



# **Strengthening Midwifery Services, Phase II**

## **South Sudan**

### **Peer to Peer Component**

## **Conceptual Model**

Engaging Early Career Midwives in South Sudan and  
Canada in Mutual Support and Learning

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## **Introduction**

UNFPA is currently implementing two projects funded by Canada focused on strengthening midwifery. The 5-year Strengthening Midwifery Services in South Sudan (SMS) project (phase II), supported by Global Affairs Canada and the Government of Sweden and the deploying Midwives project funded by Canada which will conclude in March 2017 and will be integrated in the SMSII project. A major component of this project is the deployment of international and national UN volunteer midwives in South Sudan to provide midwifery services, capacity building and mentorship of students and health workers. Implementation of these projects is under the direct leadership of the Ministry of Health in partnership with the Canadian Association of Midwives (CAM) and other partners. CAM will provide direct peer-to-peer mentoring support and technical expertise from practicing Canadian midwives, as well as other MNCH professionals.

An important goal for SMS II is to build the capacity of recent graduates practicing throughout South Sudan and strengthen the midwifery workforce. In 2015, UNFPA in collaboration with the UN Volunteer program (UNV) deployed 15 early career South Sudanese midwives across the country to provide maternal and newborn care in various settings. As part of the capacity building and mentorship programme, these midwives will be engaged in a peer to peer support and mentoring program with 15 early career midwives in Canada. Further in 2017, an additional thirteen midwives will be recruited and deployed for a total of 28 national midwives. Further CAM will recruit additional early career midwives in Canada for the peer to peer support with the additional midwives in South Sudan

Experiences, lessons learnt and recommendations from other similar initiatives will be used as necessary during programme implementation. The initiative may also be adjusted from time to time to take into consideration needs and context at the time.

Experience elsewhere and best practices/lessons learnt and recommendations. Innovations to overcome challenges such as poor access to technology etc.,.

## **Peer to Peer Program**

Although they work in very different settings, early career midwives in Canada and South Sudan share a number of professional challenges:

- Learning how to synthesise and apply the knowledge and skills acquired in pre-service training in their new roles as practicing midwives;
- Adopting the goals of life-long learning and reflective practice to improve performance, stay current with best practices and increase job satisfaction;

- Establishing positive professional relationships and credibility with midwife, physician and nurse colleagues;
- Adhering to midwifery standards of evidence based practice, professional ethics and client centered and respectful care in work settings where these standards may not be the norm;
- Managing and alleviating personal stress and developing strategies to maintain work-life balance in a demanding and often high stress profession;
- Learning how to be leaders and teachers as they advance in the profession, to support the future of midwifery.
- Research and evidence generation to influence professional development, supportive policies and enabling work environment for midwifery profession and quality of services.

These challenges create common ground for the participants and define the nature of the knowledge, skills and support to be provided in the Peer to Peer program. In describing successful international twinning relationships between midwives and midwifery associations, the International Confederation of Midwives (ICM) has identified reciprocity as an essential prerequisite. The South Sudanese midwives and the Canadian midwives must embrace the Peer to Peer program as mutually supportive, with everyone being able to contribute and benefit as equals.

Uniting midwives within a country and internationally allows them to look beyond their day to day work setting for inspiration, encouragement and support. Solidarity and shared goals and values are powerful motivators. The Peer to Peer Program will boost the confidence of early career midwives by linking them to midwifery as an important and respected world-wide profession. This will promote retention to build the midwifery work force. It will also show these new midwives how they can mentor others and become leaders.

## **Proposed Methods of Engagement**

### Distance Communication

Midwives will be asked to participate in the Peer to Peer program by distance communication in two ways:

- Individual communication between paired peer “twins” by e-mail, Skype, social media, or other web based modalities, and
- Group communication in an on-line learning forum.

The group learning forum has not been a feature of previous midwifery twinning projects. It is hoped that this innovation will achieve the following goals:

- Provide the midwives with easy access to materials such as short articles, illustrations and videos which address their learning needs within the ICM essential midwifery competencies;
- Create a forum for the exchange of information and experience between all of the peers;

- Allow the group members to create connections and networks beyond a single twin to twin relationship;
- Generate synergy to sustain participation in the program.

Web sites such as LinkedIn and Facebook, on line discussion forums, and distance education platforms use methods of communication, information sharing and networking which may already be familiar to participants. We will use web based technology to create a private space for the Peer to Peer group to access content posted by the Peer to Peer Lead and to post their own reflections, questions and comments.

A number of options could be explored to create the web space. Preliminary investigations suggest that a private or secret Facebook group may be the easiest, cost free and most user friendly platform. Facebook groups can be made “private” which means only invited members can access materials or make posts or even “secret” which means that the existence of the group page would not be revealed by a web search. In Canada, private group pages are already being used for professional networking by midwives. Subsequent to working with rural midwives in Tanzania, the CAM Consultant was “friended” by several midwives, which proves that Facebook is widely used and easily accessible as long as there is access to internet connection. Further information is needed on the suitability of this platform for the South Sudanese midwives.

The web space would provide social interaction, allowing group members to get to know others, and structured professional development. Initially the professional development content would be posted by the Peer to Peer Lead, based on a preliminary needs and interest assessment of the participants. A longer term goal would be to have the midwives in the peer group post items of professional interest which they have come across or researched.

The social media site will be used for a “low dose, high frequency” model of in-service education. Participants may retain more from viewing a short video and posting questions and comments a couple of times a month than from reading or viewing longer materials. The Peer to Peer Lead will select materials to engage the group and pose questions to spark discussion. Participants will decide individually whether or not the posted item is useful to them. The midwives could receive email notices when postings have been made, and can log on any time which is convenient to see what is available.

The midwives can engage in personal discussions and peer mentorship with their assigned twins, or any other midwife with shared interests. It is also feasible that small groups will develop with a particular focus. They may exchange information on the main site, or set up chats and document sharing through Skype, Google Drive or Drop Box.

#### Online Group Meetings

Opportunities to interact face to face online would play a critical role in enhanced sharing and support. Working together on the shared goal of coming together for a learning experience was described as a key factor in the success and resilience of the Sierra Leone/Netherlands twinning project. However budgetary

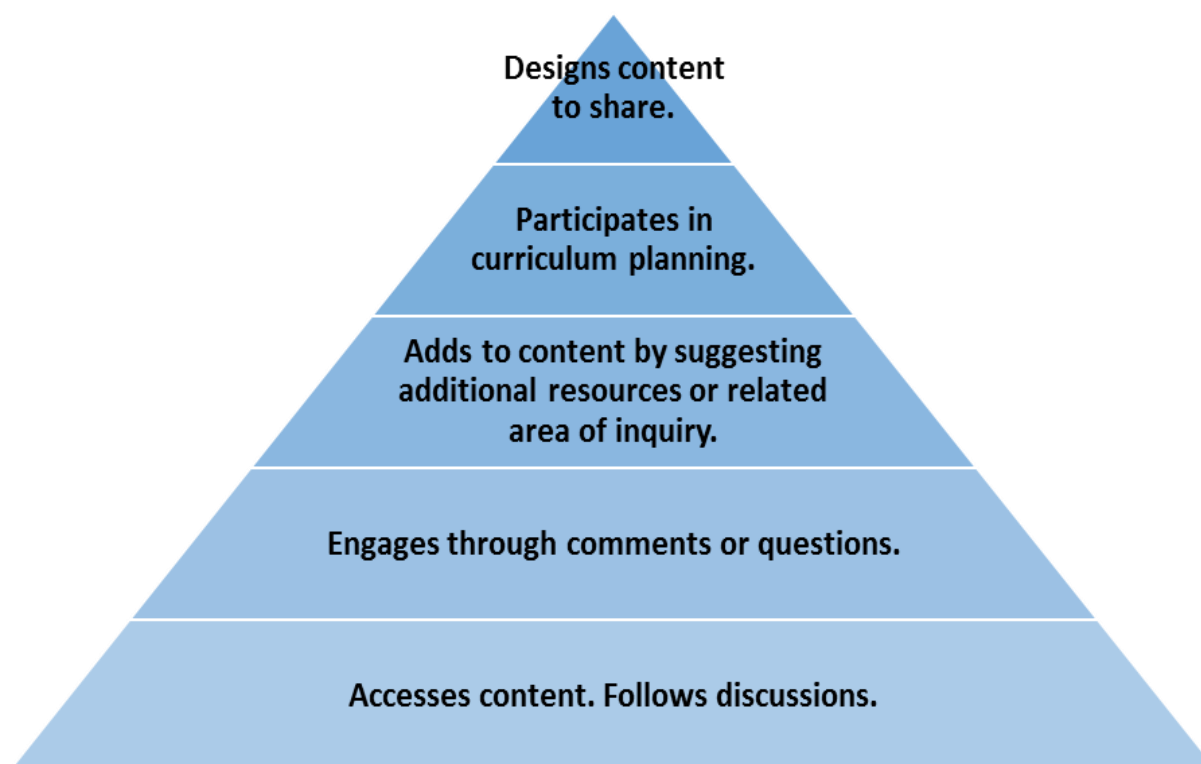
constraints will not allow physical face to face contact but online group discussions and work shop will be arranged.

To acknowledge the logistical challenge this may entail, a goal should be set for at least two online group meetings. The first would be held in year three of the program and the second in year five. This could involve the coming together of participants in Canada and in South Sudan and then an online collaborative workshop will be arranged. The content and nature of this workshop will be further outlined and discussed during implementation in terms of feasibility.

### **Measurement of Success of the Peer to Peer Component**

Assessment, monitoring and evaluation of the intervention will be done by tracking of how frequently participants communicate, access learning materials and share information and reflections with their twin or other group members. The hypothesis is that the more effective the program is in meeting the professional development needs of the peers, the greater their motivation will be to participate on a regular basis. The main performance indicator is the number of peer to peer exchanges taking place among peers during the period. Other activity indicators will also be developed to measure and monitor progress and the quality of the interactions.

Making participation an important measure of success is congruent with the principles of adult education. Adults are motivated to learn as they experience needs and interests which learning will satisfy. Adults have a strong need to be self-directed. The relationship between the learner, other learners and facilitator is mutual inquiry. This is in contrast to one-way transmission of knowledge to the learner and evaluation of learning based on conformity.



The pyramid above shows a hierarchy of participation which will also be part of the evaluation framework. If the program is successful, participants will increasingly take leadership in directing their own learning and the learning of the group. A minimum level of participation is demonstrated when a midwife logs on the site and looks at the content and reads the comments of others. It is hoped that over the life of the project all of the midwives will move up levels of participation. Not everyone has to reach the top of the pyramid. If everyone finds information relevant to their learning needs and feels supported to participate, the objective will have been achieved.

Evaluation surveys will also be conducted with the midwives annually. They will be asked what information or support they have received from the program which benefitted them personally and professionally. Continuous informal feedback and periodic structured feedback from the participants will shape the evolution of the program over time.

### **Privacy and Respect for Individuals**

Peer to Peer is a professional development program. In most work and educational venues, people do make personal connections and friendships. It would be natural and desirable for this to happen in the Peer to Peer support and mentoring network. It is up to each individual to determine if they wish to share anything beyond mutual enquiry on midwifery topics.

The Peer to Peer Lead will encourage participants to enjoy their interactions, share humor when appropriate and be candid with each other. However, participants must also be aware that they must behave in a professional manner within the program. Participants will be asked to contribute suggestions for a code of conduct for the program, with the Lead consolidating and adding to these for reference by the group.

### **Cross Cultural Competencies**

The Peer to Peer Lead will address the issue of communicating and working effectively across cultures with both the South Sudanese and Canadian Midwives. For the Canadians, this will be a major focus of the planned orientation. It is hoped that this can be addressed with the South Sudan midwives during a field visit. Efforts will also be made to ensure that the content of joint learning activities is culturally sensitive.

### **Review and Adjustments in Peer to Peer Program**

The Peer to Peer Program will be dynamic and highly participatory. An effort will be made throughout the implementation from the design phase for peers to participate. The intervention will also be reviewed and adjusted as appropriate to meet the needs of participants. Annual review and feedback will be sought from both the Canadian and South Sudanese peers and program adjustments made as necessary.

**Reporting**

Peers are expected to report and share on their experiences throughout implementation. A formal system of reporting will be developed under the guidance of the Peer to Peer Lead.