



MY ONE REQUEST FOR QUALITY REPRODUCTIVE  
AND MATERNAL HEALTHCARE SERVICES IS...

# Behind the Demands

*1,197,006 Women and Girls*

PARTICIPANTS

*15-55+ yrs*

AGES

*114 Countries*

LOCATIONS

#WHATWOMENWANT • [WHATWOMENWANT.ORG](http://WHATWOMENWANT.ORG)

There are stories we will tell,  
of our world suspended in time,  
stories of courage pushed to its limits;  
the myth and magic of our survival.

This is for the ones who kept going  
when everything stopped.

Women with no days off,  
women with no safety net  
but the ones they weave  
with their own hands.

Women who already  
made their voices heard  
by the millions,

who demanded dignity,  
respect,  
compassion,  
access to life saving care.

Women who know  
what it means to hold courage in one hand  
and terror in the other.

Sister,  
you are what legend is made of,  
a hero's journey into the darkest places.  
There is a storm brewing  
a wayward wind gusting beneath your wings,  
it sounds like a million women  
saying yes,  
saying you are not alone,  
saying we are all deserving  
of more.

This is an ode  
to mothers mothering mothers,  
to the bodies at the margins,  
hands catching babies  
when no one else would.

For the hearts  
beating beneath the armor,  
masked mouths weaving prayers  
on their tongues.

For the ones  
who cradle the heads of our elders  
with nothing but hope between them.

For the midwives who march for miles,  
who sit in protest,  
who remind us of the real lives  
beyond the headlines.

For the women who go it alone,  
who pull babies from their own bodies  
when life or death is not merely metaphoric.

This is for what was lost,  
what was reclaimed by your audacity.

This is for the roar of your truth telling,  
how it echoes across the globe.

You the blade,  
you the balm,  
you now and always  
the birthplace  
of every revolution.



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# HAVE YOU LISTENED, HAVE YOU ACTED?

## A letter from Aparajita Gogoi and Kristy Kade

Co-chairs of the *What Women Want* campaign

In so many ways, the *What Women Want* campaign was a first. More than a million women in 114 countries took part—an unprecedented feat of listening to what women and girls have to say about their wants for maternal and reproductive health care.

It was a first for many participants who said no one had ever asked for their views about their own health care before—and why not? It was also a first for many of us who did the asking, including health and development workers, health providers and health policymakers—and again how could this be? Perhaps because, at first glance, when launched in June 2019, some of the top results seemed no big surprise.

**We have known for years that women need quality care in decent health facilities—and that this means enough well-trained staff, medicines, and supplies. But on a closer look, women are giving new and different meanings to what we thought we understood.**

In this report, we go behind the top demands to provide more nuanced information for action. For instance, you might think of quality care as chiefly dependent on medical expertise. Of course, women want competent staff in health facilities too, but women are telling us that unless they are treated kindly by providers, as far as they are concerned it is not quality, let alone respectful or dignified care.

We have long known that water, sanitation and hygiene (WASH) are critical to healthcare. But when you listen to women, something more specific is required. What women say they most want are cleaner places. Of course, it takes water and toilets to keep a health facility clean, but it also takes a plan to dispose of garbage and staff time to wash surfaces. Women want standards of hygiene in place and enforced so that their beds are wiped down before use, so that their operating theaters are not soiled or stained from previous procedures. For them, this is also a matter of respect and dignity.



**All this calls for a sea change—in ourselves. We already know that working in silos is unhelpful, and yet the more ‘expert’ we become the more likely we are to pursue our expertise in more elaborate detail.**

Women are telling us to raise our heads from our studies, proposals, and policies to extend our gaze beyond our chosen topics and budgets, suspend our quest for the latest technical fixes—and listen to them because they see everything as one big, interconnected challenge.

Women want less rocket science, more common sense. Yes, a safe birth requires a decent health facility. But if it is not nearby, women cannot go; if it is not clean, they will not go. Yes, it must be properly staffed by professionals. But if those professionals shout, women will still stay at home.

**There has been plenty of rhetoric about prioritizing the health needs of women and girls. But they are telling us that we are, in fact, not listening.**

For example, young girls say that education about menstruation is all well and good, but what they most want is free sanitary pads so that they can go to school and get on with their lives.

Paying closer attention to what women and girls are saying is more important than ever. Pre-COVID, women were already telling us that they struggled to reach health facilities.

Women are now facing curfews which prevent them leaving their homes at night, the time when so many go into labor. Soldiers and police have been stopping pregnant women, detaining them.

These days, health workers are being redeployed to urban hospitals to fight the pandemic while rural facilities lie deserted. COVID-19 has also become an excuse to rapidly ditch hard-won rights, such as denying companions access so they can no longer support women to give birth.

COVID-19 has done us no favors, but it has starkly highlighted how much we still have to do to make sure that all women and girls, wherever they live, get their rights to safe, decent maternal and reproductive health care.

**For the undeniable fact remains that even after decades of effort by the global health community, we still have not yet done what women want.**

So, what do we conclude from the *What Women Want* campaign?

Firstly, you might think you know what women want. But you do not. Not unless you systematically ask and respectfully listen.

Secondly, what women want is rich in local detail but also very simple and entirely achievable. It is we who over-complicate things.



Thirdly, women have told us what to do. Now they want us to do it. Women want development workers, health providers and government officials to hear them, to value what they are saying and to respond practically, meaningfully, urgently.

**Let us now get on with it, together.**

In solidarity,

*Aparajita Gogoi*  
Aparajita Gogoi

*Kristy Kade*  
Kristy Kade

Co-chairs, *What Women Want*:  
*Demands for Quality Healthcare from Women and Girls*

## CAMPAIGN STATISTICS

**1,197,006**

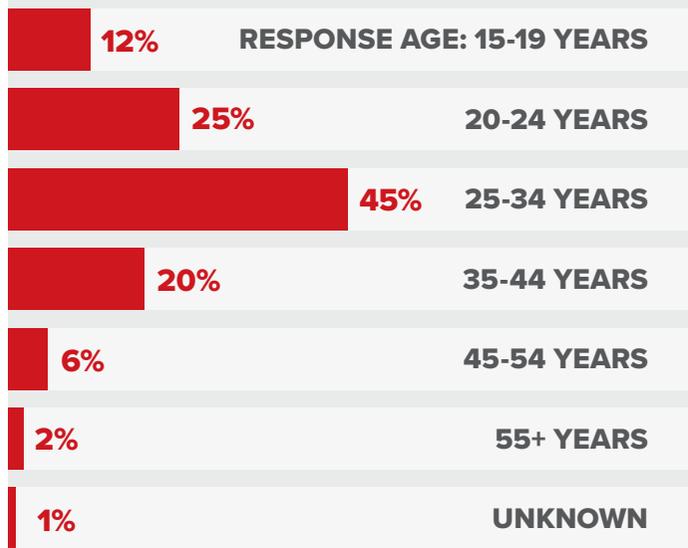
TOTAL RESPONSES

**359**

PARTNERS

**114**

COUNTRIES



## TOP FIVE DEMANDS



**Respectful and dignified care**



**Water, sanitation and hygiene**



**Medicines and supplies**

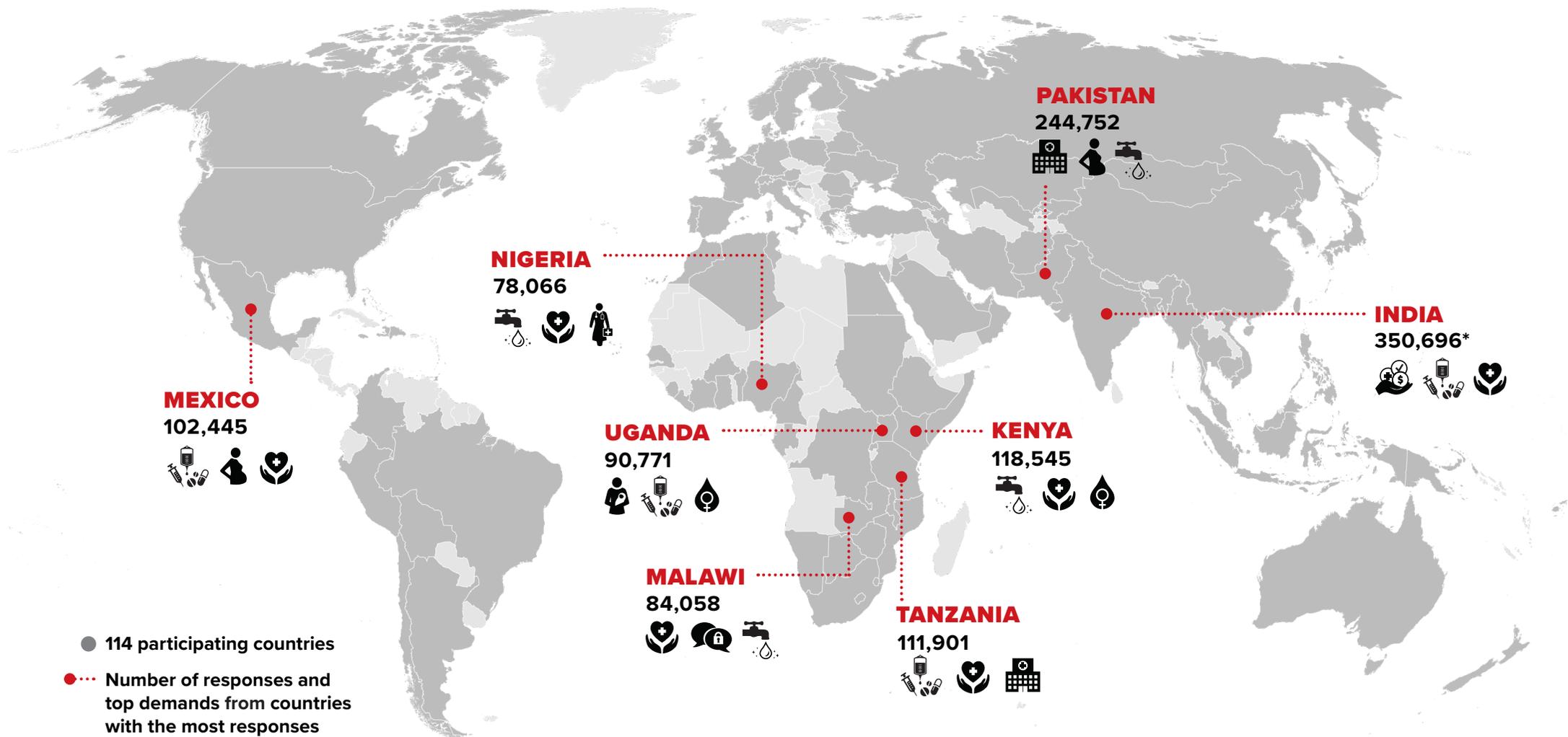


**Increased, competent and better supported midwives and nurses**



**Increased, full-functioning and close health facilities**

# TOP DEMANDS BY COUNTRY



\*Includes the 143,556 responses collected as part of *Hamara Swathya Hamari Awaaz* the precursor campaign to *What Women Want*

## TOP DEMANDS

- Respectful and dignified care
- Water, sanitation and hygiene

- Medicines and supplies
- Increased, competent and better supported midwives and nurses
- Increased, full-functioning and close health facilities

- Access to entitlements
- Menstrual health
- Confidentiality and privacy

- Antenatal care
- Female providers
- Labor and delivery care

## METHODOLOGY



### What's your one request for quality maternal and reproductive healthcare services?

This turned out to be a massively popular question with answers from over a million women—who responded in a myriad of ways. Collection was equally varied. Between April 2018 and 2019, partners large and small absorbed the *What Women Want* guidelines, including consent procedures, and set out into their communities laden with paper surveys. Giant corporations organized high tech responses. Journalists, health providers, community organizers, parliamentarians, students, and social media influencers volunteered to spread the word—and bring in the results. Some sent in five responses; some sent 5,000—every single one mattered.

As the responses flooded in, they were digitally recorded by national focal points and passed to the White Ribbon Alliance Global Secretariat in Washington DC to organize according to 60 categories. Experts on technical themes and

country context made quality assurance checks. When women's and girls' meanings were not clear, coders went back to the countries to ask—what are we missing? In June 2019, the topline [global responses](#) were revealed.

Next, the Global Secretariat used natural language processing techniques such as tokenization and lemmatization, with the software Python and NLTK, to analyze and quantify the breakdown of the top five global responses into subcategories and common terms and multi-word expressions appearing in the responses—providing even greater insight into women's and girls' answers.

Through a series of consultations in early 2019 and 2020, the top five asks were transformed into a ten-point, unifying [action agenda](#). The agenda also includes an 11th cross-cutting ask to institute transparent, functional mechanisms

where women's and girls' self-articulated needs are routinely captured and used to set and monitor policy and program priorities.

*What Women Want* focal points in India, Kenya, Malawi, Mexico, Nigeria, Pakistan, Tanzania, and Uganda have since tailored asks for their specific country contexts. This brief shares examples of how they have picked up the campaign results and used them as the basis for practical change in their countries.

Underpinning this process is a continued commitment to ensuring every single voice is counted, every voice heard, and women's and girls' demands are collectively acted upon by a range of stakeholders.

[For more information on the methodology, download the global report.](#)



# Respectful and dignified care

**#1 HIGHEST DEMAND OVERALL**

**103,584 TOTAL RESPONSES**



*Being treated with respect and tact, as a human being instead of as a body, and have the possibility of being provided with good and vast information about my own health to be able to take the decisions I consider as the best for me.*

• Kay, 19, México

## What does ‘respect’ mean to women and girls?

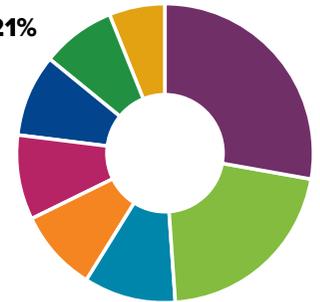
For women and girls, respect is simple. It boils down to how health providers speak and behave towards them. Nearly all of women’s and girls’ responses within the *respectful and dignified care* category highlight a desire for a strong interpersonal connection. Women and girls are asking for kindness, courtesy, and compassion. They want to feel valued, heard and acknowledged.

**Beyond calls for positive treatment from healthcare workers, an alarming number of women and girls are also demanding that bad behavior—primarily in the form of discrimination—stops.**

Captured as part of the category *ethical, lawful, non-abusive and secure care*, such pleas bring into stark relief the urgent need to challenge existing patient-provider dynamics.

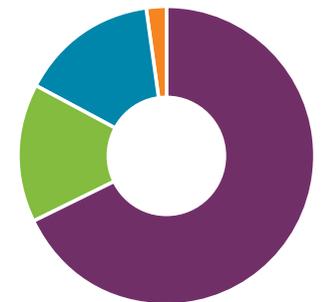
### Top responses within respectful and dignified care category

- Respect or respectful behavior **28%**
- Friendliness, warm reception **21%**
- Informed consent **10%**
- Dignity **9%**
- Courteous, proper language **9%**
- Love **9%**
- Listening **8%**
- Compassion **6%**



### Top responses within ethical, lawful, non-abusive and secure care category (14th response overall, 34,081 responses)

- No discrimination **68%**
- No abuse **15%**
  - Verbal 76%
  - Physical 23%
  - Sexual 1%
- Security **15%**
- No corruption **2%**

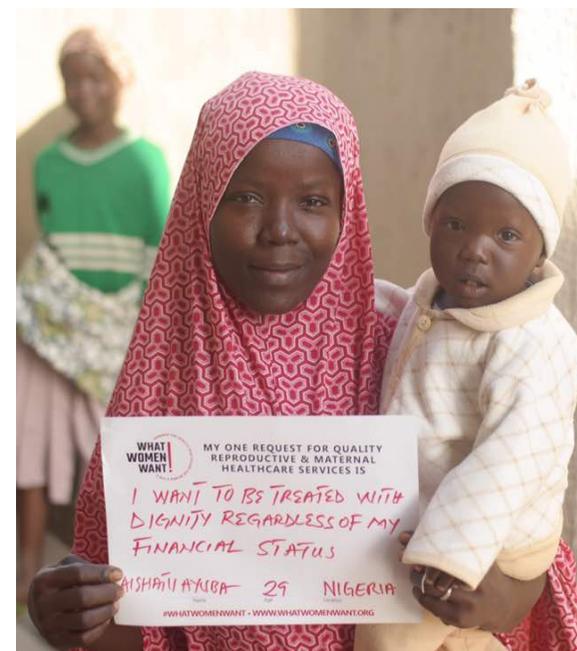




**Although categorized separately, other responses touch on respectful and dignified care and the importance of the patient-provider relationship.**

More than 15,000 women and girls made requests for *confidentiality and privacy*. This category included physical privacy—as in a separate bed or space—as well as protection of personal information by providers. In fact, this was the number two request in all of Malawi. Across countries, another 1,387 requests focused on *complete and understandable communication*. This category included requests for translation services, but also requests for providers to give thorough yet simple and clear explanations of women’s and girls’ health and options.

In the last decade, attention to respectful and dignified care has grown considerably, thanks in large part to new research and evidence on different dimensions of respect and dignity—of which there are many. This has led to a plethora of charters, tools, and meetings. What it has yet to lead to is most governments, donors and provider associations squarely confronting issues perpetuating lack of respect between health professionals and women and girls and ensuring accountability for poor treatment. Will the volume and decisiveness of women’s and girls’ demands finally make the difference?



*Doctors should treat women with respect, even if village women are illiterate. Doctors should have sympathy and goodwill towards patients.*

• **Devali**, 36, India

### Companion of Choice

The right to a birth companion of choice is enshrined within the [Respectful Maternity Care Charter: the Universal Rights of Women and Newborns](#). Nearly 5,000 women made this request as part of the category *labor and delivery information, personnel, services, and supplies*. For many of these women and girls, the presence of their companion of choice was a matter of safety and security.



### What to do about it?

#### The What Women Want Action Agenda

- Adopt respectful and dignified care standards and corresponding monitoring, reporting and redress mechanisms
- Invest in respectful and dignified care training for health workers and rights education for communities



*I want to be told what is happening, why is it happening, and to be asked for permission before it happens!*

- **Tara**, 31, United Kingdom

### ILLUSTRATIVE COUNTRY ASKS\*



#### MALAWI

The Ministry of Health launches a web-based platform enabling hospitals' ombudsman to report, refer, monitor and follow up on complaints by women and girls about disrespect and abuse, negligence, and non-attentiveness.



#### PAKISTAN

The Khyber Pakhtunkhwa (KP), Punjab and Sindh Provincial Health Care Commissions develop in-service training modules for implementation of the Respectful Maternity Care Charter in both public and private facilities and the KP Right to Services Commission includes maternity care in its designated services list for respectful and timely delivery of care.



#### UGANDA

The Ministry of Health adopts the Respectful Maternity Care charter, displays it in local languages at all health facilities, routinely assesses health facilities on respectful maternity care provision, and generates a public report.

\* To review comprehensive country advocacy agendas, visit [www.whiteribbonalliance.org/join1millionwomen](http://www.whiteribbonalliance.org/join1millionwomen). Coming soon!



### Mercyline Ongachi

#### DEMAND:

**I want all mothers and their babies to receive their human right to dignity and respect when giving birth.**

## Dignity and respect during childbirth: It's what women want

My name is Mercyline Ongachi, 21 years old. I come from Mukuru kwa Reuben. It's a slum located in Embakasi South, in Nairobi, Kenya.

I am a survivor of maternal violence.

On Sunday, 25th August, 2019, at around 12 noon, I sought assistance from Mama Lucy Kibaki Hospital for the delivery of my newborn twins.

I was left unattended for a long period of time and unfortunately lost my two babies due to what I believe was medical negligence. I had initially sought help from Reuben Maternity Clinic in my locality after experiencing labor pains, but given my delicate condition, the health facility organized for my quick referral to Mama Lucy Kibaki hospital to access specialized care including access to incubators. Reuben Maternity Clinic offered an ambulance and a nurse to accompany me during the referral.

On arrival at Mama Lucy Kibaki, I was transferred to the labor ward where I waited for assistance from the health workers for far too long. In the process of waiting, the labor contractions became more painful and intense. I felt something coming out, prompting me to sit up and push; successfully delivering my first baby on my own. I placed him on the bed. Afraid for the second baby's

survival, I decided to continue to push as I waited for help.

All this while, one health worker was close by attending to another man. Eventually, he responded to my persistent cries of pain. He picked the first baby from the bed and told me that my baby was too young to survive, and then proceeded to remove the placenta mindful that there was another baby on the way.

The second baby was delivered alive. However, the health worker picked my baby again and told me, "You think this one too can survive? This one cannot survive. Even if you place him in an incubator, he won't stay for long."

He threw my two babies into a cardboard box as I watched helplessly. He organized for the babies to be taken to the morgue, but did not make any attempt to save their lives.

I want other mothers to know that they should never keep quiet whenever they're assaulted in these hospitals. Whenever they receive such treatment, they should speak out. They should file a complaint. They should let people know what is happening inside the labor room. They should never keep quiet.

*As told to Sandra Mwarania, as part of the [Brave Voices, Bold Actions](#) podcast.*



# Water, sanitation and hygiene

**#2 HIGHEST DEMAND OVERALL**

**90,625 TOTAL RESPONSES**



*There is no cleanliness in our village hospital or in the city's government hospital. There is no cleanliness in the special bathroom. Cleanliness is not available even in the private hospitals.*

• Saroz, 27, India

## What does 'WASH' mean to women and girls?

Women and girls are fed up with receiving care in dirty health facilities. They urgently want cleanliness; not only of toilets but throughout the wider environment, ranging from labor rooms to hospital beds.

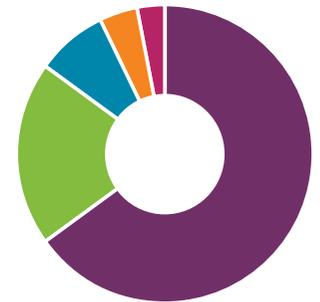
In the *What Women Want* campaign, 65% of demands in the *WASH* category were about this basic need. In every country, cleanliness remained the top priority in the *WASH* category, while safe water came second.

**Yet the issue of cleanliness— which matters most to women— is being widely ignored.**

Data about environmental cleanliness is almost non-existent. In UNICEF's and the World Health Organization's 2019 *WASH in Health Care Facilities Global Baseline* report, only four out of 69 countries had data on basics such as cleaning staff and protocols in health care facilities.

### Top responses within water, sanitation and hygiene category

- Environmental cleanliness **65%**
- Safe, running water **20%**
- Hygiene **8%**
- Access to toilet/latrine **4%**
- Sanitation **3%**



### Breakdown of environmental cleanliness responses

- Facility/hospital/clinic **67%**
- Toilet/latrine **18%**
- Labor room/maternity ward **8%**
- Other **7%**  
(bedding, floor, equipment)





It is not possible to provide quality reproductive or maternal healthcare which respects women and their dignity without clean hospitals, safe water, decent toilets and sanitation.

Still, each year **17 million women** in the least developed countries give birth in healthcare facilities without adequate water, soap and toilets.<sup>1</sup> The consequences are lethal. More than **a million deaths each year are associated with unclean births**—accounting for 11% of maternal deaths. Meanwhile, every minute a newborn dies from infection.<sup>2</sup>

While the world struggles to contain the COVID-19 pandemic, in which handwashing with soap is one of the most important prevention measures, it's a disgrace that two out of five healthcare facilities globally still lack soap and water or alcohol-based hand sanitizer at points of care.<sup>3</sup>



### WASH and Menstrual Health

In schools and workplaces too, inadequate WASH makes life harder for women and girls, particularly during menstruation. Categorized separately, menstrual health accounted for 17,729 responses in the *What Women Want* campaign and was the fourth highest demand for girls 15 to 19 overall and a top three response in both Kenya and Uganda. What these girls want most is free pads. An overwhelming 93% of all responses about menstrual health focused on the provision of sanitary products. Not pamphlets, but pads!



*The government should ensure the proper hygiene of wards to avoid disease transmission and clean the environment.*

• **Carine**, 20, Cameroon

<sup>1</sup> World Health Organization and the United Nations Children's Fund, WASH in health care facilities: Global Baseline Report 2019, WHO and UNICEF, Geneva, 2019

<sup>2</sup> Water, sanitation, and hygiene in health care facilities: practical steps to achieve universal access. Geneva: World Health Organization; 2019.

<sup>3</sup> World Health Organization and the United Nations Children's Fund, WASH in health care facilities: Global Baseline Report 2019, WHO and UNICEF, Geneva, 2019.



### What to do about it?

#### The What Women Want Action Agenda

- Ensure cleanliness, functional toilet and handwashing facilities, and potable drinking water in healthcare centers in underserved areas
- Invest in menstruation education, availability of free and/or affordable menstrual products, and menstrual waste management systems within schools and health facilities



*I want a health facility that has functioning water and sanitation.*

- **Ballcisu**, 26, Nigeria

#### ILLUSTRATIVE COUNTRY ASKS\*



#### INDIA

*Swachh Bharat Abhiyan*—the Government of India’s countrywide sanitation campaign—incorporates surprise ‘flying squads’ to check on cleanliness of health facilities.



#### KENYA

The national Reproductive Health Bill calls for free, quality sanitary towels to every girl registered and enrolled in a public education institution as well as soap, water, and facilities for disposal of used menstrual management materials.



#### NIGERIA

The Niger state Primary Healthcare Development Agency ensures installation of at least six toilets within each of the state’s 274 focal primary health centers.

\* To review comprehensive country advocacy agendas, visit [www.whiteribbonalliance.org/join1millionwomen](http://www.whiteribbonalliance.org/join1millionwomen). Coming soon!



### A cry for cleanliness

My name is Jacqueline Mwase and I am 30 years old. I come from Chiudzira, Malawi and I am a member of the Lhomwe tribe.

Earlier this morning, I gave birth to a baby girl I have named Jacinta. In Lhomwe culture, motherhood is supposed to be a good experience where the mother is well taken care of and has access to good facilities and care. I was greatly assisted by the nurse midwife on duty and she did a very good job.

After the delivery of the baby, I took a bath in the labor ward where there was a clean bathroom and toilet available. However, when I got to the postnatal ward, I found the toilets in a bad state: they cannot be flushed, and it is not clean in there. We are washing our hands with only the water that is available, because there is no hand soap to use. I have not been able to clean myself at the postnatal ward toilets ever since I bathed this morning after delivery.

Because the toilets are blocked, you cannot practice proper hygiene since everything will be floating in the toilets. The toilets have been washed, but because they do not have the necessary detergents and equipment for cleaning up, they look and feel dirty. The bathrooms and toilets are small, so with the frequent traffic you find that the cleanliness is not maintained.

Women need good bathrooms and toilets, with soap to ensure we are killing germs on our hands because a mother is supposed to be clean. The government should ensure good bathrooms and toilets are available for mothers to use.

*As told to Eya Mwenifumbo-Gondwe, as part of the [Brave Voices, Bold Actions](#) podcast.*

### Jacqueline Mwase

#### DEMAND:

Good bathroom and toilets,  
with soap.



# Medicines and supplies

**#3** HIGHEST DEMAND OVERALL

**82,805** TOTAL RESPONSES



*Regular supplies of medicines, contraceptives, and blood transfusion system is institutionalized at all levels, good monitoring system is functional with follow-up care.*

• Juliana, 22, Bangladesh

## What do 'medicines and supplies' mean to women and girls?

They mean the basics. As part of the *medicines and supplies* category, the majority of women and girls simply said any 'drugs' or 'equipment'. They also asked for access to blood in case of emergencies, and the humblest of supplies: cotton, gloves, scissors, safety pins and cloth. Still others were clear in that they wanted *free or affordable* supplies in addition to just availability and were categorized accordingly.

Some women and girls named the supplies they want for specific health concerns (e.g. family planning methods). These types of demands were categorized under their corresponding health topic area—19 categories in all.<sup>4</sup>

**The request for supplies across all categories totals more than 270,000—painting a dismal picture of sub-standard treatments, frequent stockouts, and absent or useless equipment.**

### Top responses within medicines and supplies category

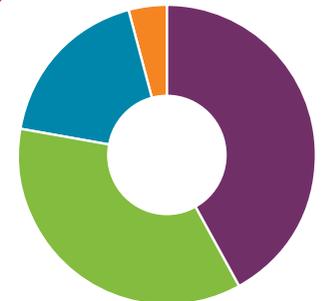
- Medicines and drugs **47%**
- Equipment and machines **34%**
- Blood **15%**
- Cotton, gloves, cloth, wool **4%**



### Top responses within free and affordable services and supplies category

(7th response overall, 58,268)

- Free medicines and drugs **42%**
- Free treatment or services **36%**
- Other **18%**
- Insurance or government payment schemes **4%**



<sup>4</sup> Abortion; adolescent and youth; antenatal; breast and cervical cancer; child health and welfare; disability; family planning; food and nutrition; HIV, hepatitis, STI and TB; infertility; labor and delivery; LGBTQ; malaria and vector-borne disease; menstrual health; miscarriage; non-communicable; post-menopausal and elderly; post-partum, stillbirth, newborn, and infant; other specific services (dentistry, eye care).



Today, nearly half of married women aged 15-49 still do not use or have access to a modern method of contraception.<sup>5</sup> Meanwhile 107 out of 180 countries analyzed by WHO had insufficient amounts of available, quality blood to meet their needs.<sup>6</sup>

It is much the same with medical equipment. Some 80 percent of equipment which goes to low- and middle- income countries is donated by foreign sources, but only 10-30 percent of these donations are ever put into operation,<sup>7</sup> while up to 80% of equipment is out of service.<sup>8</sup>

**Dire shortages of medicines and supplies are not just inconvenient. They put lives at risk and deter women and girls from seeking care.**

### Top supply requests within topic specific information, personnel, services, and supplies categories\*

Health topic area	Overall demand ranking and total responses	Top supply requests and approximate percentage
Antenatal information, personnel, services, and supplies	<b>#8 53,668</b>	Ultrasound or sonogram equipment <b>19%</b>
Child health and welfare information, personnel, services, and supplies	<b>#16 30,601</b>	Vaccines and immunizations <b>40%</b>
Family planning information, personnel, services, and supplies <sup>9</sup>	<b>#13 36,121</b>	General family planning or contraceptive method <b>65%</b> (next highest condoms at <b>4%</b> )
Food and nutrition information, personnel, services, and supplies	<b>#15 31,688</b>	Food <b>57%</b>
Labor and delivery information, personnel, services, and supplies	<b>#9 45,323</b>	Mama or delivery kits <b>20%</b>
Menstrual health information, personnel, services, and supplies	<b>#20 17,729</b>	Sanitary pads or towels <b>93%</b>

\* For demand categories within the top 20.

<sup>5</sup> <https://www.prb.org/2019-family-planning-data-sheet-highlights-family-planning-method-use-around-the-world/>

<sup>6</sup> <https://www.npr.org/sections/goatsandsoda/2019/10/22/772258116/hospitals-around-the-world-have-a-dire-shortage-of-blood>

<sup>7</sup> <https://www.scientificamerican.com/article/medical-equipment-donated-developing-nations-junk-heap/>

<sup>8</sup> ERO Technical discussions, “The role of medical devices and equipment in contemporary health care systems and services,” June 2006

<sup>9</sup> An additional 801 requests for family planning supplies are included in the category *adolescent and youth-focused information, personnel, services, and supplies*: family planning accounts for approximately two percent of the youth and adolescent and youth category.



## What to do about it?

### The What Women Want Action Agenda

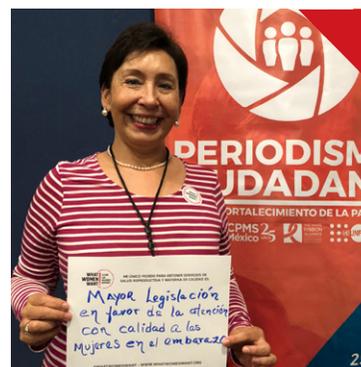
- Invest in blood donation campaigns and expand operational blood banks and screening in underserved areas
- Invest in public education campaigns on entitlements and service guarantees—including how and where to access free maternal and reproductive health supplies—for vulnerable women and girls



*We need enough drugs at our hospitals so that we will not be sent back without treatment.*

- **Mabimiwaji**, 39, Malawi

### ILLUSTRATIVE COUNTRY ASKS\*



#### MEXICO

The National Congress increases funding for sexual, reproductive, maternal and newborn health services and supplies by 3% in the 2021 budget and the Federal Ministry of Health establishes a system to monitor the effective implementation of the national policy of free care for pregnant women in public facilities.



#### TANZANIA

The Ministry of Health establishes 10 satellites for safe blood in Dar es Salaam as well as the Kagera and Tabora regions.



#### UGANDA

The Ministry of Health provides free Mama Kits (the number one *What Women Want* demand in Uganda) for all pregnant women, including refugees, at public health facilities.

\* To review comprehensive country advocacy agendas, visit [www.whiteribbonalliance.org/join1millionwomen](http://www.whiteribbonalliance.org/join1millionwomen). Coming soon!



### Anna Namaweje

*Anna Namaweje was 30 years old and the mother of a three year old toddler. She was about to give birth to her second baby when she lost her life. Anna's family shared her story with White Ribbon Alliance Uganda so that the world could hear it.*

### Safer together: A Ugandan mother's story

Anna woke early on April 19, 2020, with severe abdominal pains—she suspected it was the first signs she was in labor. She walked with her sister to the main road to find a motorcycle taxi, known as boda bodas in Uganda, to transport them to the hospital. The sisters had trouble finding a boda boda due to President Yoweri Museveni's nationwide shutdown, which aimed to prevent the spread of COVID-19. The plan banned road traffic, including public minibuses and boda bodas, used by many Ugandans for transportation. After waiting a long time, Anna and her sister finally were able to flag down a boda boda to take them to the nearest health center.

**Anna visited four health centers before she was able to access proper care.** The first two health centers lacked basic equipment and were not able to even measure Anna's blood pressure. The two facilities were also feeling the effects of the country's travel bans – health workers were unable to take public transportation to work, leaving the health centers understaffed. At the third facility, health workers found Anna's blood pressure was high – meaning both Anna and her baby were at risk. Complications from high blood pressure can include pre-eclampsia; when untreated, pre-eclampsia progresses to eclampsia, where the mother may experience seizures or go into a coma. The health facility was not equipped to treat Anna's high blood pressure and called an ambulance to transport her to Rubaga Hospital.

At Rubaga Hospital, Anna was immediately examined. The doctors could not find a fetal heartbeat and transferred her to an emergency ward for observation. After a few minutes, Anna was taken to the operating theatre, where she underwent an emergency Caesarean section. She soon fell into a coma and died shortly after. The immediate cause of death was excess fluid in the lungs, while the underlying cause was attributed to severe eclampsia. Anna's newborn baby also died, soon after birth, from a severe lack of oxygen – a complication of eclampsia.

While eclampsia and related hypertensive disorders of pregnancy are a leading cause of maternal mortality, eclampsia is preventable and treatable. If the health centers Anna visited before giving birth were properly equipped with essential supplies, it is likely Anna and her baby would still be alive today.

*By Robina Biteyi, National Coordinator, White Ribbon Alliance Uganda*



**DEMAND:**  
Quality protective gear to protect midwives and mothers during COVID-19.

### **Safer together: A Pakistani midwife's story**

In the old days, I used to take public transport to travel to and from the Rural Health Centre where I work as a Community Midwife in Nabisar, in Pakistan's Sindh Province. However, since Pakistan's lockdown to curb the pandemic's death toll, all public transport has been closed. I now must arrange my own transport every day, for both going to the facility as well as for coming back home.

Of course, because of COVID-19, the influx of patients into my health facility has been reduced, as women would rather stay home, alone, than risk contracting COVID-19 while being cared for by a trained health professional. Those who do visit approach the staff with fear, afraid of getting infected from us. In fact, we, the staff, are also scared of contracting the virus from one of the visiting patients.

The reality is that we are only using gloves. We do not have proper masks to protect from the virus. Sometimes, when we run out of sanitizers and file a demand for it, it takes 2-3 days for it to arrive. The authorities are not doing enough to protect us, and the staff are not able to protect our patients or ourselves the way we need to. How can we protect others unless we are protected ourselves?

Being a Community Midwife, I realize that it is my responsibility to help others during the pandemic, but I am very afraid that I will get infected while performing my duty as I have not been provided with the necessary protective gear. This fear remains paramount in my mind while I am providing services at the facility, influencing my every interaction with all my patients. It is not safe like it was before, neither for the patients nor for us.

*As told to Navroza Sher Ali, Forum for Safe Motherhood, Pakistan, an affiliate of the global White Ribbon Alliance, by a Community Midwife in Pakistan\*.*

*\*Name withheld to protect privacy*



# Increased, competent and better supported midwives and nurses

**#4** HIGHEST DEMAND OVERALL

**65,028** TOTAL RESPONSES



*Midwives should be encouraged, and their numbers should be increased.*

• Anna, 28, Tanzania

## What do ‘midwives and nurses’ mean to women and girls?

The availability of nurses and midwives—alongside other healthcare workers—means everything to women and girls. It means the difference between giving birth scared and alone and giving birth while safe and secure, between quality care and a poor outcome, between life and death.

**For many women and girls, healthcare workers are intimately connected to their other top concerns.**

This includes *respectful and dignified care* and *timely and attentive care* (e.g. no abandonment or being rushed out)—the number one and ten demands, respectively. In Uganda, for example, the top search term within the respectful and dignified care category is ‘midwife’.

In addition to the more than 65,000 requests within the *increased, competent and better supported midwives and nurses* category, another 2000 women and girls asked for traditional or indigenous

midwives as part of the *community health workers* category.

26,267 women and girls asked specifically for *female health providers*—the 17th highest demand overall. Nurses and midwives make up nearly half of the global health workforce—and the vast majority are women. Based on their asks, clearly, many women value being cared for by other women.

### Top responses within increased, competent, and better supported midwives and nurses category

- Available nurses **62%**
- Available midwives **27%**
- Training and support for nurses and midwives **11%**



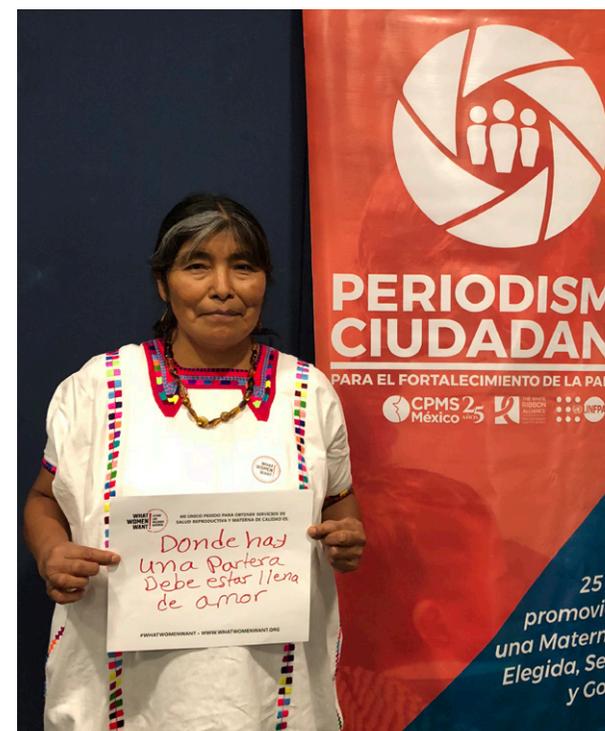
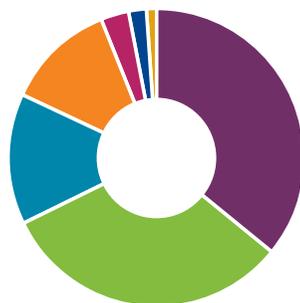


Women and girls also voiced wanting doctors, specialists, and health workers in general. **With a combined total of more than 182,428 demands across health provider categories—seven in all—women’s and girls’ desire for healthcare workers cannot be over emphasized.**

Yet WHO predicts a shortfall of 9 million nurses and midwives by 2030, due in large part to chronic under investment in training, leadership opportunities and pay and working conditions. Although the biggest needs-based shortages of nurses and midwives are in South Asia and Africa, COVID-19 has revealed cracks in support systems for health workers worldwide.

### Total requests for healthcare workers across categories

- Nurses and midwives **36%**
- Doctors **32%**
- Female providers **14%**
- Health providers general **12%**
- Specialists **3%**
- Community health workers **2%**
- Male providers **<1%**



*More skilled midwives should be sent to the rural areas to enable pregnant women to have good healthcare services.*

- **Comfort**, 34, Cameroon



## What to do about it?

### The What Women Want Action Agenda

- Recruit and retain more nurses and midwives in underserved areas
- Invest in improved working conditions for nurses and midwives, including training and leadership opportunities, appropriate salaries, housing, and security



*When I am in the labor ward, about to deliver, the midwife should be at my bedside.*

- Hilda, 22, Malawi

### ILLUSTRATIVE COUNTRY ASKS\*



#### MALAWI

The Ministry of Health strengthens the potential career path for midwives through creation of Chief Midwifery Officers at the district level and establishment of a Deputy Director of Midwifery in the Directorate of Nursing and Midwifery Services at the Ministry of Health headquarters.



#### INDIA

Policymakers increase budget for health, especially for human resources, fill vacant positions, and ensure at least one General Nurse Midwife is present at all primary health centers.



#### NIGERIA

The Niger state government mobilizes resources to employ at least one midwife within each of the state's 274 focal primary health centers.

\* To review comprehensive country advocacy agendas, visit [www.whiteribbonalliance.org/join1millionwomen](http://www.whiteribbonalliance.org/join1millionwomen). Coming soon!



### Luseshelo Simwinga

#### DEMAND:

Healthworkers like nurses and midwives should be given adequate risk allowances and necessary counselling and support services for them and their families.

### Safer together: A Malawi midwife's story

My name is Luseshelo Simwinga and I am a nurse and midwife working at Queen Elizabeth Central Hospital (QECH), in Blantyre City, Malawi. I am proud to be a midwife, and work so hard to help the mothers I care for, every day, but like all nurses and midwives working during the COVID-19 pandemic, I need more support to do my job well.

There has been a certain type of discrimination against health workers using public transport from when Malawi confirmed the first COVID-19 case. People are not comfortable sitting close to a nurse for fear of contracting COVID-19, as they assume nurses have the virus because they take care of patients. For me, I experienced a discriminatory look when I boarded a public transport and am noticing that some of my friends and relatives are not visiting me as frequently as they used to.

My facility did not have adequate Personal Protective Equipment (PPEs) for healthworkers but at the same time, we were supposed to be providing quality respectful and dignified maternity care to our clients. Personally, I had a lot of fears when providing care to my clients, especially when they would cough or sneeze without covering their mouth, as I was not putting on any type of protective wear. My work became very stressful, especially when going home, thinking that I might have contracted the virus. I felt that it was not safe for me to visit my father, who is old, and my young niece, people that are so dear to me at moment.

I felt stuck between a rock and a hard surface, with feelings of compassion, empathy and extreme fear. I'm obliged to provide quality and respectful maternity care to my patients but at the same time, I did not have adequate equipment to protect myself. I quoted my pledge of service that states, "the health of my patients will be my first consideration," then questioned how I was to provide quality care if I were to get infected and ill. This created emotions of fear, hurt and burnout.

Before every shift, I put on a badge with the words "respect is a choice" on it. I explain to my colleagues that they have to choose respect and provide respectful care to all pregnant women, fellow midwives and doctors regardless of their current mood, social standing, religious or economic background. I also tell them how important respectful care is to pregnant women, that it can help improve maternal and neonatal health indicators, because women who receive respectful and dignified care are more likely to come back to the hospital to get skilled care at their next delivery, or whenever they or their neonates have any danger signs or a secondary obstetric emergency.

The health facility where I work is now fully back in operation after the health workers conducted a sit-in over several days to demand the Ministry of Health provide PPEs. With the PPEs now available, I am able to provide my services more comfortably and with limited fears.

*As told to Hester Nyasulu, Executive Director of White Ribbon Alliance for Safe Motherhood Malawi.*



# Increased, full-functioning and close health facilities

**#5** HIGHEST  
DEMAND OVERALL

**59,388**  
TOTAL RESPONSES



*Have fully equipped health facilities with essential medicines and equipment to enable mothers to have safe deliveries in nearby localities.*

• Rosemary, 38, Uganda

## What do 'facilities' mean to women and girls?

Above all, women and girls are calling for us to meet them where they are. Nearly half of the responses within the *increased, full-functioning, and close health facilities* category expressly relate to hospitals and health centers being geographically within reach. Another 23,000 requests center on the need for a hospital or health center in general or for more hospitals or health centers. Adding further weight to women's and girls' concerns regarding access and proximity are the 32,690 requests for ambulances captured as part of the *transportation infrastructure* category. In fact, transportation infrastructure was the 11th request overall with 39,557 responses.

**Women and girls also want—if, and when, they reach a hospital or health center—for it to be open and operational—standing ready to deliver the care they both need and deserve.**

While over 10,000 women and girls asked for simply 'better' or 'working' hospitals or health centers, many thousands more made specific requests for improvements as part of other categories. For example, within the *timely and*

*attentive care* category 5,848 women and girls requested local facilities to be open on a 24/7 or evening basis.

### Top responses within increased, full-functioning, and close health facilities category

- Nearby, rural or village hospitals/ health centers **43%**
- Hospitals/health centers (general) **21%**
- Improved, functional hospitals/ health centers **18%**
- Increased hospitals/ health centers **18%**

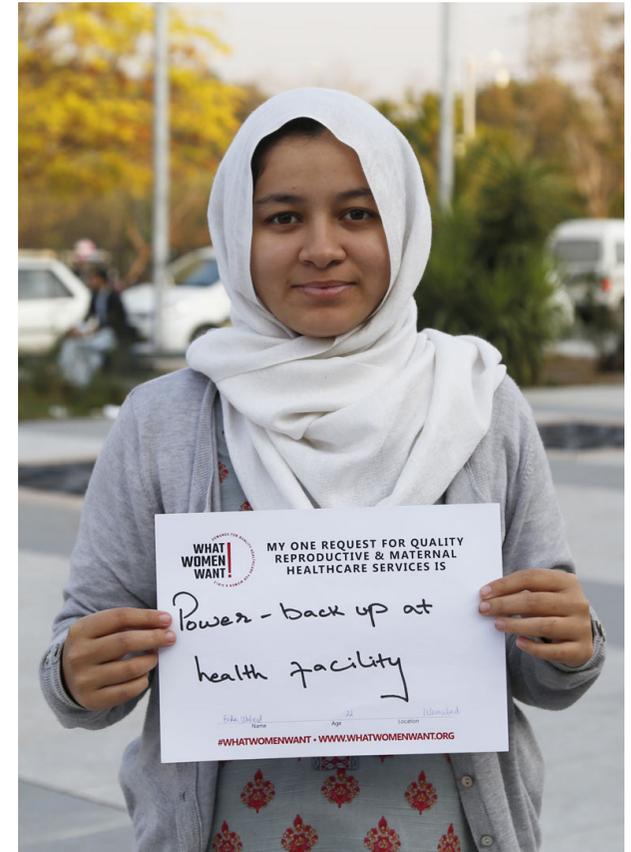




### Women and girls are also asking for basic upgrades to their surroundings.

Water, sanitation, and hygiene within healthcare facilities was the number two total response of the *What Women Want* campaign. For some women and girls, this included clean beds and bedding specifically. However, another 17,787 merely wanted beds and bedding at all. Other facility specific requests included electricity (3,449 requests), labor rooms and maternity wards (1852 requests), and laboratories (1422).

In this time of Covid-19, their demands take on even greater resonance. Women and girls are facing not just poor services in distant facilities, but often a total lack of any facility providing even the most basic reproductive or maternal healthcare. In communities around the world, many facilities are suspending other services converting themselves into Covid-19 exclusive care centers. Women and girls are having to travel even further for care, often without transport, after curfew, and through locked down areas, where reproductive and maternal health concerns—even imminent birth—is no safeguard against police harassment.



*I need constant electricity because during my delivery they would use candles and phones and torchlights.*

• Onyinye, 29, Nigeria



## What to do about it?

### The What Women Want Action Agenda

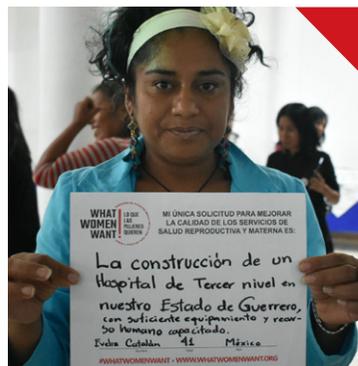
- Ensure functionality of health facilities, including surgical and operational theaters, in underserved areas
- Ensure essential package of reproductive and maternal health services are available at the lowest level facility, closest to where women and girls live



*It's heartbreaking to share a bed with another patient and they die while you watch.*

- **Rose**, 22, Kenya

### ILLUSTRATIVE COUNTRY ASKS\*



#### MEXICO

The National Congress develops a policy for facility coverage for indigenous communities, including establishing a ring-fenced budget for indigenous women’s health homes (CAMIS); The General Health Council supports reestablishment of obstetric care services in hospitals that were part of the Covid-19 reconversion process.



#### INDIA

Policymakers invest in up-graduation and maintenance of health facilities, including operationalization of First Referral Units (FRUs), in underserved areas.



#### KENYA

Makueni County expands its “Makueni Care” program to include free health promotion services—in addition to free treatment—at all primary health centers and makes county and sub-county hospitals disability-friendly, providing accessible lifts, beds and translation services.

\* To review comprehensive country advocacy agendas, visit [www.whiteribbonalliance.org/join1millionwomen](http://www.whiteribbonalliance.org/join1millionwomen). Coming soon!



### Helen Abdul

#### DEMAND:

Access to fully functioning and fully staffed health facilities near my home.

### The struggle to access care

My name is Helen Abdul. I am from Niger state, Nigeria. I live in Chachanga Local Government Area of Niger state. I was pregnant with my second child in late September of last year.

When I felt the first spasms of pain hit me, I convinced myself it was just a normal pain that would go away. My delivery date was still two weeks, so I felt confident I wasn't in labor.

As I bent over to pick up a bucket of water about 30 minutes later, I felt the pain again—it had worsened. My first child was delivered right on the due date, so I still did not give it much thought and dismissed the pain. The third wave of pain came with a vengeance and a determination to get my attention. At this point, I couldn't pretend or ignore the pain anymore—I screamed for help.

My neighbors heard me through the window and rushed to my home. They quickly called a Keke (tricycle) to take me to the community Primary Health Care center where I was registered. When we arrived at the facility, we were told they had closed at 5:00 pm. I was an hour late.

At this point, my neighbors and I were anxious. There were four other women with me, each with a different opinion about what our next action should be. My husband was unavailable; his mobile phone was not connecting. My neighbors finally made the decision to go to a private hospital 45 minutes away.

Getting transportation was nearly impossible, but we found a vehicle after 20 minutes. The car was not big enough so only two of my friends could accompany me. Oh! The excruciating pain I had to endure on that 45 minutes ride that felt like 24 hours to the hospital.

After waiting for 30 minutes at the hospital, we were told the midwife on duty had just stepped out and there was no doctor at that moment. By this time, I felt like I was going to die along with my child. One of my neighbors started crying and calling on God for help.

Someone suggested we go to the general hospital. On our way, my water broke in the car. We were lucky the water broke not too far from the hospital. When we got there, a nice, calm midwife took over. I was moved to the labor room and in less than 30 minutes my son was born.

His father named him Lucky. Lucky was truly lucky. When I think of all the things that could have gone wrong that day, I shudder, but today my neighbors and I look back at the situation and laugh. I felt so lucky I was able my access right to healthcare, even though it took three tries.

#### Health facilities should be accessible to all women.

*As told to Tariah Adams, as part of the [Brave Voices, Bold Actions](#) podcast*

# ALL DEMAND CATEGORIES

Categories with at least 200 unique responses are listed below.

1. Abortion information, personnel, services, and supplies
2. Administration and record-keeping
3. Adolescent and youth-focused information, personnel, services, and supplies
4. Antenatal information, personnel, services, and supplies
5. Beds and bedding
6. Breast and cervical cancer information, personnel, services, and supplies
7. Child health and welfare information, personnel, services, and supplies
8. Community engagement and accountability
9. Complete and understandable communication
10. Confidentiality and privacy
11. Counselling and awareness on maternal, reproductive, and general health and services
12. Disability information, personnel, services, and supplies
13. Electricity
14. Economic opportunity and financial support
15. Empowerment and rights
16. End violence and harmful practices against women and girls
17. Environmental health and agricultural support
18. Equitable care/Universal Health Coverage
19. Ethical, lawful non-abusive and secure care
20. Evidence, research, innovation, and technology
21. Family planning information, personnel, services, and supplies
22. Fitness and recreation
23. Food and nutrition information, personnel, services, and supplies
24. Free and affordable services and supplies
25. HIV, hepatitis, STI and TB information, personnel, services, and supplies
26. Improved health, well-being and maternal, reproductive, or general health services
27. Increased, competent and better supported doctors
28. Increased, competent and better supported health providers (general)
29. Increased competent and better supported midwives and nurses
30. Increased, full-functioning and close health facilities
31. Infertility information, personnel, services, and supplies
32. Labor and delivery information, personnel, services, and supplies
33. Laboratories
34. LGBTQ information, personnel, services, and supplies
35. Malaria and vector-borne disease information, personnel, services, and supplies
36. Male engagement and shifts in family/partner dynamics
37. Male health providers
38. Medicines and supplies
39. Menstrual health information, personnel, services, and supplies
40. Miscarriage information, personnel, services, and supplies
41. More female health providers
42. NCDs information, personnel, services, and supplies
43. No demand
44. Peace, no conflict
45. Policy and political change
46. Post-menopausal and elderly information, personnel, services, and supplies
47. Post-partum, stillbirth, newborn and infant information, personnel, services, and supplies
48. Other
49. Other specific services (e.g. dentistry, eye care)
50. Reduced medicalization or do not want service (e.g. no c-section, family planning, abortion)
51. Referral system
52. Religious support
53. Respectful and dignified care
54. Schools and educational opportunity
55. Specialists
56. Support for traditional, mobile and community health workers
57. Timely and attentive care
58. Transportation infrastructure
59. Water, sanitation, and hygiene
60. Want children

**Learn more about what women want through an interactive dashboard of the more than one million demands across all categories:**

[www.whiteribbonalliance.org/dashboard](http://www.whiteribbonalliance.org/dashboard)

Coming soon!

The women are still talking,  
still speaking beyond fear,  
still demanding what was promised.  
What is fundamental to human life;  
dignity, respect, safety,  
access to care without judgement,  
without threat of violence.

Even now,  
especially now,  
in this moment that commands a new of being,  
that shows us just how long  
the journey forward.

We are reminded that no one  
is safe unless we all are.  
What women want  
is what humanity wants.

The women are still holding  
their own stories.  
Their persistence is a force  
that pierces the veil of shame,  
of secrets that hold us captive,  
of systems that falter  
when we need them most.

So praise the women  
who have always led the way,  
who know that silence is complicit.  
Praise their hands across the world,  
pushing and pulling in every direction,  
until what harms us is dismantled,

until  
our voices,  
our choices,  
our babies,  
our bodies,  
are held sacred.

The movement is here to stay,  
the essential act of naming what we want,  
what we cannot live without,  
of affirming that good enough  
is no longer enough.

The women are still walking,  
still talking.

What is radical,  
what is revolutionary,  
what is lifesaving,  
is to listen and answer  
with transformative  
action.

**What is radical,  
what is revolutionary,  
what is lifesaving,  
is to listen and answer  
with transformative  
action.**



# LISTENACT

Listening to women is a radical act.

But acting on what we hear is revolutionary.

To learn more about this campaign, visit

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**WHAT  
WOMEN  
WANT!**