oversight over people and/or projects): **28%** (21)
- **Technical Advisor/Specialist:** **15%** (11)
- **Professor:** **-** (-)
- **Associate Professor:** **4%** (3)
- **Assistant Professor:** **5%** (4)
- **Other:** **5%** (4)

Total: **75**



SECTOR

- **Government/Public:** **13%** (10)
- **Academia/Research:** **17%** (13)
- **Philanthropy:** **13%** (10)
- **Multilateral:** **4%** (3)
- **NGO/INGO:** **43%** (32)
- **Private:** **9%** (7)

Total: **75**

India Respondent Demographics

India cohort respondents are most commonly Hindu (69%) and are General Caste (80%). Respondents most often work in the NGO/INGOs (32%), academia (28%), or government/public sector (20%). Their titles are most commonly manager or mid-level (24%), director or senior-level (22%), or technical advisor or specialist (16%).

RELIGION

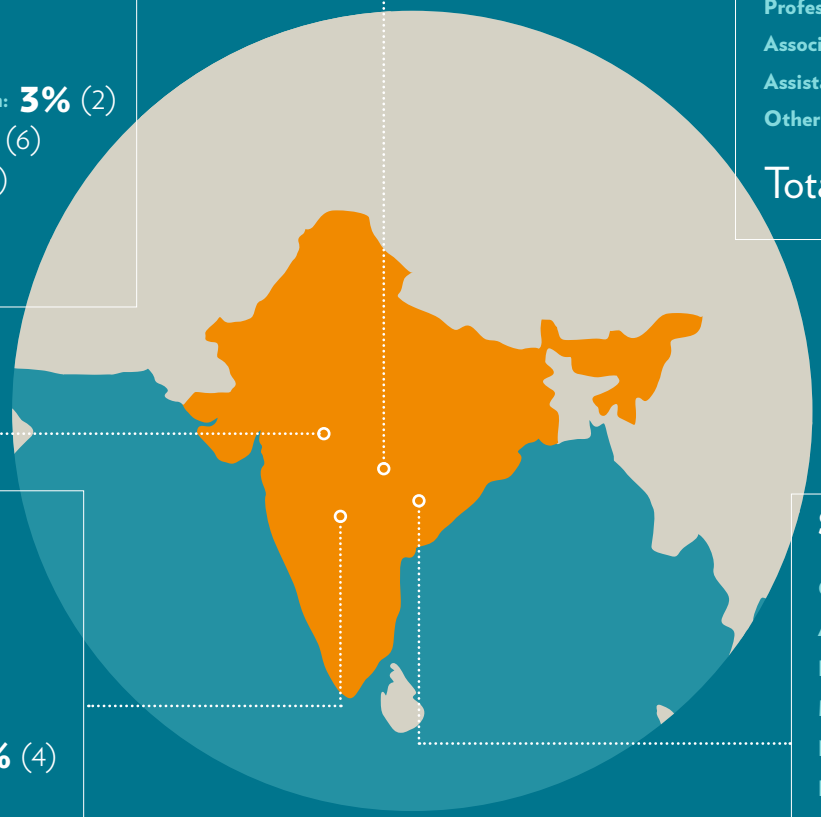
Hindu: **47%** (34)
Muslim: **1%** (1)
Christian: **4%** (3)
Sikh: **1%** (1)
Jain: **1%** (1)
Some other religion: **3%** (2)
No religion: **8%** (6)
Multiple: **1%** (1)

Total: **73**

TITLE

C-suite level: **8%** (4)
Vice President: **4%** (2)
Director (senior-level with oversight over a department or division): **22%** (11)
Manager (mid-level with oversight over people and/or projects): **24%** (12)
Technical Advisor/Specialist: **16%** (8)
Professor: **12%** (6)
Associate Professor: **6%** (3)
Assistant Professor: **6%** (3)
Other: **2%** (1)

Total: **50**



CASTE

General Category: **80%** (39)
Scheduled Tribe: **4%** (2)
Other Backward Class (OBC): **6%** (3)
I do not recognize a caste system: **2%** (1)
Not a member of any caste/category/class: **8%** (4)

Total: **49**

SECTOR

Government/Public: **20%** (10)
Academia/Research: **28%** (14)
Philanthropy: **4%** (2)
Multilateral: **4%** (2)
NGO/INGO: **32%** (16)
Private: **12%** (6)

Total: **50**

East Africa Respondent Demographics

East Africa cohort respondents are most commonly Protestant or other Christian (58%) or Catholic (35%). Respondents most often work in the NGO/INGOs (41%) or the government/public sector (27%). Their titles are most commonly manager or mid-level (44%) or director or senior-level (24%).

RELIGION

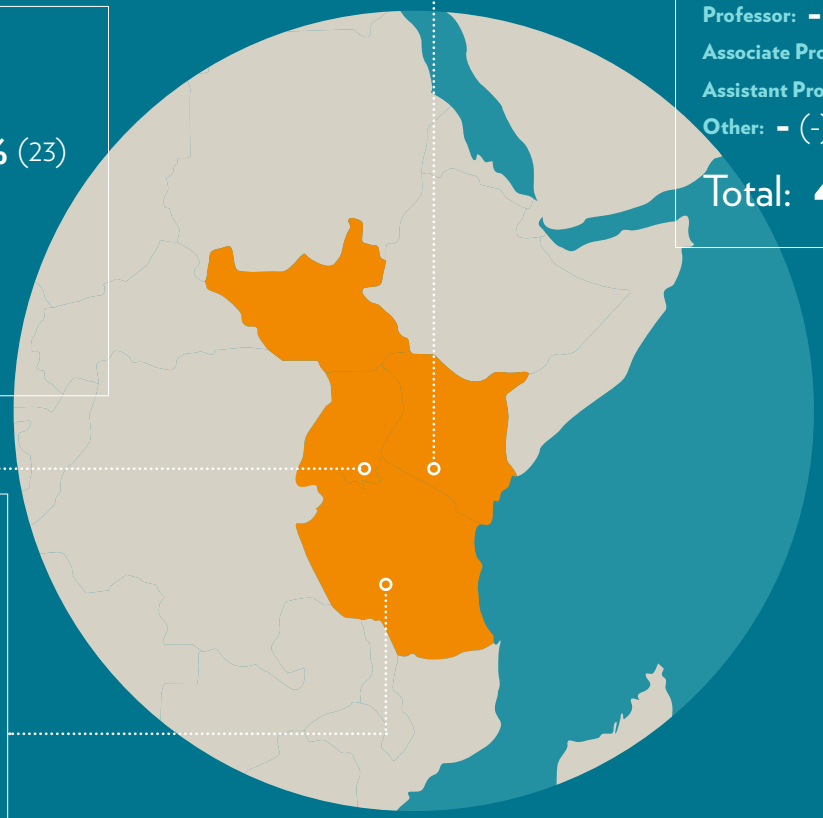
Catholic: **35%** (14)
Protestant/Other Christian: **58%** (23)
Muslim: **3%** (1)
No religion: **3%** (1)
Multiple religions: **3%** (1)

Total: **40**

SECTOR

Government/Public: **27%** (11)
Academia/Research: **15%** (6)
Philanthropy: **-** (-)
Multilateral: **2%** (1)
NGO/INGO: **41%** (17)
Private: **15%** (6)

Total: **41**



TITLE

C-suite level: **12%** (5)
Vice President: **-** (-)
Director (senior-level with oversight over a department or division): **24%** (10)
Manager (mid-level with oversight over people and/or projects): **44%** (18)
Technical Advisor/Specialist: **15%** (6)
Professor: **-** (-)
Associate Professor: **2%** (1)
Assistant Professor: **2%** (1)
Other: **-** (-)

Total: **41**