International
Confederation
of Midwives

Strengthening Midwifery Globally

UNFPA

COMPREHENSIVE MIDWIFERY PROGRAMME GUIDANCE

CONTENTS

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UNFPA and ICM look forward to the use of this Programme Guidance for the planning and implementation and strengthening of comprehensive midwifery programmes, especially in low-resource settings.

List of Abbreviations and Acronyms

AMREF	African Medical and Research Foundation
BEmONC	Basic Emergency Obstetric and Neonatal Care
CMA	Country Midwife Advisor
EmONC	Emergency Obstetric and Neonatal Care
FP	Family Planning
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
HRH	Human Resources for Health
ICM	International Confederation of Midwives
ICPD	International Conference on Population and Development
IMR	Infant Mortality Ratio
IMP	Investing in Midwife Programme
Jhpiego	John Hopkins Program for International Education in Gynaecology and Obstetrics
MCH	Maternal and Child Health
MDG	Millennium Development Goals
MHTF	Maternal Health Thematic Fund
MMR	Maternal Mortality Ratio
MNH	Maternal Newborn Health
MOH	Ministry of Health
NGO	Non Governmental Organization
PHCC	Primary Health Care Centre
PMTCT	Prevention of Mother-to-Child Transmission
PNC	Post Natal Care
PPH	Post Partum Haemorrhage
RH	Reproductive Health
SBA	Skilled Birth Attendant
STI	Sexual Transmitted Infections
SRH	Sexual and Reproductive Health
TBA	Traditional Birth Attendant
UNFPA	United Nations Population Fund
UNV	United Nations Volunteers
WHO	World Health Organization
UNICEF	United Nations Children's Fund

INTRODUCTION

BACKGROUND

Millennium Development Goal 5 (MDG 5), which aims to reduce maternal mortality by three quarters between 1990 and 2015, is currently the farthest from attainment. In 2010, 287,000 women died during pregnancy and childbirth; almost 99% of the maternal deaths occurred in low-resource settings, with young adolescent mothers facing a significantly higher risk of complications. Although much headway has been made between 1990 and 2010 with a global decline of 47% in the maternal mortality ratio, this is far short of the 75% MDG 5 target with a deadline of 2015.

Improving Maternal and Newborn Health and reducing mortality and morbidity requires the strengthening of health systems which is predicated upon and impacted by the wider social-cultural determinants (including gender inequalities). Most maternal and infant deaths can be prevented if proper maternity and HIV/AIDS services are provided before, during and immediately after pregnancy by competent birth attendants; if there are proper functional and adequately equipped referral facilities, communication, and transportation systems; if women have the information and means to access timely emergency obstetric and newborn care to avoid obstetric complications, and if communities understand the value of family planning and have the means to access family planning services that meet their reproductive needs.

Achieving universal access to sexual and reproductive health, realizing reproductive rights and reducing maternal mortality to accelerate progress towards the ICPD agenda therefore, forms the "bull's-eye" of UNFPA's 2014-2017 Strategic Plan. UNFPA intends to scale up efforts at global, regional and country levels in the attainment of this goal. Therefore midwifery is one of the key indicators under the maternal health Output 3 under Outcome 1 of the Strategic Plan (2014-17) on: *Increased availability and use of integrated sexual and reproductive health services.*

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WHO IS A MIDWIFE?

WHO advocates for "skilled care at every birth by an accredited health professional – such as a midwife, doctor or nurse – who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications in women and newborns".
http://www.who.int/maternal_child_adolescent/topics/maternal/skilled_birth/en/

The International Confederation of Midwives (ICM) defines a midwife as one who has successfully completed a midwifery education programme that is recognized in the country where it is located and that is based on the ICM Essential Competencies for Basic Midwifery Practice and the framework of the ICM Global Standards for Midwifery Education; who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title 'midwife', and who demonstrates competency in the practice of midwifery. http://www.internationalmidwives.org/who-we-are/policy-and-practice/icm-international-definition- or   www.internationalmidwives.org

MIDWIFERY CHALLENGES

As highlighted in the State of the word Midwifery Report (2011), a number of challenges exist in midwifery; these include:

- A global shortage of midwives resulting in heavy workloads, poor retention and outmigration
- Absence of, or lack of enforcement of legal and regulatory mechanisms to promote midwifery as an autonomous profession and consequently allow midwives to perform critical lifesaving functions
- Lack of comprehensive midwifery policies
- Lack of a comprehensive Human Resource strategy to address retention and deployment issues (including incentives to practice in the neediest areas) resulting in rural-urban mal-distribution of the already scarce midwifery workforce
- Lack of high-quality competency based midwifery education programmes
- Shortages of competent midwifery trainers; under-resourced skills labs and insufficient clinical training and sites
- Weak midwifery associations with poor leadership skills and capacity to advocate for the needs of midwives
- Insufficient resources to fund midwifery programmes

WHY MIDWIVES?

Midwives and others with midwifery skills are the main caregivers for women and their newborns before, during pregnancy, labour, childbirth and the post-partum period.

As trusted members of communities, midwives play a critical role in averting maternal deaths and morbidity (MDG5); avert early newborn deaths (MDG 4); play a critical role in managing Maternal (and perinatal) death surveillance and response; and preventing mother-to-child transmission of HIV (MDG 6).

Midwives when properly trained and authorized can provide comprehensive sexual and reproductive health information and services along the full continuum of care, including safe delivery and timely referrals; family planning counselling and services; antenatal/postnatal care; services to prevent and treat malaria, HIV, tetanus, sexually transmitted infections and congenital syphilis; prevention of female genital mutilation; and the provision of adolescent reproductive health and post-abortion care services.

According to the State of the World's Midwifery Report 2011, if midwives are well trained, properly equipped, supported and authorized and if all women deliver with a midwife in a fully functioning BEmONC facility, one could expect a reduction of 56% of maternal, foetal and newborn deaths. This total estimate includes reductions of 61% of maternal deaths, 49% of foetal deaths, and 60% of newborn deaths, which equates to as many as 3.6 million lives saved in 2015.
http://www.unfpa.org/sowmy/resources/docs/main_report/en_SOWMR_Part3.pdf

ADDRESSING MIDWIFERY CHALLENGES

Recognition that Midwives are the main caregivers for women and their newborns, the Maternal Health Thematic Fund, now in its second phase (2014-2017) seeks to *increase national capacity to deliver comprehensive maternal health services* and *strengthening midwifery services* remains a key output. To implement and scale up maternal health strategies and programmes, UNFPA will work with a large network of partners at global, regional and national levels including the H4+, national and international civil society organizations such as the International Confederation of Midwives, Jhpiego, White Ribbon Alliance, Save the Children, AMREF and others (including community based networks), and private sector organizations such as Intel, Laerdal Global Health etc. South-south collaboration will be promoted to scale up knowledge exchange, capacity development and good practices. At the national level, UNFPA will work closely with government and its relevant agencies to ensure that all maternal health initiatives are developed (jointly and in close collaboration with national counterparts) within the broader context of health system strengthening and mainstreamed into national health priorities, plans and policies (sexual reproductive, human resources for health and maternal health).

The Joint UNFPA/ICM Initiative for Investing in Midwifery

The Joint UNFPA/ICM Initiative for Investing in Midwifery was launched in 2008 as a partnership of UNFPA with the International Confederation of Midwives (ICM). This initiative sought to improve the quantity and quality of skilled attendance at all births in low-resource countries by developing the foundation of a sustainable midwifery workforce. Strategies included:

• Building capacities in ICM/WHO competency-based midwifery training and education
• Developing strong regulatory mechanisms to promote the quality of midwifery services
• Strengthening and establishing midwifery associations
• Conducting proactive advocacy with governments and stakeholders to encourage investment in quality midwifery services to save the lives of women and their newborn.

To date this initiative has resulted in the strengthening of midwifery in 33+ countries with high maternal and infant mortality rates. Over 200 midwifery schools have been supported with training materials and supplies and midwifery curricula and scope of practice has been revised according to ICM/WHO global standards for midwifery education and regulation in over 25 countries. The capacities of over 35 national and sub-national midwifery associations have been strengthened. A new midwifery school in Haiti destroyed by the earthquake in 2010 has been constructed and re-opened. In 2013 alone, over 7,000 midwives received pre- and in-service capacity building training and some 1,000 midwifery tutors' competencies in teaching and Basic Obstetric Emergency were upgraded. The first ever State of the World's Midwifery Report was launched in 2011 providing invaluable data from 58 countries for evidence based advocacy. A Second State of the World's Midwifery Report was launched in June 2014 at the ICM Triennial Congress in Prague with data from 73 countries with highest rates of maternal mortality.

The UNFPA/ICM programme completed its first phase of implementation in December 2013.

(Further details on the programme can be found at:
http://www.unfpa.org/webdav/site/global/shared/documents/Midwives/UNFPA_Midwifery_ALL_20131118-2.pdf)

The 2014 State of the World's Midwifery Report (SOWMy) Report
In response to the 'Global Call to Action' issued at the Symposium on Strengthening Midwifery at Women Deliver, in 2010 UNFPA in collaboration with more than 30 international agencies and organisations, including the United Nations Children's Fund (UNICEF), the World Health Organization (WHO), the International Confederation of Midwives (ICM), and the International Federation of Gynaecology and Obstetrics (FIGO) conducted a comprehensive analysis of midwifery services, education, regulation, deployment and conditions of service in 58 countries where maternal and newborn mortality were among the highest. SOWMy has served as a key tool in advocacy for human resources for health.

To ensure continuing improvement in the evidence base and to further inform reproductive, maternal and neonatal health programming, the 2014 SoWMy report was launched simultaneously with the ICM congress in June 2014 in Prague, Czech Republic. This report will provide detailed analysis of the present progress and future challenges to deliver effective coverage and quality of midwifery services in the 73 countries that collectively represent more than 95 per cent of the global burden of maternal, neonatal and child deaths. It will also include changes and trends in indicators between the 2011 and 2014 reports to inform future strategies in meeting MDG4, 5 and 6 and in particular addressing the intra-governmental process on the post-2015 development agenda for health.

PURPOSE

This programme guidance has been developed for country offices, programme managers, partner agencies, and midwifery managers in Ministries of Health, to assist them in developing, 'scaling up' and/or strengthening midwifery programmes at the national level and mainstreaming midwifery in the national HRH agenda through effective advocacy. It explains key midwifery concepts, outlines a step by step approach in how to strengthen midwifery education, regulation and association, and references all the available tools to do so.

The Guidance
The guidance complements and references a wealth of work on midwifery strengthening already undertaken by a number of partner organizations, including the State of the World's Midwifery Report 2011, WHO Midwifery Strengthening Toolkit, Jhpiego/MCHIP Pre-Service Education Toolkit for Midwives and UNFPA/WHO/Intel/Jhpiego e-learning modules on essential maternal and newborn life-saving skills. It however, does not prescribe a uniform policy, but rather offers ideas, recommendations and suggestions from experiences, lessons learnt and best practices that countries can adapt to suit their context.
Each of the following technical sections provides guidance along with examples of good practices:
Ch. 1 Engaging Stakeholders and Building Partnerships
Ch. 2 Programme Development and Strengthening: Planning and Needs Assessment, Midwifery Services Framework
Ch. 3 Strengthening Midwifery: Education, Regulation and Association
Ch. 4 Advocacy and Communication
Ch. 5 Fundraising and Resource Mobilization.
Ch. 6 Monitoring and Evaluation
Included as annexes are important global statements and commitments made towards midwifery, references, and country level commitments on midwifery made under the Secretary General's Strategy for Women's and Children's Health.

Chapter 1

ENGAGING STAKEHOLDERS AND BUILDING PARTNERSHIPS

Engaging stakeholders and building partnerships is important at every stage of programme planning, design, implementation and evaluation. This enhances ownership of programmes, and promotes performance effectiveness, sustainability, and quality.

Stakeholders are organizations or people that can affect or are affected by a programme. They include:
- Those served by the programme
- Those involved in the management, funding or operations of the programme
- Those who make decisions or investments in the programme

Midwifery stakeholders can include:
- **Donors**: These are multilateral, bilateral agencies and national level individuals/corporations and philanthropic organizations who provide funding
- **UN agencies and other development partners**: They provide resources and technical assistance for midwifery programmes
- **Midwifery training institutions** and midwifery educators that provide training

- **Policy makers**: They ensure policy, legal and regulatory guidelines/framework for recruitment and practice, certifications and accreditation of courses, and define deployment and retention policies for midwives. Policy makers can include the Ministry of Health, Midwifery/Nursing Board and/or Council, Ministry of Human Resources, Ministry of Education, Ministry of Finance, among others.
- **Midwifery associations** that represent the profession in key decision making fora and lobby for the needs of midwives (such as continuous education, positive working environment/conditions, etc.) and promote policy implementation.
- **Medical and nursing associations**
- **Civil society partners** and other public and private institutions directly or indirectly serving and/or working with the midwifery profession such as suppliers of midwifery equipment and supplies, NGOs engaged in midwifery training and services at the community level, among others.
- **Communities** including women, youth and children served by midwives.

SUGGESTED ACTIONS
- Identify and define who the key stakeholders are and their role in midwifery
- Assess the needs and interests of all stakeholders and respect their values
- Identify the coordinating agency and clearly define their technical and financial role
- Set up a task force, comprising various stakeholders and create a plan for engagement
- Keep the number of stakeholders manageable to get consensus at meetings
- Provide opportunities for stakeholders' suggestions and inputs in the programme
- Provide feedback and information on the progress of the programme and challenges

EXAMPLE S OF ENGAGING STAKEHOLDERS: ETHIOPIA

Cognisant of a rising Maternal Mortality Ratio of 673/100,000 population, in 2008 the Ethiopia UNFPA office initiated a partnership with various midwifery stakeholders to support efforts to accelerate progress towards reducing maternal and infant mortality rates. Initial meetings sought to orient partners on midwifery and its role in achieving MDG 4, 5 and 6, thereby increasing awareness of the challenges and obtaining stakeholder buy-in. A mutually agreed upon work plan was subsequently developed – highlighting responsibilities based on each organization's mission and mandate. By 2010, the stakeholders increased from three to six with the Federal Ministry of Health (MOH) assuming the lead in coordinating regular meetings and follow up to ensure that mutually agreed tasks were fulfilled. Through regular information sharing, reporting and joint monitoring missions, stakeholders were kept engaged. Currently, the Federal MoH is involved in the scaling up of midwifery education at the diploma level. As a policy making body, the MOH offers employment and career development for midwives and is actively addressing this; The Ministry of Education is tasked with educating midwives at the degree and master's level and is involved in curriculum development. The H4 partners: WHO, UNFPA, UNICEF and World Bank have been jointly engaged in strengthening midwifery in various ways: (a) WHO has been responsible for the review and standardization of the degree level curriculum; (b) UNFPA is supporting midwifery educational institutions and the midwifery association, while (c) UNICEF is providing funding for in-service education. In addition, Non-Governmental institutions such as JHPIEGO, Volunteer Services Overseas Organization (VSO) and AMREF are supporting midwifery education. AMREF is sponsoring the tuition of 61 midwifery students to complete studies at the Semera Health Sciences College. Various NGOs such as the International Centre for AIDS Care and Treatment Programmes (ICAP), Venture Strategies International (VSI), and IPAS (a global nongovernmental organization) are working directly with the Midwifery Association to end preventable deaths and disabilities from unsafe abortions). Donors such as SIDA and USAID are funding midwifery education while the community has been engaged mainly to support midwifery advocacy activities such as the celebration of the International Day of the Midwife.

GHANA:

In Ghana, the Bolgatanga Midwifery Training School in the Upper East Region is the only Government Midwifery Training School that serves the three Northern provinces. Findings of a national needs assessment of midwifery training institutions revealed that this institution was the most deprived midwifery institution and was in need of urgent resources. The school structure was dilapidated with infestation of termites and bees; there was a leaking roof, overcrowding (153 students in the school meant for 40 students), a lack of dormitory facilities, poor teacher-student ratio, acute water shortage, and evidence of inadequate and obsolete training materials.

Following the assessment report and visits by Minister of Health, the Minister of Women and Children's affairs, and other development partners, the key midwifery stakeholders developed a plan of action to support the school. The school was renovated. The Government of Ghana provided computers, printers and other accessories including a school bus, TV and DVD sets. International Partners like UNICEF provided support with the provision of a system for mechanized water to the facility, whilst UNDP explored ways of providing an energy-saving cooking facility for the school. In addition, UNFPA through its Midwifery Programme provided some anatomic models for the skills acquisition laboratory to enhance teaching and learning.

KEY POINTS TO NOTE

• Stakeholder engagement is an effective approach of many programmes and projects.

• Understanding one's stakeholders can lead to better strategies, program ownership, and effectiveness.

• Stakeholder analysis is an effective approach to mapping out and understanding key participants for any type of initiative or programme.
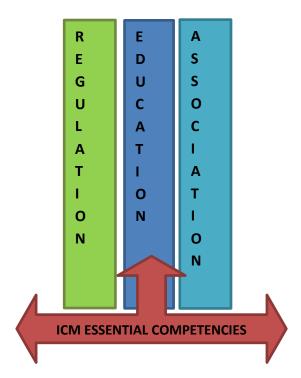
Available Resources
WHO National health policies, strategies and plans: Engaging stakeholders
http://www.who.int/nationalpolicies/processes/stakeholders/en/

WHO Human Resources for Health: http://www.biomedcentral.com/content/pdf/1478-4491-7-2.pdf

REVIT (a trans-national EU project) STAKEHOLDER ENGAGEMENT A TOOLKIT http://www.revit-nweurope.org/selfguidingtrail/27_Stakeholder_engagement_a_toolkit-2.pdf

Chapter 2

MIDWIFERY PROGRAMME DEVELOPMENT AND STRENGTHENING:

The theoretical underpinning of this guidance is based on the three key pillars of midwifery: education, regulation and association.

•Education ensures a highly competent, qualified workforce

•Regulation provides the legislative guidance necessary for the practice of midwifery

•Associations support the development and implementation and enforcement of policies, and advocate/protect the midwifery profession to ensure quality care.

All these three pillars are inter-related and each re-enforces the other. If any of these pillars is weak, then the entire profession is weakened. (ICM)

Midwifery programme development helps in critical decision making, stimulates creative thinking, and effective management of people. Midwifery programme development is important to the profession as it strives to attain full autonomy, ensure that competencies are constantly upgraded, and midwives are able to practice in a positive environment. In this regard, this guidance outlines simple step by step approaches in strengthening the midwifery programme and references a variety of resources in the following:

1.   Planning a Needs Assessment/ Gap Analysis
2.   Applying the Midwifery Services Framework (MSF)
3.   Strengthening midwifery education, regulation and association

PLANNING A NEEDS ASSESSMENT/ GAP ANALYSIS

A planning cycle includes a situation analysis and needs assessment to determine strengths, weaknesses, opportunities and threats (SWOT), formulation of objectives, selection of strategies, and development of an operational plan to address gaps identified in the assessment. It also requires resources – human (technical and programme) and financial to support implementation. Ongoing monitoring and periodic evaluations need to be carried out to ensure effectiveness and optimal utilization of resources aligned with key national and programme priorities.

Steps in a planning cycle:

1. Conduct Need Assessment/Gap Analysis
2. Identify strategic goals, priorities, and resources
3. Develop an action plan (to address key gaps in achieving priorities) and a resource mobilization plan
4. Organize capacity development in weak areas
5. Implementation
6. Monitor plan at each stage of development and implementation
7. Evaluation - midterm and end of cycle

SUGGESTED ACTIONS:

- Mobilize a team representing all components of midwifery - educators, regulators, midwifery association members, Ministry of Health / Education/Planning officials (as applicable), potential/interested donors, UN and other multilateral agencies, and NGOs engaged in midwifery
- Collect and compile all materials, assessments and reports on midwifery in the country for review/reference by the team
- Orient stakeholders on the importance of ICM midwifery education standards and guidelines and relevance of gap analysis/needs assessment
- Develop a plan on how to conduct the needs assessment or gap analysis. Plan should include assigning responsibilities to persons for various tasks
- Administer gap analysis questionnaire developed by ICM (either by focus groups or relevant key stakeholders in the country)
- As a team, collate findings, analyze and identify strengths, weaknesses, opportunities and challenges (SWOT) in midwifery education, regulation and association
- Compile report on findings and note all gaps identified
- Compare information with previous reports and documents and prepare final report
- Develop a strategic plan for midwifery improvements for both the immediate short term and a longer 5 year plan

The UNFPA/ICM Midwifery Programme has conducted 33 Needs Assessments and Gap Analysis as of December 2013. To facilitate these exercises a series of tools were developed, field tested and finalized by the ICM. These can be found below:

ICM Member Association Capacity Assessment Test (MACAT):
http://www.internationalmidwives.org/assets/uploads/documents/Global%20Standards%20Comptencies%20Tools/English/Association_with_MACAT-Final_Sept_2012_Final.pdf
ICM Pre-service Education Assessment Tool
http://www.internationalmidwives.org/assets/uploads/documents/CoreDocuments/Pre-Service%20Education%20Assessment%20Tool%20English%202012.pdf
ICM Regulation Assessment Tool
http://www.internationalmidwives.org/assets/uploads/documents/Global%20Standards%20Comptencies%20Tools/English/Regulation%20Assessment%20Tool%20-%20Final%20July%202012.pdf
For French and Spanish versions of these documents see here: http://www.internationalmidwives.org/core-documents

EXAMPLES ON CONDUCTING GAP ANALYSIS IN MIDWIFERY: LIBERIA

In May 2012, the Investing in Midwives Programme (ICM/UNFPA) in consultation with stakeholders (Ministry of Health, Liberia Nurses and Midwives Board, Liberia Midwives Association, and midwifery educators), began the process of designing a midwifery needs assessment/gap-analysis in Liberia. Other stakeholders involved included the Tubman and United Methodist Universities and development partners such as Jhpiego.

The first step involved completion of the ICM gap analysis tools (that took two weeks), including the MACAT. In June 2012, a 3-day workshop was held with technical assistance from ICM to collate and present findings of the gap analysis exercise. Consensus was reached on the reliability of the findings and action plans were developed to guide implementation and monitoring of activities towards midwifery strengthening. As part of the gap analysis process, a local consultant was recruited to assist in the collation of all the outputs of the workshop, to inform the development of a Gap Analysis Report, and to coordinate the design of a 5 year Strategic Plan toward improvements in midwifery.

The drafted Gap Analysis Report and Strategic Plan were further reviewed and finalized by all stakeholders through a one-day Validation Workshop before it was made official. For greater publicity, visibility, wider reference and guidance, dissemination of the report was done during the 2013 International Day of the Midwife celebrations.

DEMOCRATIC REPUBLIC OF CONGO

The Democratic Republic of Congo (DRC), the third largest country in Africa with a population of 68 million, still faces a high maternal mortality ratio of 540 per 100,000 live births and a lifetime risk of 1 in 30 maternal deaths. Although the maternal mortality ratio has decreased significantly from 900 deaths per 100,000 live births in 1990 to 540 in 2012, this still marks insufficient progress towards MDG 5. Strengthening midwifery has therefore become a key priority for the country.

Supported by ICM and UNPFA, a Gap analysis of Midwifery Education, Regulation and Association was conducted in 2012 in Kinshasa with a high level of participation from the Ministry of Health, Ministry of Higher Education, Nursing and Midwifery training institutions, and Nurses and Midwives Associations. This situational analysis provided a good basis for understanding the current midwifery situation in the country including its programme context.

Gaps identified included:

- **Education:** "lack of quality midwifery education, evidenced by a curriculum that lacked competencies as outlined by the ICM/WHO standard for midwifery education; under-resourced skills lab; and insufficient and poorly qualified midwifery trainers", among others.
- **Regulation:** "Absence of an effective midwifery regulatory framework as evidenced by lack of autonomy of the midwifery profession, "unprotected title" for midwives, lack of midwifery guidelines/policies, and ill-defined midwifery scope of practice; and absence of a comprehensive Human Resource Strategy/ policy that adequately addresses deployment and retention issues.
- **Association:** Lack of midwifery leadership and management; absence of a midwifery strategic plan, and a lack visibility of the association.

The review and identification of gaps helped in the development of an action plan with strategic priorities, and the assignment of specific responsibilities to each partner in their respective sub-division.

Measures adopted to address challenges included:

- Review and integration of the ICM Core competencies into the midwifery curriculum.
- Development of a plan by the Ministry of Higher Education for the review of the Nurses' curriculum to include basic midwifery competencies. In addition, the Ministry will develop distinct curricula for nurses and midwives.

- Strengthening of Midwifery schools. In December 2012, UNFPA provided educational materials.
- Adoption of the title 'midwife' as a protected title. Advocacy is ongoing by a team of experts from the Ministry of Health and members of the Birth Attendants Association to replace the "birth attendant" with the title "midwife".

Conducting a Situational Analysis

- Understanding the current midwifery situation and its role within the overall human resources for health strategy of the country is the first step in the design and development of a programme. A situational analysis involves research, data collection and desk review to understand the situation, context, and to identify key gaps and priorities that need addressing.
- Involving relevant midwifery stakeholders such as educators, association leaders, council/board members, Government ministries (ministries of health, education and human resources), civil society, donors/development partners, parliamentarians, academics, religious associations, and the private sector, etc. in the situational analysis process, helps to build a better understanding, engagement and programme sustainability.

Action Planning:

- A clear and succinct Action Plan is imperative for the success of a programme. An action plan should contain the following elements: purpose, goals and objectives; specific activities and sub-activities necessary to achieve the goals; designated responsibilities (who will do what); timelines for completion of activities; and an indicative budget against each activity.
- Action plans must be fairly detailed and supported with a realistic budget to facilitate implementation
- The Action Plan should be monitored at each stage of implementation

MIDWIFERY SERVICES FRAMEWORK (MSF)

The Midwifery Services Framework is a tool (developed by ICM and partners) to support the development and strengthening of midwifery, particularly as it relates to quality midwifery workforce and services. It provides policy makers and other stake holders such as professional associations, Civil Society Organizations (CSOs), and health system experts with an evidence-based tool from which to develop effective and efficient midwifery services, using knowledge from a variety of literature and other sources such as WHO, UNFPA, Jhpiego, and the Lancet Series.

The MSF includes modules that can be used in sequence or individually, and can be adapted to the specific needs of the national health system. It guides the user through the supply and demand bottlenecks that affect the coverage and impact services and supports informed decision-making on strategic policies, programmes and implementation. As of 15 May 2014 it is still under expert review and pending finalization. When completed it will be under core documents on the ICM website: http://www.internationalmidwives.org/core-documents

Chapter 3

MIDWIFERY STRENGTHENING

EDUCATION

WHO estimates some 350,000 midwives are urgently needed worldwide. This shortage of midwives has led to many countries making efforts to rapidly increase the number of midwives. It is essential to recognize however, that a number of years will be required to achieve the ultimate goal of "adequate midwifery coverage". In addition, to be able to provide high-quality midwifery services, training must be coupled with a supportive system and an enabling environment with effective management and supervision, referral arrangements, and adequate supplies of equipment and medicines.

Globally midwifery education programmes vary in content, quality and length. According to the SOWMy 2011, there are three pathways to become a midwife in the 58 countries that were surveyed. The pathways are: (1) Direct Entry (2) Midwifery as part of Nursing and (3) Post-Nursing advanced training in midwifery. Nearly one third of countries offer two of these pathways and a few countries offer all three. Given this reality, it is important that efforts be made to have equivalent competency-based outcomes in midwifery education, e.g. midwives should be educated to a common global standard and to a common global set of competencies. For additional details see:
http://www.unfpa.org/sowmy/resources/docs/main_report/en_SOWMR_Part1.pdf

To address the diverse midwifery education pathways, WHO in 2009 published global standards for the initial education of nurse and midwives.
http://www.who.int/hrh/nursing_midwifery/hrh_global_standards_education.pdf
The ICM has more recently developed the Global Standards for Midwifery Education (2010) –which define the qualifications necessary for the preparation of fully qualified midwives to deliver high quality, evidence-based health services for women, newborns, and childbearing families. The education standards were developed in tandem with the updated ICM Essential Competencies for Basic Midwifery Practice (2010). These competencies define the core content of any midwifery education programme and are in harmony with midwifery standards of practice and regulation.

ICM Global Standards for Midwifery Education:

- Entry level of students is completion of secondary education
- Minimum length of direct entry midwifery programme is three years
- Minimum length of a post-nursing/health care provider programme is eighteen months
- Midwifery curriculum should include both theory and elements to a minimum of 40% theory and a minimum of 50% practice.

http://www.internationalmidwives.org/assets/uploads/documents/CoreDocuments/ICM%20Standards%20Guidelines_ammended2013.pdf

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<p align="center">MIDWIFERY COMPETENCIES</p>

- Competency is a complex combination of knowledge, skills and professional behaviors. It also incorporates ethics, values and the capacity of reflective practice.
- The essentials competencies for a midwife or other healthcare workers providing midwifery care have been defined by the ICM, as "the knowledge, skills and behaviors required of the midwife for safe practice in any setting. They answer the questions "What is a midwife expected to know?" and "What does a midwife do?" The competencies are evidence-based".
- Basic competencies include those that could be considered "core" for education and practice by all midwives who meet the ICM international definition.

<p align="center">**SUMMARY of ICM *Essential Competencies for Basic Midwifery Practice* (2010)**</p>

COMPETENCY # 1: COMPETENCY IN SOCIAL, EPIDEMIOLOGIC AND CULTURAL CONTEXT OF MATERNAL AND NEWBORN CARE: Midwives have the requisite knowledge and skills from obstetrics, neonatology, the social sciences, public health and ethics that form the basis of high quality, culturally relevant, appropriate care for women, newborns, and childbearing families.

COMPETENCY # 2: COMPETENCY IN PRE-PREGNANCY CARE AND FAMILY PLANNING: Midwives provide high quality, culturally sensitive health education and services to all in the community in order to promote healthy family life, planned pregnancies and positive parenting.

COMPETENCY # 3: COMPETENCY IN PROVISION OF CARE DURING PREGNANCY: Midwives provide high quality antenatal care to maximize health during pregnancy and that includes early detection and treatment or referral of selected complications.

COMPETENCY #4: COMPETENCY IN PROVISION OF CARE DURING LABOUR AND BIRTH: Midwives provide high quality, culturally sensitive care during labour, conduct a clean and safe birth and handle selected emergency situations to maximize the health of women and their newborns.

COMPETENCY # 5: COMPETENCY IN PROVISION OF CARE FOR WOMEN DURING THE POSPARTUM PERIOD: Midwives provide comprehensive, high quality, culturally sensitive postpartum care for women.

COMPETENCY# 6: COMPETENCY IN POSTNATAL CARE OF THE NEWBORN: Midwives provide high quality, comprehensive care for the essentially healthy infant from birth to two months of age.

COMPETENCY #7: COMPETENCY IN FACILITATION OF ABORTION-RELATED CARE: Midwives provide a range of individualized, culturally sensitive abortion-related care services for women requiring or experiencing pregnancy termination or loss that are congruent with applicable laws and regulations and in accord with national protocols.

For additional details see:

- http://www.internationalmidwives.org/what-we-do/education-coredocuments/essential-competencies-basic-midwifery-practice/
- http://www.internationalmidwives.org/assets/uploads/documents/CoreDocuments/ICM%20Essential%20Competencies%20for%20Basic%20Midwifery%20Practice%202010,%20revised%202013.pdf

</div>

SUGGESTED ACTIONS

- Mobilize stakeholders in midwifery education and establish technical support teams/unit. Technical support should involve government, local government institutions, international, agencies, ICM/ UNFPA programme, technical agencies, and experienced NGOs organizing or conducting knowledge update and clinical standardization courses. Ensure stakeholder involvement throughout the process.

- Identify areas in education that need strengthening – schools, faculty, curriculum, equipment, clinical practice, etc. through gap analysis/needs assessment

- In partnership with other stakeholders and international professional organizations ensure curriculum is ICM/WHO competency based. Refer and adapt to country specific needs with the aim of achieving the ICM standard benchmarks in all areas (programme administration, faculty, student selection, curriculum, teaching resources/ materials, clinical practice, assessments etc.)

- Work on costing the midwifery education programme and developing action plans to achieve the goals including a plan for mobilizing resources

- Efforts should be made to support the strengthening and maintenance of competencies through continuous professional development and in-service midwifery education that is tailored to country needs. Whenever feasible, develop a system to allow for re-registration through competency-based continuous education programmes

- Both pre-service and in-service education and training programmes should be competency-based.
- Development of competence requires regular, repeated, supervised, hands-on practice in the simulated and clinical area, and assessment of the competencies acquired.
- Any midwifery education and training program must begin by identifying an adequate number of qualified and competent midwifery faculty staff. Clinical instructors (who should be midwives) are also needed for successful clinical training in maternal and newborn health, and their ability to offer continuous skills teaching, effectively demonstrate skills with clinical models and provide supportive supervision and evaluation, is critical to the quality of the educational experience.
- The student selection criteria and entry requirements are also crucial and should be consistent with the ICM Global Standards of Midwifery Education
- Supportive supervision and learning strategies should be harmonized with the principles of adult learning - which is based on the principle that both educator and student bring prior knowledge and experience to the education process. The students should be active participants in the teaching and learning process.
- Resources for teaching and learning are essential and include sufficient classrooms, seminar rooms, adequately resourced skills lab and a library that is well-stocked with "suitable" (adequate and current) books, journals and other literature, and learning resources such as audio-visual aids, models, and charts.
- A range of assessment strategies and methods should cover both theory and practice components of the curriculum. On the job trainings, refresher trainings, continuing education should also form an integral part of a midwifery education programme.

INNOVATIONS IN EDUCATION

UNFPA launched an innovative partnership with Intel Corporation, WHO, and Jhpiego in 2012 to strengthen the capacity and skills of midwives and other frontline health workers with multi-media e-learning modules. To date, nine e-learning modules on key maternal life-saving skills have been developed; these include pre-eclampsia/eclampsia, post-partum haemorrhage, prolonged and obstructed labor, post-abortion care, family planning, essential newborn care, puerperal sepsis, bleeding after birth and danger signs in pregnancy.

These highly innovative, interactive, multi-media e-modules were developed with built-in assessments and provide training on all major BEmONC, family planning, and essential newborn care skills for frontline healthcare workers. Utilizing Intel's skoool™ technology, these modules do not require an internet

connection and can be accessed anywhere and at any time via low-cost laptops or netbooks that health workers are trained to use. The modules use case studies to walk the user through real-life normal and emergency situations during pregnancy, childbirth, and the post-partum period to promote the competent clinical practice necessary to reduce maternal and newborn mortality. Reviewed by major professional bodies like WHO, FIGO, ICM and ICN, these modules are of 'world class' quality and can be translated into any language with the graphics lending to adaptation into local socio-cultural context.

This innovative technology is expected to create the following transformational changes:
- Improved quality of service delivery through "technology enabled" competency-based pre and in-service trainings
- Remote training assessments that can facilitate preparation for re-licensing based on continuous education
- Remote supervision and monitoring of health workers' training and performance
- Enhanced decision making and performance of health workers using evidence based e-learning materials for managing complications before, during and after childbirth.

These modules can be accessed at: http://reprolineplus.org/ or downloaded through the Intel skoool HE™ website at http://www.skooolhe.com/

AVAILABLE RESOURCES ON EDUCATION

ICM Global Standards for Midwifery Education (2010 amended 2013)
http://www.internationalmidwives.org/assets/uploads/documents/CoreDocuments/ICM%20Standards%20Guidelines_ammended2013.pdf

ICM Essential Competencies for Basic Midwifery Practice (2010 amended 2013)
http://www.internationalmidwives.org/what-we-do/education-coredocuments/essential-competencies-basic-midwifery-practice/

ICM Model Curriculum Outlines for Professional Midwifery Education (2012)
http://www.internationalmidwives.org/what-we-do/education-coredocuments/model-curriculum-outlines-for-professional-midwifery-education.html

ICM Standard Equipment List for Competency-Based Skills Training
http://www.internationalmidwives.org/assets/uploads/documents/Global%20Standards%20Comptencies%20Tools/English/9.%20ICM%20Standard%20List%20for%20Competency-Based%20Skills%20Training.pdf

ICM Curriculum Mapping Tool
http://www.internationalmidwives.org/assets/uploads/documents/CoreDocuments/ICM%20Curriculum%20concordance%20map%20-revised%202013.pdf

Pre-Service Education Assessment Tool English (2012)
http://www.internationalmidwives.org/assets/uploads/documents/CoreDocuments/Pre-Service%20Education%20Assessment%20Tool%20English%202012.pdf

WHO Global Standard for Nurses and Midwives Initial Education 2009
http://www.who.int/hrh/nursing_midwifery/hrh_global_standards_education.pdf

Jhpiego Pre-Service Education Toolkit http://www.k4health.org/toolkits/pse

REGULATION

Midwifery regulation is a set of criteria and processes arising from legislation that identifies who is eligible to use the 'title' midwife. It also describes the scope of midwifery practice with reference to those activities on which midwives are educated, competent and authorized to perform.

In many countries even today, midwifery is still not regarded as an autonomous profession and hence not supported by suitable legislation regulating the practice and protecting the public. There has been little attention paid towards who can use the title of "midwife", clear definition on the scope of practice, and lack of adherence to education standards and competencies, not to mention non-clarity and non-existence of licensure and credentialing policies.

Midwifery regulation protects women and families by ensuring that competent midwives provide high standard of midwifery care to every woman and child. If the full potential of midwives is to be realized, they need to practice within a supportive environment that enables them to critically analyse and think in making clinical decisions/judgments so as to arrive at appropriate assessments, select appropriate interventions and use them accordingly. Supportive legislation is a crucial component of that enabling environment.

Aim of Regulation

The main purpose of regulation and legislation is to protect the public from unsafe practices, and to ensure quality and standards of midwifery care. Regulation also aims at fostering the development of the profession, and giving an identity (including protection of the title) and status to the professional practitioners.

Midwifery regulation also supports midwives to work autonomously and promotes an enabling environment so that midwives can work within their full scope of practice. By raising the status of midwives through regulation, the standard of midwifery care and the health of mothers and babies will be improved. (http://whqlibdoc.who.int/publications/2011/9789241501965_module2_eng.pdf WHO 2011: Module 2; Legislation and regulation of midwifery – making safe motherhood possible)

> The midwifery regulatory mechanisms provide six main functions:
> • Setting the scope of practice
> • Determining the level of pre-registration education
> • Registration
> • Relicensing and continuing competence
> • Addressing complaints and maintaining discipline
> • Establishing codes of conduct and ethics

Levels of Regulation

Regulation can be described on three levels. The highest level of regulation comes from the government, which provides external control through legislative framework. The professional level exerts internal control through regulation, policies and standards which are established and maintained by the profession. The third level of regulation is achieved through self-regulation scope of practice by the individual.

Global Standards for Midwifery Regulation

Responding to requests from midwives, midwifery associations, governments and other stakeholders the International Confederation of Midwives (ICM) committed considerable resources to develop the ICM *Global Standards for Midwifery Regulation (2011).*Together with the ICM *Essential Competencies for Basic Midwifery Practice* and *ICM Global Standards for Education,* the ICM *Global Standards for Midwifery Regulation (2011)* provide a professional framework that can be used to strengthen the profession and raise the standard of midwifery practice in their jurisdiction.
The standards are a framework for effective midwifery regulation. They define elements of regulation in order to:

- Determine who may use the title of "midwife"
- Describe the scope of practice of a midwife consistent with the ICM definition of a midwife
- Ensure public safety through the provision of a competent and autonomous midwifery workforce
- Ensure that midwives that enter the register
  - ✓ have an education that is consistent with the *ICM Global Standards for Midwifery Education (2010)*
  - ✓ are able to demonstrate the *ICM Essential Competencies for Basic Midwifery Practice (2010)*
  - ✓ are able to practice autonomously within their prescribed scope of practice
  - ✓ are able to demonstrate continuing competence to practice
  - ✓ Ensure that the users of midwifery services are part of the governance of midwifery regulatory bodies

Use of Global Standards for Midwifery Regulation

The ICM *Global Standards for Midwifery Regulation* outline the ideal regulatory direction which underpins and enables autonomous midwifery practice. They can be used as a framework for reviewing existing legislation or deployed as a model for new legislation and new regulatory authorities. They can help provide a benchmark from which existing and any new legislation and regulatory processes can be assessed. They can be used as a tool to advocate for change especially in countries where midwifery regulation is closely aligned to other health professionals. The evaluation of existing regulatory standards against the ICM standards can help identify gaps and be used to guide midwifery–specific amendments which recognize the separate professional identity of midwives as well as support and promote autonomous midwifery practice.

SUGGESTED ACTIONS

- Be familiar or acquire as much updated information as possible on current issues with regards to regulations. Review information available from WHO, ICM and other agencies on regulations and legislation.
- Mobilize stakeholders with an interest in midwifery regulations and legislation. Involve key policy makers and other key groups and individuals including obstetricians, members of the civil society, and community with a vested interest in midwifery.
- Orient and sensitize all stakeholders on regulations and its importance in strengthening midwifery.
- Conduct a gap analysis of midwifery regulations to identify gaps and needs
- Develop an action plan to address the needs and gaps identified and outline clear responsibilities and timelines.
- Advocate - utilizing global evidence for implementation of midwifery regulatory frameworks
- Review and revise (utilizing technical assistance where necessary) current legal and regulatory frameworks, to ensure that they protect the right of midwives to practice to the full extent of their scope of practice, including providing basic EmONC.

KEY POINTS TO NOTE

Countries in which there are limited or non-existent regulatory processes can be guided by the ICM Global standards in the development of new midwifery regulations. Midwives can work collaboratively with governments, regulators and policy makers to ensure that regulatory structures and processes are established to enable autonomous midwifery practice and ensure high quality midwifery care for mothers and babies.

When faced with challenges such as working on systems for registration of practicing midwives, or hosting discussion sessions/ forums on regulatory issues, be innovative and initiate steps towards consensus building. Present supportive evidence/facts in a logical manner especially as it relates to legal and regulatory issues pertinent to the autonomy and authorization of midwives to perform BEmONC functions.

EXAMPLE ON DEVELOPING NURSING & MIDWIFERY REGULATION: **SOUTH SUDAN**

South Sudan has an alarmingly high maternal mortality rate of 2054 (2012) per 100,000 live births. At the commencement of the Investing in Midwives programme in 2008, there was a marked deficit of national practicing professional midwives in South Sudan. Further, no legislation or regulation mechanisms governed nurses and midwives' practice.

With the goal of increasing knowledge of regulations and its importance in midwifery strengthening, a 'National Consultation on Nursing and Midwifery Regulation' was held with various stakeholders. The event, led by the Ministry of Health with support from UNFPA, saw a high level of participation of nurses, midwives, educators, associations, obstetricians and development partners.

Support was also mobilized from international experts. At the conclusion of the activity a 'Call to Action' for strengthening nursing and midwifery regulations was made. This "call" resulted in the establishment of a Technical Working Group (TWG) on nursing and midwifery to address regulation matters. Resulting from the TWG is the development of a draft Nursing and Midwifery Act.

Through the assistance of the USAID Centre for Disease Control (CDC), a successful meeting was held with the African Regulatory Authority, representatives from the Ministry of Health and Education fraternity, and the nurses and midwives association to address the finalization of midwifery regulations. In addition, a database was developed to capture data on all nurses and midwives practicing in South Sudan.

AVAILABLE RESOURCES ON REGULATION

Global Standards on Midwifery regulations ICM (2011)
http://www.internationalmidwives.org/assets/uploads/documents/Global%20Standards%20Comptencies%20Tools/English/GLOBAL%20STANDARDS%20FOR%20MIDWIFERY%20REGULATION%20ENG.pdf

Strengthening Midwifery Toolkit: Module 2; Legislation and regulation of midwifery – making safe motherhood possible WHO (2011); http://whqlibdoc.who.int/publications/2011/9789241501965_module2_eng.pdf

State of the World's Midwifery 2011: Midwifery Standards and Guidelines
http://www.unfpa.org/sowmy/resources/docs/main_report/en_SOWMR_Full.pdf

ASSOCIATION

A professional association is a group of people (of the same profession) who come together to form an organization to achieve the purpose and objectives of its establishment and future development.

A strong midwifery association, supported by its members and recognized by government, regulatory authority and education programmes, is a key pillar to promote high quality midwifery workforce

ROLE OF PROFESSIONAL MIDWIFERY ASSOCIATIONS:

- Provide a common vision and goal
- Advocate for the establishment of standards for education, regulation, and the scope of practice for the profession
- Provide power, visibility and credibility to the profession and help to boost morale of midwives
- Represent the 'voice' of the profession at the decision making table, especially in legal, regulatory and service decision-making fora.
- Strengthen Quality assurance (e.g. meeting of standards and competencies of members)

KEY CHALLENGES:

Many challenges affect the work of midwifery associations. Some of the major challenges stem from the reality that some midwifery associations are sometimes subsumed under the Registered Doctor's Association or under Nurses Associations (which operate as Trade Unions) thereby affecting their level of autonomy in decision-making and governance.

In addition, many midwifery associations lack adequate organizational structure and do not have the resources to recruit supportive staff.

These associations are therefore managed on a volunteer basis by 'motivated' midwives who are already employed on a full time basis, leaving them little time to devote to the association.

In some cases, membership is low and the value of the association is not always understood by its members themselves. It is therefore critical that associations be continually supported and strengthened.

Mission of ICM

To strengthen **member associations** and to advance the profession of midwifery globally by promoting autonomous **midwives** as the most appropriate caregivers for childbearing women and in keeping birth normal, in order to enhance the reproductive health of women, and the health of their newborn and their families

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Developing a Strong Midwifery Association

According to the State of the World Midwifery Report 2011, Association development involves creating viable organizations with well-documented policies and procedures guiding association activities and governance. Organizational development moves associations beyond promoting midwives, nurse midwives and midwifery to contributing to leadership in policy- and decision-making for maternal and child health services at all levels of the health system.
http://www.unfpa.org/sowmy/resources/docs/main_report/en_SOWMR_Part1.pdf

Associations should have:
- Representative membership that gives credibility to the association
- Effective leadership
- Organisational management skills
- Vision, mission and strategy that is understood by all members, shared by all stakeholders and accompanied by action.
- Human and technical skills to identify the association's organizational needs
- Advocacy skills to raise the profession's profile in the national and international health arena.
- Ability to ensure quality assurance and enforcement of competencies and standards for education and regulation.
- Skills in fostering partnerships and cultivating visible public support including a positive relationship with civil society/community.
- Communication skills for sharing of information internally and externally among donors, key Government authorities and civil society

SUGGESTED ACTIONS

- Countries that do not have an association are encouraged to work with a group of midwifery advocates and stakeholders to strategize and advocate for the establishment of an association.
- Review all relevant existing materials and resources on midwifery associations nationally and internationally
- Conduct assessment of association using MACAT tool to identify needs and areas for strengthening or capacity building for example, training in leadership skills, management skills, advocacy skills, communication in the work place skills, among others.
- Follow accredited procedures for establishing an association and liaise with the Registrar the regulatory body
- Work with a core team of midwives and other stakeholders or association members/ Board if in existence
- Engage government and other bodies in gaining support and approval
- Develop a strategic plan of action with clear timelines and responsibilities
- Develop a system for ongoing registration, enrolment and active engagement with association members
- Use creative ways to strengthen capacity building initiatives for the association including twinning with other associations, south to south collaboration, and leadership workshops, among others

- Support association in strategic planning using a participatory approach and involving stakeholders
- Partner with regulatory authorities to ensure development of in-service training requirements and standards.
- Negotiate for appropriate compensation and salaries with the government and enabling positive working environments
- Partner with women's groups and other advocates to promote women's reproductive health and newborn and child health.

What is the ICM Member Association Capacity Assessment Tool (MACAT)?

An individual professional association's ability to fulfill its role as a professional organization depends on its organizational capacity. Thus association capacity assessment is an important step in the creation of strong, mission-driven, well-managed, and results-oriented associations able to choose and execute context-specific maternal, newborn and child health projects.

The International Confederation of Midwives has developed a **Member Association Capacity Assessment Tool (MACAT)** to assist member associations to assess themselves.

The MACAT tool is important for the following reasons:

1. Assessing existing capacity of the association in the areas of: governance; management practices and leadership; financial resource management; association functions; collaboration, partnerships and networks; visibility including media relations and sustainability;
2. Monitoring progress of association development by re-administering the MACAT periodically;
3. Can be used as a guide for the formation of a new association.

EXAMPLE OF STRENGTHENING MIDWIFERY ASSOCIATION: **ZAMBIA**

Prior to 2011, most midwives in Zambia were nurses before they completed their midwifery training. In addition, both Zambian nurses and midwives belonged to one association, the Zambia Nurses Association (ZNA). The ZNA was later named the 'Zambia Union of Nurses Organisation' (ZUNO) after it was transformed into a union. This Union promoted and facilitated the formation of several "Interest Groups" for different cadres of nurses and midwives.

In 2009, the main Midwifery Interest Group began to promote the goals of the "Investing in Midwives Programme" (IMP), which resulted in the call of midwives for the establishment of an independent 'professional midwives association'. The call was further strengthened as UNFPA through its CMA facilitated several presentations on "the role of the midwives association in midwifery strengthening". Following overwhelming responses from midwives of different interest groups, in October 2010, a stakeholders meeting (comprising representatives of midwifery clinicians and educators, Nurses Union, and the General Nursing Council) was organized to address this issue. The meeting concluded with

a unanimous decision to formally establish a professional midwifery association that was independent of the existing ZUNO. The basis of the decision was to allow for the inclusion into an association "other" cadre of midwives who were not represented by the Union (such as those from the Defence Services and Private practicing midwives).

In June 2011, at the 3rd Triennial Congress in Durban, South Africa, the Midwives Association of Zambia (MAZ) was successfully registered as an ICM member, and was officially launched in November 2011 by the First Lady of the Republic of Zambia. The association now holds membership with the ZUNO Union council.

Following official elections in November 2012, the new executive members of the Midwives Association of Zambia (MAZ) was inaugurated with an interim executive established to develop necessary documentation (constitution, strategic plan, etc.) and to negotiate (through the Permanent Secretary Ministry of Health) for the registration of the association with the Zambia Registrar of Societies.

Available Resources: ASSOCATION

The MACAT Tool can be accessed from:
http://www.internationalmidwives.org/Portals/5/2011/Global Standards/MACAT ENG.pdf
The guidelines for the use of the MACAT tool can be accessed at:
http://www.internationalmidwives.org/Portals/5/2011/Global Standards/MACATGuidelines/ENG.pdf:

Chapter 4

Advocacy and Communications

Advocacy is the deliberate process, based on demonstrated evidence, to directly and indirectly influence decision makers, stakeholders and relevant audiences to support and implement actions that contribute to the fulfilment of an organisation's mandate. Effective advocates use varying communication media to inform others about their goal, its impact on growth and development and to influence public policy, laws and budgets.

Based on the ICPD Programme of Action, UNFPA has a clear mandate to put people and human rights at the heart of population and developmental goal. This mandate guides UNFPA's communication strategy, which brings together people's stories, and reveals evidence of the impact of our programmes over time; for it is believed that communicating regularly and systematically, with clear messages, will not only *highlight* the impact of one's programme, but also *contribute* to it.

Communication within the UNFPA-ICM joint midwifery programme can:
- Document what is happening on the ground such as "real-life" stories.
- Profile good practices and lessons learned. Advocate the important role midwives play in comprehensive SRH services, especially in MNH programmes.
- Give voice to the people we work with, especially youth and women
- Connect internal and external stakeholders; encourage stakeholder participation
- Position ICM and UNFPA as the "go-to" authorities on midwifery issues within their mandates.

In this way, communication and advocacy raises visibility to help spur action, enable fund-raising, and secure commitments from partners at all levels.

Suggested Actions
- Mark the International Day of the Midwife on 5 May with celebrations in your country. Prepare a media brief and invite the media to provide coverage of the event.
- Link to the *State of the World's Midwifery* report, quote Stories of Midwives
- You could possibly use key messages about midwifery in your e-mail signature
- Highlight a national 'Midwife of the Year' in your country or sub-district/region.
- Share your colleagues' experiences (as midwives or doctors, or skilled birth attendants) on "Voices" or external platforms, as appropriate
- Create a one- to two-page fact sheet on the status of midwifery and maternal health in the country; highlight a good practice
- Place an Op-Ed in a national news outlet, co-signed with government and other partners
- Submit earned media coverage to "UNFPA in the News" through the UNFPA Media Communications focal point at media.communications@unfpa.org or to ICM through its communication focal point at C.Jerie@internationalmidwives.org
- Submit an internal or external feature story
  - If you have a story idea in mind, firstly reflect on whether this should be an internal story (meant only for UNFPA staff) transmitted internally through "Voices", or whether

it should be shared externally. An article about the great work of UNFPA, the launch of a programme, for example, is an excellent way to promote the Fund externally. An internal story for '*Voices'* could be a good practice or a personal story.

- Submit an internal story to Voices by contacting voices@unfpa.org or through the myunfpa content submission page.
- Submit an external story to the Media and Communications Branch in New York at media.services@unfpa.org.
- The UNFPA Media and Communications Branch in New York has developed a set of tools to support (general) communication and advocacy work, and more specifically to the UNFPA-ICM joint midwifery programme.
- The ICM has developed a website in which news, DVDs and videos can be accessed to assist in midwifery advocacy and communication.

KEY POINTS TO NOTE

- Each country should keep a small communication package handy with factsheets, stories of midwives, good practices, and newspaper interviews. This can help support the senior managers or communication officer to be well prepared in giving a good interview, conveying key messages and doing policy advocacy, generating resources and building new partnerships needed for strengthening and sustaining the ongoing midwifery programme.
- It is the responsibility of the programme manager and communications advisor to identify important high profile events that can be used to advocate on midwifery issues and generate visibility for UNFPA.
- An important part of UNFPA's work is communication and advocacy with parliamentarians and other policy and decision-makers, whose partnership is vital to build support for the ICPD Programme of Action, the MDGs and the central role that midwifery plays in their achievement.

EXAMPLE OF ADVOCACY STORY: **AFGHANISTAN**

"*Today a midwife [who] graduates from a community midwifery education programme is a woman well-respected by the community*," says 35 year old Saleha Hamnawzada. "*She can earn her own salary and represents a role model for the future generation. A midwife is engaged in saving the lives of women and children. She is also contributing to a more "equal" Afghanistan*."

For ten years, Saleha practiced midwifery in mobile health clinics in the remote resource-poor areas of Afghanistan that lacked trained human resources for health for quality midwifery care. Given the lack of incentives to practice in such resource-strapped circumstances, and coupled with the lack of Government support for midwifery workforce strengthening, many were the days when Saleha desired to quit her profession as a midwife.

Today, as she walks among women and children whose lives midwives have saved, Saleha, in retrospect, notes the significant midwifery changes that have occurred in Afghanistan over the years – describing it as "*a transformation of midwifery in Afghanistan*". As she states, evidence of these "changes" are noted in improved lives of mothers and babies, who now receive "better" care; young girls are well informed of their sexual and reproductive health and rights and determine to delay pregnancy and continue their primary and secondary studies in school – focusing on accessing a career path. An overwhelming support of government towards professional midwifery development in the area of education, regulation and association; and most of all in improved competencies (knowledge, skills and attitude) of midwives has transformed midwifery in Afghanistan.

As former Executive Director of the Afghanistan Midwifery Association, Saleha supported the Government of Afghanistan in the training and deployment of community midwives in the Bamyan Province - putting midwifery skills close to where they were most needed.

Saleha's story is one of the examples of how UNFPA has communicated the impact of its work. This story was used on UNFPA's global website and circulated to partner organizations to draw visibility on the work of midwives like Saleha in improving health in communities.

Available Resources

- Internal dedicated midwifery resource page on myUNFPA
  https://portal.myunfpa.org/web/mdg5-midwifery-2011/home
- Safe Motherhood Resource Kit: http://www.unfpa.org/public/mothers/pid/4390 Midwifery
  page http://www.unfpa.org/public/home/mothers/pid/4384
- State of the World's Midwifery Report 2011 www.stateoftheworldsmidwifery.org
- UNICEF Advocacy TOOLKIT http://www.unicef.org/evaluation/files/Advocacy_Toolkit.pdf
- UNFPA global website overall resource page for media:
  https://www.unfpa.org/public/media_resources
- UNFPA global website: Safe Motherhood page http://www.unfpa.org/public/mothers
- UNFPA Issue Briefs: https://portal.myunfpa.org/web/myunfpa/issue-briefs
- UNFPA Media Guide (2008) Media and Communications Branch, New York -
  https://docs.myunfpa.org/docushare/dsweb/Get/UNFPA_Publication-30887
- UNFPA video library: http://video.unfpa.org
- •ICM news web site: http://www.internationalmidwives.org/news/

Chapter 5

<div style="background-color:#aecfd6">FUNDRAISING AND RESOURCE MOBILIZATION</div>

Resource mobilization is the ability to acquire resources (human and financial) and to mobilize people towards accomplishing this goal. It ensures that resource mobilizers are able to present a professional image, negotiate mutually beneficial agreements, comply with partner requirements, and report in a timely and accurate manner. It also addresses issues pertinent to partnerships through presentation, negotiation, agreements, and reporting.

Three steps in resource mobilization include:
>(1) Identifying needs
>(2) Identifying Potential Donors
>(3) Developing a Proposal

There are several key issues facing countries when they consider the needs and challenges in midwifery and human resources for health, especially in increasing the number of competent midwives to meet population needs, and sustaining programmes and services. Developing a plan or strategy to mobilize resources is an essential step in collecting much needed assets to strengthen midwifery and maternal health. With increased competition for scarce grant resources, creating options for new and diverse funding will help countries manage their programmes.

SUGGESTED ACTIONS

- Establish a team to work on resource mobilization. Collect as much information on the country context and key data as this will be needed for proposal writing.
- Identify and map available resources and funding opportunities for your country or region. List donors and their mandates and conduct research for more information on their interests. Include non-traditional donors and private sector.
- Develop a plan to mobilize and manage resources and assign responsibilities.
- Develop concept paper (2-3 pages) on specific areas of need and support, along with a realistic budget.
- Find opportunities that would be of interest to donors. Use informal opportunities to network and engage donors in discussion and familiarize yourself with the existing cooperation modalities, project and agreements formats as well as your internal office capacities.
- Develop and share a proposal with potential donors and solicit feedback.
- Explore midwifery networks and health web sites for Call for Proposals from donors.
- Advocate for regular programme resources to build sustainability by voicing strong arguments.

- Successful fundraising thrives on good advocacy.
- Identify all potential donors and partners who might be interested and those with common interests. Midwifery can be pitched to donors who might be interested in Sexual and Reproductive Health, Family Planning (FP), Prevention of Mother to Child Transmission (PMTCT) of HIV, Malaria in pregnancy, Fistula, Female Genital Mutilation and Cutting (FGM/C), etc.
- Do your homework: generate convincing information on the area of donor interest
- Use creative strategies as many programmes are competing for the same resources
- Fundraising requires a team that shares the same vision and goal; identify interest groups that share your program's goal and work with them.
- Transparency and accountability in the management of resources (especially financial resources) helps to inspire the trust and confidence of partners.
- Timely reporting of resources is critical in sustaining donor interest.

EXAMPLE OF FUNDRAISING AND RESOURCE MOBILIZATION: **ETHIOPIA**

With a population of 80 million people, in 2009 Ethiopia had only 1,725 midwives. The Federal Ministry of Health in 2009 developed a strategy to increase access to skilled attendants at birth. This strategy included the construction of 3,000 health centres, training and deployment of two professionally competent midwives in each health centre, and the mobilization of much needed resources especially in the scaling up of midwifery training. Given the interest in midwifery strengthening and based on identified needs, a concept paper and proposal was developed in early 2010 and presented to the Swedish Government. Discussions between the Swedish Embassy and the Government of Ethiopia resulted in a US$3.7 million grant in the latter part of 2010. In addition, under the "H4+ initiative for scaling up midwifery education", the Country Office mobilized an additional US$1 million for the year 2014 and 2015. The UNFPA Midwife Advisor continues to play a pivotal role in ensuring sustainability of resources by also advocating for the allocation of regular resources for the midwifery programme.

Available Resources

UNFPA Resource Mobilization Tool kit (2008) Resource Mobilization Branch, UNFPA HQ: New York. https://www.myunfpa.org/Apps/RMBToolkit/app/index.cfm?url_t=0

Background document on University-community engagement (not sure what this is supposed to be) https://www.google.com/#q=http%3A%2F%2Ftalloiresnetwork.tufts.edu%2Fwp-content%2Fuploads%2FBackground_UVic_Task_Force_CE.pdf

Chapter 6

Monitoring and Evaluation of Midwifery Programmes

This chapter provides a brief introduction to the basic concepts and principles in Monitoring and Evaluation (M&E) as it applies to midwifery programmes. In addition this chapter provides helpful links to more detailed information on how to create and incorporate coherent and effective M&E strategies into all aspects of a midwifery programme.

Monitoring: Monitoring tracks the actual performance against what was planned or expected according to pre-determined standards. It generally involves collecting and analyzing data on programme processes and results and recommending corrective measures.

Monitoring should occur on a regular basis at each stage and level of the midwifery programme: at project design, planning and implementation stage and also at the policy level. The WHO has produced a detailed guide on monitoring and assessment of continued competency for midwifery practice which can be accessed from:

http://whqlibdoc.who.int/publications/2011/9789241501965_module8_eng.pdf?ua=1

> **Basic Steps of Monitoring:**
> 1. Prepare a **M&E plan**
> 2. Establish **baseline and end-line indicator data**
> 3. Undertake regularly scheduled **field visits** to monitor programme implementation
> 4. Use **monitoring tools** determined by work plan
> 5. Submit timely **progress reports** for each programme component
> 6. **Conduct reviews** to assess results, learn from experiences in implementation and plan for upcoming programme activities

Evaluation is a periodic, in-depth analysis of a programme that attempts to assess systematically and objectively the relevance, performance and success of ongoing and completed programmes and projects. Evaluation is undertaken selectively to answer specific questions to guide decision makers and programme managers and to provide information on whether underlying theories and assumptions used in programme development were valid, what worked and what did not work and why. Evaluation commonly aims to determine the relevance, efficiency, effectiveness, impact and sustainability of a programme. Evaluations rely on data generated through monitoring activities as well as information obtained from other sources (e.g. studies, research, in-depth interviews, focus groups discussions, surveys etc.) Evaluations are often (but not always) conducted with the assistance of external evaluators and typically carried out during mid-term and at the end of the programme cycle.

The main objectives of a Programme Evaluation are:
- **Inform decisions on operations, policy or strategy** related to ongoing and future programme interventions
- To **demonstrate accountability** to stakeholders, decision makers, donors and programme countries

Basic Steps of an Evaluation:

1. **Define Standards** against which programmes are to be evaluated
2. **Investigate the performance** of the selected activities/processes/products to be evaluated based on these standards. This is done by an analysis of selected qualitative or quantitative indicators and the programme context
3. **Synthesize results** of the analysis
4. **Formulate recommendations** based on the analysis of findings
5. **Feed recommendations and lessons learned back** into programme and other decision-making processes

Monitoring	Evaluation
Continuous	Periodic, at important milestones such as the mid-term of programme implementation; at the end of a substantial period after programme implementation
Keeps track; oversight; analyses and documents progress	In-depth analysis; compares planned with actual achievements
Focuses on inputs, activities, outputs, implementation processes, continued relevance, likely results at outcome level	Focus on outputs in relation to inputs; results in relation to cost; processes used to achieve results; overall relevance; impact; and sustainability
Answers what activities were implemented and results achieved	Answers why and how results were achieved. Contributes to building theories and models for change
Alerts managers to problems and provides options for corrective actions	Provides managers with strategy and policy options
Self-assessment by programme managers, supervisors, community stakeholders and donors	Internal and/or external analysis by programme managers, supervisors, community stakeholders, donors, external evaluators

Suggested Actions

Review the planning tools and documents of the current midwifery programmes to ensure:

- Monitoring and Evaluation is duly addressed
- Sufficient funds are earmarked for Monitoring and Evaluation of midwifery programmes
- Country specific guidelines and tools for monitoring of midwifery services and midwifery education are in place and available to all relevant institutions and individuals.
- Avoid duplication of systems, tools and activities for data collection, analysis, dissemination and utilization in all levels.

Check list for monitoring of midwifery schools (countries can add or adapt as needed)

Midwifery Education	Areas to visit	What to look for
Midwifery Training Institution	Class room	-Presence or absence of a physically conducive learning environment (adequate ventilation, classroom, seating, light, etc.) - Student/Tutor ratio - Teaching & Learning resources such as multi-media equipment, audio-visual aids, clinical models, and charts; etc. - Competent Midwifery Trainers with good subject knowledge, clinical skills
	Skills lab	-Presence of skills lab equipment list -Teaching & Learning resources such as models, teaching aids, simulators etc. (quantity and quality) versus student population
	Library	Updated and appropriate Text books; computers; access time for students; well organized and catalogued
	Curriculum	-Note the different cadre of midwives - Check curriculum for basic midwifery competencies and education standards as outlined by ICM and WHO - Assess strategies and methods used to cover both theory and practice components of the curriculum -Distribution of time between theory and practice - Qualification of tutors (e.g. do they get continuous professional development; have adequate clinical skills; are they able to teach well)
Midwifery Clinical practice setting (determine where students access their clinical practice)	Supervision	-Client/Student ratio to allow for practice -Presence or absence of continuous quality supervision -Trainers know how to use the models and are able to effectively train the students
	Professional autonomy	Through interviews and observations assess the professional autonomy of midwives to perform all basic signal functions (based on Scope of Practice)

Evaluating a Midwifery Educational Programme

Monitoring of a midwifery education programme should be an ongoing process. The goals and objectives of evaluating a midwifery educational programme include:

• To ensure that the education programme is consistent with the health needs of the community (professional competence, ethical behaviour, cost effectiveness, accessibility, promotion of public health and benefit the community)

• To ensure that the education programme meets the quality requirements (recruitment, pass rate, characteristics of the graduates) established by the legislative body.

• To ensure that each school faculty has:
      (a) The necessary human, financial and material resources
      (b) A process of staff recruitment, development and retention
      (c) A curriculum enabling the achievement of the learning objectives
      (d) A system of student and teacher evaluation
      (e) A mechanism for monitoring the implementation and review of the curriculum

(From: Guidelines for Evaluating Basic Nursing and Midwifery Education and Training Programmes in the African Region. WHO 2007)

KEY POINTS TO NOTE

- Guidelines for monitoring and evaluation of midwifery programs should be developed; this will include data sources, data collection methods, recommendations on frequency of monitoring and evaluations, hierarchical levels of monitoring, and most importantly utilization of data.
- Typically the data sources and methods include:
    - Routine data such as HMIS, DHS,
    - National/Regional monitoring reports
    - Surveys and assessments
- An important point to be considered in any adaptation (or adoption) of monitoring tools at the country level is that the monitoring process that is supported by use of this tool be feasible, targeted, and cost-effective. It is not useful to design a process that cannot be implemented because of pragmatic limitations related to time constraints and financial burden. (WHO Strengthening Midwifery Toolkit Module 8)

AVAILABLE RESOURCES

To ensure a successful midwifery programme M&E must be applied to all aspects of a midwifery programme including education, regulation, association and advocacy. See below links to detailed guidelines on how to create and implement M&E strategies for the following areas:

Education:
- Strengthening Midwifery Toolkit Module 8: Monitoring and assessment of continuing competency for midwife practice. WHO 2011
  http://whqlibdoc.who.int/publications/2011/9789241501965_module8_eng.pdf?ua=1
- Guidelines for Evaluating Basic Nursing and Midwifery Education and Training Programmes in the African Region. WHO 2007
  http://www.hrhresourcecenter.org/node/1563

Regulation:
- Midwifery Regulation Assessment Tool
  http://www.internationalmidwives.org/assets/uploads/documents/Global%20Standards%20Comptencies%20Tools/English/Regulation%20Assessment%20Tool%20-%20Final%20July%202012.pdf

Association:
- Guidelines for the use of the MACAT tool ICM
  http://www.internationalmidwives.org/assets/uploads/documents/Global%20Standards%20Comptencies%20Tools/English/MACAT%20Guidelines%20ENG.pdf

Advocacy:
- Advocacy Toolkit Chapter 4 Monitoring and Evaluating Advocacy UNICEF 2010
  http://www.unicef.org/evaluation/files/Advocacy_Toolkit.pdf

General Guides to Programme M&E:
- Monitoring and Evaluation of Sexual and Reproductive Health Interventions A Manual for the EC/UNFPA Initiative for Reproductive Health in Asia. Horstman R. London School of Hygiene and Tropical Medicine and Netherlands Interdisciplinary Demographic Institute. 2002
  http://gametlibrary.worldbank.org/FILES/96_M&E%20Guidelines%20for%20Reproductive%20Health%20Programs%20-%20UNFPA.pdf
- How to Design and Conduct a Country Programme Evaluation UNFPA 2013
  http://www.unfpa.org/webdav/site/global/shared/documents/Evaluation_branch/Methodology%20-%20September%202013/Handbook%20entire%20document%20final%2011.29.2013.pdf
- Strengthening Midwifery Toolkit WHO 2011
  http://www.who.int/maternal_child_adolescent/documents/strenthening_midwifery_toolkit/en/
- Reproductive Health Indicators: Guidelines for their Generation, Interpretation, and Analysis for Global Monitoring WHO 2006
  http://www.who.int/reproductivehealth/publications/monitoring/924156315x/en/
- ICM Essential: Midwifery Services Framework (MSF) to be soon included in the core documents on http://www.internationalmidwives.org/core-documents

Examples of Evaluations:
- Mid-term Evaluation of UNFPA Support to Maternal Health of the Maternal Health Thematic Fund UNFPA 2012
  http://www.unfpa.org/webdav/site/global/shared/documents/Evaluation_branch/Maternal_health_report/MHTF%20evaluation%20report%2001.02.2013.pdf

ANNEXES

Midwifery Resource Toolkits and Guides

General:
- WHO. Strengthening Midwifery Toolkit. 2011
  http://www.who.int/maternal_child_adolescent/documents/strenthening_midwifery_toolkit/en/

Gap Analysis and Assessments:
- ICM. Pre-Service Education Assessment Tool English. 2012
  http://www.internationalmidwives.org/assets/uploads/documents/CoreDocuments/Pre-Service%20Education%20Assessment%20Tool%20English%202012.pdf
- ICM. Pre-Service Education Assessment Tool French. 2012
  http://www.internationalmidwives.org/assets/uploads/documents/Global%20Standards%20Comptencies%20Tools/French/PSE%20French%20-%20Final%20Sept%202012.pdf
- ICM. Pre-Service Education Assessment Tool Spanish. 2012
  http://www.internationalmidwives.org/assets/uploads/documents/CoreDocuments/Pre-Service%20Education%20Assessment%20Tool%20Spanish%202012.pdf
- WHO: A Guide to rapid assessment of human resources for health. World Health Organization 2004
  http://www.who.int/hrh/tools/en/Rapid_Assessment_guide.pdf

Education:
- ICM. Global Standards for Midwifery Education. 2010, amended 2013 (link to ICM global education standards package)
  http://www.internationalmidwives.org/what-we-do/education-coredocuments/global-standards-education/
- Intel/UNFPA. E-learning Program for Midwives and Other Frontline Health Workers.
  Modules can be accessed at: http://reprolineplus.org/ or downloaded through the Intel skoool HE™ website at http://www.skooolhe.com/
- Jhpeigo, USAID, MCHIP. Pre-Service Education Toolkit.
  https://www.k4health.org/toolkits/pse
- WHO. Global Standards for the Initial Education of Professional Nurses and Midwives. 2009
  http://www.who.int/hrh/nursing_midwifery/hrh_global_standards_education.pdf

Regulation:
- ICM. Global Standards for Midwifery Regulation.
  http://www.unfpa.org/sowmy/resources/docs/standards/en/R429_ICM_2011_Global_Standards_for_Midwifery_Regulation_2011_ENG.pdf
- ICM. Midwifery Regulation Assessment Tool.

http://www.internationalmidwives.org/assets/uploads/documents/Global%20Standards%20Co mptencies%20Tools/English/Regulation%20Assessment%20Tool%20- %20Final%20July%202012.pdf

- WHO. Strengthening Midwifery Toolkit Legislation and Regulation of Midwifery Module 2. 2011 http://whqlibdoc.who.int/publications/2011/9789241501965_module2_eng.pdf?ua=1

Association:

- ICM. Member Association Capacity Assessment Tool (MACAT), Guidelines for Use. http://www.internationalmidwives.org/assets/uploads/documents/Global%20Standards%20Co mptencies%20Tools/English/MACAT%20Guidelines%20ENG.pdf
- ICM. Why and How to Create a Midwives Association. http://www.internationalmidwives.org/who-we-are/midwives-associations/create-a-national- association.html

Programme Management:

- WHO. A Framework to Assist Countries in the Development and Strengthening of National and District Health Plans and Programmes in Reproductive Health, Suggestions for Programme Managers. 2002 http://www.who.int/reproductivehealth/publications/monitoring/FCH_RHR_02_2/en/

Resource Mobilization:

- Borghi J, et al. Mobilizing Financial Resources for Maternal Health. *The Lancet Maternal Survival Series*, Sept. 2006; 51- 59 http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(06)69383- 5/fulltext#article_upsell

Monitoring and Evaluation:

- Horstman R. Monitoring and Evaluation of Sexual and Reproductive Health Interventions A Manual for the EC/UNFPA Initiative for Reproductive Health in Asia. London School of Hygiene and Tropical Medicine and Netherlands Interdisciplinary Demographic Institute. 2002 http://gametlibrary.worldbank.org/FILES/96_M&E%20Guidelines%20for%20Reproductive%20H ealth%20Programs%20-%20UNFPA.pdf
- UNFPA. How to Design and Conduct a Country Programme Evaluation at UNFPA. 2013 http://www.unfpa.org/webdav/site/global/shared/documents/Evaluation_branch/Methodolog y%20-%20September%202013/Handbook%20entire%20document%20final%2011.29.2013.pdf
- UNFPA. Mid-term Evaluation of UNFPA Support to Maternal Health of the Maternal Health Thematic Fund. 2012 http://www.unfpa.org/webdav/site/global/shared/documents/Evaluation_branch/Maternal_he alth_report/MHTF%20evaluation%20report%2001.02.2013.pdf

- WHO. Guidelines for Evaluating Basic Nursing and Midwifery Education and Training Programmes in the African Region. World Health Organization 2007
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- WHO. Reproductive Health Indicators: Guidelines for their Generation, Interpretation, and Analysis for Global Monitoring. World Health Organization 2006
  http://www.who.int/reproductivehealth/publications/monitoring/924156315x/en/

Resource Webpages

- Countdown to 2015 Maternal Newborn Child Health
  http://www.countdown2015mnch.org/
- International Confederation of Midwives
  http://www.internationalmidwives.org/
- UNFPA Midwives
  http://www.unfpa.org/public/mothers/pid/4384
- UNFPA State of the World Midwifery Report 2014 webpage with news, updates and links
  http://unfpa.org/public/home/pid/16021
- UNFPA Safe Motherhood
  http://www.unfpa.org/public/mothers/
- White Ribbon Alliance
  http://whiteribbonalliance.org/
- WHO Strategy of Human Resources for Health - 2010-2015
  http://www.who.int/hrh/strategy/en/

Key Reports and Statements

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- Chong, Y and Tan, E. *Midlevel health-care providers key to MDG 5*, The Lancet, Volume 377, Issue 9772, Pages 1127 - 1128, 2 April 2011
  http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(11)60166-9/fulltext
- Countdown to 2015 Maternal Newborn Child Survival: Building a Better Future for Women and Children The 2012 Report. World Health Organization and UNICEF. 2012
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- Global Health Workforce Alliance. Mid-Level Health Workers for Delivery of Essential Health Services: A Global Systematic Review and Country Experiences. 2013 http://www.who.int/workforcealliance/knowledge/resources/mlp2013/en/
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  http://apps.who.int/iris/bitstream/10665/112682/2/9789241507226_eng.pdf?ua=1

Videos

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  http://video.unfpa.org/video/0-693366933001-Back-to-life-Midwives-help-preventing-fistula-in-Timor-Leste
- Engel Entertainment. Ghana: Midwives Deliver. 2010
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- UNFPA. Community Midwifery Takes Hold in Laos. 2011
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- White Ribbon Alliance. Stories of Midwives
  http://video.unfpa.org/video/0-996952478001-Trailer-Stories-of-Midwives
- White Ribbon Alliance You-Tube Channel
  http://www.youtube.com/user/WhiteRibbonAlliance

GLOSSARY OF TERMS

Accountability in midwifery	A midwife must be accountable for her decisions and actions. This accountability is primarily to the woman, but also to the profession and to the public.
Accreditation	A process of review and approval by which an institution, programme or specific service is granted a time-limited recognition of having met certain established standards.
Assessment of midwifery practice	The systematic procedure for collecting qualitative and quantitative data to assess performance, progress or practice decisions/actions in relation to standards and/or competencies.
Assessment of student learning	The processes used to evaluate student performance and progress in achieving learning outcomes and demonstrating required competencies.
Autonomous	Self-governing, self-regulating: taking responsibility for one's decisions and actions.
Autonomous midwife	A midwife who is responsible and accountable for all decisions made and the care provided.
Code of Conduct	The rules or standards governing the professional behaviour of a midwife.
Code of Ethics	The rules or standards governing the moral behaviour of an individual or profession.
Competency (midwifery)	A combination of knowledge, professional behaviours and specific skills that are demonstrated at a defined level of proficiency in the context of midwifery education and/or practice.
Competency-based education	Teaching, learning and assessment activities that are sufficient to enable students to acquire and demonstrate a predetermined set of competencies as the outcome of learning.
Core competencies	An area of specialized expertise such as midwifery made up of a combination of complementary skills and knowledge bases (i.e. more than one knowledge base) embedded in that group's, team's or professional cadre's expertise. Descriptions of core competencies are found in the joint ICM/WHO Manual.

Continuing Professional Development (CPD)	A range of learning activities through which health professionals maintain and develop throughout their career to ensure that they retain their capacity to practise safely, effectively and legally within their scope of practice.
Direct-entry Midwifery Programme	A programme of midwifery studies that admits students who have not previously completed a programme of basic nursing education.
Emergency obstetric and neonatal care (EmONC)	Consists of 9 Signal Functions: Basic: Parenteral administration of Antibiotics, Oxytocics and anticonvulsants, manual removal of the placenta, manual vacuum aspiration, vacuum extraction, neonatal resuscitation (plus stabilization of woman and newborn for referral, pre-referral care and referral.
	Comprehensive (CEmONC): all the above plus surgery (Caesarean) and safe blood transfusion.
Equivalence	A term used to describe and/or determine a relationship of parity between one system, jurisdiction or institution and another with respect to the value and significance of courses, diplomas, certificates, licenses, and/or degrees. Ideally these relationships are mutual so that holders of "equivalent" credentials are treated in the same way by institutions and occupations.
Evaluation	A process and procedure for formal assessment of the outcomes of learning or performance.
Health Professional	An individual who is educated in a health discipline and licensed/regulated to practise that discipline; e.g., midwives, nurses, medically qualified doctors and clinical officers.
Legislation	A law or body of laws enacted.
Midwife	A person who has successfully completed a midwifery education programme that is duly recognized in the country where it is located and that is based on the ICM Essential Competencies for Basic Midwifery Practice and the framework of the ICM Global Standards for Midwifery Education; who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title 'midwife'; and who demonstrates competency in the practice of midwifery. (ICM 2011)
Midwife teacher	A qualified, competent midwife who has successfully completed a programme of study and/or demonstrated competency in teaching that

	includes the art and science of curriculum development, methods of theoretical and practical teaching of adult learners, and methods of measurement and evaluation of student learning.
Midwife clinical preceptor/clinical teacher	An experienced midwife engaged in the practice of midwifery that is competent and willing to teach, observe, and evaluate midwifery students during their practical/clinical learning.
Midwifery continuing competence	The ongoing capacity to demonstrate the knowledge, professional behaviour and specific skills necessary to work within the Midwifery Scope of Practice.
Midwifery education institution	The organisation that provides the midwifery education programme. The organisation may include universities, polytechnics, colleges, schools, government ministries, NGOs.
Midwifery Programme	An organised, systematic, defined course of study that includes didactic and practical learning needed to prepare competent midwives.
Midwifery Registration/licensure	The legal right to practise and to use the title of midwife. It also acts as a means of entry to the profession within a given jurisdiction.
Midwife Scope of Practice	The midwife is recognised as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife's own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures. The midwife has an important task in health counselling and education, not only for the woman, but also within the family and the community. This work should involve antenatal education and preparation for parenthood and may extend to women's health, sexual or reproductive health and child care. A midwife may practise in any setting including the home, community, hospitals, clinics or health units.
Midwifery	The scope of practice of professional midwives'. The art and science of assisting a woman before during and after labour and birth.
Monitoring	An ongoing, periodic, assessment of performance in accord with standards.

Practical experience (midwifery)	Student time in midwifery practice settings for acquiring and applying knowledge, skills and behaviours and demonstrating competency in the practice of midwifery.
Preceptor	A health care provider (midwife or other professional) who offers direct supervision during clinical student placements, under the general supervision of the midwife teacher.
Professional Association	A formal group of practitioners of a given profession.
Register of midwives	The official list of qualified /licensed/certified midwives as identified by the midwifery regulatory authority in a given jurisdiction; available to the public.
Relicensing/Recertification	To issue a renewed license or certificate within a specified period of time; generally linked to assessment of the practitioner's continuing competence.
Skill	Ability learned through education and training or acquired by experience, to perform specific actions or tasks to a specified level of measurable performance.
Regulatory authority/body/agency	The organisation that regulates a specific profession and ensures that the public is protected against incompetent or unethical practitioners. An organisation authorised by law or by government to regulate the profession.
Skilled care for pregnancy and birth	"Skilled Care" is where pregnancy and birth is assisted by a skilled attendant operating in an enabling environment and supported by a functional referral system.
Standard	Practice Standard: The desirable and achievable level of performance against which actual practice is compared. Education Standard: a norm/uniform reference point that describes the required level of achievement for quality midwifery education.
Validity assessment methods	Use of valid and reliable measurement tools or strategies to measure student learning in a given content or practical area related to a specific learning outcome.

Glossary adapted from ICM Glossary of Terms, WHO Strengthening Midwifery Toolkit, and UNFPA and ICM's *Investing in Midwives and Others with Midwifery Skills to Save the Lives of Mothers and Newborns and Improve Their Health* 2006