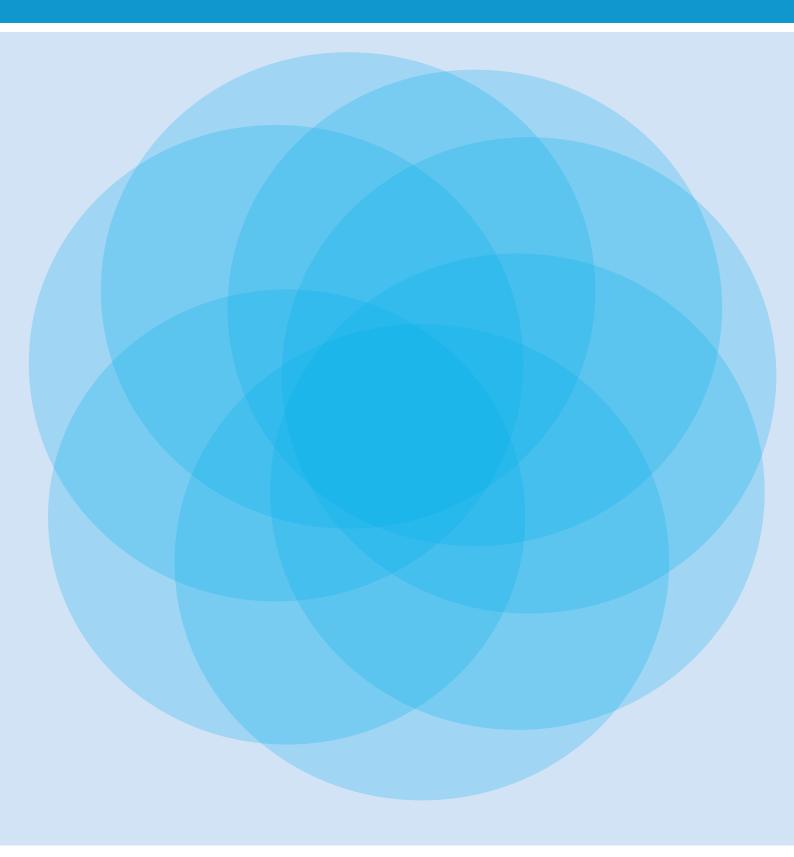
ICM REGULATION TOOLKIT





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INTRODUCTION

Between 2008 and 2011, the International Confederation of Midwives (ICM) undertook the development of global standards for midwifery regulation in tandem with the development of global standards for midwifery education and an updating of the midwifery competencies. These Global Standards, along with the other core ICM documents provide a professional framework that can be used by Midwives' Associations, midwifery regulators, midwifery educators and governments to strengthen the midwifery profession and raise the standard of midwifery practice in their jurisdictions.

The ICM Global Standards for Midwifery Regulation (2011) can guide amendments to existing legislation and promote changes that strengthen regulatory frameworks to support autonomous midwifery practice. In those countries with limited or non-existent regulatory processes, these standards can guide the development of new midwifery regulation. Countries with existing midwifery regulation can use these standards as a benchmark for future changes. Legislation, policies, and procedures based on these standards will create midwifery regulatory frameworks that protect mothers and babies through the provision of safe and competent midwifery care.

The most urgent need for applying these standards is in countries with limited or non-existent midwifery regulation. Midwives in such countries have sought help from ICM as to how they can work collaboratively with governments, regulators, and policy-makers to develop a plan and timeframe for implementing these global standards.



This toolkit offers a practical approach and resources to assist Midwives' Associations in lobbying for legislation and policy necessary to establish midwifery regulation, particularly in countries with limited or non-existent midwifery regulation. Given the long timeframe required for legislative and policy changes in most countries, this toolkit also explores how Midwives' Associations can implement voluntary regulatory activities for members while continuing to work on the longer term goals. In this way, Midwives' Associations can take the lead on implementing regulatory activities that support midwifery practice and go some way to meeting the ICM Global Standards for Midwifery Regulation.

Sidebar key

Throughout the toolkit there are sidebar panels with additional information



Toolti



Further information



Take note



Who should use this toolkit?

Many Midwives' Associations are located in countries which have incomplete or no form of midwifery regulation. This includes those countries where midwifery regulation is collectively managed with another profession such as nursing, making regulation unclear and confusing.

This toolkit provides a practical approach to help Midwives' Associations to assess and plan the actions required to move to a fully functioning regulatory system that meets the International Confederation of Midwives standards and so ensures that women and babies receive the best possible midwifery

The toolkit caters to both those at the very beginning of the regulatory journey and those who have already travelled down the road to regulation, but have not yet reached the goal of meeting the ICM Global Standards for Midwifery Regulation. It can also be used to inform responses to proposed changes to regulation.

Values and principles

The Global Standards of Midwifery Regulation set out by ICM are founded on values and principles, which include:

Recognition that regulation is a mechanism by which the social contract between the midwifery profession and society is expressed. Society grants the midwifery profession authority and autonomy to regulate itself. In return society expects the midwifery profession to act responsibly, ensure high standards of midwifery care and maintain the trust of the public.

Recognition that each woman has the right to receive care in childbirth from an educated and competent midwife authorised to practise midwifery.

Recognition that midwives are autonomous practitioners; that is they practise in their own right and are responsible and accountable for their own clinical decision making.

Recognition that the midwife's scope of practice describes the circumstances in which the midwife may make autonomous clinical decisions and in what circumstances the midwife must practise in collaboration with other health professionals such as doctors.

Recognition that midwifery is a profession that is autonomous, separate and distinct from nursing and medicine. What sets midwives apart from nurses and doctors is that only midwives can exercise the full scope of midwifery practice and provide all the competencies within this scope.

Recognition that wherever a registered/qualified midwife with a midwifery practising certificate works with pregnant women during the childbearing continuum, no matter what the setting, she is practising midwifery. Therefore, when a midwife holds dual registration/qualification as a nurse she cannot practise simultaneously as a midwife and a nurse. In a maternity setting a registered/qualified midwife always practises midwifery. (ICM, 2011)

These values and principles clearly set the stage for midwifery regulation giving them purpose.

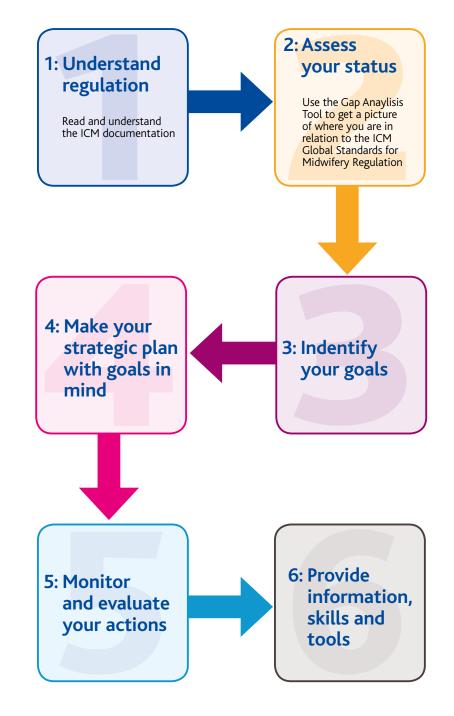


The toolkit is designed to help Midwives' Associations to:

- 1 Understand regulation
- 2 Assess your current status in relation to the ICM Global Standards for Midwifery Regulation
- **3** Use the results of your assessment to identify goals
- **4** Make action plans towards achieving those goals
- **5** Help you monitor and evaluate your actions
- 6 Provide information, skills, and tools

How to use this toolkit

There is a lot of information in this toolkit, some of which may already be familiar to you, and some of which will be new. The purpose is to help you to develop a regulatory environment, practice and system for midwifery in your region/country. If the ultimate aim is for you to achieve regulation status, this toolkit will help you to consider the many things (internal and external) needed to achieve regulation. Because there are so many variables, you will need to produce a strategic plan, detail how you will put this plan into action and then set your goals to achieve your plan. It is often difficult to think long-term and with aspiration, when there are so many day-to-day pressures. Hopefully this toolkit will help you to keep your aim in mind, and give you practical steps and assistance to realise this aim.



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PURPOSE OF REGULATION

Regulatory mechanisms, whether through legislation, employment or other regulation, aim to ensure the safety of the public. This process of regulation is how the social contract between the midwifery profession and society is expressed. This is achieved through the following six main functions of:

- 1 Setting the scope of practice
- 2 Pre-registration education;
- **3** Registration;
- 4 Relicensing and continuing competence;
- 5 Complaints and discipline; and
- 6 Codes of conduct and ethics.

(ICM, 2011)

The purpose of ICM Regulation Standards is to describe the regulatory framework necessary for effective midwifery regulation. The framework defines the 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 that midwives enter the register following education consistent with the ICM Global Standards for Midwifery Education (2011);
- Ensure that midwives enter the register able to demonstrate the ICM Essential Competencies for Basic Midwifery Practice (2011);
- Ensure that midwives are able to practise autonomously within their prescribed scope of practice;
- Ensure that midwives demonstrate continuing competence to practise;
- Ensure that midwives and women (as users of midwifery services) are part of the governance of midwifery regulatory bodies; and.
- Ensure public safety through the provision of a competent and autonomous midwifery workforce.

(ICM, 2011)

By working towards meeting the regulation standards and establishing regulatory authorities to enforce, support and monitor these standards, countries can ensure that both their midwifery workforce and the women using midwifery services are protected.

Definition of a midwife

It is important that the role of the midwife is clearly defined within the health workforce, as this sets limitations and provides protection to practising midwives.

ICM defines a midwife as:

A person who has successfully completed a midwifery education programme that is duly recognised 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)

A midwife's scope of practice therefore relates to the parameters in which she provides care through partnerships with women and clearly defines the boundaries between that care and the services provided by other health professionals. ICM states:

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.



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About the International Confederation of Midwives

ICM is an accredited non-governmental organisation and represents midwives and midwifery to organisations worldwide to achieve common goals in the care of mothers and newborns.

Vision

ICM envisions a world where every childbearing woman has access to a midwife's care for herself and her newborn.

Mission

To strengthen Midwives 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.

www.internationalmidwives.org

A midwife may practise in any setting including the home, community, hospitals, clinics or health units.

(ICM, 2011)

Important in defining this scope is recognising the difference between midwifery practice and other forms of obstetric care. This is evident in the following key concepts unique to the role of midwives, described by ICM:

- partnership with women to promote self-care and the health of mothers, infants, and families;
- respect for human dignity and for women as persons with full human rights;
- advocacy for women so that their voices are heard;
- cultural sensitivity, including working with women and health care providers to overcome those cultural practices that harm women and babies;
- a focus on health promotion and disease prevention that views pregnancy as a normal life event.

(ICM, 2011)

Regulation is the key mechanism by which the role and scope of midwifery can be defined, supported, and promoted. These definitions allow for clear, transparent and diligent oversight by a regulatory body with robust procedures and processes, helping build trust with women, other health professionals, and the wider community by providing high quality, safe care. Not only does this regulation serve women and the community, but it serves midwives in supporting and developing their practice and autonomy.

ICM core documents

ICM provides information on all elements of midwifery professional practice on its website. Further information and details regarding regulations, definitions, scope, education, etc. can be found on the ICM website www.internationalmidwives.org in the core documents:

- ICM Definition of the Midwife (2011),
- ICM Position Statement on Regulation 2002
- ICM Position Statement on Legislation to Govern Midwifery Practice 2008
- ICM Global Standards for Midwifery Education 2010 (amended 2013)
- ICM Essential Competencies for Basic Midwifery Practice revised 2010 (amended 2013)
- ICM International Code of Ethics (2008),
- ICM Midwifery Philosophy and Model of Care (2005), and
- Selected ICM position statements.

3 KEY ELEMENTS OF A REGULATORY AUTHORITY

A regulatory authority is both the watch-dog (policing) and guard-dog (protecting) of the profession thus ensuring the safety of the public (women and babies). It seeks to sustain a professional identity of midwives that is seen as skilled and safe. It does this through inward focused efforts acting on midwives directly and outward focussed efforts acting on governments, other health professionals, communities and women.

A Regulatory Authority is tasked with meeting the standards of midwifery regulation. The standards cover four key categories:

Organisation of the standards

- 1 Model of regulation: the type of regulation e.g. via legislation
- 2 Protection of title: who may use the title 'midwife'
- **3** Governance: the processes for establishment of a midwifery regulatory authority and the processes by which the regulatory authority carries out its functions
- **4** Functions: the mechanisms by which a regulatory authority regulates midwives and includes the sub-categories of:
 - a scope of practice,
 - **b** pre-registration midwifery education,
 - c registration,
 - d continuing competence,
 - e complaints and discipline, and
 - f code of conduct and ethics.

There are several standards in each category or sub-category and an explanation is provided for each standard. (ICM, 2011)

Regulation is a dynamic and ongoing process constantly evolving with the needs of the stakeholders and communities it serves and so requires ongoing evaluation and development. It is possible to have poor quality regulation and ICM therefore lays out what is necessary to have good quality regulation.



Society grants the midwifery profession authority and autonomy to regulate itself. In return society expects the midwifery profession to act responsibly, ensure high standards of midwifery care and maintain trust of the public.

(ICM, 2011)

The following are principles of good regulation and provide a benchmark against which regulatory processes can be assessed.

Necessity

is the regulation necessary?

Are current rules and structures that govern this area still valid?

Is the legislation purposeful?

Effectiveness

is the regulation properly targeted?

Can it be properly enforced and complied with? Is it flexible and enabling?

Flexibility

Is the legislation sufficiently flexible to be enabling rather than too prescriptive?

Proportionality

Do the advantages outweigh the disadvantages?

Can the same goal be achieved better in another way?

Transparency

Is the regulation clear and accessible to all? Have stakeholders been involved in development?

Accountability

is it clear who is responsible to whom and for what?

Is there an effective appeals process?

Consistency

Will the regulation give rise to anomalies and inconsistencies given the other regulations already in place for this area? Are best practice principles being applied?

(ICM, 2011)

Principles of good regulation

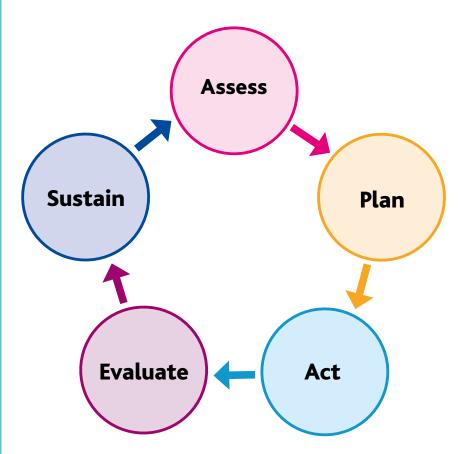
Using these principles (see left), regulatory authorities and interim authorities (those not supported by government) can assess their regulation and practices to ensure that they provide the highest standard of governance.

Pathway to regulation

In order to plan and successfully achieve a regulatory authority for an autonomous midwifery profession you need to assess current gaps, identify barriers, and plan action. This action then needs to be monitored, evaluated, and sustained into the future. In some cases, the possibility of succeeding may seem remote and plans for interim/transition options need to be made with the goal of constantly pursuing progress and improvements.

Much of how a regulatory authority is established depends on external forces and so being aware of the context in which you operate is imperative. Know your socio-political climate well. Understand your legislative process. Be aware of other health professions — the legislature governing them, their opinion of midwifery and midwifery autonomy, and their potential contribution to your cause (both positive/negative).

These are the elements you will expect to undertake as you develop work towards achieving midwifery regulation:



Plan

Planning is the identification of actions required to reach one's goals.

Planning should be done in recognition of resources/time available and be realistic (be aware of your limitations).

Planning is best done, first at a high level, i.e. "what are the goals we need to achieve and what general steps are required to achieve them"; then at a more detailed level, "what specific actions are required for each step needed to achieve a goal".

Planning requires the delegation of tasks/ actions to the various members in a group based on their skills/connections, etc.

Planning also requires the appointment of a lead person for each specific goal who oversees the actions of various team members.

The lead person for a specific goal will need to communicate effectively to all members and be effective in keeping all members on track and all tasks up-to-date.

It is good practice to create planning and reporting templates that suit your situation. These can be used as a resource and serve as a record.

Documentation also serves to standardise practice across teams ensuring that everybody takes an appropriate approach, reports effectively, and keeps progressing.

More information about this can be found in "Skills to Influence and Achieve Change – Making your Plan" on page 20

Act

Actions towards a goal will take many forms ranging from writing different forms of documentation, establishing relationships or getting out into the community, attending meetings, reporting to groups either in person, via telephone/internet or in written form.

These actions should have been identified in your planning stage and delegated to appropriate members.

All actions/tasks should be completed professionally with the image of midwifery you wish to portray in mind.

Actions/tasks across the group and between groups should be standardised to ensure professionalism. This requires lead members communicating effectively. It can be achieved by creating templates for documentation, briefing members on best practice prior to asking them to complete a

task, setting rules within groups for certain kinds of communication, etc.

Actions need to be documented in detail and regularly. This allows others to pick up the thread should someone fall sick, or be unable to complete a task. It also serves as information when evaluating the outcomes of a project and helps teams analyse what may/may not have worked well.

Evaluate

To plan effectively it is useful to know what works well and what does not.

By recording and reporting on tasks as specified above, teams have the ability to assess their work to inform future plans.

Some plans may need to be revised due to a lack of positive outcome and an evaluation of what happened or what has worked in the past will help do this effectively.

Evaluations can occur based on documentation as described above, but you may also want to conduct broader evaluations, i.e. whether certain groups think you are achieving your goals. This can be done via survey either online, by phone or paper-based questionnaire.

More information about this can be found in "Resources and tools" section on page 43

An evaluation is only as good as the information collected and so it is important in your planning stage to consider what information is important in being able to analyse your efforts. This will include estimated time for a task versus real time taken, or estimated resource use versus actual resource use. It may include performance measures of various members or social networking statistics depending on your individual goals and needs.

Sustain

Many of the goals you need to achieve a midwifery regulatory authority that maintains the ICM Global Standards of Midwifery require ongoing monitoring and support.

Relationships used to achieve change, require regular and ongoing contact to maintain their influence and importance.

Documentation needs to be shared and accessible to share information and skills within the profession.

Ongoing evaluation of efforts and services needs to be developed so that performance remains of a high standard from the beginning and does not waiver.

All of these sustainability tasks require the definition of a role responsible for ensuring oversight and upkeep of the important processes, policies and relationships involved in your efforts.

Roles created within the profession to progress regulation should always have a deputy and should have a set timeframe for appointment that is renewed regularly. This allows for capacity-building throughout the profession, ensuring many are involved in governance in a meaningful and sustainable manner.

A handbook of templates, documentation, contacts etc., should be maintained to ensure an accessible resource exists into the future

More information about this can be found in "Resources and tools" section on page 43



About the Gap Analysis Tool (GA Tool)

The ICM developed the Gap Analysis Tool to help Midwifery groups asses their current standing against standards.

Completing the Gap Analysis Tool is one of the first steps in helping you to become registered. It will highlight areas for you to focus on — and help you recognise aspects you are already doing.

Once you have completed the GA Tool, you will be in a better position to make plans as specified in this document, monitor your progress against these plans and achieve your goal of meeting the ICM standards.

Remember to celebrate successes as this helps the team stay positive and rewards hard work!

The Gap Analysis Tool can be found in Appendix 1 in this document



There are further tips for undertaking this kind of work in the "Resources and tools" section of this document

Self-assessment against standards: Gap Analysis

A good place to start is with our Gap Analysis Tool (GA Tool) found in Appendix 1. This tool should be used to assess your current situation and inform planning. It is organised in the following ways:

PART 1-5: A detailed question/answer section to assess the current state of affairs in your country around the specific requirements of regulation. Complete this, as it will help inform the next section.

PART 6: Based on your answers in **PART1-4**, complete **PART 5**. This is a table asking you whether you meet the current standards of a regulatory authority.

PART 7: This section asks you to identify challenges/problems, as well as make recommendations for the future. How successful the outcomes of your goal setting and planning are depends on your ability to pre-empt potential issues and address them proactively.

After you have undertaken the Gap Analysis

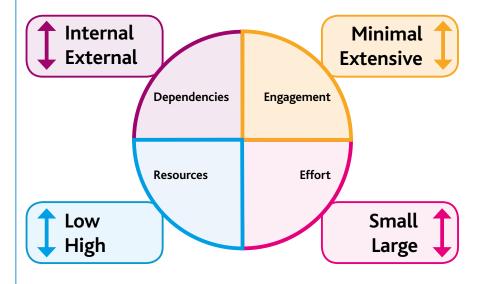
After completing these tasks, you should:

- 1 Identify all sections for which you did not have an answer available
- 2 Identify all sections which did not meet the standards
- 3 Identify your challenges and problems page

These elements can then be used to start your planning. The first step is to eliminate category one, so that it either becomes noted or falls to category two. You may need to gather information from sources from which you have not previously gathered information and this may include establishing relationships with external organisations or paying to access information.

Assess where you are currently not meeting the standards

To make effective plans for category two, you will need to go through your list and sort the items as to their degree of implementation difficulty. Consider the following elements when deciding difficulty:





Reminder!

More information on establishing a midwives association, applying for ICM Membership for your Midwives' Association and administrative tasks associated with regulation can be found in "Resources and tools" section of this document.

Dependencies are those things crucial to achieving tasks that you cannot control, but can strategically plan for. Internal versus external describes whether they are dependent on midwives or other parties. Those things in the analysis table that fell under "requires legislative changes" have external dependencies. Those things that require regulatory changes will often be internal, but may also have external influencers. Other dependencies may include support or availability of specific people. It is important when considering your internal and external dependencies, to find out as much information as possible about how you can address them.

Engagement is the extent and scope of stakeholder involvement. To evaluate this, consider whether the task requires consultation solely within the profession, or more broadly at a community, sectorial (health) or national (government) level. Does the consultation require representatives or as broad a sample as possible (i.e. key experts/leaders within profession or community versus many voices). Be aware that engagement can foster greater social and civic capital; involving important stakeholders in your planning can make them allies in achieving your goals, but if handled poorly can turn them into barriers. Engagement requires the explanation of clear roles and responsibilities and these should be described before any work is done. The scope of the consultation should also be made clear to stakeholders so that there is no misunderstanding about what influence they have in the task, thus avoiding discontent.

Resources describe what is needed to complete the task this may be funding where travel for consultation is required, it may be "time" where people are required to create support material or draft documentation. You may need technical or design support in creating online materials or sources, or financial advice in managing funds. Vital to successful planning is an early scoping of your needs, even at a provisional level initially. This allows you to better organise and source support and make contingency plans.

Effort – how much work does the task require to be completed? For example, a task may require a one day, highly organised workshop, where clear goals are set and met. Another task may require months of ongoing consultation, collaboration, and documentation. It is important to recognise the extent of work required to complete a task early on if only tentatively so that planning can be more effective.

Once you have assessed your gaps in relation to the four categories, order them into three groups based on degree of difficulty:

1 Easy

2 Intermediate

3 Difficult

Complete those that fall into category one first. Using your assessment of dependencies, engagement, resources and effort, make concrete plans, with clear steps and deadlines to achieve these goals. More on strategic planning and goal setting is available in later sections of this toolkit. Distribute the leadership and responsibility of tasks between members of your group based on skills, resources, advantages and availability. Co-ordination of all activities is important for successful outcomes.

For categories two and three it is useful to assess any interconnectedness - i.e. does the completion of one goal rest on the success of another. If so, the clustering together of certain gaps to make more effective plans may be appropriate.

Planning is best done, when you identify the end goal, and then work backwards determining what actions are required to get to that goal given your current position. Document each of these actions or requirements and then describe what is necessary to have them occur. This should then create a list of tasks that need to be completed to facilitate your outcome. For some of the items you have categorised into the **Difficult** group, you may need to discuss with others how best to achieve them, if you are not sure what tasks are necessary to get you to the desired outcome. Collaboration and cooperation will be necessary throughout your regulation journey. Identifying appropriate partners and allies and how to work collaboratively is explained further in Resources and tools.



Working towards establishing Regulatory Body Basics

Establishing robust self-regulation through your professional association will help you to familiarise your members to various regulatory activities and will help you move to full regulation later.

It will require you to do things like develop a Mission statement, organisation structure, develop a membership and show evidence of financial reporting. There are many resources available to help you do this, and we have provided links to these in the "Resources and tools" section later in this document.

More information on establishing a midwives association, applying for ICM Membership for your Midwives' Association and administrative tasks associated with regulation can be found in the "Resources and tools" section of this document.

Interim/transition phase planning

Political will can be lacking and government support may be scarce when you start your work towards achieving the Global Standards of Midwifery Regulation through the establishment of a regulatory authority. It is important to consider what may be the best and most appropriate steps to safeguard your profession and the women and babies you serve in the meantime. This may mean that your Midwives' Association acts as a form of interim regulatory body temporarily without government mandate. This form of self-regulation can help you gain support from the public, other professionals, and government.

Establishing interim regulatory activities is a way of supporting the profession and a means of ensuring safety to the public. It also shows the ability of the profession to meet the standards and complete the functions of regulation as required.

Compliance will in this case be voluntary, insofar as any functions of regulation you establish will only apply to members and membership itself is voluntary. You need to consider that individuals who do not meet these standards may remove themselves from your association, and so you may wish to develop a bridging route to encourage retention. Interim regulatory activities can include:

- Statements of Midwifery Scope of Practice
- A code of ethics
- Core competencies
- Standards of practice
- Standards of education
- Peer-review/standard's review processes

Regulatory body basics are outlined on the next page. If following this route, we encourage you to draw on ICM documentation available on the website especially in relation to their core documents, the **Definition of the Midwife**, and the core competencies.

Establishing robust self-regulation through your professional association will help you to familiarise your members to various regulatory activities and will help you move to full regulation later. The government process may involve either the recognition of your association as a regulatory authority, or may adapt/adopt your processes into the government mandated regulatory authority, thus providing a smooth transition for the profession.

Full implementation phase planning

Once you gain official support from government for a regulatory authority whether after having gone through an interim phase or starting regulation from scratch, it is important to set the authority up robustly from the beginning. The essential elements of a robust regulatory authority are listed below and will have been discussed/ specified in negotiating the government mandate that supports the authority and resources it. The task of now creating, documenting and setting up processes falls on the membership of the authority.

REGULATORY BODY BASICS

Purpose/Mission/Values

(including statement/process for collaboration/consultation)

Structure (to include composition of regulatory body, reporting responsibilities, etc.)

Membership

Chairperson – role description, selection criteria, nomination/appointment process, term of appointment

Members – role description, selection criteria, nomination/appointment process, term of appointments

Financial Management, Fee collection and funding acquisition (where necessary)

Annual Report (to include financial reporting, workforce size/spread, etc., disciplinary actions taken, etc.)

Legislation

- Regulation Purpose/Function
- Reach
- Title
- Governance and Governance Structure
- Scope of Practice/Definition of legally qualified practitioner (incl. hospital access, prescribing, etc.)
- Associated Legislation that may require changes
- Registration/Licensure (including various forms)
- Standards
- Ongoing Monitoring; continuing competence
- Disciplinary powers and processes

Education

- Framework for pre-registration programmes
- Approval, accreditation and audit process for education institutions
- Adaptation programmes for overseas midwives
- Continuing Professional Development
- Return to practice programme

Workforce

- Registration and licensure process
 (initial registration process, ongoing registration process, public register, etc.)
- Monitoring of continuing competence to practice (continuing professional development)
- Monitoring of workforce numbers, experience, geographical spread and satisfaction
- Process for assessment and accreditation of overseas midwives
- Pathway for return to practice programmes
- Disciplinary actions (procedures, process, timeframes, appeal processes, etc.)

Code of ethics

Code of Conduct and Ethics (publicly available).
 (World Health Organisation. (2011). Strengthening midwifery toolkit. (Modules 1 and 2)

4 MANAGING THE CHANGE TO MIDWIFERY REGULATION



Tools for communicaating the need

In terms of WHAT to communicate to your stakeholders and audience about the need for midwifery regulation, the ICM has produced some good messages for this purpose.

Midwives are essential for:

- Saving lives of mothers and babies
- Improving health of mothers and babies
- Providing high quality care during pregnancy, labour, birth and after birth
- Education of women and families
- Building women's confidence in themselves

(ICM, 2011)

Website links provided in the **Resources and tools** section supply you with information on HOW to compose, visualise and disseminate messages effectively.



Essential Competencies for Basic Midwifery Practice

Basic competencies:

 Those that could be considered "core" for education and practice by all midwives who meet the ICM international definition.

Additional competencies:

- Midwives who elect to engage in a broader scope of practice;
- Midwives may be required to have certain skills to make the difference in maternal and neonatal outcomes in their country.

For further information on ICM core competencies visit their website:

http://www.internationalmidwives.org/ what-we-do/education-coredocuments/ essential-competencies-basic-midwiferypractice/

Arguing the need for midwifery regulation

It is important to project a strong message for midwifery that is clear, evocative, and consistently repeated. You should consider different levels of message from the very "short and sharp" to the longer, but still very succinct. Emphasise the importance of midwives in the health of women and babies. In addition, you can make use of the fact that support for midwifery services and capacity building is supported internationally and by research, as well as having been shown to be a better option in many settings.

Midwives also offer community-level sexual and reproductive health services, which are essential in improving outcomes for women. Showing how these factors influence the health, outcomes and costs associated with health in your country is vital in persuading others of the importance of midwifery.

Important steps

Instituting midwifery regulation and meeting the ICM Global Standards is not a straightforward process and depends on also establishing education standards and midwifery core competencies. Efforts to achieve all these individual goals will have to occur in parallel due to their interdependencies.

ICM provides, as mentioned earlier, standards for education and regulation as well as core competencies. You should be working towards achieving these standards.

Aside from the general planning in meeting gaps discussed earlier; there are some specific things you will need to consider, the details of which are vital to your success. These are:

Building relationships and mobilising support

In those countries where midwifery regulation has been realised, a key factor in achieving their goals was the support of stakeholders and especially various women's groups. Women's groups whether they be specifically health-based (i.e. reproductive health or breastfeeding advocates), or are for the well-being of women in general (whether politically, socially or culturally) have an interest in midwifery services. Consider where women meet in your communities, it may be religious groups, community groups, education groups, etc. By engaging with women and educating them on the benefits and importance of midwifery first, you can gain strong support and help get your message out. Gaining a lot of ground support will help you be persuasive at a national level. Do not under-estimate the political power that women voters have to influence politicians. Your relationships with these groups will need to be maintained and based on fair practices.



Midwife compliance

Relationship building and mobilising support Working with other professionals

Education



Education

Recognised educational standards serve as a trust-builder between a profession and the public, governments, and, in this case, other health professions. While it is important to establish a qualification that meets the ICM Midwifery Educations Standards, interim solutions either to up-skill the current workforce or meet an urgent need for birth attendants can be instituted, but should not be long-term. These educational "stop-gaps" must map to the core competencies, establishing the necessary skills and knowledge for all those using the title "midwife".

Midwifery compliance

How will you monitor midwives' compliance in terms of education, practice standards, etc.? Crucial to gaining the trust of the public is ensuring that all people portraying themselves as midwives act to the standards set and are equipped with the appropriate knowledge and expertise. How you make sure that this is the case is a vital step in moving your profession forward. You will want to consider how other regulated health professions in your country achieve this or you may need to look at other international examples, if none of the local examples suit your profession.

Working relationships with other professionals

Another important part of establishing autonomous midwifery practice, is clearly defining the boundaries in care and the transfer of services to other health professionals. Often the best way to do this is to describe the normal care process from first to last contact in the community, identifying any points where other health professionals are involved. Once the "normal" process is established, create various "difficult" scenarios where a woman or child may develop complications at different stages during the pregnancy and birth and describe what actions a midwife should take and when/how care might be transferred to other health professionals. This task requires a very clear and detailed understanding of your setting and health services and should have a consultation stage with other health professionals. Once processes are identified and supported, these should be advocated for with those that set policy and service specifications.



Stakeholder Engagement

Stakeholders are a key part of creating regulation that is responsive, robust and acceptable (NGOPerformance, 2011).

Stakeholder engagement must however be managed well to ensure positive relationships and outcomes.

By engaging with women and educating them on the benefits and importance of midwifery first, you can gain strong support and help get your message out. Gaining a lot of ground support will help you be persuasive at a national level. Do not under-estimate the political power that women voters have to influence politicians. Your relationships with these groups will need to be maintained and based on fair practices.

Further information is available on stakeholder engagement is on page 25 and communication on page 30

These steps will be performed by your Midwives' Association. More information on Midwives' Associations is available in "Resources and tools" section of this document.

Recognising the barriers to change

The barriers to change within your national setting may seem overwhelming and immovable. It is however, important to remember that small changes over time can add up, and incremental steps can be appropriate and useful in meeting long term goals.

Much depends on the political will and structures in your country and these can sometimes be patriarchal, dogmatic, or inaccessible. In such situations, it is important to identify allies, build relationships, monitor political activity that affects your efforts and plan interim strategies, while waiting for opportunities to bring your issues to the fore.

It is important to reiterate the international support for the midwifery profession and the contingent education and regulation, based on documented benefits to women and babies and therefore your greater society (see "International Support in the "Skills to Influence and Achieve Change – Making your Plan" section of this document). Keep your message simple, support it with data and repeat it often and loudly. The path to regulation does include hurdles, but these can be overcome with perseverance, collaboration, and appropriate planning.

In overcoming these barriers, it is important to understand them fully. Below we have described broadly, three kinds of barriers to recognition of midwifery regulation. Others will exist unique to your setting and you will need to identify them and combat them through information-gathering, goal-setting, and action-planning.

Political barriers

Non-prioritisation

Lack of political will, due to the perception that other issues are more important or urgent. Even when a government may acknowledge the importance of midwifery regulation and support it in principle, ongoing efforts are needed to resource and maintain regulation and the necessary policing of that regulation. The problem may also be one of hierarchy where a higher department or ministry approves regulation as the way forward, but the subordinate department involved in helping create/ maintain it, is under-resourced, understaffed, or less willing, due to other priorities.

Patriarchal societies

Patriarchal societies may limit the ability of midwifery activists to effect change where women's rights are generally subordinate. While it is imperative to champion women's equality and strengthen their position in society overall, midwifery activists may have to seek allies in championing their cause. These allies may come from the other health professions, NGOs, or the government, but they need to fully support the position of midwifery as an autonomous profession practised in partnership with women for the better health of women and babies. Their role is one of advocacy not control and they should facilitate dialogue with those agents of government or the health professions that midwives may not otherwise have access to. They are required to be as knowledgeable and informed on the subject of midwifery regulation and its benefits, as any other midwife working towards regulation and must consistently and clearly convey the key messages as decided by the group.



Having a robust Midwives' Association will be essential to achieving regulatory change in your setting. Professional associations can be the source of regulation where no formal regulatory body exists. Their role can include as mentioned earlier establishing:

- A code of ethics
- Core Competencies
- Standards of Practice
- Standards of Education
- Peer-Review Processes

They can also provide training where appropriate develop networks and lobby on behalf of the profession (WHO, 2002).

More about midwives associations can be found in "Resources and tools" section.

This measure is seen as one of last resort only where collaboration with other professions or groups alone is not sufficient to gain political attention or dialogue.

Barriers within the health profession

When seeking to have midwifery recognised as an autonomous profession you will find that other health professionals can be both allies and objectors. Doctors and nurses may be opposed due to protectionism (of their own obstetric role) or hold a limited view of midwifery, but equally some may be supportive (McKendry & Langford, 2003). It will be necessary to get some support from other health professionals as midwifery autonomy requires equal relationships with other professionals so that the processes around hospital transfers, etc. can be appropriately arranged.

When other health professionals are opposed it is important to understand not only their motivations, but also their potential strategies.

Motivation – Safety

Other health professionals may be opposed to the autonomy of midwifery due to a perceived lack of education, standards and service. It is vital to understand what their perceptions are and whether you have evidence to the contrary. It is also important to point out that a regulatory authority provides the policing required to maintain standards both in education and practice, and therefore any issues of safety may be better served with regulation rather than without.

Motivation - Competition/protectionism

Nurses and doctors may be opposed to the autonomy of midwifery as they see it as an encroachment into their own spheres of practice (McKendry & Langford, 2003). In many countries, birth is managed by doctors (officially, and in some cases Traditional Birth Attendants, unofficially) and so the introduction of an independently regulated, autonomous midwife poses direct competition to their practice. Furthermore, in some countries nurses can undergo specialisation to also manage births and so again autonomous midwives pose a direct threat to this role. Understanding the settings in which doctors and nurses operate when attending women and how their services are provided is important in being able to separate out differences in scope or ways of practising.

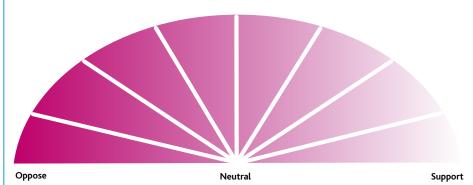
Strategy - Propaganda

One way for opposition to undermine your efforts at gaining support for a regulatory authority may be negatively portraying midwifery in various forums. As discussed, you need large scale, multi-group support to achieve your goals from communities, other professionals, and government. Those opposing you may disseminate information or broadcast opinions portraying midwifery negatively. It is important to dispute these instances of (mis)information and do so clearly and effectively. You therefore need to be diligent in scanning for this kind of dissemination in multiple media settings, but also behind closed doors. It may be that those people who do not support midwifery that "have the ear" of certain officials have been making their case strongly for some time.

The key to opposing such work as outlined above is to have facts (evidence) and clear and concise messages, repeated often in multiple settings, to many groups, so that the idea that midwifery autonomy is not only preferred, but necessary becomes widespread.

Strategy – Subordination

Subordination is the practice by which a dominant occupation – for example doctors, associates tasks of midwifery into their exclusive scope of practice, giving them the exclusive oversight and control (Jenkins, 2003). Through this process the subordinated profession becomes eventually redundant (Jenkins, 2003). To oppose subordination a clear definition of scope of practice and boundaries for midwives needs to be established, reiterated and eventually supported by government. This support can be gathered by consistently and clearly repeating the message supported by WHO and UNFPA – that an autonomous midwifery profession working at the community level provides "the most cost-effective, low tech, high quality path to reproductive health" (UNFPA, 2006) as outlined above in "Achieving Change".



(Source: Community Net Aotearoa http://www.community.net.nz/resources/ community-resource-kit/strategic-planning/)

Strategy - Deskilling

Deskilling is the practice whereby a dominant profession such as medicine limits the scope of midwifery to such an extent as to deskill its workforce and hold it in check (i.e. midwives may care for women in the community, but births must be attended by doctors, for example) (Jenkins, 2003). This can happen when the dominant profession has a stronger position with government and so plays a pivotal role in the regulation of other professions (Jenkins, 2003). Again, as outlined in "Achieving Change" it is important to have allies, to repeat clear and simple messages, and back your claims up with robust information (evidence).

Force field analysis

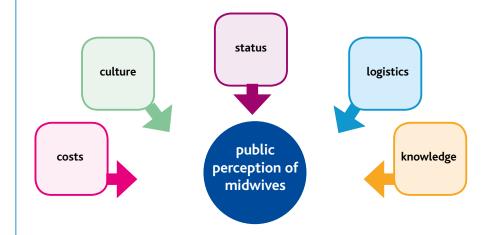
This tool is a useful way to map who oppose, support or who are neutral towards you. It will be helpful when developing your strategic plan.

Use this tool to:

- Start thinking about how to get your supporters more actively involved in your cause
- Bring the neutral groups or people on board
 (e.g., how can you move them into the support category?)
- Consider why opponents take their position, and how this can be managed, or changed by moving them to become a supporter.

Barriers of public perception

Getting a good understanding of what the public perception is in relation to midwifery is crucial. Understanding what factors influence the views of the public and use of midwives will help you target your strategies. Negative perceptions in the public sphere, may be held by women generally, or communities or other groups. The following categories act as prompts to help you consider potential influences:



Each of these elements can be a barrier for the use of midwifery depending on your specific setting or situation. You must consider the limitations on women themselves in accessing services generally whether these are costs, location, etc. It may be that some cultures within your setting, feel that birthing independently is rite of passage or form of acquiring mana/status (Jenkins, 2003; McKendry & Langford, 2003; McCarthy et al, 2013; Bogren, 2012). By examining, those things that stop people from supporting midwifery or accessing midwifery services, you will be better equipped to tackle them head on, whether this be through education, relationship building, advocating for others (in terms of access), etc.

As has been emphasised throughout this toolkit - knowledge is power!

Barriers from (traditional) birth attendants and midwives

Another barrier to the establishment of regulation may come from your fellow midwives. You must equally persuade those amongst your profession unconvinced of the value of regulatory reform of the purpose and importance of establishing a regulatory authority that ensures regulation standards are met.

Their objections, as with others, may come from a lack of information or understanding and so it will be necessary to undertake consultation or education sessions across the profession to outline the importance for the profession of achieving the standards. You may also struggle to reach full compliance from midwives and so planning in advance for how you will ensure that regulations are adhered to will be useful.

While some objections may be a result of lack of information, it is likely that financial or educational restraints may be part of the resistance to midwifery regulation from midwives and other related cadres (Jenkins, 2003). They may feel threatened or in a hopeless situation if the new regulations provide overwhelming barriers to their continued care of women.

It is worth identifying these barriers through consultation with your broader profession, so that where possible you can consider these in your planning. It may be possible to find local solutions to these problems through innovation, collaboration, or community goodwill.

Once you understand your own context thoroughly you can move on to bringing all of this together in a strategic plan, with the aim of midwifery regulation. It is now time to start pulling together your goals with a plan for action!

5 SKILLS TO INFLUENCE AND ACHIEVE CHANGE – MAKING YOUR PLAN



Change is a process requiring planned action in view of the circumstances in which you operate. It therefore has multiple steps and entails forethought, strategic thinking, and persistence. The degree of opposition to a regulatory authority/ regulation for the purposes of an autonomous midwifery profession will depend on your own setting. This opposition may also be secondary to larger disapproval of women's autonomy in general. In such situations, it is important not to become disheartened and to constantly strive to progress your agenda based on quality care to mothers and babies, as much as possible, within the given limitations. Small changes constantly accruing, also build to larger goals.

SMART goal setting

As discussed in earlier sections, strategic planning and goal setting are vital parts of achieving change. Having completed the Gap Analysis Tool and going through the exercise of identifying your dependencies, level of engagement required, resources and effort necessary, you will be in a much better position to effectively set goals for achieving change.

We recommend that goal identification follows the SMART model (Meyer, 2003):

S – Specific

Goals should be specific rather than general - i.e. they must be clear and explicit and exactly convey what is expected. The importance of the goal must be obvious. When trying to decide whether your goal is appropriate consider the "W" questions (what, why, who, where, which), these will help you to isolate the specific intention of your aims.

M - Measurable

In order to be able to track progress and recognise success, a goal must be measurable – i.e. concrete criteria are required to know when a goal is achieved and to motivate progress (i.e. as certain steps are reached, along the way enthusiasm builds). To consider the measurability of your goals consider "How" questions (How much, How many, How will I know when it is accomplished, etc.?).

A-Attainable

Any goals decided upon must be attainable. This means they are realistic. Goals may be challenging and stretch a team to achieve them, but they cannot be extreme. If goals are either too easy or too hard, they become meaningless, and therefore will not help you progress.



Thinking about your Strategic Plan

Your strategy is the path that takes you from where you are now, to where you want to be. It gives long-term coherence and direction to the actions and decisions of your organisation. It helps you follow your path in the right direction, and acknowledges strengths and weaknesses.

A strategic plan can be written by a team or individual, but it is important that you listen to the people you serve and the leaders of you organisation.

For more information on developing your strategic plan visit:

http://ctb.dept.ku.edu/en/table-ofcontents/structure/strategic-planning/ vmosa/main

R- Relevant

Relevance in relation to a goal means ensuring you choose a goal that matters — something that progress your Association in line with its Mission Statement/Vision in a meaningful way. Identifying the relevance of your goal will also help you pull other individuals and groups in to help support you in achieving it. Relevant goals are coherent within your overall activities and match the efforts and abilities of the group.

T-Time-bound

For effective goal attainment, a timeframe is required – a set of target dates at which certain steps are implemented. This helps a group focus and provides a means to ensure the activities involved in working towards the goals are not prioritized lower than daily activities that often overtake our planning. To make an effective timeframe for goals, consider what the endpoint is and work backwards, considering what needs to be accomplished in what timeframe to make the goal happen.

Once goals are identified strategies to reach these goals need to be decided. Much of this work is done when considering goals by defining their measurability and timeframes. As mentioned earlier, when planning actions in relation to your goals, roles and responsibilities need to be defined and timelines set out that you can track. Regular reporting and monitoring of progress will allow you to adapt plans where little progress is being made either due to internal issues or external forces.

Strategic planning

Moving to the strategic planning stage means making choices based on:

- Knowing who you are
- Knowing what brings change
- Predicting how the environment is likely to change
- Rigorous and honest self-appraisal

A strategic plan is a 'big picture', directional document which should last three to five years. It should include an Action plan which focuses on shorter term goals, most frequently over 12 months detailing who should do what, by when and how much will it cost.



(Source: http://knowledgenet.carmichaelcentre.ie/)

Useful tools for strategic planning

With all of these considerations, it is now time to write your strategic plan. There are a number of different tools you can use for developing a strategic plan. Some of the most simple and effective are:

SWOT analysis

The single most familiar tool for developing strategy is the SWOT analysis (the letters represent Strengths, Weaknesses, Opportunities, and Threats). The purpose of the SWOT analysis is to assess the organisation and its external environment and identify the forces that are likely to help and hinder its ability to achieve its mission.

Start by drawing up a table like this:

Internal factors things about your group	Strengths	Weaknesses	
External factors things outside of your group	Opportunities	Threats	



Financial Management

As a Midwives' Association, you will generally collect membership fees, and may accept donations for your campaigns or apply for grants. It is important that financial practices are robust, open to scrutiny, the use of funds is equitable and justified, and reported regularly.

The following link provides a document with very useful information regarding financial management in relation to NGOs, outlining elements related to the management of funds, reporting, auditing, fraud prevention, and fundraising. We recommend using any elements in this document you find useful, but it is always necessary to enquire about the laws and regulations that exist in your own country.

http://www2.pathfinder.org/site/DocServer/ Fundamentals_of_NGO_Financial_ Sustainability.pdf?docID=12001

PESTLE

In seeking to gather and interpret information about changes in the wider environment, PESTLE is a commonly used tool. It highlights the importance of identifying trends and anticipating changes in a variety of environments:

- Political
- Economic
- Social
- Technological
- Legal
- Environmental

Two simple questions

Much of strategic planning can be boiled down to two simple questions:

- 1 Who do you exist to serve?
- 2 If they knew what you could offer, what would they ask you to do (so that their lives would be changed in the long term)? 'Help us...'

Strategic plan template

While there is no template for a strategic plan (as each organisation is different) these are some of the expected elements in a good strategic plan:

1. Executive summary

(one page only, and should be the last thing you write)

2. Background

When did your organisation or collective start?

How has it/you developed?

Who are your key supporters?

Who do you serve?

How are you funded?

What are your achievements to date?

3. Identity of organisation

Vision What do you want to achieve in your desired future state?

Mission Why do you exist?

Values What are the principles you uphold in all lines of your work?

Summary of theory/theology of change – what process/framework do you abide by (e.g. ICM regulation, National legislation, etc.)



5 Key Partners for Practicing Midwives:

- Women, their families and communities
- National governments and public health authorities, including teaching institutions
- The private sector and philanthropic organisations
- International donor and technical agencies (including the WHO)
- Health care professionals at all levels, especially national and international professional organisations

(WHO, 2002)



More information on these aspects is available via the "Resources and tools" section of this document.

4. Objectives

Objectives are focused on achieving this mission – they refer to specific measurable results for the SMART goals you have listed. What will be done, and by when?

5. Strategy process

Briefly, how are you planning to get what you are doing, done. Who is involved? Analysis of external environment. Analysis of strengths and weaknesses

6. Action plan

This part is very specific: what change will happen; who will do what by when to make it happen. Action steps can be developed for each component of the changes to be sought.

These include:

- Action step(s): What will happen
- Person(s) responsible: Who will do what
- Date to be completed: Timing of each action step
- Resources required: Resources and support (both what is needed and what's available)
- Barriers or resistance: and a plan to overcome them!
- Collaborators: Who else should know about this action

7. Implications of the strategy

What are the short and long term achievements your goals will help you reach? Internal and external.



These Activism and Advocacy websites (in Skills and Tools) provide a multitude of information on effective political campaigning and mobilizing support.

The Tactical Technology Collective offers tools for communicating messages effectively and advocacy/activism strategies (available in multiple languages). Their toolkits and guides help activists understand and manage their digital security and privacy risks

http://www.tacticaltech.org

'Information Activism' provides a useful summary of how to develop a campaign and includes a 50-minute documentary on the effectiveness of the internet and technology to spread and share a message:

http://www.internationalmidwives.org/ourmembers/becoming-a-member-icm/

Policy, procedure and standard creation and management (including roles/responsibilities where appropriate)

You will need a well-defined plan for your group as they advocate for regulation and if they are managing regulation in an interim phase. This plan will include many secondary elements — for these, you should create documentation to outline your practices so that others can see that they are transparent and fair and each member of your group is aware of how things should be done. You should clearly document the expectations of your group and the principles your members will be held to, in undertaking the actions set out in your plans.

Creating plans and principles for members should, where possible, be done in consultation with your members. This ensures that the level of compliance is likely to be higher, as those affected by the plan have had a say in its creation. Ongoing review and consultation may be necessary to decide whether plans/principles are appropriate and effective; that they work in the situations your members find themselves in.

There are different kinds of documentation, you will need to consider in your group. These include:

- General governance terms of reference, roles and responsibilities, etc.
- Financial management you will need to create a financial system for your group, if you are collecting fees or accepting donations/support. Any management of these funds will need to be done in a transparent, fair, and rigorous manner.
- Plans and principles for members rules around different aspects of your group's activities.

All of these aspects of management, should be clearly defined, open to consultation, change (through a defined process) and available for people to read either in a website, handbook, or some other document available to your members, so they are aware of how the management of your group is held accountable.

Stakeholder engagement

Stakeholders are a key part of creating regulation that is responsive, robust, and acceptable (NGOPerformance, 2011). Stakeholder engagement must however be managed well to ensure positive relationships and outcomes. It is important to consider the following when engaging with stakeholders:

- 1 Roles and responsibilities
- 2 Purpose and goals
- **3** Process of engagement
- 4 Mode of communication

You need to make these elements clear to those you consult with at the beginning of consultation and it may be useful to repeat them throughout the process if ongoing.

Always make sure to thank those who have aided you in progressing your goals, either through thank you letters or through public awards. Relationships created for the purpose of furthering your goals must be maintained past the point of the implementation of them, as you never know what further goals or causes you may have in the future. Staying connected to key people in government ensures not only that you have a means of addressing any future issues, but also provides a means of communication for developments that may occur that affect you.

- Keep your message clear
- Convey your message simply and well
- Know your facts
- Identify key people and groups who can support you
- Identify key people in government who you need to build relationships with
- Always try the positive approach first, and respond to negative comments positively
- Help write legislation/policy where possible
- Use media well
- Thank those who help you and maintain relationships for long-term collaboration.

In the section below we provide further information on effective communication. We also talk about how to use alliances and collaborations to further your cause, but as a group you may also wish to mutually support other women's equality or social justice movements that complement midwifery. This kind of action not only benefits women nationally, but places midwifery at the centre of helping to empower women.

Political activism

Once you have identified your goals and developed a strategy on how these are to be implemented, part of this will require political processes. To change legislation or policy, you will need to have clearly identified what it is you would like changed and be able to articulate this clearly and simply. You should be able to describe the change you wish to implement in such a way that it appears realistic and effective in producing a better outcome. You should also be able to demonstrate a full knowledge of the facts that surround your issue, both from your own perspective and that of your potential opponents. This means knowing facts to counter any negative comments with a positive, knowledgeable response.

When trying to get your message across to the public and legislators/policy-makers, it is important to both identify the key people and groups who you need to persuade, but also identify the best way to present your information. Visual charts and posters with messages may help gather interest and should be supported by appropriate in-depth material provided via websites or pamphlets. Gathering support for your cause is more easily done if you can bring together a variety of groups with similar interests. By gathering together other community and advocacy groups who may have an interest in your cause, you build the strength of your "voice" and so persuade policy-makers to take more notice.

If there is a specific official, policy-maker or legislator related to your cause, you should try your best to organise a meeting with this person, so that you can introduce your group, your values and what you are trying to have changed and why. Building a relationship with key people early, benefits your cause in the long-term and this can be done even before the need for their support is required. This method is often much more successful, than beginning with protests, which can lead to confrontation early on and hostile attitudes. Most of your efforts to inform should be directed to those who are either unconvinced or against your cause, as effort spent here equals more effective overall outcomes.



How to become a member of ICM

Membership rests on your association applying and paying a fee. You will need to meet certain criteria and it is worth adding these to your planning and working towards them as a goal.

Criteria for membership includes:

- Being a midwives association or recognised midwifery section within another association
- having a constitution; having within the association midwives that are registered and/or legally licensed to practice;
- having or working towards a recognised midwifery education programme within your country that prepares midwives to meet the ICM International Definition of a Midwife

http://www.internationalmidwives.org/ourmembers/becoming-a-member-icm/ To convey your message use all means available; including the media, either through public access or community TV, mass/digital/social media, community and commercial newspapers, etc. By informing the public of the issues you build awareness and possible support. Your message needs to be repeated over and over again to ensure people have it in their minds and are well informed on the issue. You should also aim to speak at any public events related to your cause or have a speaker who presents your message.

Research the legislative/policy-making process and find out what is required at each stage. If you have a good relationship with the legislator/policy-maker try to help write the changes, this helps strengthen the collaboration for future work, but also ensures that the legislation/policy is written by someone who is well-informed and brings the perspective of those it relates to.

In some cases, you may need to consider public forms of political activism, these may include:

- Public displays/education sessions
- Writing to and meeting specific politicians
- Petitions
- Protests

Public displays

Public displays in communities informing them of the worth of midwifery are a great way to gain support and educate the public. Making these events, fun, informative and memorable will help your cause immensely. Where possible you should consider making posters, stickers or similar "take-away" items that your audience can have that display catchy midwifery slogans to disseminate your message widely.

Writing to and meeting specific politicians

Writing to the relevant politician and where possible meeting with them, to outline your organisation's goals and plans and why they are important will be essential in getting government backing. Letters should be written clearly and professionally. Keep your key messages prominent in the main body of the letter, but you may wish to provide more extensive material supporting your arguments as an attachment. Be aware that politicians are highly time-pressured and so being able to convey the necessary information simply and fast is often the best method.

Both public displays and correspondence with politicians are important first steps in getting political traction and public support.

When you have been working for some time to gain some recognition politically and action is not forthcoming, you may wish to consider more pointed activities such as petitions and protests.

Petitions

Petitions can be used to show others the support you have available for your cause. The petition itself needs to state clearly what you are asking for. You will need to research what legislation, if any, pertains to official petitions in your country (i.e. how signatures are to be collected, what information must be collected with signatures and what number of signatures are required to initiate a process). You will then need to motivate and mobilise your support in getting signatures. Not only will this support be required for signing the petitions, but you may wish to use volunteers to help

gather signatures. Any volunteers you use to gather signatures must be well informed and capable of discussing your issue, so that any discussion had with the potential supporters is informative and accurate. You should check what rules exist around the collection of signatures in your country if any (i.e. door-knocking, etc.).

Protests

Protests are a final resort and should not be considered before other means have been attempted. If necessary, it is important to plan protests properly to ensure they are effective. You need to consider:

where should you hold a protest	TIMING are there special events, or times that you can use to make your protest have the greatest impact	SUPPORT who will support your protest and actually take part	FORMAT what kind of protest will have the most impact	MEDIA how can you engage the media early on and inform them of the reason for your protest in a professional manner
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It is always important to consider your specific situation carefully, what laws and legislation restrict or support your activity and what activities will have the greatest impact in achieving your goals.

Pragmatism (costs, logistics, etc.)

Midwifery services in the community when supported by a robust regulatory authority ensuring adequate training of midwives and regulating practice is the most effective option in improving maternal and newborn health (UNFPA, 2006). Arguing that midwifery can both improve outcomes and reduce costs is very powerful, but one you need to be able to support with robust information.

It is important to specify what current services are and how they would be improved with an autonomous midwifery professional. This requires a detailed analysis of what happens from initial engagement with a woman to completing care with a woman post-partum. It will also need an explanation of what would happen in various scenarios, consider the simple to the complex. This will enable you to provide all the information government officials and other health professionals may require, in order to evaluate and understand, how benefits are realised with a regulated, autonomous midwife providing care to women and babies in the community.

You will need a good understanding of your health system, the structure, hierarchy, how it is funded, how individual services are paid for, the roles of other health professionals related to midwifery services, etc.

Showing people clearly, based on practical information, what the benefits of midwifery care are, can be the most persuasive argument for supporting appropriate regulation and education.

International support

The International Confederation of Midwives is an obvious international supporter of midwifery autonomy and regulation. Not only does its website provide various information and supporting material (more information under "Resources and tools"), but by becoming a member you gain further support for your efforts. Membership rests on your midwives association applying and meeting certain criteria, including the payment of an annual fee. It is worth adding these to your planning and working towards them as a goal. Regulatory bodies may apply as affiliate members.

International health organisations that support the goals of midwifery are another avenue. Documentation from the World Health Organisation (WHO), United Nations Children's Fund (UNICEF), and the United Nations Population Fund (UNFPA) outline the importance of midwifery in not only improving maternal and child outcomes but in meeting countries' commitments to the Sustainable Development Goals (SDGs).

Sustainable Development Goal



SDG 3

Ensure healthy lives and promote wellbeing for all at all ages

- **3.1** By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births
- **3.2** By 2030, end preventable deaths of newborns and children under 5, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births
- **3.3** By 2030, end the epidemics of AIDS, TB, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases 3.7
- **3.7** By 2030, ensure universal access to sexual and reproductive health services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
- **3.8** Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

Sustainable
Development Goal



SDG 5

Achieve gender equality and empower all women and girls

- 5.1 End all forms of discrimination against all women and girls everywhere
- **5.2** Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation
- **5.3** Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation
- **5.5** Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life
- 5.6 Ensure universal access to sexual and reproductive health and reproductive rights

Sustainable Development Goal



SDG 17

Strengthen the means of implementation and revitalize the global partnership for sustainable development

17.16 Enhance the global partnership for sustainable development, complemented by multi-stakeholder partnerships that mobilize and share knowledge, expertise, technology and financial resources, to support the achievement of the sustainable development goals in all countries



Effective Communication

Guidance on story writing, newsletters, websites, blogging and using social media can be found on this website:

http://knowhownonprofit.org/ campaigns/communications/ effective-communications-1/effectivecommunications

Many organisations do great work, but sell themselves short when it comes to getting the message across. There are many different communication methods – see which one will work best for you and your context.



All communication needs to be structured around your audience. This audience will change throughout your journey to full regulation and will sometimes be comprised of policymakers, medical professionals or lay people/health consumers, etc. It is important when putting together presentations, documentation, correspondence, etc. that these communications are composed with your audience foremost in mind.

Tying your goals to the United Nations Convention on the Rights of the Child (UNCROC) and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) is also to your advantage.

It is important to try and tie tangible outcomes to the work of midwifery. Stating for instance the proven impact of breastfeeding (UNc, 2013) on child outcomes and the role midwifery plays in supporting breastfeeding is a logical step. Connecting the following statistics/facts to midwifery services creates powerful arguments:

- "Complications during pregnancy or childbirth are one of the leading causes of death in adolescent girls" (UNc, 2013)
- "The first month and particularly the first 24 hours, are the most dangerous in a child's life. Newborns now account for almost half of under-five deaths" (UNb, 2013)
- "Children who are exclusively breastfed for the first six months of life are 14 times more likely to survive than non-breastfed children" (UNb, 2013)

Finding local health statistics and conveying powerfully how midwifery can positively affect those statistics is an effective way to spur people into action. The message may need to be tailored to the audience (i.e. short and catchy versus detailed and informative), but it is important to make people understand why midwifery is important by showing the impact it can have.

Communication

Who your audience is should determine the type and tone of the information provided. Those in a policy position will want to know quite different information from those wishing to access health services for example.

It is therefore important to consider:

Key characteristics

Consider what kind of information your audience would normally deal with in their day-to-day activities. Are they an audience that prefers to know details (facts, statistics, etc.) or contexts (examples, case studies, etc.)? What are their primary concerns in relation to your message - policy, professional, economic, personal?

Information to support message

Consider what it is you want to convey to your audience. Can you state it both simply and in detail? Given the priorities of your audience can you frame your message in a way that addresses their priorities? Once you have identified what the priorities of your audience are you can target your message and the information that supports it in such a way as to be responsive.

Medium to convey message

It is important to choose the right medium to convey your message in relation to your audience. While health-consumers may use social-networking websites to access information, policy-makers are unlikely to. Therefore, make sure that you chose the appropriate avenue for delivering your arguments and information.

You must communicate strategically with a variety of identified audiences and do so well. Convincing others of the importance of midwifery regulation for the health of women, babies and the greater society you live in must be a key directive and should be approached with rigour. Quality control and standardisation of materials used to help create a regulatory authority and regulations are necessary to ensure a professional identity. Implementing a process for approval or setting rules for the dissemination of material will help you ensure that everybody conveys information to the same high standard, which is essential for gaining confidence from others.

The information below provides further help in structuring your communications in various media.

Public speaking

Public speaking events whether on a small local scale (for example at a community group meeting) or on a larger, national scale (TV/radio interview, government committee meeting) are vital opportunities to represent midwifery and make clear the importance of midwifery professional autonomy, why a regulatory authority and regulation are necessary and what benefits these bring to the midwifery profession, women and babies, and society on a whole. Identifying those comfortable with public speaking and helping them to do so is often the best first step; however for the sake of organisational sustainability, encouraging and developing those new to public speaking is also recommended.

It is often useful to have groups brainstorm and collaborate on the content, structure and mode of public speaking engagements, in order to ensure that the best information and multiple perspectives have informed the presentation. The best speaking performances are those where the speaker knows their topic and argument well, has anticipated any questions and objections and is therefore able to give well-made responses, and is comfortable talking "off text", i.e. is knowledgeable beyond what has been scripted. This kind of performance can be created through the use of "rehearsal" sessions, where the person appointed to speak, runs through their presentation with an audience of peers who can then provide feedback and attempt









to guess what questions or counter arguments may arise. Thus, through collaboration a variety of perspectives are more likely to inform a well-rounded and well-prepared performance.

Some public-speaking engagements will be in an informal setting and some in a formal setting, it is important, as noted, earlier to be aware of your audience's priorities, the information they require and what tone you should take in presenting your arguments.

Some key elements of any public-speaking performance are: CLARITY make clear, accurate and concise statements. Avoid jargon and over-explaining, stick to the facts and clear arguments and messages.

PREPARATION as noted above be prepared, research your topic well, have facts to hand and anticipate any potential objections or questions so that you can have information or responses to hand.

STRATEGY respond to people, put people's concerns first when framing your arguments. Always answer the question, given to you. You frustrate the audience when you avoid the question being asked. Deal with negatives firmly, you cannot afford to let inaccuracies stand, they must be challenged or managed, as best possible.

(NGOConnect, 2011; DHA Communications,n.d.)

For TV and radio interviews, there are a few important tips to ensure success:

- 1 When responding to a request for an interview, do not give an immediate interview, arrange a time that will allow you to prepare. Make sure you find out, who will be interviewing you, what questions they plan to ask (if possible), who else are they speaking to about the topic and what their aim is with the story?
- 2 Interviews can be live or pre-recorded. When pre-recorded they are often edited; it is therefore important to ensure your answers are clear and concise to avoid misinterpretation.
- 3 When seeking an interview/speaking slot, it's important to make clear the significance of your story, and why it's of interest to the viewing/listening public.
- 4 As explained earlier, determine what you want to get across and push to do this you may narrow your message to a few key points, plan to stick with one vital statement that you slot into the discussion a number of times, or opt for the perception of your organisation being the key message (professional, approachable, knowledgeable, empathic, etc.).

(NGOConnect, 2011; DHA Communications,n.d.)



Documentation

For midwives

Resources Policy Petitions

Correspondence

For the public
Pamphlets, posters etc.
Press releases

Petitions

Correspondence for medical professionals Pamphlets

Formal reports

Procedures Correspondence

For government officials

Draft legislation Formal reports Petitions Correspondence

(NGOConnect, 2011; DHA Communications,n.d.)

Tips for difficult situations:

When asked questions you do not want to answer, do not have an answer for, or that lead you away from your main point, make a brief response and link this back to your main argument. Use phrases such as "..., but what's really important" or "...to return to my original point", or "...you must remember". This will help you finish your section with your main point foremost in people's minds.

When responding to other people's statements, make sure to state your position clearly. There are different rules, based on whether statements are ones you agree with or not.

Agreement

When agreeing, never do so with a simple response ("yes", "I agree") always agree AND restate what you agree with and why. This avoids people being able to suggest or twist your position.

Disagreement

When disagreeing with a negative statement, respond with a simple "No" followed by a statement outlining your position. Do NOT repeat the original negative statement as this is likely to make it more memorable.

(NGOConnect. 2011: DHA Communications.n.d.)

When dealing with negative responses, it is important to identify (quickly), not only the argument being made against you, but any underlying arguments that support it, as you will need to respond to both when stating your response. It is always better to take a moment to pause in responding, to make sure that you can respond fully, rather than rush and miss completing an appropriate response.

All public speaking performances are an opportunity to respond directly and immediately to questions and objections, that do not exist in other media.

Therefore, make the most of it – prepare well, know your interviewer/audience, and relax!

Written material

There are several forms of written material you will have to create as you develop your regulatory body. These include, but are not limited to: governance documents, formal correspondence, government applications, press releases, articles, pamphlets, etc. As with public speaking, clarity and knowing your audience are important factors in creating written work that stands as a representation of your professionalism, understanding, and knowledge.

Digital and social media

Digital and social media are an important form of media that can help you engage with people. However it is not always necessary or appropriate to engage in creating social media outputs if the people you wish to connect with either do not have appropriate access or do not access the information you are providing through the social media forums.

There are various types of social media and online content you can create and share.

WEBSITE

Organisational website, including mission statement, resources, policies/procedures, structure, etc.

A website serves the profession, other professionals, government officials and the broader public.

BLOGS ACCOUNTS Tumblr, Wordpress, etc

Blogs can be useful tools for communicating with a general audience. This communication can update your audience on progress; describe stories that resonate in relation to your cause, or comment on health issues.

It is NOT okay to provide health advice over a blog and all blog entries should be quality-controlled and agreed by the group in terms of content and form (either via delegated sign-off or similar).

SOCIAL NETWORKING SITES Twitter, Facebook, Google Plus, etc

Blogs largely serve a broad audience with presumed lay knowledge. They are a good tool to engage the public and engender interest or empathy depending on their use.

Social networking sites can be used to gain widespread support by taking advantage of various networks. Information provided is normally short and may include links to more comprehensive material. Some sites provide tools to analyse engagement, so that you can tell how far your reach is and promote it.

It is again important to establish how posts will be made, how their content is managed and how any dialogue in comment boxes within such sites will be managed before embarking on the use of social-networking. Social networks sites have been used very successfully in political movements, but are not necessary and generally only connect with the public (rather than professionals/government officials).

COLLABORATIVE TOOLS Google docs, dropbox, etc

If your group is geographically spread or time-poor so that sitting together to create documents is not possible, you can use various tools available online to collaboratively edit work.

This will largely be within your group, but may include collaboration with government officials if helping to draft political documentation, or health professionals if collaboratively drafting service provision procedures.

Be aware of the sharing policies of websites, their storage limits and the terms and conditions to ensure you do not have private material in a public place, you do not accidentally go over your storage allocation and you do not accidentally infringe on the terms unknowingly.

OTHER

There are a multitude of tools, applications ("Apps") and websites available that may be of use to you in your specific situation. Whether these are video websites (such as Vimeo or Youtube), mindmapping tools, or translation tools, for example. Many are free, but you should be aware of their uses, terms of conditions, and services, before embarking on using them and sharing your content widely.

(NGOConnect, 2011; Ethinos (n.d))

As with anything, these tools are only as effective as the effort put in to maintaining them. It will be important as with other tasks to delegate the responsibility of maintaining any blog or social network to a group or person to ensure that engagement is ongoing and of a good standard. Establishing an account and then failing to maintain it, reflects badly on your group and its goals. It is better to hold off creating anything you are unsure of, or have no commitment to keep up.

For an example, you may wish to look at other Midwives' Association's uses of social-networking. Or using the International Confederation of Midwives webpage you can link to their various social-networking accounts, such as YouTube, Flickr, and Pinterest.



Some material you create may be of the kind you would like to copyright. We recommend rather than using "All Rights Reserved", you use a Creative Commons License. Creative Commons' licences come in four different kinds allowing various uses, and adaptations.

They are explained and available from the following website:

https://creativecommons.org/licenses/

Of note, some of the material we have linked to in the "Links" section (specified on their website/documentation), requires that if you use it to create your material you use the following license for that new work:

This work is licensed under a Creative Commons Attribution-Non-Commercial-ShareAlike 4.0 International License.



If you do establish a blog or use a social network site, it may be useful to create a schedule or timeline of entries and what they may be, and who is responsible in advance. These can be strategically aligned to your activities and do not negate any spontaneous responses you may want to add when events occurred that you did not plan for. Planning allows for more robust quality control/peer review within your group and may guarantee a better online "persona".

Security, privacy and copyright

In creating the various documents we have discussed through this toolkit you will want to consider where it is best stored. Ideally, this should be both in hardcopy and digitally. Digital storage however requires considerations of privacy and security. Who can access what material and how?

This will range from your group working on a task/goal, to the wider governance group, to the profession, to external partners. Each situation will have different requirements. Cloud storage (i.e. online) using various available services, such as Google Drive, dropbox.com or box.com (many others exist) provide you with a way to share with many groups in different ways (i.e. you can share some folders with everyone, and some folders only with a select few), they also have storage limits (for free services) and you may want to consider having this work backed-up on hard-drive (i.e. a computer or portable hard-drive).

You need to consider when sharing material any confidentiality or privacy issues, if you store correspondence in these types of services. Any research you may conduct or surveys also have complex privacy issues that you will need to consider before choosing a solution. As a general rule regarding privacy, it is always better to err on the side of caution.

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This work is licensed under a Creative Commons Attribution-Non-Commercial-ShareAlike 4.0 International License.

This is a non-commercial, share alike license that allows adaptation. This means that others can reuse and adapt your material for non-commercial uses, only if the new work is then also given a share-alike license. It is worth exploring the Creative Commons website (link above) in detail and exploring the various license options as you will want to license any material on your website and potentially any media or documentation your create for the public setting.

Evidence base

Research internationally shows that skilled birth attendants reduce maternal mortality (UNFPA, 2006; Hatem, 2008). Research comparing midwifery services to other models has shown that aside from being as safe, these services are generally low-tech, high quality and generally lower cost (UNFPA, 2006; Hatem, 2008). Women value the continuity-of-care model and working in partnership with midwives (Hatem, 2008).

You can provide research evidence at an international level based on the sources provided in "Research Statistics" below. You will also want to investigate what research exists within your own country if any and source any health data that you might be able to access. Health data can provide you with powerful arguments regarding outcomes and potentially, cost-savings. Your access to this health data may be limited or need to be facilitated by a third party, i.e. an academic at a university or a hospital manager. You will therefore need to identify the appropriate person and attempt to establish a relationship.

If in the position to conduct research, you should consider what are the key arguments you need to make and what can you realistically achieve within your current situation. Research is costly and takes time; it requires a specific set of skills and expertise and therefore should be properly considered before being embarked on.

Research and information collection skills

As has been repeated often in the preceding pages the key to persuading others and spurring them into positive action is effective communication based on robust information and evidence. The following is a list of types of information you should find out, but is not exhaustive:

Political and legislative information – what legislation is currently in place for midwives? If none, what legislation is in place for other health professionals both in terms of regulation of their profession, but also in relation to the areas they practice in (i.e. legislation governing hospitals or primary practices, etc.)? How is legislation enacted in your country? Who is important in the legislative process?

Networking and stakeholder information – you need to identify groups that will either support or may be against your actions to regulate midwifery and establish it as an autonomous profession. Those that support your efforts may be other women's groups, NGOs with a focus on health and specifically women/babies' health, National Offices of international organisations such as WHO, etc. Groups that may oppose your efforts again may be NGO's and health groups, etc. but you should try and find out as much as possible about these groups through websites or printed material they may disseminate, so that you can pre-empt any potential objections to your cause.

Research and statistics – it is worth sourcing local data in relation to midwifery care where possible. Where research or evidence is lacking or unavailable locally, using internationally sourced information about the benefits of midwifery care on women and babies' outcomes is the next best option. Some sources of this are shown on the next page:

Information

Source

International Confederation of Midwives

The International Confederation of Midwives website provides all the documentation mentioned in the introduction section of this document.

In addition, the "Knowledge Area" section has a wealth of documentation and research regarding midwifery and elements of practice, statistics, etc.

Explore their various sections, such as "Projects", "Events", "News" and "Blog" as this provides a multitude of information, but also much in the way of examples of how to create documentation and use media of various kinds well.

World Health Organisation

The world health organisation is a great resource for health statistics, for all countries. It allows you to get relatively (2012) up-to-date data and compare across countries or years. This can be helpful in showing trends within your own country, making comparisons with others, or getting general information.

Maternal health statistics

http://www.who.int/gho/maternal_health/mortality/maternal/en/

Country data

http://www.who.int/gho/maternal_health/countries/en/

UNFPA

The UNFPA website again provides various materials regarding the importance of midwives and statistics, etc. Explore the different sections and information provide, which will serve you well in informing others.

Midwives Other sections

http://www.unfpa.org/public/mothers/pid/4384

Using the left-hand menu (from the above link) you can also get information on various related elements and services related to childbirth and midwifery care. These include causes of maternal morbidity, information on contraception, as well as skilled birth attendants and emergency obstetric care etc. Each of these pages has information that may prove useful to your situation.

Cochrane reviews

Cochrane Reviews are systematic reviews of research conducted worldwide. These reviews bring together and assess the quality and information provided by research on a certain topic. A review on midwifery models specifically exists, which will be of use (see first link below), but other reviews about certain aspects of midwifery care are also available and might be useful. All information is provided for free.

Midwifery models General

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD004667.pub3/abstract;jsessionid=D0352F441B0CA5BFDEAC529514952974.f02t04http://www.cochrane.org/cochrane-reviews

Google Scholar search

Google Scholar can be used for a general search of research or publications that may include material of use to you. Some material you may find may be behind a "pay wall" (i.e. you have to pay to access it), but some work you find will be available for free or in a limited version.

Information on how best to search using Google Scholar is available in the "Links" section of this document.

http://scholar.google.com/

Public opinion

It will be important to understand public opinion in relation to midwifery services and practices in your setting. The best way to collect this information however will be dependent on your setting. You may need to use multiple strategies to get a broad sample of information depending on the homogeneity/heterogeneity of the populace of people you want to engage with and their access to various resources. The following are options:

SURVEYS These can be conducted by paper, in person, via telephone, or online. Each of these ways of has advantages and disadvantages and comes with costs. You need to know what resources you have available (staff time, postage, telephone costs, etc.), what resources your audience has available (internet, phone?). You will also need to consider how you can identify your population and contact them to ask them to take part. If you chose to use multiple strategies, you must ensure that the surveys used in each method are identical. Tools such as Surveymonkey.com can be used for online surveys and you should consult or collaborate with someone who has research experience to construct an effective survey.

PUBLIC MEETINGS/FORUMS You may want to hold multiple public meetings or forums to discuss with the public midwifery services and your plans. To do this effectively, you will need to identify appropriate venues for holding such meetings; advertise these meetings well in advance and in ways that those with an interest become aware of them; you will need to ensure the meeting is run in an organised manner and this may need a strong personality to lead the meeting and keep it on track, making sure everyone's voices are heard. Be clear at the beginning of the meeting, what the purpose of the meeting is, what format the meeting will take, what information specifically attendees will be asked for, and how the consultation section of the meeting will run (i.e. when are people allowed to speak).

SPECIALISED MEETINGS/FORUMS You may want to hold specific meetings with very specific groups in the community; again you will need to consider how to approach them appropriately and what format the meeting should take.

SOCIAL-NETWORKING Depending on your setting, you may be able to invite people to meetings, direct them to surveys or even get their opinion directly using the social-networking services we discussed earlier.

In all situations, when consulting with the public, it is important to make the roles of those involved clear, the terms of the consultation itself very clear and specify how the information or feedback gained will inform your actions. If you consult, you must be responsive to issues or concerns raised. You must when responding to consultation state any concern raised and how you think it is addressed within your plans when you report later on the outcomes of your consultation. If you fail to address or respond to issues raised you risk creating disengagement and in some cases direct opposition to your goals. You may not always have a solution immediately to hand regarding an issue, but you must still outline how you aim to address it in future or why it is not part of the scope of your work. If the latter, it is worth stating that you will bring it to the attention of those whose scope it does fall into as this builds trust and confidence in you and your group.



Collecting workforce information

It may be necessary to collect information about the midwifery workforce in your country that is not available through other information-gathering services. What information you want to gather will determine what strategy you employ. If you need quantitative information about numbers of midwives, numbers of mothers they care for, etc. It will be useful where possible to embed your data collection into a process that arises around this already. For example, can you collect the information on "birth attendant" from the birth registrations by asking them to collect this information for you? Do you have a way of contacting midwives and asking them to complete checklists or tally-sheets of different kinds of activities you may want to monitor?

If you want to understand midwives opinions or practice, you may want to consider a survey. Surveys can collect quantitative data (number of births, frequency of use of different methods, etc.) or qualitative data (opinions, feelings, etc.). If you choose to conduct surveys, you will need to consider all points mentioned above.

Before trying to glean any information from other groups of people, it is always important as group to make absolutely sure that you have clear what is exactly you need to know. Defining your knowledge gaps allows you to efficiently consult with others – you are able to clearly inform them how their information will be used, you do not waste their time, by asking the wrong or superfluous questions, and your chances of achieving your outcomes by gathering the information improve greatly.

6 BOARD GOVERNANCE

Governance comprises the "mechanisms, processes and institutions through which citizens and groups articulate their interests, exercise their legal rights, meet their obligations and mediate their differences."

(LINDP 1996)



A strategic governance Board is focused on the future, while operating in the present.

Role of the board

A strategic governance Board is focused on the future, while operating in the present. An effective Board operates in a transparent and accountable way to:

- oversee and protect the organisation's vision, mission, values and resources
- recognise environmental indicators of change, uncertainty and opportunity
- identify and manage opportunities, risks and legal compliance
- support the organisation to adapt and remain relevant
- drive the organisation's future direction, including shifts in focus and/or positioning to meet changing needs.

A governing document outlines the purposes of an organisation and how it will be run. It may also be a trust deed, constitution, memorandum and articles of association, or another formal, legal document.

A governing document is important as an instruction manual for the trustees and other members of the governing body. Depending on how it is written and on local legislation concerning 'not for profit' or non- governmental organisations, it may also be a document which carries legally binding obligations.

It is best to develop a governing document when in the process of establishing an organisation, even if this is not required by law or for the purposes of registration. However, such a document can also be written later.

A governing document, detailing the standard provisions that it should contain:

- The aims of an organisation
- the powers of the governing body trustees as custodians of the organisation acting on behalf of its beneficiaries or service users
- meetings and administrative procedures
- provisions for membership and meetings
- financial accounts.

The chair

- How will the chair be appointed?
- Will the chair have the right to a second or casting vote when the numbers of trustees voting for and against a resolution are equal?

A quorum

• What number of trustees must be present if a meeting is to be valid (that is, what is the minimum number of trustees needed for a quorum)?

Board membership (Trustees)

Trustees are the people responsible for the general management and administration of the organisation. The governing document should spell out clearly:

- how many trustees there will be how they will be appointed
- how long they will serve.

The governing document normally either appoints, or provides for the appointment of, the first trustees of the organisation. These individuals are thus named in the document as the 'first trustees'.

Prospective trustees should be selected for their ability to make an effective contribution with their skills and experience. The following exercise is suggested to help the organisation think about what types of trustee it needs.

Board roles

Powers of the board are usually set out in a separate clause immediately following the aims. The trustees of most organisations will need some powers which they can use to help them carry out the aims. Consider carefully what powers the trustees might reasonably be expected to need and include them. This might avoid having to amend the document later.

The trustees have the following powers, which may be exercised only in promoting the aims:

- to provide advice
- to cooperate with other bodies
- to establish a membership structure
- to raise funds
- to make grants
- to deposit or invest funds in any lawful manner
- to insure the property of the organisation against risk and take out other insurance policies to protect it
- to enter into contracts to provide services to or on behalf of other bodies
- to do anything else within the law that promotes, or helps to promote, the aims.

Directors duties

Normally the Executive Director will sit on the governing body but he or she will not be a trustee and will therefore not have voting rights. The Executive Director is selected and appointed by the governing body and is directly accountable to it, usually through the Chair, who is responsible for managing the Executive Director's performance.

In an NGO, the executive director is crucial in terms of leadership and management and holds many responsibilities that are essential in maintaining the sustainability of the organisation. It is important that the executive director possess strong overall knowledge and personal skills in many different areas.

Procedures, agendas, minutes

Meetings

- What is the minimum number of meetings that the trustees should have each year in addition to an annual general meeting (AGM)?
- How will meetings of the Trustees be arranged?
- How will emergency or special meetings be called to discuss a particular issues?
- Be sure to have a quorum present.
- Establish how many people are required to vote.
- Always take minutes of meetings. Copies of the minutes should be typed up and distributed to those present and those who have sent apologies. A copy should also be kept on file.
- At the start of a meeting, begin by reviewing the minutes of the previous meeting and checking to see if any actions have been completed.
- Always have an agenda for the meeting.
- Always give those who wish to speak the opportunity to do so, and listen respectfully to their opinions.
- Make decisions based on what is best for the organisation and its target group, not because of opinions, fear, anger or favouritism.
- After a decision is taken, always decide who will take the action, and when it should be completed by.
- Make sure that all members understand the decision.

Suggested template for meeting minutes

Minutes of [write the name of the group having a meeting here] meeting

Date of meeting [write down the complete date]

Place of meeting [write down the exact place of the meeting]

Time of meeting [write down the starting and finishing time]

1 Persons attending

list everyone who was at the meeting and his or her title

2 Agenda

list what items are to be discussed, and if the group approves the agenda

3 Minutes of the previous meeting:

record any changes to the previous minutes and whether they were approved by the group

4 Reports

record who said what; you may have a subheading for each person who presented a point

5 Matters arising

give a brief report on the main points discussed

6 Action points for follow-up

list the actions that have been agreed during the meeting, as well as who will do what, and when

7 Any other business

briefly report and record what actions are to be taken, and by whom

8 Next meeting

list the exact date, place, and time of the next meeting

7 RESOURCES AND TOOLS

Websites

All information provided in the skills section can be sourced from the following websites, which also provide further detail. They have all been chosen as they provide multiple tools or information on skill development necessary for acting in view of achieving change. This may be around communication, planning, visualising data, or setting up robust governance structures. Many provide content in multiple languages and direct users to further websites of interest.

Strategic and goal planning

The manual "Capacity building for local NGOs: A guidance manual for good practice" is a go-to document for the good practice of an NGO. As well as guidance on strategy and goal planning, (amongst other things): http://www.capacity.org/capacity/export/sites/capacity/documents/topic-readings/Capacity_Building_for_Local_NGOs__A_Guidance_Manual_for_Good_Practicex1x.pdf

This website offers some useful tips for writing mission statements, particularly if you don't know where to start:

http://nonprofit.about.com/od/nonprofitbasics/a/mission.htm

Another useful website on clarifying a mission statement, and also explains the difference between a mission statement, a vision statement and the importance of values to an organisation:

http://www.stopvaw.org/mission__vision_and_value_statements

Community Toolbox is a website with a wide range of tools/skill help to help you assess, plan, act evaluate and sustain positive change in your community. This toolkit contains further ideas and suggestions on how to start writing your strategic plan, and then how to action it:

http://ctb.dept.ku.edu/en/developing-strategic-and-action-plans

Capacity building (governance, sustainability, empowerment)

The Community Toolbox has more information relevant to building the skills to create change in your community. It offers thousands of pages of tips and tools for taking action and is available in multiple languages:

http://ctb.ku.edu./en

The manual "Capacity building for local NGOs: A guidance manual for good practice" is a go-to document for the good practice of an NGO. As well as guidance on strategy and goal planning, it includes a chapter on governance, roles, managing people and finances, documentation, meeting agendas/minutes, etc.: http://www.capacity.org/capacity/export/sites/capacity/documents/topic-readings/Capacity_Building_for_Local_NGOs__A_Guidance_Manual_for_Good_Practicex1x.pdf

Tools, articles for a large range of NGO needs including fundraising, setting roles, responsibilities, building capacity and planning.

http://www.widernet.org/

How to organise people to help your cause is critical for support, influence and development. People and relationships are at the heart of your cause, so the management and skill development of volunteers and your team is vital. This website will help guide you to recruit, build a team and grow:

http://knowhownonprofit.org/people

Activism and advocacy

The Tactical Technology Collective offers tools for communicating messages effectively, advocacy/activism strategies (available in multiple languages). Their toolkits and guides help activists understand and manage their digital security and privacy risks http://www.tacticaltech.org

'Information Activism' provides a useful summary of how to develop a campaign and includes a 50-minute documentary on the effectiveness of the internet and technology to spread and share a message: https://archive.informationactivism.org/

Engaging in public debate (media)

This website contains a range of information on media interviews, social media, websites and it includes templates for press releases too:

http://knowhownonprofit.org/campaigns/communications

'Data visualisation' is an effective tool in campaigning, strategic planning, education and analysis. Visualisation and data tools are democratising the use of information by civil society. The Tactical Technology Collective bring you easy-to-use tools making it possible to create maps, interactive charts, network diagrams and other visual creations with limited or no technical knowledge. Check how-to and tools tab: https://drawingbynumbers.org/about

Media experts share some of their thoughts and guidance around using journalists and the media to communicate your cause:

http://www.theguardian.com/global-development-professionals-network/series/best-bits

Facilitating change

NGO Tips are a series of short papers, written by practitioners for practitioners that capture field expertise and know-how for nurturing the success and sustainability of projects that engage local non-governmental organisations. Each paper addresses an aspect of working with NGOs to strengthen assist in transformation and implementing change.

http://www.ngoconnect.net/ngo-tips

Writing for your audience

Some useful and straightforward tips on how to write about what you do, thinking specifically about your audience, e.g., who you are writing for. There is some useful advice about how you can use language to convey your message, depending on your audience, and therefore help you to connect your cause: http://www.ngomedia.org.uk/2012/01/use-the-right-language-for-the-right-audience/2012/

Easy and clear tips for writing a communication plan for your region: http://www.ngostorytelling.com/2013/10/04/when-the-world-is-your-target-audience/

Creative Commons Licensing

Creative Commons is a non-profit organisation that helps people share their copyright works for reuse by others. Sometimes creators and other copyright holders want the public to be able to reuse their works but are unable to allow reuse easily and legally given the works' "All Rights Reserved" copyright status. Creative Commons licenses enable copyright holders to allow reuse of their works by giving everyone a range of permissions in advance:

http://creativecommons.org/



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Using a clear and robust Creative Commons licenses, you can choose the kinds of permissions to grant over your work. Individuals, institutions, artists, scientists and public agencies around the world are now declaring "Some Rights Reserved" with Creative Commons licenses.

People who use Creative Commons licenses are contributing to the Commons, that global pool of reusable works, and are helping to create a culture of sharing, reuse and innovation.

http://creativecommons.org/

Creating a handbook

There are some general steps that help grow the competence of your association in being an appropriate advocate for your supporter base. When going through the process of implementing and then maintaining a regulatory body and enforcing the regulation standards, you should create a handbook for your setting. This handbook should be a living document (i.e. one that is constantly revised and updated as new material becomes available or is created) and open to all midwives. You should include relevant sections to cover all of the regulatory basics in terms of up-to-date information and processes. In addition, you may want to include:

- 1 List of relevant Stakeholders, NGOs, Advocacy Groups, etc. with contact details
- 2 List and contact details of all midwifery education providers
- 3 List of resources available in terms of skilled supporters (lawyers, web developers, etc.), websites of use, and other useful tools.
- 4 List of relevant politicians or legislative processes relevant to implementing or maintaining midwifery regulation.
- 5 Any other information that it is important to keep for the wider group in building capacity and keeping members up-to-date and aware.

To ensure that the handbook is kept up-to-date, it will be necessary to assign the responsibility each year to a person or group within your group and approve their changes before dissemination. You should set a process and timeline for this.

Midwives' associations

Having a robust Midwives' Association will be essential to achieving regulatory change in your setting. Professional associations can be the source regulation where no formal regulatory body exists. Their role can include as mentioned earlier establishing:

- A code of ethics
- Core competencies
- Standards of practice
- Standards of education
- Peer-review processes

They can also provide training where appropriate develop networks and lobby on behalf of the profession (WHO, 2002).

We encourage Associations to meet standards for Midwives' Associations in terms of their governance and management. You can assess the status of your current association using the ICM Midwives' Association Capacity Assessment Tool (MACAT), available from:

http://internationalmidwives.org/knowledge-area/icm-publications/icm-core-documents.html

It can also be used to evolve your group into an association if you have not yet taken this step. Once you have an association, it is beneficial to apply for membership to ICM, which will provide your association with more support and show you have achieved international recognition, which is a useful point when making arguments to others. Details on membership of ICM are available here:

http://www.internationalmidwives.org/our-members/becoming-a-member-icm/

If you choose to set standards and implement core competencies, you will need to ensure you also work out a way to measure compliance. You will undermine your efforts if those associated midwife members do not uphold the standards and principles you set. Education, consultation, and monitoring on a continuing basis will be essential to these efforts.

Code of ethics

A midwife code of ethics is a support and guidance document designed to outline the primary responsibilities the midwife has to the community, her practice, education, and profession. The ICM Core Document – International Code of Ethics for Midwives explains that the core elements of a midwife code of ethics should mirror the key objective(s) of the national midwifery service. A code of ethics should be complementary to the ICM International Code of Ethics for Midwives. The code of ethics should encompass statements that connect to distinctive elements of midwifery within public health regarding:

- How midwives relate to each other,
- How midwives uphold professional responsibilities and duties, and
- How midwives work to assure the integrity of the profession of midwifery

http://www.internationalmidwives.org/assets/uploads/documents/CoreDocuments/CD2008_001%20ENG%20Code%20of%20Ethics%20for%20Midwives.pdf

We recommend using the ICM Code of Ethics for Midwives where possible. The code of ethics should be a 'living' document, updated at regular intervals and can be adapted to local contexts where necessary. The document should be freely available for all to access. This ensures not only that all midwives are aware of the responsibilities they hold, but also that the public, other professionals and policy-makers are aware of the duties midwives have to women, themselves and the profession.

Financial management

As a Midwives' Association, you will generally collect membership fees, and may accept donations for your campaigns or apply for grants. It is important that financial practices are robust, open to scrutiny, the use of funds is equitable and justified, and reported regularly.

The following link provides a document with very useful information regarding financial management in relation to NGOs, outlining elements related to the management of funds, reporting, auditing, fraud prevention, and fundraising. We recommend using any elements in this document you find useful, but it is always necessary to enquire about the laws and regulations that exist in your own country. http://www2.pathfinder.org/site/DocServer/Fundamentals_of_NGO_Financial_Sustainability.pdf

Women's NGOs

Please find below a list of Non-Profit Organisations (NGOs) related to human (general), women's, and children's rights and issues. This list is by no means exhaustive and within each country many more associations/organisations exist that support women from varying perspectives (e.g. religious, political, economic, educational, etc.) at both the national and regional levels. You are encouraged to research the groups supporting women within your own country whose goals may align, who may be sympathetic to your cause, or who have expertise valuable in meeting your goals (such as lawyers, journalists' association, etc.).

Country	NGOs	Country	NGOs
Afghanistan	Afghan Women Council	Asia-South East Asia	 Asian Women's Human Rights Council (AWHRC)
	 Afghan Women New Foundation 		 South East Asia Women Watch
	 Afghan Women of Development 		 Pan-Pacific & South East Asian Women's
	 Afghan Women Organisation 		Association
	 Afghan Women Resources Center 	Azerbaijan	 Alliance of Women for Civil Society
	 Afghan Women Services Education 		 Ana Faryadi- Mother's Shout Society
	 Afghan Women Welfare Development 		 Association for the Protection of Women's Rights
	 Afghan Women's Network 		after D. Aliyeva
	 Health & Development Center for Afghan Women 		 Association of Women with University Education
	 Voice of Women Organisation 		 Azerbaijan Association of Women Journalists
	 Women Activities Development Program 		 Azerbaijan Gender Information Center
	Women Assistance Association		 Azerbaijan Women & Development Center (AWDC
Albania	Albanian Association		 Business Women's Association
	"Women Heads of Household"		 Center for Protecting Women's Rights
	 Albanian Association of University 		Centre Woman Citizen
	Graduated Women		Charitable Women Society
	 Albanian Center for Human Rights 		 Gender & Human Rights Research Union
	 Albanian Center for Population & Development 		 Intellectual Women Public Union
	 Council of Associations which offer Social Services 		 Khatun Public Union for Solution of Women's
	 Courageous Women 		Social Problems & Women's Rights Protection
	Family in Focus		 Leader Women Public Union
	For Women & Children		 National Confederation of Azerbaijan Women
	 Free Thoughts & Initiatives 		 Political Cultural Center of Azerbaijani Women
	 Gender & Development Union 		 Public Union of Women's Initiative & Assistance
	 Human Rights in Democracy Center 		to Solution of Social Problems
	 Human Rights Women's Forum 		 Solidarity Among Women Public Union
	 Independent Forum for Albanian Women 		 Union of Woman Journalists of Azerbaijan
	 Institute of Gender Applied Policies 		(Women's Media Watch)
	 Legality Movement Women's Forum 		 Women & Modern World Center
	 Me, the Woman 		Women Initiative Group
	 Open Society Women's Society Program 		 Women's Association for Rational Development
	of Albania		(WARD)
	 Productive Women 		Women's Institute
	 Prop-less Women Association 		 Women's Studies Center under International
	 The Association "Intelligent Women" 		Center for Social Research
	 The Association "Mothers, Children, Future" 	Bangladesh	 Aid for Social Services in Bangladesh
	 The Association "Women & the Future" 		 Assistance for Community Development (ACD)
	 The Association for Protection of Urban & 		 Association for Rights & Peace (ARP)
	Rural Women's Rights		 Association of Development Agencies in
Algeria	 Association lala nfissa pour la sensibilisation et la 		Bangladesh (ADAB)
	promotion de la femme rurale		 Bangladesh Federation of University Women
	 Association nationale de promotion rurale 		 Community Development Services
	 Association nationale femme et 		 Community Service Centre (CSC)
	développement rural		 Development for Better Advancement (DBA)
	Association pour l'emancipation de la femme		 Human Rights Lawyers Society
	 Association pour la promotion de la femme rurale 		 Human Rights, Information & Development
	de la wilaya d'oran		Society
	 Collectif feminin bnat s'soumer 		 Integrated Social Development Effort (ISDE)
	 Femmes algériennes unies pour l'égalite des droits 		 Minority Self-Empowerment Foundation (MSEF)
	 Rassemblement des femmes nationalistes 		 National Development Programme
	algériènnes		 Peoples Development Organisation
Angola	Organisation panafricaine des femmes		 Training Research Education for Empowerment
o de la companya de	Pan-African Women's Organization		 Welfare Association for Development Alternative
Argentina	Center for the Implementation of Public Policies		(WADA)
3	promoting Equity & Growth		Women Watch
	• Fundacion Honrar La Vida	Belarusia	Women's Independent Democratic Movement
Asia-Pacific	Asia Pacific Forum on Women, Law &		Nashyja Dzetki
	Development (APWLD)		(resource for Belarusian-speaking parents)
	Asia Pacific Forum for Child Welfare		Belarusian Women's League
	Asian-Pacific Resource & Research Centre for		The Human Rights Centre 'Viasna'
	Women (ARROW)		Bosnia & Herzegovina
	Pan-Pacific & South East Asian Women's		Bright Future For Women
	Association		Center for Legal Support for Women
	International Women's Rights Action Watch – Asia		Child & Mother
	Pacific		Croat's Woman
	i denite		League of Woman Votors

League of Women VotersMedica Infoteka

	United Women	Cameroon	 African Women's Association
	Woman & Family		 Association camerounaise des femmes juristes
	Woman to Woman		Association camerounaise des femmes médecin
	Woman Today		Association for the Promotion of Women &
	Woman's Movement		Children
	Woman's Strength		Association of Women in Research & Action / Name of the Marking Landson
	• Women for Women – International		Women Living Under Muslim Laws
	Women to Women Women's Association		Association of Women's Information & Coordination Offices
	Women's Association Warran's Strangele		Coordination Offices
	Women's Strength Women's Astion "Video"		Association pour le développement des femmes Association pour le développement des femmes
	• Women's Action – "Vidra"		et des jeunes
Donin	Women's Forum Association des femmes luvistes du Bénin		Cameroon Association of University Women Cameroon Women's Networking Association
Benin	Association des femmes Juristes du Bénin Association femme et vie		Cameroon Women's Networking Association Control do dévalonment de la forme du sud
	Association femme et vie Fodoration des femmes beningies		Centre de développement de la femme du sud Centre fémini pour la promotion du
	Federation des femmes beninoise Organisation de protection des draits de l'anfants		Centre féminin pour la promotion du
	Organisation de protection des droits de l'enfants des invesses et de la femme.		développement
	des jeunes et de la femme		 Comité national d'action pour les droits de l'enfant et de la femme
	Solidarite et promotion de la femme Momen in Law & Development in Africa - Ponin		
Bhutan	Women in Law & Development in Africa – Benin National Women's Association of Bhutan		Femme et développementFemmes, enfants et development au cameroun
bliutali	Renew Bhutan		• Femmes-Santé-Développement en afrique sub-
	Bhutan Women & Children's Organisation		saharienne
Bolivia	Clinica Boliviana Amerciana		 Fondation pour le developpement de la femme et
Plurinational	FIDEH – Fundación Icono Integral para el		de l'enfant
State of	Desarrollo Humano		Groupe d'initiative commune des femmes actives
State Of	Instituto Para el Desarrollo Humano		Groupement des femmes d'affaires du cameroun
	The Center for Woman & Family Development —		Initiative des femmes actives pour le
			développement
Botswana	Ayni Ruway Emang Basadi Women's Association		Mbonweh Women's Development Association
Dotswalld	Metlhaetsile Women's Information Centre		Mutuelle financiere des femmes africaine
	The Women's NGO Coalition		National Professional Media Women
Brazil	Centro Espirita Amor e Sabedoria		Organisation de femmes pour la sécurité
Didzit	Instituto Universico de Pesquisa e Educacao (IUPE)		alimentaire et le développement
	True Families for Brazil		Réseau femmes et développement
Bulgaria	Center of Women's Studies & Policies Foundation		Women in Law & Development in Africa –
Dutgaria	– Sofia		Cameroon
	Education & Care in the Community Foundation		Women's Aid for Development
	Face to Face Bulgaria – Sofia		Women's Trust Fund
	Gender Education Research & Technologies —	Cape Verde	Association d'appui à l'auto-promotion de la
	Sofia	Cape verde	femme au développement
	Women's Alliance for Development Foundation		Association pour l'auto-promotion des femmes et
	Women's Health Initiative in Bulgaria		developpement
Burkina Faso	Amicale des femmes forestières du Burkina Faso	China	All-China Women's Federation (ACWF)
Dar Killa Taso	Association burkinabe des sages-femmes	Columbia	Fundación Social Gualanday
	Association des femmes responsables de famille	Cotumbia	Organizacion Nacional para el Desarrollo de los
	Association femme et development – Burkina		Pueblos (ONALDEP)
	Faso		Corporacion Prosperar de Columbia
	 Fonds d'appui aux activites remuneratrices des 		"CORPROSPERAR"
	femmes		Fundacion Nutrir, Manizales
	Réseau de communication, d'information et de		Fundacion para la Promocion y Desarrollo Integral
	formation des femmes dans les ONG	Central African	Court de justice communautaire de la CEMAC
	Réseau de formation et d'information sur les	Republic	Groupement des Infirmiers Retraites de Bambari
	droits humains de la femme	Republic	pour le Developpment (GIRBAD)
	Réseau femmes africaines et droits humains		The Central African for Education & Development
	Réseau sous-régional femmes africaines et droits	Chad	Association des femmes juristes du Tchad
	humains	Chud	Safer Birth in Chad
	Women Action Research & Training Group		Union des femmes pour la paix
Burundi	Group of Women's Associations & NGOs in		Working Group on Women, Peace & Security
24.401	Burundi (CAFOB)	Comoros	Réseau national femmes et développement
	Organisation pour la promotion et la protection	201110103	The National Network of Gender Lawyers (RENAG)
	des droits de la femme et de l'enfant		Union of Comorian Women for Democracy
	Union des femmes burundaises	Cook Islands	Cook Islands Association Non-Governmental
Cambodia	Cambodia Development Resource Institute (CDRI)	Cook istants	Organisation
	Cambodia Health Promotion & Primary Health	Côte d'Ivoire	Comité international des femmes africaines pour
	Care Project	3313 3 113113	le développement
	Cambodian Health Education Development (CHED)		Côte d'Ivoire femmes environnement et
	Cambodian Human Rights & Development		développement
	Association		Mouvement international des femmes
	Cambodian NGOs Alliance for Cooperation (CNAC)		démocrates
	Center for Children's Happiness	Croatia	Association of Women
	Center for Social Development	Cioada	Autonomous Women's House, Zagreb
	Intermediary Agent for Development Organisation		B.a.b.e, Women's Human Rights Group
	The Cambodian Institute of Human Rights		(Be active, be emancipated)
	The People Improvement Organisation		Centre for Civil Initiatives Porec
	Women Peace Makers		Center for Women's Studies, Zagreb
			Domine – Association for Civil Society
			Development & Women's Rights
			Gender Task Force
			Sanda lask Force
internationalmiduiv	oc org		ICNA NACALITY DE AUTORITY TO A ILLE A

• African Women's Association

• United Women

	 Group Brod – Group for Women's Human Rights 	Eritrea	National Union of Eritrean Women
	Organisation for Helping Women & Children	Estonia	Centre for Family Support
	"Duga"		The Estonian Women's Cooperation Chain
	Organisation for Protection of Women &		Estonian Women's Associations Roundtable
	Motherhood		Foundation
			Active Health Studio ReetTer
	The Council for the Equality & Affirmation of		
	Women		Association of Entrepreneurial Ladies Givil Courses
	Woman's Club Pakrac		Civil Courage
	 Women's "Source" – Izvor 		Estonian Association of University Women
	 Women's Action Rijeka 		 Estonian Institute for Open Society Research
	 Women's Association 		 Estonian Nurses Association
	 Women's Community "Stvarnost" 		 Estonian Women's Union
	Women's Group		Law For You
Czech Republic	Aperio – Healthy Parenting Association		Women's Training Centre
02001111000110	Association for Equal Opportunities for	Ethiopia	Hope for Women
	Men & Women		Inter-African Committee on Traditional Practices
	Association of South Czech Mothers		Affecting the Health of Women & Children
			Women Aid Ethiopia
	Gender & Sociology – Sociological Institute of		•
	Academy of Sciences		Women Educationalist Association
	 Gender Centre – Faculty of Social Studies, 		Women's Self Reliance Association
	Masaryk University	Fiji	Fiji Women's Rights Movement
	 Gender Centre: Gender Studies, Philosophical 		 Development Alternatives with Women for a
	Faculty, Charles University		New Era
	Government Council for Human Rights –		 Council of Regional Organizations in the Pacific
	Committee for Elimination of All Forms of		(CROP)
	Discrimination Against Women		Institute of Pacific Studies (IPS)
	Movement for Active Motherhood	Gabon	African Women Jurists Federation
	National Contact Centre – Women & Science		• AVOGAB
	Women's Forum		Comité national des femmes pour la paix et le
Democratic Republic	Aide aux femmes et filles desoeuvrees		développement
			Coordination des ONG féminines gabonaises
of the Congo	Association d'appui aux groupements des femmes Grandler		
	& familles		Cri de Femmes
	 Association des femmes kimbanguistes 		Reseau de Defense des Droits Humains du Gabon
	 Association des femmes pour le développement 		 Working Group on Women, Peace & Security
	 Association des femmes pour le mieux etre 	Gambia	 Foundation for Research on Women's Health
	 Caucus des femmes congolaises 		 Gambia Family Planning Association
	 Comité national des droits de la femme 		 Gambia Women's Finance Association
	 Département femme et famille 		 Medical Research Council
	Eveil de la femme		 Women In Service Development Organization &
	Fédération des femmes du Congo pour le		Management
	dévelopement	Ghana	Association of Women in Development Experts
	Femme et Développement de CNONGD – Congo		National Council on Women & Development
	Ligue des femmes congolaises projet CREP		Society of Ghana Women Medical & Dental
	Mouvement pour l'encadrement des femmes sans		Practitioners
	•		The International Association for the
	voix a la base		
	Programme d'appui au développement de la		Advancement of Women in Africa
	femme		United Women's Front
	 Promotion de la femme rurale "PROPER" 		 Women in Law & Development – Ghana
	 Solidarité, promotion et accès des femmes au 		 Women's Assistance & Business Agency
	crédit		Women's Research Group
	 Working Group on Women, Peace & Security 	Guam	 Association of Pacific Island Legislatures (APIL)
Djibouti	National Union of Djiboutian Women	Guinea	Appui aux femmes du secteur informel
Ecuador	Associacion Periodistas Guayaquil		Association des femmes de Lanseboundji
Lead of	Fideicomiso Ecuatoriano de Cooperación para el		 Association des femmes entrepreneurs de Guinée
	Desarrallo		Association des femmes pour la recherche et le
			· · ·
	Fundación Humanidad y Desarrallo Associación Vivir		developpement
	Associación Vivir Fundación CISOL Contro de Iniciativas Sociales		Association guinéenne des femmes chercheurs Association guinéenne des femmes valentaires
	Fundación CISOL, Centro de Iniciativas Sociales		Association guinéenne des femmes volontaires
	Latinoamercianas		du progrès
	Fundación Entrega		Commission nationale des femmes travailleuses
	Fundación Manos Abiertas		de Guinée
Egypt	Alliance for Arab Women		 Coopérative de construction des femmes de
	 Arab Women Solidarity Association 		lansébundji
	 Association for Development & Enhancement of 		 Femme et développement
	Women		 Groupement des femmes d'affaires de guinée
	 Egyptian Society on Traditional Practices Affecting 		 Réseau des femmes du fleuve mano pour la paix
	the Health of Women & Children	Guinea-Bissau	Centro de Informação e Orientação Jurídica
	General Association for Women Welfare		Liga Guineense dos Direitos do Homem
	Modern Women Organization		Sinim Mira Nassequé
	Network of Egyptian Organizations working for	Guyana	Airy Hall Women's Development Group
		Guyarla	Family Planning Association of Guyana
	Development & Enhancement of Women The Fryntian Medical Women Association		Guyana Association of Professional Social Workers
	The Egyptian Medical Women Association Women & Society Association		
	Women & Society Association		Guyana Association of Women Lawyers Guyana Bassansible Parentheed Association
	 Women's Health Improvement Association 		Guyana Responsible Parenthood Association
			Guyanese Women in Development – Region 6
			Parika Women's Institute
			 Vilvoorden Women's Group
			 Women Across Differences

Haiti	Children Treause in Haita	Korea	Center for Human Rights Dasan
	 Palte-Forme Haitienne de Plaidover pour un 		 National Human Rights Commission of Korea
	· · · · · · · · · · · · · · · · · · ·	Kosovo	Active Woman
	Developpement Alternatif (PAPDA)	KOSOVO	
	Universal Learning Centre		 Association for Healthy Family
	 Working Group on Women, Peace & Security 		Bosnian Women Group
Hungary	Association of Hungarian NetWomen		Center for Protection of Women & Children
Trungury			
	 Association of Hungarian Women 		Democratic Forum of Women
	 Association of Women for a New Beginning 		 Center for Rehabilitation of Mothers & Children
	First Hungarian Provincial Women's Society		 Gender Training & Studying Center
			Humanitarian Law Center
	Foundation for the Women of Hungary		
	 Roundtable of the Women of Veszprem 		 Information & Documentation Center
	Sisterhood Public Foundation		 Juridicial Association for Women's Assistance
	Women's Movement for Our Future		Kosovo Law Center
	 Women's Rights & Children's Rights Research & 		Kosovar Women's Forum
	Training Center		 Kosovar Women's Network
India	All India Citizen Rights & Welfare Trust		Life Your Life
	All India Development Trust		Woman's Association
	·		
	 All India Human Rights Bureau 		Women Helping Women
	 Association for Social Reformation & Action 		 Women's Independent Association "Rozafa"
	 Association for Welfare, Social Action & Research 		Women's Welfare Center
		Lao People's	Gender Development Group
	Centre for Policy Impact		
	 Citizen Forum on Human Rights 	Democratic Republic	Social Development Network
	 Ebenezer Medical & Scientific Research 	Lesotho	Lesotho National Council of Women
	Foundation Family & Child Welfare Committee		Lesotho Women's Institute
	 Foundation for Developmental Research 		Women's Research Collective
	 Health Education Adoption Rehabilitation 	Liberia	 National Women's Commission of Liberia
	Development Society (HEARDS)		Shades of Liberia
	Human Development & Charitable Society		The Women NGO Secretariat of Liberia
	 Human Development Society 	Lithuania	 Association of Women Organsiation of Western
	 Human Empowerment Organisation 		Lithuania
	Indian Institute of Community Development		 Association of Women Physicians
	· · · · · · · · · · · · · · · · · · ·		
	 Indian Media Centre for Journalists 		Center for Equality Advancement
	 Indian Social Service Institute 		 Family Planning & Sexual Health Association
	 Peoples Action for Social Service 		 Klaipeda University Women's Studies Center
	Peoples Society & Development Organisation		Women's Information & Training Center
	 Progressive Media Center 		 Lithuanian Association of University Women
	 Public Voice 		 Lithuanian Housewives Association
	 Service & Education for Welfare Action (SEWA) 		 Lithuanian Women's Society
	Social & Development Research Action Group		Lithuanian Women's League
	(SADRAG)		 NGO Women's Rights Centre
	 Society for Women Welfare & Development 		Village Women's Society
	·		<u> </u>
	Society to Empower Women Action		Women for Women
	 Women & Child Development Charitable Trust 		 Women's Activity Centre
	 Women Welfare Federation 		Women's Club
	Women Welfare Trust (WWT)		Women's Health Centre
	, ,		
	 Women's Empowerment & Relief League 		Women's Issues Information Centre
Indonesia	 Confederation of ASEAN Journalists (CAJ) 	Macedonia	Albanian Women's Forum
	Consortium for Civil Society Development		 Albanian Women's Union in Macedonia
	The state of the s		
	Indonesian Child Welfare Foundation		 Association for Emancipation, Solidarity &
	 Institute for Research & Empowering Society 		Equality of Women in the Republic of Macedonia
	Institute of Social Services		Gender Information & Documentation Unit
	Local Empowerment Assistance Project		Majka, Self-Supporting Mother's Organisation
	 Social & Human Rights Institute 		Mother
	 Women Initiative & Children Education 		 Municipal Women's Organisation
	Foundation		 Nadez, Association of Self-supporting Parents
lanan			11, 9
Japan	Peace Boat		Organisations for Protection of Women's Rights
	e-activists.org		 Organization of Albanian Women
Kenya	 African Women's Development & Communication 		Research Center for Gender Studies
. 7-	Network		Union of Albanian Women
	 Education Center for Women in Democracy – 		 Union of Social & Human Initiative "Vesta"
	Embu		 Union of Women's Organisations of Macedonia
	 Education Centre for Women in Development 		Women 21 Century
	·		Women's Center
	Federation of Women Lawyers in Kenya		
	 International Federation of Women Lawyers – 		 Women's Citizen Initiative
	Kenya Chapter		 Women's Organization
	Kenya Medical Women's Association		Women's Studies Center
		Madana	
	Kenya Women Political Caucus	Madagascar	Comite de concertation et de coordination des
	 Kenya Women's Organization 		associations et ONG / femmes de madagascar
	National Association of Kenyan Women		The African Women Development Fund
			· · · · · · · · · · · · · · · · · · ·
	National Council of Women of Kenya		The Global Fund for Women
	National Women of Kenya	Malawi	Bedir Education & Medical Trust
	The League of Kenya Women Voters		 Blantyre Health Research & Training Trust
	Women Care Organization		Malawi Human Rights Resource Center
	Women's Group Khaloma		 Malawi Media Women's Association
	Women's Network Centre		 National Association of Business Women
			Partners in Health
			 Society for the Advancement of Women
			 Women for Fair Development

Malaysia

- · Women's Legal Resources Center
- Women's Voice
- Women's Centre for Change (Penang)
- Family Health Development Association (Penang)
- Federation of Women's Lawyers (North Malaya)
- International Women's Association (Penang)
- National Council of Women' Organisations University Women's Association (Penang)
- Women's Institute (Butterworth)
- Women's Welfare Council (Penang)
- World Alliance for Breastfeeding Action (Penang)
- Women's Aid Organisation (Petaling Jaya)
- Sarawak Women for Women Society (Kuching Sarawak)

Mali

- Association de recherche-action femmes et développement
- Association des femmes éducatrices du mali
- Association des femmes teinturières du mali
- Association du sahel d'aide à la femme et à l'enfance
- Association pour le progrés et la défense des droits des femmes maliennes
- Centre d'appui nutritionnel et economique aux
- Collectif des femmes du Mali
- Comité d'action pour les droits de la femme
- Commission nationale des femmes travailleuses
- Coopérative des femmes pour l'education, la santé familiale et l'assainissement
- Coordination des associations et ONG feminines du mali
- Groupement d'appui aux initiatives économiques des femmes
- GUIDO pour la promotion des femmes
- L'Association pour le progrès et la défense des droits des femmes maliennes
- Women United Together Marshall Islands
- Association des femmes de l'Afrique de l'Ouest
- Association mauritanienne pour la santé des femmes, enfants et le développement
- Association pour le défense des droits de la femme et de l'enfant

Mauritius

Mauritania

Marshall Islands

- Cercle des dames mourides
 - National Women's Council
 - Rural Women's Association
 - Union of Women's Committee of Mauritius
 - Family Federation for World Peace & Unification

Micronesia Moldova

- Women's Law Center The Honor & Rights of Contemporary Women NGO
- · Human Rights Center in Moldova
- International Women's Club of Moldova
- Women's Organisation of Moldova
- Association of Women in Legal Careers
- Sector of the Support of Women "Mezon"
- Association of Supporting & Promotion of Women & Youth in Society
- Gender Center of Moldova
- Moldovian Forum of Women's Organisations
- Moldovan Women's Association
- National Women's Studies & Information Center "Partnership for Development"

Mongolia

- Mongolian Gender Equality Center
- Gender Center for Sustainable Development
- Liberal Woman's Brain Pool (LEOS)
- Mongolian Women's Fund
- "Choi" Educational Research Training Center
- Social Welfare & Cooperation Development Foundation

Montenegro

Morocco

- Montenegrin Women's Lobby
- Women Forum Foundation of Montenegro Association démocratique des femmes du maroc
- Association el houda pour l'action feminine
- Association marocaine des droits des femmes
- Association marocaine des femmes progresistes
- Centre d'écoute et d'orientation juridique et psychologique des Femmes Agressées

· Comité des femmes marocaines pour le développement

- Commission nationale de femme du mouvement populaire
- Equipe pluridisciplinaire de recherche sur la femme
- Femmes Action
- Forum international des femmes
- Groupe universitaire d'etudes féminines
- International Mediterranean Women's Convention
- Ligue démocratique pour les droits de la femme
- Mouvement feminin du mouvement national populaire
- Union nationale des femmes marocaines (Casablanca/Rabat)
- Women Action

Mozambique

- Association mozambicaine de la femme et l'éducation
- Association pour la promotion et le développement de la femme
- Mozambican National Association for Rural Women Development
- National Organization of Mozambican Women
- Organization of Mozambican Women
- Women & Environment
- Women's Forum Coordination for Women in Development (Fulher Mulher)

Myanmar

- Agency for Basic Community Development
- Myanmar Health Assistants Association
- Myanmar Maternal & Child Welfare Association
- Myanmar Medical Association
- Myanmar National Committee for Women's Affairs
- Myanmar Nurses Association
- Myanmar Writers & Journalists Association
- The Myanmar Women Entrepreneurs' Association
- The Myanmar Women's Affairs Federation
- Women's Federation for World Peace

Khomas Women in Development

- Namibia Women's Association (Windhoek/Karoela)

Nepal

Namibia

- Women's SolidarityCommittee for the Promotion of Public Awareness & Development studies
- Community Welfare Center
- Develop Nepal
- Development Initiative Nepal
- Health & Education Initiative
- Media Forum for Research & Development (MFRD)
- Nepal NGO Society
- PHASE Nepal (Practical Help Achieving Self-Empowerment)
- Research & Development Center Nepal (RAD Nepal)
- Society for Hope, Empowerment & Development Solidarity for Societal Change Nepal
- South Asian Action for Human Development
- Centre de recontres d'echanges internationaux de
- Pacifique (CREIPAC) Centro de Salud (Davila Bolaños/Monimbo/
- Jinotepe/Tisma/Las Salinas) Foro de Presidents de Poderes Legislativos de Centroamerica (FORPEL)
- Hospital Ciudad Sandino
- Instituto Dinamarca
- Nicaraguan Women's Association "Luisa Amanda Espinoza"

Niger

New Caledonia

Nicaragua

- Association des femmes africaines face au SIDA (SWAA/Niger)
- Association des femmes commerçantes et entrepreneurs du niger
- Association des femmes du niger
- Association des femmes juristes du Niger
- Association pour l'intégration de la femme dans l'économie nigeriènne
- L'Association des femmes nigériennes face au SIDA

- Mutuelle d'épargne et de credit des femmes du Niger
- Rassemblement démocratique des femmes du Niger
- Union pour la promotion de la femme nigérienne
- Women, Youth, Environment, Health
- African Women Economic Development
- BAOBAB for Women's Human Rights
- Champions of Women's Development Foundation
- Council for Women's Self Help

Nigeria

Pakistan

- · Country Women Association of Nigeria
- Forum of Nigerian Women in Politics
- International Federation of Women Lawyers
- International Women Communication Centre Medical Women's Association of Nigeria
- Medical Women's International Association
- National Association of Nigerian Women in Business
- National Association of Women Judges
- National Council of Women's Societies (Abuja/Lagos)
- Nigerian Association of University Women
- Nigerian League of Women Voters
- Nigerian Women in Cooperatives
- Women Action Organization
- Women Advancement Forum
- Women Development Initiative
- Women Justice Program
- Women Law & Development Centre
- Women's Health & Economic Development Association
- Women's Health Organization of Nigeria
- Women's Health Research Network in Nigeria
- Blue Veins (Women Welfare & Relief Services)
- Community Development Foundation
- Community Development Network Organisation
- Community Welfare Development Society
- Development Institute for Social Control, Organisation, Vigilance, Education & Research (DISCOVER)
- Education, Awareness & Community Health
- Global Human Welfare Foundation
- · Global Organisation for Human Empowerment & Rights
- Human Development Progaramme
- Human Development Society Pakistan (HDSP)
- Human Welfare Organisation
- Initiatives for Social Transformation
- Journalist Organisation of Pakistan (JOP)
- National Organisation for Social Development (NOSD)
- National Resources Development Organisation
- National Welfare Foundation
- Social Help & Research Organisation (SHRO)
- Social Welfare & Community Development Society
- Society for Human Advancement & Disadvantaged Empowerment (SHADE)
- Society for the Empowerment of Voice & Choice
- Women Rights Focus
- Women Social Organisation (WSO)
- Women Welfare Organisation (WWOP)
- Women Welfare Society
- Family Federation for World Peace & Unification **Building Humanity Foundation**
- Community Aid Facilities
- Country Women's Association
- Family Health and Rural Improvement Programme
- Family Planning Association Incorporated
- Foundation for Peoples and Community Development
- Gazelle Women's Desk
- Lousiade Women's Society
- Melanesia NGO Center for Leadership (MNCL)

Poland

Romania

- El Capital Humano
- Awaiting Angels
- Research Quality Institute
- · Hope for Children
- Instituto Universico de Pesquisa e Educacao
- Vision Para El Desarrollo
- Centrum Praw Kobiet
- Demokratyczna Unia Kobeit
- Klub Kobiet 2000
- · OSKa the National Women's Information Center Poland
- The Women's Rights Center
- Women's Foundation eFKa
- AnA Romanian Society for Feminist Analyses
- Ariadna Women Journalists Association in Romania
- The Association for the Promotion of Women in Romania
- Center for Legal Resources
- Center for Partnership for Equality
- Contraceptive & Sexual Education Society
- The Democratic League for Justice Women's Association
- The East European Institute for Reproductive Health (IEESR)
- Equal Opportunities for Women Foundation
- Human Rights Defense League
- National Association of University Women Graduates in Romania
- National Confederation of Women in Romania
- Nursing Association of Romania
- Optimistic Women Association
- Partners for Change
- · Partnership for Equality Center
- Pro Familia Agency Women Entrepreneurs Association
- Pro Women Foundation
- Romanian Association for Woman's Advancement
- Romanian Association for Women's Rights
- Romanian Women Manager Association SCOP – The Society for Children & Parents
- Women's Association for Positive Actions. Tolerance & Education
- Women's Association of Romania
- Women's Institute

Rwanda

Samoa

Senegal

Seychelles

Sierra Leone

- Association rwandaise des femmes pour l'environnement et le développement
- · Pro-femmes twese hamwe
- Rwanda Women Network
- Samoa Umbrella for Non-Governmental Organisations
- Association des femmes africaines pour la recherche et le développement
- Association femme-enfant environment
- Association pour la promotion de la femme sénégalaise
- Centre pour la formation des femmes des médias
- · Collectif des femmes pour la defense de la famille
- Conseil pour le développement économique de la femme africaine
- Fédération des associations féminines du Sénégal
- Femme et habitat
- · Programme des femmes en milieu urbain
- Progres de la femmes
- Seychelles People's Progressive Forum Women's League
- Fiama Women's Community Development Association
- Kono Women's Federation
- Magbee Women Development Association
- Nimikoro Women's Association Kono District
- Sierra Leone Association of Women Entrepreneurs
- Sierra Leone Women Development Movement
- Takelneh Women's Association
- Tamemsu Women's Development Association
- The Mother's Union Sierra Leone

internationalmidwives.org

Papua New Guinea

Palau

	Waterloo Rural Co-operative Women's Association		Women lournalists
	White House Women's Development		Women JournalistsWomen's Association
	Organization		Women's Public Health Union: "Health, Rights, &
	 Wilberforce Women Association 		Society"
	Women Action Project Would Not a Common Action Project		Women's Society
Slovakia	Youth Wing / Women's Wing Women's Association (ASPEKT)	Thailand	• Thai Women Watch
Stovakia	Mothers Center JOY	Timor-Leste	NGO Rede FetoWomen's Caucus
	Non-investment fund of Family & Women		Working Group on Women, Peace & Security
	Professional Women	Togo	Association des femmes pour la justice et
	 Slovak Association for Planned Parenthood & 		l'entraide
Calaman Islanda	Education for Parenthood		• Femme et monde rural
Solomon Islands	 Compassionate Society of Solomon Islands East Kwara'ae Women's Ast Trust Board 	Tongo	Women in Law & Development in Africa – Togo Givil Society Forum of Tonga
	(Incorporate)	Tonga Tunisia	Civil Society Forum of Tonga Association des femmes tunisiennes pour la
	Family Support Centre	Turnsia	recherche sur le développement
	Lumuko Women's Club		 Association femme et developpment – Tunisia
	West Honiara Constituency Women's Association		Center of Arab Women for Training & Research
Somalia	Nogal Women Association Samuel Land Warrant Organization		Centre de la femme arabe pour la formation et
	Somali Land Women OrganizationSomali Women Alliance		la recherche Centre de recherches, d'études, de documentation
South Africa	Durban Women's Association		et d'information sur la femme
	Empowering Women for Gender Equity		Chambre nationale des femmes chefs d'entreprise
	 Institut Africain pour le Genre / African Gender 		 Commission de la femme – conseil national de
	Institute		l'ordre des avocats
	International Alliance of WomenKNIB Women's Centre		• Femme – rurale – productrice
	Natal Women's Resource Centre		 L'Association femme et développement Organisation tunisienne pour l'education et
	National Association for Women Empowerment		la famille
	 National Council of African Women 		 Union générale des travailleurs tunisiens /
	 National Council of Women of South Africa 		Commission nationale de la femme travailleuse
	National Women's Register National Women's Resource & Control		Union nationale de la femme tunisienne
	 National Women's Resource & Service Centre Nisaa Institute for Women's Development 	Tuelcase	World Association of Women Entrepreneurs Association for the Support & Training of Women
	North West Women Information Forum	Turkey	 Association for the Support & Training of Women Candidates
	Pan African Women's Organization		Women' Solidarity Foundation
	 Rural Women's Initiative Northern Province 		Center for Legal Support to Women
	Rural Women's Movement		 Capital City Women's Platform
	Siyakhula Women's Association Sizanani Women Bassyrsa Control		Foundation for Women's Solidarity
	 Sizanani Women Resource Centre Women's Bureau of South Africa 		 Human Resources Development Foundation Foundation for the Support of Women's Work
	Women's Coalition		Human Rights Association
	 Women's Development Foundation 		Women for Women's Human Rights – New Ways
	 Women's Health Project 	Uganda	African Women's Economic Policy Network
	Women's Hope Education & Training Trust		Association of Women Lawyers
	 Women's Institute for Leadership, Development & Democracy 		ISIS – Women's International Cross-Cultural Freehange
	Women's Leadership & Training Programme		ExchangeNational Association of Women Organizations in
	Women's National Coalition of South Africa		Uganda (Kampala/Mubende)
	 Women's Institute for Leadership Development & 		National Trust for the Advancement of Rural
	Democracy		Women in Uganda
Sri Lanka Sudan	The Women & Media Collective Ahfad University for Women		National Women's Association for Social &
Sudan	Fashoda Women Association		Educational Advancement Uganda Association of University Women
	International Women Bond		Uganda Association of Women Lawyers
	 Sudanese Diplomatic Women Association 		Uganda Women's Network
	 Sudanese Parliament Women Association 		Women & Youth Services
	Sudanese Women General Union Sudanese Wassen Units Antion		Women Studies Department
	Sudanese Women Unity ActionWomen & Development Programme	Ukraine	Women's World / Monde des femmes Action Ukrainian Women's Association
	Women Forum	Okraine	Chayka Center for Public Initiatives Support
	 Working Women Association 		International Women's Rights Center
Suriname	Bureau Forum NGOs		Progressive Women
Swaziland	Malkerns Women's Institute		Ukrainian Women's Fund
Taiwan	 Zondle Women's Organization Taiwan Fund for Children & Families		Women's Consortium of Ukraine Women's Information & Coordination Contar
Idiwdfl	The Premature Baby Foundation of the Republic		 Women's Information & Coordination Center Women's Information Consulting Center
	of China (Taiwan)		Women's Perspectives Western Ukrainian Center
Tajikistan	Association of Population & Reproductive Health		World of Women
	Childhood & Prosperity	United Republic of	Babycare Women Association
	National Center of Healthy Style of Life National Center of Workers "Cook diago."	Tanzania	Federation of Associations of Women
	Public Association of Women: "Soghdiana"Social Development Group		Entrepreneurs in Tanzania
	Tajik Association on Reproductive Health		 Foundation for Sustainable Women Medical Women Association of Tanzania
	The Voice of Tajik Mothers		Tanzania Media Women's Association

The Voice of Tajik Mothers
Union for the Protection of Women & Children
Women & Society Association
Women for Progress

Tanzania Media Women's AssociationWomen Advancement Trust

- Women in Law & Development in Africa Tanzania
- Women Wake Up
- Women's Research & Documentation Project

Uruguay

- Familia Amor Valores
- Centro de Participacion Popular (CPP)
- Fundacion Mujer y Familia Rural
- Instituto de Ciencias Familiares

Uzbekistan

- Education & Resource Network Center (iEARN Uzbekistan Center)
- International Education Center
- Samark & Oblast Public Initiatives Support Center
- Social Association of Women Lawyers

Vanuatu

Viet Nam

- Foundation of the Peoples of the South Pacific, International (FSPI) Center for Public Health & Community
- Development
- Children of Viet Nam
- Cooperation & Development Group (CDG)
- Development Workshop
- · Doctors of the World
- Enfants du Monde/Droits de L'HOmme
- The Viet Nam Children's Fund
- Urban Care

Yemen

- Women National Committee
- Women's Forum for Researches & Training
- Yemini Development Foundation
- Yemeni Women Union

Zambia

- Makeni Women & Youth Multi-purpose Society
- Medical Women's Association of Zambia
- · National Women's Lobby Group
- Women for Change
- · Women's Development Ltd.
- Zambia Alliance of Women
- · Zambia Association of Media Women
- Zambia Association of University Women

Zimbabwe

- Association of Women's Clubs
- Federation of African Media Women Zimbabwe
- National Council of Negro Women
- National Federation of Women's Institutes of Zimbabwe (Bulawayo, Harare)
- Women & Law in Southern Africa Research Trust
- · Women in Law & Development in Africa -Zimbabwe
- Women in Politics & Decision Making
- Women's Action Group
- Zimbabwe Women's Bureau
- Zimbabwe Women's Resource Center & Network

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UNc (2015)

UN Millennium Development Goals – Goal 5 http://www.un.org/sustainabledevelopment/ gender-equality/

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APPENDIX 1 GAP ANALYSIS TOOL

The following section explains the Gap Analysis Tool

- The following section explains the Gap Analysis Tool
- Parts 1-5: Information required to assess your situations
- Part 6: Assessment Against ICM Global Standards for Midwifery
- Part 7: Identification of Needs and Barriers

You will want to complete the Gap Analysis Tool and make plans as specified in this document. You will also need to monitor your progress against these plans and your goals of meeting the standards. Remember to celebrate successes as this helps the team stay positive and rewards hard work.

The ICM Definition of a Midwife and ICM Core Competencies are vital documents you can use within your organisation to implement change. You should make all midwifery members aware of these documents and educate the public, other health professionals and your government on these internationally accepted documents. The definition and core competencies of midwifery set the scope of practice clearly and so allow you to advocate appropriately for their recognition.

These documents can be found at:

ICM International Definition of a Midwife:

http://www.internationalmidwives.org/who-we-are/policy-and-practice/icm-international-definition-of-the-midwife/

ICM Core Competencies:

http://www.internationalmidwives.org/what-we-do/education-coredocuments/essential-competencies-basic-midwifery-practice/



REGULATION ASSESSMENT TOOL

PART 1 – Regulation mechanism in country

1.	. What cadres of midwives and cadres of workers with midwifery skill sets are in your country? Please list the approximate total in the country and their qualifications.	
	Cadre:	
	Qualification (months of schooling):	
	Number in country:	
	Cadre:	
	Qualification (months of schooling):	
	Number in country:	
	Cadre:	
	Qualification (months of schooling):	
	Number in country:	
2.	Which of the above cadres is regulated in your country?	
	Cadre: YES/NO	
	Name of regulatory authority:	
	Cadre: YES/NO	
	Name of regulatory authority:	
	Cadre: YES/NO	
	Name of regulatory authority:	
3.	Is there an officially recognised definition of a professional midwife in your country?	
	Yes: No: If yes, please provide a copy of this definition on another sheet and attach).	
	y 25, predec promise a copy of this definition on another sheet and attachy.	
4.	Does your country use the ICM definition of the midwife?	
	(Please see definition attached to the gap analysis tools) Yes: No:	
	ICS. INU.	



5.	Is there legislation in your country that recognises midwifery as an autonomous (self-governing) regulated profession?
	Yes: No:
	If yes, please provide a copy of your country's legislation or Indicate relevant pages of the document
6.	Is there a national plan for maternal and newborn health services (e.g. Reproductive health policy/strategy) in your country?
	Yes: No:
	If yes, please provide a copy of this national plan or indicate relevant pages of the document.
	If yes, does the plan include midwives and strengthening the midwifery workforce? Yes: No:
7.	Is there a government approved regulatory body which regulates midwifery practice in your country? Yes: No:
	If yes, what is the name of the regulatory authority?
	If yes, please provide a copy of your country's regulations pertaining to midwives or indicate relevant pages of the document.
8.	Does the same regulatory body regulate other health professions as well as midwives?
	Yes: No:
	If yes, what other professions are regulated by the regulatory body? Nurses
	Physicians
	Others (please specify)
	If yes, do the regulations include separate and distinct regulations regarding midwifery scope of practice and midwifery standards of care?
	Yes: No:
9.	Please identify the members of the Regulatory Board/Council with numbers of participants from each category.
	Midwives
	Physicians
	Nurses
	Government Officials
	Members of the Public
	Other (please specify)



e.g. Chair o	ne title of the head of this regulatory Board/Council? of (name of the regulatory authority), Chief Midwifery Officer, Chief Nursing Officer, Chief Medical Officer, Chief d Midwifery Officer
1 10131118 011	o memory officer
11. <u>What is th</u>	ne professional qualification of the head of this regulatory Board/Council?
	not a regulatory body for midwives in your country, are midwives regulated through another government m in the Ministry of Health? No:
13. Please des	scribe this government mechanism



PART 2 – Protected title and registration/licensure of midwives, nurses and physicians

14. Do physician	s in your counti	ry hold a protected title ur	der regulation?	
Yes:	No:			
15. Are physiciar	ns in your count	ry registered under legisla	ion?	
Yes:	No:			
16. Do nurses in	your country h	old a protected title under	regulation?	
Yes:	No:			
17. Are nurses in	your country r	egistered under legislation	?	
Yes:	No:			
18. Do midwives	in your country	y hold a protected title un	er regulation?	
Yes:	No:			
19. Are midwive	s in your countr	y registered under legislat	on?	
Yes:	No:			
20. Are healthca	re professionals	required to re-new their	ractising certificates or licences on	a regular basis?
Physicians:	Yes:	No:		
Nurses:	Yes:	No:		
Midwives:	Yes:	No:		
If yes, how oft	ten are they rene	wed?		
If yes, are ther	re requirements f	or renewal?	Yes: No:	
If yes, please o	describe:			



PART 3 – Relationship between education and regulation

	•	ncil require ongoing in-service training/continuing education for practising certificate/
licensure	renewal?	
Yes:	No:	
If yes, plea:	se indicate these require	ements:
22. Are health	n practitioner regulatio	on standards and education standards coordinated in your country?
	escribe the process:	
22 Ave weed!e		
Yes:	No:	mes accredited by the government in your country?
24. Are nursir	ng education programm	mes accredited by the government in your country?
Yes:	No:	
		process to accredit midwifery education programmes?
Yes:	No:	
26. If yes, plea	ase name the authorit	y and describe the process:

PART 4: Midwifery standards and Scope of Practice

Do regulations in your country Yes: No:	y include a Scope of Practic	e for midw	ives?		
If yes, please provide a copy of the	nis Scope of Practice when re	turning this	survey.		
.Does the country have a basic	set of competencies for m	idwifery pr	actice?		
Yes: No:	set of competencies for in	idwiici y pi	actice.		
If yes, are these competencies ba	ased on the global competen	cies for ICM	?		
(Please see appendix below)	see on the global competen	cies for fer i	•		
Yes: No:					
.Do midwives in your country h	nave prescriptive authority	to treat wo	omen in the follow	ving periods?	
a. Antenatal		Yes:	No:		
b. Intra-partum		Yes:	No:		
c. Postpartum		Yes:	No:		
Please identify the drugs below t	hat midwives can either pres	scribe or adn	ninister:		
• Uterotonics for labour induction	on and postpartum haemorrh	nage:	Prescribe:	Administer:	Neither
Magnesium sulphate for eclan	npsia		Prescribe:	Administer:	Neither
• Antibiotics for breast infection	ns, uterine infections, septic p	ost-abortior	care, etc.:		
			Prescribe:	Administer:	Neither
Anti-malarial drugs			Prescribe:	Administer:	Neither
ARV Therapy			Prescribe:	Administer:	Neither
Other (please describe):					
Do regulations in your country	y require all midwives to be	e competen	t to perform Basic	Emergency Obste	etric and
Newborn Care (BEmONC)?					



Yes:	tions in your country include a philosophy and code of ethics for midwives? No:
32. Write out	the list of standards your country uses for the practice of midwifery
33. Does the F	Regulatory Board/Council have a quality assurance process to ensure quality midwifery practice?
Yes:	No:
If yes, pleas	se describe the process on another sheet and attach.
PART 5 – De	polovment
34. Is there a	system in place for deployment of midwives after graduation from midwifery education programmes?
Yes: If yes, desc	No: ribe the process on another sheet and attach.
35. Is there ar	n incentive package in place for midwives who work in hard to reach areas?
Yes: If yes, pleas	No: se describe on another sheet and attach.
36. Is there a	process to assess midwives from other countries who come to practice midwifery in your country?
Yes:	No:
	ives trained in other countries practise midwifery in your country without prior assessment?
Yes: If no, are th	No: nere any specific requirements for a foreign trained midwife to practise in your country?
Yes:	No:
ii yes, pieas	se describe on another sheet and attach.



PART 6 – Assessment against ICM global standards for midwifery regulation

Please complete the following table for the regulatory authority in your country responsible for midwifery.

If you are uncertain about the meaning of any standards please see combined glossary that was included with the gap analysis tools. Please also see the global standards for midwifery regulation that were provided with the gap analysis tools.

Name of regulatory authority

ICM Global standards for midwifery regulation	Currently meet this standard? Y=yes / N=no	Would require legislative modification to meet the standard?	Would require changes to regulatory processes to meet the standard? Y/N	prepar leader	ation is red to to ship to necessa	ake
		minor/major	minor/major	Υ	Ν	N/A
1.1 Regulation is midwifery specific						
1.2 Regulation is at a national level						
2.1 Only those authorised under relevant legislation may use the title 'midwife' endowed by that legislation						
3.1 The legislation sets a transparent process for nomination, selection and appointment of members to the regulatory authority and identifies roles and terms of appointment.						
3.2 The majority of members of the midwifery regulatory authority are midwives who reflect the diversity of midwifery practice in the country.						
3.3 There is provision for lay members						
3.4 The governance structures of the midwifery regulatory authority are set out by the legislation.						
3.5 The chairperson of the midwifery regulatory authority must be a midwife.						
3.6 The midwifery regulatory authority is funded by members of the profession						

	Currently meet this standard? Y=yes / N=no	Would require legislative modification to meet the standard? Y / N minor/major	Would require changes to regulatory processes to meet the standard? Y / N minor/major	Midwives' Association is prepared to take leadership to make necessary changes? Y N N/A		
3.7 The midwifery regulatory authority works in collaboration with the midwifery professional association(s).						
3.8 The midwifery regulatory authority works in collaboration with other regulatory authorities both nationally and internationally.						
4.1.1 The midwifery regulatory authority defines the scope of practice of the midwife that is consistent with the ICM definition and scope of practice of a midwife.						
4.2.1 The midwifery regulatory authority sets the minimum standards for preregistration midwifery education and accreditation of midwifery education institutions that are consistent with the ICM education standards.						
4.2.2 The midwifery regulatory authority approves pre-registration midwifery education programmes leading to the qualification prescribed for midwifery registration.						
4.2.3 The midwifery regulatory authority accredits the midwifery education institutions providing the approved pre-registration midwifery education programme.						
4.2.4 The midwifery regulatory authority audits pre-registration midwifery education programmes and midwifery education institutions.						
4.3.1 The legislation sets the criteria for midwifery registration and/or licensure.						

	Currently meet this standard? Y=yes / N=no	Would require legislative modification to meet the standard? Y / N minor/major	Would require changes to regulatory processes to meet the standard? Y / N minor/major	Midwives' Association is prepared to take leadership to make necessary changes? Y N N/A		ake ry
4.3.2 The midwifery regulatory authority develops standards and processes for registration and/or licensure						
4.3.3 The midwifery regulatory authority develops processes for assessing equivalence of applicants from other countries for entry to the midwifery register/or licensure.						
4.3.4 Mechanisms exist for a range of registration and/or licensure status.						
4.3.5 The midwifery regulatory authority maintains a register of midwives and makes it publicly available.						
4.3.6 The midwifery regulatory authority establishes criteria, pathways and processes leading to registration/licensure for midwives from other countries who do not meet registration requirements.						
4.3.7 The midwifery regulatory authority collects information about midwives and their practice to contribute to workforce planning and research.						
4.4.1 The midwifery regulatory authority implements a mechanism through which midwives regularly demonstrate their continuing competence to practise.						
4.4.2 The legislation sets out separate requirements for entry to the midwifery register and/or first license and relicensing on a regular basis.						
4.4.3 A mechanism exists for regular relicensing of the midwife's practice.						

	Currently meet this standard? Y=yes / N=no	Would require legislative modification to meet the standard? Y / N minor/major	Would require changes to regulatory processes to meet the standard? Y / N minor/major	Associa prepare leaders make n	Midwives' Association is prepared to take leadership to make necessary changes? Y N N/A	
4.4.4 Mechanisms exist for return to practice programmes for midwives who have been out of practice for a defined period.						
4.5.1 The legislation authorises the midwifery regulatory authority to define expected standards of conduct and to define what constitutes unprofessional conduct or professional misconduct.						
4.5.2 The legislation authorises the midwifery regulatory authority to impose, review and remove penalties, sanctions and conditions on practice						
4.5.3 The legislation sets out the powers and processes for receipt, investigation, determination and resolution of complaints.						
4.5.4 The midwifery regulatory body has policy and processes to manage complaints in relation to competence, conduct or health impairment in a timely manner.						
4.5.5 The legislation should provide for the separation of powers between the investigation of complaints and the hearing and determining of charges of professional misconduct.						
4.5.6 Complaints management processes are transparent and afford natural justice to all parties.						
4.6.1 The midwifery regulatory authority sets the standards of conduct and ethics.						



PART 7: Problems / challenges and recommendations

1:	e biggest challenges facing midwifery regulation in your country?
2	
2:	
3:	
4:	
-1.	
5	
What recom	nmendations will you make to improve the regulation of midwives in your country?
1:	
2:	
2:	

Thank you for your cooperation and time

End of questionnaire

Acknowledgement: This assessment tool has been adapted from the ICM / UNFPA Association Assessment Tool used in Bangladesh

ICM REGULATION TOOLKIT

CASE STUDIES



CASE STUDY

AFGHANISTAN



In 2002 an estimated 467 midwives were in Afghanistan¹. Midwifery schools had essentially been closed from 1996-2002 and the human resource need was critical. Maternal mortality at that time was 1,600/100,000 live births; a woman died of pregnancy-related causes every 20 minutes; and approximately 60 out of every 1000 newborns died in the first month of life. Afghanistan's ability to provide the needed maternal and newborn health services, however, was limited by a shortage of well-trained female health care professionals, especially midwives.

MIDWIFERY ASSOCIATION Afghan Midwives Association www.facebook.com/ afghanmidwives.org

MIDWIFERY REGULATORY BODY Legislation currently in process for full regulation.

Afghanistan National Midwifery Education Accreditation Board (semi-autonomous)



Afghani Midwifery Association.

In response to this shortage, there has been substantial effort to educate midwives for work at both hospital and health center levels (IHSs and CMEs). In 2003, government-run midwifery schools were reopening at seven of the nine campuses of the Institute of Health Sciences (IHS) in the country. At the same time, one rural-based program to train community midwives was getting started. Midwifery education became the focus of great activity and 15 more community midwifery programs opened. This rapid expansion lead to the concern that Afghanistan, in the absence of a regulatory system, would experience the same educational disarray that other countries in the region had experienced. The goal of midwifery education was not simply to train more midwives, but also to foster a new atmosphere of quality and excellence in midwifery education in Afghanistan. The National Midwifery Education Accreditation Program supported this by establishing a system for regulating educational programs and ensuring they meet national standards for graduating qualified practitioners. In November 2004, the Afghanistan National Midwifery Education Accreditation Board (ANMEAB) was established as a semiautonomous statutory body to guide establishment, performance and accreditation of all midwifery programmes.

However, the ANMEAB could not serve the entire purpose of a professional regulatory body. There was still a need for a regulatory body to ensure the quality of midwifery services. Therefore, since 2009, under the umbrella of the Afghan Midwives Association (AMA), efforts were initiated to establish a professional regulatory body in the country.

With the financial support of UNFPA and EC, the Act for the Afghanistan Midwives and Nurses Council was written and was finalised with the support of Prof. Sally Pairman, in – country legal advisor, and ICM global standards for the regulation.

The Act went through several stages of processes including consensus building workshops, review and finalisation workshops with different stakeholders and the Ministry of Public Health.

At the moment, the Act is with the Ministry of Justice to be presented to the Parliament. AMA is still actively doing strong advocacy for its approval.

The AMA was established in 2005 as a professional association for midwives. Promoting member interests and maternal health strategies, it grew from an initial membership of 15 to more than 3,000, with chapters in all provinces of Afghanistan. In a very short time, AMA has dramatically evolved as very strong and highly regarded association and it is very well recognised nationally, regionally and internationally; therefore, this historical milestone i.e. establishment of ANMEAB and Afghanistan Midwives and Nurses Council (AMNC) is taking place from the platform of AMA.

Afghanistan credits its progress of Midwifery Regulation to having a strong Midwifery Association and strong leadership from individuals such as Pashtoon A. Zyaee, as well as political and international support. Barriers still exist, and these include:

- People who do not want a regulatory body in the country
- The ANMEAB is chaired by doctors
- There is no legislation in Afghanistan around the establishment of professional regulatory bodies.

Despite these barriers midwifery regulation in Afghanistan would not be possible if were not for the support of key organisation which as mentioned include the Midwifery Association, but also the Ministry of Public Health, the Ministry of Justice, the Nursing Association, UN agencies and national and international donors and organisation.

Passionate and hard-working women advocating for women, children and their profession have led to the work completed in Afghanistan. Key to their success and further progress:

- Strong political support
- Support from other key stakeholders like community organisations and civil societies (NGOs), as well as community, state and non-state actors.
- Review and understanding of key documentation, including country laws and regulations, ICM global standards and Acts of other countries
- Consensus building meetings and workshops
- ADVOCACY at all levels

¹ State of the World's Midwifery Report 2014 www.unfpa.org/sites/default/files/pub-pdf/EN_SoWMy2014_complete.pdf

CASE STUDY CAMBODIA



According to a 2014 report, there are approximately 3000² midwives in Cambodia. This in a country with almost 700,000 births a year.23 Midwifery regulation is handled by the Cambodian Midwives Council (CMC) and the Ministry of Health. CMC is mandated by the Royal Decree and is responsible for regulating midwives through registration, re-registration, setting standards for clinical practice as well as standards for pre- and in-service training, dealing with disciplinary actions and complaints where midwives breech the practice standards and/or ethics. They are supported in this by the Ministry of Health.

MIDWIFERY ASSOCIATION

Cambodian Midwives Association www.internationalmidwives.org/our-members

MIDWIFERY REGULATORY BODY Cambodian Midwives Council (autonomous) http://www.cmidwivesc.org



Information provided by Pros Nguon, Cambodian Midwifery Association.

PUBLIC

In Cambodia, the Cambodian Midwives Association (CMA) plays a key role in ensuring that midwives' voices are heard and contribute to the protection of benefits to midwives. CMA are invited to attend every meeting related to midwifery issues organised by the CMC, e.g. Development of Code of Ethics for Midwives and Core Competency Framework for Midwives which were led by the CMC and other related work by the Ministry of Health.

For the Association of South East Asian Nations (ASEAN) integration 2015, Cambodia signed the Mutual Recognition Agreement (MRA) for mobility of health practitioner in ASEAN countries. Thus, Cambodia needs to work to on setting up regulatory systems that meet the MRA. To this end in 2013, a Core Competency Framework for Midwives was developed as the basis for improving pre and post service Midwifery Education. Following this work, CPD guidelines and entitlement to register specifications were developed and are being implemented in 2015 for national and foreign midwives.

There is strong political and financial support (investment of many millions of US dollars) in the procurement of sexual and reproductive health. Examples of this are the per diem for in-service training of midwives, equipment for upgrading the capacity of health facilities (e.g. BmNoc or CmNOc). Little political or financial support is directed specifically to midwifery regulation however. Politically midwifery regulation is not on the agenda. This is evidenced by a the omission

in a top policy documents of the Ministry of Health of any mention of midwifery regulation (the Health Strategic Plan 2008-2015, Fast Track Initiative Road Map 2010-2015). Without professional regulation for midwifery being on the agenda there is little chance of it garnering political support through the Ministry or financial support from donors.

Since 2009, UNFPA have supported CMC in setting up midwifery regulation, but assistance is not enough to be successful in achieving regulation within an acceptable timeframe. WHO also provide limited support for midwifery regulation by supporting capacity building for CMC members through attending international workshops. Recently, the ASSIST Project through USAID Cambodia has also provided support, by inviting and funding the Council to help formulate a national strategy for health professional regulation.

One suggestion has been the role of a midwifery regulator mandated by legislation that advocates on behalf of the midwifery profession to ensure both midwifery and midwifery regulation are included in government policies and priorities. It is also recognised that adapting models that are already successful in other countries is more efficient and that study tours between countries with similar contexts could provide a wealth of knowledge and learning to both groups.

² State of the World's Midwifery Report 2014 http://www.unfpa.org/sites/default/files/pub-pdf/EN_SoWMy2014_complete.pdf 23 lbid.

CASE STUDY CANADA



Canada had approximately 395,000 births in 2013 with a maternal mortality ratio of 11 deaths per 100,000 births.3 In 2010, there were approximately 900 midwives with a further 100 in training across all Canadian provinces/ territories.4 Less than 5% of births are attended by a midwife and additional support for Aboriginal birth attendants especially in rural areas is lacking.15

MIDWIFERY ASSOCIATION

Canadian Midwives Association www.canadianmidwives.org/ vision-and-mission.html

MIDWIFERY REGULATORY BODY

Canada has 13 territories and provinces with different regulation or no regulation in each province. Of these ten have formal associations or colleges legally mandated to regulate midwifery. There is also a consortium advocating for midwifery regulation

www.internationalmidwives.org/ourmembers

Author: E. Pluribus Anthony

Each Canadian territory and province has a different model of regulation and midwifery practice (in relation to health system funding, etc.)15 and therefore the story of pathways to midwifery regulation are complex and varied. One example of complexity of midwifery regulation in Canada, is Alberta - the second Canadian province to legalise midwifery.5 Midwives in Alberta worked over a ten year period for legal recognition of the midwifery profession, which was granted in 1998. This was a huge achievement given that the original views of medical profession were that midwives should not be autonomous and should be responsible to doctors and nurses. 6 While this recognition was granted, unlike other provinces like Ontario and British Columbia, health funding for midwifery was not provided at the same time.16 This was only later established in 2009 after further advocacy on the part of midwifery groups. 16,17 The Alberta College of Midwifery was established as the midwifery regulatory body in 2013 after further work by the association with the Alberta Health Services.7 Midwifery is one of the fast growing professions in Alberta with a 17% increase per year since public funding began in 2009.8

Canada's national body for midwives the Canadian Midwifery Association continues to advocate for all regional midwives and groups and does so by campaigning for midwifery's recognition at all levels of state recognition, including the Treasury Board of Canada and the Student Loan Forgiveness Program.¹⁹

To this end they have also employed a public relations firm to help them promote midwifery and access to midwifery care to families in Canada where the attendance of midwives at births is still very low.9 The Canadian Midwifery Association has developed partnerships with its equivalents both in Haiti and Tanzania to establish peer-to-peer initiatives and help strengthen the profession globally by learning from and teaching each other.19

The National Aboriginal Council of Midwives is part of the Canadian Midwifery Association and specifically advocates for Inuit, First Nation and Metis women and their reproductive health.10 Aboriginal communities lack midwifery services in many instances and women are forced to give birth outside of their communities.²⁰ The Council aims to have an Aboriginal midwife in every aboriginal community providing high quality care and knowledge to women and their babies. 20 The Council actively represents Aboriginal midwives in discussions with health authorities to ensure their professional respect and support. 20

Canadian midwives have and still are working hard for the normalisation of birth in an environment where medicalised birthing is the norm¹¹. Regulation is present in 10 of 13 states with work being done to have the final three states regulated also. The promotion of midwifery and Aboriginal midwifery is an ongoing task and one that Canadian midwives are well-equipped to deal with.

- ³ Canada WHO Statistical Profile www.who.int/gho/countries/ can.pdf
- 4 www.marketwired.com/ press-release/canadianassociation-of-midwives-theworld-needs-midwives-nowmore-than-ever-1158632.
- www.canadianmidwives.org/ DATA/DOCUMENT/CAM_ FACT_SHEET_Regulation_ ENG_April_2010.pdf
- ⁵ McKendry R. and T. Langford (2001), Legalized, regulated, but unfunded: midwifery's laborious professionalization in Alberta, Canada, 1975–99, Social Science and Medicine, 53(4):531-542.
- ⁶ McKendry R. and T. Langford (2001), Legalized, regulated, but unfunded: midwifery's laborious professionalization

- in Alberta, Canada, 1975-99, Social Science and Medicine, 53(4):531-542.
- ⁷www.canadianmidwives.org/ province/Alberta.html
- ⁸www.alberta-midwives. com/press-releases/albertamidwifery-facts-and-figures/
- ⁹Canadian Association of Midwives 2013-2014 Annual Report www.canadianmidwives.org/ DATA/TEXTEDOC/Annual-Report2014-FINAL-ENG.pdf
- 10 http://www.
- aboriginalmidwives.ca/ ¹¹ Tyson, Holliday (n.d.), A new profession dedicated to normal birth Birth International www.birthinternational. com/article/midwiferv/there-emergence-of-canadianmidwifery/

- 15 costarica.com/relocation/ having-a-baby-birth-options/
- 16 www.mamasol.com/ uploaded/content/ category/1217964632.pdf
- 17 www.mamasol.com/?cat= 1095&title=Collaboration %20with%20the%20 Costa%20Rican%20 government%20 C.C.S.S.&lang=es
- 19 www.mamasol.com/ uploaded/content/ category/1217964632.pdf
- 20 www.mamasol.com/?cat= 1095&title=Collaboration %20with%20the%20 Costa%20Rican%20 government%20 C.C.S.S.&lang=es

CASE STUDY

COSTA RICA





According to the latest WHO statistics the maternal mortality rate in Costa Rica (2013) was 38 in 100,000 births, which is the lowest in the Central American Region with approximately 74,000 births per year, 98% of which occur in hospitals¹².

There are approximately 2000 midwives in Costa Rica¹³. Costa Rica provides universal healthcare to its citizens and residents and the quality of this health care is rated highly. Migrants do not have access to the health insurance system that provides coverage for birth (and healthcare generally), although they can access emergency services. This is problematic given that almost 20% of births in Costa Rica are to migrant women.14

MIDWIFERY ASSOCIATION Costa Rican Midwifery Association (in process of applying to ICM)

MIDWIFERY REGULATORY BODY Ministry of Health



PUBLIC

A 2014 report found that Costa Rica had professional midwifery, an enabling environment for midwifery regulation, and strong pre-service education and support¹⁵. This same report states the Midwifery Association in Costa Rica is currently also in the process of applying for ICM membership. Costa Rica stands out as an example in the Central American region.

This stands in stark contrast to midwifery's past in Costa Rica where WHO initiatives to certify midwives and Traditional Birth Attendants (TBAs) was originally met with resistance from doctors and nurses who felt midwives and TBAs had no place in the health system¹⁶. Certification once accepted was originally perceived as a stop gap to fill labour shortages in the health system and use midwives as a means to help the immediate problem in the community (especially in rural areas) while longer term solutions within the system were found. This work of making midwifery the bridge between the community and the hospital was perceived as undermining and delegitimising 17.

At present, there is no continuity-ofcare model in Costa Rica presently. Those giving birth in public hospitals will often have different physicians/nurses at each of their visits 18. A Midwifery advocate group (Mamasol)19 worked hard to 'humanise' the birth experience in hospitals working with

policy-makers to change guidelines to make them more 'mother-friendly' in 2009. These changes included:

- Requiring personnel to treat each woman with respect and dignity
- Requiring the mother's informed consent for all interventions
- Allowing each woman to have one continuous support person present at all
- Allowing freedom of movement in labour
- No routine shaving, enemas, pitocin augmentation, artificial rupture of membranes or episiotomies
- Choice in position for birth. No lithotomy (legs up in stirrups)
- Delayed (more than three minutes) cord clamping
- Baby to mother's breast immediately²⁰

On-going work by the Costa Rican Midwifery Association aims to strengthen midwifery specific regulation and autonomy for the safety of mothers and babies. This work which will address gaps in midwifery education standards, licensure, etc. will bring Midwifery in Costa Rica up to the highest standard in the region²¹.

12 http://gamapserver.who. int/gho/interactive_charts/ mdg5_mm/atlas.html

www.who.int/gho/ maternal health/countries/ cri.pdf?ua=1

www.who.int/ healthsystems/topics/ financing/healthreport/ CostaRicaNo11.pdf

- ¹³ Alma Virginia Camacho, A. V., Land, S. and J. E. Thompson (2014) Strengthening Midwifery in Latin America and the Caribbean: A report on the collaboration between the Regional Office for Latin America and the Caribbean of the United Nations Population Fund and the International Confederation of Midwives
- ¹⁴ www.familycareintl. org/UserFiles/File/ Strengthening%20 Midwifery%20in%20 Latin%20America%20

and%20the%20Caribbean_ Prague_June2014.pdf

- 15 Camacho, A. V., Land, S. and J. E. Thompson (2014) Strengthening Midwifery in Latin America and the Caribbean: A report on the collaboration between the Regional Office for Latin America and the Caribbean of the United Nations Population Fund and the International Confederation of Midwives 2011-2014
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- 18 http://costarica.com/ relocation/having-a-babybirth-options/
- ¹⁹ www.mamasol.com/ uploaded/content/
- category/1217964632.pdf ²⁰ www.mamasol. com/?cat=1095&title=%20 Collaboration%20with%20 the%20Costa%20Rican%20 %20government%20 C.C.S.S.&lang=es
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CASE STUDY NEW ZEALAND



Midwifery regulation formally commenced in New Zealand with the 1904 Midwives Act that established the training and registration of midwives and provided for the establishment of state-controlled and state-funded maternity hospitals. Midwives were trained through these maternity hospitals providing both homebirth and in-hospital services in a caseload and continuity of care model and practising autonomously. Some midwives also owned and operated their own small maternity 'homes' in the community, as did some doctors.

MIDWIFERY ASSOCIATION New Zealand College of Midwives www.midwife.org.nz/home/aboutus

MIDWIFERY REGULATORY BODY Midwifery Council of New Zealand (autonomous) www.midwiferycouncil.health.nz/ about-the-midwifery-council-ofnew-zealand/



New_Zealand_location_map.svg: NordNordWest

Initially, the Department of Health managed the regulatory activities for State registration until the 1925 Nurses and Midwives Act established the Nurses and Midwives Board²² to carry out the regulatory functions for both nursing and midwifery. The 1971 Nurses Act repealed previous legislation and the Nursing Council of New Zealand replaced the Nurses and Midwives Board. The removal of reference to midwives in the 1971 Nurses Act reflected changes in societal attitudes towards childbirth. Following the First World War women increasingly demanded the sedative drugs through which 'pain-free' birth was promised and which were available only in medically-run hospitals. The place of birth moved from home to hospital and maternity services were centralised in provincial and urban centres²³. Hospital maternity services were highly structured, hierarchical and fragmented with rigid protocols and routine medical interventions that undermined both women-centred care and midwifery autonomy. Midwifery was slowly subsumed into nursing, losing its separate identity as doctors increasingly gained greater control over maternity services and midwifery autonomy decreased. By 1971, changes in legislation gave doctors overall professional responsibility for the care of pregnant women in hospitals and midwives practised more like nurses with delegated authority from doctors²⁴.

However, from as early as 1937 women began complaining about the routine, interventionist and 'family-unfriendly' nature of the maternity services. From the 1950s onwards women formed consumer organisations, calling for women-centred and family-friendly maternity services. By the 1980s, these politically active women recognised that an autonomous midwifery profession was needed to help them reclaim childbirth as a natural process over which they had some control and the right to make their own decisions²⁵. Midwives, too, were concerned at the loss of their professional autonomy and the loss of their identity as midwives, distinct from nursing. The role of midwives was further undermined by changes to legislation and to midwifery education and registration that resulted in the loss of a 'direct entry' pathway to midwifery registration and made midwifery a post-nursing registration option only. These changes provided the impetus for midwives to begin strategizing about how to regain autonomy²⁶.

Midwives, organised through their midwifery association at the time (the Midwives Section of the New Zealand Nurses Association), planned, and implemented several strategic priorities as follows:

- Reclaiming the name 'midwife' (name badges; talking with women about the midwife's role; encouraging women to use word 'midwife' in birth notices in newspapers)
- Educating women and the public about the role of the midwife (through 'what is a midwife?' posters and print media)
- Strengthening midwifery education (lobbying for a separate one-year midwifery education programme for registered nurses that prepared midwives to meet the ICM Scope of Midwifery Practice)
- Lobbying for return of a direct entry midwifery pathway (making the case for women to become midwives without first becoming nurses; requiring separate direct entry midwifery education instead of combined nursing/midwifery training)
- Partnership with women (Midwives began working with women's maternity consumer organisations, recognising mutual aims and benefits of partnership and a stronger political voice when women and midwives worked together politically)
- Establishment of the New Zealand College of Midwives as a distinct professional organisation to advocate for midwifery (midwives left the Nurses Association and established a midwifery association to give them a stronger voice).

Once the New Zealand College of Midwives was established it took the lead in strategic planning and implementation to further the goal of midwifery autonomy. Together with women's organisations the College planned a political strategy that saw midwives and women together lobbying every politician in the country, including the Minister of Health, and making the case that midwifery autonomy and direct entry midwifery was a women's rights issue. Women argued that childbirth was a normal life event and not a medical event. Women needed midwives to provide a women-centred and family-friendly maternity service as their 'right'. In order for midwives to once again practise across the full scope of midwifery, they needed to regain their autonomy through legislative change. This combined political activity was successful and in 1990 the Nurses Amendment Act reinstated midwifery autonomy and opened the way for re-establishment of direct entry midwifery education and registration.

NEW ZEALAND



The regulatory and professional framework of New Zealand Midwifery Services



Image courtesy of New Zealand College of Midwives www.midwife.org.nz/

Information provided by Sally Pairman, President of the New Zealand College of Midwives (1992-1997) and Chair of Midwifery Council of New Zealand (2003-2011).

The 1990 Nurses Amendment Act did not establish a separate regulatory authority for midwives and the Nursing Council of New Zealand continued in this role although the numbers of midwives on the Council was increased from one to three. The Midwifery Council of New Zealand was not established until 2003 when the Health Practitioners Competence Assurance Act repealed the 11 existing health occupational statutes and provided a single regulatory framework for all health professions, each with a separate registering authority.

In the years between 1990 and 2003, the New Zealand College of Midwives (the College) and the midwives on the Nursing Council had an important role to play in establishing a regulatory framework for midwifery that would later be adopted by the Midwifery Council. The Nursing Council recognised that legislated midwifery autonomy meant that midwives should regulate their own profession even if they did not yet have a separate regulatory authority. The Nursing Council and the College collaborated on midwifery policy and the Nursing Council adopted much of the College's work including:

- The New Zealand College of Midwives' 'Competencies for Entry to the Register of Midwives',
- The Colleges' draft competency-based practising certificate process, and
- The College's Midwifery Education Framework²⁷.

The Nursing Council worked with the College to revise and strengthen its Standards for Preregistration Midwifery Education. In effect, the Nursing Council worked as a Nursing and Midwifery Council, drawing on the expertise of the New Zealand College of Midwives and recognising the importance of midwives being able to regulate the midwifery profession. This continued until the establishment of the Midwifery Council in 2003 and the Midwifery Council in turn was able to adopt the regulatory processes that had already been established.

The reason that the New Zealand College of Midwives was able to have such a strong influence over midwifery regulation was that the association was strong. From its inception the College spoke for the midwifery profession and claimed this role. The College recognised that its political partnership with women's organisations had played a critical part in the successful political campaign to re-establish midwifery autonomy and the midwifery profession. The College identified that its strength lay in the partnership between women and midwives; that women and midwives both benefited through an autonomous and women-centred midwifery profession, and that in relation to midwifery care and maternity services, woman and midwives have complementary goals. The College opened its membership to women and structured itself to give women (through their consumer organisations) an equal voice at every level. Thus, women and midwives have worked together to develop a midwifery association that is truly women and midwifecentred. Midwives recognise that they are as accountable to women and their families as they are to their profession. This partnership model is unique and it underpins all midwifery practice, professional and regulatory activity in New Zealand.

This strong midwifery association was able to take the lead in midwifery regulation in the absence of separate legislation and its own regulatory authority. The College developed standards for midwifery practice, a code of ethics, competencies for registration, continuing competency mechanisms and an education framework, so that the profession could operate a voluntary regulatory framework in the absence of formal control. The College was able to influence the Nursing Council and ensure that its regulatory functions were appropriate for midwifery. Then when the Midwifery Council was established some 13 years after midwifery autonomy was reinstated, it was able to adopt this work.

Today the Midwifery Council and the New Zealand College of Midwives share oversight of the midwifery profession, each responsible for specific but complementary aspects and enjoying a relationship of partnership and collaboration.

²²Donley, J. 1986. *Save the Midwife*. New Women's Press Ltd: Auckland.

²³ Ibid.

²⁴ Guilliland, K & Pairman, S. 2010. The demise of midwifery as a profession. In K Guilliland & S Pairman. Women's Business: the story of the New Zealand College of Midwives 1986 – 2010. New Zealand College of Midwives: Christchurch, pp. 10-24.

²⁵ Dobbie, M. 1990. The trouble with women. The story of Parents Centre New Zealand. Cape Cately: Whatamongo Bay.

²⁶ Guilliland, K & Pairman, S. 2010. Reinstating midwifery autonomy. In K Guilliland & S Pairman. Women's Business: the story of the New Zealand College of Midwives 1986 – 2010. New Zealand College of Midwives: Christchurch, pp. 25-64.

²⁷ Ibid.

CASE STUDY

SOUTH SUDAN



South Sudan is one of few countries to have no regulatory body at all for midwifery. There are around 600,000 births a year and around 300 midwives.²⁸ South Sudan gained independence from Sudan (after years of civil war) in 2011, but has been fraught by ongoing conflict.²⁹ This makes the environment for promoting the midwifery profession and its regulation, regardless of the proven links to better outcomes for mothers and children, extremely challenging.

Health governance in South Sudan is currently quite fragmented and devolved, with each of the ten states having their own Ministry of Health.30 Some functions are managed by the central Ministry of Health, such as workforce development and regulation.16 The devolved systems across states in terms of state budgets and regulation causes increased complexity. A Health Sector Development Plan was created in 2011 identifying that two key factors in improving the health system in South Sudan were adequate workforce numbers and access to services for the population. 16 This workforce factor included the increase in workforce capacity for midwives.16

Barriers to improving midwifery regulation and workforce development in South Sudan, aside from the current health system governance, include the perception of the role of midwife in the community – midwives have little status and receive poor income. This adds to the shortage of midwives in the country. In addition, there is conflict within the country around how midwifery should be regulated. While on the one hand there is a group advocating for specific midwifery regulation and foundational legislation exists to create this, there are those within

the Ministry of Health who would prefer to strength the Medical Council and have them regulate all other health professional cadres.³² Midwifery education has been standardised in South Sudan, but this is only one-step in establishing an autonomous midwifery profession – regulation is vitally important.³³

South Sudanese midwives do have an association in collaboration with nurses – the South Sudanese Nurses and Midwives Association (SSNMA) and within that they have their own chapter, Society of Midwives in South Sudan (SMOSS).34 The association and chapter work hard to raise practising standards, promote ethical conduct and promote the status of the profession, however they are not recognised formally within legislation as a national body and as such their relationship and ability to influence the Ministry of Health is small.35

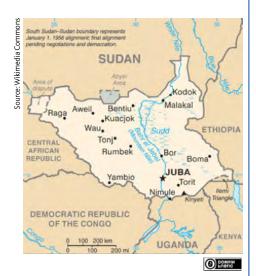
Ongoing support and relationships with the Nursing Association, international midwifery groups, advocates, related organisations and policy-makers will be crucial to the South Sudanese Midwives future success in achieving the standards and regulation needed to provide quality healthcare to women and babies.

MIDWIFERY ASSOCIATION

No – collaborative association with Nurses (SSNMA) and special chapter within this for midwives specifically (SMOSS)

MIDWIFERY REGULATORY BODY

No – midwives are registered through Sudan Medical Council, Southern Sudan Branch



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