

THEMATIC MAP

Condensed meaning units	Codes	Subthemes	Themes
Curriculum about maternal and child health	<p>Learning opportunities during classroom trainings and practice of their skills</p>		
Practical learning at hospital			
Teachers and staff help in learning skills Going civil hospital during training			
Practicum in school and practice in hospital			
Learn from assessments			
Senior midwives and teachers support in learning			
Learn on dummies			
Shifting duties in civil hospital during training			
Skills of delivery, ANC and PNC learnt during training			
Maternal and child health courses and knowledge about vaccination			
Clinicals in maternity and newborn wards			
Classroom and clinical training			
Students learning opportunities			
Time period and process of training			

Learning from clinicals		Pre-service training of CMWs	
Practice on dummies			
Learning in skills lab			
Learning on dummies			
Midwives skills development			
Learning from clinicals			
Tutors support			
Lack of competency of tutors			
Educational background of teachers	Educational background of midwifery tutors		
Educational background of teachers			
Midwives taught by doctors and nurses			
No background information on midwifery skills			
No midwife available to teach midwives			
Admissions according to union councils	Admission procedure of CMWs		
Preadmission exam details			
Age criteria for admission			
Selection of girls from UCs of low education rate			
Admission done by admission committee			
Admission committee consists of 5 to 6 people			
Admission test for CMWs			
Girls selected from those UCs where no midwife available			

Less midwives enrollment from deprived UCs			CMWS SKILLS AND COMPETENCIES
No knowledge about referral to students	Deficiencies in midwifery training		
Learn about maternal and child health during training			
Skills of IM injection and drug dosage during training in hospital			
Perform IV and drug dosage during training in hospitals			
Learn skills of PV exam, IV administration, vital signs in hospital during training			
No visits to birthing stations			
Involvement of hospital administration			
Lack of competency building training			
Non-support of hospital staff in training students			
Competency from working in fields			
Competency of services with experience			
Sharing her experience of dealing with a complicated case			
Midwives are competent			

Competency to conduct deliveries, ANC, PNC with time and experience	Development of skills with working experience	CMWs skills and competencies for service provision	
Challenge of dealing with high risk patients			
Competent to do deliveries			
Sharing her experience of IUD			
Midwives to perform Antenatal checkups to prevent complications			
Community prefer midwives because of her behavior	Professional skills to gain trust of the communities		
Earning based on skills			
Time and attention of CMWs to gain community trust			
Midwives provide privacy to patients			
Midwives listen to community concerns			
CMWs socially and culturally acceptable care			
CMWs know people of their communities and provide care accordingly			
CMWs provides time to clients to listen to their concerns			
CMWs are easily approachable			

CMWs behavior is a facilitator			
CMWs are licensed to open their clinics	CMWs can provide independent care without supervision		
LHWs work under CMWs because			
CMWs is the only cadre after doctors to open their clinics			
The purpose of CMWs was to setup birthing stations			
They can provide independent care			
Provision of care without supervision			
Can perform ANC, PNC, FP and deliveries independently			
Only cadre to provide independent care in communities			
Left because of money			
Delay in stipend			
Delay in stipend provision			
No monitoring and supervision by MNCH coordinator			
Delay in provision of stipend to midwives			
Increase absenteeism due to delay in stipend			
No support in remote areas to perform deliveries			
MNCHs program funding problem			
Late payment to CMWs			
No service structure for CMWs to provide them jobs			
Decrease in coordinator and reporting to MNCH department			

Accelerated action plan for performance-only 17 out of 110			
Late payments to MNCH coordinator			
Funding problems of MNCH program of Sindh			
No support for establishing birthing stations			
Problem of government incentive Non provision of equipment by government			
Lack of monitoring of schools by PNC and government			
No monitoring and supervision of students during clinicals			
No stipend by government	Lack of Government support	Ownership of CMW program	
NO BS scale for CMWs			
CMWs are not recognized in government national program for health			
CMWs have no professional and educational growth			
Check and balance and action			
Continuation of failure			
Political involvement			
Lack of System structure			
Lack of stakeholders support from department of health			
No government jobs			
Poverty in villages			
PNC developed curriculum in 1973			
PNC only provide support of curriculum and sometime of legal matters			
The time duration had also been changing			

The midwifery cadre had been varying over time	Role of PNC in CMWs regulation	No CMWs regulatory body	
CMWs are registered with PNC to provide care			
PNC accredited midwifery schools			
PNC provide midwifery curriculum and take exams			
PNC provides licensing to midwives			
No separate regulatory body for CMWs	Lack of dominant role for CMWs		
No monitoring and supervision of CMWs			
Only provides curriculum			
No extra classes for CMWs			
No refresher trainings by PNC			
PNC doesn't approach working midwives			
PNC looks after all nurses and midwives			
No domain for midwives			
No separate department for CMWs			