

Respectful maternity care service included in delivery guidelines. Inclusion of women in health decision-making committees. Fee waivers for people with severe disabilities. Installation of running water in facilities. More midwives, nurses, and doctors hired. Adjustable maternity beds, ramps, and sign-language interpreters. Integration of

What Women Won

Demands for Quality Healthcare

s in
nd
of
s in
schools. Women's health services deemed essential during COVID-19. Policy to end female genital mutilation. New guidelines to support self-care and health literacy. Expanded funding for primary health care. Economic empowerment for gender-based violence survivors. Mama kits availability.

Click the buttons below and arrows to navigate the document



Impact at a Glance



The What Women Want Campaign



Wins by Country



Learn More



What Women Won

Demands for Quality Healthcare

500+ million
women and girls
benefitting

330+ million USD
in multi-government
health & social programs

40,000+
major health facility
improvements

7,000+
health workers
hired

40+
health and gender
policies changed

\$1 = \$40
return on investment
in the What Women
Want campaign

**Includes wins since 2018 and the launch of the WWW campaign. While all wins were achieved using White Ribbon Alliance's ask, listen, act approach--the foundation of WWW--not all advocacy officially occurred under the WWW umbrella.*

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Impact at
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The What Women
Want Campaign



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The **What Women Want** Campaign

Launched in 2018, *What Women Want* is an unprecedented local to global advocacy campaign to improve quality reproductive and maternal healthcare for women and girls. At the same time, it is a challenge to the power structures that help silence women's voices and ambitions.

The campaign **asked** 1.3 million women and girls about their top priority for their own reproductive and maternal health, **listened** deeply to their needs and aspirations, and **acted** by mobilizing women, communities, and advocates to bring demands to local decision-makers—turning What Women Want into **What Women Won**.

Click below to learn more about the campaign's Ask, Listen, Act approach to galvanizing change.

ASK

LISTEN

ACT

“

This (WWW) is about bringing democracy deeply, intimately, subcutaneously into the daily lives of women. This is one of the most subversive and disruptive, and therefore potentially transformative methodologies because here is the power of the true voice of demand. Here is the authority from the lived experience of demands not met. Here is the power of democracy at its best.”

– Kate Gilmore, United Nations Deputy High Commissioner for Human Rights, June 2020

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ASK

What is your one request for quality reproductive and maternal healthcare services?

Inspired by *Hamara Swasthya Hamari Awaaz* created by WRA India, *What Women Want* is based on a simple yet radical premise. Ask those who most use reproductive and maternal healthcare services what it is they most need. The campaign's open-ended question lets women and girls determine their own agendas, as opposed to beginning with an assumption of what is important or asking them to decide among a set of options. It recognizes women and girls as the foremost experts of their own minds and lives.

The campaign met women where they were and made a conscious effort to ask those who are often overlooked and unheard. In Kenya, outreach emphasized adolescent girls and included persons with disabilities, while Mexico deployed mobilizers to query indigenous and migrant women and women in prison. Both India and Pakistan prioritized reaching rural women. Tanzania also highlighted young women, and in Uganda, the country with the third highest number of refugees in the world, efforts were made to reach adolescent refugee girls.



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What, who, and how we asked

Reaching more than one million women and girls was only made possible through a dedicated cadre of community mobilizers. Journalists and health providers; activists and parliamentarians; mothers and fathers; teenagers and elders—people from all walks of life with a passion for gender equality. Equipped with guidelines, templates and consent forms, mobilizers frequented community events, university campuses, healthcare facilities, women’s homes, and everywhere in between.

Mobilizers quickly found that *What Women Want* wasn’t simply the act of asking and answering a question. It was a very personal encounter, a transformative moment. Many women and girls had never been asked for their opinion, let alone what they wanted. What began as a simple question opened the floodgates for personal stories untold or once taboo conversations on health and rights. Mobilizers took time, built trust, and listened intently. And as women’s and girls’ comfortability grew, so did their confidence that greater change was possible.

LEARN MORE ABOUT
THE CHATBOT



What Women Want Chatbot

Most responses in the *What Women Want* Campaign were collected by mobilizers using paper surveys. To make *What Women Want*-style campaigns easier and faster in the future, White Ribbon Alliance—in partnership with MSD for Mothers and Praket.org—developed the What Women Want Chatbot, a next-generation mobile platform. The Chatbot captures demands, analyzes results, and provides feedback in real time, using WhatsApp and Artificial Intelligence. While the Chatbot can reach people with smartphones directly, it is most effective as a mobilizer’s digital companion. Learn more about the Chatbot and how WRA can support you.

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LISTEN

Every voice counted and heard

Listening to women and girls is a radical act. They know best what they need for their health and wellbeing and that of their families and communities. Yet too often, the perspectives of women and girls are met with disdain and dismissal. It's no surprise then that thousands of *What Women Want* requests were simply to be listened to. Because to be listened to is to feel valued.

What Women Want was an opportunity to listen to women and understand their demands on both an intimate and grand scale, exhilarating and daunting at once. Analyzing 1.3 million unique and often multifaceted responses was far from simple. Responses needed to be translated into English, digitally recorded, clarified if the meaning was unclear, and properly categorized—for each, and every, demand. But we did it through sheer will and person power, and with some help from Artificial Intelligence. All told, trained campaign staff reviewed and hand-coded 70 percent of the responses, with machine learning doing the rest.

Common themes emerged from our analysis of the million+ context- and country-specific demands, showing the wide call for quality healthcare and the common desire to be meaningfully heard:



Respectful, dignified and non-discriminatory care



Medicines and supplies



Increased, competent and better supported health workers, including midwives and nurses



Increased, closer, functioning health facilities, with Water, Sanitation and Hygiene (WASH)

But to truly deliver for women where they live, listening to what's said individually is needed.

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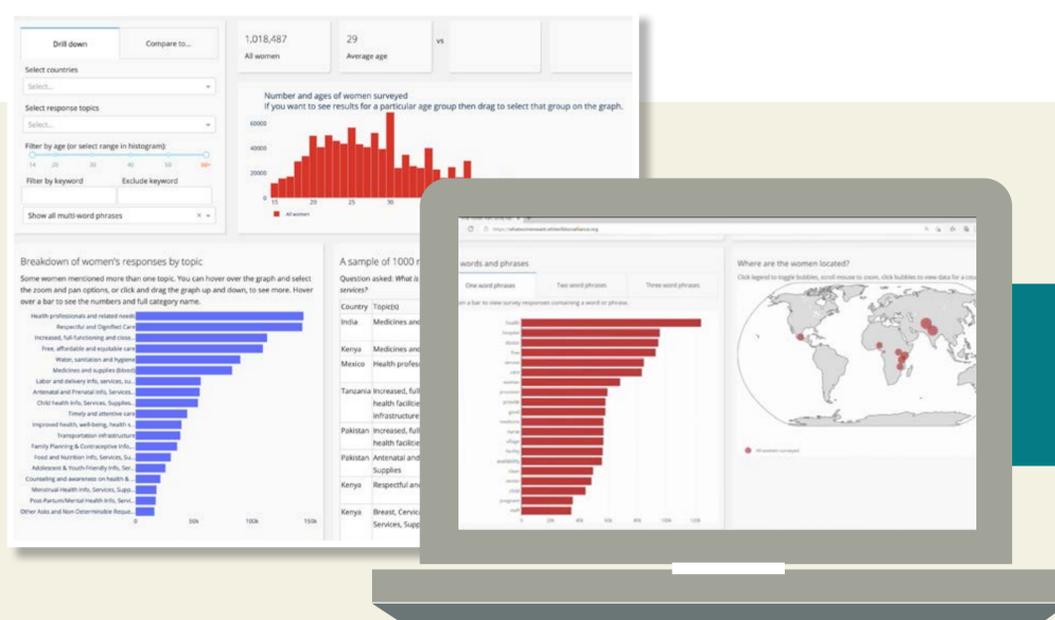
LISTEN

What Women Want Interactive Dashboard

The *What Women Want* campaign has done things differently since inception. This includes making women's demands accessible to anyone to see exactly what women want when it comes to their healthcare.

In 2021, White Ribbon Alliance launched the What Women Want Interactive Dashboard, a public demand repository. Anyone, anywhere, anytime can search women's demands from the campaign, while protecting women's individual privacy. The dashboard allows users to explore women's demands and compare countries to one another, as well as to drill down by geography, category and age. It relies on cutting-edge natural language processing technology, which automatically categorizes women's demands using a neural network informed by a subset of coded responses and then generalized across. And, unlike most dashboards, it allows you to see each individual respondent's exact words—because every woman counts.

Do not just take it from us, “hear” from women and girls directly yourself. The possibilities of their responses to improve multi-sector policy and program development, along with changes within facilities and communities, are endless.



SEE THE DASHBOARD

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Turning asks into action

Listening is meaningless, without a willingness to advocate for, and act on, what women say locally. Mobilizing 1.3 million women and girls to participate in the *What Women Want* campaign was a huge achievement. Acting on what they said and galvanizing others to do the same is a huge imperative. Nowhere is action more powerful than at the country and community level, where women’s nuanced demands can propel changes in policies, programs, services, and funding that they feel and experience.

Most demands were collected in eight countries: India, Kenya, Malawi, Mexico, Nigeria, Pakistan, Tanzania, and Uganda. White Ribbon Alliance and partners developed *What Women Want* Advocacy Agendas in each of these countries. Agendas contain advocacy objectives that illuminate the concrete policy actions governments and other decision-makers must take to realize women’s demands. They also speak to the “specifics” of what women asked for in each country. For example, in Nigeria, the top request for “WASH” was really for clean toilets. Whereas in Uganda, “medicines and supplies” was distinctively about Mama Kits.

Equipped with the Advocacy Agendas and the weight of women’s demands, Alliances, partner organizations, and women joined forces to advocate in their communities. Advocacy encounters looked different in each country—“Listening sessions,” town hall meetings, community dialogues, policy roundtables, media briefings—but the underlying message to decision-makers was the same:

Listen to women and girls and act on their demands!

**Country after country—they did.
And historic change followed.**

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What women won

What Women Want is unique in operating on a global scale, while maintaining a hyper-local focus. This combination powered rapid and robust changes to policies, service delivery, and funding in focus countries—all in accordance with women's demands.

1.3+ Million

DEMANDS

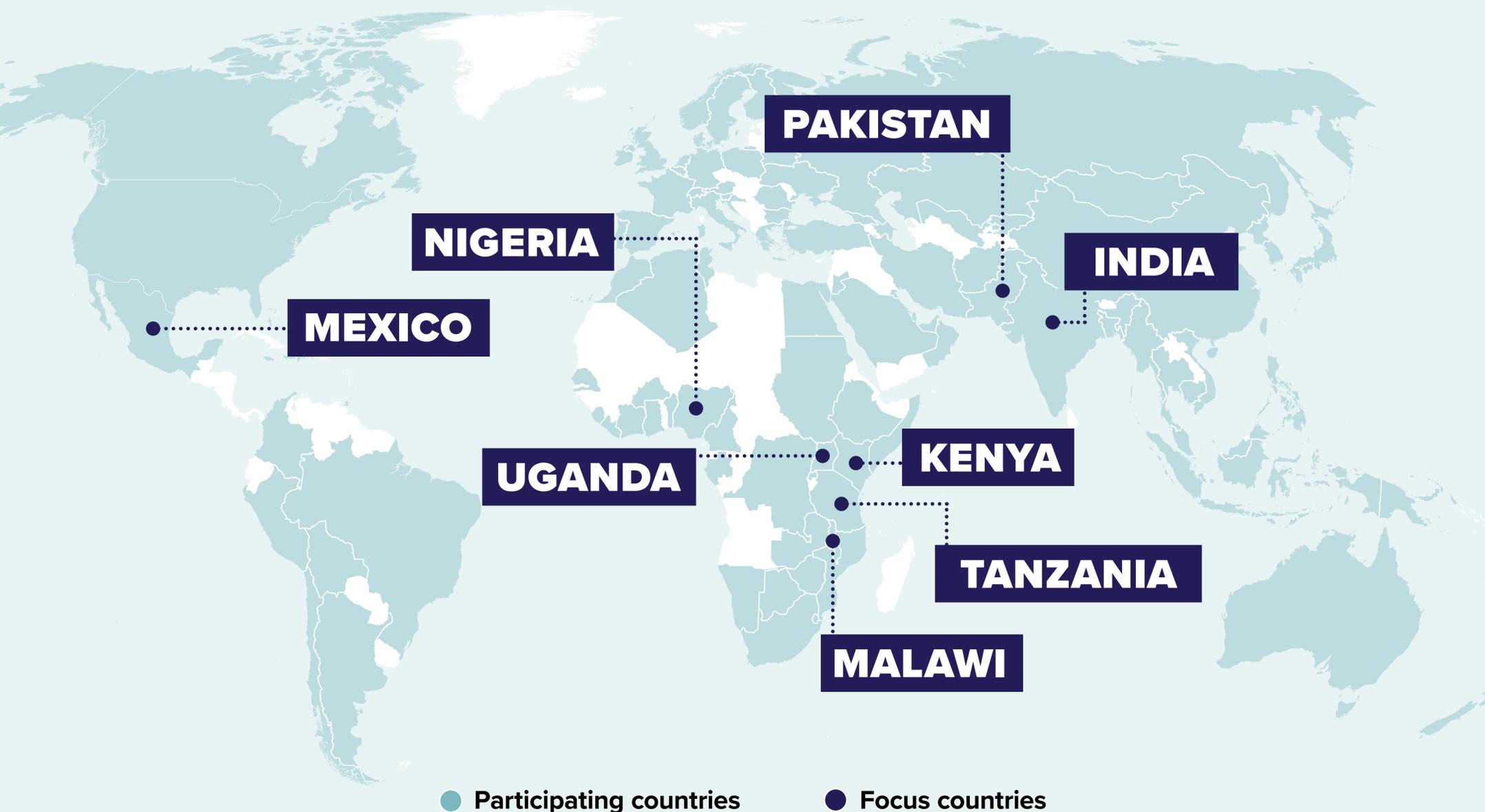
115+

COUNTRIES

360+

PARTNERS

Click on a focus country name to learn more



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INDIA



350,000+
RESPONSES
MOBILIZED

TOP DEMANDS*



Respectful, dignified and non-discriminatory care



Access to maternal health entitlements



Improved health services, supplies, and information

* India campaign leads applied their own category codes.



IMPACT



Government of India embeds respectful maternity care in its priorities



Quotes from women and decision-makers



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Government of India embeds respectful maternity care in its priorities

Across different classes, castes, educations, and locations, women in India had one common request: to be treated with respect, dignity, and non-discrimination when seeking maternity care. Their calls came as the Government of India was designing a bold new program, the Labor Room and Quality Improvement Initiative (LaQshya), aimed at reducing maternal death, improving quality of care in labor rooms, and enhancing a positive birthing experience.

Advocates seized the opportunity to share campaign findings and support the government to integrate Respectful Maternity Care (RMC) into LaQshya guidelines and other associated policies and curricula. With the rollout of LaQshya, tens of thousands of health facilities are required to provide RMC in facility-based labor and post-partum care. Healthcare providers are now sensitized to the need and importance of listening to women and providing care with respect and dignity.



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INDIA



QUOTES FROM WOMEN AND DECISION-MAKERS

“ [What Women Want] has changed my thinking; I realized I never asked a mother what she wants. Now I make it a point. And after the campaign, in the labor rooms, I am seeing a change. The health providers are now explaining to mothers what they are going to do.”

— Dr. Manju Chhugani, Dean, School of Nursing Sciences and Allied Health, Jamia Hamdard University, India

“ This campaign has been a game changer in bringing women’s and girls’ health to the attention of our law makers. Women had never been asked before to think about their own needs. They were used to giving answers about needs of the community—such as water and electricity—but this campaign for the first time made them aware that they had rights and could demand them. Until now women were ignored in decision making about their own health. Now women have a voice.”

— Nirmala, Sheikhpura District, Bihar



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KENYA



118,000+
RESPONSES
MOBILIZED

TOP DEMANDS

-  Increased, closer, functioning health facilities, with WASH
-  Respectful, dignified and non-discriminatory care
-  Power, rights, and equality
-  Increased, competent and better supported health workers, including midwives and nurses



IMPACT

-  Health clinic upgrades for people with disabilities benefit 14,000 in Bungoma and Makueni counties
-  Maasai women speak out, bringing funding changes that will increase gender equity
-  Kenya approves first-ever national policy recognizing midwifery
-  Quotes from women and decision-makers

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Health clinic upgrades for people with disabilities benefit 14,000 in Bungoma and Makueni counties

What Women Want mobilizers actively sought out women with disabilities—a group whose perspectives are often ignored. Most responses came from Bungoma and Makeuni counties, where women and girls with disabilities asked for basic respect and basic infrastructure designed for them.

Advocates, disability rights organizations, and women with disabilities campaigned loudly on these demands. In each county, they secured key upgrades in two facilities, including disability-friendly toilets, adjustable maternity beds, ramps at the facility entrance and in each major ward, and sign language interpreters. These facility upgrades will benefit at least 14,000 people with disabilities. WWW advocacy also led to more sweeping policy change, such as influencing Makueni County's Universal Health Coverage Policy to include a fee waiver for people with severe disabilities.



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Maasai women speak out, bringing funding changes that will increase gender equity

When *What Women Want* went to the remote, nomadic Maasai community in Kajiado County, women were amazed to be asked for their opinion. Their loudest demands were for gender equality, especially an end to female genital mutilation (FGM) and better ability to control financial and household decisions.

The voices of the Maasai women influenced the County government's gender priorities. After release of campaign results, in 2019 Kajiado County became the first county in Kenya to launch a policy to end FGM. The County government then allocated Ksh. 40 million towards a women economic empowerment initiative dubbed "Ushanga." Ushanga will provide small grants to 17,000 survivors of gender-based violence to improve financial literacy and independence. Women's groups are being actively consulted in the rollout of Ushanga to ensure programs and spending are aligned with women's and girls' needs.



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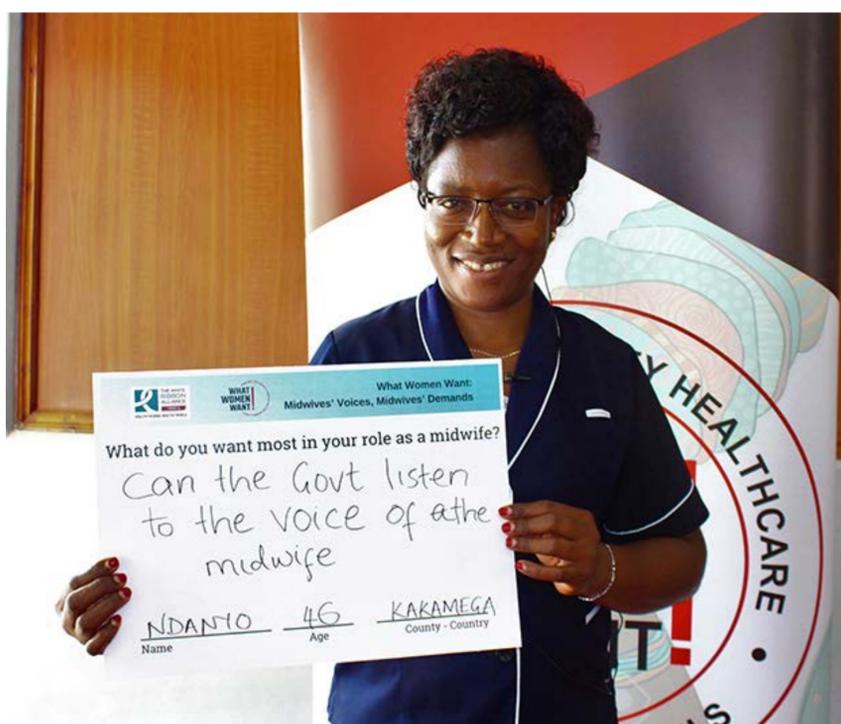
Kenya approves first-ever national policy recognizing midwifery

Midwives provide critical women's and community health services, yet policies and investments omit, undervalue and/or undercompensate them. As a result, midwives are leaving or not entering the profession, and women, girls and families are suffering.

To change this picture, advocates married the voices of women demanding more and better supported midwives with 3,500+ demands from midwives themselves about what they most need to survive and thrive. These demands—and many of the leading midwives who made and helped elevate them— influenced the development of a new national policy that formally recognizes and incorporates midwifery in Kenya.

The new policy contains provisions that speak directly to women's and midwives' requests, including increased supplies and facility-level investments to enable midwives to deliver quality care, strengthened education, better remuneration, and professional development pathways

for the midwifery workforce. The power of women and midwives speaking for themselves cannot be understated—just six months after the policy launched in early 2022, we're already seeing key progress toward clarifying and expanding midwives' scope of practice.



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QUOTES FROM WOMEN AND DECISION-MAKERS

“ In the past, [before WWW] we would encounter so many challenges. In most cases, we would not be attended to because we are perceived as not worthy. Nowadays when I get to the facility, I’m assigned someone to take me around until I’m done with my hospital visit. I don’t queue anymore, and the nurses are treating us with respect. As a woman living with disability and expectant, I am hopeful when I come to deliver, I will be treated with dignity.”

— Naomi, community member with a visual impairment, Bungoma County

“ By listening to women and letting their voices lead the way, we will strengthen health systems and get back on track with reaching critical global health targets. Women and young people have been telling us for years what they need. Now we must listen.

— Margaret Kobia, Cabinet Secretary of the Ministry of Public Service and Gender in Kenya



MALAWI



84,000+

RESPONSES
MOBILIZED

TOP DEMANDS

-  Respectful, dignified and non-discriminatory care
-  Increased, closer, functioning health facilities, with WASH
-  Increased, competent and better supported health workers, including midwives and nurses
-  Sexual, reproductive, maternal and newborn health services and supplies, specifically contraceptives

IMPACT

-  Malawi's family planning budget more than doubles in response to women's demands for contraception
-  New national guidelines in Malawi ensure privacy during childbirth
-  Women's demands more than double the number of midwives in Malawi
-  Malawi adopts quality of care assessment tools informed by women's demands
-  New government policies and procedures protect sexual and reproductive health during emergencies in Malawi
-  Quotes from women and decision-makers

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Malawi's family planning budget more than doubles in response to women's demands for contraception

Thousands of Malawian women asked for improved reproductive health services and supplies in the *What Women Want* campaign. Yet, contraception remained out of reach for many, especially during the early days of COVID-19.

In spite of threatened cuts, finance decision-makers were ultimately persuaded by women's voices to increase the national 2020 family planning (FP) budget by six percent, to 200 million Malawi Kwacha (approximately US \$241,906). Funding levels stayed flat the following year, given the ongoing COVID-19 crisis. By 2022, it was clear that FP remained at the top of women's list of concerns. Building on that momentum, advocates kept pressure on, and the government took unprecedented action to increase the national FP budget to 475 million Malawi Kwacha (approximately US \$588,964).



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New national guidelines in Malawi ensure privacy during childbirth

In Malawi, women's demands for respectful and dignified care centered on privacy--or the lack there of. Women across the country are often forced to give birth with absolutely no privacy—often in very public spaces.

As a result, in 2019 advocates influenced the Ministry of Health's national guidelines on the construction and renovation of public health facilities to require that maternity wings install delivery cubicles with bathrooms and toilets for privacy. Cubicles are now designed to accommodate the woman and her baby, a birth companion, and a midwife. The new guideline means that any new construction of maternity units must include private delivery cubicles—a huge win for women seeking the privacy that they so desperately want and deserve.



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Women's demands more than double the number of midwives in Malawi

In 2016, the number of 3,573 practicing midwives in the country was dangerously below the recommended number. The midwifery shortage was not lost on women and emerged as one of their top demands in the *What Women Want* campaign.

Supported by evidence and women's demands, local organizations and midwives' associations advocated tirelessly with the Ministry of Health, Parliamentarians, and the President to recruit and retain more midwives. Hearing their call, the President of Malawi issued a directive to hire more than a thousand healthcare workers, mostly nurses and midwives. And from 2018-2021, the government of Malawi recruited 3,959 additional midwives—more than doubling the number of practicing midwives in 2016. The Ministry of Health also created a new leadership position, Chief

Midwifery Officer, which is being rolled out in Malawi's Central Hospitals. This new position is giving motivation to midwives to join and remain in the profession.



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Malawi adopts quality of care assessment tools informed by women's demands

In Malawi, women are for the first time defining what quality care means alongside decision-makers and health professionals. After *What Women Want* revealed the chasm between these perspectives, leaders are including women's voices as the cornerstone of tools measuring quality of government-sponsored women's and children's health services.

The tools—an assessment toolkit and an auditing and accountability tool—include criteria women consider important, and which was previously omitted, such as privacy and confidentiality, cleanliness, and respectful, timely and attentive care.

Launched in 2020, the new tools now also mean women are routinely asked about their experiences of maternity services in government-run units by inspectors (there is no hiding) and their feedback drives improvements—otherwise services are shutdown. An example of value, at

a health facility in Chitipa district, women were clear there were not enough staff in the labor ward. The district immediately employed more midwives.

Together, these tools bring women's demands to the forefront of the quality care movement and create new pathways for accountability to women and newborns.



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New government policies and procedures protect sexual and reproductive health during emergencies in Malawi

When we canvassed Malawian women and girls about their reproductive and maternal health needs, several demands rose to the top: respectful and dignified care; water, sanitation, and hygiene (WASH); medicines and supplies including family planning (FP), and more midwives. As dual health and climate emergencies struck Malawi, their demands took on even greater urgency.

Advocates leveraged women's requests to inform and fast-track a new guideline deeming maternal, newborn, and FP services as essential during COVID-19. Not only did the guideline meaningfully address women's top demands, it also was credited with keeping FP services and maternity wards operational during the most critical stages of the pandemic.

Next, advocates successfully made the case that Civil Protection Committees (CPCs)—the primary disaster response coordinators—address sexual, reproductive, and maternal health issues and include a midwife representative on the committee. This change proved pivotal when Tropical Storm Ana flooded Malawi's southern districts and rendered maternity wards inoperable. Midwives on the CPCs guided the setup of maternity tents and helped mitigate stockouts of maternal health medicines and supplies—saving countless lives.

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MALAWI



QUOTES FROM WOMEN AND DECISION-MAKERS

“ This (family planning budget) increase in FY2022-2023...is a landmark and has never happened before. This is because of the voice of women—we listened to them. It made it very easy for our Ministry even to talk to Treasury and convince them that we need to have an increase in our budget.”

— Honorable Minister Khumbize Kandodo Chiponda, MP, Malawi Minister of Health

“ Because of the campaign, I can now express myself freely and voice out my concerns in the community. I am more active in the community work, able to stand up with confidence and self-esteem, and be able to determine solutions for the community than how I was before. There are huge changes—construction of new toilets, proper follow-up on the provision of drugs, and curtains to divide the labor ward.”

— Catherine, Community Member, Dowa district



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MEXICO

TOP DEMANDS

-  Sexual, reproductive, maternal and newborn health services and supplies, specifically antenatal care
-  Respectful, dignified and non-discriminatory care
-  Increased, competent and better supported health workers, including midwives and nurses



102,000+
RESPONSES
MOBILIZED



IMPACT

-  **Government of Mexico assures access to respectful maternal and reproductive health services during COVID-19**
-  **Quotes from women and decision-makers**

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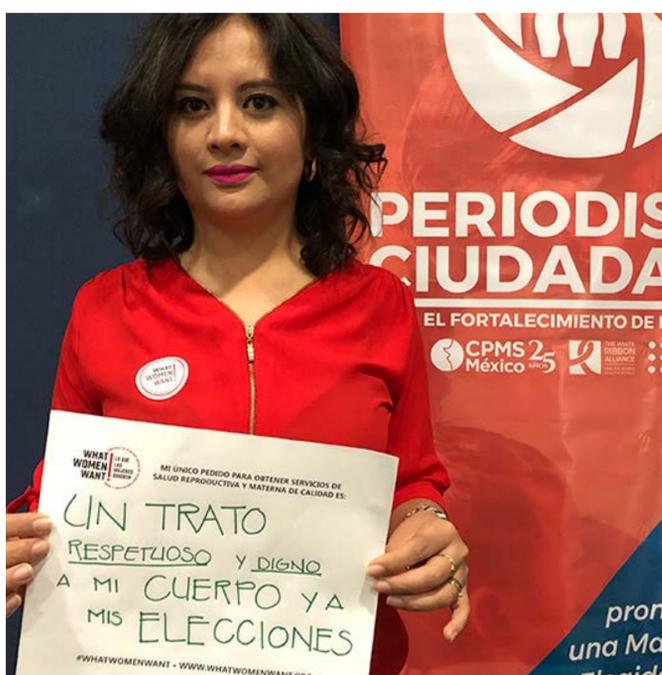


Government of Mexico assures access to respectful maternal and reproductive health services during COVID-19

At the onset of COVID-19, when Mexico converted large public hospitals into treatment facilities, pregnant women were left desperate for services. Advocates knew women’s demands for antenatal care, respectful care, and midwives could change the picture.

Leveraging these demands, they encouraged the Federal Government to issue a policy statement to all states guaranteeing sexual and reproductive health services throughout the emergency—prompting reinstatement of suspended services in many hospitals and facilities.

They also influenced incorporation of the *Respectful Maternity Care Charter: Universal Rights of Women and Newborns* into the government’s guideline on COVID-19, so pregnant women were accompanied during delivery, could remain with their newborns, and had to consent before receiving a caesarian section.



As the virus spread, many women chose not to seek care in hospitals and turned to midwives to support home birth. Advocates used demands to persuade the government to quadruple the number of midwives in its employ and issue them long-term contracts, bringing stability and essential services to women during an otherwise chaotic and frightening time.

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MEXICO



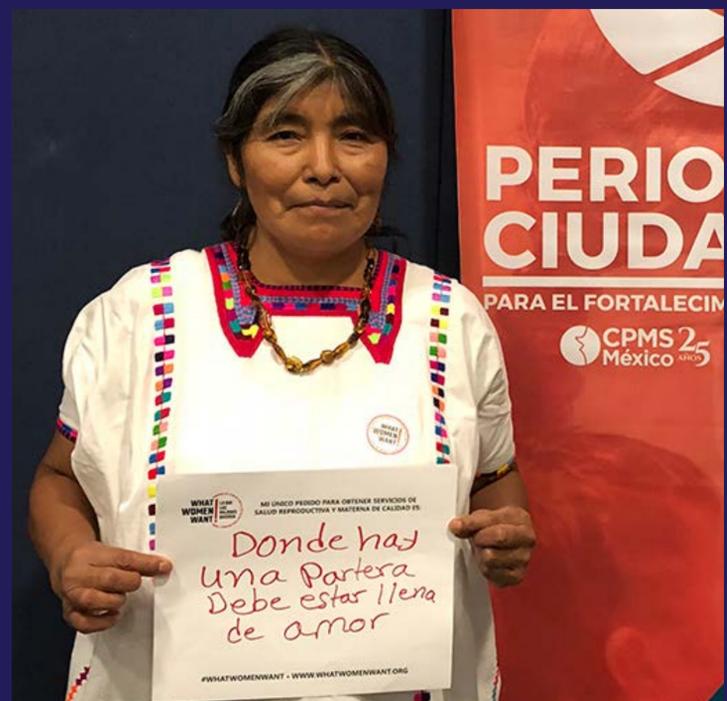
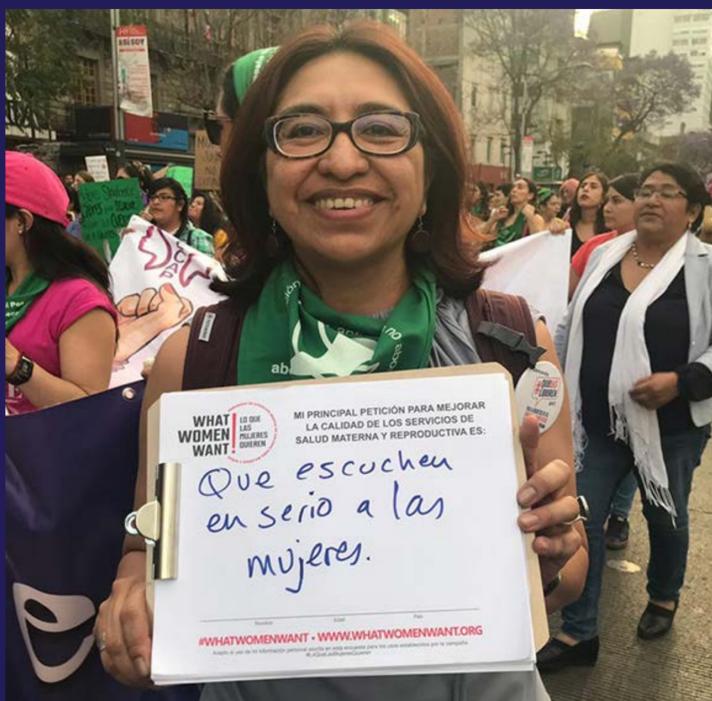
QUOTES FROM WOMEN AND DECISION-MAKERS

“The What Women Want campaign helped inform our health policies so that they are responsive to women’s and girls’ needs and truly put women at the center of healthcare policy. This campaign represents what it means for Mexican women to participate in setting the priorities for their own health needs.”

— Dr. Karla Berdichevsky, Director General, National Center for Gender Equity and Reproductive Health, Ministry of Health Mexico

“My message is of respect, choice, strength, empowerment for women. We were born in this Mexico, where there are still certain freedoms. When those freedoms are not acknowledged, we must speak up. Because if we don’t speak up, they won’t ask, and they won’t listen.”

— Estela, indigenous midwife, San Luis Potosi, Sampat community



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NIGERIA

TOP DEMANDS

-  Respectful, dignified and non-discriminatory care
-  Increased, competent and better supported health workers, including midwives and nurses and nurses
-  Increased, closer, functioning health facilities, with WASH



78,000+
RESPONSES
MOBILIZED



IMPACT

-  More than 39 health facilities in Niger State upgraded with improved water, sanitation, and hygiene facilities
-  Advocates' voices break through bureaucracy to bring US \$2.4m to local health facilities in Niger State
-  Niger State hired hundreds of health workers in response to women's childbirth experiences
-  Nigeria first country to adopt national self-care guideline
-  Niger State incorporates respectful care into Quality of Care policies and trainings
-  Quotes from women and decision-makers

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More than 39 health facilities in Niger State upgraded with improved water, sanitation, and hygiene facilities

Women and girls in Niger State told us that “water, sanitation, and hygiene” was their number one health demand. More specifically, in their health facilities they wanted running water, improved sanitation, and clean toilets.

The *What Women Want* campaign motivated them to raise their voices in local health committees, town hall meetings, and policy dialogues. As a result, Niger State public health funds were used for the first time to support structural improvements and WASH upgrades in 39 primary health care facilities. Officials installed running water and handwashing stations, drums for waste disposal, and clean toilets. The Niger State Commissioner for Health also increased the required number of working toilets from three to six. Women now say they are more likely to go to health facilities for care because the basic building blocks of decency and dignity are there.



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The What Women Want Campaign



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Advocates' voices break through bureaucracy to bring US \$2.4m to local health facilities in Niger State

Since 2014, the federal government had promised to increase funding to local healthcare facilities in Nigeria. But much of that money remained tied up at the national and state levels. Women's demands for their health rights and basic services—including water, sanitation, and hygiene (WASH), more female providers, and medicines and supplies—proved to be key to unlocking funds.

Thanks to the chorus of women's voices calling for primary healthcare, state agencies fully released funds to health facilities in all 274 wards. And more local funding for healthcare wasn't the only result. The influential local health committees that monitor and direct how primary healthcare funds are spent now include women. Today those women help direct how funds are spent, with the result that WASH upgrades, midwives, delivery kits, and maternal health medicines are gaining priority in spending decisions.



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Niger State hired hundreds of health workers in response to women's childbirth experiences

In 2020, there were one million women of reproductive age in Niger State and only 66 state-employed midwives to serve them. Rates of maternal and newborn death are alarmingly high, and the women's stories are heartbreaking: from being forced to deliver while scared and alone, to losing a baby because no midwife was on night shift at the nearest health center.

On the International Day of the Midwife in May 2021, advocates organized women to bravely share these stories publicly, alongside women's wider demands for more midwives. Immediately following the event, the Niger State Ministry of Health announced the recruitment of 100 midwives. And one year later, the Ministry has newly recruited 100 midwives, in addition to hiring 100 nurses and 100 community health extension workers—putting essential reproductive, maternal, and newborn health services within closer reach.



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Nigeria first country to adopt national self-care guideline

Thousands of women in Niger State asked for easy access to care and health services closer to their communities. Nothing embodies this request more than self-care. Specifically, equipping women with the information and tools to manage their reproductive and maternal health in the comfort of their homes.

Women's demands coincided with the Federal Ministry of Health's renewed focus on self-care. Advocates brought women's perspectives to key policy forums, and in 2021, Nigeria became the first country worldwide to adopt and implement a national self-care guideline. As of 2022, nearly half the states in Nigeria have committed to implementing the guideline and expanding access to self-care—from building awareness of healthy behaviors to increasing availability of self-administered products for contraception, HIV testing, cervical cancer screening, and more.



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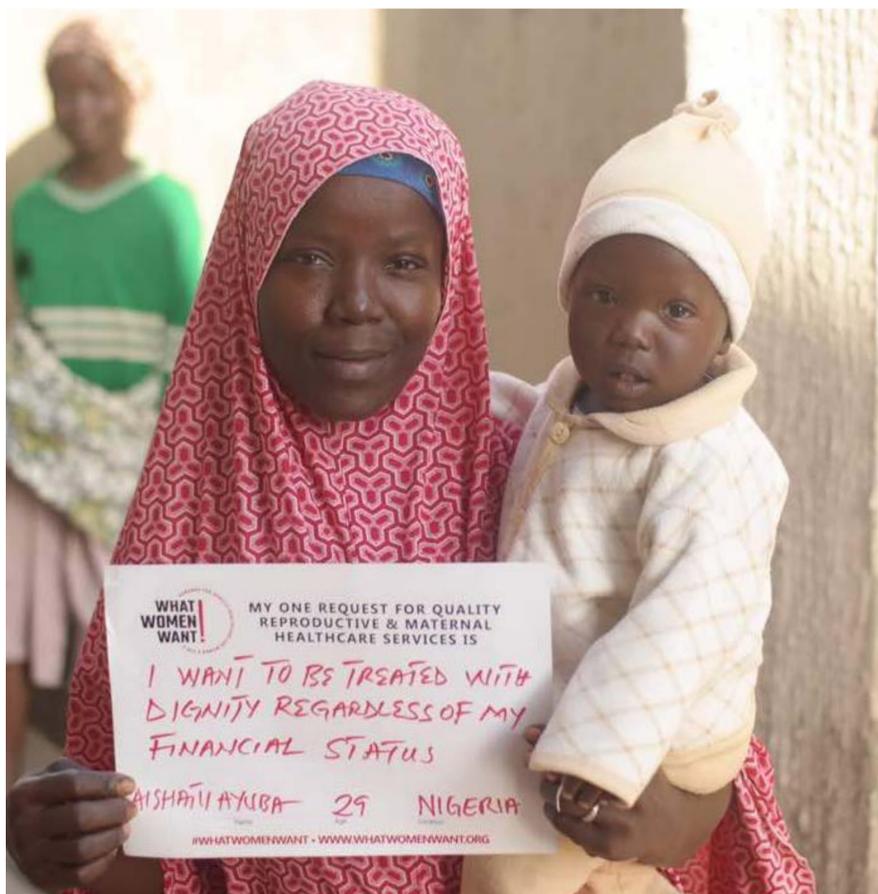
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Niger State incorporates respectful care into Quality of Care policies and trainings

In Niger State, too many women and girls experience disdain and dismissal when seeking healthcare services. Not surprisingly, respectful and dignified care emerged as one of their top *What Women Want* demands, especially the desire for courteous and friendly health providers.

As the Niger State government initiated an overhaul of its Quality of Care initiative, women were unequivocal that respectful care is the foundation of high-quality service provision. Their voices led the government to integrate respectful maternity care (RMC) into Niger State's Quality of Care Framework for Reproductive, Maternal, Newborn, and Child Health and corresponding implementation plan—which now ensures providers are trained on RMC.



They also helped stand up “Quality Improvement Teams” that oversee and address quality and respect issues at facilities and secured women’s participation on the team—helping ensure women’s perspectives and voices will continue to drive quality care in the state.



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NIGERIA



QUOTES FROM WOMEN AND DECISION-MAKERS

“ 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, Hon. Commissioner of Information, Niger State government
(During listening session with What Women Want campaign participants)

“ In our hospitals, there were no midwives, now we have them. We had no water in the clinic, now there is water. Let women, youths, girls, and our old women come out, participate, and tell the government what they need. This campaign has changed my life. It gave me a voice.”

— Helen, Community Member, Niger State



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PAKISTAN



TOP DEMANDS



Sexual, reproductive, maternal and newborn health services and supplies, specifically contraceptives and child health vaccines



Increased, closer, functioning health facilities, with WASH



Respectful, dignified and non-discriminatory care



Increased, competent and better supported health workers, including midwives and nurses



IMPACT



Government in Pakistan allocates US \$57m for family planning in response to demands of 100,000 women



Family planning budget expenditure increases by 224% in Khyber Pakhtunkhwa Province, Pakistan



Government of Pakistan declares women's health as essential during COVID-19



Women's self-help group in Khyber Pakhtunkhwa, Pakistan combats gender inequality at home



Quotes from women and decision-makers



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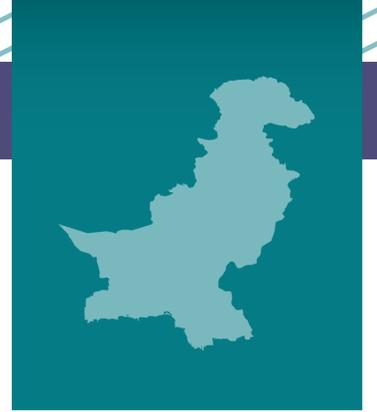
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Government in Pakistan allocates US \$57m for family planning in response to demands of 100,000 women

When the campaign asked women and girls across Pakistan what they wanted to improve their health, they spoke clearly: more control over their reproductive health. This included the women most excluded from power—poor, illiterate, rural—who dared to speak up despite society telling them to remain silent.

Advocates in Sindh and Khyber Pakhtunkhwa provinces shared these demands at “Listening Sessions” that allowed decision-makers to hear directly from women in an intimate setting. As a result, women’s voices helped catalyze US\$57 million in family planning funds in Sindh and Khyber Pakhtunkhwa Provinces from 2020-2022. This includes a nearly 57 percent increase in the Khyber Pakhtunkhwa family planning budget for 2021-2022, with funds dedicated to women’s priorities, including establishment of 200 new family welfare centers, 10 adolescent and sexual and reproductive health centers, and Mobile Service Units to reach remote areas.



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Family planning budget expenditure increases by 224% in Khyber Pakhtunkhwa Province, Pakistan

After first securing a major budget increase for family planning in Khyber Pakhtunkhwa Province, Pakistan, women’s voices are holding decision-makers accountable to their promise to spend. Securing increased funding is only half the battle—there are frequently large discrepancies between what a government budgets for and what actually makes its way to women, girls, and communities.

Building on the nearly 100,000 women’s demands for family planning and follow on “listening sessions,” decision-makers have increased spending on contraceptive supplies by 224 percent between July 2020 to May 2022. Also helping pave the way for this spending increase, is government monitoring of monthly spending patterns against the prior year, with support from advocates and technical experts. The comparative analyses serve as a

constant reminder that if business continues as usual, the situation will be no different than last year.

The bottom line? Decision-makers are making critical investments to make women’s top family planning demands, women’s new realities.



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Government of Pakistan declares women's health as essential during COVID-19

When COVID-19 broke out, in Pakistan, like many other countries, health resources were diverted toward emergency response, lockdowns were mandated, and health centers shut down routine, preventative care.

Recognizing the impending danger of these restrictions, advocates united partner organizations to craft a joint statement to protect these lifesaving services, citing women's demands. The statement called on the national Ministry of Health and provincial governments to designate reproductive, maternal, newborn, and child health (RMNCH), family planning, and nutrition services 'essential', integrate respectful maternity care, and provide personal protective equipment to health workers.

The national and provincial governments adopted the statement and launched a strategic framework to ensure RMNCH services were maintained and protected in both current and future emergencies.

Provincial Healthcare Commissions in Khyber Pakhtunkhwa and Punjab also incorporated respectful and dignified care in their service delivery guidelines for maternal and newborn health care.

Women's voices made it abundantly clear: accessible, quality, respectful maternal and reproductive health services are non-negotiable, especially in a pandemic—and decision-makers listened.



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Women's self-help group in Khyber Pakhtunkhwa, Pakistan combats gender inequality at home

Energized by *What Women Want* and fueled by the belief that women are stronger when they join hands and act together, mobilizers in Khyber Pakhtunkhwa Province of Pakistan founded *Apni Madad Ap* (*Helping Myself*) groups. These small yet mighty groups address head on some of the most deep-seated gender norms and practices.

For example, when the *Apni Madad Ap* women learned that a girl who had not yet started menstruating was set to be married, they convinced the mother-in-law—who was the final decision-maker—the marriage must be delayed by a few years until she was ready. Similarly, *Apni Madad Ap* women helped a woman to successfully escape an abusive husband with her two children. By engaging the abuser's mother-in-law and involving their own husbands to speak with the abuser, they were able to have the husband sign a legal document stating that he would no longer abuse her.



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PAKISTAN



QUOTES FROM WOMEN AND DECISION-MAKERS

“Asking more than one million women what they want is a gigantic task, but at the same time fundamental. Look at the list of priorities...look at the wisdom of women and how they portray their demands. We always say that the people know more than us, let them have democratic control of these services, and make us accountable for provision of services.”

— Dr. Talib Lashari, Technical Advisor, Population Welfare Department, Sindh Province

“My ask from the What Women Want campaign is that every child and woman should get education. I have studied only till grade five, but even that has helped me. When communities are educated, they learn to ensure their health and well-being too. I am playing my part for the campaign by organizing village and community organizations, where members come together, discuss and seek solutions to their problems.”

— Arbeli, community member



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TANZANIA



TOP DEMANDS



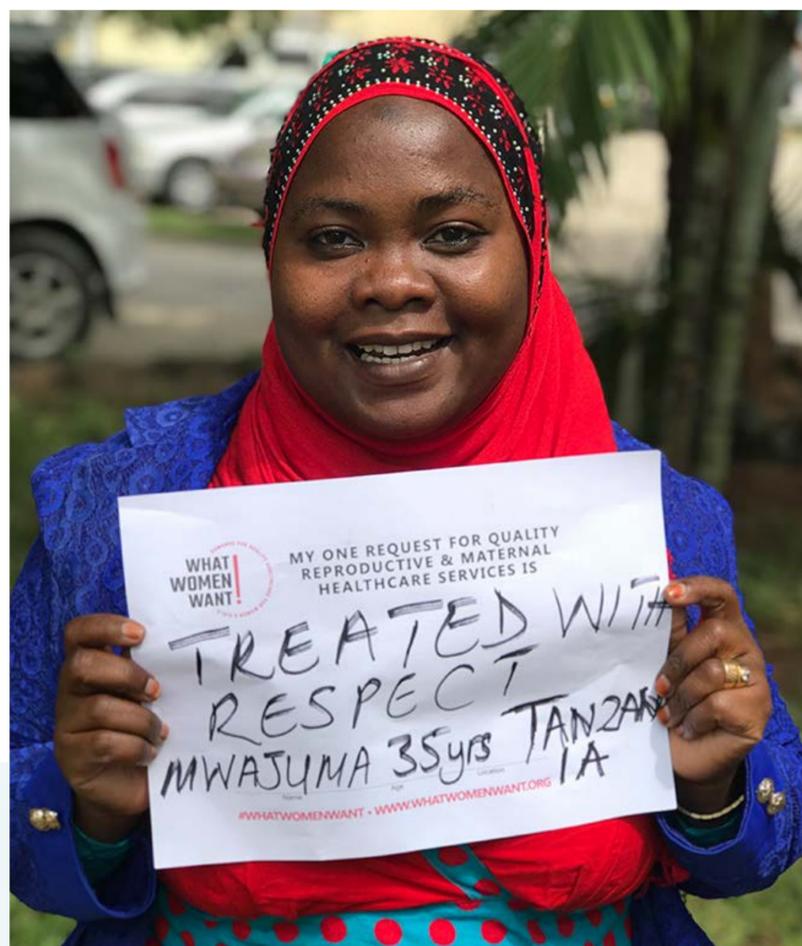
Sexual, reproductive, maternal and newborn health services and supplies, namely labor services and safe blood



Respectful, dignified and non-discriminatory care



Increased, closer, functioning health facilities, namely labor wards with CEmOC



IMPACT

- ➔ Advocates in Tanzania win US \$47 million for maternal and child health services and supplies
- ➔ Decision-makers re-prioritize family planning in Sumbawanga District, Tanzania
- ➔ Quotes from women and decision-makers

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Advocates in Tanzania win US \$47 million for maternal and child health services and supplies

Since 2015, advocates for maternal and child health have fought for funding and services. Their first success emerged as the result of a 7,000-signature petition to the Vice President that brought Comprehensive Emergency Obstetric and Newborn Care to 159 health centers and increased the national budget. But this was a mere fraction of the country's health facilities.

By 2020, advocates mobilized tens of thousands more demands from Tanzanian women for labor and delivery services and safe blood supplies—and made them viral at major governmental events and through the media. In response to these clear demands, the government agreed to increase the budget for maternal, newborn, and child health supplies and equipment by US \$47.2 million—an increase of 67% from the prior year. Funds were used to upgrade health centers with CEmONC, and today 615 health centers across Tanzania offer these life-saving services.



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Decision-makers re-prioritize family planning in Sumbawanga District, Tanzania

When we asked women in Sumbawanga District, Tanzania specifically about their reproductive and maternal health needs, one demand rose to the top—access to family planning. Not surprising, as a budget analysis by advocates revealed that Sumbawanga District was one of 10 districts nationwide that did not include FP services in its healthcare budget in the most recent fiscal year, with miniscule allocations in prior years.

To elevate women’s calls for contraception, *What Women Want* advocates organized listening sessions with health facility governing bodies and the council health management team, where women were invited to share their stories and experiences about the role of contraception to their lives and those of their families.



Spurred by women’s voices, officials reinstated funding for family planning, allocating 1.5 percent of the health budget to the service. Today women in Sumbawanga are now reporting that they can obtain the FP supplies they need at their local health centers.



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TANZANIA



QUOTES FROM WOMEN AND DECISION-MAKERS

“Women were eager to speak up. They told us exactly what they wanted. Some had not just one, but ten asks. No one ever asked them before. They are ready for change. At last, their voices will be heard.”

— Anna Sawaki, *What Women Want* mobilizer, Tanzania

“Demands from the *What Women Want* Campaign are key to the Ministry of Health’s priorities. The government will make sure that all health facilities in the country have adequate equipment, supplies, and qualified staff. As a result, there will be no more deaths among pregnant women and newborns because of lack of services.”

— Dr. Leonard Subi, the Director of Preventive Services, Ministry of Health Tanzania



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UGANDA



90,000+
RESPONSES
MOBILIZED

TOP DEMANDS



Sexual, reproductive, maternal and newborn health services and supplies, namely mama kits and menstrual health supplies



Increased, closer, functioning health facilities, including WASH



Increased, competent and better supported health workers, including midwives and nurses



IMPACT

- ➔ Uganda allocates \$1.7m to lifesaving “Mama Kits” for expecting mothers
- ➔ Women’s demands accelerate emergency hire of 2,000 health workers in Uganda
- ➔ Quotes from women and decision-makers

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Uganda allocates \$1.7m to lifesaving “Mama Kits” for expecting mothers

As COVID-19 emerged in 2020, Uganda experienced a national stockout of Mama Kits—basic bundles of supplies for expecting mothers that include items such as bar soap, cotton wool, surgical gloves, and a blanket to wrap the baby. The stockout spelled potential disaster for women across the country, and especially for refugee women and girls, given their top demand was for Mama Kits specifically.

Advocates were listening and sprang into action. In response, they secured US\$ 1.7 million for the procurement of Mama Kits from the Ministries of Health and Finance. Kits are now readily available at the National Medical Store, which provides medicines and supplies to all public health facilities in the country. What’s more, under this arrangement, private, not-for-profit facilities are also able to access Mama Kits through the national facilities. That means that whether women go to a public or private facility, she can receive a free Mama Kit.



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Women's demands accelerate emergency hire of 2,000 health workers in Uganda

Thousands of women in Uganda voiced that they wanted more and better supported nurses and midwives—a demand that was magnified during COVID-19.

At the height of the pandemic, the National Task Force for COVID laid out a plan for an emergency recruitment of additional healthcare workers to support the beleaguered healthcare system. Advocates brought women's demands for more nurses and midwives to key decision-makers including the Ministry of Health, Ministry of Finance, and Parliament to bolster the case. Their voices proved catalytic with a drive to recruit about 2,000 health workers from 2020-2021 and assigned them to key districts where women's and girls' demands originated.



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UGANDA



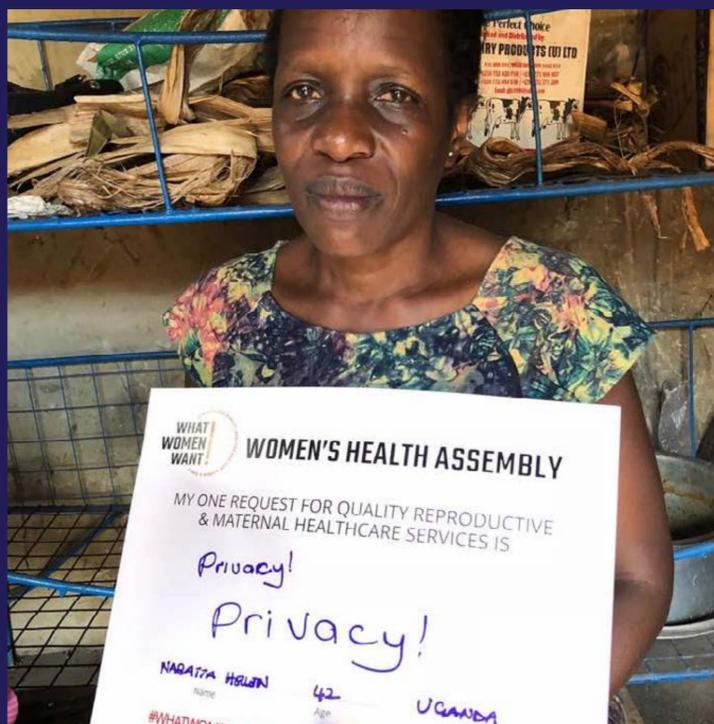
QUOTES FROM WOMEN AND DECISION-MAKERS

“When I went for antenatal care during my pregnancy, I was able to walk in the light of day. But when I went into labor, I faced the same journey by night. After two hours of labor pains, we were still six kilometers from the health center. My baby was born there, in the forest, in the darkness with only my husband to help me. It is time for action. Every woman has the right to a safe birth in decent conditions. I call upon our politicians to do their duty and make safe birth for our women.”

— Kesiime, What Women Want mobilizer and maternal near-miss

“Let us listen to the women, 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.



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