

WOMEN IN HEALTH LEADERSHIP



The Health Sector Board of KEPSA



CENTRAL AND NAIROBI DISSEMINATION MEETING REPORT

Date: Thursday, 31st October, 2024

Time: 8:30 am - 1:00 pm

Venue: The White Rhino Hotel, Nyeri Town

Table of Contents

1. EXECUTIVE SUMMARY	2
2. INTRODUCTION	3
3. SYNOPSIS OF THE DISSEMINATION MEETING	4
3.1 OPENING REMARKS.....	4
3.2 WELCOME ADDRESS	4
3.4 PRESENTATION OF STUDY FINDINGS	7
3.5 KEYNOTE SPEAKER ADDRESS	8
3.6 BREAKOUT SESSION	9
3.6.1 TOPIC 1: GENDER EQUITY IN HEALTHCARE ASSOCIATIONS.....	9
3.6.2 TOPIC 2: MENTORSHIP AND TRAINING	11
4. RECOMMENDATIONS FROM THE DISSEMINATION MEETING	13
5. CONCLUSION	14
6. APPENDIX.....	15
a. Attendance List.....	15
b. Meeting Program.....	15
c. Commitment Forms	15

I. EXECUTIVE SUMMARY

The Central and Nairobi Region Dissemination Workshop, held in Nyeri in October. The dissemination event, brought together participants from counties across Kenya, including Nyeri, Kirinyaga, Muranga, Tharaka Nithi, Nyandarua, Laikipia, and Nairobi, to explore gender equity in healthcare leadership. The event provided a platform to address the role of associations and learning institutions in advancing gender equity Kenya's health leadership

Nancy Ngati, from Health Promotion Services representing Nyeri County, opened the event by discussing the current state of women in healthcare leadership in her region. While women make up a large portion of the healthcare workforce, Ngati pointed out that they remain underrepresented in leadership roles. She emphasized that empowering women in leadership not only benefits women but also improves the entire healthcare system by fostering greater collaboration, productivity, and organizational success. Ngati acknowledged the progress made in Nyeri, where the number of female leaders has grown, but emphasized that much more needs to be done to achieve gender equity across the sector.

Dr. Peter Murimi, the keynote speaker from Outspan Hospital, highlighted the importance of organizational structures in promoting gender equity. He shared the example of a female leader at Outspan Medical College, noting that outdated leadership structures and biases often hinder women's progress. Dr. Murimi stressed the need for leaders to actively dismantle these barriers and create environments where women can thrive and be promoted based on merit, not gender. His address reinforced the idea that organizations must foster a leadership culture focused on results and inclusivity.

Dr. Mutuku began his presentation by defining key gender-related concepts such as the “glass ceiling,” “sticky floor,” and “leaky pipeline,” helping participants understand these terms and their application in healthcare. He also addressed the crucial role of mentorship in fostering gender-inclusive environments, noting that women often face unique challenges, such as balancing family responsibilities and navigating male-dominated industries.



Dr. Mutuku taking the participants through definition of gender related terms during his presentation

Breakout sessions generated several actionable recommendations to tackle these barriers. One key point was that professional associations, particularly those with long histories, need to revise outdated policies to reflect the evolving workforce. Leadership succession policies should be inclusive, promoting gender equality at all levels. Many associations still operate under structures that hinder progress toward gender parity, and updating these policies can create a more inclusive environment for both men and women to advance. Additionally, professional associations should play a central role in mentoring, updating policies, and encouraging broad participation to ensure leadership opportunities are based on merit, not gender.

Mentorship was identified as a critical area for development. Participants emphasized the importance of structured mentorship programs to support both male and female leaders, with a focus on helping women overcome challenges in male-dominated fields. Effective mentorship goes beyond guidance from experienced leaders, it involves addressing the unique needs of mentees, including emotional intelligence, career coaching, and leadership development. Mentorship should be accessible to all, not just high achievers, to provide necessary support for success.

The role of learning institutions in promoting gender equity in leadership was also emphasized. Educational institutions have a unique responsibility to equip both men and women with the skills and knowledge needed for leadership roles. By offering specialized training and research focused on gender inclusion, universities and business schools can prepare future leaders to break down barriers and promote inclusive practices in their organizations. Dr. Mutuku highlighted that universities, through their educational programs, play a vital role in shaping the next generation of leaders.



Dr. Molly Muiga, Head of Medical Services Kirinyaga University receives a gift for active social media engagement during the workshop

In conclusion, while progress has been made, significant barriers to gender equity in healthcare leadership persist. Professional associations and educational institutions are key drivers of change. By updating policies, fostering mentorship, and promoting inclusive organizational cultures, they can create leadership environments where both men and women have equal opportunities. The collective efforts of associations, educational institutions, and leaders are essential for ensuring that the future of healthcare leadership is diverse and inclusive

2. INTRODUCTION

Strathmore Business School (SBS), in partnership with the Kenya Healthcare Federation (KHF), is partnering together on a project titled, 'Driving Country Level Change: Women in Health Leadership.' The project aims to address the underrepresentation of women in senior leadership roles and support their professional advancement. As part of this project, KHF and SBS have completed research titled, 'Advancing Women's Leadership in the Kenyan Health Sector: Are the Rungs on the Organizational Career Ladder Broken, or Is There No Ladder at All?' The objective of this study was to examine how organizational elements such as structure, leadership, culture, and policies constrain or promote women's career advancement within Kenyan health sector organizations.

Dissemination of research findings is a critical path towards change in practice as it provides the project team with the opportunity to share valuable insights with the right audience. The workshop was well attended by leaders in the field and health experts who were considered most likely to be early adopters of the research recommendations into practice. The workshop also facilitated a personal interaction between the project team and the health professionals by enabling a detailed explanation of the research findings and inviting feedback that may be helpful to future research. Following the information-sharing sessions, the interactive breakout session provided the facilitator and participants with an opportunity to share ideas on the designated theme.

3. SYNOPSIS OF THE DISSEMINATION MEETING

3.1 OPENING REMARKS

The dissemination event commenced with a warm welcome from Nancy Ndirangu Kibunja of the Strathmore Business School (SBS). She noted the diverse representation for the workshop drawn from Nyeri, Kirinyaga, Muranga, Tharaka Nithi, Nyandarua, Laikipia and Nairobi. In her opening remarks, she emphasized the importance of the gathering, stating that it was a unique opportunity to discuss vital issues surrounding gender equity and leadership in the healthcare sector. To foster a sense of community and engagement. She gave an outline of how the program of the day would run. Participants were given a opportunity to introduce themselves in small groups. This allowed attendees to familiarize themselves with one another but also set a collaborative tone for the discussions that would follow.

By establishing a protocol for introductions, Nancy underscored the significance of inclusivity and respect for diverse perspectives in the room. She encouraged participants to be open and forthcoming in sharing their thoughts, experiences, and insights throughout the event. This focus on creating a welcoming atmosphere was crucial in promoting active participation, particularly as the session aimed to explore complex and sometimes sensitive issues regarding gender dynamics in healthcare leadership.



Nancy Ndirangu Project Manager SBS giving the opening remarks

3.2 WELCOME ADDRESS

The welcome address was delivered by Nancy Ngati, from Health Promotion Services of County Governemnt of Nyeri. She extended a warm welcome to all the visitors from other counties who were present at the meeting. In her address, Nancy acknowledged that while Nyeri County had made progress, it was still not where it hoped to be in terms of women's health leadership. She highlighted the significant role women play in healthcare, constituting 70% of the workforce, yet only 25% of them hold leadership positions. Nancy emphasized that empowering women in leadership not only benefits women but society as a whole. Women leaders, she noted, contribute to increased productivity, enhance collaboration, inspire organizational dedication, and ultimately improve fairness for all.

Turning her focus to women's leadership within Nyeri County, Nancy shared that in the eight sub-counties of Nyeri, four are now led by women, marking an improvement from previous years when this was not the case. However, she acknowledged that while there has been progress, there is still much room for further advancement in women's leadership in the county.

Dr. Benson Mutuku from Strathmore University Business School building on Nancy's address by elaborating on Strathmore's role in education, research, and its collaborations with organizations such as the Kenya Healthcare Federation. Dr. Mutuku emphasized that Strathmore's interventions are driven by research and that the collaboration with KHF plays a crucial role in shaping healthcare solutions. He expressed his appreciation for the teams that facilitated the data collection for the initial report and

underscored the importance of positive engagement among participants to ensure the success of the project. He noted that through collective effort, practical interventions could be developed to improve healthcare systems in the country.

Charity Kamau, representing the Kenya Healthcare Federation (KHF), also addressed the attendees, thanking them for their participation and involvement in the dissemination event. She provided a brief overview of KHF, describing it as the apex body representing the healthcare sector under the Kenya Private Sector Alliance. KHF brings together key players in the healthcare space, fostering a community of practice with shared standards. The federation also advocates for a favorable business environment and better working conditions for those in the healthcare industry. With 270 members from the six building blocks of WHO, KHF is committed to ensuring that healthcare is accessible, of good quality, and affordable for all. Charity emphasized the importance of county-level engagement and the need for member associations to address the unique healthcare needs of different regions across Kenya.

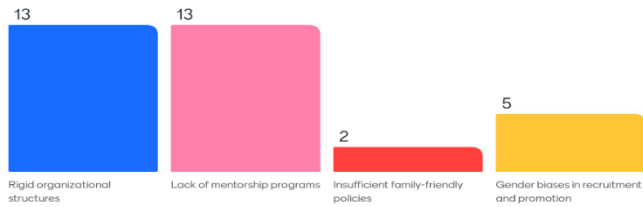
3.3 MONITORING & EVALUATION SURVEY

To engage participants actively, the session included a quick pre-session survey using Mentimeter, which aimed to assess attendees' expectations regarding barriers to women's leadership, enablers of progress, and the role of male allies in advancing gender equity. This interactive element not only provided valuable insights into participants' perspectives but also set the stage for deeper discussions throughout the session.

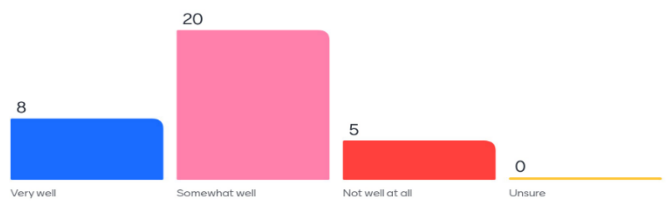
The survey results highlighted key issues that would inform the subsequent conversations, allowing participants to express their thoughts on the existing challenges within their respective environments. This initial engagement through Mentimeter served as a crucial touchpoint for identifying common themes and priorities among the attendees.

Nairobi and Central Pre Dissemination Survey Results

Which of the following barriers do you believe most significantly impact women's advancement in healthcare leadership within your organization?



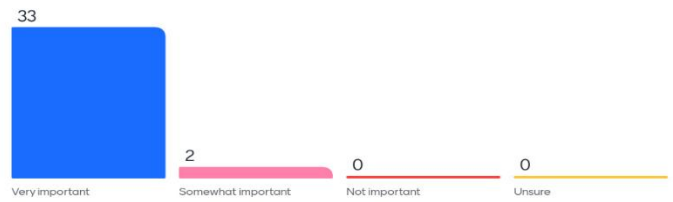
How well do you think your organization currently supports the unique needs of women to enable them rise to leadership roles?



What types of leadership development programs do you think should be prioritized to support women leadership in your organization?



How important do you believe organizational transparency in recruitment and promotion processes is for advancing gender equity in leadership?

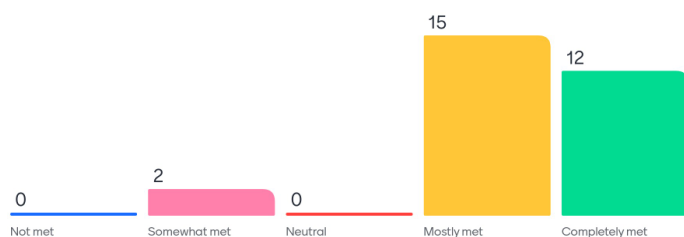


5. What role do you think male colleagues should play in supporting women leaders within your organization?

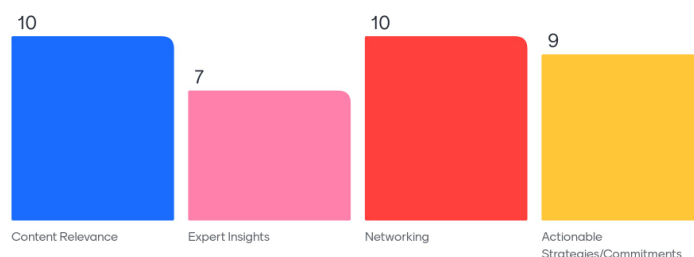


Nairobi and Central Post Dissemination Survey Results

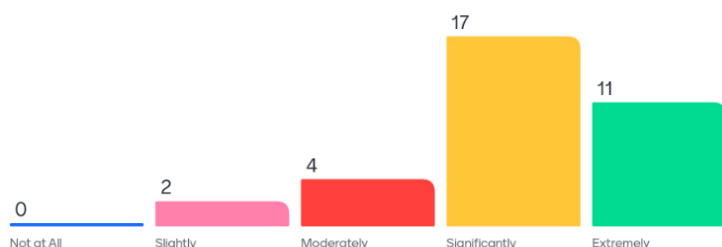
1. To what extent were your expectations for this meeting met?



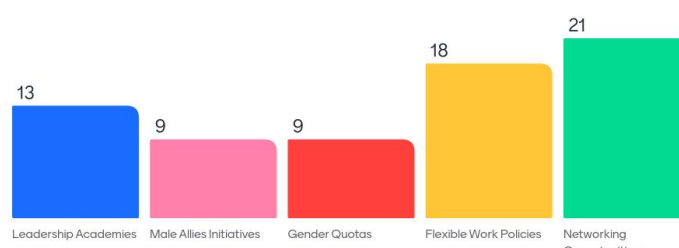
2. What did you find most valuable about today's discussion?



3. Has your awareness of the challenge's women face in leadership roles increased after this Dissemination?



4. What strategies discussed in this dissemination do you find most relevant to your organization? (Select all that apply)



3.4 PRESENTATION OF STUDY FINDINGS

Dr. Ben Mutuku explained to the participants why Nyeri County held a special place in his heart, referencing his previous work with key players in the county. He then transitioned into the introduction of the project by initiating a group exercise aimed at assessing participants' understanding of common terms used in the gender space. The exercise covered terms such as gender equality, gender equity, the glass ceiling, sticky floor, leaky pipeline, glass cliff, and labyrinth. A vibrant and informative discussion followed, with participants sharing their definitions and interpretations of these concepts.

Some participants defined gender equality as ensuring that all individuals have access to equal opportunities, while others felt that the sticky floor referred to discrimination that results in a lack of visibility and mobility, which causes women to remain in lower ranks. The leaky pipeline was discussed as the gradual reduction of women at every stage as they advance up the career ladder. The labyrinth was seen as the various obstacles that hinder women from entering leadership positions. The glass ceiling was described as an invisible barrier preventing individuals, particularly women, from advancing to higher roles despite their qualifications and capabilities. These definitions helped set the tone for the discussions that followed, allowing participants to engage more deeply with the language surrounding gender issues.

Dr. Mutuku then engaged the participants in a discussion about whether both men and women have equal opportunities to advance within organizational structures. He began by defining the role of leadership, peer support structures, and the importance of male allies. He shared insights into the effectiveness of existing interventions and stressed the importance of adapting legal frameworks to the local context.

As part of the session, Dr. Mutuku also presented a literature review. The review highlighted the fact that women occupy only a small percentage of leadership roles globally. This underrepresentation is often influenced by factors such as limited access to higher education, organizational culture, socialization into traditionally domestic roles, and patriarchal and cultural barriers. He emphasized the need for mentoring individuals into leadership roles and creating more gender-inclusive environments.

The floor was opened for further discussion on the findings. Participants observed that women often prefer private institutions due to their policies and structures, which prioritize safety, particularly in terms of sexual harassment prevention. Participants were encouraged that while striving for equality in leadership roles, more work is needed in education to ensure women are matching their male counterparts' qualifications. Women were advised to focus on developing their agency and to prepare thoroughly for forums where they need to present. Men were urged to act as true allies and sponsors, championing greater inclusivity in leadership roles. A consensus emerged about the need for gender integration and mainstreaming, with both men and women encouraged to unlearn biased practices and embrace inclusive practices in their workplaces and beyond.

3.5 KEYNOTE SPEAKER ADDRESS

Dr. Peter Murimi from Outspan Hospital delivered the keynote address, starting by discussing the gender distribution in senior management within his institution. He highlighted that a prime example of progress is the head of Outspan Medical College, which is soon to be granted university charter status, a position currently held by a woman.

Dr. Murimi emphasized the importance of focusing on results, as this helps keep everyone aligned and motivated. He acknowledged, however, that a "God mentality" among some leaders where individuals believe they are the sole decision makers has often hindered the placement of the right people in the right positions. Additionally, he pointed out that biases shaped by cultural norms and social conditioning also influence how people perceive one another, making it crucial for individuals to check and be aware of their own biases.

He discussed the role of organizational structures, policies, and procedures in shaping the success and culture of an organization. He explained that leaders are responsible for driving these elements, as the organization ultimately reflects its leadership. Proper structures, he noted, are essential for continuity and stability, ensuring that no gaps or vacuums are created in leadership. Dr. Murimi credited the Outspan Hospital board and executive director for their leadership in advancing this agenda.



Dr. Murimi from Outspan Hospital Nyeri delivering the keynote address

In closing, Dr. Murimi made a powerful call to women, urging them to recognize that all individuals are born with equal potential. He stressed the need for women to identify and develop their inner capabilities, focusing on self-improvement in order to become the best versions of themselves. He encouraged women

to step forward with courage and take an active role in decision-making forums. With the right mindset, he assured the audience, the organization and by extension, society could undergo transformative change.

3.6 BREAKOUT SESSION

3.6.1 TOPIC I: GENDER EQUITY IN HEALTHCARE ASSOCIATIONS

Introduction

The breakout session on "Gender Equity in Healthcare Associations Leadership," facilitated by Charity Kamau, Head of Programs at the Kenya Healthcare Federation (KHF), aimed to identify and develop actionable advocacy strategies that professional and trade associations, unions can implement to promote gender equity policies in healthcare leadership.

The discussion focused on the current state of professional associations, particularly those in healthcare and other male-dominated sectors. Many of these associations were established during the colonial era and have evolved over time, with varying degrees of success. While some associations have adapted well to contemporary needs, others continue to face challenges related to outdated structures and practices, especially in terms of gender inclusion and leadership succession.

A central theme in the discussion was how dynamic an association's leadership structure is, as those with well-established, inclusive frameworks tend to foster more gender-balanced participation. Associations that maintain patriarchal leadership and outdated policies struggle to evolve and integrate more diverse voices, particularly women.

Challenges Faced

During the discussion, several key challenges emerged that hinder the growth and inclusivity of professional associations. Gender inequality in leadership was identified as a significant barrier, particularly within associations with long histories. Many of these associations have been led by men for decades, with minimal female representation in leadership roles. Despite the presence of qualified women eager to step into these positions, leadership remains predominantly male-dominated. This is largely due to societal biases, a lack of support for women in leadership, and patriarchal mindsets that continue to view leadership roles as exclusive to men.

Another major challenge highlighted was the presence of outdated policies and constitutions within many associations. These governing documents often fail to address gender inclusivity, particularly when it comes to leadership succession, and do not reflect the changing dynamics of the workforce. Many associations are slow to update their policies, which perpetuates inequality and limits the growth of more diverse, inclusive leadership structures.

In addition, associations often face difficulties with sustainability and member engagement. While some associations may begin with strong momentum, they struggle to retain active members over time. This issue is particularly pronounced among younger members, who may be deterred by high membership fees or a lack of immediate benefits from participation.

Lastly, the lack of sustainable mentorship structures was identified as a major obstacle. Mentorship is essential for empowering emerging leaders, especially women, yet many associations lack formalized mentorship programs to guide and support the development of new leadership talent. Without these structured support systems, the advancement of young and female leaders is often hindered, making it difficult to build a more inclusive and sustainable leadership pipeline.

Recommendations

To promote greater gender inclusivity and ensure sustainable leadership development within professional associations, several key recommendations were proposed. First, associations should update their policies to ensure gender inclusivity. This means reviewing and revising governing documents to integrate policies that specifically promote gender equality, with a focus on leadership succession and participation. Clear guidelines for gender parity, along with structured succession planning, should be established to ensure women are equally represented in leadership roles.

Second, associations must establish structured mentorship programs that are designed to support the growth and development of both young and female leaders. These programs should be formalized, sustainable, and woven into the fabric of the association's operations to provide long-term leadership opportunities for emerging talent. By offering consistent mentorship, associations can better equip the next generation of leaders to thrive.

Another important recommendation is to encourage early participation among younger members. To engage new and emerging professionals, associations should reduce barriers to entry, such as high membership fees. Offering reduced or waived fees for students or recent graduates would promote greater involvement and ensure that young professionals have the opportunity to actively participate in association activities and take on leadership roles from the start of their careers.

Finally, associations should encourage male allies and advocacy. Male leaders and members should be actively encouraged to support women in leadership roles, serving as allies who advocate for gender equality. Male allies can play a pivotal role in shifting organizational mindsets and promoting inclusive leadership practices, ensuring that women have the support and opportunities needed to succeed. Together, these recommendations aim to create a more inclusive, supportive environment where both women and younger professionals can grow into leadership positions and contribute to the future success of the association.



Dr. Brenda Obondo CEO KMA giving her contribution to the discussion on leadership in associations

Conclusions:

While many associations have made progress in fostering gender inclusion, significant barriers remain, particularly in leadership representation and outdated policies. The slow pace of change can be attributed to patriarchal mindsets, insufficient policy updates, and a lack of structured support for young leaders, especially women. By updating policies, establishing mentorship programs, and encouraging broader participation, associations can create a more inclusive and sustainable future that empowers both women and younger professionals to take on leadership roles.

3.5.2 TOPIC 2: MENTORSHIP AND TRAINING

INTRODUCTION

The session facilitator, Dr. Benson Mutuku, started the session by posing the question in terms of the participants' understanding of the term, mentorship. One of the participants responded by stating that mentorship refers to one holding someone's hand. Other responses included mentorship being a process of guiding someone, a junior walking with an expert, or a professional transferring their knowledge and experience to a younger or upcoming staff through coaching. Additionally, one participant pointed out that mentorship refers to the relationship between a novice and an expert or professional in a particular field.

During the session, Dr. Mutuku asked participants to reflect on what qualities and characteristics define a good mentor. Several key traits emerged from the discussion, including having significant experience in a particular field, being competent in the area of mentorship, and possessing integrity. Additionally, participants emphasized the importance of a mentor being friendly and patient, as these qualities contribute to building a trusting and supportive mentorship relationship.

The facilitator also prompted the participants to think about the essential characteristics that make for a successful mentor-mentee relationship. One participant suggested that a great personality is a crucial trait for an effective mentor, as it helps establish rapport and communication. It was also noted that mentors should have a genuine interest in developing and nurturing the mentorship relationship, maintaining long-term commitment. Another key characteristic highlighted was the ability to deliver results within one's area of expertise, as well as creating an environment that allows the relationship to thrive. Mentors should be able to cultivate a supportive atmosphere in which the mentee feels encouraged to grow.

Dr. Mutuku further challenged the participants to identify soft skills that mentors should pay attention to when engaging with their mentees. One participant emphasized the importance of emotional intelligence, suggesting that a mentor should be able to understand and respond to the mentee's emotional and psychological needs, as well as recognizing their strengths. It was also pointed out that mentors should actively seek out hidden skills or untapped potential in their mentees, fostering personal and professional development.



Break out session on mentorship and training discussion

The facilitator then turned the conversation toward the question of whether men or women make better mentors. This sparked mixed reactions, with participants sharing diverse perspectives. One female participant argued that women may be better mentors due to their natural patience, which allows them to navigate the complexities of the mentor-mentee relationship. Another male participant countered, suggesting that men are better mentors because they tend to build friendships with their mentees, which can create a more informal and open dynamic. A female participant added that women may inadvertently turn mentoring into a more task-focused endeavor due to their often competing work and home responsibilities. However, there was a general consensus that the effectiveness of a mentor is more dependent on individual characteristics than on gender. The background

of the mentor, including how they themselves were mentored, plays a significant role in shaping their approach to mentorship. Additionally, personality and time constraints can influence whether a mentor is actively involved or more passive in their role.

Dr. Mutuku also sought to understand how women prefer to be mentored. A participant suggested that women need mentors who possess a high degree of emotional intelligence and who are trained in managing emotions and emotional regulation. The emotional wiring that is often associated with women should be seen as a strength, as it can contribute to more nurturing and effective mentoring relationships. Another participant raised the issue that mentors often favor mentees who are already on the path to success, leaving those who may be struggling without guidance. This can limit mentorship opportunities for those who need it most. Furthermore, mentors should embrace a selfless mindset, understanding that their mentees may eventually surpass them. It's essential to reduce the sense of **competition** between mentor and mentee, as it can hinder the growth of both parties.

A female mentor, according to one participant, should also be able to balance work-life demands and be skilled at time management, enabling them to juggle multiple priorities while still effectively mentoring others. This is particularly relevant for female mentors who may be balancing professional goals, family responsibilities, and other personal commitments.

Finally, Dr. Mutuku addressed what men need to do to become better mentors. One participant suggested that men should learn to handle failure better, ensuring that their disappointment or frustration does not negatively affect the mentor-mentee relationship. Additionally, men need to manage their ego, as this can cloud their judgment and affect the effectiveness of the mentorship. Another point raised was the importance of men being able to express themselves clearly, addressing the mental health challenges that many people face today. Finally, it was recommended that men undergo training in soft skills to improve their mentoring capabilities and build stronger, more supportive relationships with their mentees.

Overall, the discussion underscored that effective mentoring requires a blend of personal qualities, emotional intelligence, and an ongoing commitment to supporting the growth of others, regardless of gender.

RECOMMENDATIONS

To make mentorship programs more effective, it is important to structure them in a way that is both inclusive and responsive to the needs of diverse audiences. One key approach is to tailor the message of the mentorship programs to meet the specific needs of different groups. This can be achieved through targeted sensitization and developing programs that engage key units, such as families and communities.

In addition, incorporating parenting classes into mentorship programs can address societal issues that often affect the success of mentoring relationships, providing mentees with a broader understanding of the personal and family dynamics that influence their professional development.

Moreover, it is crucial to ensure gender balance within mentorship programs. This can help reduce the sense of competition between men and women and eliminate the “one-gender-against-another” mentality. By fostering an inclusive environment that emphasizes the value of both genders, mentorship programs can promote equity and understanding.

Addressing sociocultural issues is also essential in creating effective programs. This includes raising awareness about gender equality and equity, and challenging biases that may limit the opportunities available to women.

A particularly important initiative would be to develop institutes or academies dedicated to training women as mentors and leaders, providing them with the skills and support necessary to guide the next generation of women in leadership roles. In doing so, mentorship programs can be designed to be more holistic, ensuring that the needs of both genders are taken into account when developing policies, strategies, and objectives. By adopting this comprehensive approach, programs can better meet the needs of diverse individuals and foster a more inclusive mentorship environment.

4. RECOMMENDATIONS FROM THE DISSEMINATION MEETING

Based on the findings from the Nyeri Dissemination Workshop, several key recommendations have been proposed to advance gender equity in healthcare leadership, including the crucial role of learning institutions. The first recommendation focuses on promoting gender-responsive organizational cultures within healthcare organizations. Healthcare institutions should champion inclusive leadership styles, fostering collaborative approaches that encourage open communication and inclusivity. This would create environments where women feel empowered to express their ideas and assume leadership roles. Additionally, cultural sensitivity training should be implemented across organizations, especially for leadership teams, to address and challenge existing biases and cultural norms that hinder women's advancement.

Another vital component in advancing gender equity is the strengthening of mentorship and leadership development programs. Healthcare organizations should establish structured mentorship programs that connect aspiring leaders with experienced mentors who can offer guidance, support, and encouragement. One example of such programs could be speed mentorship, which could be integrated into conferences or organizational events. In addition, organizations are encouraged to invest in capacity-building initiatives tailored specifically for women in healthcare. Training in areas such as emotional intelligence and self-regulation would enhance leadership skills, boost confidence, and help women build professional networks. Furthermore, the establishment of women's leadership institutes can provide tailored leadership training and development resources.

The third recommendation calls for policy reforms to address gender disparities within healthcare leadership. One key strategy is to establish a policy committee that would review current policies and propose reforms to align them with gender equity goals. This committee would focus on identifying outdated or discriminatory policies and creating new ones that ensure fairness and equality in the workplace. Moreover, male allies should play an active role in supporting gender equity initiatives, as their involvement is essential in challenging norms and promoting a more inclusive organizational culture.

Additionally, it is critical to decentralize advocacy efforts by building support networks and platforms for women in healthcare. These networks would provide women with the necessary resources, mentorship, and a space to share experiences and best practices. Furthermore, county-based advocacy chapters should be encouraged, particularly by organizations such as the Kenya Healthcare Federation (KHF), to address regional challenges and promote gender equity at the local level. By creating these grassroots networks, women can access targeted support that meets their specific regional needs and challenges.

Incorporating learning institutions in the advancement of gender equity is also key. Universities and training colleges play a critical role in shaping the future of healthcare leadership. Learning institutions should integrate gender equity and leadership development into their curricula, offering students particularly those pursuing healthcare careers tools and resources for understanding and addressing gender disparities. These institutions can partner with healthcare organizations to establish mentorship programs that link students with experienced professionals who can offer career guidance. Additionally, learning institutions

should focus on building leadership skills and emotional intelligence in their students, preparing them for future roles in leadership while fostering a strong foundation in gender inclusivity.

Lastly, the improvement of recruitment and promotion processes within healthcare organizations is essential. Establishing transparent criteria for promotions and leadership positions ensures that all employees, regardless of gender, understand the pathways to advancement. Moreover, inclusive representation in hiring and promotions should be a top priority, ensuring that both men and women are equally represented in leadership roles. Promoting gender equity in recruitment and promotions helps to create a more inclusive and diverse leadership structure.

In conclusion, advancing gender equity in healthcare leadership requires a comprehensive approach that involves healthcare organizations, policy reform, mentorship programs, decentralizing advocacy efforts, and active participation from learning institutions.

By strengthening the roles of educational institutions in shaping the future workforce, supporting mentorship initiatives, advocating for inclusive leadership policies, and ensuring transparent recruitment practices, organizations can foster a more equitable and sustainable future for women in leadership roles.



Group photo of the Central and Nairobi dissemination meeting participants

5. CONCLUSION

In conclusion, the Nyeri Dissemination Workshop underscored the urgent need to advance gender equity in healthcare leadership through a multifaceted approach. Key recommendations emphasized fostering gender-responsive organizational cultures, promoting inclusive leadership styles, and creating robust mentorship programs. Healthcare institutions must also prioritize cultural sensitivity and gender equity training to challenge biases that hinder women's progress. Additionally, policy reforms that enhance gender inclusivity, transparent recruitment processes, and decentralization of advocacy efforts were highlighted as critical to creating an enabling environment for women in leadership. In this context, local support networks and county-based advocacy chapters play a key role in addressing region-specific challenges and fostering gender equity at the grassroots level.

Equally important is the role of professional associations and learning institutions in this process. Associations are pivotal in advocating for gender equity within the healthcare sector, providing platforms for networking, mentorship, and policy advocacy. These organizations can amplify the voice of women in leadership and ensure their needs are represented at policy-making tables. At the same time, learning institutions play a vital role in preparing the next generation of healthcare leaders by embedding gender equity into their curricula and training programs. By creating a collaborative ecosystem involving healthcare organizations, associations, and educational institutions, stakeholders can work together to create a more inclusive, gender-equal future for the healthcare sector and beyond.

6. APPENDIX

a. Attendance List

b. Meeting Program



Agenda Central &
Nairobi Dissemination

c. Commitment Forms



WIHL Commitment
Forms Nyeri Dissemination



Dr. Obondo, CEO KMA, Dr. Omanwa President KOGS, Lucy Wanjohi PO KHF, Dr. Oramis Secretary General KDA and Charity Kamau Head of Programs KHF