Supplies and functional facilities. Safe motherhood kits. Better payment. Expansion of delivery wards. Accommodation. Respect and dignity. Accessible health services. Adequate resources. Clean toilets. Maternity leave. Food and clean drinking water. To be known and appreciated. More training. Independence and autonomy. Improved infrastructure. Capacity building. Government jobs. Supplies and functional facilities. Better working relationship with doctors. New hospital facility. Basic equipment. Career safety. More midwives to share the load. Quality care for women. Respect from patients.

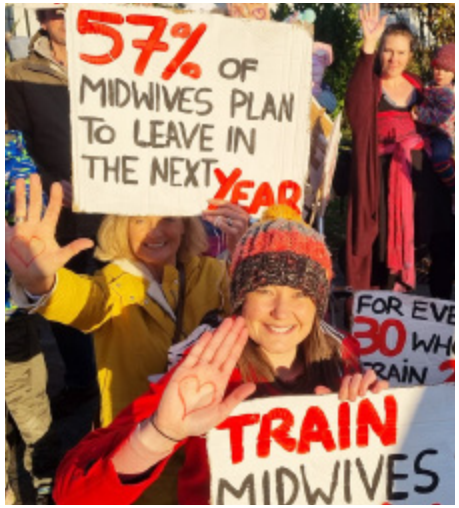
Midwives' Voices
Midwives' Demands

WHAT WOMEN WANT!







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INTRODUCTION

A letter from Angela Nguku and Kristy Kade, campaign co-chairs

There's power in women and girls coming together to voice what we want. What we need. What we deserve. Since mid-2019, the advocacy campaign *What Women Want: Demands for Quality Healthcare from Women and Girls* has been the catalyst for many positive changes: bringing running water to over 400,000 people in Niger state, Nigeria; doubling the number of employed midwives in Malawi; and a 200 percent increase in contraceptive procurement in Khyber Pakhtunkhwa, Pakistan to name a few.

At the height of the COVID pandemic, women's voices rose above the din of competing priorities and special interests and guided national policymakers to provide valued help.

Yet, many global institutions involved in health and development policymaking and programming were less receptive than national leaders. We've been advised, for example, to downplay the Niger water success out of a concern that *What Women Want*—which revealed Water, Sanitation, and Hygiene (WASH) as a top demand—was elevating WASH in healthcare facilities as a maternal health issue. It is! We've been told that the fact that women and girls asked for things as basic as toilets and water is embarrassing. It is!

It is embarrassing that women give birth and babies take their first breath in a petri dish of disease where people must haul their own (unclean) water to wash themselves. It is embarrassing that doctors, nurses, and midwives in nearly one third of healthcare facilities can't wash their hands at the point of patient care. It is embarrassing that more than 1 million newborn deaths annually continue to be associated with unclean births.

It is embarrassing that we who craft programs, policies, and allocate resources refuse to listen.

We've struggled to understand why many still do not consider the lived experiences of women a useful perspective or evidence for action. Or why women are not viewed as influential with decisionmakers compared to health and development "experts."

After all, women know best the circumstances of their lives and what is needed to improve them. While so much of the data used and referenced in development circles drips with power, even as it claims objectivity. It's also worth noting that no movement has successfully transformed its society without large-scale demand from women.

But, as we set out to uncover what midwives want, met them where they worked, as we listened to—not simply surveyed—their demands, an understanding began to take form. Like women and girls before them, midwives offered straight-forward, but not always easy

or comfortable answers. Their demands bring into stark relief all of the ways that our longstanding policies and systems—our years of work—are failing them. Hearing a real demand, from a real person—not simply reading a percentage roll up as part of a report—lends an emotional credibility that requires multi-faceted action, not a singular medical intervention or new technology.

For midwives, what they want is clear: to be paid a living wage, with benefits.

Midwives remain at the bottom of the pay equity ladder, even as they quite literally shoulder the costs of supporting women and families—from delivering babies to treating survivors of gender-based violence—in places where there would otherwise be no services. Midwives are frequently not reimbursed through government insurance programs and/or are required to purchase medicines and supplies for their patients out of pocket. It's not surprising that supplies are then another top demand. In fact, **salary/benefits and supplies taken together represent nearly three-fourths of all demands**—far and above any request for training or leadership. (Although, let's be clear, if more midwives were in positions of power, salary and supplies would likely be less of an issue.)

Being a midwife universally takes its toll on those who choose the profession. Around the world midwives are undervalued and undercompensated—often while facing violence, threats, harassment, discrimination, and stigma that comes from working in a highly gendered profession. While men do serve as midwives, 70% of the global health workforce—including the vast majority of midwives—are women.

As Angela, a former practicing midwife and now full-time advocate can attest, many midwives walk away from their profession with a broken heart, simply looking to survive.

It is especially devastating knowing how few student midwives are coming up, and that the ones who do will likely follow in those footsteps—leaving midwifery behind. Knowing that despite countless reports, speeches, conferences, and global recognition days, very little has meaningfully changed in the conditions of midwives. Expecting that the pay issue will continue to be shelved or shoved aside in favor of easier solutions (another training, anyone?) that don't really solve anything.

Because if we cannot meet midwives' basic needs (funds, food, shelter, clean water), we cannot expect them to meet the needs of women, birthing people, newborns, and families. The ever-increasing midwifery shortage is making clear midwives will not meet those needs any longer.

It's time to bring down a broken system, one that has long taken advantage of midwives, and build a new and better system founded on principles of gender and racial parity. A cornerstone is pay equity; it cannot be solved around.

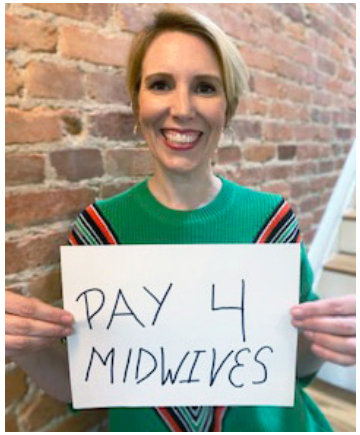
Midwives have raised their voices, some even chancing reprisal for speaking out. We owe it to them—we owe it to women and girls—to raise our voices in solidarity, to face our past failures, to bravely risk our revenues, by unrelentingly challenging the status quo and putting our collective minds to finding a way to address the pay gap. We owe it to them because we owe them so much more.

Fund midwives!

In solidarity,

Kristy Kade
WRA CEO

Angela Nguku
WRA Deputy CEO



THE MIDWIFERY CRISIS

Midwives are the most undervalued, yet critically needed, caregivers in the health system today.

Approximately 300,000 women and girls die during pregnancy and childbirth every year, but—according to UNFPA—82 percent of those deaths could be prevented if midwives were available to everyone. Beyond saving lives, recent analysis by United Nations Population Fund (UNFPA) indicates that fully qualified and regulated midwives that are integrated within and supported by interdisciplinary teams can deliver around 90% of essential sexual, reproductive, maternal, newborn, and adolescent health (SRMNAH) interventions.

Despite their importance, midwives still make up less than 10% of the global SRMNAH workforce. Healthcare systems around the globe fail to invest in hiring, educating, training, paying, and supporting midwives. Midwives who are working in the field must daily bear the brunt of a system that leaves them exhausted and overworked. As a result, many midwives take on secondary jobs to support themselves and their families. Many eventually leave the midwifery workforce entirely.

Jackline Chebet

UGANDA, Amudat Hospital, Midwife

Midwives are paid too little and there are no opportunities for promotion—I've worked as a midwife for 15 years and have never once been promoted. I want the government to value midwives by giving them adequate pay and providing career development opportunities. The other problem affecting midwives is a lack of accommodation. Some midwives rent and reside outside the health facilities, yet they are supposed to work at night. The government should improve our working conditions by providing accommodation (staff houses) at health facilities so we don't have to travel to the facility at night by ourselves. Additionally, the government should provide transportation when midwives are transferred to new duty stations. This is especially important for midwives working in hard-to-reach areas in the district who sometimes have to travel up to 700 kilometers on their own.

DEMAND:
The government should value midwives and pay them accordingly, with more opportunities for advancement.

In addition to the toll on midwives themselves, all women and their newborns suffer consequently. Especially in rural, remote and under-served areas, the lack of midwives places the lives of women and their newborns at risk, as a mother may very well be forced to give birth alone or turn to unskilled support while at home, or, even while inside a health facility that is too understaffed to care for her needs.

"When one midwife is responsible for 100 mothers, this creates stress and burnout. I want the government to recruit more midwives. This will make midwives very happy, and consequently, they will be able to provide higher quality and respectful care."

• **Florence Rwabahima**, Retired Midwife, Uganda

Global Efforts to Address the Crisis

In recent years, the global community has taken steps to quantify the scope of the midwifery crisis. The World Health Organization (WHO) declared 2020 the "Year of the Midwife" to highlight their critical role in meeting the needs of women, newborns, and adolescents everywhere. Soon after, the International Confederation of Midwives (ICM) announced the PUSH campaign, a decade-long global movement for women and the midwives who protect and uphold their rights and bodily autonomy.

In May 2021, ICM, UNFPA, and WHO released the State of the World's Midwifery (SoWMy). The report estimated a global shortage of 900,000 midwives—with the biggest need-based shortages in South Asia and Southern Africa. Addressing the shortage would save a projected 4.2 million lives per year by 2035, according to the report, and contribute to national and local economies, women's empowerment, and gender equality.

To meet this shortage, funding and systemic change at large scales would be required. But how? To answer this question, the global community needs to hear directly from midwives themselves.

What do Women Want? Midwives

In 2019, White Ribbon Alliance (WRA) launched the campaign *What Women Want: Demands for Quality Healthcare from Women and Girls*. The campaign asked more than one million women and girls in 114 countries "what's your one request for maternal and reproductive healthcare?" Nearly 145,000 women and girls asked for increased, competent, and better supported health care workers, with "nurses and midwives" most often mentioned. In fact, nurses and midwives were among the top five requests from all women and girls, and even top three for women aged 20 to 24.

Most responses came from India, Kenya, Malawi, Mexico, Nigeria, Pakistan, Tanzania, and Uganda—countries with significant maternal mortality and morbidity, unmet need for family planning, and large gaps in health equity. For many women and girls in those countries, midwives 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". As *What Women Want* mobilizers partnered with midwives to collect patients' demands, midwives themselves asked to participate in the campaign.

WHAT WOMEN WANT BY THE NUMBERS

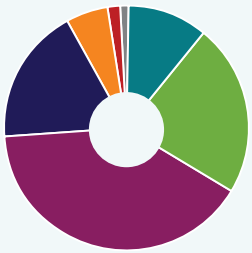
- **Respectful and dignified care**
- **Water, sanitation and hygiene**
- **Medicines and supplies**
- **Increased, competent and better-supported midwives and nurses**
- **Increased, fully-functioning and close health facilities**

1,197,006
DEMANDS

114
COUNTRIES

359
PARTNERS

BREAKDOWN BY AGE



15-19	12%
20-24	25%
25-32	45%
35-44	20%
45-54	6%
55+	2%
UNKNOWN	1%

A new campaign is born

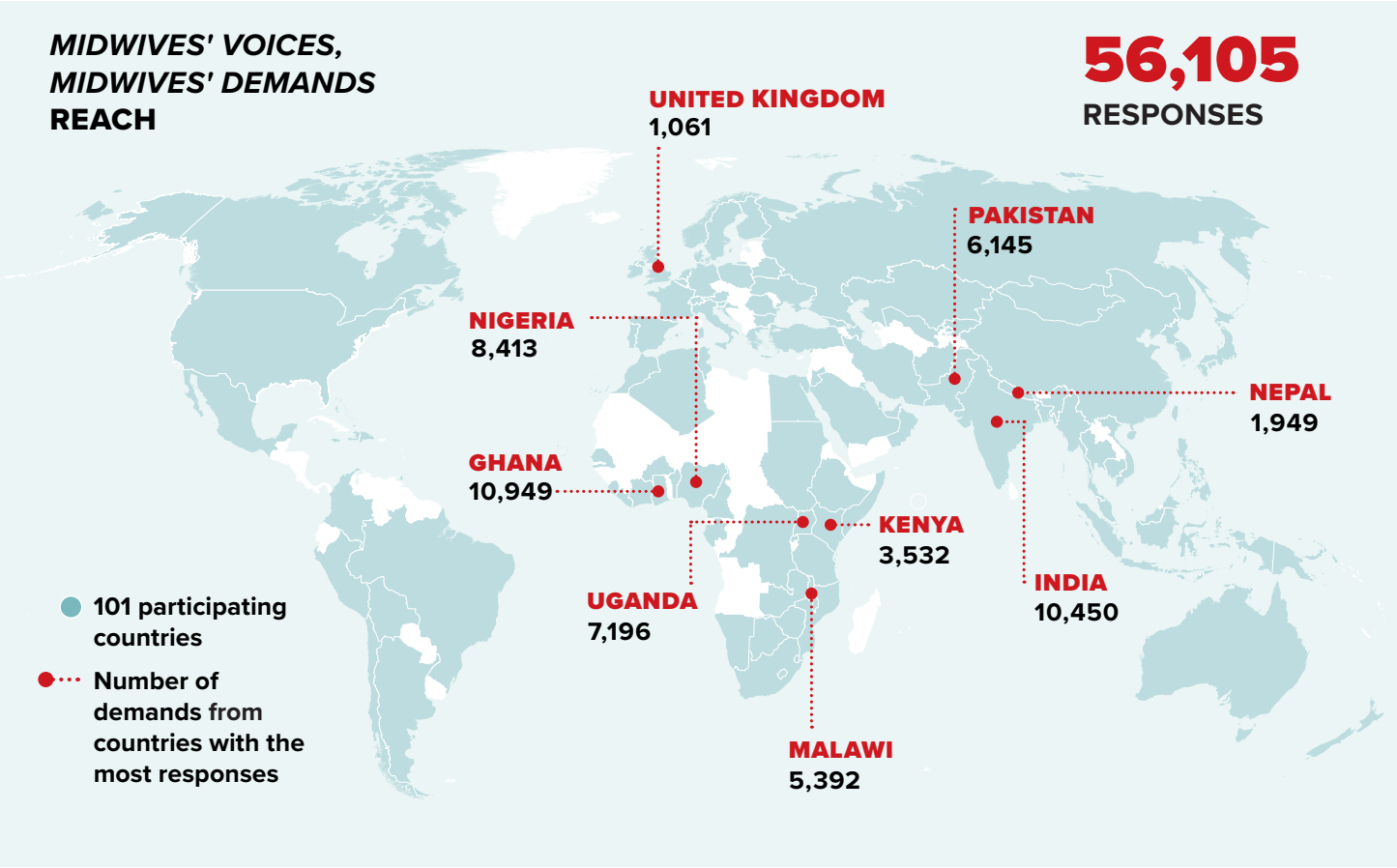
As the COVID pandemic unfolded from 2020, midwives continued to suffer—despite global actions and campaigns. Midwives were denied personal protective equipment, had salaries slashed, lost patients and colleagues, and often their own health—even lives. They continued to leave the profession in droves, further exacerbating the existing crisis.

As COVID wore on, the attention of policymakers was diverted to other headline issues of the day. Policymakers were forced to make challenging decisions about how to spend finite resources among competing health priorities—and in this case, they were doing so without the voices of midwives to inform those decisions. Unfortunately, the largest recent global survey of midwives was from the 2016 *Midwives' Voices, Midwives' Realities* report, which surveyed 2,470 midwives in 93 countries.

Something had to be done to bring the voices of today's midwives to the fore.

Armed with the *What Women Want* campaign results that "more midwives" was a top priority for women and girls around the globe, in late 2021, WRA and ICM joined forces to launch *Midwives' Voices, Midwives' Demands* under the PUSH campaign. The initiative set out to hear directly from midwives about their needs and wants, including what matters most to them, and bring that knowledge and pressure to bear on policymakers as they consider midwifery investments.

To date, the *Midwives' Voices, Midwives' Demands* campaign has connected with over 56,000 health providers in 101 countries. The scale of the campaign has eclipsed all previous efforts to reach and hear from midwives.



DEMAND: **More midwives to support each other.**

Loy Nakakembo

UGANDA

Loy delivered the baby in this photo a day before she was asked to participate in the original *What Women Want* campaign. She shared her birth story with mobilizers and told how, as her labor progressed, the midwife excused herself to quickly pick some supplies.

"It is then that the baby came out and fell in the basin that had been put in the labour ward for me to urinate."

Loy was by herself. It took only a few minutes for the baby to come out, but every second during labor counts. She wished there were more midwives to support one another.

Thandi Chawinga

MALAWI, Chitipa District, Nurse/Midwife Technician

I am involved in the *Midwives' Voices* campaign because I am facing the same challenges all midwives are facing in Malawi. I want to reduce maternal and neonatal deaths, and this can only happen when midwives are accommodated near the hospital. I have to walk 5 kilometers from my workplace to my house. To the government and donors, I ask that you consider providing housing allowances for rentals because we are spending a lot on house rentals, which is difficult considering our salaries. Sometimes midwives have to take out loans to cover our expenses because our salaries are too small.

DEMAND: **Accommodation near the hospital**

"Many times, health services don't reach women in rural areas, leaving them without access to information or healthcare. Midwives are able to provide the full continuum of care and can explain to women how they can keep themselves, their children, and their families healthy. Midwives understand the needs of women and children in their villages, so we must take our lead from them."

• **Suman Dadhich**, Mobilizer, India

OUR METHODOLOGY

A team of mobilizers armed with new technology

Building on the successful approach of the *What Women Want* campaign, *Midwives' Voices, Midwives' Demands* relied on both trusted mobilizers and new technology to ensure we could effectively ask and listen closely to a wide swath of midwives across many countries.

To do so, we chose nine focus countries, where WRA and ICM were undertaking midwifery advocacy initiatives. Across Ghana, India, Malawi, Kenya, Nepal, Nigeria, Pakistan, Uganda, and the United Kingdom more than 100 mobilizers were deployed, with each mobilizer capturing between 250 and 500 midwives' and other women's health providers' demands. (See page 11).

Beginning in late 2021, mobilizers spoke on average to 20-25 healthcare providers a day, many traveling long distances to meet midwives where they were, often in distant health facilities, and with limited connectivity. Numerous health departments joined hands with mobilizers to find out what midwives want, allowing full access to health centers. The trust and encouragement of many healthcare policymakers and ministries of health who saw themselves as partners in this campaign facilitated the vast response by midwives—in many places the participation of every midwife in the country.

As those outside our focus countries heard from colleagues and friends about the campaign, they too wanted to add their voice. To enable their participation, an online survey was created and circulated, along with a *Midwives' Voices, Midwives' Demands* WhatsApp number, allowing us to hear from midwives in over 100 countries.

In an advance from the *What Women Want* campaign methods, during *Midwives' Voices, Midwives' Demands*, mobilizers were able to harness the power of digital technology through a newly designed Chatbot, which utilizes WhatsApp and Artificial Intelligence (AI) to reduce the time gap between collecting women's demands and taking advocacy actions. Developed by WRA, in partnership with MSD for Mothers and Prakelt.org, the Chatbot is a next generation, mobile platform designed to make *What Women Want*-style campaigns easier and faster. Mobilizers can use the Chatbot to capture demands, analyze results, and provide feedback in real-time and in nearly 200 languages. During this campaign in particular, the availability of the Chatbot helped facilitate remote mobilization amidst COVID lockdowns.

> *"The Chatbot is smooth and easy to follow, with simple English for everyone to understand."*
>
> • **Mark Katumila**, Midwife, Mobilizer, Kenya

The first 10,000 responses were rapidly reviewed, hand coded, and quality assured by midwives in focus countries and global midwifery leaders. They formed the foundation of a codebook (initially ten categories) used to teach the Natural Language Understanding (NLU) model to effectively categorize future responses. If a response fell into multiple categories (e.g., "I want clean water in my facility and I want to be treated with respect by my colleagues") the individual parts of the sentence relating to "clean water" and "respect" were coded separately. Of the original 10,000 responses, approximately 25,000 distinct phrases were hand coded. An “all other requests” code was also created to catch non-easily categorized responses.

Expert data engineers then created a custom AI algorithm that was regularly reviewed and refined (roughly every two weeks) as more demands were collected. Rather than adding in new categories, we ended up consolidating to the six following categories:

1. **General health and health services**
2. **Supplies and functional facilities**
3. **More and better supported personnel**
4. **Power, autonomy and improved gender norms and policies**
5. **Professional development and leadership**
6. **Respect, dignity, and non-discrimination**

No matter how demands were collected, whether through the Chatbot directly (both remote and in-person) or via online or paper survey, they were uploaded to and analyzed by the Chatbot, with a micro-averaged precision recall score of over 91%. Typically, a 65%-70% predictive accuracy is considered “good” and anything above 80% is “extremely good”. In the end, the “all other requests” code contains only 41 responses.

The Chatbot proved to be a valuable complement to the human connection that mobilizers provided. In places with digital access, mobilizers were able to share the Chatbot’s WhatsApp number to entire groups of midwives working at the same facility, significantly reducing the amount of time a mobilizer needed to spend on administration. Specifically, the need to hand write responses, collect survey sheets, type up responses, translate into English, and share back with campaign focal points was eliminated. This enabled mobilizers to focus more on creating essential personal connections and building trust with respondents.

Protecting privacy

It was of utmost importance that every midwife or health provider who took part in the campaign understood how their information would be used so that they could make an informed decision about whether to participate, as well as consent to any photographs or video taken as part of the campaign. All mobilizers were trained in data privacy and agreed to the *What Women Want* Privacy Oath of Non-Disclosure. To build a level of trust with the midwives they were speaking to, mobilizers would take between 15-30 minutes to connect with each midwife, sharing the goals of the campaign, the importance of having their voice heard, and ensuring their privacy would be protected for them to feel comfortable speaking out.

The initial reaction from midwives was that they were reluctant to express their wants and needs because of fear of being implicated. Their reaction after discussion was positive and they hoped their voices will be heard.”

- **Zainab Harun**, Mobilizer from Chanchaga LGA, Niger State, Nigeria

This connection with the mobilizers served to get midwives to open up, and to commit to action. Mobilizers' ability to share immediate post-campaign plans with hesitant participants, on how their exact demands will be presented to local healthcare decisionmakers and health facilities made midwives feel like they were part of a larger movement; this feeling of solidarity and hope was compounded when mobilizers also shared how impactful the *What Women Want* campaign has been to enact local change for midwives.

Midwives who participated in the campaign via a mobilizer were more likely to opt-in to receive notifications and connect with other midwives via WhatsApp on future advocacy actions they can take to support improved midwifery services. 60 percent of the midwives (over 33,000 total) who made a demand provided their contact details—creating a connected and active constituency base for the coming months and years.

Women's Health Providers

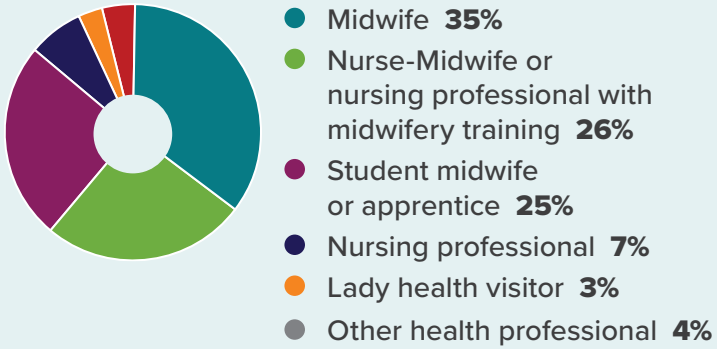
Who is considered a "midwife" varies by country. *Midwives' Voices, Midwives' Demands* draws on the ICM definition, which categorizes a midwife as a person who has successfully completed a midwifery education programme according to the ICM Essential Competencies for Midwifery Practice and the ICM Global Standards for Midwifery Education and is recognized in the country where it is located; has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title "midwife"; and who demonstrates competency in the practice of midwifery.

At the same time, *Midwives' Voices, Midwives' Demands* welcomed all related professionals who wanted to make their voice heard. This includes those who:

- Are part of a formal midwife cadre (e.g., registered midwives, registered nurse-midwives, midwife specialists)
- Are indigenous or traditional midwives
- Are midwifery students
- Offer sexual, reproductive, maternal, and newborn health services to women and girls but may not be classified as a midwife, such as nurses, doctors, and community health workers
- Are no longer practicing midwives, but may be working on related programs or policies and/or teaching

All participants were asked to self-identify their professional title, along with other demographic information, and the *Midwives' Voices, Midwives' Demands* Dashboard disaggregates accordingly, allowing for a deeper look into the needs of a wide variety of women's healthcare providers.

Breakdown by health provider title



Musart Bibi

Pakistan, Sindh Province, Community Midwife

I love being a midwife and taking care of my community, but we face many challenges. When I arrange family planning workshops in my community, women are afraid to attend because their husbands and brothers will come and start arguing with us. These men ask us, “why are you advocating for family planning with our women? God is giving them children and we are providing for them; you are neither giving children nor providing for them so why are you interfering?” Other times we must travel to far-off villages to handle deliveries. I especially have to be careful since I am not married, and these areas are not safe for women. The travel and the men yelling sometimes makes me nervous, but I must help our community and I am doing this despite the challenges. If I had an opportunity to talk to a health minister, I would say that community midwives need supplies—especially ultrasound machines, oxygen cylinders and medicines. People in our communities are extremely poor and cannot afford these services at cost. By providing these services for free we will not only be helping them but moreover this will also help in improving the patient inflow in our setups. I feel confident that the *Midwives’ Voices, Midwives’ Demands* campaign will help us succeed in fulfilling the demands put forward by midwives.

DEMAND: **Safety and supplies**

“I want to make sure that midwives’ wants are addressed. Listening to midwives and giving them what they want means that the community will gain. We will reduce maternal mortality and morbidity rates; we will reduce newborn deaths - we will have a stronger community. Let us listen to the midwives and we shall have a better community, a better Uganda, and a better world.”

• **Beatrice Amuge**, the Commissioner for Nurses, and Midwives at the Ministry of Health in Uganda, on why she is a supporter of the campaign.

MIDWIVES' TOP DEMANDS: OVERVIEW

*Like the What Women Want campaign that preceded it, Midwives' Voices, Midwives' Demands asked one simple, open-ended question: "**What do you want most in your role as a midwife?**"*

***56,105** gave us their answers.*

In our demand analysis, a handful of themes rose to the top. However, two of them—"more and better supported personnel" and "supplies and functional facilities"—far outweighed any of the other categories. If policymakers want to move the needle on the midwifery crisis, they must prioritize investments in midwife staffing and pay, as well as increase and improve midwives' supplies.

1. More and better supported personnel

RESPONSES: 20,783, 33%

The most-often-cited sub-demand in the "more and better supported personnel" category was proper remuneration, including increased salaries with strong benefits. "Salary increment", "salary increase", and "good salary" were versions of this overwhelming request globally, while the desire for benefits manifested itself in very different ways in each country. Midwives in Nepal asked for the benefit of longer maternity leaves, while midwives in Ghana, Malawi and Uganda asked for the benefit of affordable staff housing.

Many midwives, across multiple countries, also demanded a basic standard of on-time payments. A surprising number shared that they had not been paid in six months, or even a year, forcing them to take out loans or go deep into debt while they continue to work long hours to support the women in their community.

Job security was another theme that emerged in this category. In Pakistan, for example, over 25% of responses specifically asked for a "government job," representing the desire to be part of a formal and established system with proscribed career pathways and opportunities of professional growth and development. Many of these midwives are currently forced to work in more precarious community-level positions that lack professional protections and long-term contracts.

> *"In their responses, midwives during this campaign have poured out their pain and emotions. The demands they raised even with some degree of contrast relate strongly to inadequate payments for services rendered, to shortage of resources and support logistics that aids their services, equipment and supplies, delayed promotions and failure to be recognized, limited opportunities for career development among other issues."*
>
> • **Elman Nsinda**, Mobilizer, Uganda

Likewise, in Nigeria, where there are different salary scales for midwives working in federally supported hospitals versus those working in primary healthcare centers at the state or local level, midwives flock to work within the federal system, leaving other health facilities without the necessary number of midwives to care for women and newborns in these areas.

To give mothers what they need, we have to understand what midwives want. Midwives need better supplies and more funding—they should be involved in budget conversations because midwives are the ones who know what is required to reduce maternal mortality. Midwives deserve respect and appreciation for their expertise."

• **Moreen Ndanyo**, Midwife, Kenya

2. Supplies and functional facilities

RESPONSES: 20,721, 33%

Midwives around the world desire to work in an environment where they have access to basic needs that should be afforded any health provider: space, equipment, clean water, and medicines to treat the women in their care. Specific supplies often requested include ultrasound machines, personal protective gear, gloves, nutritional supplements for mothers such as folic acid and iron, and delivery kits. Midwives shared that they often personally provide necessary materials to mothers and newborns out of their own pockets.

3. General health and health services

RESPONSES: 7,011, 11%

This demand includes requests related to the health of midwives' clients, and more generally women and children around the world. With requests like, "I want to see every pregnant woman delivered safely" and "I want to ensure that there are no complications before or after delivery," the fact that this category took the third slot demonstrates the commitment of midwives to providing professional and lifesaving care.

4. Professional development and leadership

RESPONSES: 6,725, 11%

This request included related requests for general training and promotion, with midwives primarily expressing hope to improve their positions in life through ongoing education.

Midwifery is a new profession in Nepal and the public, along with other medical professionals, do not know about it or understand what we do. We have all learned so much about the midwifery model of care through our training, but have not got the chance to practice it because we have not been properly placed by the government."

• **Pramika Maharjan**, Midwife, Nepal

5. Respect, dignity, and non-discrimination

RESPONSES: 4,439, 7%

6. Power, autonomy and improved gender norms and policies

RESPONSES: 2,832, 5%

Categories 5 and 6 both reflect midwives' desire to be valued and included as qualified, competent and critical health workers—by patients and colleagues, as well as in national policies. Requests for "autonomy," "independent practice", and "recognition" came from midwives across the world. Midwives want to do their jobs, and they want to do them well, but they must be enabled in order to succeed.

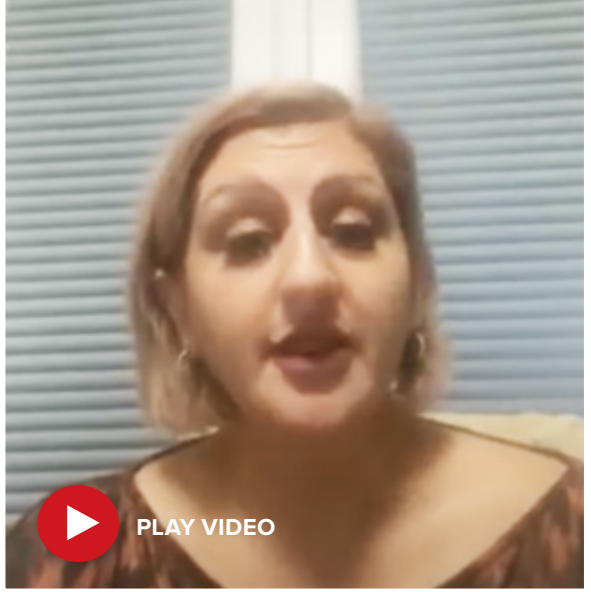
Gain access to the 56,000+ open-ended responses through the *Midwives' Voices, Midwives' Demands* Interactive Dashboard, a unique tool that connects midwives' words with the almost infinite possibilities of digital analysis.

whiteribbonalliance.org/midwivesvoices

Lisa Moser

UNITED KINGDOM, Midwife

My first year as a qualified midwife was horrendous. The level of stress and anxiety was almost too much to bear, and I found myself wanting to walk away from a career that I'd wanted for so long. I currently work with student midwives at a teaching hospital where I see firsthand how the lack of autonomous practice leads newly qualified midwives to feel ill-prepared for the level of responsibility and stress that's involved with the profession. I believe we need to implement a structured preceptorship to ease the transition from student to fully qualified midwife. We also need to develop a support network for those times where you feel completely overwhelmed.



DEMAND: **More autonomy in Midwifery Training**

"[Midwives' Voices is] an opportunity to advance policies that will bring about improvements not only for me as an individual but our health facilities, too. It will help us make sure women can have safe childbirths. I see this campaign as informing midwives on their rights; it provides an avenue for midwives in Nigeria to understand our rights ... letting us make our demands to the government so that we can have a better working condition for all midwives."

• **Latifat Afolake**, Midwife in Kwara State, Nigeria

COUNTRY PROFILE: GHANA

10,946
TOTAL RESPONSES

CAMPAIGN FOCAL POINTS
Centre for Health Development and Research (CEHDAR)

TOP DEMANDS

Supplies and functional facilities: 3,805 = 31%
- Access to adequate logistics, resources & equipment*

More and better supported personnel: 3,323 = 27%
- Increased salaries for midwives
- Provide extra duty allowance
- Provide free accommodation

General health and health services: 2,353 = 19%

Professional development and leadership: 1,453 = 12%
- Opportunities for frequent in-service training
- Focus on practical skill-building for student midwives

Respect, dignity, and non-discrimination: 967 = 8%
- Increased ability to provide compassionate, respectful maternity care

Power, autonomy and improved gender norms and policies: 239 = 2%

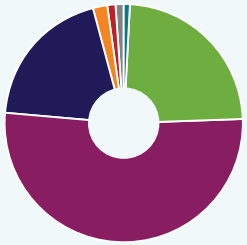
All other requests: 10 = 1%

*Represent top sub-categories of demands
Note: out of 10,946 total survey responses, there were 12,150 unique, codable demands.

NATIONAL STEERING COMMITTEE

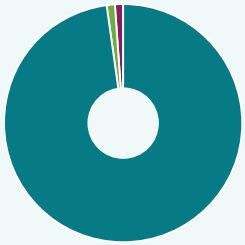
National Steering Committee: Office of the Head of Nursing and Midwifery-Ministry of Health (MOH), Office of the Director of Nursing and Midwifery-Ghana Health Services (GHS), Nursing and Midwifery Council of Ghana (NMCG), Ghana Registered Midwives Association (GRMA), Ghana Registered Nurses & Midwives Association (GRNMA), Conference of Heads of Health Training Institutions (COHHETI), Ghana College of Nurses and Midwives (GCNM), Department of Midwifery-SMS/KNUST, Department of Midwifery-SONM/UG, UNFPA-Ghana/WHO-Ghana.

GHANA DEMOGRAPHICS*



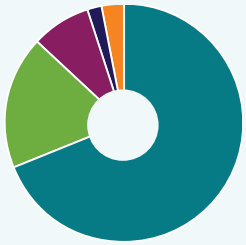
AGE

- 15-19: **<1%**
- 20-24: **24%**
- 25-34: **53%**
- 35-44: **20%**
- 45-54: **2%**
- 55+: **<1%**
- Prefer not to say: **<1%**



GENDER

- Female: **99%**
- Male: **<1%**
- Prefer not to say: **<1%**



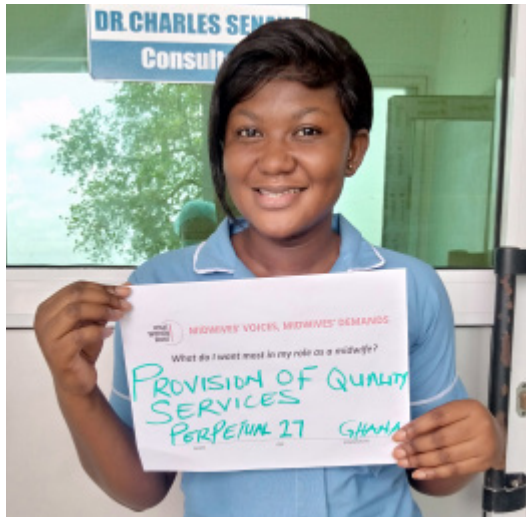
YEARS IN PROFESSIONAL SERVICE

- 0-5: **69%**
- 6-10: **18%**
- 11-15: **8%**
- 16-20: **2%**
- 21+: **3%**

Midwives save lives! They save lives in Ghana, in Africa, and around the world. Midwives are a formidable force for good and the voices of over 10,900 Ghanaian midwives are calling on policymakers and professional leaders to take action on their behalf."

• **Dr. Jemima Araba Dennis-Antwi**,
Midwives' Voices country lead, Ghana

*All respondents answered the same demographic information—age, gender, professional titles. Many countries also took the mobilization opportunity to ask unique questions.



COUNTRY PROFILE: INDIA

10,450
TOTAL RESPONSES

CAMPAIGN FOCAL POINTS
White Ribbon Alliance India, Child in Need Institute, CHETNA, DiYA Foundation

TOP DEMANDS

Supplies and functional facilities: 3,262 = 27%
- Availability of labor rooms*
- Availability of folic acid tablets
- Provision of clean drinking water

More and better supported personnel: 3,132 = 26%
- Hire more staff to reduce work loads

General health and health services: 2,019 = 16%

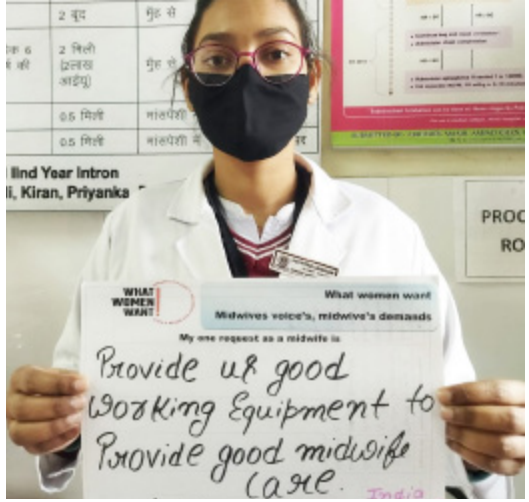
Respect, dignity, and non-discrimination: 1,544 = 13%
- Increased ability to provide respectful maternity care

Power, autonomy and improved gender norms and policies: 1,175 = 9%

Professional development and leadership: 1,069 = 9%
- Ability to learn and practice new skills

All other requests: 16 = <1%

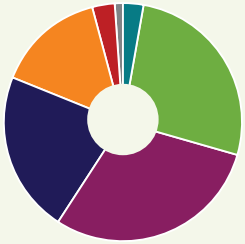
*Represent top sub-categories of demands
Note: out of 10,450 total survey responses, there were 12,217 unique, codable demands.



SUPPORTED BY

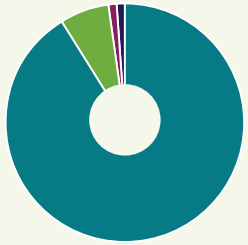
Society of Midwives India (SOMI), Trained Nurses Association of India (TNAI)

INDIA DEMOGRAPHICS*



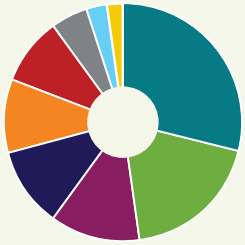
AGE

- 15-19: **3%**
- 20-24: **27%**
- 25-34: **30%**
- 35-44: **22%**
- 45-54: **15%**
- 55+: **3%**
- Prefer not to say: **<1%**



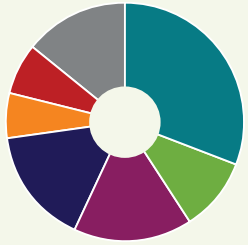
GENDER

- Female: **93%**
- Male: **7%**
- Transgender: **<1%**
- Prefer not to say: **<1%**



PLACE OF WORK

- Health Sub Centre (HSC): **29%**
- Medical College and Hospital/Tertiary Health Care Facility: **19%**
- Private Health Care Institution (e.g., Nursing Home, Private hospital etc.): **12%**
- Primary Health Centre (PHC): **11%**
- Community Health Centre (CHC): **10%**
- District Hospital: **9%**
- Sub Divisional Hospital (SDH): **5%**
- Others: **3%**
- Health and Wellness Centre (HWC): **2%**



LAST TIME ASSISTED IN CHILDBIRTH

- Never assisted a woman in her birthing process: **31%**
- Today: **10%**
- Last week: **16%**
- 1-6 months ago: **16%**
- 7-12 months ago: **6%**
- 1-2 years ago: **7%**
- 2+ years ago: **14%**

*All respondents answered the same demographic information—age, gender, professional titles. Many countries also took the mobilization opportunity to ask unique questions.

Sometimes women who come to my facility suffer post-partum hemorrhage and they need blood immediately. We have to refer them to a facility 30 km away—this can cause death and many women do die. I demand that a blood bank be established in CHC Railmagra and I've joined this campaign to raise awareness at the national level. I hope they will listen."

• **Jyoti Regar**, Staff Nurse, India

COUNTRY PROFILE: KENYA

3,532
TOTAL RESPONSES

CAMPAIGN FOCAL POINTS
White Ribbon Alliance Kenya

TOP DEMANDS

Supplies and functional facilities: 1,915 = 47%
- Access to protective equipment and gear*
- Availability of delivery beds

More and better supported personnel: 982 = 24%
- Increased salaries for midwives
- Additional staff

General health and health services: 438 = 11%

Professional development and leadership: 403 = 10%
- Professional growth opportunities
- Increased capacity building and trainings

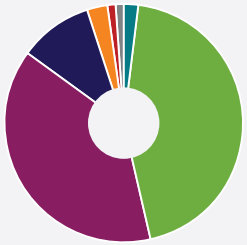
Respect, dignity, and non-discrimination: 208 = 5%
- To be treated with respect by other staff members, especially doctors

Power, autonomy and improved gender norms and policies: 98 = 3%

*Represent top sub-categories of demands
Note: out of 3,532 total survey responses, there were 4,044 unique, codable demands.

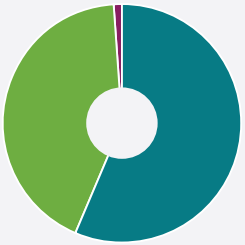
SUPPORTED BY
National Nurses Association of Kenya

KENYA DEMOGRAPHICS*



AGE

- 15-19: **2%**
- 20-24: **45%**
- 25-34: **39%**
- 35-44: **10%**
- 45-54: **3%**
- 55+: **<1%**
- Prefer not to say: **1%**



GENDER

- Female: **57%**
- Male: **43%**
- Prefer not to say: **<1%**

Space and infrastructure are wanting in most of our facilities. For example, my labor ward is so small that if there are two mothers [in labor] and two colleagues, you keep running into each other. This impacts service delivery and infringes on the privacy of the client. I think midwives need a partition in the labor ward to separate mothers in the first, second, and third stages of labor. It will make it much easier to provide the needed care to mothers."

• **Midwife**, Kakamega County, Kenya

*All respondents answered the same demographic information—age, gender, professional titles. Many countries also took the mobilization opportunity to ask unique questions.

COUNTRY PROFILE: MALAWI

5,392
TOTAL RESPONSES

LED BY
White Ribbon Alliance Malawi

TOP DEMANDS

More and better supported personnel: 2,221 = 37%
- Provision of good salary and remuneration packages*
- Access to affordable staff housing and accommodation
- Appropriate and adequate staffing levels

Supplies and functional facilities: 2,078 = 34%
- Access to necessary resources & equipment

Professional development and leadership: 896 = 15%
- Enhanced career progression opportunities
- Ongoing refresher training opportunities

Power, autonomy and improved gender norms and policies: 302 = 5%
- Recognition of midwifery as a stand-alone profession

General health and health services: 290 = 5%

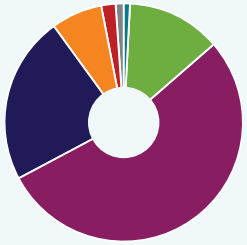
Respect, dignity, and non-discrimination: 256 = 4%

* Represent top sub-categories of demands
Note: out of 5,392 total survey responses, there were 6,043 unique, codable demands.

SUPPORTED BY

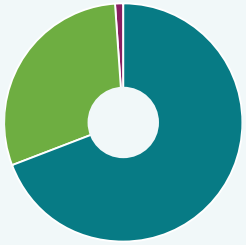
Association of Malawian Midwives, National Organization of Nurses, and Midwives of Malawi; with National Health Scientific Research Committee (NHSRC) approval.

MALAWI DEMOGRAPHICS*



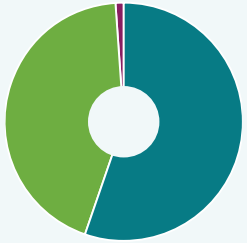
AGE

- 15-19: **<1%**
- 20-24: **13%**
- 25-34: **54%**
- 35-44: **23%**
- 45-54: **7%**
- 55+: **2%**
- Prefer not to say: **<1%**



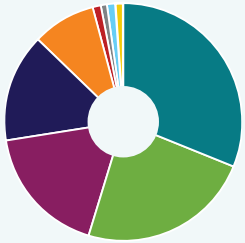
GENDER

- Female: **70%**
- Male: **30%**
- Prefer not to say: **<1%**



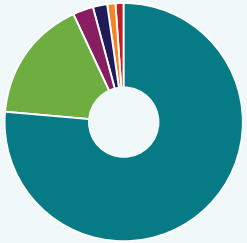
FACILITY LOCATION

- Urban: **56%**
- Rural: **44%**
- Prefer not to say: **<1%**



FACILITY TYPE

- District Hospital: **32%**
- Health Centre: **24%**
- Central Hospital: **18%**
- Community Hospital: **15%**
- Training Institution: **9%**
- Other: **1%**
- Dispensary: **1%**
- Health Post: **<1%**
- Prefer not to say: **<1%**



FACILITY OWNERSHIP

- Government: **78%**
- CHAM: **17%**
- Private: **3%**
- NGO: **2%**
- Prefer not to say: **<1%**
- Islamic: **<1%**

*All respondents answered the same demographic information—age, gender, professional titles. Many countries also took the mobilization opportunity to ask unique questions.

COUNTRY PROFILE: NEPAL

1,949
TOTAL RESPONSES

CAMPAIGN FOCAL POINTS
Safe Motherhood Network Federation Nepal (SMNF)

TOP DEMANDS

Professional development and leadership: 650 = 31%
- Frequent training opportunities*
- Access to skilled birth attendant training

More and better supported personnel: 519 = 25%
- Benefit of 6-month maternity leave
- Manageable midwife-patient ratio

General health and health services: 338 = 16%

Supplies and functional facilities: 240 = 11%
- Access to adequate resources & equipment

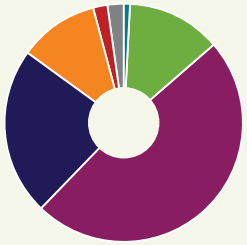
Respect, dignity, and non-discrimination: 227 = 11%
- Increased ability to provide respectful maternity care

Power, autonomy and improved gender norms and policies: 121 = 6%

*Represent top sub-categories of demands
Note: out of 1,949 total survey responses, there were 2,095 unique, codable demands.

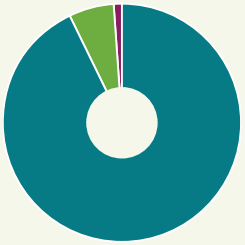
SUPPORTED BY
Midwifery Society of Nepal (MIDSON)

NEPAL DEMOGRAPHICS*



AGE

- 15-19: **<1%**
- 20-24: **13%**
- 25-34: **49%**
- 35-44: **23%**
- 45-54: **11%**
- 55+: **2%**
- Prefer not to say: **2%**



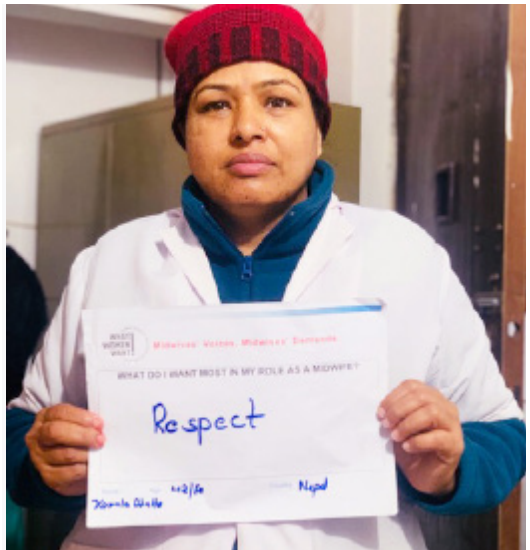
GENDER

- Female: **93%**
- Male: **6%**
- Prefer not to say: **1%**

This campaign has come at the perfect time and I hope that the results will help lawmakers hear our voices and address the underlying challenges we face at the local, national, and international policy levels. We must address the issues on dignified and respectful maternity care. We must expand quality midwifery education to the bachelor's education level. By investing in the midwifery workforce, Nepal will improve gender equality, promote educational upliftment, and provide economic opportunity."

• **Laxmi Tamang**, President of the Midwifery Society of Nepal

*All respondents answered the same demographic information—age, gender, professional titles. Many countries also took the mobilization opportunity to ask unique questions.



COUNTRY PROFILE: NIGERIA

8,413
TOTAL RESPONSES

CAMPAIGN FOCAL POINTS
White Ribbon Alliance Nigeria

TOP DEMANDS

Supplies and functional facilities: 5,443 = 63%
- Provision of delivery kits
- Availability of clean water

More and better supported personnel: 1,995 = 23%
- Increased salary scales
- More people power

General health and health services: 654 = 7%

Professional development and leadership: 395 = 5%
- Certificate and license upgrades
- Workshop opportunities for on-going training

Respect, dignity, and non-discrimination: 111 = 1%
- Improved respectful communications between midwives and patients

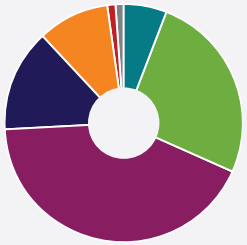
Power, autonomy and improved gender norms and policies: 105 = 1%

All other requests: 1 = <1%

*Represent top sub-categories of demands
Note: out of 8,413 total survey responses, there were 8,704 unique, codable demands.

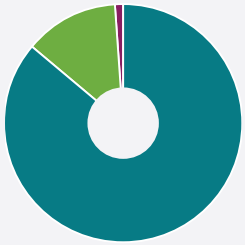
SUPPORTED BY
National Association of Nigeria Nurses and Midwives (NANNM)

NIGERIA DEMOGRAPHICS*



AGE

- 15-19: **6%**
- 20-24: **26%**
- 25-34: **43%**
- 35-44: **14%**
- 45-54: **10%**
- 55+: **1%**
- Prefer not to say: **<1%**



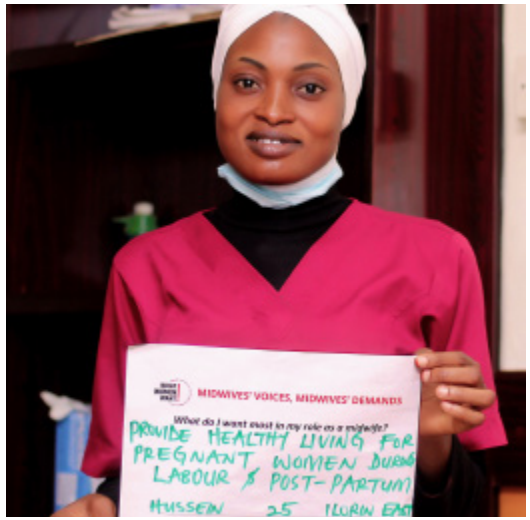
GENDER

- Female: **87%**
- Male: **13%**
- Prefer not to say: **<1%**

The midwives I've spoken to are hopeful that things will change as a result of this campaign—that their facilities will be well equipped and they will receive the support they need. We must ensure that their voices are heard!"

• **Anna Simon**, Reproductive Health Coordinator for the Niger Stage Primary Health Care Development Agency, Nigeria

*All respondents answered the same demographic information—age, gender, professional titles. Many countries also took the mobilization opportunity to ask unique questions.



COUNTRY PROFILE: PAKISTAN

6,145
TOTAL RESPONSES

CAMPAIGN FOCAL POINTS
Research & Development Forum for Safe Motherhood

TOP DEMANDS

More and better supported personnel: 3,701 = 55%
- Availability of permanent, government-supported jobs
- Immediate job placement upon completion of training

Supplies and functional facilities: 1,671 = 25%
- Provide support for at-home clinic set up
- Provision of ultrasound machines

Professional development and leadership: 838 = 13%
- Ultrasound training opportunities

Power, autonomy and improved gender norms and policies: 194 = 3%
- Improved security systems

General health and health services: 151 = 2%

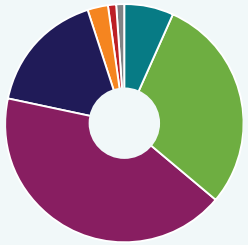
Respect, dignity, and non-discrimination: 145 = 2%
- To be treated with respect by other staff members

All other requests: 9 = <1%

*Represent top sub-categories of demands
Note: out of 6,145 total survey responses, there were 6,709 unique, codable demands.

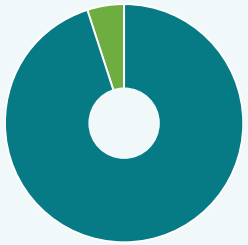
SUPPORTED BY
Rural Support Programs Network (RSPN)

PAKISTAN DEMOGRAPHICS*



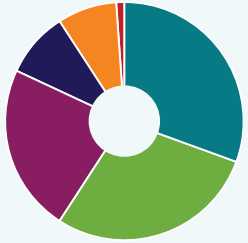
AGE

- 15-19: **7%**
- 20-24: **30%**
- 25-34: **43%**
- 35-44: **17%**
- 45-54: **3%**
- 55+: **<1%**
- Prefer not to say: **<1%**



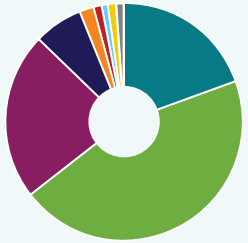
GENDER

- Female: **95%**
- Male: **5%**



FACILITY TYPE

- Government facility: **31%**
- Private facility: **29%**
- Not working: **23%**
- Home-based facility: **9%**
- NGO/CSO facility: **8%**
- Prefer not to say: **<1%**



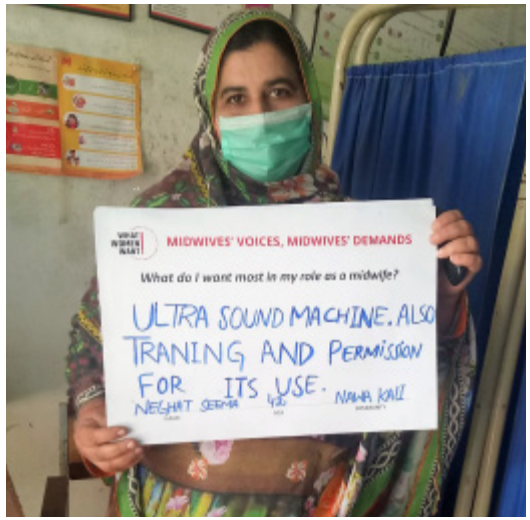
YEARS IN SERVICE

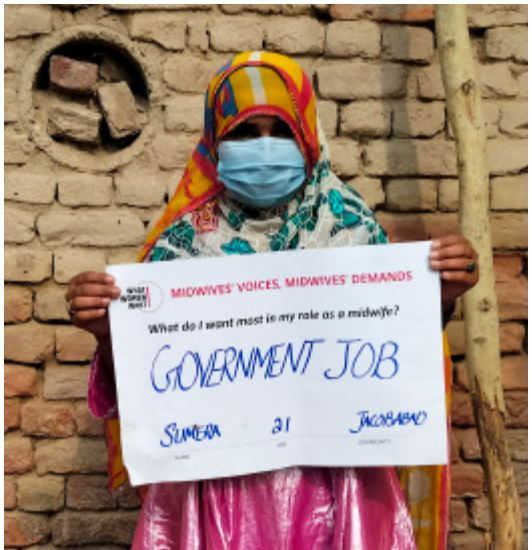
- 0: **20%**
- 1-5: **46%**
- 6-10: **23%**
- 11-15: **7%**
- 16-20: **2%**
- 21-25: **1%**
- 26-30: **1%**
- 31+: **<1%**
- Prefer not to say: **<1%**

"No one thinks of us as anything, no one bothers asking us anything. It is enough that someone is finally listening to us."

• **Unemployed Midwife**, Sindh Pakistan

*All respondents answered the same demographic information—age, gender, professional titles. Many countries also took the mobilization opportunity to ask unique questions.





COUNTRY PROFILE: UGANDA

7,196
TOTAL RESPONSES

CAMPAIGN FOCAL POINTS
White Ribbon Alliance Uganda

TOP DEMANDS

More and better supported personnel: 3,893 = 53%
- Increase salaries of midwives*
- Access to affordable staff housing and accommodation
- Provide medical insurance coverage

Supplies and functional facilities: 2,145 = 29%
- Access to adequate resources & equipment
- Improved referral system

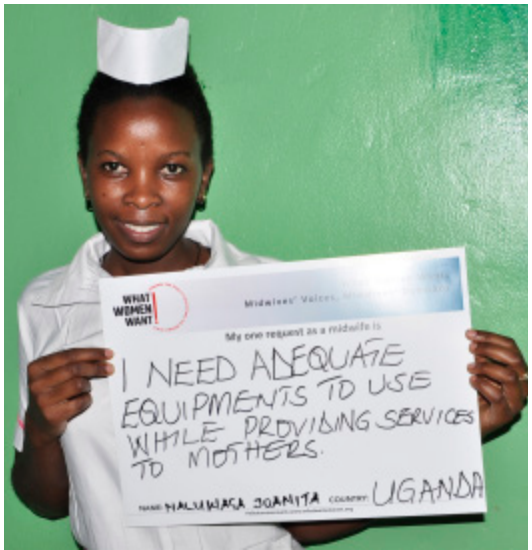
Professional development and leadership: 745 = 10%
- Availability of scholarships and support for school fees
- Ongoing refresher training opportunities

General health and health services: 349 = 5%

Respect, dignity, and non-discrimination: 131 = 2%
- Respect for midwives from mothers and colleagues

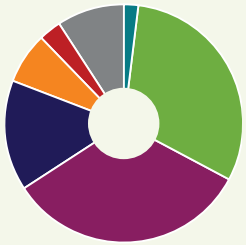
Power, autonomy and improved gender norms and policies: 98 = 1%

*Represent top sub-categories of demands
Note: out of 7,196 total survey responses, there were 7,361 unique, codable demands



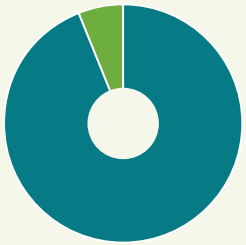
SUPPORTED BY
National Midwives Association of Uganda (NMAU)

UGANDA DEMOGRAPHICS*



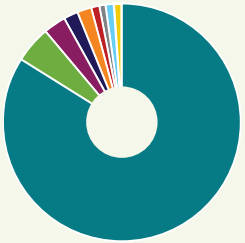
AGE

- 15-19: **2%**
- 20-24: **31%**
- 25-34: **33%**
- 35-44: **15%**
- 45-54: **7%**
- 55+: **3%**
- Prefer not to say: **9%**



GENDER

- Female: **94%**
- Male: **6%**



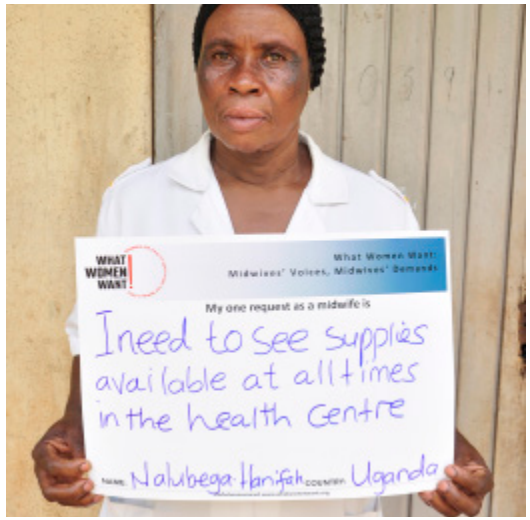
FACILITY TYPE

- Health Centre III: **85%**
- Referral Hospital: **5%**
- District Hospital: **3%**
- PNFP Facility: **2%**
- Health Centre IV: **2%**
- Private Clinic: **1%**
- Health Centre II: **1%**
- Prefer not to say: **1%**
- Other: **<1%**

My fellow midwives and I were excited about the campaign because it gave us an opportunity to express our demands with the hope of being supported to improve our working conditions and welfare."

• **Namuwaya Hajarah**, Midwife, Uganda

*All respondents answered the same demographic information—age, gender, professional titles. Many countries also took the mobilization opportunity to ask unique questions.



COUNTRY PROFILE: UNITED KINGDOM

1,061
TOTAL RESPONSES

CAMPAIGN FOCAL POINTS
White Ribbon Alliance UK and the March with Midwives Movement

TOP DEMANDS

More and better supported personnel: 772 = 44%
- Safe staffing levels*
- Hiring of more midwives for improved work-life balance

Respect, dignity, and non-discrimination: 479 = 27%
- To feel respected and valued

Power, autonomy and improved gender norms and policies: 201 = 12%
- Increased autonomy of midwives

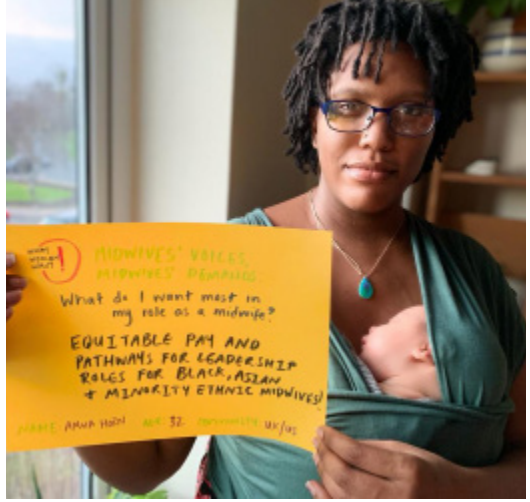
General health and health services: 164 = 9%

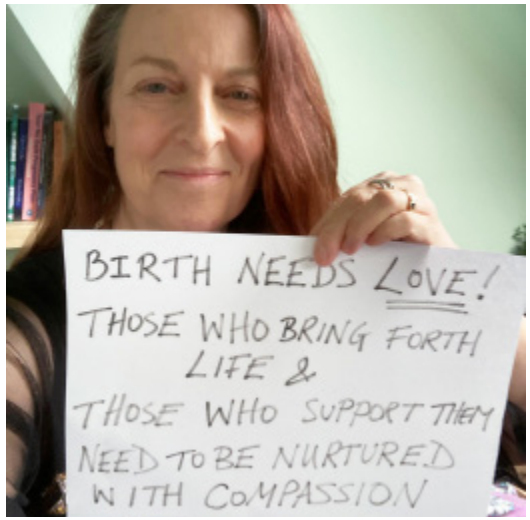
Professional development and leadership: 75 = 4%

Supplies and functional facilities: 73 = 4%
- Access to adequate resources & equipment

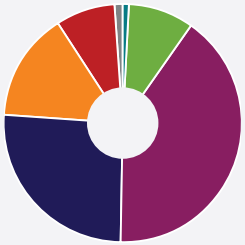
All other requests: 4 = <1%

*Represent top sub-categories of demands
Note: out of 1,061 total survey responses, there were 1,768 unique, codable demands



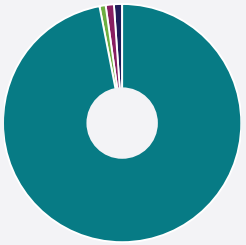


UNITED KINGDOM DEMOGRAPHICS*



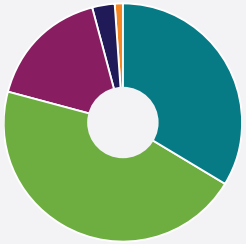
AGE

- 15-19: **1%**
- 20-24: **9%**
- 25-34: **41%**
- 35-44: **26%**
- 45-54: **15%**
- 55+: **8%**
- Prefer not to say: **<1%**



GENDER

- Female: **99%**
- Male: **<1%**
- Non-Binary: **<1%**
- Prefer not to say: **<1%**



IMPACT ON MENTAL HEALTH

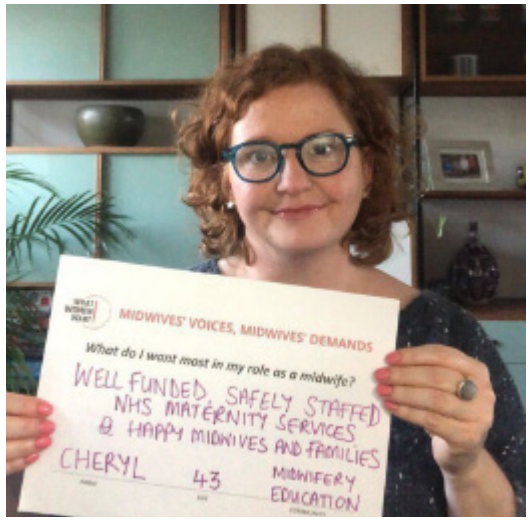
Do service requirements or pressures negatively affect your personal life or mental health?

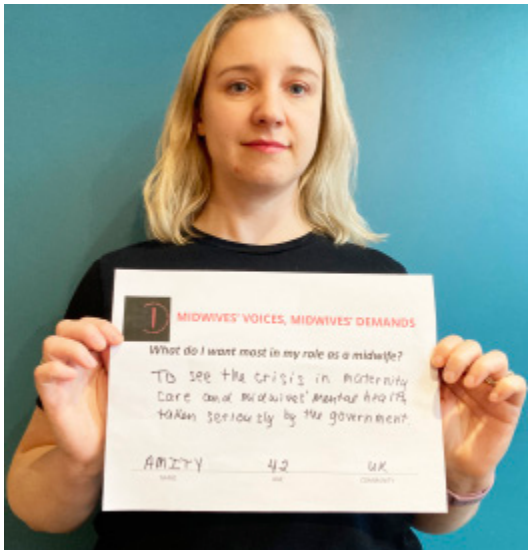
- Always: **34%**
- Frequently: **46%**
- Sometimes: **17%**
- Rarely: **3%**
- Never: **<1%**

Midwives are lifesavers, they're supporters, they're nurturers, and they're here to help families grow. In short, midwives are critical for the health of humanity, and too many midwives are disenfranchised around the world. It's for that reason that I believe this campaign is absolutely crucial. I know that every midwife needs something different, depending on their country and special circumstances."

• **Sheena Bryom**, Midwife, UK

*All respondents answered the same demographic information—age, gender, professional titles. Many countries also took the mobilization opportunity to ask unique questions.





CONCLUSION

Midwives' voices are already making a difference.

Campaign focal points in Malawi mobilized demands from over 5,000 midwives—nearly every midwife in the country—in five days. Commitments to act on the demands of women, girls, and midwives have been made at the highest levels of leadership, including by the President of Malawi Lazarus Chakwera and Secretary of Health Dr. Charles Mwansambo. More notable, there has been follow through. Not only has Malawi doubled the number of employed midwives, but they have also elevated the status of midwives, with the creation of a Chief Midwifery Officer in Malawi's central hospitals. District hospitals across the country are beginning to follow suit. In Nigeria, preliminary results propelled the Niger State Ministry of Health to recruit 100 midwives, 100 nurses, and 100 community healthcare workers. They have since committed to placing a midwife in each of the state's 274 primary healthcare facilities.

In Sindh Province, Pakistan, campaign focal points were able to use real-time results to influence the health departments' latest maternal and infant nutrition project. As a component of the project, the Sindh Government will pilot a midwife deployment program, placing community midwives in government dispensaries across eight districts, with intention to scale throughout the province.

In the UK, *Midwives' Voices, Midwives' Demands* helped ignite the **March for Midwives** when it quickly became clear that maternity services are in crisis, with midwives overstretched to point of danger. In fact, over half of the midwives spoken to in the early days of the campaign said they plan to leave the profession within the year. In late 2021, more than 20,000 people took to streets across the country and over 120,000 people signed a citizen's petition calling for action. Since then, the movement—which has only gotten started—has launched a manifesto. The manifesto demands pay raises of 12 percent for midwives (backdated to the start of the pandemic), financial support for student midwives, and creation of posts for all newly qualified midwives. They have also forced a debate in the UK Parliament, inspired a new maternity health and well-being taskforce, and brought significant media attention to the

> *Understaffing is horrific right now. A shift that is meant to have 7 midwives and a coordinator, actually runs with 3 midwives and a coordinator. The environment is not safe. Women have more complex needs now and the demands are just increasing constantly. Sickness rates are through the roof. The service is on its knees."*

• **Midwife,** UK

> *I can only imagine the pain women and girls face as a result of lack of midwives and what midwives go through because of the burden of work. We knew the situation is bad, but we did not realize it is this bad."*

• **Muhammad Idris**, Honorable Commissioner of Information, Niger State Government

midwifery crisis.

Other countries are following suit with midwives, and their allies, advancing policy and programmatic asks informed by midwives' demands. For example, in Uganda, advocates are calling on the Ministry of Health and the Ministry of Finance to update a remuneration package for midwives by March 2024. In Kenya, there are calls for the Nursing Council to develop a clear scope of practice and career pathway for midwives by September 2023. In India, they are pushing for the establishment of Midwifery-led Care Units (MLCUs) in at least 25% of LaQshya-certified, high-caseload public health facilities by the end of 2022. In Ghana, they are advocating for the Ghana Health Service to install and supply a midwife with functional motivation package in every Community-based Health Planning and Services (CHPS) facility in the country by 2030.

It's not too late to add your voice.

This report is neither a beginning nor an end to a campaign. It's simply a snapshot of a moment in time and is part of something much larger: a coming revolution in health and development. A revolution that undoes longstanding dynamics between "expert" and "end-user," and accommodates and values the voices and lived experiences of communities and delivers real change in the overall conditions of the lives of women and girls.

Through the *What Women Want* Chatbot, *Midwives' Voices, Midwives' Demands* are still being collected from midwives around the world, as are the voices of women, girls, and communities on a variety of other issues. These demands will be automatically added to our interactive Dashboards and leveraged to make change in current focus countries, as well as many others.

If you are reading this report and you have not participated in *What Women Want, Midwives' Voices, Midwives' Demands*, or want to participate in future campaign or initiative, you can:

Click to Chat Link:

https://wa.me/12029517799?text=hi

Text:

Add +1 202 951 7799 as a contact on WhatsApp

Send the following text to that number on WhatsApp: **hi**

QR code:

Also, make sure to visit related campaign Dashboards. Search what midwives and women want in their own words for yourself. Do not just take it from us, "hear" from women and girls directly. The possibilities of their responses to improve multi-sector policy and program development, along with changes within facilities and communities, are endless.

The process of asking midwives what they need and then listening to their answers turned mobilizers into champions and midwives into advocates. They are committed to creating change within their communities and are ready to be engaged.

Will you honor their voices, their needs, their ideas?

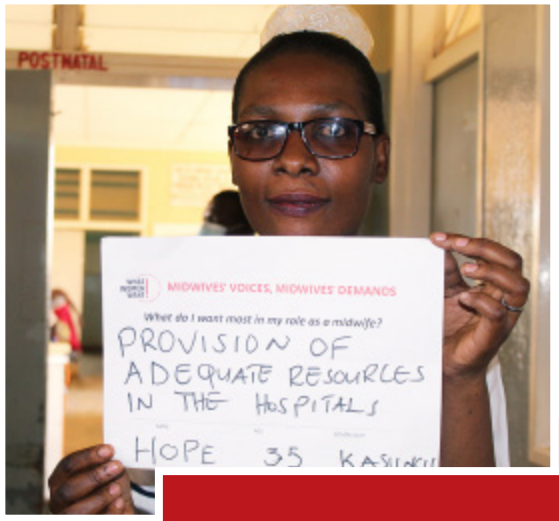
Will you too listen and act before midwives disappear?

DEMAND: **Government job**

Shaheen Tabbasum

PAKISTAN, Mardan, Midwife

I started my career as a private school teacher in Mardan, where I live with my husband and four children. I loved my job and was quite content with my life. Then, one night my son wouldn't stop crying, so I took him to the hospital. He was given an injection and he had an unexpected, adverse reaction. He died in my arms. The death of my child was beyond any horror I could have imagined and I spiraled into depression. After a long time, my sister convinced me to apply to become a midwife, which I did. Seven years later, I know I made the right decision. I can't begin to describe the satisfaction I get from treating people and taking care of my community. But despite how much I love my profession, there are many challenges that midwives face on a daily basis. We receive little support from government doctors, who blame midwives for their patients' problems. Additionally, I haven't received a salary in over a year, which makes it difficult to continue providing care for women. I think the best solution is for the government to provide employment. This would secure our positions and provide stability. I love that this campaign is recognizing the problems midwives face on a global scale. It makes me feel that we are part of a community and for the first time in my career, I feel like midwives are being heard.



DEMAND: **Adequate resources**

Hope Mussa

MALAWI, Kasungu District Hospital, Midwife

I have been working as a midwife at Kasungu District Hospital's labor ward for three years and what I want most is the provision of adequate resources. As a midwife, I have all the skills to save mothers and newborns but there are times where we lack adequate resources and essential drugs like oxytocin. Sometimes we have mothers with pregnancy-induced hypertension, and we don't have drugs to manage their condition. These mothers are forced to go to a private pharmacy to buy these lifesaving drugs. Not all mothers can afford this, so we end up having bad outcomes, both on the maternal and neonatal side. I would like to see all midwives working in an environment where they have all the resources and essential drugs necessary so that we can have healthy mothers and babies.

ADDITIONAL *WHAT WOMEN WANT* RESOURCES

What Women Want Interactive Dashboard

1.2 million open-ended women's healthcare responses categorized, analyzed, and available at your fingertips.

Visit dashboard

Another Listen Report

Explores the inseparable link between health from equality for all women and girls.

View PDF

Behind the Demands Report

Reviews the top five demands in detail, including women's and girls' sub-demands.

View PDF

What Women Want Country Findings

Provides analysis of women's healthcare demands in countries with highest numbers of demands.

India | Kenya | Malawi | Mexico (English) (Spanish) | Nigeria | Pakistan | Tanzania (English) (Kiswahili) | Uganda

What Women Want Country Advocacy Agendas

Outlines key advocacy asks based on women's demands.

India | Kenya | Malawi | Nigeria | Pakistan | Uganda

What Women Want Global Findings

Reviews the top 20 demands globally and across age groups.

View PDF

What Women Want Global Advocacy Agenda

Suggests key action items that can be adapted to drive change at all levels and are based on women's demands.

View PDF

Learn more:
www.whiteribbonalliance.org/whatwomenwant/

OTHER MIDWIFERY RESOURCES:

The State of the World's Midwifery 2021

Presents findings on the Sexual, Reproductive, Maternal, Newborn and Adolescent Health (SRMNAH) workforce from 194 countries.

View Resources

PUSH for Midwives

Support the decade-long global movement for women and the midwives who protect and uphold their rights and bodily autonomy.

View Resources

ACKNOWLEDGEMENTS

Midwives' Voices, Midwives' Demands was developed by Kristy Kade, Angela Nguku, Diana Copeland, Molly Browning, Janie Hayes, and Jennifer Fox.

Thank you to Diana Copeland at White Ribbon Alliance for leading the global *Midwives' Voices* initiative.

Special thanks to Emma Kwegyir-Afful, Jemima Dennis-Antwi, Aparajita Gogoi, Chaitanya Tupaki Sreepoorna, Mohammad Ahsan, Smita Bajpai, Sujoy Roy, Angel Katusia, Hester Nyasulu, George Nkhoma, Eya Mwenifumbo-Gondwe, Christiana Asala, Laxmi Khanal, Rafia Rauf, Rose Mukisa, Mona Herbert, Elman Nsinda, David Ssebuggwawo, Amity Reed, Kay King, Margaux Sorenson, Molly Browning, Elena Ateva, Tariah Adams, and all the advocates and mobilizers uplifting midwives' voices across the world, including at the International Confederation of Midwives (ICM), Centre for Health Development and Research (CEHDAR), C3/WRA India, DIYA Foundation, Child in Need Institute, CHETNA, WRA Kenya, WRA Malawi, WRA Nigeria, Safe Motherhood Network Federation Nepal/WRA Nepal, Research & Development Forum for Safe Motherhood/WRA Pakistan, WRA Uganda, and WRA UK.

The *What Women Want: Midwives' Voices, Midwives' Demands Interactive Dashboard* was created by Thomas Wood and the team at Fast Data Science.

The *What Women Want* Chatbot is supported by funding from MSD, through MSD for Mothers, the company's global initiative to help create a world where no woman has to die while giving life. MSD for Mothers is an initiative of Merck & Co., Inc., Kenilworth, NJ, U.S.A.

Suggested citation: White Ribbon Alliance (WRA). (2022). *What Women Want: Midwives' Voices, Midwives' Demands*. Washington, D.C.: WRA.

For more information on White Ribbon Alliance, please visit www.whiteribbonalliance.org or email info@whiteribbonalliance.org.

ASK LISTEN ACT

Ask midwives what they want

Listen to what they say

Act on what they tell you.

To learn more about this campaign, visit
whiteribbonalliance.org/whatwomenwant/

WHITE RIBBON ALLIANCE

WHAT WOMEN WANT!