The Royal College of Midwives

THET PARTNERSHIPS FOR GLOBAL HEALTH

UKaid from the Department for International Development

GLOBAL **MIDWIFERY** TWINNING **PROJECT**

This project is funded through the **Health Partnership Scheme**, which is funded by the **UK Department for International Development** (DFID) for the benefit of the UK and partner country health sectors and is managed by the **Tropical Health Education Trust** (THET)

Strengthening Midwifery in the UK through Global Twinning

LOUISE SILVERTON

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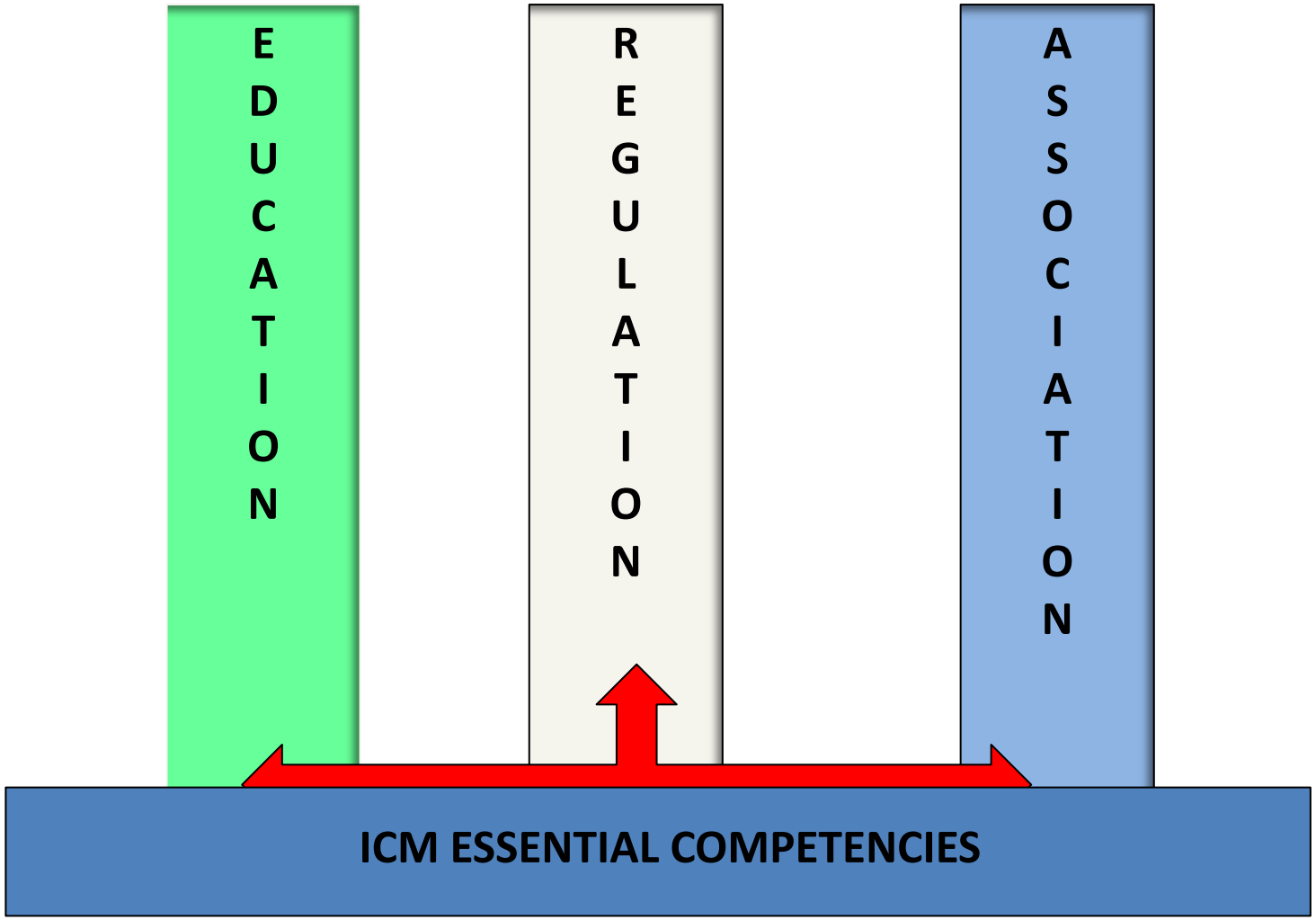
Pillars of Midwifery



How ICM Works?

Strengthening Midwifery Globally

- By working with midwives through professional organizations of Midwives = Midwifery Associations
- Professional association = A group of people of the same profession who come together to form an organization

Strengthening Associations

The ICM uses very specific tools to develop, support and strengthen midwives' associations in all countries:

- Capacity Assessment (MACAT)
- Positioning and Profiling of Midwifery
- Leadership development materials
- Twinning

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State of the World Midwifery Report

CAMBODIA

COUNTRY INDICATORS*

Total population (000); % urban	15,053; 20
Adolescent population (15-19 yrs) (000); % of total	1,846; 12
Number of women of reproductive age (age 15-49) (000); % of total	4,177; 28
Total fertility rate (children per woman)	2.9
Crude birth rate (per 1,000 population)	25
Births per year (000)	360
% of all births registered	66
Number of maternal deaths	1100
Neonatal mortality rate (per 1,000 live births)	30
Stillbirth rate (per 1,000 births)	19
Number of pregnant women tested for HIV	153,884
Midwives are authorized to administer a core set of life-saving interventions	Partial
Density of midwives, nurses and doctors per 1,000 population	1.0
Estimated workforce shortage to attain 95% skilled birth attendance by 2015	736
Gross secondary school enrolment (male; female) %	44; 36
Literacy rate (age 15 and over) (male; female) %	85; 71

State of the World Midwifery Report

GLOBAL MIDWIFERY TWINNING PROJECT

NEPAL

COUNTRY INDICATORS*

Total population (000); % urban	29,853; 19
Adolescent population (15-19 yrs) (000); % of total	3,312; 11
Number of women of reproductive age (age 15-49) (000); % of total	7,810; 26
Total fertility rate (children per woman)	2.9
Crude birth rate (per 1,000 population)	25
Births per year (000)	731
% of all births registered	35
Number of maternal deaths	2,800
Neonatal mortality rate (per 1,000 live births)	27
Stillbirth rate (per 1,000 births)	24
Number of pregnant women tested for HIV	65,791
Midwives are authorized to administer a core set of life-saving interventions	Partial
Density of midwives, nurses and doctors per 1,000 population	0.7
Estimated workforce shortage to attain 95% skilled birth attendance by 2015	1,881
Gross secondary school enrolment (male; female) %	46; 41
Literacy rate (age 15 and over) (male; female) %	71; 45

State of the World Midwifery Report

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UGANDA

COUNTRY INDICATORS*

Total population (000); % urban	33,796; 13
Adolescent population (15-19 yrs) (000); % of total	3,808; 11
Number of women of reproductive age (age 15-49) (000); % of total	7,345; 22
Total fertility rate (children per woman)	6.3
Crude birth rate (per 1,000 population)	46
Births per year (000)	1,448
% of all births registered	21
Number of maternal deaths	6,300
Neonatal mortality rate (per 1,000 live births)	31
Stillbirth rate (per 1,000 births)	25
Number of pregnant women tested for HIV	968,157
Midwives are authorized to administer a core set of life-saving interventions	Partial
Density of midwives, nurses and doctors per 1,000 population	1.4
Estimated workforce shortage to attain 95% skilled birth attendance by 2015	2,021
Gross secondary school enrolment (male; female) %	27; 23
Literacy rate (age 15 and over) (male; female) %	82; 67

GLOBAL MIDWIFERY TWINNING PROJECT

Midwifery Profile

MIDWIFERY BAROMETER	
Midwives per 1,000 live births	6
Birth complications per day; rural	160; 128
Lifetime risk of maternal death	1 in 110
Intrapartum stillbirth rate (per 1,000 births)	6
Neonatal mortality as % of under-5 mortality	34

MIDWIFERY BAROMETER	
Midwives per 1,000 live births	4
Birth complications per day; rural	345; 280
Lifetime risk of maternal death	1 in 80
Intrapartum stillbirth rate (per 1,000 births)	13
Neonatal mortality as % of under-5 mortality	55

MIDWIFERY BAROMETER	
Midwives per 1,000 live births	7
Birth complications per day; rural	653; 555
Lifetime risk of maternal death	1 in 35
Intrapartum stillbirth rate (per 1,000 births)	12
Neonatal mortality as % of under-5 mortality	24

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Global Midwifery Twinning Project

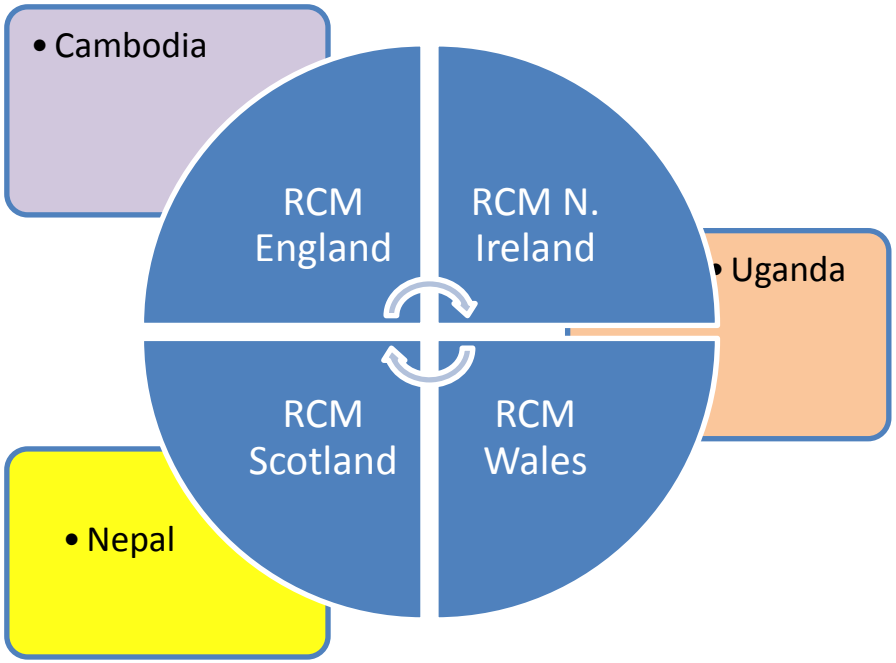
Student Midwives – the Future for Ugandan Midwifery and its Vision

Twinning concept : goals

- Strengthen midwifery associations in three countries
- Establish Twinning relationships between the four UK countries (RCM Northern Ireland, England, Scotland and Wales) and midwifery associations in 3 maternal and newborn mortality high burden countries (Cambodia, Nepal and Uganda).
- Complement relationship by pairing individual UK midwife volunteers.
- Stimulate the potential and scope of midwifery associations in raising the standards of midwifery education and practice.
- Utilise a range of activities to develop leadership, advocacy and campaigning skills to assist the 3 midwifery associations.

Concept of twinning :Parallel streams

Midwifery Association to Association



Midwife to Midwife

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Twinning - Sharing Giving and Receiving

Outputs

- Preliminary UK workshop
- UK based Programme board
- Three Working Groups - Three strategic plans for each of the country
- 72 UKMVs recruited *(3 per quarter per country)*
- 18 workshops conducted *(2 per year per country):*
  - assist with developing strategic and action plans;
  - build leadership, networking skills and integrate global standards of midwifery education.
- Communication networks established for each set of twin countries

Benefits of Twinning

- Build relationships and culture of advocacy
- Strengthen the organizations involved through role modelling, sharing of skills and knowledge and provides opportunities to identify policies,
- Transfer techniques and interventions that have worked and can be adapted for use in one's own country.
- Collaborate on a specific initiative leading to stronger and more effective programmes.

The Royal College of Midwives THET UKaid

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UK Midwives Volunteer Experience

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Highlights of UK Midwives Volunteer Experience

" it is arrogant to think that I can help the Midwifery Society of Nepal change the state of midwifery in Nepal. BUT I feel that being there, saying, "Look I am a midwife – I am valued in my country". "Look I am equal to all care providers". Will go a small way to encourage Nepalese nurse midwives that this is the desired outcome."

Jonquil Nicholl, GMTP UK Midwife Volunteer, Nepal

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Highlights of UK Midwives Volunteer Experience

" 3 years of midwife volunteers will make a difference – the Nepalese midwives are so open to learning and listening. I would go back if I got the chance as I made good friendships."

Julie Cabrelli, GMTP UK Midwife Volunteer, Nepal

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Highlights of UK Midwives Volunteer Experience

"I have learnt how a User group can effect the outcome of care- by involving the women a pragmatic and local decision could be made to improve health outcome. I am now able to encourage other midwives to come and share this experience. Also, I have established a lifelong friendship and link with a fellow midwife from Uganda."

Mandy Borton, GMTP UK Midwife Volunteer, Uganda

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Highlights of UK Midwives Volunteer Experience

"We will take our experiences back so that the next volunteers can build on them. We now appreciate the level of expertise already in the country and the work that is on -going in order to achieve a midwifery curriculum. We realise that change will only happen with backing from appropriate government agencies. We hope that the links that we have made with MIDSON on behalf of the RCM will help raise the profile of Midwives and the requirement for midwifery training."

Julie Cabrelli, Trudy Brock, Jonquil Nicholl GMTP UK Midwife Volunteer, Nepal

Sharing and Giving – A mother's dream

The world is small and yet it seems
No matter where a mother dreams
Whether it is near or far
This is her gift is her precious star.
All her hopes in one tiny part
Life and opportunity at the very start
The midwife has an important part to play
Offering skill and care along the way
Being kind and holding a hand
Reaching out across the land
So in that very first moment of the life
Ends the mother's pain heartache, worry and
strife
There will be future happiness and some tears
But mothers will remember our care throughout the years.

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THANK YOU FOR LISTENING

Building midwifery capacity in Cambodia, Nepal Uganda through RCM midwife twinning volunteers

www.rcm.org.uk/globaltwinning