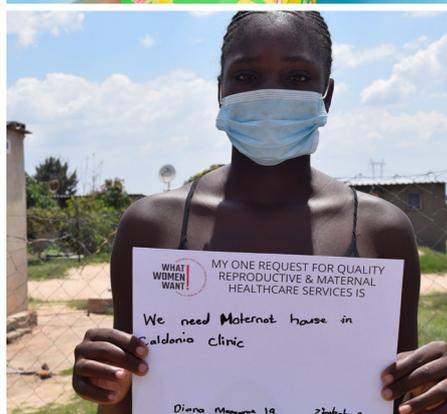
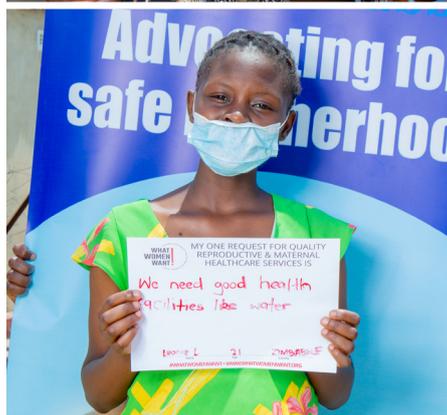


WHAT WOMEN WANT!

*Demands for Quality
Reproductive and Maternal
Healthcare from Women and Girls*



**LISTEN AND ACT ON THE DEMANDS OF
ZIMBABWE'S WOMEN AND GIRLS!**



What Women Want

Demands for Quality Healthcare from Zimbabwe's Women & Girls

Approximately 300,000 women and girls die during pregnancy and childbirth every year around the world.

In Zimbabwe, the maternal mortality rate stands at 462 per 100,000 live births (Multiple Indicator Cluster Survey (MICS) 2019). Although a significant decline from the 651 per 100,000 live births in 2015, this rate remains unacceptably high and well above the Sustainable Development Goals target of 70 per 100,000 live births.

Changing this picture begins with women and girls.

When women and girls are involved in identifying the barriers and solutions to healthcare, progress accelerates. Since quality has a huge impact on whether a woman or girl will seek care, the heart of the *What Women Want* campaign is about understanding quality from women's and girls' perspectives.

White Ribbon Alliance Zimbabwe implemented the *What Women Want* campaign from September 2021 to February 2022, adding the demands of Zimbabwe's women and girls to the nearly 1.2 million responses already collected through this global initiative.

What is your top request for your maternal and reproductive healthcare? The *What Women Want* campaign is unique in that it asks women and girls an open-ended question, letting them set the agenda, as opposed to beginning with a premise of what is important or asking them to decide among a set of options.

Along with community mobilization, print, electronic and social media was utilized during the campaign to promote visibility, garner support from stakeholders and encourage women to submit their responses, giving as many women as possible the opportunity to have their voices heard.

A resounding call for better quality health services as defined by women and girls, this brief provides the top demands of those who participated in the *What Women Want* campaign in Zimbabwe.

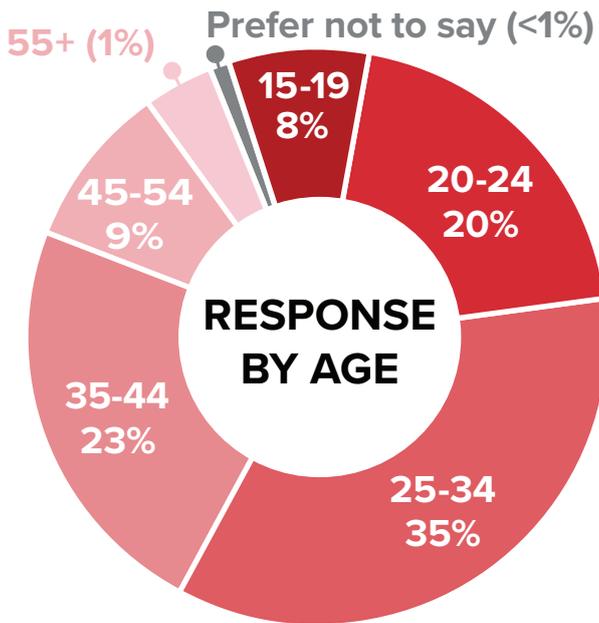
If the hope and expectation is for women and girls to visit health centres, adhere to recommended advice, and collectively pursue better health outcomes, it follows their agenda must become everyone's agenda.

Women and girls have spoken, now it's time to listen.

25,888 DEMANDS

12 DISTRICTS

Bulawayo, Bindura, Chitungwiza, Chegutu, Goromonzi, Harare Kariba, Marondera, Masvingo, Norton, Ruwa, Shurugwi, Zvimba



To learn more about the methodology and analysis of these results, visit: whiteribbonalliancezimbabwe.org to download the complete summary report.

TOP 10 DEMANDS

1. Sexual, reproductive, maternal, labor, postnatal & newborn health services: **36%**
 - Provision of sanitary towels and pads*
 - Availability and access to modern family planning methods
 - Accessibility of cervical cancer screenings and treatment
2. Free & affordable care: **24%**
3. Increased, fully functional & closer health facilities: **15%**
 - Availability of safe, clean water
 - Sanitary maternity wards
 - Clean toilets in health facilities
4. Respectful, dignified, non-discriminatory care: **10%**
 - Courteous and friendly health workers
5. Increased, competent, & better supported health workers: **7%**
 - Courteous and friendly health workers
6. Medicines & supplies: **4%**
 - Adequate supply of quality drugs
7. Counseling, information & awareness: **2%**
8. General health & health services: **1%**
9. Power, rights, economic & gender equality: **1%**
10. All other requests: **<1%**

* Represent top sub-categories of demands



COVID-19's Impact on Maternal Healthcare

Like many mothers, Sekai (*above*) needs to walk long distances in order to reach the nearest health facility to her home in rural Zimbabwe.

Utilization of sexual and reproductive health (SRH) services can significantly impact health outcomes, such as pregnancy and birth, prenatal and neonatal mortality, maternal morbidity and mortality. In Zimbabwe, ninety-three percent of pregnant women seek antenatal care (ANC) while 86 percent of pregnant women deliver in health facilities with skilled birth attendants (MICS 2019).

For women like Sekai, COVID-19 made attempts to access critical care during pregnancy even more difficult.

The COVID-19 pandemic lockdown resulted in the disruption of critical health services in Zimbabwe. The pandemic and resultant control measures brought unprecedented challenges to health service delivery across many countries and Zimbabwe was not exempted from such.

The provision of essential health services was disrupted, especially during the first wave. Maternity services were not spared, as antenatal, intrapartum and postnatal care services were severely impacted. Access to SRH information and services was restricted during the COVID-19 lockdown, leaving women vulnerable to various SRH risks and adverse outcomes. Lack of transportation, long distances to health facilities, and high cost of services are important limiting factors.

As Zimbabwe continues to implement public health measures to curb the spread of COVID-19, strategies to reduce the indirect effects of the pandemic on maternal and perinatal outcomes are needed.

When healthcare is informed by the women and girls who use it, it's better healthcare

Women and girls have given their priorities for quality reproductive and maternal healthcare. It is time to listen and act on these demands.

Campaign Reach

Maternal and reproductive health transcends our physical bodies and has a powerful impact on our happiness and well-being, our safety and survival. Given how many girls and women worldwide die in pregnancy and childbirth, how many endure violence and abuse, it is no exaggeration to say that this can be a matter of life and death.

Our stories about what happens to our bodies, from adolescence to menopause and beyond, are deeply important. Women across Zimbabwe shared many common experiences, while expressing their individual needs.

Youth Engagement

Young voices matter and are crucial to advancing SRHR within their communities. Young people themselves are best able to voice their needs, realities, and opinions; this will lead to more effective SRHR programs and policies. Advocacy that is meaningfully informed by young people is more likely to take into account their actual lived realities, and to ensure that their needs and opinions are reflected.

Voices of Women & Girls in Correctional & Rehabilitation Centers

A total of 330 responses were collected in partnership with Zimbabwe Prisons and Correctional Service, 249 responses from Inmates and 81 responses from Officers.

The female prisons selected for paper mobilisation were Mlondolozhi, Shurugwi, Chikurubi and Marondera Female Open Prison. Strengthening the understanding of SRHR for women in marginalised communities has the potential to contribute towards more effective planning, more appropriate policy and ultimately improved health outcomes for incarcerated women.

The findings on the women's wants is an essential component of any effective guidance for social change in order to understand the context of the situation, to direct and refine initiatives to enhance their effectiveness and efficiency and to ensure lessons are learned and programme and service delivery is based on evidence of what works.



Every voice counted, every voice heard

Over 50 *What Women Want* mobilizers worked tirelessly for months to make sure every voice was heard, and every demand was counted.

All *What Women Want* survey responses are available for viewing on the the [What Women Want Dashboard](#), a public demand repository, allowing anyone, anywhere, at anytime to search what women want in their own words, while protecting individual privacy. Do not just take it from us, “hear” from women and girls directly.

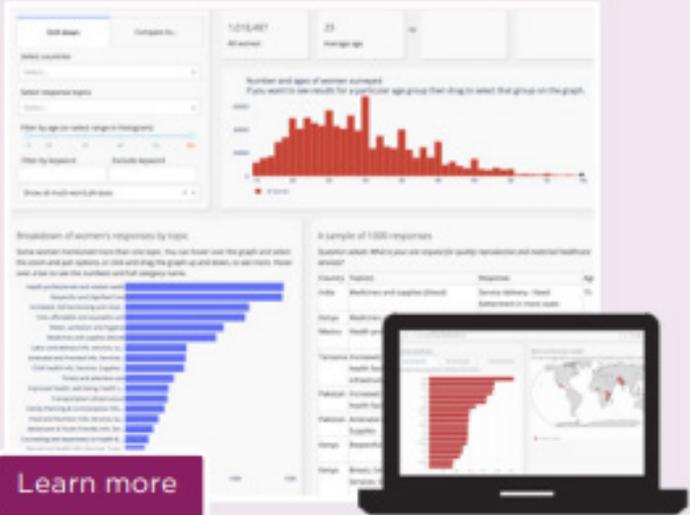
The possibilities of their responses to improve multi-sector policy and program development, along with changes within facilities and communities, are endless.

Building a dashboard that is both easily navigable and able to absorb new demands in real time—including topics far beyond reproductive and maternal health—took us to the cutting edge of natural language processing (NLP) techniques.

Dashboard users can easily filter responses by sub-categories, as well as search common terms and multiword expressions to garner greater insights into women’s wants, and make comparisons between geographies, age groups, and other factors.

Explore Women's demands

The *What Women Want* Interactive Dashboard offers an unprecedented level of access to women's demands to allow anyone, anywhere to see exactly what women want when it comes to their healthcare.



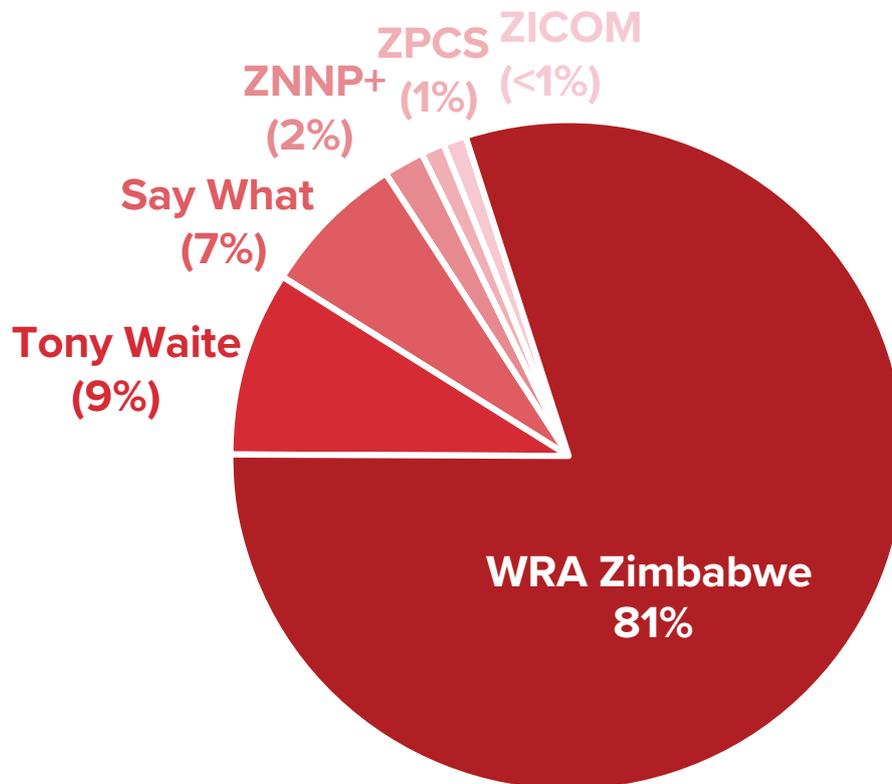
Learn more

The dashboard interface includes a search bar, filters for location and age, a bar chart showing the number and ages of women surveyed, a horizontal bar chart for breakdown of responses by topic, and a table of a sample of 1000 responses. A laptop in the foreground displays a similar view with a world map.

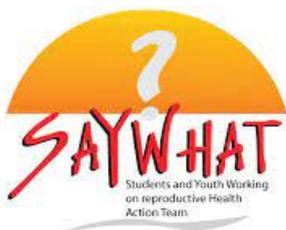


Campaign Partners

In Zimbabwe, the *What Women Want* campaign's success was achieved with the support of the Ministry of Health and Child Care and collaborating partners such as community mobilisers, SAYWHAT, ZNNP+, Tony Waite Organisation, Delta Beverages, Zimbabwe Confederation of Midwives, Zimbabwe Prisons and Correctional Services.



HEALTHY WOMEN. HEALTHY WORLD.



LISTEN **ACT**

Listening to women is a radical act.

But acting on what we hear is revolutionary.



Tell us how you are listening and acting on women's and girls' demands:

www.whiteribbonalliancezimbabwe.org

Convening partner: White Ribbon Alliance Zimbabwe

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**WHAT
WOMEN
WANT!**