

## Health workforce

TRF support has focused on strengthening the quality and effectiveness of training for various cadres of health workers, including strengthening curricula and examination systems.

### Assessing quality of training of community midwives (CMWs)

This assessment provided specific recommendations for: i) revising the CMW curriculum, training manual and development of training protocols and logbook, ii) orienting key implementers on CMW training requirements and deployment arrangements, (iii) strengthening the CMW examination system and (iv) designing continued training of CMWs, including clinical attachment of new graduates.

- This TA generated evidence for improving CMWs skills and the revision of CMW curriculum and examination system.

### Standardising training of community midwives

TRF worked in collaboration with UNFPA to adapt midwifery competencies, revise the curriculum, and develop training and assessment material (e.g. a logbook for assessing clinical skills; clinical protocols and clinical checklists).

- The CMW curriculum has been approved by the Pakistan Nursing Council.
- CMW competencies have been improved by the training with the revised curriculum, and by qualifying CMWs under the revised examination system (see below).

### Examination system of community midwives

TRF has supported the strengthening of the Pakistan Nursing Council's Community Midwifery examination system. The developed system was piloted in one school in each of four provinces and progress is being made towards its full implementation.

- Development of a unified examination system for all provinces, in consultation with Pakistan Nursing Council and Provincial Examination Boards.
- A total of 535 tutors trained in designing and implementing objective examination methods.
- CMW competencies have been improved both by the training with a revised curriculum, and by qualifying CMWs under the revised examination system.

### Deployment guidelines for community midwives

TRF supported the development of standardised deployment guidelines for community midwives which take into account the socio-cultural and geographic context of different provinces and regions. Deployment arrangements are based on a review of systems and lessons learnt from local and regional models as well as information from stakeholders from federal to community levels. (Two models were proposed to the Ministry of Health: i) conventional model with retainer fee of PKR 2,000 per month, and user fees of PKR 500 for normal delivery; and ii) no charge model with retainer fee of Rs 6,000 per month, and no user fee.) The deployment guidelines provide system for providing technical supervision, monitoring arrangements and linking CMWs with the referral mechanism and connecting them with the community for improved skilled birth attendance.

- The guidelines are being implemented at provincial level.

### Integration of IMNCI in pre-service training

TRF assessed the readiness, willingness and capacity needs of relevant institutions and organizations for integrating IMNCI in pre-service trainings of service providers, and supported provincial health departments in driving forward the initiative. TRF is also supporting integration of IMNCI pre-service training of medical graduates

of seven medical colleges; this includes training of faculty and developing systems. Once the first batch of institutions is trained, provincial plans will be developed for phasing in other institutions, as well as defining the health departments' management and monitoring role.

- Punjab, Sindh and KP are integrating IMCI pre-service training in ten medical colleges.

#### **Training curriculum for nursing assistants**

TRF supported the DoH Gilgit Baltistan to implement and institutionalise standard training for nursing assistants, which provide care at first and second level health care facilities. This involved developing a standardised curriculum and training master trainers.

- DoH has started imparting training of Junior Medical Technicians under this curriculum.

#### **Assessing effectiveness of IMNCI and ENC training**

TRF evaluated the knowledge and skills of health care workers in IMNCI and ENC, and made recommendations for the development of comprehensive training plans at provincial levels, as well as addressing systemic issues.

#### **Human resource assessment of MNCH Programme**

TRF reviewed the management structure of the MNCH Programme, both at the federal level and in terms of its alignment with the provincial structures. The report makes recommendations for making the federal unit more effective in its leadership and steering role, and proposes a practical structure with strong interlinkages between the federal and provincial units. Human resource capacity and potential deployment issues are also assessed.

TRF also assessed human resource gaps, TA requirements and training needs of Programme staff, and made recommendations for building staff capacity.