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## 'Twin2twin' an innovative method of empowering midwives to strengthen their professional midwifery organisations



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## ABSTRACT

**Background:** midwives need professional support from a national midwifery organisation to be able to provide the services that are by regulatory mechanisms and accreditation expected of them. Not all midwives in the world are united in a professional organisation. The aim of this project was to strengthen the midwifery organisations of Sierra Leone and the Netherlands. During the process of the project it was realised that the development of a platform of exchange at organisational level would be enhanced by introducing personal exchange between individual midwives. In response to this new insight the original project plan was adjusted by incorporating the twin2twin method.

**Method:** twin2twin is a feminist methodology of mutual exchange between twenty pairs of midwives from different organisations (in this case Sierra Leone and the Netherlands). The method can be distinguished by 10 specific steps. It was developed, used and (re)evaluated through focus group discussions, storytelling and written evaluations.

**Findings:** twinning of organisations was strengthened by adding a human component to the process. With the use of the 'twin2twin' method, midwives were encouraged to invest in a professional and personal bond with their 'twin sister'. This bond was independent and went beyond the relatively short four year project period. Through personal engagement and mutual exchange of knowledge and skills, midwives empowered each other to build and strengthen their midwifery organisations both in Sierra Leone and the Netherlands. (*Empowerment* refers to the expansion in people's ability to make strategic life choices in a context where this ability was previously denied to them (Narayan, 2005); organisational empowerment includes processes and structures that enhance members' skills and provides them with the mutual support necessary to effect community level change (Zimmerman, 1995).).

**Conclusion and implications for practice:** despite challenges we are convinced that twin2twin can be of additional benefit for the success of other projects involved in strengthening midwifery organisations in the long term. It can be used independently or alongside other forms of (co)development not only in midwifery but also in other professions.

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### Introduction

It is well accepted that midwives globally play a key role in reducing maternal and child morbidity and mortality (World Health Organisation, 2004; Rawe et al., 2011; UNFPA, 2011). The UNFPA *State of the World's Midwifery* shows the potential impact of scaling up midwives in 58 countries. Doubling the estimated current number of midwives providing reproductive and obstetric care would mean a reduction of 20% of maternal deaths in pregnancy or childbirth, 18% of stillbirths and 23% of newborn deaths by 2015 (UNFPA, 2011). However the degree to which

midwives can work within an enabling environment (UNFPA, 2011) influences their capacity to take on this pivotal role (Maclean, 2003). According to the International Confederation of Midwives (ICM) there are three pillars that determine the strength and capacity of midwives. These are education, regulation and professional association (ICM, 2011). Of the many elements that are jointly responsible for the enabling environment of a midwife, our project focused specifically on one key element: strengthening professional midwifery organisation.

Through a period of a four year development project the Royal Dutch Organisation of Midwives (KNOV) and the Sierra Leone Midwives Association (SLMA) have developed an innovative and sustainable method of mutual exchange called twin2twin (t2t). The method was developed through a process of spontaneous growth, strategic planning and (re)evaluation. In the coming four

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years the t2t method will be used and further developed by the KNOV in co-operation with the Organisation of Moroccan Midwives (AMSF).

## Setting

At an Annual General Meeting of the KNOV in 2007 the members agreed that the organisation should play a more leading role in global midwifery issues. On June 30, 2007 the Dutch Ministry of Development Aid organised a one-day event to draw attention to the state of affairs regarding the Dutch millennium development targets. These targets had been set by the Dutch government in 2000 to be realized by the year 2015, as an answer to the UN development Goals. The Dutch Agreement of Schokland related to the MDGs resulted in commitments by 2000 individuals and 37 companies and institutions ([Dutch Millennium Foundation, 2007](#)). These institutions included the KNOV, Cordaid (a Dutch NGO), ICM and several organisations who together formed the 'meshwork for mother care' ([Mdg5-meshwork, 2013](#)) that jointly rose to the challenge of Millennium Development goal 5 (MDG5), reducing maternal mortality and morbidity. This resulted in the joint midwifery initiative in Sierra Leone.

Sierra Leone was chosen because the maternal mortality ratio was one of the highest in the world. After 10 years of civil conflict (1992–2002) the health sector was devastated resulting in a 1 in 8 lifetime risk of maternal death in pregnancy or childbirth (1300 maternal deaths per 100,000 live births) ([Countdown to 2015, 2012](#)). Between 2000 and 2010 the maternal mortality ratio dropped by 30%, to reach 890 deaths per 100,000 live births. Despite the improvement, this is still one of the highest ratios in the world.

Before the civil war the SLMA had been a relatively active midwifery organisation and was a member of ICM. After the civil war there was no sign of the organisation whatsoever. In 2008 a rebirth process was initiated by the ICM, the first step being literally searching for individual midwives. The initial contact between SLMA and the KNOV started in 2009 and was initially supported by ICM. In this joint venture it was ICM's role to support SLMA with the 'hard ware' such as a constitution, a building, furniture and support in creating a management team. It was the role of KNOV to support SLMA with the 'soft ware' which included creating financial and membership structures as well as broader support for advocacy and empowerment. (*Empowerment* refers to the expansion in people's ability to make strategic life choices in a context where this ability was previously denied to them ([Narayan, 2005](#)); organisational empowerment includes processes and structures that enhance members' skills and provide them with the mutual support necessary to effect community level change ([Zimmerman, 1995](#).) Within the first year of the KNOV programme it soon became apparent that support *organisation to organisation* lacked a necessary personal component. There was no personal dedication or feeling of responsibility for the process. Because of this realisation the *twin2twin* method was developed, applied, and evaluated in the following three years.

### Approach: 'twin2twin' in ten steps

Development aid can be a one way process, where the developed country supports the underdeveloped country; with this way of working sustainability is a great challenge. The twin2twin method hopes to reduce this problem by putting the accent on first acknowledging and then building upon the expertise that is already present in the individuals in the group. The focus is on exchange of this expertise, knowledge or skills whereby there is no hierarchy in the giving or taking, there is reciprocity. The effect is experienced as empowering for the participants and in turn beneficial for the organisations that the individuals are a member

of. This way of working was inspired by Mauss theory of gift giving ([Mauss, 1954](#)) which claims that gifts are never free. A gift can only be truly owned once it has been returned in one form or another. It is only through reciprocal exchange of gifts that there is true independence. If we look at gift giving in the broadest sense of the word and apply this principle to the giving of knowledge and (personal) skills it soon becomes apparent that it is only through mutual exchange that empowerment can be achieved. The strength and at the same time the challenge of this basic principle is what makes t2t so inspiring. Expectation management and cross-cultural understanding are key in this process.

The steps below have come about through a process of continuous (re)development during the three years of the *twin2twin* project between the KNOV and SLMA. The lessons learned were distilled from continuous group assessments as well as from an independent mid-term and final evaluation using participant survey and focus group discussions by the Royal Tropical Institute (KIT) ([Martens and Herschderfer, 2011](#); [Herschderfer and Perdok, 2011](#)). At the end of the project the cornerstones of the method were written up in the *twin2twin* guide as described below.

### Step 1: relationship based on equality

Equality is a core value of t2t. SLMA and KNOV 'twins' are reminded of this principle throughout the project. A memorandum of understanding is signed between partners at the start of the t2t project to endorse this principle. Therefore, even though the potentials of the organisations vary financially or otherwise, there was no big sister and no little sister. It is the role of the twins themselves together with the project co-ordinators to monitor this and continually check this balance.

### Step 2: joint organisational goals

A project plan and project time frame of four years is agreed upon at the start of the t2t project. Joint and individual goals are made and agreed upon. The process of formulating these with targets and indicators is seen as a learning experience in itself for all involved. The goals are set during different workshops where twins learn to formulate SMART goals (specific, measurable, achievable, realistic, time bound).

### Step 3: assess joint capacity

With the use of the ICM MACAT tool ([International Confederation of Midwives, 2013](#)) the capacity of the organisations is assessed. At the onset of choosing the twins the project goals are used as criteria for selection. Personal capacity is assessed before admitting twins to the project and during the workshops. Twins generally have a big variation in capacity in areas such as financial management, leadership, political lobby, teaching, research, life saving/other midwifery skills, community midwifery etc. At the onset of the project twins agree to offer their own personal skills for the benefit of the project free of charge. Workshops on expectation management and cross cultural understanding support this process.

The financial capacity of each organisation is used to its fullest. This can mean that one organisation creates the stories and products and the other uses these to generate funds. Funds to be raised by each organisation are based on the country's Gross National Product (GNP).

### Step 4: create a project structure

A counterpart system is used for project co-ordination. Clear roles and responsibilities are described for each member of the project co-ordination team which consisted of one project leader, two twin2twin co-ordinators, two fundraisers and where appropriate two interpreters of either language and/or culture ([de Geus and Kweekel, 2012](#)) ([Fig. 1](#)).

### Step 5: pairing of twins

Twenty sets of midwives were paired. Midwives are twinned with the use of the goals in conjunction with the skills of the

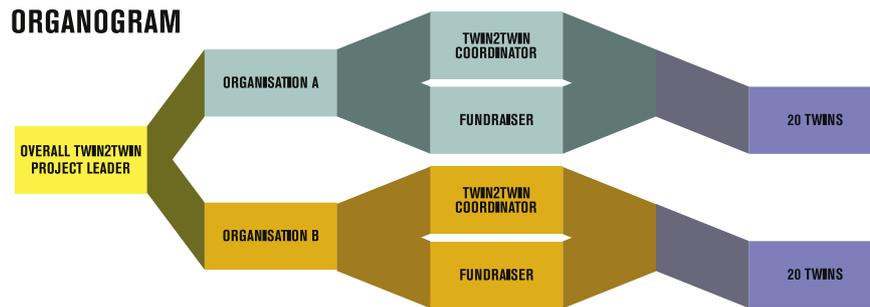


Fig. 1. Organogram of project structure.

twin involved. Matching is done on the basis of area of interest and (career) position, for example twin midwifery teachers, presidents, researchers, community midwives, students etc.

#### Step 6: create joint communication channels

The different forms of communication that are available for twin pairs are assessed. The choice of video messaging, face to face conversation, letters, text messages, (mobile)telephone conversation, Skype, e-mail, website, Facebook, Twitter, and newsletters is assessed to support twins in their communication. Workshops for twins to support cross cultural communication are an important part of this step.

#### Step 7: create joint stories

Most of the workshops, meetings and activities in the project have a secondary function to enhance the personal bond between pairs of twins. As the sustainability of the programme is based on the dedication and drive of the joint twin couples it is necessary to allow twins to bond through joint experiences. An important moment for this is the visit to the ICM congress for all 20 twin pairs.

#### Step 8: set evaluation moments

Evaluation takes place throughout the project by means of continuous feedback from participants and the co-ordination team. At the start of the project two evaluation moments are set using an independent organisation. One evaluation moment occurs midway through the project where focus group discussions are possible. At the end of the project a survey with comparative questions to the mid-term evaluation is used (Martens and Herschderfer, 2011; Herschderfer and Perdok, 2011).

#### Step 9: create joint products

All twins are expected to take part in creating an end product. It has to be small and concrete and contribute towards the goals of their organisation. Twin pairs work together or in groups of up to three pairs. The goal of the product is to write a plan, receive feedback, rewrite, and actually produce a small end product that can be exhibited.

The aim of these products is to learn

- to get to know each other and work cross culturally;
- how to write a simple project plan;
- how to use SMART goals;
- how to receive feedback;
- how to perform and analyse basic research; and
- to discuss midwifery issues.

#### Step 10: celebrate together

Celebrating achievements, however small they may be, is seen as a way of boosting morale, and encouraging the twins to continue their support of their midwifery organisation. Every opportunity to celebrate should be used such as the opening and rounding up of joint activities, sharing meals and the final exhibition of all the products. Celebration can be expressed through singing, dancing,

writing articles for midwifery magazines and local newspapers, presenting outcomes to prominent stakeholder persons such as the ministry of health and politicians (Fig. 2).

## Results and implications for practice

The t2t project has empowered the midwives involved to take on the challenge of strengthening their own professional organisation (Martens and Herschderfer, 2011; Herschderfer and Perdok, 2011). Of the 25 twin pairs, seven couples (to date) have continued their relationship after the end of the programme; the initial target was five. More SLMA twins expected to keep in contact with their twin compared to the KNOV twins who were less sure about this.

The process of checking the balance regarding the equality was a continuous challenge. With the use of a variation of joint activities twins became aware of their strengths and weaknesses. For example KNOV twins had sound logistical skills but were less able to showcase themselves with pride. The SLMA twins were overall more able to present themselves with pride and could more easily celebrate their strengths. In practice this meant that the KNOV twins organised the visit, including the funding, to the ICM congress in Durban 2011. However it was the SLMA twins that made sure the group got ample attention at the congress by encouraging the Dutch midwives to wear similar clothing and to sing together.

### Cultural differences in communication

The mutual means of communication between the KNOV and SLMA twins was text messaging and hand written letters. Sierra Leone has very limited internet access and computer skills amongst the twins varied. Video messaging was the preferred method at the start of the project. In this way all twins were able to see and hear each other. Regarding communication expectation management and cultural understanding were the biggest challenges. This was mentioned by a number of individual twins in both organisations. The differences in styles of (written) communication needed to be abridged. Face to face meetings brought a greater degree of understanding regarding these differences:

What I learned about it is that this is a huge difference compared to what we are used to in the Netherlands and that my twin in her environment and society has a complete different way of communicating. *KNOV twin*

Dutch twins are frank people. Maybe they expect you to understand and make corrections while for us we go around to say things. We want to make things look nice. *SLMA twin*

Twins had the following tips:

Learning about the other culture before starting with the programme. *SLMA twin*



The eleven products produced were

1. one thousand SLMA membership information leaflets for potential members and stakeholders;
2. a management tool for the head of the new midwifery school in Makeni;
3. a professional film about MDG5 and Sierra Leone for awareness raising in the Netherlands;
4. two hundred leaflets with real life stories about female genital mutilation for teaching purposes;
5. one hundred bracelets for teenage girls explaining the menstrual cycle – for teaching purposes at secondary school;
6. two ambulances to transport women in a remote area of Sierra Leone to the regional hospital in case of emergency;
7. two thousand woman's wrappers with tips about prevention of malaria in pregnancy;
8. fifty T-shirts with the signs of pregnancy induced hypertension for teaching purposes;
9. one thousand badges to give to blood donors as an incentive to give blood;
10. a poster and globe with signs of postpartum haemorrhage for teaching purposes; and
11. a scientific poster presentation about the (non) use of the partograph in Sierra Leone and the Netherlands.

#### *The impact of celebration*

With the influence of the SLMA members every opportunity was used to celebrate every small and large step taken. Sierra Leone midwives have the great skill of making songs about almost everything. For the SLMA midwives celebrating was often experienced as a way of getting a break from the heavy burden of daily life and work and often happened spontaneously. The joint song performed at the ICM Durban conference had the attention of several thousand midwives. The empowering effect of this was immense. The signing of the joint memorandum of understanding was done ceremonially in the presence of important stakeholders. The many articles in midwifery magazines and the final exhibition of all products in both countries generated a lot of attention in the media for both SLMA and the KNOV.

#### **Discussion**

The concept of twinning is not at all new. All over the world towns, organisations and even countries 'twin' together. The ICM encourages twinning and supports members in setting up twin relationships. More often information, knowledge, skills and funds move in one direction, from the more developed to the less developed midwifery organisation. In addition most of these programmes are between the organisations and do not focus on specific named people but instead on the functions that they fulfil. In many ways this is remarkable, because in the end when working together it always comes down to the people.

Twinning between individuals is an obvious and simple way of adding a personal component to a collaboration. However the concept of building on individuals has both positive and negative aspects because of the simple fact that people bring along themselves. This dichotomy was deeply challenging throughout the project. For example a few of the twin matches did not work because of the difference between them either in age, status, language, life philosophy etc. Even though the parallel was drawn with real twin pairs who do not choose to be born as twins but have to make do, it was difficult to keep these relationships going. Often the personal preference of the twin overruled the professional aspect of the relationship. On the other hand,

matches that worked well brought along with them enormous will-power that went far beyond the possibilities of a professional relationship. This aspect of twinning persons had the cutting edge. Many of the twins experienced empowerment through this specific personal bond.

Twin2twin asks for a certain investment, the method is not a quick win. The question of balance between the invested effort of all involved on the one hand compared to the possible long term benefits on the other hand remains difficult to answer. Even though cultural differences between twins were taken into account at the start of the project, in practice it had a much greater impact than expected. With subtle differences such as intonation or the use of humour there was a great will to want to learn, but certain blatant differences were more difficult to bridge. For example KNOV midwives tended to speak out when there was a difference in opinion whereas SLMA midwives tended to become silent. Expectation management can play an important role in tackling this issue, but even expectation management is a cultural concept.

The concept of equality not equalling 'the same as', meant continually weighing apples and pears. Is a concrete tangible product such as a computer or a financial system worth more or less than gaining consciousness about certain issues? Individuals attached different values to whatever they gained or gave. In a barter system the payment given for a product is dependent on what the buyer believes the product is worth. The cultural aspects of 'weighing equality' brought along with it an extra dimension. The positive effect of dealing with this issue for participants was that it increased their overall tolerance, yet on the other hand at the negative end of the spectrum it also increased their cynicism.

Last but not least evaluating outcomes in different cultural settings is an art in itself. How reliable is a written evaluation in a verbal society of storytelling? If one is reliant on donations, how easy is it to be critical? What effect does hierarchy have on the freedom to speak out? Evaluating the project by means of written evaluations and focus group discussions was not able to bridge these issues satisfactorily. The long term effect of the twin2twin method is yet to be evaluated and needs to take into account that it is just *one* method in a system of many strategies from many different organisations that jointly deal with strengthening the midwifery organisation.

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#### **References**

- Countdown to 2015, 2012. Sierra Leone. Building a FUTURE for Women and Children. The 2012 Report. WHO/UNICEF, (<http://www.countdown2015mnch.org/documents/2012Report/2012-Complete.pdf>) (February 2013).
- de Geus, M., Kweekel, L., 2012. In: Cadée, F., Perdok, H. (Eds.), *Twin2twin, Midwives Empower Midwives. An Inspirational Step-by-Step Guide*. KNOV, Utrecht.
- Dutch Millennium Foundation, 2007. *Akkoord van Schokland*. (<http://www.dutchmillenniumfoundation.nl/doelgroepen-en-resultaat/akkoord-van-schokland.html>) (last accessed February 2013).
- Herschderfer, K., Perdok, H., 2011. *Assessment of the KNOV-SLMA Twin-to-Twin Program: Perceptions and Experiences of Twinned Midwives and Lessons Learned*. Royal Tropical Institute/KNOV, Amsterdam/Utrecht.
- ICM, 2011. *Global Standards for Midwifery Regulation*. (<http://www.internationalmidwives.org/knowledge-area/links/midwifery-regulation.html>) (last accessed February 2013).

- International Confederation of Midwives, 2013. Member Association Capacity Assessment Tool (MACAT). ICM, Den Haag. (<http://www.internationalmidwives.org/assets/uploads/documents/Global%20Standards%20Comptencies%20Tools/English/MACAT%20ENG.pdf>) (February 2013).
- Macleay, G.D., 2003. The challenge of preparing and enabling 'skilled attendants' to promote safer childbirth. *Midwifery* 19 (3), 163–169.
- Martens, M., Herschderfer, K., 2011. Mid-Term Evaluation Twin-to-Twin Project. Sierra Leone Midwives Association (SLMA) & Koninklijke Nederlandse Organisatie van Verloskundigen (KNOV). Royal Tropical Institute (KIT), Amsterdam. Unpublished Report.
- Mauss, M., 1954. *The Gift*. Routledge, Abingdon.
- Mdg5-meshwork. Meshwork for improving maternal health. (<http://www.mdg5-meshwork.org/>) (last accessed February 2013).
- Narayan, D., 2005. Measuring empowerment. In: Narayan, D. (Ed.), *Cross-Disciplinary Perspectives*. The World Bank, Washington.
- Rawe, K., Williams, S., Kerber, K. and Lawn, J., 2011. *Missing midwives. Save the Children*. London.
- UNFPA, 2011. Moving forward. In: UNFPA (Ed). *The State of the World's Midwifery*. New York. pp. 31–38. ([http://www.UNFPA.org/sowmy/resources/docs/main\\_report/en\\_SOWMR\\_Part3.pdf](http://www.UNFPA.org/sowmy/resources/docs/main_report/en_SOWMR_Part3.pdf)) (February 2013).
- World Health Organisation, 2004. Making Pregnancy Safer: The Critical Role of the Skilled Attendant. A Joint Statement by WHO, ICM and FIGO. World Health Organisation, Geneva, pp. 8–9.
- Zimmerman, M.A., 1995. Psychological empowerment: issues and illustrations. *American Journal of Community Psychology* 23 (5), 581–599.