

GLOBAL MIDWIFERY TWINNING PROJECT



Supporting Midwifery Beyond Our Borders



The Royal College of
Midwives



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)**

“RCM HAS A RICH, LONG HISTORY OF INTERNATIONAL MIDWIFERY AND ALSO WITH THE ICM. I HOPE IT WILL CONTINUE TO FLOURISH”.
FRANCES DAY-STIRK, ICM PRESIDENT

The Royal College of Midwives (RCM) has a long history of global involvement and support for midwives and midwifery associations with the aim of improving outcomes for mothers and babies. This is an exciting time for midwives worldwide as key developments such as the Lancet Midwifery Series acknowledge the centrality of midwifery for addressing maternal and child health outcomes. The United Nations Population Fund (UNFPA) identifies that midwives can prevent about two thirds of deaths among women and newborns and the returns on investments in midwives and midwifery services are the best buy in primary health care.

As a founding member of the International Confederation of Midwives (ICM) we fully support the importance of midwifery associations to lead, advocate for and support midwives in country. High quality midwifery services exist where there is a supportive legislative system, bespoke education for midwives and agreed competencies and scope of practice.

The Global Midwifery Twinning Project (GMTP) provided a major opportunity for the RCM to work in partnership with our sister organisations in Cambodia, Nepal and Uganda: all countries with a high burden of maternal and perinatal mortality and morbidity. The twinning relationships between the RCM and representatives of the three associations, as well as those between UK volunteers and their in-country hosts, have been at the heart of this project. Participants have been changed and have experienced insights and learning as a result of their active involvement in the project. Eyes have been opened to new possibilities, problems have been analysed and shared solutions developed, whilst the essence of midwifery practice has been emphasised and cherished.

On behalf of the RCM I would like to acknowledge the huge commitment of the midwives in Cambodia, Nepal, Uganda and the UK to this project. I would also like to thank the Tropical Health and Education Trust (THET), and their funder UKAID for providing the RCM with this opportunity to extend our reach in developing ongoing relationships with our sister associations. The RCM is committed to continuing our twinning relationships with Cambodia, Nepal and Uganda. As we approach the end of the Millennium Development Goals and look forward to the forthcoming Sustainable Development Goals, we will continue to promote midwifery beyond our borders to support mothers and babies worldwide.



Louise Silverton

Director for Midwifery

The Royal College of Midwives

THE GLOBAL MIDWIFERY TWINNING PROJECT

The Global Midwifery Twinning Project was a three-year multi-country partnership in the Health Partnership Scheme (HPS) funded by the UK government and managed by the Tropical Health and Education Trust (THET), running from 2012 to 2015. The HPS was conceived to 'improve health outcomes for poor people in DFID priority and other low income countries.' The scheme aims to 'strengthen health systems through health service skills transfer and capacity development'. The RCM received a grant of £523,739 to form twinning partnerships with midwifery associations in Uganda, Cambodia and Nepal, all low-income countries with a high maternal mortality burden.

GMTP sent 67 volunteer midwives on 75 placements over three years. The volunteers worked with the midwifery associations, but also key stakeholders and practising midwives to address the ICM's three pillars of midwifery: education, regulation and association. Volunteers worked alongside midwives to support them to provide quality midwifery care, build individual leadership capacity and transfer skills and knowledge. Volunteers worked with education providers to develop curricula, to improve teaching standards and to support student midwives in their learning. Volunteers worked with the associations and regulatory bodies to build leadership and advocacy capacity, to develop strategic planning capacity, to build networks and connections to stakeholders, and to role model the potential of midwives associations to support a strong midwifery profession.

Key achievements of GMTP:

UGANDA

1. Development of the Masters in Midwifery Curriculum at Uganda Christian University.
2. Establishing a multi-party advocacy group and midwifery research interest group; demonstrating greater commitment to midwives working together across public, non-profit and faith-based sectors.
3. Strengthening private midwives clinical practice sites and pilot mentorship project with Kibuli School of Nursing and Midwifery.

CAMBODIA

1. Development of a five year strategic plan for the Cambodian Midwives Association.
2. Formation of the Cambodian Midwives Council Competency Based Curriculum Assessment Tool for education providers.
3. Increasing membership of Cambodian Midwives Association by 50% to over 4000 members.

NEPAL

1. Development of a five year strategic plan for MIDSON.
2. Establishing the Mangala Devi Midwife-led Birthing Centre at Tribhuvan University Teaching Hospital in Kathmandu.
3. Founding the first national midwifery conference in Nepal, September 2013, with over 300 participants.

GMTP FINAL EVALUATION EXECUTIVE SUMMARY

In February and March 2015 the RCM Global Professional Advisor, Joy Kemp, visited each GMTP partner country to interview our twins and our key stakeholders, to evaluate the successes and challenges of the project, and to ensure the sustainability of the inputs of GMTP. In addition, an external consultant was hired by the RCM to undertake an evaluation of the project, to identify what we have achieved, what lessons we learned, and to provide recommendations on where we go from here.



What have we achieved?

- The success of the RCM in proposing and delivering GMTP was a first for the association, and provides an important platform for its future international development work.
- The programme had beneficial effects on midwifery practice, education and regulation in the three partner countries.
- It strengthened the capacity of the three overseas partner midwifery associations, and increased their commitment to improving maternity and newborn care.
- It created strong twinning relationships and enabled networking and sisterhood between midwives in the four countries.
- It raised awareness of midwifery issues in low-income countries and the importance of international engagement among volunteer midwives, their employers, RCM staff and members, policy makers and other stakeholders in the four UK countries.
- It gave many volunteers greater confidence in their own skills and knowledge, and renewed their commitment to midwifery in the UK.

What have we learned?

- The RCM's delivery of this ambitious, challenging project after a difficult start, demonstrated its adaptability, flexibility and capacity to change.
- That future programme designs will take a realistic view of what can be achieved, have precise goals and objectives underpinned by clear values, with defined ground rules and specific reference to theories of both change and international development.
- The GMTP Midwife Volunteers have undergone life changing experiences and have formed meaningful relationships with midwives in all three countries. Their enthusiasm and renewed passion for midwifery represent a valuable resource for the RCM, advocating for midwives in the UK and abroad.
- South to south learning and networking became a crucial part of the project; future projects will plan for and fund this explicitly.
- Recognising that the UK has much to learn from low-income countries, the meaning and process of true exchange, reciprocity and mutuality should be further explored.

Where do we go from here?

- New opportunities for joint work should be explored in the context of growing global awareness of the importance of midwifery and the UN Sustainable Development Goals, through engagement with a wider range of international and bilateral organisations.
- The RCM's unique selling point lies in its expertise as a professional organisation and this should be exploited in future projects.
- The RCM will continue to learn from GMTP, writing articles, examining data and ensuring the sustainability of the GMTP inputs.
- The RCM will continue to exploit opportunities to continue our work with our GMTP twins, Uganda, Cambodia and Nepal, building on the successes of GMTP and empowering our twins to form new partnerships.
- The RCM is committed to developing new twinning relationships where opportunities arise.

UGANDA CASE STUDY:

The Kibuli School of Nursing and Midwifery Student Midwives Pilot Mentorship Scheme

JULIET, MIDWIFE TEACHER AT KIBULI SCHOOL OF NURSING AND MIDWIFERY: “IN THE HOSPITALS THERE ARE MANY MOTHERS AND FEW MIDWIVES SO THE STUDENTS DON’T GET EXPERIENCE OF DEEP CARE FOR MOTHERS. AT THE UPMA CLINICS, THE STUDENTS TOLD US THEY HAD GOOD SUPERVISION, THEIR MENTORS WERE WITH THEM FROM THE BEGINNING UNTIL THE END OF THEIR PLACEMENTS, GUIDING THEM WHEN THEY WENT WRONG, COUNSELLING THEM IN DIFFERENT PROBLEMS. WHEN THEY CAME BACK THEIR BEHAVIOUR HAD CHANGED. THEY CHALLENGED US AS TEACHERS TO TEACH THEM THE THEORY OF WHAT THEY HAD LEARNED ON THEIR PLACEMENTS.”

MIDWIFERY STUDENTS FROM KIBULI SCHOOL OF NURSING AND MIDWIFERY: ‘DURING OUR PLACEMENTS WITH THE UPMA, WE WERE GIVEN TIME TO CARE FOR WOMEN THROUGHOUT ALL STAGES OF THEIR LABOUR, DELIVERY AND THE POSTNATAL PERIOD, EVEN FOLLOWING WOMEN TO THEIR HOMES IN THE COMMUNITY. THIS IS VERY DIFFERENT FROM OUR EXPERIENCE IN OTHER PLACEMENTS. THE CARE THE UPMA MIDWIVES GIVE IS VERY GOOD. THEY CONSIDER MOTHERS AS THEIR OWN AND HAVE A HEART FOR LIFE RATHER THAN MONEY.’





Kibuli School of Nursing and Midwifery is a Muslim faith based institution with students studying both certificate and diploma level midwifery courses. In Uganda, about 50% of all babies are delivered in the private sector. Despite this, at the beginning of GMTP, student midwives were not able to spend their practice placements with Uganda Private Midwives Association (UPMA) midwives.

In September 2014, 4 GMTP volunteers undertook an audit of mentoring practice for midwifery in Uganda. Problems identified were: a low ratio of mentors to students resulting in competition between students from different schools, students rarely seeing quality midwifery care being role modelled, and students not able to get experience of continuity of care for women.

Volunteer midwives helped the UPMA connect with the Kibuli School of Nursing and Midwifery during GMTP and both parties agreed to run a small pilot project placing student midwives in UPMA maternity homes. UPMA selected potential mentors from the midwives who had developed their practice with support from the GMTP UK volunteers and met the high quality of care standards required to be a mentor.

In December 2014 a pilot group of seven diploma midwifery students underwent 10 day placements at the selected clinics, living and working alongside UPMA midwives. Students really valued these placements and they noticed a difference in the attitude and behaviour of UPMA midwives compared to those in hospitals or clinic settings. The students commented on increased respect for women, improved communication skills, hospitality, hygiene and infection control standards. The UPMA midwives had sufficient time to monitor women and provide continuity of care through labour and delivery. Many of the student midwives also experienced poverty close up for the first time and observed how UPMA midwives manage to care for women and have compassion, being creative with payment methods.

As a result of this successful pilot the RCM plans to continue to support UPMA to expand their provision of mentors for student midwives. We hope to help develop national standards for learning and assessment in practice, support midwives to improve their mentorship skills and support the development of a module to help midwives prepare for mentorship.

NEPAL CASE STUDY:

The Mangala Devi Birthing Centre at Tribhuvan University Teaching Hospital

SARAH GREGSON, GMTP VOLUNTEER MIDWIFE WHO WORKED WITH THE BIRTH CENTRE MIDWIVES:

“THE PARTNERSHIP BETWEEN GMTP AND THE BIRTH CENTRE HAS RESULTED IN A COMPLETE TRANSFORMATION OF CARE GIVEN TO WOMEN IN LABOUR WHEN COMPARED TO THE MAIN HOSPITAL. THE BIRTHING CENTRE NURSE MIDWIVES HAVE EMBRACED MANY ASPECTS OF EVIDENCE BASED CARE, INCLUDING ACTIVE LABOUR, OPTIMAL POSITIONING TO PROMOTE NORMAL BIRTH, RESPECTFUL AND SUPPORTIVE CARE FOR WOMEN AND TAKING PRIDE IN BEING ABLE TO PROVIDE A GOOD BIRTHING ENVIRONMENT.”

MRS PARVATI, NEPAL, BIRTH CENTRE CLIENT: “BEFORE THE HUSBAND WAS NOT ALLOWED TO STAY WITH ME. IN THE BIRTH CENTRE THE HUSBAND CAN STAY, WE CAN SIT TOGETHER. THE MIDWIVES PROVIDED RESPECTFUL CARE AND RESPECTFUL DELIVERY, AND THE HUSBAND COULD UNDERSTAND AND SHARE MY LABOUR PAIN. I FELT SAFE AND LESS ANXIOUS IN THE BIRTH CENTRE. ALL THE STAFF LOVED ME, AND THAT IS WHY ME AND MY BABY ARE WELL AND WE WENT HOME FEELING VERY WELL.”

Congratulations to Ann Walker,
winner of the GMTP photo
competition, with her picture
of Kangaroo Care in Nepal.





In Nepal, the RCM in Scotland has twinned with the Midwifery Society of Nepal (MIDSON) and from 2012 – 2015 the RCM has worked with midwives in Nepal to support them to achieve their long term goal: a strong cadre of midwives providing care across the country. In Nepal, midwifery is not yet established as a separate profession from nursing. The government has committed to commencing midwifery education in 2015. Student midwives will require practice settings in which they can observe and develop skills in midwifery led care.

During GMTP, following a request from the Ministry of Health and Population, a series

of volunteers were placed at Tribhuvan University Hospital to establish the Mangala Devi Birthing Centre, which opened in June 2014. The government is keen to see that this model birth centre informs the wider health system in Nepal.

GMTP midwife volunteers contributed to the establishment of the birth centre by:

- Tackling infection control by providing training and reinforcing the importance of the workforce's role in improving care.
- Establishing a pathway for normal and active labour, having guidelines in place for specific interventions.
- Equipping the birth centre with birth balls, providing bed covers for a friendlier environment, screens for privacy, and having partners present at the birth.
- Setting up admission criteria and undertaking risk assessments as part of developing and opening the birth centre.

In the first six months since opening, there were approximately 30 births at the birth centre. During the last volunteer placement, GMTP volunteer midwives helped the birthing centre midwives design a poster and an information leaflet to inform women about the Birth centre, reviewed guidelines, drafted an Operational policy, and created a satisfaction survey for women to complete on discharge from the Birth Centre so staff could have some feedback about the care they are giving to women and their families.

When GMTP volunteer midwife Sarah Gregson visited the Birth Centre in March 2015, she was delighted to report that in the three months following the GMTP cohort, there had been an additional 30 births, doubling the rate at which women chose to give birth in the centre.

CAMBODIA CASE STUDY:

Cambodia – England Student Midwives Link

CLARE MURPHY, GMTP MIDWIFE VOLUNTEER: “MY EXPERIENCE AS A VOLUNTEER AS PART OF THE GLOBAL MIDWIFERY TWINNING PROJECT HAS BEEN LIFE CHANGING, IT WILL BE HARD TO PUT INTO WORDS WHAT THIS OPPORTUNITY HAS MEANT TO ME AND THE IMPACT IT WILL HAVE ON ME AS A WOMAN AND MIDWIFE. DURING MY TIME AT THE KAMPOT REGIONAL HOSPITAL I WITNESSED THE INCREDIBLE LEVEL OF SUPPORT THE FAMILY PROVIDE TO THE WOMEN AND THEIR BABIES. THE MOTHER AND MOTHER IN LAW OFTEN SLEEP ON THE FLOOR BESIDE THE WOMEN, AND DURING THE DAY THEY COOK FOR THE WOMEN AND PROVIDE CARE FOR THE BABIES TO ALLOW THE WOMEN TO REST.”

LIDA OUNG, VICE PRESIDENT OF CMA: “I KNOW THAT MIDWIFERY CARE ON THE WORLD ARE NOT THE SAME PEOPLE, BUT WHAT THAT THE SAME ARE THE BLOOD INSIDE THEIR BODY OF MIDWIVES SO THAT I HOPE THAT CAMBODIAN MIDWIVES COULD UNDERSTAND WHAT THAT I HAD LEARNED AND SHOWING THEM.”

ELAINE UPPAL, GMTP MIDWIFE VOLUNTEER: “AS AN EDUCATOR I REALLY ENJOYED WORKING WITH MIDWIVES AND TEACHERS WHEN I VISITED THE FIRST TIME, HOWEVER I FELT THE WORK WE DID WITH STUDENT MIDWIVES HAD POTENTIAL TO INVEST IN THE FUTURE PRACTICE AND LEADERSHIP IN CAMBODIA. THERE IS SCOPE FOR THE CAMBODIAN MIDWIVES ASSOCIATION TO WORK WITH THEM MORE AS THE ROYAL COLLEGE OF MIDWIVES DOES WITH UK STUDENTS.”





A series of GMTP midwifery volunteers were placed in the Kampot Regional Training Centre and Regional Hospital throughout the project. They delivered training sessions for teachers and students, including skills sessions with student midwives preparing for exams, and spoke to students and midwife teachers about practical skills development and the provision of respectful maternity care. Sending GMTP volunteer midwife educators provided the opportunity to compare education environments with the UK: ‘it was enjoyable and useful to explore different teaching styles, much fun ensued from physically demonstrating McRoberts as the explanation and translation were difficult’ (Elaine Uppal).

Lida and Thida from the Cambodian Midwives Association made a return visit to the North West of England, after joining their UK, Ugandan and Nepali twins at the ICM congress in Prague in June 2014. They visited the Salford Birth Centre and St Mary’s Hospital, met staff and students at the College of Health and Social Care in Salford, and spent time with year 2 student midwives from the BSc (Hons) Midwifery degree whilst they were practising for a skills exam. As a result of the visit, Lida and Thida have submitted a joint abstract with their twin UK hosts to the ICM Asia Pacific in Japan.

Volunteer midwives, having visited Maternal and Child Health Centres, community clinics, and training schools in Phnom Penh and Kampot, wanted to provide UK and Cambodian student midwives and midwives with the opportunity to observe and compare midwifery practice in both countries. They facilitated networking between students and practitioners and identified key agents for change and future leaders in both countries. The GMTP midwife volunteers were keen to consider mutually beneficial outcomes beyond the scope of the initial GMTP 3-4 week visits by creating a Cambodia – England midwifery link with exchange visits between practitioners, teaching staff and students forming part of an ongoing partnership. The link also supports the virtual twinning of midwife teachers, practitioners and students, and the initiation of a research group.

The GMTP midwife volunteers have now established a Facebook group to link Cambodian student midwives with their counterparts in the UK, so they can compare their learning experiences and provide solidarity across continents. The group has been extremely successful, forming relationships, sharing information and sparking debates, and now has 95 members.

In March 2015, midwifery students from Salford joined the GMTP midwife volunteers on a return visit to Cambodia. The students were able to visit Kampot Regional Training College, where they joined student midwives at skills sessions, and also visited the Phnom Penh Institute of Nursing and Paramedic Science, where they attended workshops on antenatal care and abdominal examination. The students from the UK learned many lessons from Cambodia society and practice, including the presence and support of families when a woman was in hospital and breastfeeding practices.



PROFESSOR KIRAN BAJRACHARYA, PRESIDENT OF MIDSON (MIDWIFERY SOCIETY OF NEPAL): "WITH THE UK VOLUNTEER MIDWIVES WE HAVE WORKED TOGETHER, ENJOYED TOGETHER, SHARED TOGETHER AMONGST US THE GOOD THINGS AND THE DIFFICULT THINGS. WE HAVE LEARNED HOW TO WORK WITH WOMEN IN PROVIDING RESPECTFUL, WOMAN-CENTRED MATERNITY CARE. WE ALSO LEARNED MANY THINGS THROUGH OUR RECIPROCAL VISIT TO THE UK. SCOTLAND IS OUR TWINNED COUNTRY AND WE LEARNED SO MUCH FROM GILLIAN SMITH, THE RCM'S DIRECTOR IN SCOTLAND, AND FROM THE DIFFERENT SETTINGS THAT WE VISITED SUCH AS HOSPITALS AND BIRTH CENTRES: HOW LUCKY THE UK MIDWIVES ARE; THEY ARE SO EMPOWERED. NEPAL NEEDS PROFESSIONAL MIDWIVES SO THAT NO MORE MOTHERS AND BABIES WILL DIE BECAUSE OF THE LACK OF SKILLED HUMAN RESOURCES."

CHEA ATH, PRESIDENT OF CMA (CAMBODIA MIDWIVES ASSOCIATION): "GMTP HAS HELPED ME VERY MUCH. PERSONALLY IT HAS HELPED ME TO UNDERSTAND HOW TO FACILITATE WORKSHOPS FOR MIDWIVES; IT HAS GIVEN ME OPPORTUNITIES TO MEET WITH HIGH LEVEL PEOPLE SUCH AS DIRECTORS OF PROVINCIAL HEALTH DEPARTMENTS AND THE MINISTRY OF HEALTH. THROUGH GMTP WE FACILITATED MEETINGS AND WORKSHOPS IN DIFFERENT PROVINCES, AND MOST MIDWIVES WHO ATTENDED HAD NEVER MET THE PRESIDENT OR KNEW WHO SHE WAS BEFORE THEN. WE WERE ABLE TO RECRUIT MANY NEW MEMBERS AND HAVE INCREASED OUR MEMBERSHIP BY ALMOST 50%. THE SECRETARY OF STATE FOR HEALTH HAS PROMISED TO CONTINUE TO FACILITATE THE GMTP PARTNERSHIP AS HE WANTS MIDWIVES AND MIDWIFERY TO BE WELL-KNOWN AND RECOGNISED IN CAMBODIA."

MARY MUSOKE, PRESIDENT OF UPMA (UGANDA PRIVATE MIDWIVES ASSOCIATION): "I WAS REALLY IMPRESSED WORKING WITH THE RCM. YES WE HAD SOME CHALLENGES BUT WE ALSO HAD LOTS OF SUCCESSES. THROUGH GMTP WE REALISED THAT WE CAN'T WORK IN ISOLATION AND WE MANAGED TO BRING EVERYONE ON BOARD TO ADDRESS MIDWIFERY EDUCATION, REGULATION AND ASSOCIATION. THE VOLUNTEER MIDWIVES WHO CAME FROM THE UK ARE ALMOST MY SISTERS. WE EXCHANGED MANY THINGS WITH THEM AND OUR MIDWIFE MEMBERS WHO HOSTED VOLUNTEERS HAVE IMPROVED THEIR SKILLS. THE MIDWIVES FROM THE RCM ALSO LEARNED FROM US. WE STILL HAVE MANY GAPS AND COULD BENEFIT FROM LEARNING MORE FROM EACH OTHER."

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