Global Midwifery Partnerships

15

15.1 An Introduction to Midwifery Partnerships

In recent years, global health partnerships have been increasingly promoted as a way of accelerating progress towards the Sustainable Development Goals (SDGs) (The Global Goals 2020; Jones 2016; THET 2019). At the highest of levels, there is recognition of the need for partnership in maternal, newborn and child health, as demonstrated by the Partnership for Maternal, Newborn and Child Health (PMNCH), an alliance of more than 1000 organisations across 192 countries which believes that working together allows organisations to deliver more than they would working alone (WHO 2020a).

Midwifery is a profession based on partnership, most importantly the partnership between a midwife and the woman and her family (ICM 2017). Midwives also work in partnership with each other, with other health professionals and with wider communities. However, this chapter focuses specifically on global midwifery partnerships, where midwives or midwifery organisations come together formally for mutual learning and strengthening.

15.2 The Purpose of Global Midwifery Partnerships

WHO (2020a) describes a partnership as:

a collaborative relationship between two or more parties based on trust, equality and mutual understanding for the achievement of a specified goal. Partnerships involve risks as well as benefits, making shared accountability critical.

The aim of global midwifery partnerships is to build midwifery capacity (Dawson et al. 2015), improving the quality of maternity care resulting in better maternal and newborn health outcomes and contributing to Universal Health Coverage and the Sustainable Development Goals. Global midwifery partnerships may be formed for a variety of reasons such as developments in midwifery education and regulation, quality

Expected Learning Outcomes

By the end of the chapter, the reader should be able to:

1. Describe the purpose of global midwifery partnerships.
2. Recognise the features of strong partnerships.
3. Explain the steps in implementation of a global midwifery partnership.
4. Anticipate challenges and obstacles to partnership.
5. Define the reciprocal benefits of global midwifery partnerships.
improvement for midwifery practice, uplifting and expanding the profession of midwifery or for strengthening the organisational capacity of each partner (Spies et al. 2017). In female dominated professions, such as midwifery, partnerships can lead to women’s empowerment and leadership opportunities (Ireland et al. 2015). Historically the flow of knowledge, capacity building and service delivery of international health partnerships has been almost exclusively unidirectional; however, the landscape is changing and such partnerships can cultivate ‘reverse innovation’ (see Chapter 9) and bi-directional learning (Kulasabanathan et al. 2017).

15.3 Types of Midwifery Partnerships

Global midwifery partnerships may be strategic, prudent or ill-advised. Strategic partnerships will help an individual partner to achieve their goals, to raise their profile and to enhance and extend midwives’ influence at a policy level. Prudent partnerships are those where a failure to work together will mean that midwives lose their professional space, perhaps to others such as nurses or obstetricians, especially in countries where midwifery is not yet well-established. Ill-advised partnerships are those where the relationship will be detrimental either to midwives, and/or to women, their newborns and families. For example, partnerships with infant formula milk companies who do not uphold the international code of marketing of breastmilk substitutes (IBFAN 2018) would be ill-advised, as this could prove detrimental to newborn health.

15.3.1 Twinning Partnerships

Since 2008, twinning partnerships between professional midwives’ associations in different countries have been promoted by the International Confederation of Midwives for mutual support and capacity building (ICM 2014). Therefore, the literature about global midwifery partnerships largely focuses on twinning. Cadée et al. (2018) suggest that twinning differs from other forms of partnership because of its explicit emphasis on the core value of reciprocity; giving and receiving, learning with and from each other. Twinning has many potential benefits, for example exchange of best practice, relationship building, networking and solidarity (ICM 2014). In countries where midwifery is relatively new or marginalised (such as Bangladesh and Canada), twinning partnerships can raise the profile of the profession and provide a platform for advocacy (Kemp and Moran 2018; Sandwell et al. 2018). Twinning can also increase midwives’ power to be change agents in their communities and to make a substantial contribution to global development, challenging the conventional aid-driven top-down models of international development and contesting traditional hierarchies (Cadée et al. 2018; Sandwell et al. 2018). Twinning is one way in which midwives can be ‘midwifed’ themselves. This leads to empowerment and enables midwives to provide competent, compassionate care for women and their families around the world (Brodie 2013).

15.3.1.1 Twinning at an Individual Level

Partnerships may be formed between individual midwives (such as those in Sierra Leone, Morocco and the Netherlands or the UK and Uganda) (Cadée et al. 2013, 2020; Kemp et al. 2018a). Twins collaborate to share knowledge and skills and to debate challenges. Twinning fosters personal and professional growth and engenders creative solutions through shared perspectives and problem solving (Twintowin 2019). Midwives from the UK and Uganda, twinned through the MOMENTUM project (Kemp et al. 2018a, b), explain the benefit of twinning:

My UK twin and I observed the practice in our clinic together and made a plan to improve the learning environment. Now we are more organised and systematic, and teaching has become a core activity’ (Ugandan Twin).
Participating in a successful twinning partnership can prepare midwives for other strategic partnerships with non-midwives.

15.3.1.2 Twinning at an Organisational Level

Twinning partnerships may be established between different groups or organisations such as professional midwives’ associations, universities or training institutions, professional networks, hospitals and clinics, non-governmental organisations or Ministries of Health (Dawson et al. 2015). Midwifery partnerships may also be local, regional, or global. For example, in the UK, university student midwifery societies are affiliating with local professional midwives’ association branches for mutual benefit (RCM 2020a); in Europe, a regional twinning partnership has been formed between the Dutch and Icelandic midwives’ associations to enhance midwifery leadership development (Codina 2018); globally, the Canadian Midwives Association is twinned with the Tanzania Midwives Association (Sandwell et al. 2018). Partnerships may also be between organisations in countries where the context and access to resources is similar (global north to north or south to south) or between differently resourced contexts (global south to north).

15.3.2 Partnership with United Nations (UN) Agencies, Multilateral and Bilateral Agencies

Multilateral agencies are international organisations that include several nations acting together (e.g. the World Health Organization). A bilateral organisation is a government agency that receives funding from its home country’s government for assistance to a developing country (Borgen Project 2017), for example SIDA, the Swedish International Development Cooperation Agency. The World Health Organization (WHO) and the United Nations Population Fund (UNFPA) are multilateral organisations and UN agencies with a mandate to strengthen midwifery (WHO 2020b; UNFPA 2020). These agencies work in partnership with other international organisations, such as the International Confederation of Midwives (ICM 2018) and with smaller organisations such as individual professional midwives’ associations, to strengthen midwifery through collaborative, time-bound projects. Strong professional midwives’ associations have the competencies that multinational organisations need to fulfil their objectives in strengthening midwifery, so such partnerships are complementary. These initiatives can be useful sources of resource and support, but caution is required before entering into any partnership where one partner is a huge organisation with financial power; the less powerful organisation/s may feel themselves being pushed in a direction in which they did not wish to travel, engaged in activities which derail midwives from a focus on midwifery, swallowed up to the point at which their lose their identity, or are bullied.

15.3.3 Partnerships with Other Healthcare Professional Associations

A midwives’ association will not achieve its vision without strategic collaborations with other relevant professional associations that share a common goal in improving maternal and newborn health outcomes (Moyo and Renard 2016). Partnerships between healthcare professional associations can enable co-learning and interprofessional education, strengthen advocacy efforts and promote leadership development. They also enable healthcare professionals to present a united front to policymakers. In some countries, professional associations come together in formal partnerships such as a Perinatal Society or other partnership. An example is shared in Box 15.1.
15.3.4 Partnerships with Local and International Non-governmental Organisations

Non-governmental organisations (NGOs) have a long history of programmes and partnerships to strengthen maternal and newborn health. Some NGOs are very large and work across the globe (e.g. Save the Children and Jhpiego); others are very small, working in just one community. Many NGOs work on specific projects funded by overseas development aid or from corporate social responsibility sources. Some NGOs act as grant managers for overseas development aid; for example, THET coordinated the UK-Aid Health Partnerships Scheme, supporting 191 partnerships between the NHS and UK institutions and developing countries’ health systems (THET 2019). The Global Midwifery Twinning Project between midwives’ associations in Cambodia, Nepal and Uganda with the UK (RCM 2015) was facilitated by THET.

15.3.5 Partnerships with For-Profit Organisations

Some corporate organisations provide opportunity for partnerships with midwives, for example Laerdal Global Health and Johnson and Johnson. Engagement with health professionals enables companies to have greater access to populations, either to sell their products or to contribute goods or activities philanthropically. Commercial partnerships should be developed with caution; there may be hidden agendas or ethical conflicts which would make such partnerships ill-advised. Commercial partners should only be chosen if they are like-minded organisations, sharing similar values, goals and ethics.

15.3.6 Educational Partnerships

Partnerships between educational institutions, for example through the Erasmus exchange scheme in Europe, can contribute to upscaling midwifery, can enhance students’ personal and professional development, prepare them to address global health concerns and promote change at a global level (Marshall 2017).

15.4 Characteristics of Strong Partnerships

The New Zealand College of Midwives (2019) suggests that midwifery partnerships are based on trust, shared decision-making and responsibility, negotiation and shared understanding. THET (2015) puts forward eight principles of partnership, drawn from experience of facilitating more than 180 global health partnerships. These principles are illustrated in Fig. 15.1. Evaluation of THET’s Health Partnerships Scheme (THET 2019) found that health workers participating in the scheme had learned new skills, developed in their leadership and become more adaptable; as a result, health systems in the UK and in partner countries had been strengthened.
Cadée et al. (2018) research, which gathered the views of experts in midwifery twinning from around the world, outlined 25 critical success factors for midwifery twinning projects. Most of these critical success factors depend upon power-sharing and equity; they highlight the importance of shared values and commitment, good management and clear communication to successful partnerships. Reciprocity is an important aspect of twinning projects; this means a two-way mutually beneficial partnership that is started on an equal footing (ICM 2014). Donor-funded projects may be short-term, but ICM suggests that partners should enter twinning partnerships with a long-term commitment to one another. An example of the key steps in twinning is provided in Box 15.2.

**Fig. 15.1** The principles of partnerships

**Box 15.2. Key Steps in Twinning Between Canada and Tanzania**
- Twinning relationship between Canadian and Tanzanian midwives’ associations facilitated by the International Confederation of Midwives.
- Donor funding secured for set-up phase.
- Partnership agreement signed and joint strategic plan developed.
- Organisational development outcomes identified and achieved for both partners.
- First phase evaluated and future plans developed.
- Further external funding secured for follow-on project (Sandwell et al. 2018).
15.5 The Partnership Cycle

Tennyson (2013) suggests that there are four phases in the partnering cycle: scoping and building, managing and maintaining, reviewing and revising, and sustaining outcomes (Fig. 15.2). Each of these phases contains several steps; every step is important and should not be neglected if the partnership is to move forward and achieve its goals.

Literature on midwifery twinning goes further, proposing 10 (Cadée et al. 2018) or 12 (ICM 2014) steps to twinning partnerships.

15.5.1 Choosing a Partner Organisation

Choosing the right partner is vitally important for success. ICM (2014) suggests drawing up a shortlist of three potential partners and talking with each in turn to find the right ‘fit’. It is important that the decision to enter a partnership is supported by the leadership of each organisation, that there is genuine interest in learning from each other and an openness to change. Several midwifery twinning partnerships have been formed between midwifery associations in high-resource settings wishing to make a difference to their sisters in low-resource settings where maternal and newborn health outcomes are poor (Cadée et al. 2013; Sandwell et al. 2018; RCM 2015). However, this can be challenging when trying to achieve the equity and power sharing which are critical to the success of such partnerships. Barriers of distance, different time zones, languages and expectations of partnership have all been reported. Conversely, organisations can find much in common despite being far-removed geographically. For example, in Canada and Tanzania, both midwifery associations were new and mainly run by volunteers; both had few members spread across large distances and shared an interest in supporting midwives in remote and rural settings. A twinning partnership led to significant transformation for both partners (Sandwell et al. 2018).

15.5.2 Starting a Global Midwifery Partnership

Most of the literature on global health partnerships recommends a scoping phase prior to the start of a formal partnership. This may include in-country visits to either or both partners to develop an understanding of the different contexts in which midwives live and work. During
this phase, it is important that partners are honest with each other and that expectations are managed as, sometimes, a scoping visit may result in a decision not to start a partnership. Whilst virtual connection is becoming the norm for many international partnerships, in-country face-to-face contact is invaluable before launching a new partnership. Additionally, access to internet, power and virtual conferencing software may not be equally available to both partners.

Various tools can be helpful during the scoping phase, such as a SWOT or PESTLE analysis (Symonds 2011; French 2017). Where possible, both partners should undertake such exercises together so that a joint understanding of the context is achieved. Appreciative Inquiry (AI) and Appreciative Dialogue are also useful frameworks for identifying mutual strengths and opportunities for change; these methodologies can help to create a safe, positive environment in which to develop new ideas (Sharp et al. 2017; Hung 2017).

It may be helpful, where possible, for the scoping phase to be facilitated by a third party. For example, the International Confederation of Midwives facilitated the early stages of the twinning partnership between the Canadian and Tanzanian Midwifery Associations. Once the scoping stage is complete, signing agreement/s such as memoranda of understanding and terms of reference mark the formal start of the partnership (ICM 2014; Tennyson et al. 2009). Involving key stakeholders, such as the Ministry of Health, in the scoping phase and ensuring that the partnership is legal in both countries may help to avoid future problems.

15.5.3 Funding for Global Midwifery Partnerships

Raising funds for the partnership is a joint responsibility. If one or both partners is located in a low-resource setting, overseas aid funding may be available. For example, the midwifery twinning project between Bangladesh and the UK is funded by the governments of the UK, Sweden and Canada through the United Nations Population Fund (UNFPA) (Kemp and Moran 2018). However, Cadée et al. (2013) suggests that development aid is often a ‘one-way process’, with top-down support from high- to low-income countries; this can compromise the critical success factors of equity and power-sharing and is also not sustained beyond the end of the funding period. Therefore, where possible both partners should engage in fundraising, ring-fencing their membership funds for core organisation business (ICM 2014). Resourcefulness, innovation and sustainability are key to the principles of partnership (THET 2015). Some suggestions for accessing resources for funding are listed in Box 15.3.

15.6 Facilitating Factors in Implementing a Global Midwifery Partnership

Box 15.3. Potential Funding Sources for Global Midwifery Partnerships

- Overseas development aid.
- Non-governmental organisations.
- Commercial partners (ensure ethical ‘fit’).
- Fundraising events and sales.
- Crowd-funding.
- Engaging with members to raise local funds.

15.6.1 Taking Baseline Measurements

For organisational development partnerships a joint assessment of organisational capacity will provide a baseline from which to measure change and can inform the development of a strategic plan for the partnership (ICM 2014). Most midwifery twinning projects will start with using the ICM’s Member Association Capacity Assessment Tool (MACAT) (ICM 2011); this is preferably facilitated by an objective external consultant and takes place over several days. A revised version of the MACAT is currently being piloted. However, other capacity assessment tools are available (Moyo 2016). For midwifery education partnerships, the Midwifery Assessment Tool for
Education (MATE) (Hunter 2019) can provide a helpful baseline. A stakeholder analysis and mapping exercise will also identify those persons or bodies important to the success (or failure) of the project, as well as providing a baseline for measuring growth in the partnership’s networks and visibility. Another important step is to conduct a joint risk assessment, especially if midwives will be travelling to countries with security challenges.

### 15.6.2 Shared Vision, Goals and Outcomes

A shared vision, mission and core principles are the foundations of a strong partnership (Girls Not Brides 2019). If the partnership is implementing an externally funded project, donors will usually require a robust project plan using a logical framework or similar tool with identified goals, objectives and outcomes with and an accompanying monitoring and evaluation plan. However, it is also important to articulate a shared vision and to set goals and outcomes for the partnership itself (THET 2015).

### 15.6.3 Theoretical Underpinning

Midwifery partnerships have reported the use of various theoretical frameworks. For example, the ‘Twin2twin’ project between the Netherlands and Sierra Leone midwives’ associations used a feminist methodology of mutual exchange (Cadée et al. 2013). The MOMENTUM project (Kemp et al. 2018a, b) used Action Research, Appreciative Inquiry and work-based learning to improve the quality of clinical learning for student midwives in Uganda.

### 15.6.4 Human Resources

Most global midwifery partnerships will require dedicated paid staff in each country who can manage the systems and coordinate activities. This is especially important for those projects funded by external donors who will require regular reporting and careful management of funds. Where possible, both partners should be involved in recruitment and appointment of project staff, and relevant organisational policies should be developed, for example finance and human resource policies.

### 15.6.5 Shared Governance and Management Structures

A governing body or steering committee with representatives from both partners should be established for the partnership or project, and this should meet regularly, with minutes being taken and shared with appropriate stakeholders. With advances in technology, such meetings can take place online, though opportunities to meet in person should be taken when they arise, for example when making exchange visits or attending international conferences together. An example of a twinning project structure is outlined in Box 15.4.

### Box 15.4. Example of a Twinning Project Structure (Kemp et al. 2018b)

| Category                   | UK actors                                      | Ugandan actors                                      |
|---------------------------|-----------------------------------------------|-----------------------------------------------------|
| Project management team   | UK project lead                               | Ugandan project coordinator                         |
|                           | UK project officer                            | Ugandan monitoring and evaluation officer           |
|                           | Support staff in UK: Finance officer, communications, HR and marketing personnel | Ugandan support staff: Driver, secretary, finance officer, caretaker/guard executive support and governance |
|                           | Executive support and governance               |                                                     |
| Twinned units             | 11 UK midwives                                | 11 Ugandan midwives                                  |
15.6.6 Effective Communication

Communication is a critical success factor for midwifery partnerships (Cadée et al. 2018). Therefore, setting up an effective communication strategy and an action plan is imperative. Different organisations have different preferred ways of communicating, so this needs careful exploration. Participants may need the provision of a smartphone, tablet or laptop and sufficient airtime or Wi-Fi connectivity to enable effective communication. Some users may be older and/or unfamiliar with such technology so will need training and support with this. The MOMENTUM twining project between midwives in Uganda and the UK was effective because it created a powerful community of practice that was enabling, fulfilling and transformative. Communication in this project was achieved through email and WhatsApp messages/calls, supported by intermittent workshops that brought participants face-to-face and hands-on quality improvement work together in clinical sites. Project participants received smartphones, training in how to use them and support when problems arose (Kemp et al. 2018b).

15.6.7 Celebration of Success

Celebration of success, however small, is another important activity of twinning (Cadée et al. 2013; Kemp et al. 2018b). Such celebrations are empowering, boost morale and encourage continuation of the partnership. They can also generate media interest.

15.7 Management of Cross-Cultural Exchange Placements in Partnership Projects

Until the COVID-19 pandemic, most global midwifery partnership projects included the use of cross-cultural exchange placements, with midwives spending some time in the partner country for exposure and learning or to contribute specific skills. The number and length of such placements varied between partnerships. However, they shared common features; identification of a placement opportunity, developing a role descriptor for the visiting midwife, making necessary preparations in-country including arrangements for accommodation and transport, recruiting, interviewing and briefing the midwife or volunteer, cross-cultural preparation, deploying the midwife individually or in a group with others, in-country orientation and support, safeguarding, problem solving, debriefing, supporting re-entry to the home country and finally facilitating reflection, reporting and dissemination.

COVID-19 has changed the landscape of cross-cultural exchange, with very few opportunities available for international travel and strict quarantine requirements in place. However, whilst posing challenges for partnerships and limiting scope for in-person cultural exchange, many partnerships have embraced creativity and found new ways to communicate and to provide mutual support, harnessing technologies such as Zoom and Skype to host online meetings and events. Opportunities to participate in ‘virtual volunteering’ have been created where volunteers can share knowledge to meet partners’ priority needs, with a focus on remote mentorship and capacity development (THET 2020). This may contribute to redressing the previous imbalance of power where, in partnerships between differently resourced contexts, opportunities for exchange visits may have favoured midwives from high-resource settings from high-resource settings, compounding inequalities. Whether or not cross-cultural exchange placements continue in the future to the same extent, going forward effort must be made to afford equal opportunity to midwives from each partner organisation. Aside from global pandemics, concerns about the environmental impact of international travel is likely to reduce such exchange visits in the future.

Global health competencies for midwives have been developed to identify the breadth of global expertise that may be required for midwives to care for clients, or to work with colleagues, from different cultures or to participate in global exchange placements. These competencies provide structure for evaluating such opportunities (ACNM 2018) and are outlined in
Table 15.1 Global health competencies for midwives (ACNM 2018)

| Areas of competence                  | Skills include                                                                 |
|--------------------------------------|-----------------------------------------------------------------------------|
| Global understanding                 | Past, present, and anticipated future of global maternal, newborn and        |
|                                      | reproductive (MNR) health                                                  |
| Clinical practice                    | Safe and appropriate clinical practice based on knowledge of maternal,      |
|                                      | perinatal, and under five health and illnesses in resource-constrained       |
|                                      | settings                                                                    |
| Health equity and justice            | Application of the principles of health equity and justice in the provision  |
|                                      | of global MNR health                                                        |
| Professionalism / ethics             | Self-awareness, respect of and sensitivity towards others, flexibility,     |
|                                      | and ability to address ethical/professional issues in global MNR health     |
| Communication                        | Effective, appropriate, and adaptive communication skills in a variety of    |
|                                      | global health settings                                                      |
| Leadership, organisation, and        | Leadership and organisation skills to develop programmes that improve       |
| programme management                 | global MNR health                                                           |
| Teaching and learning                | Expertise in teaching, learning, and evaluation in low resource settings     |
| Research/quality improvement (QI)    | Utilises internationally accepted research and QI approaches to improve      |
|                                      | global MNR health                                                           |
| Health systems strengthening         | Co-develops solutions to health systems challenges using local health       |
|                                      | systems knowledge and leadership                                             |

Cross-cultural exchange visits and virtual volunteering can have many benefits, but partnerships must be aware of the amount of work and the potential risks involved. Despite these risks and challenges, many partnership projects report successful exchange visits/programmes and significant resulting changes in participants, projects and partner organisations. Where possible, midwives experienced in cross-cultural work can travel or work with and support those newer to the field.

Lasker et al. (2018) suggest six core principles for effective and ethical intercultural exchange placements/programmes: appropriate recruitment, preparation and supervision of visitors/virtual volunteers; a host partner that defines the programme, including the needs to be addressed and the role of the host community/organisation in directing and teaching the visitors/virtual volunteers; sustainability and continuity of programmes; respect for governance and legal and ethical standards; regular evaluation of programmes for impact and, finally, mutuality of learning and respect for local health professionals. Cross-cultural exchange is explored in more detail in Chapter 14 of this book.

15.8 Challenges to Global Midwifery Partnerships

Challenges can arise at any stage of the partnership cycle. Tennyson (2013) suggests that there are three core challenges that have recurred time and again in partnerships: power imbalance, hidden agendas and the desire to win at any cost. All published global midwifery partnerships have described obstacles as well as successes. These can arise from outside or within the partnership. External obstacles may include a difficult political or economic context, inflated expectations from outsiders and bureaucracy (Tennyson 2013). Challenges within the partnership include communication difficulties; these may stem from differences in language and culture, poor internet connectivity, different time zones, unwillingness or inability to embrace new technologies or lack of time to commit to the partnership (Kemp et al. 2018b; RCM 2015; Sandwell et al. 2018). Differences in organisational cultures may cause
tension; for example, expected behaviours of presidents and senior officers of professional associations. Leaders of the partnership on either side may have personal limitations or lack certain skills. Either partner organisation may face staff changes or abrupt reduction or cessation of funds. Potential obstacles to exchange visits and placements include political unrest or geographical disasters in the destination country, global pandemics such as COVID-19, problems with obtaining visas or permission to travel or difficulties in being released from home or work to undertake the placement. Partners may not engage with, or commit time to, the midwife during the visit. Travelling midwives will require robust travel and health insurance; flexible travel arrangements are advised. For short-term placements, it is often not possible for midwives to arrange professional registration in the host country; therefore, they will be limited to observation of practice only which may cause frustration. All of these challenges can be addressed by the guiding principles of equity, transparency and mutual benefit which must be discussed and agreed at the start of the partnership (Tennyson 2013).

### 15.9 Reciprocal Benefits of Global Midwifery Partnerships

Benefits of twinning partnerships can be numerous. Growth in organisational capacity for either partner can include an increase to core staffing, development of organisational policies, new skills in strategic planning, improved financial systems and skills, improved member engagement and development of services for members, increased networks and linkages with key stakeholders, improved connection with maternity service users and women’s organisations, better communication systems, more effective advocacy for midwives, for the midwifery profession and for and maternity service users and broader engagement with the news media (Cadée 2013; Sandwell 2018; Kemp et al. 2018a, b; Brodie 2013).

Global north to global south partnerships often report on outcomes and impact in the low-resource partner country but do not elucidate any reciprocal benefit. However, this is changing. As a result of their twinning partnership, the Canadian and Tanzanian midwives’ associations reported capacity building of both partners (Sandwell et al. 2018). The Netherlands and Sierra Leone twinning partnership (Cadée et al. 2013) reported several shared outputs and products of benefit to each country; for example, increased membership and engagement of members, a film, leaflets, and teaching resources. The partnership may also enable better care for the diaspora community in the partner country; for example, the twinning partnership between the UK and Bangladesh is enabling better engagement with Bangladeshi midwives in the UK and hopes in turn to improve care for diaspora maternity service users. Basu et al. (2017) cite improvements in innovation and client-centred care, environmental responsibility and making wiser healthcare choices as examples of the reciprocal benefits of health partnerships. Recent publications (Zamora et al. 2019; Fergusson and McKirdy 2017) have focused on learning and reverse innovation to health services in high-income countries, where health professionals have participated in exchange placements as part of an international health partnership project. These are outlined in Table 15.2.

| Table 15.2 Reciprocal benefits of health exchange placements in international health partnership projects |
|-------------------------------------------------|-------------------------------------------------|
| **Reciprocal benefits to health systems** | **Reciprocal benefits to individuals** |
| • Productivity increase for 24–41% for each returned volunteer (Zamora et al. 2019) | • Leadership and management development |
| • System learning | • Improved communication and teamwork |
| • Capacity building | • Improved clinical skills |
| • Enhanced recruitment and retention | • Enhanced policy awareness and experience |
| • Professional development of the workforce | • Enhanced academic skills |
| • Improved patient/client experience | • Improved understanding of the patient experience and need for dignity |
| • Reputational development | • Strengthened resilience, satisfaction and interest |

### 15.6 Facilitating Factors in Implementing a Global Midwifery Partnership

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In some cases, partnerships themselves spawn new partnerships; for example, the Global Midwifery Twinning Project (RCM 2015) provided the building blocks for the MOMENTUM project in Uganda and the SUSTAIN project in Nepal (RCM 2015).

15.10 Monitoring and Evaluation of Global Midwifery Partnerships

There has been a lack of evidence about the impact and effectiveness of global midwifery partnerships (Dawson et al. 2015). Many partnerships start on an ad hoc basis and grow in a haphazard fashion, making it difficult to start the partnership with a robust monitoring and evaluation (M&E) plan. However, being committed to joint learning, including M&E and reflection, is one of the principles of partnership (THET 2015). It is important to be clear about the purpose of M&E. What is being measured: the partnership or a project being implemented by the partners? Are the partners themselves being evaluated, or the partnership—or perhaps both? For example, are the objectives which led to the partnership being met? Is the partnership bringing the expected outcomes to midwives? Is the partnership having an impact on the quality of midwifery care for women and their families? Co-creation is important in a partnership and that includes the co-creation of any M&E. Therefore, when developing a M&E framework or plan, collecting M&E data, developing terms of reference for an evaluation, or selecting an evaluation team, the principles of equity and shared power must be followed. Pasanen (2016) advises partners to define a hypothesis for the partnership early on and to set up monitoring and evaluation systems to test it.

Different tools are available for evaluating partnerships, examples of which are shown in Table 15.3. Many of these are self-assessment tools; however, Pasanen (2016) advises that such self-perception data may be subjective and should be triangulated with more objective indicators such as whether all partners are represented in major decision-making bodies, or whether the decisions made reflect the views of all of the partners or just one. Global midwifery partnerships can be complex with far more actors than originally envisaged and with a network of individuals and organisations involved. Deciding what and who to evaluate is not straightforward. Alternatively, certain aspects of the partnership may be evaluated separately, for example a process evaluation. Cadée et al. (2013) recommend setting evaluation moments throughout a partner-

| Table 15.3 Examples of tools for evaluating global midwifery partnership projects |
|---------------------------------------------|
| Example of tool, framework or methodology | Aspects of the tool or framework |
| Critical Success Factors for midwifery twinning partnerships (Cadée et al. 2018) | Includes setting goals together, having an M&E plan and adapting goals if circumstances change |
| Partnership Health Check (THET 2017) | Based on the principles of partnership (Box 15.1) |
| Partnership baseline matrix and monitoring tool (World Wildlife Fund undated) | Includes a spider diagram for mapping progress towards agreed goals |
| Realist evaluation | Appropriate for evaluating programmes of change set within complex social organisations, such as health services, and can help to understand variations in outcomes and experiences (McInnes et al. 2018) |
ship and considering the reliability of cross-cultural evaluation; for example, how hierarchies may limit participants’ ability to speak out in a self-assessment exercise, how freely participants may criticise a partnership funded by a donor agency or how effective a written evaluation may be within an oral culture?

### 15.11 Sustainability of Midwifery Partnerships

Sustaining outcomes is the final section of the partnering cycle (Fig. 15.2) and includes scaling up/down and moving on. ICM (2014) recommends that midwifery twinning partnerships should be long-term.

However, those funded by donor agencies are almost always time-bound, and there is a risk that the partnership may not be formally sustained beyond the length of any funded project or that partnerships may be quiet or even dormant between projects. Staff may be funded through a project grant and may not be retained afterwards, thus reducing organisational capacity once more. Partnerships that span a wide geographical divide may struggle to continue without regular in-country visits and contact; however, these can be costly and unaffordable long-term. It is therefore important that sustainability is planned for at the start of any partnership. This means ensuring that the right stakeholders are involved at the start of the partnership.

If wider stakeholders are involved in building the partnership and assessing the need prior to any intervention, inputs are more likely to be sustained. For example, the MOMENTUM project in Uganda was requested by the Ugandan Nurses and Midwives Council and the Ugandan Ministries of Health and Education and Sports. Representatives from each body attended the project inception workshop and every subsequent event and were included in the project management team. This ensured that project outputs were taken up by these bodies and continued after the project ended (Kemp et al. 2018b).

### 15.12 The Future of Global Midwifery Partnerships

Advances in technology and innovation are already changing midwifery partnerships. Social media, virtual meeting software and messaging Apps allow partners to connect instantly across the globe, to form online communities and to access information instantly. The 2020 COVID-19 pandemic has shown how quickly the context of international work can change and the role of technology in allowing work and relationships to continue. These issues are discussed further in Chapter 17. Environmental concerns are likely to reduce the amount of international travel within midwifery partnerships. The landscape of donor funding has changed, and significant grants will be given only to those organisations that can demonstrate partnership working and a long-term commitment. Professional boundaries also change, requiring midwives and midwife educators to form strategic interprofessional partnerships to improve multidisciplinary care and teamwork (Luyben et al. 2018).

However, despite the challenges, there has never been a more favourable policy context for midwives. With ample evidence building for the role of midwives in helping countries to achieve the Sustainable Development Goals (Lancet 2014; WHO 2019) the time is ripe for midwives to partner across the world and develop new ways of working together to ensure that every woman and her family have access to high-quality maternity care from a midwife.
Key Messages

Principles
Successful midwifery partnerships depend upon power-sharing and equity; they need shared vision, values and commitment, good management and clear communication.

Policy
Midwifery partnerships can enhance the capacity of professional midwives’ associations to improve the quality of maternity care and are worthy of support by policymakers.

Practice
Participating in a global midwifery partnership can foster personal and professional benefit to individuals, having an impact on the organisations in which midwives work. Managing a partnership takes commitment from both partners and will benefit from dedicated staff and resources.

Questions for Reflection or Review
1. Face-to-face in-country contact helps to facilitate global midwifery partnerships. However, international travel can be harmful to planetary health and is not always possible. How can global health actors support cross-cultural partnerships in the future?
2. Equity and power-sharing can be difficult where one partner has access to more resources than another. How can this be mitigated?
3. With reference to the toolkit in the additional resources section, consider how health professionals participating in global midwifery partnerships can assimilate cross-cultural experiences and bring back benefit to their own health systems.

Additional Resources for Reflection and Further Study

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- Twintowin. http://twintowin.com
- The Principles of Partnership. https://www.thet.org/principles-of-partnership/
- Toolkit for the collection of evidence of knowledge and skills gained through participation in an international health project. https://www.hee.nhs.uk/sites/default/files/documents/2312-HEE%20Toolkit%20for%20 evidence%20Interactive%20v4.pdf

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