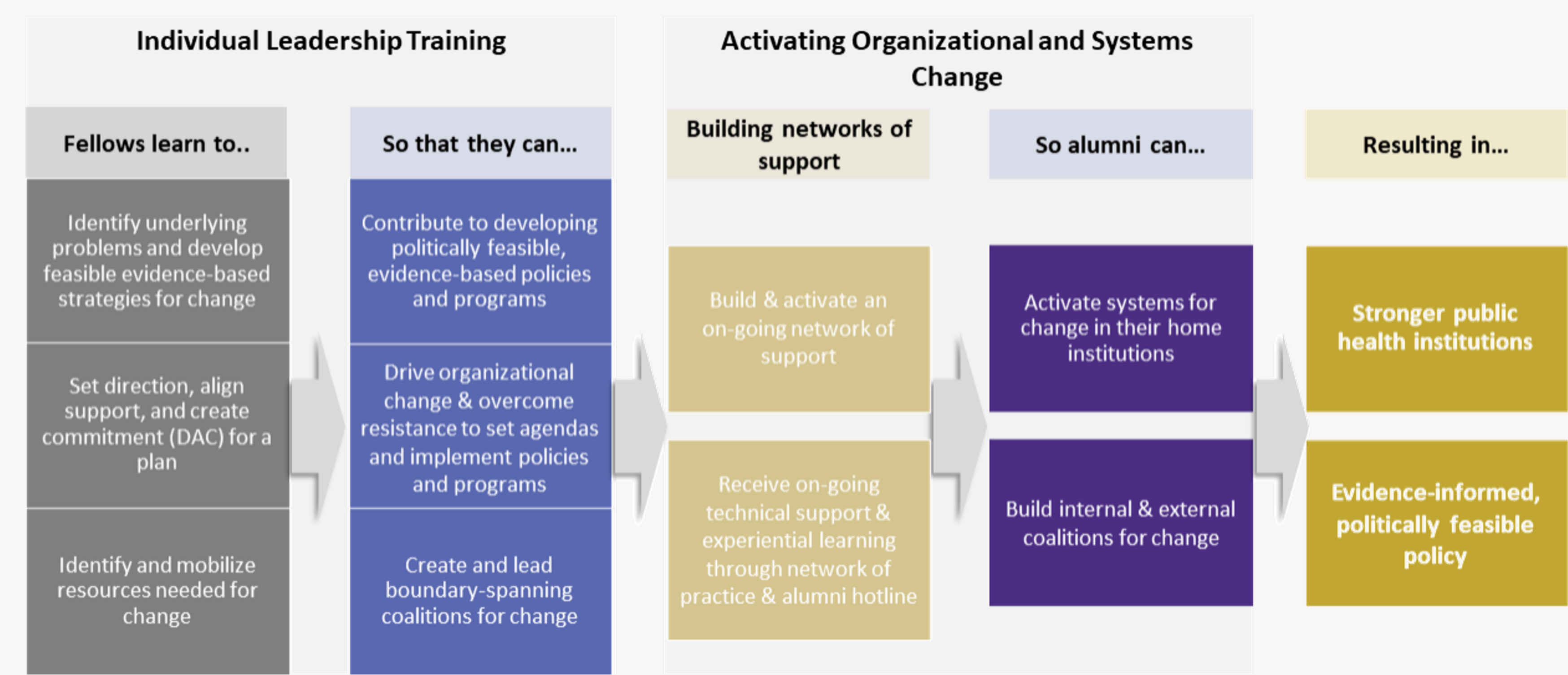


Evaluating Global Health Leadership Programs

International Program in Public Health Leadership

- The International Program in Public Health Leadership (IPPHL) seeks to expand the policy and leadership acumen of public health leaders throughout Africa to collectively transform health systems
- The program integrates policy and leadership skills to expand capacity to craft evidence-informed solutions to public health challenges and the tactical and operational management skills to drive sustainable implementation
 - The eight-month engagement blends distance learning, in-person training, individual coaching & mentoring, peer-to-peer learning, action-oriented policy projects, and builds a durable network of public health leaders for ongoing support
 - Fellows are technically trained leaders moving into positions that impact health programs and policies in public systems throughout Africa, 3 cohorts, 45 alumni across 10 African countries



Monitoring and Evaluation of IPPHL —Early Results

IPPHL Evaluation Background and Lessons Learned

Evaluation conducted by Global Impact Advisors to demonstrate (if any) program effectiveness and impact during the first three years; to satisfy funder reporting requirements; and to inform the program’s theory of change and expansion strategy for the next 3+ years.

Used a mixed-methods approach combining qualitative and quantitative data (desk reviews, a mixed methods survey and interviews). The survey was completed by 30 of 45 alumni. Interviews were conducted with 13 alumni (representing all 3 cohorts, 8 countries and 5 program areas) & with 10 program stakeholders.

From Individual to Systems of Change

- Theory of Change:** Guided the program’s evaluation questions looking first at personal and professional growth, organizational and ultimately the contribution to health systems, policies and outcomes
- Results:** Early results show impact on personal and professional growth, with some evidence of more indirect outcomes in organizations and health programs.

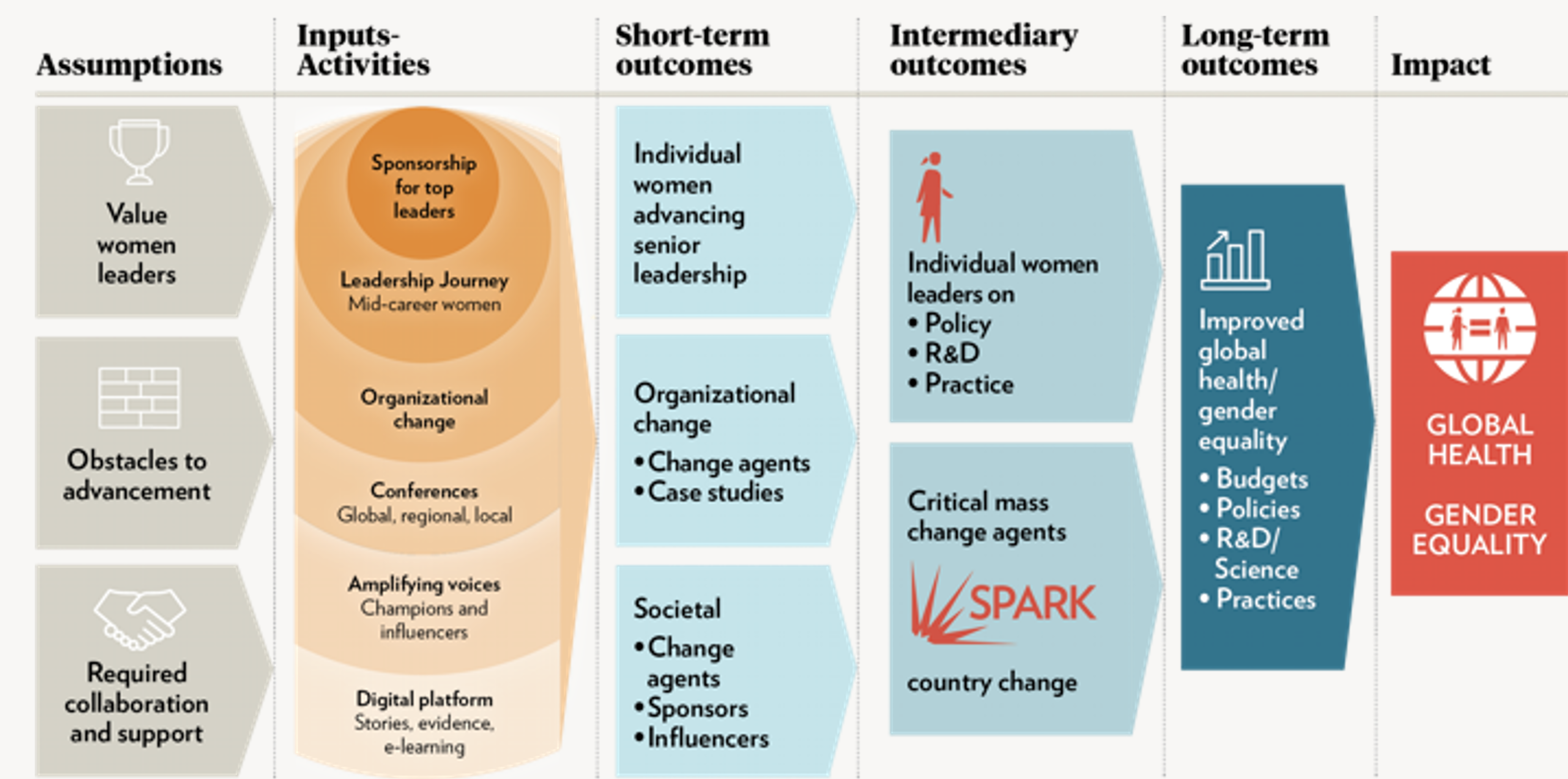
Individual Leadership Training (Personal and Professional Growth)

Evidence of knowledge retention, application and relevance of the skills gained through the program, and strong evidence of contribution to intermediate outcomes of personal and professional growth through stronger leadership influence & upward movement in organizations

- Activating Organizational & Systems Change (organizational, systems & policy level outcomes):** contributed to some organizational culture changes, with results varying widely across alumni in different workplace contexts and some health program outcomes that may not have otherwise been achieved by alumni
- Application of policy & leadership tools & frameworks: > 75% of alumni cited program as providing critical tools that directly impacted their work
 - Over 80% fully or partially implemented policy project & some identified associations with stronger health outcomes
 - 75% led training where they shared skills and tools with coworkers

WomenLift Health

- The WomenLift Health program focuses on creating the conditions for women’s global health leadership, both through training of individual women leaders - but also activities supporting organizational and societal level change.
- Individual level training (12 months) takes place through virtual and in-person events aimed at building executive leadership skills and where women leaders implement individual projects to affect change in policy, organizations or practice.
- The first cohort (24) is in process and the second cohort (32) will be selected in late 2020. Cohorts will initially be from the US, India and East Africa, expanding eventually to all geographies.



Monitoring and Evaluation of WomenLift Health —Plans

WomenLift Health began the project with an intentional Theory of Change, a monitoring, evaluation and learning (MEL) plan and an intention to conduct annual evaluations that track change over time.

The Theory of Change

WomenLift Health is based on the theory that in addition to advancing individual mid-career women to senior positions in global health, it is also essential to contribute to transformative organizational, and societal level change by raising awareness about the value of women’s leadership and catalyzing change through a portfolio of scaled interventions.

WomenLift Health believes that the confluence and interplay of these interventions has the potential to lead to a critical mass of individual, organizational, and societal change agents within a country who have the potential to spark country-owned and country-led movements that will improve gender equity and ultimately achieve gender equality and deliver better health outcomes.

To be truly relevant to organizational and societal contexts, the initiative will rely on strong global, regional, and country-based partnerships to deliver tailored programs and engage high-level influential champions willing to use their voice and sponsorship to enhance the visibility of women leaders. In addition, global, regional, and local convenings will support and elevate women at the highest level of leadership.

MEL Plan

Developed specific indicators to address each of the short term, medium term and long-term outcomes of the theory of change, including context indicators such as gender indices that are structured to measure WomenLift Health’s contribution to change over time.

Annual Evaluations

Are planned (early 2021) to track progression and change in cohorts over time and understand the “tipping points” that create women global health leaders and provide more of these inputs to subsequent cohorts.

Common Challenges to Evaluating Leadership Programs and What We’ve Learned

- Beginning with a [theory of change and a plan to adapt](#) is key to strong implementation
- [Planning for monitoring and evaluation](#) of outcomes beyond the individual level will be key to understand the larger impact of leadership programs
- [On-going evaluation](#) can be helpful for understanding how to help a leadership program pivot to address changes in the operating environment (like COVID-19 or a focus on decolonizing global health)
- [Monitoring context indicators](#) will be key to assessing the contribution these programs make to change in their target geographies.
- [We need to move from attribution to contribution in our measurement.](#) Maintaining a counterfactual and linking organizational and system-level outcomes directly to alumni participation is not attributable, but contribution can be assessed.
- We need to [find ways to triangulate self-reported data](#) to make findings more rigorous
- [Tracking cohorts over time](#) should yield stronger results

W
INTERNATIONAL PROGRAM IN
PUBLIC HEALTH LEADERSHIP
UNIVERSITY of WASHINGTON
Evans School of Public Policy & Governance

Mary Kay Gugerty
Principal Investigator
Nadine Shaw
Program Director
Elizabeth Steen
Program Assistant Director
esteen25@uw.edu

CLEAR OUTCOMES

Kerry Bruce
CEO
Jade Lamb
Senior Technical Director
Meredith Feenstra
Senior Technical Specialist
data@clearoutcomes.net