

Exchanging ideas and good practice globally: reciprocal learning in the context of a twinning project

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Between August and November 2019, I had the pleasure of making two trips to Bangladesh to support the Royal College of Midwives' (RCM) twinning project with the Bangladesh Midwifery Society (BMS). The partnership between the RCM and the BMS aims to strengthen the BMS to advocate for the midwifery profession and to create demand for midwifery services. The project is part of a wider programme of midwifery strengthening activities, managed by the United Nations Population Fund (UNFPA) Bangladesh, and funded by donors, the Department for International Development (DFID) and the Swedish International Development Cooperation Agency (Sida).

According to the World Health Organization (WHO), twinning is an official partnership between two member midwives' associations who exchange ideas, skills and learning for the benefit of each participant 'twin' (WHO 2001). Ultimately twinning, as defined by the International Confederation of Midwives (ICM), is a method to bring together and empower health professionals across cultures to improve health care (Moyo & Bokosi 2014).

Midwifery as a separate profession, and as defined by the ICM's global standards (ICM 2017), is in its infancy in Bangladesh. In 2010, the government made a commitment to introduce a separate cadre of professional midwives, and in January 2013 a three-year Diploma in Midwifery was launched. The professional development of midwives follows many years of partnership working and relationship building among stakeholders including the government, non-government organisations, academia, professional associations, and donors (Bogren et al., 2017). All of these agencies are working toward achieving the shared goal of reducing maternal and child mortality through education, regulation, and the deployment of midwives (Bogren et al., 2017).

I have a keen interest in global and respectful midwifery care and so decided to apply for the role of midwifery educator volunteer, working with the RCM and the BMS. As a perpetual, lifelong learner who is always looking for new challenges and opportunities to stretch myself, I was drawn to the role. I wanted to learn about Bangladeshi culture and the history of childbearing and maternity services. The chance to see midwifery in the making excited me, as did the opportunity to have first-hand experience to inform my teaching. I anticipated that

the role could potentially help me to identify research ideas and collaborations, but more importantly, I was eager to have the opportunity to make a difference (however small)! My role as a midwifery educator with the twinning project is to work alongside the BMS in the Bangladesh capital of Dhaka (and in selected divisions outside of Dhaka), and to support BMS executive members to implement the organisational capacity development project. My specific remit is to support the project focus on 'services to members', with attention to education. This involves mentoring a young midwife teacher, recently appointed as education secretary to the BMS, working with her to develop the online learning platform for midwives, and assisting the BMS in liaising with midwifery education institutions, helping them to advocate for high-quality midwifery education. My role also includes liaising with high-level agencies such as the Ministry of Health and UNPFA Bangladesh, raising the profile of midwives and BMS, and acting as an ambassador for the RCM.

According to the literature, successful twinning projects demonstrate four main attributes: reciprocity, the building and sustenance of personal relationships, a dynamic process, and participation across different cultures (Cadée et al., 2016). Of all of these, reciprocity is seen as fundamental if twinning partners are to achieve joint goals (Cadée et al., 2018), and the leading attribute of reciprocity, which involves a system of giving, receiving and returning, is equity (Crespo 2008). With this in mind I was careful not to position myself as either expert or teacher, but rather as someone with experience of midwifery and midwifery education, who could offer support, if and when required, and who wanted to learn about Bangladesh and about the development of the midwifery profession within the health care setting.

So far, my experience and learning about Bangladesh, its people, its cultural practices, its health system and midwifery profession, has been phenomenal. Initially, acclimatising to a new environment was challenging; getting used to the time difference, the heat, the dress code, the diet and the language as well as the different cultural nuances took some time (and of course continues!). Whilst in Bangladesh, the noise of the city, the people, the language and the amount of traffic stimulated my senses constantly and I found it exhausting at times. I needed some downtime each day and was usually relieved to get a little bit of space to process what I had been experiencing. But the experience was an overwhelmingly positive one. I felt like a sponge continually soaking up information and knowledge. I enjoyed forming relationships with BMS members and different stakeholders and was grateful to have the opportunity to travel around the country visiting education institutes and health complexes.

During both of my visits to Bangladesh, I found that itineraries were subject to change and I had to be flexible, open to possibilities and able to respond appropriately to each new experience and audience. At some venues I was communicating with one or two people, at others a slightly larger group, then sometimes I would find myself having to address a room full of people. For example at one education institute, I was asked to give a ‘speech’ to a full room at a formal organised event. Luckily, I am a good communicator who is comfortable speaking in public and able to think on my feet! However, some preparation time (and an understanding of what might be expected) would have been helpful.

My remit on visits to education institutes (both public and private) is to meet with the students and educators and share their experiences of teaching and learning, to see the facilities available and advocate for an enabling environment for midwifery education (both in the classroom and in clinical placement). To help me in this endeavour, I rely on an educational audit tool developed by a UNFPA colleague in Bangladesh (as yet unpublished). The tool considers the infrastructure available (classrooms, library facilities, skills labs), the number of dedicated midwifery faculty, the curriculum (as reflected in lesson plans and log books), clinical teaching (as coordinated by the institute) and the student experience.

Similarly, my remit when visiting health complexes is to promote midwifery, increase awareness of the BMS, observe the working conditions of midwives, and ultimately promote and advocate for an enabling environment for midwives in order to strengthen midwifery.

This is vital as Bangladesh needs to maintain efforts towards reducing its maternal mortality rate (MMR) to 70 per 100,000 by 2030 (United Nations 2015), and meet its target of 98% of deliveries taking place at facilities by 2030 (Ministry of Health and Family Welfare et al., 2015). Currently the MMR is 173 per 100,000 women (WHO et al., 2019), the rate of facility births is 50% and skilled care at birth is recorded as 49.8% (Index Mundi 2016), meaning there is some way to go.

Trying to assess the effect I might be having in the context of a twinning project is problematic. In Cadée et al.’s (2016) concept of analysis of twinning, some light was shed on the difficulties, they argued that twinning in health care is relatively new, that the notion lacks ‘clarity’ and for that reason, ‘*rigorous monitoring and evaluation are rare*’ (Cadée et al 2016). In the context of a developing relationship, demonstrating impact in any categorical way is certainly elusive but I am satisfied that my support role is making a difference; I have forged a strong bond with the education secretary who is working effectively in her role, utilising keen organisation, management and leadership qualities, recruiting members to the BMS and running workshops with members on how to use the e-learning platform. Similarly,

by accompanying committee members on visits to education institutes, health complexes and government offices, I have modelled (and later observed) best practice in undertaking strategic discussions advocating for high-quality midwifery education and care.

Highpoints of my learning have included facilitating a multi-ability and multicultural workshop, organising and supporting an end of year review of the twinning project, and liaising with high-level stakeholders. Identifying an opportunity for midwifery research in Bangladesh, drafting a proposal and applying for internal university global research challenge funds (with a colleague) to carry out that research has also been a source of great learning for me.

My experience, to date, has been incredibly powerful and I feel extremely grateful to have had this amazing opportunity. I am eager to keep contributing to the project, and am hopeful that I will get funds to develop research which will support the work that BMS is doing to advocate for midwives and the midwifery profession.

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