



WOMEN IN HEALTH LEADERSHIP

Rift Valley - Nakuru Dissemination Meeting Report

26th September 2024

Table of Contents.

1. EXECUTIVE SUMMARY	2
2. ACKNOWLEDGEMENT	3
3. INTRODUCTION	4
4. PRE-DISSEMINATION SURVEY	5
5. KEYNOTE SPEAKER: ROSELYN MUNGAI – HSC COUNTY EXECUTIVE COMMITTEE MEMBER OF HEALTH, COUNTY GOVERNMENT OF NAKURU	6
6. BREAKOUT SESSION 1: INCLUSIVE POLICIES – STRATEGIES FOR PUBLIC HEALTH SECTOR REPRESENTATIVES	8
6.1 Actions to Advocate for Gender-Inclusive Policies	8
6.2 Accountability Mechanisms for Public Health Sector Representatives	9
6.3 The Role of Policies in Successful Gender Inclusivity	9
6.4 Requests and Recommendations	10
7. BREAKOUT SESSION 2: ENSURING TRANSPARENCY AND ACCOUNTABILITY IN RECRUITMENT AND PROMOTION PROCESSES	
7.1 Reflections on Research Findings and Discussions	11
7.2 Work-Life Balance and Workplace Stability	11
7.3 Work Ethics and Gender Dynamics	12
7.4 Insights on Gender-Related Challenges in the Private Sector	12
7.5 Approaches to Ensuring Transparency and Accountability	12
7.6 Challenges in Job Roles and Recruitment Practices	12
7.7 Recommendations	13
8. BREAKOUT SESSION 3: BUILDING CAPACITY – ENHANCING SKILLS AND COMPETENCIES OF ASPIRING FEMALE LEADERS	14
8.1 Factors That Contribute to Capacity Building Gaps	14
8.2 Strategies for Sustainable Capacity Building	15
9. FINDINGS AND RECOMMENDATIONS	16
9.1 Findings	16
9.2 Recommendations	17
10. CONCLUSION	18
11. Meeting Program	19

I .EXECUTIVE SUMMARY

The Nakuru Dissemination Workshop themed " Charting a New Course: Gender-Responsive Strategies for Kenyan Health Sector " was held on August 29, 2024, at the Midlands Hotel in Nakuru, Kenya. Organized by Strathmore Business School (SBS) in partnership with the Kenya Healthcare Federation (KHF), this workshop aimed to foster discussions on gender-responsive strategies within the Kenyan health sector. Over 50 county leaders, practitioners, and experts from the Rift Valley region attended, engaging in presentations, interactive sessions, and collaborative discussions centered on the theme.

The report begins with an Executive Summary outlining the workshop's objectives, activities, and participants. It proceeds to provide context on the "Driving Country Level Change: Women in Health Leadership" project, spearheaded by SBS and KHF, which addresses the underrepresentation of women in senior leadership roles within the Kenyan health sector and aims to develop strategies for their advancement.

Central to the report is the presentation of research findings by Dr. Angela Ndunge, Principal Investigator and Faculty at SBS. The research titled, "Advancing Women's Leadership in the Kenyan Health Sector: Are the Rungs on the Organizational Career Ladder Broken?" explored barriers to women's career progression, such as policy gaps, work-life balance challenges, and societal expectations. The research also offered recommendations for creating gender-responsive workplaces.

The keynote address by Roselyn Mungai HSC, County Executive Committee Member of Health for Nakuru County, stressed the importance of adopting inclusive policies and practices to ensure an equitable health sector that supports women's leadership.

The workshop included several breakout sessions. The first session, facilitated by Charity Kamau from KHF, focused on "Advocating for Gender-Inclusive Policies." It aimed to identify policy changes necessary to promote gender inclusivity in the Kenyan healthcare sector. Discussions centered on challenges in implementing family-friendly policies, such as flexible work arrangements and parental leave, and explored successful policies from other sectors and countries.

The second session, led by Dr. Angela Ndunge, addressed "Ensuring Transparency and Accountability in Recruitment and Promotion Processes." This session examined challenges such as unconscious biases and non-merit-based recruitment practices, emphasizing the need for transparent guidelines and real-time evaluation measures. Recommendations included gender-sensitive job advertisements, gender-balanced recruitment panels, and continuous training for decision-makers.

The third breakout session, facilitated by Dr. Joy Mugambi, County Director, Admin & Planning, Nakuru County focused on "Building Capacity: Enhancing Skills and Competencies of Aspiring Female Leaders." It explored strategies for developing essential skills through training programs, workshops, and mentorship opportunities, emphasizing the role of supportive networks and structured pathways for women's leadership growth.

The report concludes with a summary of the Group Reports and Plenary Discussions, where participants presented their recommendations. The Monitoring & Evaluation (M&E) Session, led by Lilian Nandili from KHF, involved a pre-dissemination survey to gauge the level of understanding among the participants on the research findings and collect commitments from the participants towards implementation changes in practices and policies that advance gender inclusivity based on the workshop's recommendations. The complied commitment form information is in Appendix C. Dr. Angela Ndunge's closing remarks summarized the workshop's outcomes and outlined next steps for promoting gender equity in the Kenyan health sector.

Overall, the Nakuru Dissemination Workshop provided a crucial platform for discussing and addressing the challenges and solutions related to gender-responsive strategies in the health sector, highlighting the need for collaborative efforts to foster an inclusive and accountable environment that supports women's leadership.

2. ACKNOWLEDGEMENT

The present meeting report was produced by Judith Amolo, with input from Kennedy Lovi, Joan Nderu and Lilian Nandili under the overall supervision of Nancy Ndirangu. Reviews and valuable input were provided by Dr. Angela Ndunge and Dr. Ben Ngoye from Strathmore University Business School.

Special appreciation goes to the entire team from the Kenya Healthcare Federation for their guidance and support for the work.

Sincere thanks go to the following speakers and presenters at the meeting for their valuable contributions: Ms. Roselyn Mungai, Dr. Angela Ndunge, Charity Kamau and Dr. Joy Mugambi

3. INTRODUCTION

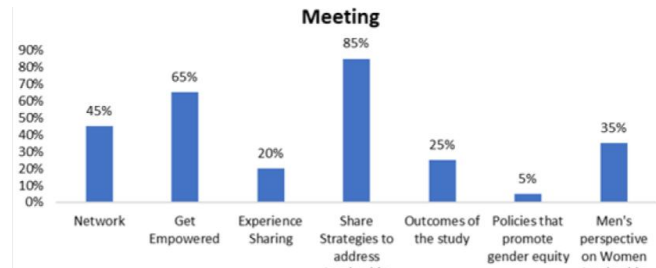


Strathmore Business School (SBS), in partnership with the Kenya Healthcare Federation (KHF), is partnering together on a project titled, 'Driving Country Level Change: Women in Health Leadership.' The project aims to address the underrepresentation of women in senior leadership roles and support their 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.

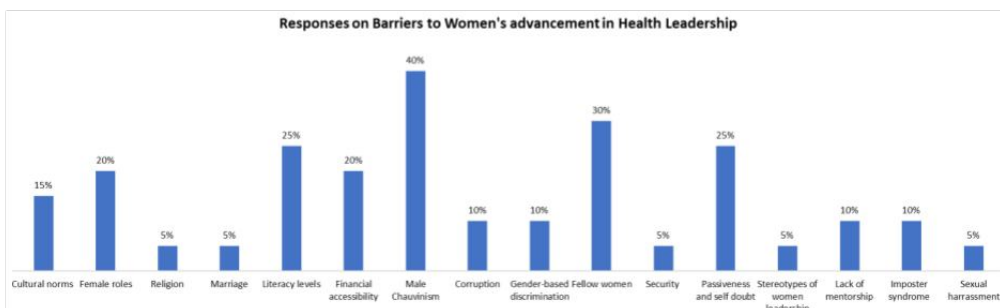
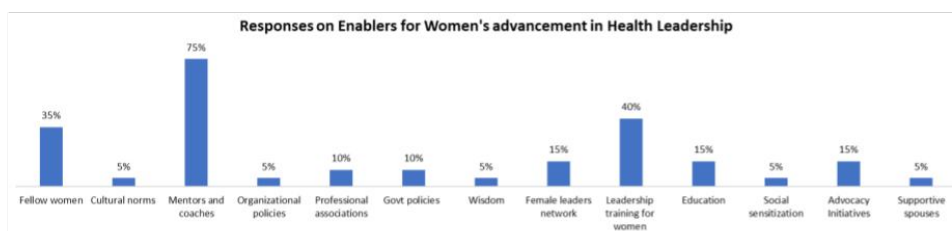
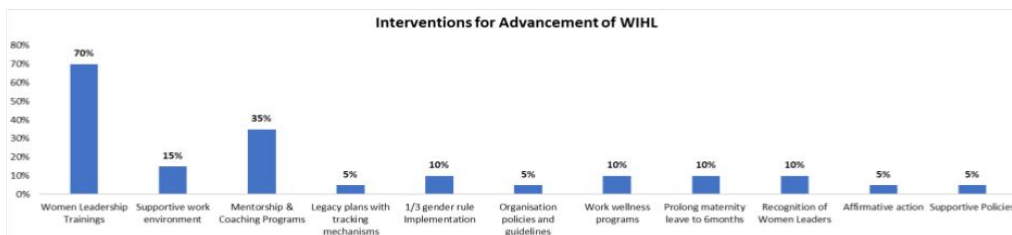
Dissemination of research findings is a critical path towards change in practice as it provides the project team with the opportunity to share valuable insights with the right audience. The workshop was well attended by leaders in the field and health experts who were considered most likely to be early 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 largely information-sharing sessions, the interactive breakout session provided the facilitator and participants with an opportunity to share ideas on the designated theme.

4. PRE-DISSEMINATION SURVEY

A pre-dissemination survey was conducted by the M&E team to gauge the level of understanding among the participants on the research topic and outline their expectations from the dissemination workshop. The greatest expectation as per the responses was to learn and share strategies in addressing leadership challenges, some participants also wanted to understand men's perspective on women leadership and get empowered. On the barriers 5 responses stood out that is male chauvinism, fellow women, passiveness/self-doubt among women, literacy levels, female roles and financial accessibility. In terms of enablers mentors, coaches, fellow women and leadership trainings for women were the leading responses among the participants during the Rift-Valley dissemination Meeting as outlined in the graphs below



During the pre-survey the participants were also asked about some of the priority interventions they would propose to advance women in health leadership, leadership trainings for women stood out followed by mentorship/coaching and supportive work environment. Others interventions proposed included legacy plans with tracking mechanisms, enforcing implementation of 1/3 gender rule, work wellness programs, prolong maternity leave to 6 months and recognition of women leaders who are impacting the space. These interventions are as outlined in the chart below



5. KEYNOTE SPEAKER: ROSELYN MUNGAI – HSC COUNTY EXECUTIVE COMMITTEE MEMBER OF HEALTH, COUNTY GOVERNMENT OF NAKURU



*Ms. Roselyn Mungai HSC.
CECM Health Nakuru County giving her key note address*

Roselyn Mungai, the County Executive Committee Member of Health for Nakuru County, delivered a keynote address that provided a profound exploration of the challenges and opportunities faced by women in leadership, especially within the healthcare sector. Her speech tackled various aspects of women's leadership, addressing both systemic issues and personal experiences that influence women's paths to top roles. Roselyn's address delved into the current status of women in leadership, the stereotypes and biases they encounter, and practical strategies for empowering and supporting women moving forward.

Roselyn began by posing a thought-provoking question: Are women better leaders? She suggested that the focus should not be on comparing women to men but rather on recognizing the unique qualities women bring to leadership roles. Women often exhibit resilience, empathy, and inclusivity—traits that are crucial in healthcare and governance. However, women's paths to leadership are often more challenging compared to their male counterparts. This disparity calls for a shift in societal perceptions, emphasizing the strengths women offer rather than making comparisons.

A significant theme in Roselyn's address was the double standards women face in leadership. She highlighted that women frequently have to work twice as hard to receive the same recognition as their male peers. As women advance in leadership roles, the expectations on them increase disproportionately, leading to potential burnout, particularly in the high-demand healthcare sector. Roselyn also noted that age and physical appearance can unfairly influence perceptions of women leaders. Younger women may struggle to be taken seriously, while older women may be viewed as outdated. Superficial attributes like skin color and weight also affect how women are perceived, reflecting a deep-seated bias that needs to be addressed.

Roselyn acknowledged that while academic studies provide valuable insights, the reality on the ground can be different. In healthcare leadership, decisions directly impact lives, making the dynamics more complex. She emphasized the need to bridge the gap between theoretical findings and practical realities by recognizing the socio-cultural and institutional barriers women face daily. She noted that Nakuru County, under Governor Susan Kihika's leadership, has made deliberate efforts to promote women in leadership roles. Governor Kihika's commitment to women's leadership aims to achieve not just gender parity but a more inclusive and effective governance structure that values women's perspectives.

True empowerment, according to Roselyn, extends beyond merely increasing the number of women in leadership positions. It involves creating an environment where women are encouraged, mentored, and supported to thrive. While Nakuru County has achieved notable success with women holding seven out of 16 medical superintendent positions, Roselyn stressed that numbers alone are insufficient. Addressing systemic barriers and ensuring that leadership roles are accessible and sustainable for women is crucial. She also emphasized the importance of succession planning, which involves empowering current leaders and preparing future women leaders through mentorship, training, and practical exposure.

Burnout emerged as a major challenge for women in healthcare leadership, with the pressure to prove themselves continually and balance professional and personal lives being overwhelming. Roselyn called for acknowledging burnout as a critical issue and developing support systems to help women manage these pressures. Promoting a culture of self-care and providing resources to balance careers and well-being are essential.

Roselyn encouraged women to master their roles and continuously invest in learning and team-building. Leadership, she noted, is about collaboration and empowerment, and women should strive to be memorable not just for their presence but for their impact and contributions. Confidence, knowledge, and proactivity are key components of effective leadership.

In her conclusion, Roselyn reassured that the recommendations from the study on gender-responsive strategies will be implemented. Nakuru County is committed to creating a more equitable environment for women in healthcare leadership, with gender mainstreaming effectively integrated into HR planning and processes. She called on all stakeholders to continue creating pathways for women to lead authentically and effectively, affirming that embracing diversity and inclusivity enhances the future of healthcare leadership in Kenya

6. BREAKOUT SESSION 1: INCLUSIVE POLICIES – STRATEGIES FOR PUBLIC HEALTH SECTOR REPRESENTATIVES



Dr. Angela Ndunge

The discussion on advocating for gender-inclusive policies within the public health sector highlighted a range of immediate actions that representatives can take to foster more equitable practices. Participants emphasized the importance of understanding existing policies, improving their dissemination, addressing societal norms, and ensuring multi-sectoral engagement. The following report captures the key points and recommendations raised during the session.

6.1 Actions to Advocate for Gender-Inclusive Policies

Participants identified several key steps to advance gender inclusivity in organizational policies and practices. The first step involves understanding and assessing existing policies to determine their effectiveness in addressing gender inclusivity. It was observed that many policies exist only at the management level and fail to reach all relevant personnel, leading to inadequate implementation. The recommendation is to move from having "sleeping policies" to developing "operational policies" that are actionable and well-known throughout the organization. The problem is not the absence of policies but rather an overabundance of poorly understood ones, which results in inconsistent and partial implementation.

Another crucial action is the effective dissemination of these policies to raise awareness among stakeholders. Participants stressed the need to foster an understanding that gender inclusivity encompasses both men and women. Awareness campaigns should emphasize that gender issues are not limited to women alone but require inclusive dialogue and action involving both genders.

A recurring theme in the discussion was the importance of including men in the gender-inclusivity agenda. Male participants pointed out that gender-inclusivity efforts often focus predominantly on women's issues, leaving men out of the conversation. When one woman achieves success in leadership, it is often wrongly assumed that all women are making progress. Women who have attained leadership positions were encouraged to "look back" and create pathways for others, helping to bridge gaps for those still advancing.

The importance of adopting a multi-sectoral approach was also emphasized. Gender inclusivity should not be confined to specific departments or programs but should be integrated across all sectors. Gender issues are cross-cutting and impact every sector, necessitating collaborative efforts to ensure comprehensive advocacy and implementation.

Participants recognized that societal norms present significant challenges to implementing gender-inclusive policies. It was suggested that interventions should focus on empowering women at the grassroots level, rather than only targeting middle and top-tier leadership. Addressing social norms within communities is essential for creating a foundation for broader, sustainable change. The need for accurate and sufficient data to support advocacy efforts was highlighted. Despite assumptions that gender inclusivity has been achieved, statistics often tell a different story. Data-driven advocacy can help challenge misconceptions and provide evidence for the need for ongoing efforts toward gender equality.

Sensitization across different sectors is crucial, as not everyone understands what gender inclusivity means within their specific fields. More extensive sensitization is needed, especially in sectors that have not traditionally focused on gender issues. This will help build a common understanding and commitment across various fields.

Securing support from both the executive and legislative branches of government is essential for effective implementation of gender-inclusive policies. Participants called for efforts to gain such support, as it is critical for advancing the policy agenda and institutionalizing gender equity across the public health sector.

Legislative backing for gender inclusivity is also important. Specific laws, such as a Gender Policy or Gender Bill, could provide a legal framework that mandates gender equity and holds institutions accountable for their actions.

To encourage organizations to prioritize gender inclusivity, it was suggested that a system be established to recognize and reward those who excel in this area. Incentivizing good practices can motivate more organizations to commit to inclusive policies and demonstrate tangible progress.

Finally, role modeling was identified as a powerful advocacy tool. Highlighting positive examples of gender-inclusive leadership, both men and women, can inspire others to follow suit and promote gender equity through their actions and leadership styles.

6.2 Accountability Mechanisms for Public Health Sector Representatives

To hold public health sector representatives accountable for ensuring gender inclusivity, several mechanisms were proposed. Regular data collection and analysis were highlighted as crucial for tracking progress and pinpointing areas needing improvement. Transparent data can provide a clear overview of the current state of gender inclusivity efforts. Additionally, establishing robust monitoring and evaluation (M&E) frameworks was deemed essential for tracking the implementation of gender-inclusive policies. Such frameworks help identify gaps and ensure that commitments are being fulfilled.

Community scorecards were also suggested as a valuable tool for assessing public sector performance regarding gender inclusivity. By involving community members in the evaluation process, these scorecards offer a grassroots perspective, ensuring that policies are responsive to local needs. Furthermore, creating mechanisms for feedback and public participation was emphasized as a way to ensure effective policy implementation and alignment with stakeholder needs. Engaging the public in policy discussions enhances accountability and transparency, making it easier to address any issues that arise.

6.3 The Role of Policies in Successful Gender Inclusivity

Participants acknowledged that while policies are important, their role in achieving gender inclusivity has been minimal compared to other factors. The goodwill of current leadership, advocacy from civil society organizations (CSOs), and the efforts of women in leadership positions have been critical in driving the gender inclusivity agenda. Nonetheless, laws remain essential, as they provide standards for operation and help institutionalize gender equity practices.

6.4 Requests and Recommendations

The session concluded with several specific requests and recommendations aimed at bolstering gender inclusivity efforts. Participants emphasized the need for support in reviewing and updating Nakuru County's Gender Policy and Bill to ensure they align with current needs and effectively promote gender inclusivity.

Additionally, it was proposed that Nakuru County host International Men's Day celebrations. This event would provide a platform to foster inclusive dialogue on gender issues, including highlighting the role of men as allies in advocating for gender equity and inclusive policies.

In conclusion, advocating for gender-inclusive policies necessitates a multi-faceted approach. This includes understanding and disseminating existing policies, engaging all stakeholders, addressing societal norms, leveraging accurate data, and securing support from both executive and legislative branches. By implementing these strategies, public health sector representatives can make significant steps towards achieving gender equity and inclusivity in their organizations and communities.

7. BREAKOUT SESSION 2: ENSURING TRANSPARENCY AND ACCOUNTABILITY IN RECRUITMENT AND PROMOTION PROCESSES



Participants during Breakout Session

The breakout session on "Ensuring Transparency and Accountability in Recruitment and Promotion Processes" was facilitated by Dr. Angela Ndunge, the Principal Investigator of the Driving Country Level Change WIHL Project. The session aimed to delve into the complex dynamics surrounding recruitment and promotion in the workplace, particularly focusing on gender inclusivity, transparency, and accountability. Dr. Ndunge opened the session by inviting participants to reflect on the morning discussions, including the presentation of study findings and speakers' addresses, to anchor the conversation on the session's theme.

7.1 Reflections on Research Findings and Discussions

Participants provided several reflections on the research findings presented earlier. One participant sought clarity on whether the study distinguished between the private and public health sectors regarding policy development and implementation. Specifically, there was a need to understand if the policy issues identified were universally applicable or unique to each sector.

Another participant raised concerns about whether the study addressed the impact of childbearing on women within reproductive age in terms of job security and career advancement. It was noted that young women might be discouraged from pursuing leadership opportunities due to fears of discrimination related to family responsibilities. The Chief Medical Officer of Kericho County noted a tendency in the private health sector to prefer male employees due to the perceived lower impact of family responsibilities on men's work commitments. The facilitator acknowledged that small healthcare businesses might discriminate against women of reproductive age due to financial obligations, such as maternity coverage, which could affect their profitability.

7.2 Work-Life Balance and Workplace Stability

The discussions also touched on work-life balance, with the County Executive Committee Member (CECM) from Kericho County pointing out that creating a conducive work environment is a key pursuit across both private and public sectors. It was noted that women, in particular, face challenges balancing workplace stability with family and societal responsibilities. One participant highlighted the need for a clearer definition of a "conducive workplace" to address the varying demands placed on women in the workplace.

Another issue raised was the challenge of deploying women with children to remote or hardship areas due to inadequate social amenities such as schools and hospitals. Women posted to such regions often find it difficult to relocate with their families, given the infrastructural and environmental limitations. The need for better resource allocation and infrastructural development in these areas was emphasized to facilitate equal opportunities for both men and women.

7.3 Work Ethics and Gender Dynamics

The session also discussed differences in work ethics across private-for-profit, public, and private-not-for-profit sectors. One participant noted that working beyond agreed labor hours is more prevalent in the private sector. However, women face more challenges transitioning from work to home responsibilities due to marital and household obligations. The conversation further explored the concept of male allyship, with participants questioning whether there is a perception of female-dominated leadership in Nakuru County and what it means for male counterparts. It was suggested that the concept of male allies be redefined to better understand their role in supporting gender inclusivity.

7.4 Insights on Gender-Related Challenges in the Private Sector

Participants sought clarification on whether the study findings revealed that women in the private health sector are significantly limited by childbearing and family responsibilities. Dr. Ndunge confirmed that a significant percentage of study respondents agreed that these factors constrained their career advancement opportunities. The discussions emphasized the need to address these challenges by creating more supportive policies and environments for women, particularly those in their reproductive years.

The CECM from Kericho County reiterated the importance of involving men in gender conversations and engaging male leaders to support the agenda of creating non-discriminative and conducive workplaces. She provided an example of how budget allocations in male-dominated county administrations often favour highly physical development projects, which may undermine programs aimed at empowering women and girls.

7.5 Approaches to Ensuring Transparency and Accountability

Dr. Ndunge steered the conversation towards understanding approaches and practices that can ensure transparency and accountability in policymaking, recruitment, and promotion processes. The session highlighted the existence of numerous policies in the public sector; however, the limited implementation and lack of monitoring structures were identified as major challenges. Participants called for audits of policies developed at national, sub-national, and workplace levels to determine which ones are relevant and can be effectively implemented and monitored.

Discussions also centered on the role and engagement of leadership in policy implementation. Participants debated where leadership power begins—at entry, mid, or top levels—and whether women or men are more likely to assume these roles. There was also a call for more gender-specific data on leadership transitions, exits, and resignations, as well as the need for leaders to address policy breaches such as sexual harassment.

The CECM from Kericho County raised concerns about whether the gender-related policies being advocated for might favour women over men or offer "free passes" to women. The facilitator clarified that the study found discrepancies in policy awareness among employees and the public, indicating a need for better dissemination and public participation in policy development.

7.6 Challenges in Job Roles and Recruitment Practices

The former Deputy Governor of Samburu County shared an experience from their county where staff faced difficulties due to unclear roles and responsibilities that were not well defined or categorized by job group. The need for harmonization of job groups or levels, particularly with the integration of national and county governments, was emphasized to ensure compliance based on educational training and practice, especially at the entry level.

Regarding job advertisements, participants felt that job postings in the public sector often emphasize technical skills over soft skills, disadvantaging feminine attributes that might be beneficial in the workplace. Moreover, recruitment panels tend to be male-dominated, further necessitating gender-sensitive job advertisements and gender-balanced recruitment panels.

7.7 Recommendations

Several recommendations were proposed to address issues related to policy-making, transparency, and accountability in recruitment and promotion processes. First, it is essential to determine whether policy issues are relevant to both private and public sectors or specific to one. Agile policies should be developed to address the unique dynamics of each sector. Another key focus is mitigating barriers that hinder women's career advancement, such as childbearing and marital responsibilities, particularly for those in their reproductive years.

Promoting male ally ship and support is also crucial. Men should be actively involved in gender conversations and engage as leaders in supporting non-discriminatory and inclusive workplaces. To ensure policies are effective, comprehensive audits at national, sub-national, and workplace levels should be conducted. These audits will help identify effective policies, ensure their implementation, and monitor their impact. Additionally, policies should be widely disseminated with ample public participation.

Further research is needed to gain deeper insights into gender dynamics in leadership roles, including analyzing whether men or women occupy leadership positions at different levels and examining gender-specific data on those exiting or resigning from these roles. Harmonizing job roles within the integration of national and county governments is also recommended, ensuring roles are allocated based on education and training, especially at entry levels.

To ensure gender equity in recruitment, gender-sensitive job advertisements should be created, and recruitment panels should be gender-balanced. Executive leadership should be transparent about their personal interests and align them with organizational or county objectives to minimize political interference in recruitment and promotion processes. Additionally, leaders, especially those in county executive roles, should be inducted on gender concepts such as parity, inclusion, equity, and equality before assuming their positions.

In conclusion, the breakout session highlighted the need for comprehensive strategies to ensure transparency and accountability in recruitment and promotion processes across sectors. By addressing these challenges and implementing the proposed recommendations, organizations can create more equitable workplaces that support the career advancement of both men and women.

8. BREAKOUT SESSION 3: BUILDING CAPACITY – ENHANCING SKILLS AND COMPETENCIES OF ASPIRING FEMALE LEADERS

During the breakout session on capacity enhancement led by Dr. Joy Mugambi, participants from various sectors—including nursing, medicine, academia, and nutrition—engaged in a dynamic discussion on the state of capacity building for women in healthcare leadership. The session highlighted that, despite some progress, there have been inadequate efforts toward sustainable capacity building over the past decade.



Dr. Joy Mugambi, Representing break out session on capacity building

8.1 Factors That Contribute to Capacity Building Gaps

Participants identified several key barriers to effective capacity building in leadership development. One significant obstacle has been the indecisiveness and lack of resources from both policymakers and organizational leaders. This indecisiveness often results in inadequate allocation of financial and human resources to structured capacity-building programs. Furthermore, a lack of prioritization and commitment to developing women's leadership skills has impeded progress in this area.

Another critical issue highlighted was the lack of safe spaces for women. Creating supportive and secure environments is essential for women to learn, grow, and build confidence in their professional abilities. Unfortunately, many professional settings lack such safe spaces, where women can express themselves freely, seek mentorship, and engage in constructive dialogue without fear of judgment or backlash. This absence has prevented many women from taking on leadership roles or enhancing their skills.

Socio-cultural norms and entrenched gender biases were also recognized as significant obstacles. These norms often define the roles women should fulfill in both professional and personal contexts, which can restrict their opportunities for growth and participation in capacity-building programs. For instance, cultural expectations around family responsibilities can limit women's availability for training and development.

The group also discussed the importance of inclusivity in leadership development initiatives. There was a concern that establishing a women-only leadership academy might be perceived as discriminatory or exclusive, potentially alienating male allies who could play a supportive role. Participants agreed that an inclusive leadership academy, involving both men and women, would promote a more collaborative approach to overcoming gender barriers in leadership.

8.2 Strategies for Sustainable Capacity Building

From the discussions, several strategies emerged to ensure that capacity building in healthcare leadership is both effective and sustainable. First, participants advocated for a thorough review and revision of existing human resources policies within healthcare organizations. The aim is to make these policies more inclusive and actively promote gender equity. For instance, incorporating mandatory gender sensitivity training, offering flexible working arrangements to accommodate diverse needs, and setting specific quotas or targets to ensure equal representation of women in leadership development programs were recommended. Additionally, organizations should establish transparent criteria for promotions and leadership roles to provide equal opportunities for women to advance. Another key recommendation was to create a more supportive environment for professional development and mentorship. Establishing structured mentorship and coaching programs within healthcare institutions is essential to provide guidance, encouragement, and support for women aspiring to leadership roles. These programs would help address issues of confidence and self-doubt that many women face. Moreover, fostering a culture of continuous learning and professional development—by encouraging women to pursue further education, certifications, and training opportunities—was deemed critical for building a pipeline of capable and confident female leaders.

Participants also emphasized the need for broader community engagement in gender-sensitive dialogues and civic engagement. Organizational efforts alone are insufficient; it is crucial to work with local communities, including traditional leaders and civic bodies, to challenge and change gender norms that limit women's potential. Promoting open discussions within communities about the benefits of gender equity and women's leadership in healthcare can create more supportive environments for women's growth. Integrating civic education on gender equity issues into community programs can further build awareness and advocacy at the grassroots level.

There was also robust discussion on the establishment of inclusive leadership academies designed to build women's leadership capacities. To avoid perceptions of exclusion and to garner broader support for gender equity, it was proposed that these academies involve male allies. Such academies would offer a platform for men to learn about the challenges women face, appreciate the value of gender diversity in leadership, and become advocates for gender equity. Involving men as allies could help dismantle patriarchal norms and foster a more cohesive approach to gender-sensitive leadership development.

Additionally, there was strong emphasis on behavioral change communication strategies targeting both men and women. These strategies should address underlying biases and challenge narratives that perpetuate the belief that women are less capable or have more excuses for not advancing professionally. Campaigns using storytelling, media, and community engagements could promote a culture that values and supports women's leadership. Participants also suggested leveraging virtual learning platforms to broaden access to leadership development opportunities. Virtual learning can offer flexible and accessible options for women with constraints on time or mobility. Furthermore, there was a call to broaden research initiatives to include comparative studies focusing on cultural contexts impacting women's leadership in different regions. Understanding these nuances can help develop more tailored and effective capacity-building strategies.

The breakout session, facilitated by Dr. Mugambi, highlighted the complexity of building sustainable capacity for women in healthcare leadership. Despite numerous challenges, including socio-cultural barriers and organizational shortcomings, the discussions underscored the importance of inclusive, strategic, and community-based approaches. By revising HR policies, creating supportive environments, engaging communities, and promoting inclusivity through leadership academies, there is significant potential to advance women's leadership in healthcare.

9. FINDINGS AND RECOMMENDATIONS

9.1 Findings

The Rift Valley Dissemination Workshop in Nakuru brought to light several significant findings concerning gender equity in the Kenyan health sector. The discussions revealed a stark underrepresentation of women in senior leadership roles, often due to systemic barriers ingrained in workplace policies, societal norms, and organizational cultures that do not support women's career advancement. Despite the presence of policies aimed at promoting gender equality, their inconsistent implementation leads to a lack of accountability and transparency in recruitment and promotion processes. This inconsistency is particularly evident in the male-dominated recruitment panels and the bias towards technical skills over soft skills in job advertisements, which often disadvantages female candidates.

A critical issue highlighted was the impact of reproductive and marital responsibilities on women's careers, especially those in their reproductive years. These responsibilities often result in discrimination and limit career advancement opportunities, contributing to what is referred to as the "leaking pipe syndrome," where women exit leadership tracks. Moreover, women deployed to hardship areas face unique challenges due to inadequate infrastructure such as schools and hospitals, making it difficult for them to relocate with their families. Consequently, fewer women take up roles in these areas, further exacerbating gender disparities.

The workshop also noted significant differences between the public and private health sectors. In the private sector, there is a tendency to favor male employees, perceived as having fewer family-related interruptions, compared to their female counterparts. This perception further limits women's career growth in the sector. Another notable discussion was the need for male allyship in promoting gender-sensitive leadership. While male allyship is recognized as essential for supporting gender equity, it was clear that its definition and practice need to be reimaged to foster genuine partnership and advocacy. Additionally, there is a need to explore the concept of female allyship and its role in creating more inclusive workplaces.

One of the key findings was the inadequate awareness and poor implementation of gender-related policies. Many employees and the public are unaware of these policies, and even when they are known, there is a lack of robust monitoring mechanisms to ensure their effectiveness. This lack of awareness and monitoring limits the impact of policies designed to address issues such as sexual harassment and equal opportunities. Furthermore, political interference in recruitment and promotion processes, particularly in the public sector, undermines merit-based appointments and opens the door to nepotism, tribalism, and favouritism.

The workshop highlighted the need for harmonizing job groups across national and county government levels to ensure fair and transparent career progression paths. The current inconsistencies in job classifications affect career advancement, particularly for women who are disproportionately affected by unclear job groupings

9. FINDINGS AND RECOMMENDATIONS

9.2 Recommendations

Based on the aforementioned findings, several recommendations were proposed. First, there is a need to develop and implement sector-specific and agile policies that address the unique challenges faced by women, particularly those related to reproductive responsibilities and childcare. Policies should be adaptable and responsive to changing needs to ensure equitable career advancement opportunities for women. Addressing the "leaking pipe syndrome" is also critical. This involves implementing targeted interventions that mitigate where the career ladder breaks for women, especially during their reproductive years. Support systems such as flexible work arrangements and comprehensive maternity policies should be introduced to counter both direct and indirect biases in career progression.

Promoting male allyship is another essential recommendation. Men should be actively involved in gender equity conversations and initiatives, not merely as passive supporters but as advocates who challenge discriminatory practices and policies within their organizations. Auditing and monitoring gender-related policies is also crucial to ensuring that they do not merely remain on paper but translate into meaningful actions. Regular audits should be conducted at national, sub-national, and workplace levels to evaluate policy effectiveness and compliance. Raising public awareness and ensuring active participation in policy discussions are vital for fostering a culture of transparency and accountability.

Improving infrastructure in hardship areas is necessary to make these locations more appealing for female professionals. Providing basic amenities such as schools and healthcare facilities can encourage more women to take up roles in these challenging environments. Additionally, gender-sensitive recruitment and promotion processes must be reformed. This includes ensuring that job advertisements and recruitment panels are gender-balanced and sensitive, incorporating both technical and soft skills in job descriptions to prevent gender bias. Training programs and awareness campaigns should be implemented to educate employees and leadership on gender-related policies, including non-discrimination and equal pay.

Limiting political interference in recruitment processes is another critical recommendation. Clear, transparent guidelines should be developed to prevent political leaders from unduly influencing recruitment and promotion decisions, ensuring that merit remains the primary criterion. To ensure fair career progression, harmonizing job classifications and groups across different levels of government is necessary. This harmonization should be based on clear criteria related to education, experience, and job responsibilities.

Finally, leadership accountability and reporting on gender-specific data are essential for fostering transparency. Leaders, particularly those in executive roles, should be required to provide regular reports on the gender composition of their teams and the policies implemented to support gender equity. Continuous learning and development programs for leaders should be established to keep them informed on best practices regarding gender equity, parity, inclusion, and equality.

These findings and recommendations provide a comprehensive roadmap for creating a more inclusive, transparent, and accountable environment for women in leadership within the Kenyan health sector. By addressing these systemic issues and embracing a holistic approach, stakeholders can work towards a future where gender equality and equity are not just aspirational goals but achievable realities.

10. CONCLUSION

The Nakuru Dissemination Workshop underscored the critical need for transparency and accountability in recruitment and promotion processes within the Kenyan health sector, particularly in relation to gender-responsive policies. The discussions illuminated a stark reality: despite the existence of numerous policies aimed at promoting gender equality and equitable representation in leadership, their implementation remains inconsistent and fraught with challenges across both public and private sectors.

The workshop revealed systemic gaps where the "career ladder" for women often breaks due to deeply ingrained societal norms, reproductive responsibilities, and lack of supportive infrastructure. Women in their reproductive ages, in particular, face significant career stagnation owing to biases related to maternity and family responsibilities. The challenges are even more pronounced in hardship areas lacking basic amenities, where female health professionals struggle to balance career and family life.

Furthermore, the concept of male allyship emerged as a pivotal component of gender-responsive leadership. Participants emphasized the importance of involving men as active supporters in the journey towards non-discriminative and inclusive workplaces. Yet, it was clear that mere involvement is insufficient; there must be a reimagining of the definition and practice of male allyship, moving beyond tokenism to genuine partnership and advocacy.

A recurring theme was the need for auditing and monitoring the implementation of gender-related policies to ensure that they do not simply remain as documents on shelves but translate into meaningful actions and equitable practices. Moreover, there is a call for deeper insights into leadership dynamics, particularly understanding the gender-specific attrition rates at different leadership levels and their underlying causes.

The recommendations put forth—ranging from sector-specific agile policies, creating awareness around gender equity, auditing existing policies, to redefining recruitment criteria and processes—highlight a comprehensive and multi-faceted approach to addressing these challenges. It is crucial that these recommendations are adopted with the full involvement of all stakeholders, including policymakers, healthcare practitioners, and community leaders, to foster an environment where meritocracy, fairness, and inclusivity are the norm rather than the exception. Moving forward, there must be a concerted effort to dismantle structural barriers and create pathways that support the advancement of women at all levels of leadership in the health sector. This includes rethinking policies, re-envisioning leadership models, and re-energizing all stakeholders to advocate for a truly equitable and inclusive health sector. Only by addressing the systemic biases and embracing a holistic approach can we pave the way for a future where women in health leadership are not the exception but the norm.

Meeting Program

Master of Ceremony: Nancy Ndirangu Kibunja Venue: Midlands Hotel Nakuru

8:00am – 8:30am	Arrival and registration of participants	KHF Secretariat
8:30am – 8:40am	Opening remarks <ul style="list-style-type: none">• National Anthem• Opening prayer• Introduction to the event• Expectations	Nancy Ndirangu Kibunja Project Manager Strathmore University Business School (SBS)
8:40am – 9:00am	Welcome Address	County Representative Dr. Angela Ndunge Principal Investigator Faculty Strathmore Business School (SBS) Charity Kamau Head of Programs Kenya Healthcare Federation
9:00am- 9:45am	Presentation of Research Findings <ul style="list-style-type: none">• Pre dissemination questionnaire• Methodology• Key findings• Recommendations	Dr. Angela Ndunge Principal Investigator Faculty Strathmore Business School (SBS)
9:45am- 10:15am	Key Note Address Health Break	Roselyn Mungai, HSC County Executive Committee Member of Health County Government of Nakuru
10:45am- 11:30am	Interactive Break Out Sessions <ol style="list-style-type: none">1. Advocating for Gender-Inclusive Policies: Strategies for Public Health Sector Representatives2. Ensuring Transparency and Accountability in Recruitment and Promotion Processes3. Building Capacity: Enhancing Skills and Competencies of Aspiring Female Leaders	Facilitator: Charity Kamau Rapporteur: Lilian Nandili Facilitator: Dr. Angela Ndunge Rapporteur: Kennedy Lovi Facilitator: Dr. Joy Mugambi Rapporteur: Judith Amolo
11:30am - 12:15pm	Group Reports and Plenary Discussion Each group presents key points and recommendations from their discussions. Open floor for questions and comments.	Nancy Ndirangu Kibunja Project Manager Strathmore University Business School (SBS)
12:15pm - 12:30pm	M&E Session <ul style="list-style-type: none">• Commitment to Change: Pledges from organizations to implement recommendations.• Post dissemination questionnaire	Lilian Nandili Monitoring and Evaluation Officer Kenya Healthcare Federation (KHF)
12:30pm- 1:00pm	Closing Remarks <ul style="list-style-type: none">• Summary of key outcomes and actionable next steps• Thanking the participants	Dr. Angela Ndunge Principal Investigator Faculty Strathmore Business School (SBS)
1:00pm Onwards	Lunch and Networking Guests Leave at Their Own Pleasure	

Interactive Breakout Session Guide

1. Policy Advocacy

- What are the most critical policy changes needed to promote gender inclusivity in the Kenyan healthcare sector? Are they aware of the existing ones?
- How can public health sector representatives effectively advocate for these gender-inclusive policies?
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- What are the potential challenges in implementing family friendly policies such as flexible work arrangements, parental leave policies in healthcare settings and what can be done to improve?
- What are some examples of successful policies or initiatives that have advanced women's leadership in other sectors or countries, and how can we adapt these for Kenya?

2. Transparency and Accountability

- What are the current challenges in achieving transparency and accountability in the recruitment and promotion processes within the Kenyan healthcare sector?
- How can merit-based recruitment and promotion processes be established and maintained to ensure fairness and reduce biases?
- What specific measures can be implemented to monitor and evaluate the effectiveness of these processes in real-time?
- How can the public sector address and mitigate unconscious biases that may affect decision-making in recruitment and promotion?

3. Capacity Building

- What are the key skills and competencies that aspiring female leaders in the healthcare sector need to develop?
- How can public health sector representatives facilitate effective and inclusive training programs and workshops to build these skills?
- What are the best practices for establishing and sustaining mentorship opportunities for women in healthcare leadership, and how can these programs be structured for maximum impact?
- Can you provide examples of successful capacity-building initiatives or programs that have effectively supported women's advancement in leadership roles?