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Photocredit: Smiling twin sisters in India. © 2006 Radhakrishnan Valappil, Courtesy of Photoshare.

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<th>Abbreviation</th>
<th>Description</th>
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<tr>
<td>CAM</td>
<td>Canadian Association of Midwives</td>
</tr>
<tr>
<td>FIGO</td>
<td>International Federation of Gynecology and Obstetrics</td>
</tr>
<tr>
<td>FGM</td>
<td>Female Genital Mutilation</td>
</tr>
<tr>
<td>ICN</td>
<td>International Council of Nurses</td>
</tr>
<tr>
<td>ICM</td>
<td>International Confederation of Midwives</td>
</tr>
<tr>
<td>IPA</td>
<td>International Pediatric Association</td>
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<tr>
<td>KNOV</td>
<td>Royal Dutch Organisation of Midwives</td>
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<tr>
<td>PNG</td>
<td>Papua New Guinea</td>
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<tr>
<td>SLMA</td>
<td>Sierra Leone Midwives Association</td>
</tr>
<tr>
<td>SUIMA</td>
<td>The Name of the Twinning Relationship between Switzerland and Mali</td>
</tr>
<tr>
<td>SWOT</td>
<td>Strengths Weaknesses Opportunities and Threats</td>
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<td>TAMA</td>
<td>Tanzania Midwives Association</td>
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<td>TUPELA</td>
<td>The Name of the Twinning Relationship between Papua New Guinea and Australia</td>
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<td>UMOJA</td>
<td>The Name of the Twinning Relationship between Canada and Tanzania</td>
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<tr>
<td>UN</td>
<td>United Nations</td>
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<td>WHO</td>
<td>World Health Organisation</td>
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GLOSSARY OF TERMS

Accredited:
Legally confirmed and acknowledged to credibly meet certain standards

Financial Probity:
The art of looking after financial resources in a manner that
demonstrates care and respect, moral principles, honesty and decency. It
is more than financial integrity and accountability.

Organisational integrity:
The ability of the organisation to act as a whole and as a unit despite
the fact that it is run by many individuals who constitute the leadership.
Organisational integrity demonstrates the existence of well-defined
values and beliefs shared right across the organisation and acting as the
mortar keeping all members together in action and thought.

Societal clustering:
The perception in a given community that certain people belong to a
certain class or group (cluster) and are perceived to require being treated
in a certain way which may be positive or negative

Strengthening Midwives Associations:
The process of developing and implementing interventions that lead to
a Midwives Association progressing towards greater ability to aggregate
the efforts and ideas of midwives and advocating for improved health
outcomes of women and children in its country. The process leads to
increased growth of the association as an organisation, representing and
being the voice of the profession and able to meet its own objectives.
Welcome to the Twinning Manual of the International Confederation of Midwives (ICM). This chapter provides the reader with background to ICM and how the organisation works. It also provides a brief insight into ICM’s experiences with the process of strengthening midwifery globally.

1.1. International Confederation of Midwives

The International Confederation of Midwives (ICM) supports, represents and works to strengthen professional associations of midwives throughout the world. There are currently 116 Midwives Associations, representing 101 countries across every continent. ICM is organised into four regions: Africa, the Americas, Asia Pacific and Europe. Together these associations represent more than 300,000 midwives globally.

ICM is an accredited non-governmental organisation and represents midwives and midwifery to organisations worldwide to achieve common goals in the care of mothers and newborns. These organisations include the WHO and UN Agencies, global professional health care organisations including the International Federation of Gynaecology and Obstetrics (FIGO), the International Paediatric Association (IPA), the International Council of Nurses (ICN), non-governmental organisations, bilateral and civil society groups.

1.1.1. Vision

ICM envisions a world where every childbearing woman has access to a midwife’s care for herself and her newborn.

1.1.2. Mission

Our mission is to strengthen Midwives Associations and to advance the profession of midwifery globally by promoting autonomous midwives as the most appropriate caregivers for childbearing women and in keeping birth normal, in order to enhance the reproductive health of women, and the health of their newborn and their families.

1.1.3. How ICM Works

ICM is the sole representative of midwives and midwifery globally. It works through Midwives Associations to enhance the health outcomes of women, newborn, children and their families using advocacy, lobbying, production of reference materials, and provision of technical support to countries. ICM contributes to the advocacy for women’s reproductive rights and women’s increased access to midwifery care before, during and after childbirth. It works to ensure that Midwives Associations have the tools necessary to be effective in their contribution to the improvement of maternal newborn and child health. ICM works in partnership with other international organisations.

1.2. The Role of Midwives

Evidence abounds showing that midwifery services make a difference in maternal, newborn and child health particularly during the time of birth. Midwives are key providers of midwifery services. According to the Millennium Development Goals report 2013, assistance by appropriately trained health personnel, such as midwives, with proper equipment and
referral options in case of complications, must be standard practice during births if there is to be a noteworthy drop in maternal deaths in all high burden countries. Despite this evidence, there is a severe shortage of midwives, the reasons for which are varied and depend on local circumstances. In some instances the education of midwives does not produce skilled attendants as the curricula have not been updated to match current trends and health demands. In some countries the numbers of midwives graduating each year do not meet the demand of the population. In others, the conditions of service are not conducive to the retention of midwives. The workload is high and salaries are poor. Midwifery skills are not updated and there are no mechanisms for keeping midwives up to date or the time to do so. ICM works with Midwives Associations to strengthen and enhance their ability to address these issues.

1.3. Why Midwives Associations

Strengthening Midwives Associations’ systems, skills, structures and strategies, empowers the associations with the capacity to identify challenges, develop context appropriate solutions for problems. Robust systems enable Midwives Associations to initiate interventions targeted at resolving identified problems; and to identify suitable partners to work with in order to address challenges.

It is imperative for midwives in each country to take their position as critical care providers especially for women, newborns, children and families. Evidence abounds that midwives save lives when they are well educated, regulated and supported through a strong association. ICM through its strengthening Midwives Associations programme facilitates midwives to optimise their value, take their position in care provision and contribute to policy making and effective implementation. However, in countries with a high rate of maternal and infant morbidity and mortality, midwifery and midwives are often of a very low status matching the status of women. With this backdrop, ICM developed the Twinning approach as one of the strategies for strengthening Midwives Associations.

By strengthening Midwives Associations, countries are able to benefit fully from their midwifery workforce. Strong Midwives Associations unify midwives; give them a sense of belonging and identity and maximise their contribution to the provision of maternal newborn and child health care within the context of their Ministry of Health's strategic plans. Due to the various developments taking place in the field of maternal, newborn and child health, midwives need to have a strategy which enables them to learn from others and to share their knowledge.

Strong Midwives Associations give midwives a voice within their countries. They are able to take on the roles of advocacy, lobbying for better working conditions for themselves and for the families they serve. They are able to promote the profession of midwifery within their communities, to improve the image of midwives and increase the number of families accessing their services.

ICM is using Twinning as one of the strategies to facilitate the development of collaborative relationships which are aimed at mutual learning, support and development among Midwives Associations. ICM’s first experience with initiating and supporting twinning relationships between Midwives Associations was with the Sierra Leone Midwives Association (SLMA) and the Royal Dutch Organisation of Midwives (KNOV). Since then ICM has engaged in initiation of new twinning relationships between Midwives Associations informed by the lessons learnt from the SLMA/KNOV experience. This manual is intended to assist Midwives Associations, and other organisations that plan to engage in a Twinning relationship. The content is based on ICM’s experience with initiating Twinning relationships for ten countries over a period of five years.
This chapter gives a brief description of the concept of Twinning and how to implement the approach.

2.1. What is Twinning?

In this document Twinning is defined as a two-way mutually beneficial exchange between two member Midwives Associations. It is a formal and substantive collaboration between two organizations (WHO, 2001).

2.1.1. Overall Aim of Twinning

The overall aim is to promote sharing of ideas, skills and learning from each other through exchange of information, and technology transfer. The Twinning approach provides opportunities for peer support and peer mentoring.

2.1.2. Characteristics of Twinning

Twinning has a number of specific characteristics irrespective of the individual twin partner:

- **A two-way mutually beneficial exchange started on an equal footing.** No association is giving and no association is taking. Both have to give and both have to take. It is not about how many resources a partner has, and it is not a donor - receiver relationship. Neither is it a big sister - small sister relationship.

- **Formal** - According to the WHO Twinning guidelines (2001), formal means that there is a verbal or written agreement between the two associations.

- **Substantive** - that the interaction is significant and lasts for a period of time i.e. it is not only a one-time interaction.

- **Collaborative** - the two associations work together on a specific project, to exchange information and skills. The period of interaction, the areas of exchange and the actual processes are determined by the associations. The relationship is about acknowledging differences and making the best out of them. It involves creating common ground for sharing ideas and experiences.

2.1.3. Pre-requisites for effective Twinning

According to literature and from ICM’s experience there are some aspects that must be present for a Twinning relationship to work. These include:

- Equal participation on level ground.

- All interactions are based on mutual respect, honesty, trust and transparency.

- There should be organisational integrity with each association honouring its side of the agreement.
• There needs to be recognition by both parties that everyone has something to learn and everyone has something to offer.

• Prior to beginning the process the associations agree on the form of Twinning.

• Must be equal contribution to all activities, which are based on a jointly prepared and mutually agreed action plan. This action plan should address agreed challenges and include a budget breakdown that is based on areas needing development in each association.

• A fundraising plan is vital for sustainability. The most sustainable relationships are those that are self-funded. Therefore the associations must consider this from the very beginning.

• A written commitment is strongly suggested to avoid any misunderstanding between the associations.

2.1.4. Types of Twinning

Twinning activities can take various forms including but not limited to the examples below:

• **Training exchanges** can involve internships; on-site training or study tours e.g. one or more persons from one association visiting the partner association for a period of time to learn or impart information and skills. Internships provide participants with the opportunity to work in another association to gain practical experience and exposure to the different ways in which that association structures and carries out its work. The exchange can be part of the host association’s regular training or it can be specifically tailored to meet the needs of the visiting person/s. The exchange can be short-term (e.g. 2-3 weeks) or longer term (e.g. 6 months).

• **On-site training** occurs when a person from one association who is experienced in a specific aspect of work is invited to provide training to the partner association’s staff, board members, or volunteers.

• **Study tours** involve the visiting of several worksites of the host association for the purpose of providing or receiving training.

• **Information exchanges** are similar to training exchanges. They involve people from one association visiting another association, but the visits are limited to an exchange of information and do not involve formal training. Information exchanges can involve study tours.

• **Technical exchanges** involve people from one association travelling to the partner association to help implement a specific programme or activity.

• **Collaboration on technical initiatives** involves two associations agreeing to work together to establish a particular programme to address an issue that affects them both.
The underpinning principle to any of the chosen types is reciprocity. The associations are collaborating and sharing for mutual benefit. What one association aspires to do in its twin country must be enabled to take place in its own country. This ensures that there is equality in the relationship, that the mentorship and support is on a professional level and that neither association adopts a dominant or passive role. This can be particularly challenging where one twin has more financial resources than the other. In situations where economic disparity exists, a conscious effort needs to be made to ensure that the Twinning relationship and activities are approached as equal partners.

2.1.5. Working across cultures

Culture is what motivates people to behave and act in the way that they do. This can also be at individual or group level. Associations engaged in Twinning partnerships should allow for adequate time to discuss, understand and deal with cross cultural issues. There needs to be insights and a thorough understanding of such issues as there can be a real threat to the viability of the relationship without first acknowledging and working through real or potential cultural barriers. For example interested organisations may need to access an adviser in order to gain cultural understanding which in the long term may assist in addressing cross cultural issues and help promote greater understanding between the Twinning partners.

2.1.6. Institutions that can engage in Twinning partnerships

Although ICM implemented the strategy through Midwives Associations at country level, the Twinning partnerships can be applied to Midwifery training institutions, other health professional associations, academic institutions, health institutions as well as Ministries of Health.

2.1.7. Benefits of Twinning

Twinning creates and presents opportunities for all involved including but not limited to:

• Capacity building: Twinning strengthens the organisations involved through a transfer of skills, technologies and knowledge.

• Exchange of best practices: Twinning provides opportunities to identify successful policies, techniques and interventions and to promote them between the Twinning partners as well as other stakeholders.

• Effectiveness: Twinning that involves collaborating on a specific initiative results in stronger and more effective programmes.

• Relationship building: Twinning can help build stronger relationships and friendships enhancing unity among midwives and their respective associations. These relationships are important in giving a sense of professional identity shared across countries and continents thus creating awareness of availability of support from beyond one’s borders.

• Networking: Twinning contributes to greater networking i.e. both associations are exposed to each other’s existing local, regional and international networks.

• Solidarity: Twinning helps to create a feeling of belonging to a larger community. Associations involved in Twinning are often inspired by the work of their partners.
2.2. Challenges

Twinning presents special and unique challenges to the participants. These include and are not limited to the impact of the following phenomena:

• Cultural differences: Mind-sets, social expectations, colonial leftovers, and societal clustering occasionally rear their heads in the relationships and interactions. When they are not recognized for what they are, they can cause confusion. Hence Twinning partners must have the opportunity to discuss some of these difficult topics openly and in a safe environment.

• Technical divide: One twin might have access to more advanced technology than the other. This has to be acknowledged and considered in all interactions before it causes frustration. Of particular importance is when sharing documents and when setting up virtual meetings with such communication mediums as Skype and video conferencing. Most of these methods of communication require broadband Internet to function well. Unfortunately not every country has reliable broadband access, and connectivity may be low in some places. Many midwives don’t have easy access to a computer, which affects the promptness of initiating or responding to email contact.

• Economic divide: Consideration needs to be given to this as the project moves forward. Midwives from one Twin association may be able to fund themselves for travel and carry out some activities while the midwives from the other Twin association are not. A balance needs to be reached to ensure that the resourced partners do not have more opportunities than their twin partners and should not be “used” by the other twin partners as “donors”. There should be joint ownership in all activities.

• Misplaced expectations: Unfulfilled and misplaced expectations can pose a problem. In some cases a Twin association may have misplaced expectations. For example, in any particular relationship one association may expect the Twinning relationship to provide travel opportunities. However, the other may perceive the relationship as an opportunity to gain exposure through practicing in their Twinning partner’s country. This is why it is important to be very clear that the aim of the relationship is for mutual support and mentoring and for midwives to enrich each other. Expectations need to be discussed and agreed at the beginning of the relationship in order to avoid disappointment and disillusionment.

SUIMA experience - Challenges of Twinning

The Midwives Associations of Switzerland and Mali (SUIMA) have been twinning since 2011. The relationship has faced significant barriers (political unrest, difficult access to communication means, especially with midwives who work in geographically isolated areas). Because the Twinning work is completely voluntary, and neither Association has sufficient financial means, to sustain the relationship alone, building and maintaining the relationship proved difficult. A “strategic plan” and “resource mobilisation plan” could help in creating opportunities, and also gives both Twinning partners realistic ideas of what to expect from the Twinning relationship.

Tupela experience - Culture of giving and dependency

“The midwife I am twinning with asked me for a second hand laptop. I felt conflicted and did not want to deliver, keeping the "on an equal basis" principle in mind. BUT after a few months I realised something needed to be done to improve our communication possibilities to share our experiences, knowledge and skills. She works in a rural setting and has limited access to a computer. In the end I did organise a laptop for her, and led up some midwifery resources that I knew would assist her in her role to educate and train others. This proved to be a good decision; instead of creating a big sister – little sister situation it has improved our means of communication, and increased her access to midwifery resources to support her in her work. I have seen her confidence grow through being properly equipped to do her job, just like me.”
Umoja experience - Increased visibility

Through the UMOJA Twinning Project, both the CAM and TAMA have seen remarkable results in terms of increased visibility, as well as capacity to both serve members, and to advocate for the needs of women and newborns. The relationship has provided opportunities for international knowledge sharing, collaborative research, and continuing education; strengthened health profession leadership, and promotion of best practice supporting higher quality midwifery services in Tanzania and Canada.

As a direct result of our collaboration, TAMA has reported increased visibility and recognition as the face of midwifery in the country, as well as strengthened linkages with Government, NGOs, and other primary health care providers. Indeed, our collaborative efforts have piqued the interest of several international funders and development organizations who are now actively seeking TAMA’s expertise as leaders in the provision of quality MNCH care.

In October, 2013 with the generous support of the Sanofi Espoir Foundation, CAM and TAMA embarked on the three-year, "Improved Service Delivery for Safe Motherhood" project within the framework of our established Twinning. Highlighting the development of a harmonized version of Canadian and Tanzanian Emergency Skills programs, the new in-service training program will be co-delivered by Tanzanian-Canadian midwife pairs across six districts of Tanzania.

It is envisaged that as a result of these collaborative efforts TAMA and its member midwives will be better equipped to negotiate with government policy makers, and to advocate for strengthened comprehensive midwifery services in Tanzania, including pro-midwifery policies that will have been informed by the outcomes of UMOJA.

Further, we believe that this project will continue to foster the establishment of long-term networks and strategic partnerships; available funding sources and technical collaborations; and international knowledge exchange opportunities designed to support and strengthen midwifery in Tanzania - resulting in improved health outcomes for the country’s mothers and babies.

• Difficulty in operationalising the equal footing concept due to availability or lack of resources. Some historical issues (colonialism and left over ideas) can impact on the decision-making process, and/or the level of participation in the relationship. When one of the twin countries is an ex-colony, the relationship may need to deal with historical issues and perceptions in order to ensure that the relationship is equal. If difficulties are anticipated due to the left over effects of colonial socialisation then it would be helpful to have the first one or two workshops with a facilitator so that these issues are brought to the surface and dealt with in a safe environment for people to recognise these left over effects for what they, and engage in new positive interactions.

• Culture of giving and dependency (donor and recipient cultures)
Some countries have been functioning on donor support for such a long time that the idea of ‘receiving’ and ‘being given’ has insidiously been integrated into the culture. In such a situation, one twin partner may look up to its twin to continually give. The relationship should be structured so that the possibility of such a syndrome is dealt with early. Any identified funding requirements should be mutually addressed and funds raised together. That way, the culture of dependency is eroded, and the twin associations both gain resource mobilisation skills. Similarly, one twin association might have access to resources and would like to give to the relationship in order to accelerate implementation. Though there is room for giving, this is not always helpful. As stated above, the idea is to develop resource mobilisation skills in each other and discourage dependency.

• Difficulty in initiating the relationship effectively. The foundation of the Twinning relationship depends on how well the identified challenges are dealt with in the initiation phase. When the initiation is not done well, it can compromise the whole relationship later on.

2.3. Positive outcomes

• Visibility of midwives and midwifery when it works well, Twinning makes midwives and midwifery visible to governments and other health care professionals.
Tupela experience - Accessing resources

In 2011, the PNG Midwifery Society received a one-off grant of $5000AU from the Australian Department of Foreign Affairs and Trading (DFAT). By advocating at the local level Tupela secured the donation of office space at Port Moresby Hospital enabling the Society to establish a permanent presence for the midwives in the country. The grant purchased necessary office equipment. Six members of Tupela have been the recipients of sponsorship from DFAT to attend two of the Australian College of Midwives national conferences, the latest being held in Hobart, Tasmania in 2013. In 2014 four Tupela midwives received financial support from DFAT to attend the ICM Triennial Congress in Prague, Czech Republic.

• Professional confidence in the association: When members see projects moving forward under the leadership of their association, this makes them proud to be midwives, to be associated with the association and to belong to the profession.

Accessibility of resources When organisations are approached by the associations asking for support and resources, when stakeholders learn that there is a well-developed and budgeted strategic plan, they usually feel morally obliged to support.

Unity among midwives of different nations Through Twinning, midwives start thinking and seeing issues beyond their own national boundaries. The relationships are real. These relationships move midwives to help each other during times of distress even when the distress is national rather than professional. This strengthens the professional and personal bonds between midwives.

2.4. The role of ICM in Twinning relationships

Whenever invited, ICM can take the role of a facilitator to initiate the Twinning relationship. As a facilitator ICM uses its experience and expertise to open up discussions on difficult topics such as cultural differences and mind-sets. ICM can offer guidance to countries on how to develop a strategic plan and follow it through. It can also assist in keeping the ground between the two countries level through discussions, highlighting deviations from the spirit of mutual trust and benefits of Twinning. ICM can offer support as needed or act as the conscience of the process of setting up a Twinning relationship.

"During a seminar in Port Moresby, PNG, my twin midwife and I met. We spent the week together meeting leaders with in the National PNG Department of Health as well as Provincial Governors and administrators. The response from the audience to us working together was wonderful. We felt united and stronger working together to advance the profession of midwifery."
3. THE TWINNING PROCESS

This chapter provides a step-by-step guide on the operationalisation of Twinning. It is based on ICM’s experience with initiating Twinning relationships for ten countries over a period of five years. ICM has identified 12 steps needed for effective and sustainable Twinning.

3.1.1. Step 1: Self-examination

The association should examine itself and determine that it meets certain criteria before approaching another association. The association must clearly understand its own strengths and weaknesses and be convinced that these or at least some of them, can be addressed through Twinning. This is the point at which the association should also determine what it has to offer to a prospective twin. It is important to have a leadership meeting to discuss the issue of Twinning and what is involved and to determine that the association:

• Is willing and able to engage in a long-term Twinning relationship
• Is conscious of its strengths and challenges and willing to share and learn from others
• Has interest in advancing its members’ knowledge and skills
Once the leadership has confirmed among itself that Twinning is a viable option for the association, the members must be informed. This is the time for the leadership to understand and manage the expectations of their members. The association must make it clear to the members what role the association will be expected to play and what the association:

- Hopes to contribute to the relationship
- Perceives as the benefits from the relationship and
- Determine how long it is able to stay in the relationship

Before engaging with an outside partner there needs to be clarification of roles to ensure that there is agreement and ownership of the process within the association as well as transparency between the leadership and the members.

3.1.2. Step 2: Identifying a Twinning partner

Identifying a Twinning partner is a careful process done with key member representatives. The association should identify at least three Midwives Associations whom they perceive as possible and suitable twins. With clear objectives in mind, the prospective twins are approached, one at a time in order of preference. Once a prospective twin agrees to the relationship then the association is ready for the next step.

3.1.3. Step 3: Developing agreed Terms of reference

Communication is established with the prospective twin to create the terms of reference i.e. willingness to engage in a long term relationship; willingness to work together for mutual benefit; respect and willingness to invest resources in the process and other terms consistent with the pair.

3.1.4. Step 4: Formalising the relationship

Once terms of reference have been agreed the relationship is formalised (see formalisation forms ANNEX 1). Formalising the relationship includes sharing written agreements, introducing the project to stakeholders such as the Ministry of Health, employers and other health care professional associations so that they are aware that the Midwives Association has entered into a relationship. Once the relationship is formalised in writing, it is ready to be initiated.

3.1.5. Step 5: Initiating the relationship

The next important step is initiating the relationship. This is best done in the form of a workshop. Representatives of each association, preferably the executive members and one or two others, participate in this first face-to-face activity. The representatives chosen should be individuals who know the association and its work well, have authority within the association and are able to take on responsibilities for the full length of the relationship. Activities of this workshop include:

- Getting to know each other: This includes revisiting and reaffirming the agreements and terms of reference
- Sharing common ideas and goals
- Discussing differences and being prepared to make the best out of them together
- Creating common ground

This can take the better part of a day and a half. By then the associations have some ideas about each other.
3.1.6. Step 6: Strategic planning

The strategic planning is an intense process which starts off with the associations working separately and culminates in them working together as a set. That is the true start of the relationship. The process answers the questions:

- Where are we now?
- Where do we want to go?
- How do we get there and when?
- What do we have to make this possible?
- With what resources and whose help?

a. Where are we now individually and, what do we have?

**Individual SWOT Analysis**

Each association conducts a SWOT analysis to identify its strengths and weaknesses. Strengths, weaknesses, opportunities and threats are written on four different surfaces perhaps flip charts. Each item is clearly described to ensure that the association understands it in detail. Each strength constitutes a possible area of exchange and each weakness a possible area of need.

b. Where are we now and what do we have as a pair?

**The Merger**

The associations come together and merge their findings. They identify common strengths, common weaknesses, opportunities and threats. The common strengths constitute the combined strengths of the set, and so do the weaknesses and threats. Unique strengths of each association indicate what the association has to share with its twin and unique weaknesses and threats indicate areas that need to be addressed by the pair together.

The merger answers the questions:

- What are our common strengths and opportunities?
- What are our common challenges and threats?

c. Where we are now and what do we have as a pair?

**Joint SWOT Analysis**

The next step involves identifying the strengths, weaknesses, opportunities and threats, which exist by virtue of the two associations coming together.

The results of this section answer the questions:

- What are the strengths and opportunities of our union?
- What are the challenges and threats to the relationship?

Armed with this information the associations – who are now a unit – are ready for the most mentally and professionally demanding part of the initiation process – the strategic planning process.

d. Where do we want to go?

To answer this question the following must be realised:

i. **Setting vision, mission and joint objectives**

The twins work through general objectives first based on the results of the joint SWOT Analysis.
This process answers the questions

- Where do we see ourselves in the future (5, 10 years from now) (Vision)
- What is the purpose of our relationship in relation to what we see in the future? (Mission)
- How do we get there? (Objectives)

**ii. Developing strategies**

This section answers the questions

- What must we do, what approaches must we use to get there?

**iii. Prioritisation, budgeting and time framing over 2 to 4 years**

This section answers the question

- Which challenges must we address first?
- What resources (financial, human and physical structures) do we need to address each challenge to effectively implement each approach?
- Whose help must we enlist? (Expertise)
- By when should we have each part done?
- Which stakeholders must be involved and how? (In some cases a stakeholder and donor analysis may be helpful. An advocacy plan may also be developed to answer the “how”)

**iv. Monitoring support and evaluation.**

This answers the questions

- How will we know we are on the right track?
- How will we deal with obstacles?
- How will we know we have arrived?

Two and half to three days may be required to give this part of the workshop adequate attention. (See ANNEX 2 for sample template that could be used to document the strategic plan). In general, a lot of group work is involved and this leads to the beginning of bonding between members of each association thus making the relationship take on reality. Once this is done, then the process is near the end. The next step is equally important but less daunting.

**e. Developing an action plan**

Given the work done in the strategic plan, the set now has to identify those activities which can be conducted during the first year of the relationship. This is written out in a document which shows the strategy, the objective being addressed, the main activities under each, who is going to lead each activity, what resources are required and where they will come from and when each activity will be completed. This can be written in a template (see sample in ANNEX 2).

At the beginning associations are usually very optimistic. They need to be assisted to be realistic especially when resources have to be mobilised and members are in full time employment.

**f. Communication**

Communication plays a critical role in the implementation process. Twinning partners need to develop a communication plan, which forms part of the strategic plan. Consider communication channels for both internal and external communication including communication with the media. Internal communication includes sharing of information on
progress as well as sharing responsibilities with the team. Agreements should be reached regarding the most feasible and appropriate mode of communication for the partners. Some communication methods utilised by the Twinning partners include: Skype calls, emails, and telephone calls. Always bear in mind potential communication bottlenecks for each country.

3.1.7. Step 7: Financing

Financial sustainability is one of the key issues that will be discussed with participating countries. The twins are expected to contribute either from individual funds or through fund raising activities. There is no set amount; however this is determined by the activities of the agreed action plan.

- If possible protect the association’s coffers
- Joint fund raising is encouraged - (Resource Mobilization Skills)
- Be realistic in objectives and budgeting
- Effective, transparent and responsible financial management and probity is required

3.1.8. Step 8: Legal Considerations

One of the important considerations to be made at the beginning of a Twinning relationship is the legal standing of the association. It is important for the association to be registered as an organisation. What type of organisation, will depend on the context and the laws of the country in which the association exists. In some countries associations are charitable organisations, in some they are trade unions and in others they are only professional organisations.

Registration of the association has definite implications

- Depending on the type of organisation it is, it may be required by law to pay taxes.
- It suddenly represents the legal existence of the profession in that country. Which means the association can sue and be sued as an organisation.
- It gives the association organisational rights to raise funds and other resources and to approach donors and other partners for resource mobilisation.
- Registration gives the association rights to receive and to give donations as a legal entity. It can be audited.

The above four points lead to raising the profile of midwifery in the country as they confirm the acknowledgement of existence by law, which other organisations cannot deny.

3.1.9. Step 9: Implementing the strategic plan

The real test for the strength of the relationship comes up when the strategic plan has to be implemented. The two associations must work together in reality. This is when cultural and economic differences start to show. How regularly will the organisations communicate and what is the best method of communication? Some countries may have an oral culture and others a written one. That is a challenge to get activities documented in the oral culture association. How committed are the members of each association to the joint activities? Of importance to note is that in most well resourced associations, there may be a dedicated team to the Twinning process who are employees of the association. While in the less resourced association the midwives are actually in full time employment and association duties have to be done in their spare time. Here discrepancies start to rear their heads. Such issues must be considered during the planning phase so that adequate time is allocated for each activity. It is helpful for the associations to support each other when such things occur and to jointly lobby the relevant government to contribute to the activities either by allowing more time for full time midwives to carry out association work or to support the association to employ.

3.1.10. Step 10: Managing and nurturing the relationship

The relationship works very well where associations put in place mechanisms for supporting and nurturing each other. Together with these, there should also be mutually agreed and realistic sanctions that can be implemented should colleagues fall back with their part of the activities. Either association must cultivate patience. It is not likely that the
two associations are culturally alike. One of the ways to reduce friction is for the two associations to plan and do fun things together. This enhances understanding among each other and also encourages bonding. Most cultural issues are explained during these informal activities and they pave the way and smoothen out rough edges from the project activities. The relationship becomes real and everyone enjoys the work. Occasionally midwives have been surprised that the relationship has to be nurtured in as much the same way as relationships between individuals.

3.1.11. Step 11: Monitoring and evaluation

At agreed intervals an evaluation will be completed by both associations. The evaluation might include some of the following elements: commitment of each twin, relevance of the project to the needs and constraints of the associations, benefits of the initiative; sustainability of the proposed initiatives, likely short- and long-term impacts and multiplier effects of the project; networking benefits relating to the type of links that have been established with various partners; transferability of the initiatives so that any lessons learnt can be shared with others for additional positive outcomes. Follow-up workshops can also be organised with the twinning associations to share progress.


ICM has expanded this concept to further reinforce the associations by creating Platforms of Exchange (PoE) in each region. A Platform of Exchange is a regional network for sharing of knowledge, skills and practices and conducting advocacy to governments, UN agencies, NGOs and Women’s groups. Members involved can, either individually or collectively, advocate for the improvement of midwifery education and services. For the platforms to be effective, it is important to have a focal point to act as the nucleus of the communication hub between the Midwives Associations before and as they engage other health care professions, governments and UN agencies.

The twinning associations, who in most cases are in different regions, become the focal points of these platforms. ICM initiates communication through the focal point thus creating a hub for dissemination within and across the region. Relationships and interactions are not limited to pairs of countries but will include country groups that progressively grow as the platform strengthens. A mature Platform of Exchange is signified by the existence of multi-directional communication matrices among and between associations, countries and regions.


ANNEX 1: FORMALISING TWINNING RELATIONSHIP

Your association has expressed interest in Twinning with...

To formalise the relationship, please provide the information requested in the form below. This information will facilitate the planning of the first face to face meeting. It is suggested that the questions be answered by a minimum of 4 people.

Name of the Association:
Address of the Association:
President/Chairperson of the Association:
Contact Person for the Twinning process:
Date:

1. Provide three reasons why Twinning will be useful for your association
2. Provide three reasons why your association would like to twin with
3. Provide three benefits your association hopes to gain from the Twinning relationship
4. State how long is your association prepared to commit to this relationship
5. Please confirm that the association agrees to enter into this formal relationship

President/Chairperson Contact person for Twinning
Name in block letters Name in block letters
Signature Signature

List of people involved in providing this information
1. Name:
2. Name:
3. Name:
4. Name:
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