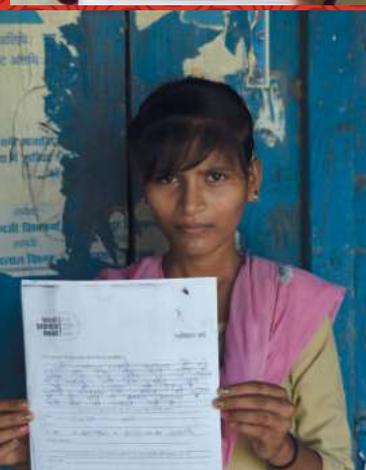


WHAT WOMEN WANT

**Women's Asks for Quality Reproductive
and Maternal Healthcare in India**



INTRODUCTION

A letter from Dr. Aparajita Gogoi,
National Coordinator
White Ribbon Alliance for Safe Motherhood, India (WRAI)

Women have been and are always at the centre of all our efforts. We are committed to hearing from them, amplifying their voices and advocating with the key influencers to act on the evidence of these voices. Our *Hamara Swasthya, Hamari Aawaz/* What Women Want campaign reached about 335,000 women across India to record their expectations about quality reproductive and maternal health care. We are proud to see that this campaign, conceived and implemented by WRA India, is now a global campaign and has touched the lives of more than a million women across the world.



Making women's voices heard through the What Women Want campaign has been an unprecedented, deep, one woman-at-a-time enquiry into what they want for their own maternal and reproductive health care. For some women, the simple act of being asked for their views has been a first.

What Women Want is a resounding call for better quality health services. Together, let us take this unprecedented and powerful collection of voices and make sure that it becomes the driving force behind sustained local, national and global change.

Finally, we would like to express our sincere gratitude and appreciation to all our member organizations who participated in this campaign and made it possible to record and amplify the voices of 335,000 women from across India.



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WHAT
WOMEN
WANT

Not one, not two, but thousands of women from across the country came together—perhaps for the first time ever at this scale—to be heard. These women were part of the *Hamara Swasthya, Hamari Awaaz (HSHA)* - also known as What Women Want (WWW) - a grassroots campaign that was launched in 2016. *HSHA* was launched to give voice to women, and to amplify their voices about quality of care. Most importantly, the campaign aimed to elevate women's voices in a way that could lead to constructive dialogue and effective policy change. It was, therefore, designed to focus exclusively on women's aspirations concerning the health system - what women want - rather than having women critique the health system.

Launched by White Ribbon Alliance for Safe Motherhood, India (WRAI), the campaign, in the first phase, reached 144,000 women across India to amplify their priorities relating to quality reproductive and maternal healthcare. The second phase of the campaign reached another 191,000 women taking the total to 335,000 women from 27 states and Union Territories of India.

WWW resonated with civil society organizations, non-governmental organizations, donors, networks, and alliances from across the country and the world. The campaign was unique because it not only elevated women's voices but also demonstrated that it was possible to take voices from a grassroots and sub-national level, onto a global stage. As quality has a significant impact on whether a woman or girl would seek care, the heart of the What Women Want campaign is about understanding quality from women's and girls' perspectives.

BACKGROUND





EVOLUTION OF WHAT WOMEN WANT IN INDIA

The WWW campaign is rooted in communities across India. Building on two decades of work of listening to women and making their voices heard in their homes and communities. WRA India organized the WWW campaign in the year 2016. This campaign set out to hear from women with a single question: what did they want most from the health system?

A largely voluntary effort, more than 114 partners set out to collect women's aspirations – what women want – for their health services. Between 2016 and 2017, the campaign reached 144,000 women. Their voices helped to create an action agenda that continues to drive improvements in respectful and dignified care.

The summary of the findings of the first phase was submitted to the Union Minister for Health and Family Welfare during a national meeting in New Delhi on the eve of

the National Safe Motherhood Day 2017. The Minister spoke about the need to institute a stronger feedback mechanism and promised action if cases of denial and abuse were submitted with evidence to the Ministry.

Following the campaign's success in India, many international agencies and donors, such as **Partnership for Maternal, Newborn and Child Health (PMNCH)** and **Every Mother Counts** came forward to work with WRAI to conceive a global 'What Women Want' campaign. The goal of this global campaign was to ask one million women and girls worldwide about their top priority for quality maternal and reproductive health services, support them to bring their demands to decision-makers and generate political support, investment, and accountability for quality, equity, and dignity in healthcare.

It began with a simple idea: ask those who most use reproductive and maternal health services to tell us what they most need. Ask the women.



On April 11, 2018, which was India's National Safe Motherhood Day and International Maternal Health and Rights Day, and exactly one year after **HSHA** presented its findings to key leaders in the Indian government, What Women Want was launched as a global campaign. India's Health Minister, joined by President Bachelet, Chile's first female President, Bollywood actor and UNICEF Goodwill Ambassador Priyanka Chopra, and Aparajita Gogoi (National Coordinator, WRAI) were present at the launch of the campaign. The roll-out of What Women Want global campaign was guided by lessons learned in India from **HSHA**. The global campaign reached out to 1.2 million women, and the Asks were aggregated for a global picture, as well as disaggregated by country. They were distilled into global and national action agendas, including recommendations to improve quality, equity, and dignity in healthcare.

In India, the second phase of the campaign reached another 191,000 women taking the total to 335,000 women from all demographics and socio-economic status from 27 states and Union Territories.

The analyzed data were segregated into five broad categories of:

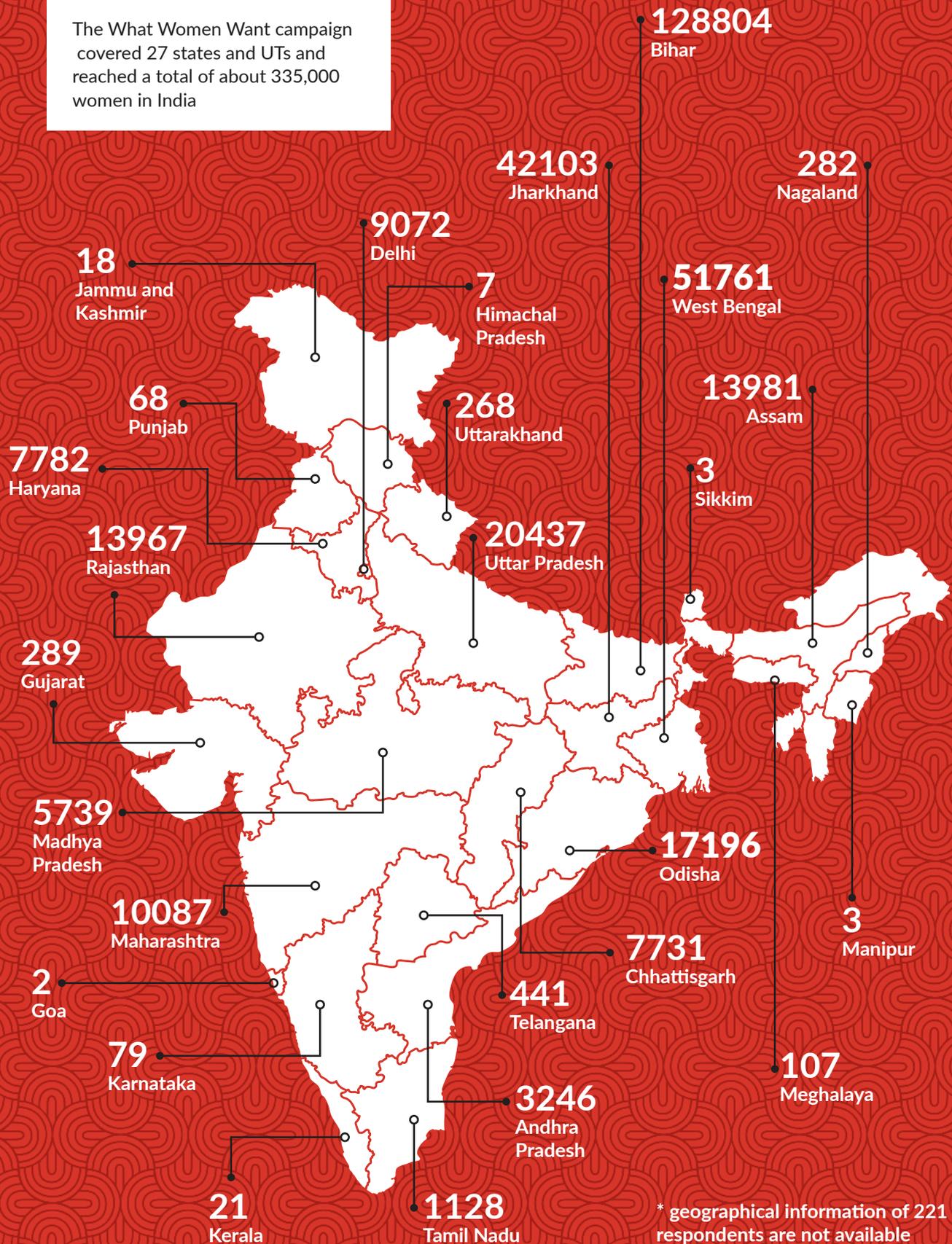
- ◆ Access to Maternal Health Entitlements
- ◆ Access to health services, supplies and information
- ◆ Equity, Dignity and Respect
- ◆ Facility Improvements
- ◆ Availability of Health Professionals

CAMPAIGN APPROACH

A simple form was designed and distributed, along with a comprehensive campaign orientation guide, to partners. Field workers were trained on the campaign processes - how to reach and interact with women, explaining the campaign objectives, recording their responses, and informing them as to how their responses would be used. The data collected in local languages was translated into English, coded and analyzed using SPSS software.

REACH

The What Women Want campaign covered 27 states and UTs and reached a total of about 335,000 women in India



* geographical information of 221 respondents are not available

FINDINGS



“Women often live in a culture of silence. They are socialized not to ask and are often told to keep quiet. They find it difficult even to say when they are hungry. We set out to help change that.”

Smita Bajpai, CHETNA

Of the 335,000 women reached, 30% asked for access to maternal health entitlements such as, free treatment and medicines, free ambulances, availability of proper food. 20% asked for access to health services supplies and information, of which, timeliness and availability of services and a functional referral system, were the top asks. 18% sought services provided with dignity and respectful care that included the demand for attentiveness, no abandonment, no discrimination or denial of services based on religion/ caste/class, no physical or verbal abuse in the health facilities, and privacy and confidentiality during check-ups and treatment. 15% asked for facility improvements such as clean and hygienic health facilities, one bed for one woman and electricity and power backup. 13% aspired for the availability of health professionals. 2% expressed their satisfaction with no demands. Rest of the 2% expressed their satisfaction with no demands.

Top Demands



30%
101331

Access to Maternal Health Entitlements



20%
67568

Access to Health Services, Supplies and Information



18%
59541

Equity, Dignity and Respect



15%
51855

Facility Improvement



13%
42077

Availability of Health Professionals



2%
7057

Satisfied



2%
5414

Others

ACCESS TO MATERNAL HEALTH ENTITLEMENTS



* Besides the above top five Asks, 1% or 2823 women asked for medicines, proper treatment and grievance redressal.



The access to maternal health entitlements scored 30% out of the five broad categories. Out of that 30% or the 101331 number of women, 20% demanded free treatment, 4% asked for free ambulance services, 3% asked for nutritious food, 2% asked for a display of information related to maternal health and entitlements/rights and 1% demanded for timely receipt of benefits under the various government maternal health schemes and policies.

“ I did not know what my entitlements were, so I could not question anything that was told to me. I want information displayed at health facilities in clear and simple words, so that I can demand better services.”
I want a wall display of my entitlements”

Janki Devi, 32 years

ACCESS TO HEALTH SERVICES, SUPPLIES AND INFORMATION



20%
67568



Timeliness of
providing services



Availability
of services



Referral system



Blood bank



Adolescent clinic

*Besides the above top five asks, 0.3% or 997 women asked for availability of iron tablets at anganwadi centres, health camps, improved maternity care services and more anganwadi centres nearer to their residences.



“After delivery, the doctor prescribed a few medicines, but none was available at the health centre. All medicines were bought from a medical shop. Why am I denied my entitlements? If we have and can spend money, we would prefer to go to a private hospital. “
I want that availability of medicines must be ensured at all government health centres”

Sunita Devi, 35 years

20% of women demanded access to health services, supplies and information. 9% of these women demanded for timely service provision, 8% asked for availability of services, 2% women demanded an appropriate and functional referral system, 1% asked for blood bank and 0.3% demanded for adolescent clinics.

EQUITY, DIGNITY AND RESPECT



18%
59541



Equitable care and no discrimination



Services and delivery by female staff



Privacy and Confidentiality



No verbal and physical abuse and informed choice



Birth companion of her choice



Respect for her choices

* Besides the above top six asks, 0.5% or 1591 women asked for one stretcher for one woman, proper safety and security arrangements



The category of equity, dignity and respect scored 18%. Out of that 18% or the 59541 asks, 7% women asked for equitable care and no discrimination, 4% asked for services by female staff, 3% of the women asked for privacy and confidentiality, 2% demanded no verbal/physical abuse and informed choices. Nearly 1% or 4177 women sought birth companion of her choice, and 0.6% desired respect for their choices.



“I went to hospital for my delivery, where I had a very bitter experience. When my labor pain started, instead of taking care of me, the nurse started screaming at me. One of the nurses asked me either to go to a private hospital or to deliver the baby at home.

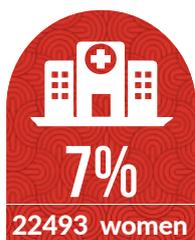
I ask for “respectful behaviour”

Madhuri Kumari, 23 Years

FACILITY IMPROVEMENTS



15%
51855



Clean hospital



Clean toilets



One bed for one woman



Clean labor room



Electricity and Power backup

* Besides the above top five asks, 1% or 3173 women asked for single point availability of all services, facilities for accompanying attendants, improved infrastructure and better OPD services.



The category for Facility Improvement scored 15%. Out of that 15% or the 51855, 7% of women demanded clean hospital premises, 2.5% asked for clean toilets, 2.4% asked for one bed for one woman, 2% women asked for clean labor room and 1% demanded uninterrupted electricity and power back up.

AVAILABILITY OF HEALTH PROFESSIONALS



13%
42077



Availability of doctor and nurses



Availability of specialist doctors

The demand for access to health professionals scored 13%. Out of that 13% or the 42077 number of women, 9% women asked for availability of doctor and nurses, 2% demanded for availability of specialists and 2% of the women asked for availability of SBA/ANM/ASHA/AWW.



Availability of SBA/ANM/ASHA/AWW

“ I demand that pregnant women are provided with all facilities such as access to doctors and nurses, and when she is about the deliver, the transportation to reach the hospital. ”

Manju Budhia, 28





IMPACT

The What Women Want campaign is a growing global movement for quality healthcare for women and girls. It is helping governments, health professionals, private providers, and civil society organizations better understand what is most important to women and girls when it comes to their healthcare and to push for change within countries and communities.

To date, thousands of Asks from women and girls have been collected and showcased at platforms, such as the World Health Assembly, International AIDS Conference, and many more. The findings have been aggregated for a global picture and disaggregated by country. Findings are being distilled into global and national action agendas that reflect the top healthcare “asks,” including recommendations for improving

quality, equity, and dignity. The campaign is exploring its ability to provide disaggregated results at the sub-national level, to inform localized action, and help focus human and financial resources to enhance health services and systems for better health outcomes.

The findings also helped to better understand the typology and prevalence of disrespect and abuse and shaped WRAI's advocacy for Respectful Maternity Care (RMC) in India. Specifically:

- ♦ The WWW findings were shared with the Ministry of Health and Family Welfare (MOHFW), during the incorporation of Respectful Maternity Care into **LaQshya** – a Gol initiative to improve quality of care in labour rooms of public health facilities – and into the Advanced Skill Lab Guidelines.

- ♦ WRAI signed a formal MoU with Government Medical College, Aurangabad to develop it as a Model Health Facility that provides care with all tenets of RMC incorporated in its maternity care services.



Jagat Prakash Nadda ✓
@JPNadda

I congratulate IAPPD, & White Ribbon Alliance for ensuring quality, equity & dignity for maternal & newborn health services.

7:49 PM · Apr 10, 2017 · Twitter for iPhone



“In West Bengal, our government has made great improvements and maternal health is now a top priority. They realized the community's perspective towards maternal health. Our government is now recognizing the power of people and that WRA West Bengal has the expertise to grasp what women want.”

Sujoy Roy, WRA West Bengal

◆ WRAI used the medium of television, print and social media to generate awareness on RMC. WRAI commissioned a bi-lingual - English and Hindi - film on RMC entitled *Respect. Dignity. Care* that was aired on NDTV 24x7. This film was also used by the MOHFW in its various state level LaQshya meetings. Articles on RMC were published in India's leading newspapers such as the Hindustan Times, Pioneer, and Tribune. WRAI's social media campaign on RMC - #IDemandRespectfulCare- generated awareness on the kinds of disrespect and abuse that women face while availing maternity care services. The campaign called women to voice out their experiences and demand for respectful care

Globally, more than 350 groups—from small community-based organizations to giant corporations—in 114 countries picked up the campaign in large and small ways and reached an impressive 1.2 million women and girls. While vastly different, all are united in the belief that women know best what they need and that they should be heard.

From local to national to global, WWW connected all the links in the chain from women expressing their needs, to high level decision makers committing to action and then back again to informing communities of progress and commitments.

The scale and success of WWW showed that it is possible to take voices from a grassroot and sub national level onto the global stage thus enabling women to speak for themselves to global leaders.

A CALL TO ACTION

WOMEN'S AND GIRLS' DEMANDS

ACTION ITEMS

Access to Maternal Health Entitlements

- ◆ Invest in public education campaigns on entitlements and service guarantees including how and where to access free maternal and reproductive health supplies
- ◆ Make the display of free services and entitlements mandatory at facilities to ensure easy access to information
- ◆ Ensure timely allocation, disbursal, monitoring, and tracking of maternal health entitlements and schemes
- ◆ Reduce out of pocket expenditure with zero tolerance for informal payments.

Access to Health Services, Supplies and Information

- ◆ Ensure that an essential package of reproductive and maternal health services are available at the lowest level facility, closest to where women and girls live
- ◆ Ensure free health services, in private and public facilities, for women from economically weaker sections of society
- ◆ Ensure that feedback and grievance redressal systems, at the community and facility level, are fully operational with a system for filing complaints and corrective action
- ◆ Invest in up-gradation and maintenance of health facilities, including operationalizing of First Referral Units (FRUs), and improve the functionality of surgical and operational theatres in health facilities in underserved areas.

Equity, Respect and Dignity

- ◆ Commit to zero tolerance for disrespect and abuse during maternity care services
- ◆ Adopt respectful and dignified care standards and corresponding monitoring, reporting, and redressal mechanisms. Endorse and display the Respectful Maternity and Newborn Care (RMNC) Charter, in the local language, in all health facilities
- ◆ Invest in respectful and dignified care training for health workers and rights education for communities
- ◆ Ensure that all women are allowed a birth companion during labor and delivery.

Facility Improvements

- ◆ Ensure cleanliness, functional toilet, 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
- ◆ Involve local elected representatives to monitor and ensure clean and functional health facilities
- ◆ Form *Swachh Bharat Abhiyan* flying squads to conduct surprise visits to check cleanliness and hygiene in toilets, wards, and labour rooms.

Availability of Health Professionals

- ◆ Increase budget for health, especially for human resources, and fill vacant positions
- ◆ Ensure that at least one General Nurse Midwife/Midwife is present at all PHCs
- ◆ Ensure 24x7 availability of skilled doctors and specialists in underserved areas
- ◆ Invest in improved working conditions for healthcare providers, including frontline workers, that includes training and leadership opportunities, appropriate salaries, housing, and security.

WWW INDIA

LEAD PARTNERS

Centre for Catalyzing Change (C3)



CHETNA



Child Survival India



CINI



Diya Foundation



Family Planning Association of India



Gramin Punanirman Sansthan



IPRT



Jamia Hamdard University



Jyoti Niwas Social Centre



Mewat Sahyog Foundation



Muheem Ek Sarthak Prayas Welfare Society



My Heart



Orissa Voluntary Health Association



PGIMER, Chandigarh



Plan India



RDI-HIHT



Sakar



Synergy Sansthan



Universal Versatile Society



Vivekanand Lok Vikas Sansthan



World Vision India



THE WHITE
RIBBON
ALLIANCE
HEALTHY MOTHERS
HEALTHY WORLD
India

**WHAT
WOMEN
WANT!**

LISTENACT

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