LISTEN AND ACT ON THE DEMANDS OF UGANDA’S WOMEN AND GIRLS!
**What Women Want**

Demands for Quality Healthcare from Uganda’s Women & Girls

Approximately 300,000 women and girls die during pregnancy and childbirth every year around the world. In Uganda, where the maternal mortality rate stands at 336 per 100,000 live births (UDHS 2016), 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.

Beginning on 11 April 2018, International Maternal Health and Rights Day, and continuing for one year, 359 partners asked nearly 1.2 million women and adolescent girls in 114 countries: **What is your top request for your maternal and reproductive healthcare?** Over 90,000 women and girls in Uganda made their requests. These voices matter in ensuring quality, equitable and dignified healthcare for women and girls. Theirs’ are voices and concerns often lost, but which are vital to providing services which women want and use.

The *What Women Want* campaign is unique in that it asked women and girls in Uganda to set the agenda, as opposed to beginning with a premise of what is important or asking them to decide among a set of options.

In Uganda, the *What Women Want* campaign has been endorsed by the Ministry of Health and Members of Parliament on the Health Committee. With support of the Office of the Prime Minister, the campaign has engaged marginalized women and girls such as in refugee settings. Those affected by human rights violations like Female Genital Mutilation (FGM) and many other vulnerable groups have not been left behind. All parties are looking forward to the results to the campaign results to inform their planning.

A resounding call for better quality health services as defined by women and girls, this brief provides the top 10 demands of those who participated in the *What Women Want* campaign in Uganda, who included; *What Women Want* Uganda Chapter partners, community volunteers, White Ribbon Alliance members and staff, and citizen journalists. 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.**
1. Labour and delivery information, personnel, services and supplies: 9.38%
   - Provision of mama kits at health facilities*

2. Medicines and supplies: 9.11%
   - Availability of quality drugs
   - Availability of blood and blood tests

3. Menstrual health: 7.96%
   - Sanitary pads provided in schools

4. Family planning information, personnel, services and supplies: 4.91%

5. Increased, competent and better-supported midwives and nurses: 4.88%

6. Water, sanitation and hygiene: 4.73%
   - Sanitary maternity wards
   - Clean toilets in health facilities

7. Respectful and dignified care: 4.54%
   - Courteous and friendly health workers

8. Transportation infrastructure: 4.39%

9. Improved health, well-being and maternal, reproductive, or general health services: 4.35%

10. Antenatal information, personnel, services and supplies: 4.22%

* Represent top sub-categories of demands

To learn more about the methodology and analysis of these results, visit: whiteribbonalliance.org/whatwomenwant to download the complete summary report.
“My baby was born there, in the game park, in the darkness with only my husband to help me.”

Kesiime Prossy, 34, is from Kikarara Village, Rukungiri District in Western Uganda. Her own terrifying experience of giving birth in the dark while surrounded by dangerous animals motivated her to get involved in the What Women Want campaign.

Kesiime was used to the 30-kilometer-walk to the maternity centre - Rweshama Health Center III which took her through a forest in Queen Elizabeth National Park, home to lions, elephants and other wildlife. “When I went for antenatal care during my pregnancy, I was able to walk in the light of day. But when I went into labour, I faced the same journey at night.” Kesiime’s labour began at 11 pm and her husband took out his bicycle. “After two hours of labour pains, we were still about six kilometers from the health centre,” remembers Kesiime. “My baby was born there, in the game park, in the darkness with only my husband to help me.”

The baby was in good shape, but then the couple heard ominous noises; wild animals were circling them. Kesiime’s husband lit a torch. He held it out into the darkness where it lit up the open mouth of a hyena preparing to attack. “We both shouted for help,” says Kesiime, “and then, as God is good, we saw the headlights of a vehicle.” It was a patrol of the National Park rangers who picked them up and drove them to the health centre. Kesiime was still bleeding and her life was saved by health workers who removed the retained placenta.

When she heard about the What Women Want campaign, Kesiime realized this was an opportunity to make sure that health planners and policy makers heard her story so they could provide the services women need without making such terrifying journeys. She became a volunteer mobilizer and sat with other women and girls to discuss their needs and demands.

“The most common thing women say is we want good quality health services near to our homes,” Kesiime says. She collaborates with Radio Rukungiri on the program known as Buza omushaho wawe (loosely translated as “Ask your doctor”), where she mobilizes women in the community for group discussions about their health.

She is waiting to hear how decision makers in Uganda will respond. Kesiime says, “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 birth safe for our women.”
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. We appreciate the significant contribution of the 30 What Women Want Uganda Chapter partners to the campaign. Our joint achievement in engaging more than 90,000 women and girls is just one of the steps in creating a world where women and girls realize their right to quality health and well-being. We are hopeful investments will be made where it matters most – quality healthcare for women and girls and strengthening health systems.

Women’s and Girls’ Voices
Captions for photos on the right are listed below, from top to bottom

Listen to women’s voices: Hon. Jova Kamateka, Mitoma District Woman MP (R) launched the What Women Want campaign in Uganda. She said; “As a maternal health champion, a Woman Member of Parliament, I am excited about this campaign because it gives me the confidence to stand up and advocate, when I know that what I am advocating for is what women and girls need and want. I am therefore excited that the information you are going to collect will provide a strong basis for improving maternal and reproductive health services.”

An end to FGM: Female Genital Mutilation (FGM) is common in Bukwo, Kween and Kapchorwa districts in Eastern Uganda. The Woman Member of Parliament for Bukwo, Hon. Evelyn Chemutai has endorsed the What Women Want campaign and is championing the rights of women and girls in these districts.

Adolescent friendly health services: Vonitah and Jane have seen many of their friends get pregnant at an early age and would like information about how to prevent early pregnancy and more resources for the same. They are shy talking about their reproductive needs with the health workers who think they are still very young. They want reproductive health information shared in a way that fits their needs.

More midwives: Loy Nakakembo delivered the baby in this photo a day before we met her. She shared her birth story with us 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.
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:
whiteribbonalliance.org/whatwomenwant

Convening partner: White Ribbon Alliance Uganda

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