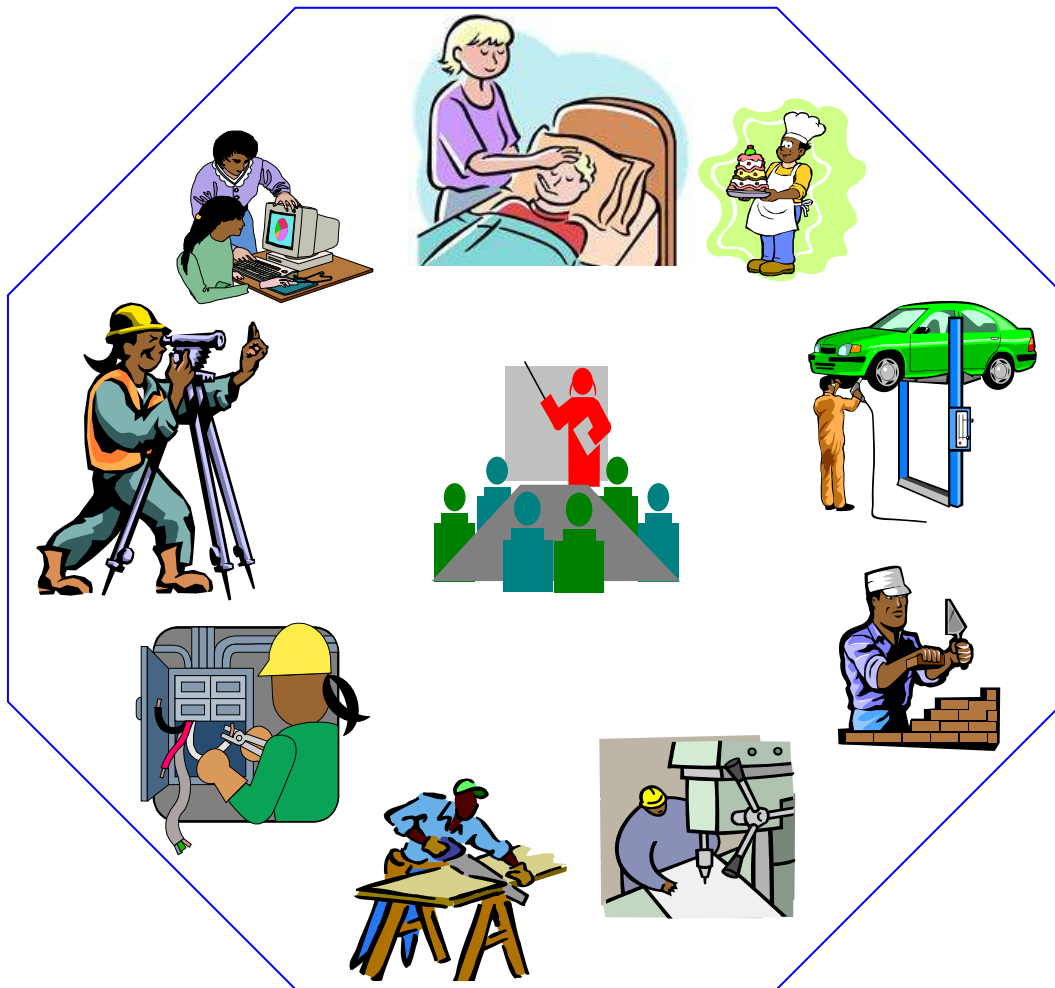




Federal Democratic Republic of Ethiopia
OCCUPATIONAL STANDARD

HEALTH EXTENSION SERVICES

NTQF Level III and IV



Ministry of Education

June 2014

Introduction

Ethiopia has embarked on a process of reforming its TVET-System. Within the policies and strategies of the Ethiopian Government, technology transformation – by using international standards and international best practices as the basis, and, adopting, adapting and verifying them in the Ethiopian context – is a pivotal element. TVET is given an important role with regard to technology transfer. The new paradigm in the outcome-based TVET system is the orientation at the current and anticipated future demand of the economy and the labor market.

The Ethiopia Occupational Standards (EOS) is the core element of the Ethiopian National TVET-Strategy and an important factor within the context of the National TVET-Qualification Framework (NTQF). They are national Ethiopian standards, which define the occupational requirements and expected outcome related to a specific occupation without taking TVET delivery into account.

This document details the mandatory format, sequencing, wording and layout for the Ethiopia Occupational Standard which comprised of Units of Competence.

A Unit of Competence describes a distinct work activity. It is documented in a standard format that comprises:

- Occupational title and NTQF level
- Unit title
- Unit code
- Unit descriptor
- Elements and Performance criteria
- Variables and Range statement
- Evidence guide

Together all the parts of a Unit of Competence guide the assessor in determining whether the candidate is competent.

The ensuing sections of this EOS document comprise a description of the occupation with all the key components of a Unit of Competence:

- chart with an overview of all Units of Competence for the respective level (Unit of Competence Chart) including the Unit Codes and the Unit titles
- contents of each Unit of Competence (competence standard)
- occupational map providing the technical and vocational education and training (TVET) providers with information and important requirements to consider when designing training programs for this standards and for the individual, a career path

UNIT OF COMPETENCE CHART

Occupational Standard: Health Extension Services		
Occupational Code: HLT HES		
NTQF Level III		
HLT HES3 01 0614 Collect, Maintain and Utilize Community Health Data	HLT HES3 02 0614 Perform Community Mobilization and Provide Health Education	HLT HES3 03 0614 Promote and Implement Hygiene and Environmental health Services
HLT HES3 04 0614 Prevent and Control Common Communicable Diseases	HLT HES3 05 0614 Prevent and Control Common Non-Communicable Diseases	HLT HES3 06 0614 Promote Community Nutrition
HLT HES3 07 0614 Promote and Provide Ante-Natal Care	HLT HES3 08 0614 Promote Institutional Delivery and Provide Delivery Service	HLT HES3 09 0614 Promote and Provide Post-Natal Care
HLT HES 10 0614 Promote Child Survival, Growth and Development and Apply Integrated Community Case Management (ICCM)	HLT HES3 11 0614 Promote and Implement Immunization	HLT HES3 12 0614 Promote and Provide Family Planning Service
HLT HES3 13 0614 Promote and Provide Adolescent and Youth Reproductive Health	HLT HES3 14 0614 Provide First Aid	HLT HES3 15 0614 Manage Community Health Service
HLT HES3 16 0614 Respond to Emergencies		

NTQF Level IV

[HLT HES4 01 0614](#)
Manage Community
Health Service

[HLT HES4 02 0614](#)
Manage Health
Education, Advocacy
and Community
Mobilization

[HLT HES4 03 0614](#)
Manage Common
Communicable
Diseases

[HLT HES4 04 0614](#)
Manage Common Non
Communicable
Diseases

[HLT HES4 05 0614](#)
Manage Hygiene and
Environmental Health

[HLT HES4 06 0614](#)
Manage Child Survival,
Growth and
Development and apply
IMNCI

[HLT HES4 07 0614](#)
Intervene Nutrition
Problems

[HLT HES4 08 0614](#)
Manage Ante-Natal
Care and PMTCT

[HLT HES4 09 0614](#)
Manage Delivery
Practice

[HLT HES4 10 0614](#)
Manage Post-Natal
Care

[HLT HES4 11 0614](#)
Manage Immunization
and Cold Chain

[HLT HES4 12 0614](#)
Manage
Comprehensive Family
Planning Practice

[HLT HES4 13 0614](#)
Manage Adolescent and
Youth RH Services

[HLT HES4 14 0614](#)
Apply Infection
Prevention Techniques
and Workplace OHS

NTQF Level III

Occupational Standard: Health Extension Services Level III	
Unit Title	Collect, Maintain and Utilize Community Health Data
Unit Code	HLT HES3 01 0614
Unit Descriptor	This unit describes the knowledge, skills and attitude required to collect, summarize, maintain and use data to improve community health related activities.

Elements	Performance Criteria
1. Plan and prepare necessary materials for data collection	1.1 Questionnaire is prepared and made available. 1.2 Necessary personnel and equipment identified to execute data collection. 1.3 Member of community informed about data collection dates and time. 1.4 Community leaders are invited to support data collection process.
2. Collect data that needs to be entered into the health database system	2.1 Necessary data set is identified and collected. 2.2 Information received is classified or sorted out on the basis of a clear understanding of the purpose for maintaining the database system . 2.3 Steps to maintain confidentiality according to prescribed procedures are taken.
3. Collect vital events and surveillance data	3.1 Registration book for vital events is prepared. 3.2 Vital events and surveillance data are collected continuously and sustained. 3.3 Vital event data are updated timely. 3.4 The reportable diseases are communicated to the Woreda health office or health centre.
4. Prepare and submit reports	4.1 Updates and timely reports are submitted according to prescribed procedures and guidelines.
5. Contribute to Working with Community to Identify Health Needs	5.1 Discussions are made with key stakeholders regarding the health problem , its causes and appropriate interventions or solutions. 5.2 Briefing materials throughout the consultation process are provided to identify and clarify issues of interest/concern to stakeholders and own organization. 5.3 Feedback is provided to the team leader or work team on the results of the consultation process. 5.4 Positive contributions are made to activities that develop an understanding of the factors contributing to the health problem of the community.

	<p>5.5 Feedback is provided to team members/leader to facilitate discussion and clarify issues arising from the review of literature and consultation process with the community and relevant stakeholders.</p> <p>5.6 Further information and data are collected when needed for input into the analysis and presentation of results arising from the review of literature and consultation process.</p> <p>5.7 Activities that would build the capacity of the community to identify their health needs to relevant stakeholders are recommended.</p>
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Variables	Range
Data	May include: <ul style="list-style-type: none"> • Vital events • Surveillance data • Qualitative • Quantitative
Types of data required about the target group	May include: <ul style="list-style-type: none"> • Demographic characteristics (e.g. age, sex, ethnic composition, residence, education level achieved) • Patterns of behavior • Lifestyle
Database systems	May include but not limited: <ul style="list-style-type: none"> • State disease surveillance system • Health registries created for different health issues (TB, Malaria, HIV/AIDS, and Trachoma etc.) • System of activity reported in the region.
Prescribed procedures and guidelines	May be: <ul style="list-style-type: none"> • Organizational procedures manual
Health problem	May be identified through one of the following ways: <ul style="list-style-type: none"> • Consultation with supervising Population Health professional • Position/job description • Policy documents/legislation detailing national, state or local health goals
Feedback	May include: <ul style="list-style-type: none"> • Written reports • Brief commentary or summary presentations
Consultation	May take the form of one of the following: <ul style="list-style-type: none"> • Interviews (personal, phone, formal or informal) • Nominal group process • Questionnaires

	<ul style="list-style-type: none"> • Delphi Method • Focus groups • Forums
Relevant sources of information	<p>Include:</p> <ul style="list-style-type: none"> • Books • Journals • Hospital records • Notification systems • Registers • Sentinel recording systems • Surveys • Annual public health reports • Existing epidemiological/socio-demographic data • National Population Health and Health Promotion agencies and organizations • General practitioners/primary care service • Local health authorities • Target group representatives
Health need	<p>Defined as:</p> <ul style="list-style-type: none"> • State, conditions or factors in the community which, if absent, prevent people from achieving the optimum of physical, mental and social well-being
Types of need	<p>May include:</p> <ul style="list-style-type: none"> • Normative need (based on expert opinion) • Expressed need (based on inferences made from observation of use of health services) • Comparative need (derived from examining the services provided in a similar population) • Felt need (based on what members of the community say they need)
Key stakeholders	<p>May include:</p> <ul style="list-style-type: none"> • Representatives of relevant health agencies operating in the local community • Community advocates or change agents • Representatives/leaders of the target population • Population health professionals/Supervisors • Federal, State or local health service and population health planners • Federal, State or local health service providers • Other health and/or non-government organizations
Ethical considerations that guide data collection and consultation processes	<p>May include:</p> <ul style="list-style-type: none"> • Privacy and confidentiality • Responsibility to help a community respond to needs they identify which might not necessarily coincide with stated priority health needs

Evidence Guide	
Critical Aspects of Competence	<p>Must demonstrate knowledge and skills to:</p> <ul style="list-style-type: none"> • Collect vital events and disease surveillance. • Collect and utilize population data • Maintain a health database of the community • Consult and communicate to identify community health needs
Underpinning Knowledge and Attitudes	<p>Must demonstrate knowledge of:</p> <ul style="list-style-type: none"> • Theory and practice of population health including health promotion, control and prevention of communicable and non communicable diseases • Woreda and local health goals, targets and priorities • Evidence-based practice • Equity issues in population health • Basic statistical concepts and procedures. • Survey methodology • Report writing • Consultation and communication to identify community health needs
Underpinning Skills	<p>Must demonstrate skills to:</p> <ul style="list-style-type: none"> • Collect data that needs to be entered into the health database system • Collect vital events and surveillance data • Prepare and submit reports • Communication skills
Resources Implication	<p>Access is required to real or appropriately simulated situations, including work areas, materials and equipment, and to information on workplace practices and OHS practices.</p>
Methods of Assessment	<p>Competence may be assessed through:</p> <ul style="list-style-type: none"> • Interview / Written Test • Observation / Demonstration with Oral Questioning
Context of Assessment	<p>Competence may be assessed in the work place or in a simulated work place setting.</p>

Occupational Standard: Health Extension Services Level III	
Unit Title	Perform Community Mobilization and Provide Health Education
Unit Code	HLT HES3 02 0614
Unit Descriptor	This unit describes the knowledge, skills and attitude required to work With community members to determine community health information needs, implement and maintain healthy living styles, advocate, train and mobilize community on an identified health issues.

Element	Performance Criteria
1. Participate in the determination of community health information needs	<p>1.1 Community representatives are consulted to determine current health needs and priorities.</p> <p>1.2 Effectiveness of existing health promotion/education programs are consulted and determined considering cultural practices and beliefs when determining information needs.</p> <p>1.3 Useful and <i>harmful traditional practices</i> are identified according to the information provided by community.</p>
2. Participate in the preparation of health information	<p>2.1 <i>Feedback</i> from community consultation is used as a basis for planning community health information programs</p> <p>2.2 Plans for <i>health care information</i> program are discussed with supervisor to adjust community values and concern.</p>
3. Provide health promotion and education services	<p>3.1 Influential community representatives and voluntaries are identified and consulted to disseminate IEC-BCC activities.</p> <p>3.2 Health promotion and education services are organized and promoted in partnership with the community.</p> <p>3.3 Health promotion and education are provided to meet community and <i>organization guidelines</i>/requirements.</p> <p>3.4 Health promotion and education activities are sustained involving the resources of the community.</p> <p>3.5 Clients are supported to take self-care approach in line with individual needs for changing unhealthy behavior.</p>
4. Train model families	<p>4.1 Better performing household in their day to day activity are identified.</p> <p>4.2 Space and time for training is agreed.</p> <p>4.3 Necessary resources identified and collected.</p>

	<p>4.4 Training provided according to MOH guideline.</p> <p>4.5 Follow up and monitoring is done.</p> <p>4.6 Well performing model house hold evaluated and certified.</p>
5. Perform advocacy of identified health issues	<p>5.1 Sensitizations are conducted with decision makers, community leaders, and other stakeholders on identified health issues.</p> <p>5.2 Discussions are made with decision makers on the identified health issues.</p> <p>5.3 Continuous lobbying is performed to get support to solve the identified health issues.</p>
6. Promote community mobilization on the identified health issues	<p>6.1 Identification and organization of available social structure are performed to solve community health problems.</p> <p>6.2 Sensitizations and discussions are conducted on health issues with the identified structure and community members.</p> <p>6.3 Model families and volunteers are trained and used as mediators for community mobilization.</p> <p>6.4 Consensus are reached to plan and implement together on the health issues.</p>

Variables	Range
Harmful traditional practices	<p>Include but not limited to:</p> <ul style="list-style-type: none"> • Early marriage • Rape • Female genital mutilation • Sexual harassment • Abduction
Feedback	<p>May be provided:</p> <ul style="list-style-type: none"> • In writing • Verbally • Using symbols or drawings • Using sound or visual media
Health care information	<p>Include but not limited to:</p> <ul style="list-style-type: none"> • Promotion of: <ul style="list-style-type: none"> ➤ Benefits of good nutrition and physical exercise ➤ Factors that act as enablers and barriers to participation in physical exercise ➤ Smoking cessation and safe use of alcohol ➤ Safe sex ➤ Avoiding hazards for children ➤ Ways to seek help

	<ul style="list-style-type: none"> ➤ Accessing health services/ programs available to school and prisons. • Information on nutrition, such as: <ul style="list-style-type: none"> ➤ Benefits of obtaining a nutritionally adequate diet ➤ Information on healthy food & cooking ➤ Food content labeling ➤ Risks of food-borne disease • Maternal and infant health information, such as: <ul style="list-style-type: none"> ➤ Benefit of Institutional delivery ➤ Common physiological and emotional changes after childbirth ➤ Activities to enhance post natal health care ➤ Benefits of breast-feeding ➤ Care of the newborn baby • Information on nutrition for children, such as: <ul style="list-style-type: none"> ➤ Appropriate age to introduce semi-solid and solid foods ➤ Appropriate foods introduction ➤ Basic advice on healthy food ➤ Healthy snacking for toddlers and pre-school age children • Information on treatment of common childhood conditions, such as: <ul style="list-style-type: none"> ➤ Gastro-enteritis/diarrheal disease ➤ Scabies and school sores • Information on communicable disease particularly on TB, malaria, HIV /AIDS etc.... • Hygiene and environmental health. • Information on oral health, such as: <ul style="list-style-type: none"> ➤ Oral hygiene ➤ Oral disease
Organization guidelines	<p>May include but not limited to</p> <ul style="list-style-type: none"> • Health extension program implementation guideline • Model household training guide • National framework for peer education to prevent HIV/AIDS. • Environmental health manual • IEC-BCC guideline • National adolescent and youth reproductive health strategy • Occupational health and safety guidelines • Communicable diseases Prevention and control guidelines • Other National guidelines
Stakeholders	<p>May include but not limited to:</p> <ul style="list-style-type: none"> • Bodies taking part in the activities, like: <ul style="list-style-type: none"> • Kebele leaders • Religious leaders • Schools • Agriculture sector • Women's association

	<ul style="list-style-type: none"> • NGOs,
Social structure	<p>Include but not limited to:</p> <ul style="list-style-type: none"> • Idir • Religious institutes • Farmers' association • Women's association • Youth association
Prevention of communicable diseases	<p>Include but not limited to:</p> <ul style="list-style-type: none"> • Clearing mosquito areas • Providing HIV/AIDS education • Promoting personal hygiene • Implement latrine utilization • Enhancing environmental cleaning campaign • Promotion of Condom use • Promotion of immunization • Use of mosquito net
Advocacy	<p>May include:</p> <ul style="list-style-type: none"> • Sensitization • Discussion • Lobbying • Decision for implementation of the selected health program
Community mobilization	<p>May include:</p> <ul style="list-style-type: none"> • Sensitization/ awareness • Discussion • Campaign • Community conversation • Community involvement in planning and implementation

Evidence Guide	
Critical Aspects of Competence	<p>Evidence should demonstrate the individual's ability to work with rural community volunteers to:</p> <ul style="list-style-type: none"> • Consult with community representatives and clarify needs in relation to health promotion • Help to prepare relevant and accurate health information material to address these needs • Communicate health information effectively at household and community levels to change unhealthy behavior. • Consult with community representatives and clarify needs in relation to health promotion • Disseminate relevant health information to address community needs • Communicate health information effectively at decision making and community levels to persuade people and bring change on health program implementation.

Underpinning Knowledge and Attitudes	<p>Must demonstrate essential knowledge of:</p> <ul style="list-style-type: none"> • Principles and processes of health promotion and education/IEC-BCC • understanding of local community traditions, values, cultural beliefs and expectations, and how these affect the way the health worker practice • Relevant policies, workplace norms, procedures and programs for preparing and delivering health promotion and education • Individual and community health perceptions. • Health and disease relationship • health communication approaches • understanding of educational methods and materials • planning, implementation and evaluation of health education programs • behavioral change communication • Advocacy and community mobilization. • Local community traditions, values, cultural beliefs and expectations. • Relevant policies, laws and regulations, workplace norms, procedures, programs, guidelines and professional ethics for advocacy and community mobilization. • Major health problems in the community • Decision and community perceptions on health issues. • Planning, implementation and evaluation of advocacy and community mobilization.
Underpinning Skills	<p>Essential skills required includes the ability to:</p> <ul style="list-style-type: none"> • determine community health information needs • collaborate with other health care worker and share information • provide health promotion and education services • Interpersonal communication • Coordination and leadership • Planning, monitoring and evaluation • Training and persuasion
Resources Implication	<p>Access is required to real or appropriately simulated situations, including work areas, materials and equipment, and to information on workplace practices and OHS practices.</p>
Methods of Assessment	<p>Competence may be assessed through:</p> <ul style="list-style-type: none"> • Interview / Written Test • Observation / Demonstration with Oral Questioning
Context of Assessment	<p>Competence may be assessed in the work place or in a simulated work place setting.</p>

Occupational Standard: Health Extension Services Level III	
Unit Title	Promote and Implement Hygiene and Environmental Health Services
Unit Code	HLT HES3 03 0614
Unit Descriptor	This unit describes the knowledge, skills and attitude required to develop healthy behavior which enables the community to protect from ailments that can be encountered due to poor personal hygiene and environmental health problems.

Element	Performance Criteria
1. promote and provide environmental and personal Hygiene education	<p>1.1 Target groups are identified to provide personal hygiene education.</p> <p>1.2 Teaching forums and facilities required are identified and organized.</p> <p>1.3 Hygiene and environmental health education are provided for the identified target groups in the appropriate forum.</p> <p>1.4 Lesson covered and other activities implemented including inputs used under this element is recorded, analyzed, gaps identified and used for improving next implementation at facility level, and reports are submitted to the reporting unit at district office.</p>
2. Establish and demonstrate community-appropriate sanitation technologies	<p>2.1 Sites for demonstration are identified and prepared.</p> <p>2.2 Appropriate demonstration materials are assembled on site according to specification</p> <p>2.3 Community group are identified for the demonstration of new technology.</p> <p>2.4 The purpose, use and application of the sanitation technology are described and elaborated according to requirements.</p> <p>2.5 Activities implemented including inputs are recorded, analyzed and used for improving next implementation at facility level, and reports are submitted to the reporting unit at district office.</p>
3. Provide environmental health service	<p>3.1 Public health importance of solid and liquid waste management are properly addressed</p> <p>3.2 Sources of solid and liquid waste are classified</p> <p>3.3 Methods of solid and liquid waste disposal are well defined</p> <p>3.4 Types and construction of latrine are well specified</p> <p>3.5 Public health importance of vectors and insects are</p>

	<p>described</p> <p>3.6 Prevention methods and control of vectors and insects are selected</p> <p>3.7 Characteristics of good housing and basic requirements are identified and described</p> <p>3.8 Safe water and safe water handling is well described</p> <p>3.9 Water associated diseases are well defined</p> <p>3.10 Protection of spring and well water with locally appropriate materials including Water treatment at home level is well demonstrated</p>
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Variables	Range
Facilities required	<p>May include:</p> <ul style="list-style-type: none"> • Transport • Chairs or benches • Tea break facility arrangements
Appropriate forum ⁷	<p>May include:</p> <ul style="list-style-type: none"> • Woreda administration forums • Technical and vocational education training centers events • Agriculture Extension forums • Health facilities • Community events • Women and youth forums
Sanitation technology	<p>Includes but not limited to:</p> <ul style="list-style-type: none"> • Ventilated improved pit latrine (VIP) • Pit Privy (PP) • Spring Protection (SP) • Well Protection (WP) • Standard Housing Components (SHC) design and demonstration and • Personal Hygiene practices.

Evidence Guide	
Critical Aspects of Competence	<p>Assessment requires evidence that the candidate can:</p> <ul style="list-style-type: none"> • Identify the principles and components of personal and environmental Hygiene; • Rationally relate the dimension of personal and environmental health in community development; • Understand the mechanisms of transmission, prevention and control of the common communicable diseases, • Knowing the practical procedures required to protect, spring, well, VIP, pit privy • Demonstrating hygienic conditions in individual and public

	settings
Underpinning Knowledge and Attitudes	<p>Essential knowledge must include:</p> <ul style="list-style-type: none"> • Principles and components of hygiene and environmental health in relation to communicable diseases and mechanisms of control; • Data analysis and writing activity and financial reports • Performance record keeping. • Public health importance of solid and liquid waste management • Classification and source of solid and liquid waste • Methods of solid and liquid waste disposal • Types and construction of latrine • Public health importance of vectors and insects • Prevention and control of vectors and insects • Characteristics of good housing and basic requirements • Safe water and safe water handling • Water associated diseases • Protection of spring and well with local materials • Water treatment at home level <p>Essential attitude may include:</p> <ul style="list-style-type: none"> ➤ Accept that empowering the empowered ➤ Individuals and households can harvest their own health
Underpinning Skills	<p>Essential skills must include the ability to:</p> <ul style="list-style-type: none"> • Provide personal and environmental hygiene education • Establish and demonstrate community-appropriate sanitation technologies
Resources Implication	Access is required to real or appropriately simulated situations, including work areas, materials and equipment, and to information on workplace practices and OHS practices.
Methods of Assessment	<p>Competence may be assessed through:</p> <ul style="list-style-type: none"> • Interview / Written Test • Observation / Demonstration with Oral Questioning
Context of Assessment	Competence may be assessed in the work place or in a simulated work place setting.

Occupational Standard: Health Extension Services Level III	
Unit Title	Prevent and Control Common Communicable Diseases
Unit Code	HLT HES3 04 0614
Unit Descriptor	This unit describes knowledge; skills and attitudes to detect infectious diseases early provide treatment and make follow up and referral in the process of prevention and control of communicable diseases.

Elements	Performance Criteria
1 Educate the community on early detection and prevention of communicable diseases	<p>1.1 Community diagnosis/community need assessment are conducted based on the standard procedure.</p> <p>1.2 Plan is developed based on the identified gaps.</p> <p>1.3 Methods are selected as per the identified gaps.</p> <p>1.4 Teaching materials are collected as per the designed teaching methodology.</p> <p>1.5 Prevention and control methods of infectious/communicable disease are explained according to the existing health education guideline.</p> <p>1.6 PIHCT is promoted according to the standard guideline</p> <p>1.7 Activity is reported, documented, and followed up based on the standard format.</p>
2 Perform disease Surveillance	<p>2.1 Preparations are made for surveillance</p> <p>2.2 Logistics are prepared based on the standard procedure.</p> <p>2.3 Data are collected through active and passive surveillance procedures.</p> <p>2.4 Case is determined (possible, probable) based on the standard case definition.</p> <p>2.5 Timely and complete reports (public burden, epidemic prone, under elimination/eradication) are submitted using the existing guidelines. Appropriate action carried out in collaboration with different stake holders.</p> <p>2.6 Feedback is collected and disseminated to the concerned bodies as per the existing formats.</p>
4. Follow up of Cases	<p>3.1 Cases are notified from the referral format.</p> <p>3.2 House to house visit is conducted.</p> <p>3.3 Defaulters are traced and advice given.</p> <p>3.4 Anti-TB drugs are administered when cases are transferred out from the health center based on the</p>

	national treatment guidelines. 3.5 ART follow up
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Variables	Range
Community diagnosis	Includes: <ul style="list-style-type: none"> • The process of assessing the community health problem through collection of data, compilation, interpretation, analyzing and developing action plan for the prioritized problems.
Prevention	May include but not limited to: <ul style="list-style-type: none"> • Promotion of health • Prevention of exposure • Prevention of disease
Control	Means: Prevention of further transmission.
Infectious Diseases	Means: Preventable and easily transmittable diseases.
PIHCT	Means: <ul style="list-style-type: none"> • Provider initiated HIV counseling and testing related information
Surveillance	Means: <ul style="list-style-type: none"> • Process of detecting the incidence of disease, trend in incidence, or geographical spread of infection.
Logistics	Means: <ul style="list-style-type: none"> • Required Resources
Epidemics	Includes: <ul style="list-style-type: none"> • Presence of health related condition in excess of the usual occurrence at a specified time and place.
Feed back	Includes: <ul style="list-style-type: none"> • Exchange of information between the health post and other health institutions
Defaulter	Means: <ul style="list-style-type: none"> • Client who discontinued taking the prescribed drug regimen
Transfer out	Means: <ul style="list-style-type: none"> • Referring clients from the nearest health institution to the health post.
Early detection-Identification	Means: <ul style="list-style-type: none"> • Symptoms before progression of disease process / clinical onset.

Evidence guide	
Critical Aspects of Competence	Evidence that shows individual ability in: <ul style="list-style-type: none"> • Educating the community on infectious process. • Applying principles of communicable disease control. • Under taking effective surveillance for early management of epidemics. • Working in collaboration with various partners and stake holders.
Underpinning Knowledge and Attitudes	Demonstrate knowledge on: <ul style="list-style-type: none"> • Principles of basic parasitological and microbiology. • Common infectious diseases (CDCs) • Principles of infection prevention • Basic statistics concept & procedure (HMIS) • Principles of surveillance
Underpinning Skill	Must demonstrate skills on: <ul style="list-style-type: none"> • community assessment skill • client assessment skill • minor clinical management skill • common and focused testing skill • post clinical management counseling skill
Resources Implication	Access is required to real or appropriately simulated situations, including work areas, materials and equipment, and to information on workplace practices and OHS practices.
Methods of Assessment	Competence may be assessed through: <ul style="list-style-type: none"> • Interview / Written Test • Observation / Demonstration with Oral Questioning
Context of Assessment	Competence may be assessed in the work place or in a simulated work place setting.

Occupational Standard: Health Extension Services Level III	
Unit Title	Prevent and Control Common Non Communicable Diseases
Unit Code	HLT HES3 05 0614
Unit Descriptor	This unit describes knowledge, skills and attitude to teach the community on the significance of change in life style in prevention and control of non-communicable diseases, (DM, HTN, COPD, Cancer, and Cataract, and Mental illness, Disability, etc). It also describes the knowledge and skills required to detect non-communicable diseases and refer early, to provide community rehabilitation for those with disabilities.

Elements	Performance Criteria
1. Educate the community on healthy life style and early detection of disease.	1.1 IEC materials are prepared and health education provided. 1.2 Community diagnosis is carried out based on the standard procedure . 1.3 Plan is developed based on the identified gaps from the community assessment. 1.4 Methods are selected based on the problem identified. 1.5 Activity is reported and followed up based on the recommended format.
2. Screen and refer clients requiring further investigation & management	2.1 Pertinent history (HX) and physical examination (P/E) are done based on the standard procedure. 2.2 Cases beyond scope are referred for further investigation and management as per the referral procedure.
3. Follow up cases and promote community based rehabilitation	3.1 Community diagnosis is carried out based on the standard procedure. 3.2 Communities are mobilized for taking care of people with disabilities . 3.3 Trainings are conducted to selected family members and community based organizations. 3.4 Cases are followed up as per the feed back obtained from the health institution.

Variables	Range
Standard procedure	Includes: <ul style="list-style-type: none"> Nationally accepted working guides
Disability	Means: <ul style="list-style-type: none"> Limitation on the full range of functions on some parts of the body.
Non communicable disease	Means: <ul style="list-style-type: none"> Disease not transmitted from person to person by any route except by heredity
Community Based Rehabilitation	Means: <ul style="list-style-type: none"> Prevention of further disabilities & permanent damage at community setting and making remained parts functional / productive.
Screening	Means: <ul style="list-style-type: none"> Identifying diseases in apparently healthy people
Healthy life style	Means: <ul style="list-style-type: none"> Health behavior that helps for adopting healthy way of life
Suspected case	Includes: <ul style="list-style-type: none"> Unconfirmed but shows some signs and symptoms indicating certain disease.
Culture	Includes: <ul style="list-style-type: none"> Sum of customs, belief systems, and traditions in a given community.

Evidence Guide	
Critical Aspects of Competence	Must demonstrate: <ul style="list-style-type: none"> Acquisition of knowledge required to deliver health education for preventing chronic non infectious diseases at individual, family and community settings. Skills required to screen, refer & follow up of cases Acquisition of knowledge and skills regarding the formation of CBR programmes in collaboration with various partners and stakeholders.
Underpinning Knowledge and Attitudes	Must demonstrate knowledge on: <ul style="list-style-type: none"> Non-communicable diseases Sociology and Anthropology Psychology Basic Nutrition Health Education
Underpinning Skill	Must demonstrate skills on: <ul style="list-style-type: none"> Community assessment skill Client assessment skill Minor clinical management skill Post clinical management counseling skill

Resources Implication	Access is required to real or appropriately simulated situations, including work areas, materials and equipment, and to information on workplace practices and OHS practices.
Methods of Assessment	Competence may be assessed through: <ul style="list-style-type: none"> • Interview / Written Test • Observation / Demonstration with Oral Questioning
Context of Assessment	Competence may be assessed in the work place or in a simulated work place setting.

Occupational Standard: Health Extension Services Level III	
Unit Title	Promote Community Nutrition
Unit Code	HLT HES3 06 0614
Unit Descriptor	This unit describes the knowledge, skills and attitude required to support the provision of basic nutrition education to the community.

Element	Performance Criteria
1. Collect appropriate information for preparing nutrition education	<p>1.1 Client education requirements are obtained from community assessment.</p> <p>1.2 Basic educational materials and products are gathered according to the directions of the nutrition guideline</p> <p>1.3 The community is consulted about the appropriateness of the language, cultural value and convenience of time for participation.</p>
2. Provide basic nutrition information/ education to the clients.	<p>2.1 The purpose of the information/education is confirmed based on the nutrition national guideline.</p> <p>2.2 The client is guided to ensure that meal choices are consistent with the nutritional care plan designed in the guideline.</p> <p>2.3 Practical nutritional education is provided to support meal and food choices consistent with nutrition care plan</p> <p>2.4 Appropriate nutrition resources and equipment are made available for teaching.</p> <p>2.5 The feedback of plan implementation is provided to Woreda health office.</p>
3. Monitor client response to the information/ education	<p>3.1 Clients are monitored according to nutrition care plan, using appropriate monitoring/reporting strategies</p> <p>3.2 Client deviations are identified from the nutrition care Plan and the community health nurse is consulted to restore appropriate course of action.</p> <p>3.3 The daily progress of nutritional plan implementation is compiled and reported.</p>

Variables	Range
Clients	<p>May include but not limited to:</p> <ul style="list-style-type: none"> • Infants • Children • Adolescents • Mothers

	<ul style="list-style-type: none"> • Geriatric (Aged people) • People with disabilities • People with a physical or mental illness
Basic educational material	<p>May include but not limited to:</p> <ul style="list-style-type: none"> • Leaflets • Food packages • Food models • Charts • Posters • Training manuals
Practical nutrition education	<p>May include but not limited to:</p> <ul style="list-style-type: none"> • Basic nutrition • Farming different food items (crops, vegetables, animal products...) • Product usage • Food safety from preparation to consumption • Food storage • Cooking • Recipe modification • Food identification • Food hygiene
Nutrition resources and equipments	<p>May include but not limited to::</p> <ul style="list-style-type: none"> • Nutrition analysis programs • Scales • Stadiometer (height measure) • Tape measure • Software • Food packages
Monitoring	<p>May include but not limited to::</p> <ul style="list-style-type: none"> • Weight checks • Weight logs • Meal consumption
Reporting	<p>May include but not limited to::</p> <ul style="list-style-type: none"> • Verbal • Telephone • Face to face • Written material • Progress reports • Case notes • Incident reports • Epidemic reports

Evidence Guide	
Critical Aspects of Competence	<p>Assessment requires evidence that the candidate can:</p> <ul style="list-style-type: none"> • Provide basic nutrition information/ education to the community.

	<ul style="list-style-type: none"> • Monitor client response to the information/ education • Analyze and document community information
Underpinning Knowledge and Attitudes	<p>Must demonstrate knowledge of:</p> <ul style="list-style-type: none"> • The important aspect of nutrition for human body function • Nutrition principles • Cultural diets and restriction • Nutritional composition of food • Food safety • Roles, responsibilities and limitations of self and other allied health team members • Appropriate use of equipment, materials and resources • Social/interpersonal behavior • Principles and practices of confidentiality and privacy
Underpinning Skills	<p>Must demonstrate skills to:</p> <ul style="list-style-type: none"> • Collect appropriate information for preparing nutrition education • Provide basic nutrition information/education to the clients • Monitor client response to the information/education • Gathering, analyzing and documenting community information
Resources Implication	Access is required to real or appropriately simulated situations, including work areas, materials and equipment, and to information on workplace practices and OHS practices.
Methods of Assessment	<p>Competence may be assessed through:</p> <ul style="list-style-type: none"> • Interview / Written Test • Observation / Demonstration with Oral Questioning
Context of Assessment	Competence may be assessed in the work place or in a simulated work place setting.

Occupational Standard: Health Extension Services Level III	
Unit Title	Promote and Provide Ante-Natal Care
Unit Code	HLT HES3 07 0614
Unit Descriptor	This unit describes the competency required to provide antenatal examination, advices and conduct early referral of cases with abnormalities and/or complications during pregnancy and delivery.

Element	Performance Criteria
1. Provide antenatal examination and information for pregnant women	<p>1.1 General, social and obstetric health history are taken and documented to deliver health care.</p> <p>1.2 Symptoms of pregnancy are identified. Antenatal care plan is prepared in consultation with the pregnant woman based on standard protocols and client requirements</p> <p>1.3 Information on healthy living and maternal health are discussed.</p> <p>1.4 Antenatal examination are performed in line with standard protocols and client requirements</p> <p>1.5 Information on birthing options, signs of labor, and stages of labor, pain management techniques and family attendance at delivery are provided for client.</p> <p>1.6 Sign and symptoms of minor disorders of pregnancy and potential serious complication are identified to provide advices and refer to the next level.</p> <p>1.7 Information is provided on PMTCT</p> <p>1.8 Women are supported to obtain the necessary medicines and provided with appropriate information on use.</p>
2. Conduct home visit and refer pregnant women with health problems	<p>2.1 Registers of women undergoing antenatal care are maintained according to organization policies and procedure</p> <p>2.2 Schedules of participation in antenatal care and use are kept to organize continuing care for women.</p> <p>2.3 Reminders, and other assistance are organized and/or provided to attend the ANC care according to women's needs</p> <p>2.4 Referral and communication networks with Medical staff, and midwives allied health staff, birthing facilities and female community elders are maintained.</p> <p>2.5 Records on attendance for antenatal care and birthing outcomes are kept and used to follow antenatal care.</p>

Variables	Range
Antenatal examination	Includes but not limited to: <ul style="list-style-type: none"> • Abdominal palpation to identify foetal lie and presentation • Measurement of fundal height and estimation of expected progression of pregnancy • Identify all signs/evidence of pregnancy • Documentation of findings from a physical examination and follow up as procedures manual
Information provided	Includes: <ul style="list-style-type: none"> • Normal and abnormal vaginal discharge • Care of the perineum • PMTCT • Resumption of sexual relations • Obtaining baby clothes and nappies • Sources of advice and support
Potentially serious complications	May include: <ul style="list-style-type: none"> • Vaginal bleeding (painful and painless) – threatened miscarriage, incomplete miscarriage, placenta previa, placental abruption • Abdominal pain in early pregnancy –ectopic pregnancy • Premature labor and premature rupture of membranes • Proteinuria / hypertension – pregnancy-induced hypertension • Signs and symptoms of gestational diabetes • Other urinary abnormalities – UTI, glucosuria, • Reduced fetal movements and/or signs of poor fetal growth • Signs and symptoms such as: <ul style="list-style-type: none"> ➤ Shortness of breath ➤ A rise in BP ➤ Rapid weight gain ➤ Poor weight gain ➤ Edema ➤ Abnormal fundal heights for dates ➤ Absence of foetal heart beat ➤ Anemia ➤ Abnormal foetal lie (transverse, oblique)
Risk factors	Include: <ul style="list-style-type: none"> • Lifestyle and other health problems identified from a health history • Potential effects of health related problems on the foetus, including: <ul style="list-style-type: none"> ➤ Alcohol consumption ➤ Tobacco use ➤ Mal-Nutrition ➤ Prescription and non prescription drugs ➤ Drugs that are not prescribed

	<ul style="list-style-type: none"> ➤ Environmental hazards • Potential impact of compliance or non-compliance with antenatal care plan • Presence or absence of family, financial and social support systems • Environmental and housing issues affecting pregnancy, child care and family health
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Evidence Guide	
Critical Aspects of Competence	<p>Evidence should demonstrate the individual's ability to:</p> <ul style="list-style-type: none"> • Undertake antenatal care • Provide information, guidance and support to clients and their families on antenatal health issues • Provide physical examination of pregnant woman, identify and refer potential risky pregnancies
Underpinning Knowledge and Attitudes	<p>Must demonstrate knowledge of:</p> <ul style="list-style-type: none"> • Organization policies and procedures relating to client confidentiality • Anatomy/physiology, pharmacology and abnormalities related to pregnancy • Antenatal health and prevention of infection • Nutritional needs of pregnant women • Health conditions, obstetric problems and associated issues related to pregnancy • Strategies to: <ul style="list-style-type: none"> ➤ Improve antenatal health in the community ➤ Address clients presenting with antenatal problems • Medical and obstetrics problems requiring referral • Relevant treatments, medicines and associated care services available • Risks and contraindications associated with relevant treatments and medication • Realistic expectation of client condition during monitoring of progress
Underpinning Skills	<p>Must demonstrate skills to:</p> <ul style="list-style-type: none"> • Provide antenatal examination, identify pregnancy related health problems and abnormalities and inform the client • Conduct home visit and refer pregnant women with health problems • Make physical examination
Resources Implication	<p>Access is required to real or appropriately simulated situations, including work areas, materials and equipment, and to information on workplace practices and OHS practices.</p>

Methods of Assessment	Competence may be assessed through: <ul style="list-style-type: none"> • Interview / Written Test • Observation / Demonstration with Oral Questioning
Context of Assessment	Competence may be assessed in the work place or in a simulated work place setting.

Occupational Standard: Health Extension Services Level III	
Unit Title	Promote Institutional Delivery and Provide Delivery Service
Unit Code	HLT HES3 08 0614
Unit Descriptor	This unit describes knowledge, skills and attitudes required to support women during childbirth and manage the process of normal delivery in a community both at home and health post.

Elements	Performance Criteria
1. Support women during childbirth	<p>1.1 Local birthing practices and cultural beliefs are identified and discussed with women in planning and advocating for appropriate childbirth.</p> <p>1.2 Roles, relationships and responsibilities to support safe birthing are discussed, including the role of the trained birth attendants and health extension worker as an advocate for women and families.</p> <p>1.3 Information on Episiotomy and breasts engorgement is provided.</p> <p>1.4 Signs and symptoms of onset of labor are discussed and identified to support women in attending a delivery service as required.</p>
2. Provide normal delivery	<p>2.1 Midwifery kit for normal delivery and instructions are maintained in community settings.</p> <p>2.2 Urgent professional assistance is sought and provides advice with delivery.</p> <p>2.3 Locally available resources are prepared to manage normal delivery in a community setting.</p> <p>2.4 Helpers are identified appropriately based on experience and knowledge.</p> <p>2.5 Appropriate equipment and medication are prepared for delivery according to existing delivery manual.</p> <p>2.6 Basic management of second and third stages of labour is instituted if needed</p>
3. Provide immediate neonatal care	<p>3.1 APGAR score are identified and properly managed and reported</p> <p>3.2 Bleeding from umbilical knob are identified and managed properly</p>

Variables	Range
Signs and symptoms of onset of labour	Includes but not limited to <ul style="list-style-type: none"> • Tone and rate of uterine contractions • Effacement (taking up of cervix) • Cervical dilatation • Show
Midwifery kit	May include but not limited to: <ul style="list-style-type: none"> • Scissors • Artery forceps • Cord tie • Bowels • Needle holder • Bulb suction • Gloves
APGAR score	May include but not limited to: <ul style="list-style-type: none"> • Airway • Pulse rate • Grimace • Appearance • Respiratory rate

Evidence Guide	
Critical Aspects of Competence	Evidence should demonstrate the individual's ability to: <ul style="list-style-type: none"> • Support women during the birthing process • Provide childbirth in a community setting • Identify and refer high risk cases
Underpinning Knowledge and Attitudes	Must demonstrate knowledge of: <ul style="list-style-type: none"> • Organization guidelines and procedures relating to client confidentiality • Anatomy/physiology, relevant to pregnancy, maternal and/or infant health • Immediate care for the newborn. • Maternal and/or infant health and prevention of infection • Birthing practices suitable for culturally appropriate birth outcomes • Health conditions, obstetric problems and associated issues related to pregnancy • Medical problems occurring in pregnancy requiring referral • Relevant assessment methods and use of associated equipment, testing procedures • Relevant treatments, medicines and associated care services available • Risks and contraindications associated with relevant treatments and medication

	<ul style="list-style-type: none"> • Realistic expectation of client condition during monitoring of progress • Episiotomy and breast feeding
Underpinning Skills	<p>Must demonstrate skills to:</p> <ul style="list-style-type: none"> • Support women during childbirth • Provide normal delivery • Recognize danger signs and refer • Identify post delivery complication
Resources Implication	Access is required to real or appropriately simulated situations, including work areas, materials and equipment, and to information on workplace practices and OHS practices.
Methods of Assessment	<p>Competence may be assessed through:</p> <ul style="list-style-type: none"> • Interview / Written Test • Observation / Demonstration with Oral Questioning
Context of Assessment	Competence may be assessed in the work place or in a simulated work place setting.

Occupational Standard: Health Extension Services Level III	
Unit Title	Promote and Provide Post-Natal Care
Unit Code	HLT HES3 09 0614
Unit Descriptor	This unit describes knowledge, skills and attitude required to provide postnatal health care services for mothers and infants.

Element	Performance Criteria
1. Provide services for lactating mothers on infant care, nutrition and exclusive breast feeding	<p>1.1 Observation for mother and infant is made and recorded in line with standard protocols and organizational guidelines</p> <p>1.2 Information and support for self-care and wellbeing are provided during post-natal period</p> <p>1.3 Advice is provided on routine care of the newborn to mothers.</p> <p>1.4 Strategies to establish and support exclusive breast-feeding are implemented.</p> <p>1.5 The importance of nutrition, exercise, rest, sleep and support with domestic tasks and care of family are discussed with the client in the immediate postnatal period.</p> <p>1.6 Minor post-natal problems for mother and newborn are identified to provide appropriate advice and care, and for possible referral.</p> <p>1.7 Information is provided on contraceptive options.</p>
2. Organize and follow-up maternal health programs	<p>2.1 Registration of women undergoing postnatal care is maintained according to organizational guidelines and procedures.</p> <p>2.2 Schedules of participation in postnatal care are kept and used to organize continuing care for the lactating mother and infant.</p> <p>2.3 Reminders and other assistance are organized to attend care according to lactating mother's needs.</p> <p>2.4 Referral and communication networks are maintained with medical staff, midwives, allied health staff, and community elders.</p> <p>2.5 Records on attendance for antenatal care and birthing outcomes are kept and used to follow maternal health programs.</p>

Variables	Range
Information provided	<p>Include but not limited to:</p> <ul style="list-style-type: none"> • Normal and abnormal vaginal discharge • Care of the perineum and breast feeding • Episiotomy and breasts engorgement • Family planning method and immunization schedule • Resumption of sexual relations • Sources of advice and support • Signs and symptoms of infection • Exclusive breast feeding
Advice on routine care of the newborn	<p>Include but not limited to:</p> <ul style="list-style-type: none"> • Umbilical stump • Eye care • Nappy area • Safe sleeping arrangements
Minor post-natal problems for mother and newborn	<p>May Include but not limited to:</p> <ul style="list-style-type: none"> • For the mother: <ul style="list-style-type: none"> ➢ Breast engorgement ➢ Constipation ➢ Delirium due to post natal psychosis ➢ Post partum hemorrhage • For the newborn: <ul style="list-style-type: none"> ➢ Sticky eye ➢ Rash ➢ Skin discoloration ➢ Bleeding from the umbilical stump

Evidence Guide	
Critical Aspects of Competence	<p>Evidence should demonstrate the individual's ability to:</p> <ul style="list-style-type: none"> • Undertake comprehensive health checks related to postnatal neonatal and infant health • Provide information, guidance and support to clients and their families with postnatal, neonatal and/or infant health issues • Monitor the outcomes of postnatal, neonatal and infant health care services and make any required revisions to services, care plans or information provided
Underpinning Knowledge and Attitudes	<p>Must demonstrate knowledge of:</p> <ul style="list-style-type: none"> • Organization guidelines and procedures relating to client confidentiality • Anatomy/physiology relevant to postnatal and infant health • microbiology relevant to postnatal and infant health • Postnatal nutritional needs of women and infants • Health conditions, obstetric problems and associated issues related to postnatal and infant health

	<ul style="list-style-type: none"> • Strategies to: <ul style="list-style-type: none"> ➤ Improve maternal and neonatal health in the community ➤ Address clients presenting with postnatal problems • Coordinating provision of optimum level of maternal health service delivery • Postnatal medical problems requiring referral • Effective post natal care practices for mother and baby • Relevant assessment methods and use of associated equipment, testing procedures • Relevant treatments, medicines and associated care services available • Risks and contraindications associated with relevant treatments and medication • Realistic expectation of client condition during monitoring of progress • Relevant evaluation criteria for monitoring effectiveness of specific postnatal and infant health care.
Underpinning Skills	<p>Must demonstrate skills to:</p> <ul style="list-style-type: none"> • Identify and treat postnatal maternal and neonatal/infant health problems • Plan, organize, implement and evaluate postnatal care for lactating mother and neonate/infant
Resources Implication	Access is required to real or appropriately simulated situations, including work areas, materials and equipment, and to information on workplace practices and OHS practices.
Methods of Assessment	<p>Competence may be assessed through:</p> <ul style="list-style-type: none"> • Interview / Written Test • Observation / Demonstration with Oral Questioning
Context of Assessment	Competence may be assessed in the work place or in a simulated work place setting.

Occupational Standard: Health Extension Services Level III	
Unit Title	Promote Child Survival, Growth and Development and Apply Integrated Community Case Management (ICCM)
Unit Code	HLT HES3 10 0614
Unit Descriptor	This unit describes the knowledge, skill and attitude required to promote child survival, growth and development and apply Integrated Community Case Management (ICCM) in the health post and within the surrounding vicinity.

Element	Performance Criteria
1. Promote child survival, growth and development activities	<p>1.1 Appropriate child feeding practices are communicated and demonstrated to the care givers.</p> <p>1.2 Communication and playing mechanisms are communicated and demonstrated to the care givers.</p> <p>1.3 Appropriate messages to prevent illnesses are communicated and demonstrated to the care givers.</p> <p>1.4 Messages on health seeking behaviors are communicated to the care givers.</p> <p>1.5 Communicate on child abuse practices and neglect to the care givers.</p>
2. Access and manage common childhood illness	<p>2.1 Diagnoses and classifications are made based on history, physical examination.</p> <p>2.2 Treatments and follow up are undertaken for minor /uncomplicated cases based on ICCM and other treatment guidelines.</p>
3. Refer child requiring further care	<p>3.1 Relevant child's details are documented according to health post standard guidelines.</p> <p>3.2 Client confidentiality is maintained at all times and levels.</p> <p>3.3 Documentation for referral procedures is ensured.</p> <p>3.4 Appropriate information to individuals involved in referral is conveyed to facilitate understanding and optimal care.</p> <p>3.5 Child's care is maintained until responsibility is taken over by staff of the receiving health institutions during referral.</p>

Variables	Range
History of child	Includes present history elicited from: <ul style="list-style-type: none"> • Primary care givers • Medical (health) personnel
Client history	Includes: <ul style="list-style-type: none"> • Pre-existing conditions • Allergies

	<ul style="list-style-type: none"> • Current medication or treatment
Types of documentation	<p>May include, but are not limited to:</p> <ul style="list-style-type: none"> • Referral reports • Case management records.

Evidence Guide	
Critical Aspects of Competence	<p>Evidence required demonstrating this competency unit:</p> <ul style="list-style-type: none"> • Acquisition of essential knowledge across the range statement outlined to Confirm physical health status. • After successful completion of initial checkup, provide basic care and meet referral decision
Underpinning Knowledge and Attitudes	<p>Must demonstrate knowledge of:</p> <ul style="list-style-type: none"> • Procedures and equipment used to manage common childhood illness as specified in protocols. • Pneumonia, Diarrhea, and malaria • Organization administrative policies and procedures • Function of documentation being provided • Referring client requiring further care
Underpinning Skills	<p>Must demonstrate skills to:</p> <ul style="list-style-type: none"> • Assess child's general health condition • Manage the child's problem • Counsel the care taker on child's general condition • Provide health promotion and education services
Resources Implication	<p>Access is required to real or appropriately simulated situations, including work areas, materials and equipment, and to information on workplace practices and OHS practices.</p>
Methods of Assessment	<p>Competence may be assessed through:</p> <ul style="list-style-type: none"> • Interview / Written Test • Observation / Demonstration with Oral Questioning
Context of Assessment	<p>Competence may be assessed in the work place or in a simulated work place setting.</p>

Occupational Standard: Health Extension Services Level III	
Unit Title	Promote and Implement Immunization
Unit Code	HLT HES3 11 0614
Unit Descriptor	This unit describes the knowledge, attitude and skill required for planning, and efficient and effective implementation of immunization programs.

Element	Performance Criteria
1. Plan immunization programs	<p>1.1 Data for planning including defaulters are collected, analyzed and reported.</p> <p>1.2 Immunization programs are planned to achieve maximum immunization rates and protect the public.</p>
2. Conduct immunization programs	<p>2.1 Resources and materials are collected and managed for immunization sessions to facilitate a professional and efficient program.</p> <p>2.2 Communication is undertaken with relevant health and education professionals and relevant government agencies to maximize effectiveness of the immunization programs.</p> <p>2.3 Immunization programs are conducted and reviewed as planned.</p> <p>2.4 Records on immunization are maintained in a safe, accurate and efficient manner.</p>

Variables	Range
Materials	<p>May include but not limited to:</p> <ul style="list-style-type: none"> • Vaccines • Medical equipment • Gas/Kerosene • Burner • Record-keeping materials • Syringes and needles • cotton swab • Ice box
Immunization sessions	<p>May include:</p> <ul style="list-style-type: none"> • Regular vaccination days • Special (e.g. school based, community based campaigns).

Evidence Guide	
Critical Aspects of Competence	<p>Evidence should demonstrate the individual's ability to:</p> <ul style="list-style-type: none"> • Plan and deliver immunization programs • Manage cold chain system

	<ul style="list-style-type: none"> • Keep and maintain records • Provide reliable and timely report
Underpinning Knowledge and Attitudes	<p>Must demonstrate knowledge of:</p> <ul style="list-style-type: none"> • Immunization procedures • Key organizations and individuals • Immunization handbook • Cold chain system maintenance • Advocacy and social mobilization • Providing due consideration community's cultural and traditional believes • Client safety procedures
Underpinning Skills	<p>Must demonstrate skills to:</p> <ul style="list-style-type: none"> • Plan immunization programs • Conduct and monitor immunization programs • Manage cold chain system • Keep and maintain records
Resources Implication	Access is required to real or appropriately simulated situations, including work areas, materials and equipment, and to information on workplace practices and OHS practices.
Methods of Assessment	<p>Competence may be assessed through:</p> <ul style="list-style-type: none"> • Interview / Written Test • Observation / Demonstration with Oral Questioning
Context of Assessment	Competence may be assessed in the work place or in a simulated work place setting.

Occupational Standard: Health Extension Services Level III	
Unit Title	Promote and Provide Family Planning Service
Unit Code	HLT HES3 12 0614
Unit Descriptor	This unit describes the knowledge, skills and attitude required for planning, implementing, monitoring and follow up of family planning services and referral of family planning clients beyond the health post level.

Element	Performance Criteria
1. Educate the community on family planning options	1.1 Information on available methods, types of contraception and advantages of each contraceptive is identified. 1.2 Advice is given on how to use and possible side effects of each contraceptive 1.3 The advantages and disadvantage of natural method are identified.
2. Educate adolescents on family planning and STI	2.1 Priority health needs are identified based on community health diagnosis 2.2 Skills on FP advice for adolescent and young people are demonstrated. 2.3 Skill on linking FP with other RH services such as STIs screening and management and the availability of abortion care depending on the permitted abortion law are demonstrated.

Variables	Range
Natural method	Include: <ul style="list-style-type: none"> Safe period of menstruation cycle

Evidence Guide	
Critical Aspects of Competence	Evidence should demonstrate the individual's ability to: <ul style="list-style-type: none"> Understand and respond to clients' FP (family planning) method of choice and respect clients' right to continuity of care. Understand the types of contraceptives, their significance, side effects and consequences
Underpinning Knowledge and Attitudes	Must demonstrate knowledge of: <ul style="list-style-type: none"> History taking on past and present personal, medical, obstetric and gynecological conditions Identifying and prioritizing community health service needs

	<ul style="list-style-type: none"> • Types of contraceptive • Alternative family planning methods • Effectiveness and possible side-effects of each method • Interpersonal communication • Data management (data entry, tally, analysis, use and reporting)
Underpinning Skills	<p>Must demonstrate skills to:</p> <ul style="list-style-type: none"> • Identify of community health service priorities • Plan, organize, implement and evaluate family planning service • Communicate and persuade people
Resources Implication	Access is required to real or appropriately simulated situations, including work areas, materials and equipment, and to information on workplace practices and OHS practices.
Methods of Assessment	<p>Competence may be assessed through:</p> <ul style="list-style-type: none"> • Interview / Written Test • Observation / Demonstration with Oral Questioning
Context of Assessment	Competence may be assessed in the work place or in a simulated work place setting.

Occupational Standard: Health Extension Services Level III	
Unit Title	Promote and Provide Adolescent and Youth (RH) Reproductive Health
Unit Code	HLT HES3 13 0614
Unit Descriptor	This unit describes the skills and knowledge required to plan, promote and provide adolescent and youth friendly reproductive health service at the health post, school, household, and community

Elements	Performance Criteria
1. Plan adolescent and youth RH (Reproductive Health) services	<p>1.1 Eligible and target groups for RH (Reproductive Health) are identified.</p> <p>1.2 Resource mapping is conducted using the standard format of FMOH.</p> <p>1.3 Action plan is developed based on priority health need.</p>
2. Promote adolescent and youth RH (Reproductive Health) services	<p>2.1 Influential community representatives and volunteers are identified and consulted.</p> <p>2.2 RH service promotion and education are organized and promoted in partnership with the community and relevant organizations/schools on the basis of inter-sectoral approach.</p> <p>2.3 RH service promotion and education are provided and sustained to meet community and organizational requirements on the basis of duty and responsibilities of all stakeholders.</p> <p>2.4 RH problem are supported to take self-care approach in line with individual needs for changing unhealthy behavior on the basis of healthy promotion and strategic behavioral change approach of FMOH.</p>
3. Provide RH (Reproductive Health) service package	<p>3.1 Client's RH symptom of RH problem, service seeking behavior, and compliance on advice and treatment based on the national adolescent and youth RH guideline are advised.</p> <p>3.2 Low risk conditions are managed according to the guidelines.</p> <p>3.3 High risk conditions are referred to the next higher health facility according to the standard protocol.</p> <p>3.4 Follow up is undertaken according to the focused antenatal protocol.</p>

4. Register and document RH records	<p>6.1 Registration book for nutritional events registration is prepared according to HMIS (Health management information system) standards of FMOH.</p> <p>6.2 RH events data are collected continuously, sustained and updated timely on the basis of HMIS (Health management information system) guideline of FMOH.</p> <p>6.3 RH services are reported and communicated to the higher level and relevant body on the basis of HMIS (Health management information system) procedure of the FMOH.</p> <p>6.4 Plan is revised on adolescent and youth RH health services for the catchments for a specific period of time.</p>
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Variables	Range
RH information	<p>Includes</p> <ul style="list-style-type: none"> • Youth friendly service package • About secondary sexual characteristics • adolescent and youth RH related health problems such as HIV/AIDS, STI, safe abortion and so on • Harmful traditional practices like female genital mutilation • Family planning
School RH includes	<ul style="list-style-type: none"> • HIV counseling, STI, family planning, harmful traditional practice, early marriage, abortion care, etc
Client includes	<ul style="list-style-type: none"> • Youth • Adolescents • Adults • Schools
Follow up includes	<ul style="list-style-type: none"> • Psychiatric problem, substance abuse, and withdrawal symptoms

Evidence Guide	
Critical Aspects of competence	<p>Evidence should demonstrate the individual's ability to:</p> <ul style="list-style-type: none"> • Identify priority health needs • Support adolescent and youth during any problem/need in related RH issues • Provide adolescent and youth RH service in the community, at the health facility and schools • Refer cases which need further investigation and management
Underpinning Knowledge and Attitudes	<p>Must demonstrate knowledge on:</p> <ul style="list-style-type: none"> • Comprehensive reproductive health • Interpersonal communication • History taking on past and present personal, medical, obstetric and gynecological conditions • Planning, organizing, implementing and evaluating youth

	<p>and adolescent health services</p> <ul style="list-style-type: none"> • Common cultural and traditional community practices
Underpinning Skill	<p>Must demonstrate skills on:</p> <ul style="list-style-type: none"> • Identifying priority health needs of youth and adolescents • Planning, organizing, implementing and evaluation • Communication and persuasion • RH (Reproductive Health) advice for adolescent and youth
Resources Implication	<p>Access is required to real or appropriately simulated situations, including work areas, materials and equipment, and to information on workplace practices and OHS practices.</p>
Methods of Assessment	<p>Competence may be assessed through:</p> <ul style="list-style-type: none"> • Interview / Written Test • Observation / Demonstration with Oral Questioning
Context of Assessment	<p>Competence may be assessed in the work place or in a simulated work place setting.</p>

Occupational Standard: Health Extension Services Level III	
Unit Title	Provide First Aid
Unit Code	HLT HES3 14 0614
Unit Descriptor	This unit describes the knowledge, skills and attitude required to deliver first aid and basic client care in the health post and within the surrounding area of the community based on client needs.

Element	Performance Criteria
1 Assess and identify client's condition.	<p>1.2 Vital signs are checked and monitored in accordance with local health post standard guidelines.</p> <p>1.3 History of the event is obtained by data records.</p>
2. Provide first aid service	<p>2.1. Clinical equipment are correctly operated as required for client management according to manufacturer/supplier's instructions and local clinical guidelines/protocols</p> <p>2.2. Client care techniques are implemented in accordance with procedures and techniques applicable to health post</p>
3. Refer client requiring further care	<p>3.1 Relevant client details are documented according to Health post standard guidelines.</p> <p>3.2 Client confidentiality is maintained at all times and levels.</p> <p>3.3 Documentation for referral procedures is ensured.</p> <p>3.4 Appropriate information to individuals involved in referral is conveyed to facilitate understanding and optimal care.</p> <p>3.5 Client care is maintained until responsibility is taken over by staff of the receiving health institutions during referral.</p>

Variables	Range
Vital signs	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Conscious state assessment e.g. unconsciousness • Respiratory status assessment, e.g. rate, rhythm, effort and breath sounds • Perfusion status assessment, e.g. pulse, blood pressure.
History of event	<p>Includes present history and may be elicited from:</p> <ul style="list-style-type: none"> • Client • bystander • Primary care givers • Medical (health) personnel • Evidence at the sight
Client history	<p>Includes:</p> <ul style="list-style-type: none"> • Pre-existing conditions • Allergies • Current medication or treatment

Client management	Will need to take into account: <ul style="list-style-type: none"> • Location and nature of incident • Environmental conditions
Types of documentation	May include, but are not limited to: <ul style="list-style-type: none"> • Incident reports • Referral reports • Case management records

Evidence Guide	
Critical Aspects of Competence	Evidence required demonstrating this competency unit: <ul style="list-style-type: none"> • Acquisition of essential knowledge across the range statement outlined to confirm physical health status. • After successful completion of initial checkup, provide basic care and meet referral decision
Underpinning Knowledge and Attitudes	Must demonstrate knowledge of: <ul style="list-style-type: none"> • Basic anatomy and physiology as defined in unit confirming physical health status • Procedures and equipment used for Basic Life Support, as specified within authorized limits • First aid techniques • STIs/HIV/AIDS, TB, and malaria • Understanding of client psychology • Organization administrative policies and procedures • Function of documentation being provided
Underpinning Skills	Must demonstrate skills to: <ul style="list-style-type: none"> • Make initial client checkup • Provide first aid service • Implement basic client care procedures • Refer client requiring further care
Resources Implication	Access is required to real or appropriately simulated situations, including work areas, materials and equipment, and to information on workplace practices and OHS practices.
Methods of Assessment	Competence may be assessed through: <ul style="list-style-type: none"> • Interview / Written Test • Observation / Demonstration with Oral Questioning
Context of Assessment	Competence may be assessed in the work place or in a simulated work place setting.

Occupational Standard: Health Extension Services Level III	
Unit Title	Manage Community Health Service
Unit Code	HLT HES3 15 0614
Unit Descriptor	This unit describes the knowledge, skills and attitude required to manage community health services following organization policies and procedures in an ethical manner.

Element	Performance Criteria
1. Follow organizational guidelines, understand health policy and service delivery system	<p>1.1 The policy and organization of the health care system of Ethiopia is comprehended.</p> <p>1.2 Primary healthcare in Ethiopia is understood.</p> <p>1.3 Elements of primary health care are identified.</p> <p>1.4 Health service extension program is understood.</p> <p>1.5 Workplace instructions and policies are followed.</p> <p>1.6 Organizational programs and procedures are supported within the job role.</p> <p>1.7 Organizational resources are used for the purpose intended.</p>
2. Work ethically	<p>2.1 Alignment of decisions and actions within job description is ensured and are consistent with organization values.</p> <p>2.2 Duties are performed promptly and consistently in all workplace activities.</p> <p>2.3 Inappropriate gifts are not accepted.</p> <p>2.4 Client resources and possessions are used for the purpose intended.</p> <p>2.5 Reasonable and careful manner are behaved at all times.</p> <p>2.6 Confidentiality is maintained in accordance with organization requirements.</p> <p>2.7 Difficulties in carrying out duties are reported to appropriate person/supervisor.</p>
3. Provide team leadership and assign responsibilities	<p>3.1 Work requirements are identified and presented to team members.</p> <p>3.2 Reasons for instructions and requirements are communicated to team members.</p> <p>3.3 Duties and responsibilities are allocated having regarded to the skills, knowledge and aptitude required to properly undertake the assigned task and according to company policy.</p>

	3.4 Duties are allocated having regard to individual preference, domestic and personal considerations, whenever possible.
4. Establish quality standards, assess and record quality of service deliver	<p>4.1 Quality standard procedures for health services are developed and agreed upon.</p> <p>4.2 Quality standard procedures are documented in accordance with the organization policy.</p> <p>4.3 Standard procedures are introduced to organizational staff / personnel.</p> <p>4.4 Standard procedures are revised / updated when necessary.</p> <p>4.5 Services delivered are checked and evaluated against organization quality standards and parameters and specifications.</p> <p>4.6 Gaps are identified and corrective actions are taken in accordance with organization policies and procedures.</p> <p>4.7 Records of the quality performance activities are kept in accordance with organization procedures.</p> <p>4.8 Information on quality and other indicators of service performance is recorded.</p>
5. Manage work and resources at a Health Post	<p>5.1 Appropriate communication method is selected.</p> <p>5.2 Multiple operations involving several topics areas are communicated accordingly.</p> <p>5.3 Questions are used to gain extra information.</p> <p>5.4 Correct sources of information are identified</p> <p>5.5 Information is selected and organized correctly.</p> <p>5.6 Verbal and written reporting is undertaken when required.</p> <p>5.7 Communication skills are maintained in all situations.</p> <p>5.8 Response to workplace issues is sought.</p> <p>5.9 Response to workplace issues are provided immediately.</p> <p>5.10 Constructive contributions are made to workplace discussions on such issues as production, quality and safety.</p> <p>5.11 Goals/objectives and action plan undertaken in the workplace are communicated.</p> <p>5.12 Issues and problems are identified.</p> <p>5.13 Information regarding problems and issues are organized coherently to ensure clear and effective communication.</p>

	5.14 Dialogue is initiated with appropriate staff/personnel. 5.15 Communication problems and issues are raised as they arise.
6. Lead workplace communication	6.1 Elements of communication are identified. 6.2 Barriers to communication are identified. 6.3 Types of communication are recognized.

Variable	Range
Organization programs and procedures	May include those relating to: <ul style="list-style-type: none"> • Administrative systems including: filing; record-keeping; workplace programs and timetable management systems; use of equipment; staff rosters • Workplace agreements • Job descriptions • Occupational Health and Safety (OHS) • Grievance procedures • Professional code of conduct and ethics
Workplace instructions	May be: <ul style="list-style-type: none"> • Written or verbal
Report	May be: <ul style="list-style-type: none"> • Notes, memos, records, letters, reports via phone, face-to-face reports
Work requirements	Includes: <ul style="list-style-type: none"> • Client Profile, assignment instructions
Quality standards and parameters	Includes: <ul style="list-style-type: none"> • Materials, components, work process, designed standard and specification
Performance	Includes: <ul style="list-style-type: none"> • Work output, work quality, team participation, compliance with workplace protocols, safety, customer service
Methods of communication	Includes: <ul style="list-style-type: none"> • Verbal, face to face, written, using internet, phone call

Evidence Guide	
Critical Aspects of Competence	Must demonstrate knowledge and skills on: <ul style="list-style-type: none"> • Policies and regulation of the organization • Mission and Values of the organization • Scope of work • Professional code of conduct and ethics • Maintained or improved individuals and/or team performance • Assessed and monitored team and individual performance against set criteria • Allocated duties and responsibilities, having regard to

	<p>individual's knowledge, skills and aptitude and the needs of the tasks to be performed</p> <ul style="list-style-type: none"> • Set and communicated performance expectations for a range of tasks and duties within the team and provided feedback to team members • Identify required standard for each service provided • Check service and completed work continuously against organization standard. • Identify gaps of service, cause of gaps and take corrective measures and keep records • Deal with a range of communication/information at one time • Make constructive contributions in workplace issues • Respond to workplace issues promptly • Use appropriate sources of information
<p>Underpinning Knowledge and Attitudes</p>	<p>Must demonstrate knowledge of:</p> <ul style="list-style-type: none"> • Organization policies, procedures and programs relating to the work role • Organization occupational health and safety (OHS) policies and procedures • Organization mission and values • Legal and ethical issues associated with work role • How performance expectations are set • Methods of Monitoring Performance • Duties and responsibilities of team members • Relevant quality standards and characteristics of services • Relevant evaluation techniques and quality checking • Organization requirements for written and electronic communication methods • Effective verbal communication methods
<p>Underpinning Skills</p>	<p>Must demonstrate skills of:</p> <ul style="list-style-type: none"> • Interpreting policies, regulation and procedures and put into practice • Using basic workplace technology and equipment in line with workplace requirements and instructions • Work within legal and ethical requirements of job role • Communication required for leading teams • Informal performance counseling • Team building • Negotiating • Interpreting work instructions, specifications and standards appropriate to the required work or service • Carrying out relevant performance evaluation • Organizing information • Understanding and conveying intended meaning

Resources Implication	Access is required to real or appropriately simulated situations, including work areas, materials and equipment, and to information on workplace practices and OHS practices.
Methods of Assessment	Competence may be assessed through: <ul style="list-style-type: none"> • Interview / Written Test • Observation / Demonstration with Oral Questioning
Context of Assessment	Competence may be assessed in the work place or in a simulated work place setting.

Occupational Standard: Health Extension Services Level III	
Unit Title	Respond to Emergencies
Unit Code	HLT HES3 16 0614
Unit Descriptor	This unit describes the process of recognizing and responding to emergencies and implementing a range of life support measures across a broad spectrum of situations or incidents.

Element	Performance Criteria
1. Prepare for emergency situations	1.1 Safety equipment and aids required for emergencies are selected, used, maintained and stored in good order. 1.2 Regular checks of the workplace are carried out to minimize potential hazards. 1.3 Appropriate actions are taken to maximize safety and minimize health hazards in the workplace. 1.4 Options for action in cases of emergency are identified and evaluated. 1.5 Organizational emergency procedures and policies are correctly implemented. 1.6 Occupational health and safety procedures and safe working practices are applied. 1.7 Potential hazards are reported and documented.
2. Evaluate the emergency	2.1 The possible development of emergency and potential hazards are assessed and evaluated. 2.2 Advice is sought from relevant people in evaluating the emergency. 2.3 Needs, including those for assistance, are prioritized promptly and accurately. 2.4 Emergency and potential emergency situation are reported.
3. Act in an emergency	3.1 The plan of action is implemented using techniques appropriate to the situation and available resources and abilities. 3.2 Equipment is operated safely and, where necessary, equipment and techniques are improvised. 3.3 Strategies for group control are identified and implemented, and clients and other individuals are removed from danger. 3.4 The condition of all staff and others assisting is constantly monitored. 3.5 The information required to assist emergency services, where

	<p>relevant, is acquired and documented.</p> <p>3.6 Emergency services are notified as necessary.</p> <p>3.7 The plan of action is changed to accommodate changes in the situation variables.</p> <p>3.8 Casualty evacuation methods are demonstrated where relevant to the context.</p> <p>3.9 Organizational procedures and policies and legal requirements are correctly implemented in the event of a major injury or death.</p>
4. Apply essential first aid techniques	<p>4.1 Immediate risk to self and casualty's health and safety are minimized by isolating the hazard.</p> <p>4.2 The casualty's injuries and vital signs are assessed.</p> <p>4.3 Casualty is reassured in a caring and calm manner and made comfortable using available resources.</p> <p>4.4 First aid care is provided in accordance with established first aid procedures.</p> <p>4.5 First aid assistance is sought from others as appropriate.</p>

Variable	Range statement
Situation variables	<p>May apply to:</p> <ul style="list-style-type: none"> • Capabilities of the group/clients • weather conditions • topography, time factors • human resources • available food and water • size of search area • distance from emergency response providers • delays in accessing emergency help • time of day • communications facilities and difficulties • emotional and physical condition of casualties
Hazards	<p>May include:</p> <ul style="list-style-type: none"> • Biological • chemical • mechanical • electrical, thermal • explosive • structural • climatic • psychological (e.g., critical incident stress) • nuclear, proximity of other people • vehicles and machinery • fire, gas, fumes, electrical situations

	<ul style="list-style-type: none"> • security related and wildlife related situations
Workplace procedures	<p>Refer to:</p> <ul style="list-style-type: none"> • Search procedures (search of likely routes followed) • systematic search, voice or whistle contacts) • evacuations, use of isolating equipment • prevention of escalation of risk, containment • clean up, control of fire, administering of first aid • assistance to injured team member, • retrieval of team member and activity-specific rescue techniques
Personal protective equipment	<p>Refer to:</p> <ul style="list-style-type: none"> • Firefighter protective clothing • helmets and hardhats, boots, gloves • breathing apparatus • protective clothing • protective hose lines or sprays • safety eye washes and safety showers
Industrial gases	<p>May include:</p> <ul style="list-style-type: none"> • Compressed and liquefied fuel gases, oxygen, acetylene, • nitrogen, anhydrous ammonia and carbon dioxide
Emergencies	<p>May be:</p> <ul style="list-style-type: none"> • Fire, hazardous releases, fuel spillage, gases, chemical spills, bomb threats, civil disorder • medical (e.g., bites, stings, epileptic fit, heart attack) • road accidents, injury from machinery and equipment, fall • climbing accident, swimming or diving accident • snake bite or poisoning, respiratory or cardiac arrest, and • electrocution, injuries, panic and other emotional responses • equipment failure, lost team or team member • result of environmental conditions (e.g., heat, cold, wet, snow wind, lightning, bushfires, floods, high seas), and activity-specific
Relevant people	<p>May include:</p> <ul style="list-style-type: none"> • Managers, OHS officers, workplace first aiders • Fire wardens, emergency service people • other external experts and consultants
Injuries	<p>May include:</p> <ul style="list-style-type: none"> • Shock, external bleeding, burns, limb • abdominal and pelvic injuries, head and neck injuries • poisoning, bites and stings • facial injuries and management of a casualty with chest pains • who is fitting, who is known to have diabetes and collapses • who is choking, who is drowning, who has a swollen neck • who has asthma, who is not breathing • who is suffering from overexposure • who is suffering from a chest injury, and/or who has been hit by a motor vehicle or injured by machinery and equipment

Others	<p>May include:</p> <ul style="list-style-type: none"> • Participants in an activity or program, colleagues, general public, small group or larger group, experienced or inexperienced personnel
Development of the situation	<p>May include:</p> <ul style="list-style-type: none"> • Spread of fire • threat to adjoining areas • danger of explosion • loss of communications and involvement of additional persons
Emergency reports and signals	<p>May include:</p> <ul style="list-style-type: none"> • Observation • verbal, emergency warning system • emergency alarm system • hand signals, verbal reports • telephone communications • radio communications and whistles
Emergency services	<p>May be:</p> <ul style="list-style-type: none"> • Police Search and Rescue • Emergency Service • Fire Brigade • Ambulance Service • Land Management Authorities (e.g., National Parks, Forestry)
Management authorities	<p>May include:</p> <ul style="list-style-type: none"> • city councils, local government authorities, departments, agricultural producers, defense forces, water authorities and utility agencies and commissions

Evidence Guide	
Critical Aspects of Competence	<p>Must demonstrate the ability to:</p> <ul style="list-style-type: none"> • Apply OHS legislative requirements and Codes of Practice. • Practice first aid skills using prepared and improvised materials. • Implement hazard identification, assessment and control. • Deal with contingencies. • Communicate with others
Underpinning Knowledge and Attitudes	<p>Must demonstrate knowledge of:</p> <ul style="list-style-type: none"> • Use of safe working practices. • Emergency network. • Enterprise plan and evacuation procedures. • OHS legislative requirements and codes of practice. • Legal responsibilities and duty of care. • Use of communications equipment. • Organizational and legal policies and procedures in the event of an accident/incident. • Local call out procedures to access emergency services personnel.

	<ul style="list-style-type: none"> • Practical first aid skills using prepared and improvised materials. • Hazard identification, assessment and control.
Underpinning Skills	<p>Must demonstrate skills to:</p> <ul style="list-style-type: none"> • Accurately evaluate the emergency. • Avoid/control escalation of the emergency. • Develop a plan of action decisively. • Efficiently implement a plan of action. • Render first aid care. • Deal with contingencies. • Communicate with others.
Resources Implication	Access is required to real or appropriately simulated situations, including work areas, materials and equipment, and to information on workplace practices and OHS practices.
Methods of Assessment	<p>Competence may be assessed through:</p> <ul style="list-style-type: none"> • Interview / Written Test • Observation / Demonstration with Oral Questioning
Context of Assessment	Competence may be assessed in the work place or in a simulated work place setting.

NTQF Level IV

Occupational Standard: Health Extension Services Level IV	
Unit Title	Manage Community Health Services
Unit Code	HLT HES4_01_0614
Unit Descriptor	This unit describes the knowledge, skills and attitude required to manage health service of the area in an ethical manner and improving quality by doing small scale research.

Elements	Performance Criteria
1. Plan, manage, monitor and evaluate health system	<p>1.1 The health care system through efficient management skills are dealt with.</p> <p>1.2 Health programs are planned.</p> <p>1.3 Human resource and supply for health care are dealt with.</p> <p>1.4 Individual and team are developed.</p> <p>1.5 Issues rose through participation and consultation are promptly and effectively resolved.</p> <p>1.6 Health service monitoring and evaluation mechanisms are developed.</p>
2. Lead and develop individuals and teams	<p>2.1 Learning and development needs are systematically identified and implemented in line with organizational requirements.</p> <p>2.2 Individuals are encouraged to self-evaluate performance and identify areas for improvement.</p> <p>2.3 Learning and development program goals and objectives are identified to match the specific knowledge and skills requirements of competence standards.</p> <p>2.4 Workplace learning opportunities and coaching/ mentoring assistance are provided to facilitate individual and team achievement of competencies.</p> <p>2.5 Team's members developed individual and joint responsibility for their actions.</p> <p>2.6 Collaborative efforts are sustained to attain organizational goals.</p> <p>2.7 Feedback from individuals or teams is used to identify and implement improvements in future learning arrangements.</p>

<p>3. Plan, collect, analyze, utilize and maintain population health data</p>	<p>3.1 Standardized questionnaire are developed.</p> <p>3.2 Questionnaire is pre-tested, modified and amended.</p> <p>3.3 Required resources are collected.</p> <p>3.4 Data collectors are selected and trained based on pre-prepared data collection training manual.</p> <p>3.5 Necessary data set is identified and collected.</p> <p>3.6 Data are entered and cleaned.</p> <p>3.7 Data are analyzed and interpreted.</p> <p>3.8 Data are prepared, submitted and utilized according to prescribed procedures and guidelines.</p> <p>3.9 Registration book for vital events is prepared.</p> <p>3.10 Vital event are continuously and consistently collected and updated timely.</p> <p>3.11 Vital events are reported regularly to Health Center, Woreda and Kebele health offices.</p>
<p>4. Establish principles of health care ethics</p>	<p>4.1 Ethical values are developed.</p> <p>4.2 Principles of health care ethics are addressed.</p>

Variables	Range
<p>Health service is defined as</p>	<p>Health care provided to the community in a way of</p> <ul style="list-style-type: none"> • Health promotion and prevention • Facility based curative service

Evidence Guide	
<p>Critical Aspects of Competence</p>	<p>Assessment requires evidence that the candidate's ability to:</p> <ul style="list-style-type: none"> • Collect vital events and surveillance data • Analyze, interpret and utilize population data • Document and maintain community health data • Plan and manage health extension service • Plan and manage individuals and teams • Principles of health care ethics
<p>Underpinning Knowledge and Attitudes</p>	<p>Must demonstrate knowledge of:</p> <ul style="list-style-type: none"> • Population health data collection, analysis, interpretation and utilization • National and local health goals, targets and priorities • Evidence-based practice • Equity issues in population health • Basic statistical concepts and procedures.

	<ul style="list-style-type: none"> • Survey methodology • Report writing and dissemination • Basic principles of leadership • Principles of health care ethics
Underpinning Skills	<p>Must demonstrate skills to:</p> <ul style="list-style-type: none"> • Systematically collect data • Analyze, interpret and utilize data • Prepare, write and submit reports • Plan and manage health extension service
Resources Implication	Access is required to real or appropriately simulated situations, including work areas, materials and equipment, and to information on workplace practices and OHS practices.
Methods of Assessment	<p>Competence may be assessed through:</p> <ul style="list-style-type: none"> • Interview / Written Test • Observation / Demonstration with Oral Questioning
Context of Assessment	Competence may be assessed in the work place or in a simulated work place setting.

Occupational Standard: Health Extension Services Level IV	
Unit Title	Manage Health Education, Advocacy and Community Mobilization
Unit Code	HLT HES4 02 0614
Unit Descriptor	This unit describes the knowledge, skills and attitude required to undertake health education, advocacy and mobilize community on identified health issues.

Element	Performance Criteria
1. Undertake advocacy on identified health issues	<p>1.1 Advocacy plan is prepared to address an identified health issue.</p> <p>1.2 Sensitizations are conducted with decision makers, community leaders, and other stakeholders on identified health issues.</p> <p>1.3 Continuous and consistent awareness raising activities to persuade and get community willingness and involvement.</p>
2. Mobilize community	<p>2.1 Community and all available resources are organized.</p> <p>2.2 Community is mobilized, identified health issue is solved and desired health outcome is achieved.</p>
3. Manage health education and communication	<p>3.1 Assessment and gap identification activities are performed.</p> <p>3.2 Target group identification is done.</p> <p>3.3 Health education plan is prepared.</p> <p>3.4 Methods and approaches of health communication are designed.</p> <p>3.5 Health education service is provided.</p> <p>3.6 Monitoring of service utilization and evaluation of behavioral change is done.</p> <p>3.7 Strategies for internal and external dissemination of information are developed, promoted, implemented and reviewed as required.</p> <p>3.8 Work related network and relationship are maintained as necessary.</p> <p>3.9 Negotiation and conflict resolution strategies are used where required.</p> <p>3.10 Different approaches are used to meet communication needs of clients and colleagues.</p>

Variables	Range
Stakeholders	<p>May include but not limited to:</p> <ul style="list-style-type: none"> • Bodies taking part in the activities, like: <ul style="list-style-type: none"> ➢ Schools ➢ Agriculture sector ➢ Women's association ➢ Youth association ➢ Development partners
Community mobilization	<p>May include but not limited to:</p> <ul style="list-style-type: none"> • Sensitization/ awareness • Discussion • Campaign • Community conversation • Community involvement in planning and implementation

Evidence Guide			
Critical Aspects of Competence	<p>Evidence should demonstrate the individual's ability to:</p> <ul style="list-style-type: none"> • Communicate and convince the community and decision makers • Work with decision makers and community volunteers • Mobilize and solve an identified community health issues • Disseminate relevant health information to address community needs • Adopt relevant communication techniques and strategies • Demonstrate effective communication skill 		
Underpinning Knowledge And Attitudes	<p>Must demonstrate knowledge of:</p> <ul style="list-style-type: none"> • Advocacy and community mobilization • Local community traditions, values, cultural beliefs and expectations • Relevant policies, laws and regulations, workplace norms, procedures, programs, guidelines and professional ethics for advocacy and community mobilization • Major health problems in the community • Decision and community perceptions on health issues • Planning, implementation and evaluation of advocacy and community mobilization • Adopt relevant communication techniques and strategies 		
Underpinning Skills	<p>Must demonstrate skills of:</p> <ul style="list-style-type: none"> • Advocating and persuading community on identified health issues • Good listening • Communicating and persuading people • developing supportive social networks and forming strong coalitions and joint ventures • good collaboration 		
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	<ul style="list-style-type: none"> • good consensus building • good negotiation • conducting meetings • Mobilize community on the identified health issues • effective communication
Resources Implication	Access is required to real or appropriately simulated situations, including work areas, materials and equipment, and to information on workplace practices and OHS practices.
Methods of Assessment	Competence may be assessed through: <ul style="list-style-type: none"> • Interview / Written Test • Observation / Demonstration with Oral Questioning
Context of Assessment	Competence may be assessed in the work place or in a simulated work place setting.

Occupational Standard: Health Extension Services Level IV	
Unit Title	Manage Common Communicable Diseases
Unit Code	HLT HES4 03 0614
Unit Descriptor	This unit describes knowledge, skills and attitude required to undertake community diseases surveillance, identify communicable diseases, promote preventive methods, provide basic curative Practices and refer cases beyond scope to next higher health institution.

Element	Performance Criteria
1. Conduct community diagnosis and case management	<p>1.1 Data collection instrument is prepared and data are collected.</p> <p>1.2 Health problems are identified based on the synthesized report.</p> <p>1.3 Plan is prepared to resolve the identified health problems.</p> <p>1.4 Methods are selected to resolve the health problems.</p> <p>1.5 Teaching materials collected as per the designed teaching methodology.</p> <p>1.6 Communicable disease prevention and control methods explained according to the existing health education guideline.</p> <p>1.7 Activity reported, documented, and followed up based on the standard format.</p>
2. Perform disease Surveillance	<p>2.1 Preparations for surveillance are made.</p> <p>2.2 Data are collected through active and passive surveillance procedures.</p> <p>2.3 Data are organized, analyzed and interpreted.</p> <p>2.4 Possible and Probable cases determined based on the standard case definition.</p> <p>2.5 Timely and complete reports (public burden, epidemic prone, under elimination/eradication) are submitted using the existing guidelines.</p> <p>2.6 Appropriate action carried out in collaboration with different stake holders.</p> <p>2.7 Feedbacks are collected and disseminated to the concerned bodies as per the existing formats.</p>
3. Follow up of Cases	<p>3.1 Cases are collected from the referral format.</p> <p>3.2 House to house visit conducted.</p>

	<p>3.3 Defaulters are traced and given advice.</p> <p>3.4 Anti-TB drugs are administered when cases are transferred from the health center based on the national treatment guidelines.</p> <p>3.5 Follow up of ART and other cases is performed.</p>
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Variables	Range
Prevention	<p>Includes</p> <ul style="list-style-type: none"> • Promotion of health • Prevention of exposure • Prevention of transmission
Surveillance preparations	<p>May include but not limited to:</p> <ul style="list-style-type: none"> • Questionnaire development • Pre-testing and amendment • Select and train data collectors • Avail required resources
Surveillance	<p>Referred to as:</p> <ul style="list-style-type: none"> • The process of detecting the incidence of disease, trend, and geographical spread of infection
Feed back	<p>Includes the:</p> <ul style="list-style-type: none"> • Exchange of information between the health post and Health center and Woreda health office
Defaulter	<p>Is:</p> <ul style="list-style-type: none"> • Client who discontinued taking the prescribed drug regimen or treatment

Evidence Guide	
Critical Aspects of Competence	<p>Must demonstrate knowledge and skill to:</p> <ul style="list-style-type: none"> • Undertake community diagnosis and surveillance for early management of epidemics. • Educate the community on communicable diseases. • Apply principles of communicable disease control. • Work in collaboration with various partners and stake holders.
Underpinning Knowledge And Attitudes	<p>Must demonstrate knowledge of:</p> <ul style="list-style-type: none"> • Principles and method of infectious disease prevention. • Common infectious diseases management • Basic statistics concept and procedure (HMIS) • Principles of surveillance
Underpinning Skills	<p>Must demonstrate skills to :</p> <ul style="list-style-type: none"> • Educate the community on prevention of communicable/infectious diseases and early detection of disease • Manage common communicable diseases • Perform disease surveillance

	<ul style="list-style-type: none"> • Follow up of cases
Resources Implication	Access is required to real or appropriately simulated situations, including work areas, materials and equipment, and to information on workplace practices and OHS practices.
Methods of Assessment	Competence may be assessed through: <ul style="list-style-type: none"> • Interview / Written Test • Observation / Demonstration with Oral Questioning
Context of Assessment	Competence may be assessed in the work place or in a simulated work place setting.

Occupational Standard: Health Extension Services Level IV	
Unit Title	Manage Common Non-Communicable Diseases
Unit Code	HLT HES4 04 0614
Unit Descriptor	This unit describes knowledge, skills and attitude required to improve the life style of the community that will enable to prevent and control non-communicable diseases (DM, HTN, COPD, Cancer, Cataract, Mental illness, Dental health, etc). It also describes effective community based rehabilitation (CBR) for the people with disabilities, early detection (screening), referral and follow up of cases.

Element	Performance Criteria
2. Prevent non-communicable diseases	1.1 Community diagnosis carried out and cases are identified based on the standard procedure. 1.2 Plan is prepared to resolve the identified cases. 1.3 Methods to resolve the case are selected based on case management guideline. 1.4 Educate the community on healthy life style and early detection of disease. 1.5 Activity reported and cases are followed up based on the recommended guideline.
3. Screen and refer clients requiring further investigation and management	2.1 History taking and physical examination (P/E) are done based on the standard procedure. 2.2 Simple test and examination are performed to identify chronic diseases like DM, cataract, breast tumor, hypertension, etc. 2.3 Cases beyond scope are referred for further investigation and management as per the referral procedure.

Variables	Range
Cases beyond scope	<ul style="list-style-type: none"> Cases that cannot be handled and managed by the community health nurse

Evidence Guide	
Critical Aspects of Competence	Must demonstrate knowledge and skill to: <ul style="list-style-type: none"> Deliver health education to prevent non-communicable diseases Take client history and make examinations Screen, detect, refer and follow up of cases

Underpinning Knowledge And Attitudes	<p>Must demonstrate knowledge on:</p> <ul style="list-style-type: none"> • Common non-communicable diseases • Screening and detecting non-communicable diseases • Basic Nutrition and healthy life style • Health Education • Physical examination and minor tests
Underpinning Skills	<p>Must demonstrate skills of:</p> <ul style="list-style-type: none"> • Interpersonal communication and persuasion skill • Educating the community on healthy life style and early detection of diseases • Screening, early detection and referral capability
Resources Implication	Access is required to real or appropriately simulated situations, including work areas, materials and equipment, and to information on workplace practices and OHS practices.
Methods of Assessment	<p>Competence may be assessed through:</p> <ul style="list-style-type: none"> • Interview / Written Test • Observation / Demonstration with Oral Questioning
Context of Assessment	Competence may be assessed in the work place or in a simulated work place setting.

Occupational Standard: Health Extension Services Level IV	
Unit Title	Manage Hygiene and Environmental Health
Unit Code	HLT HES4 05 0614
Unit Descriptor	This unit describes the knowledge, skills and attitude required to provide hygiene and environmental sanitation to individuals, families and community through volunteer community members and community health workers to improve the health of a community. It also describes the competency of providing supportive supervision and monitoring based on given clear instructions.

Element	Performance Criteria
1. Organize and evaluate hygiene and environmental health programs	<p>1.1 An assessment on hygiene and environmental health is made and gaps are identified.</p> <p>1.2 Hygiene and environmental health program are planned based on identified gaps.</p> <p>1.3 Clients are educated on basic personal hygiene and its significance.</p> <p>1.4 <i>Institutional hygiene and sanitation</i> is improved and practiced.</p> <p>1.5 Information is provided on food hygiene and safety.</p> <p>1.6 The hygienic requirements of food and drink establishments are identified.</p> <p>1.7 Sanitary inspection in food and drink establishments is undertaken and assisted.</p> <p>1.8 Clients are identified and educated on environmental health hazards, <i>healthful housing</i> and air pollution.</p> <p>1.9 The hygiene and environmental health plan is monitored and evaluated and amendments are made based on gaps identified.</p> <p>1.10 Records of the hygiene and environmental health activities are kept and maintained.</p>
2. Provide supervision of health extension Practices at household and institution level	<p>3.1 Debriefing and support is provided to:</p> <p>3.1.1 HEW is provided with a supportive environment to discuss work issues</p> <p>3.1.2 Confidentiality of clients and HEW are maintained</p> <p>3.1.3 HEW and volunteers are guided through a process of self reflection and key issues are reviewed relating to hygiene and environmental health</p>

	<p>3.1.4 HEW is assisted to identify personally confronting issues and are constructively utilized in health extension work</p> <p>3.1.5 HEW is assisted to identify and apply appropriate strategies and techniques for protection of self and clients in health extension services</p> <p>3.2 Processes and outcomes are analyzed and evaluated to:</p> <p>3.2.1 information is obtained to clarify issues arising and strategies used to address these issues in hygiene and environmental health</p> <p>3.2.2 client outcomes achieved through health extension service are clarified</p> <p>3.2.3 strategies and practices used by health extension worker are analyzed</p> <p>3.2.4 the effectiveness of strategies and practices used in health extension service are evaluated in terms of outcomes and impact</p> <p>3.3 Feedback and support to health extension promoters and health extension workers are provided to:</p> <p>3.3.1 strategies and practices used by health extension workers are discussed in relation to client outcomes and impact</p> <p>3.3.2 feedback is provided to reinforce appropriate health extension service and/or to support change where required</p> <p>3.3.3 professional guidance is provided to health extension workers as required</p> <p>3.3.4 health extension worker is supported to change and/or enhance practices as appropriate</p>
3. Assist in the evaluation of health information provision	<p>3.1 client and/or community is consulted about effectiveness of hygiene and environmental health information.</p> <p>3.2 feedback is sought to determine how well health information has been understood.</p> <p>3.3 feedback is provided in line with organization and supervisory requirements.</p>

Variables	Range
Institutional hygiene and sanitation	<p>Includes but not limited to:</p> <ul style="list-style-type: none"> • School hygiene and sanitation • Prison hygiene and sanitation • Health facility hygiene and sanitation

	<ul style="list-style-type: none"> • Public offices hygiene and sanitation • Religious institutions hygiene and sanitation • Mill house hygiene and sanitation
Healthful housing	<p>Includes:</p> <ul style="list-style-type: none"> • Satisfaction of physiological needs • Protection against infection • Protection against accidents • protection against psychological and social stresses

Evidence Guide	
Critical Aspects of Assessment	<p>Must demonstrate knowledge and skills to:</p> <ul style="list-style-type: none"> • Assess and identify hygiene and environmental health gaps • Prepare and Implement feasible plan of hygiene and environmental health activities • Undertake activity analysis – breaking activities down into component parts • Monitor and evaluate knowledge and skill
Underpinning Knowledge and Attitudes	<p>Must demonstrate knowledge on:</p> <ul style="list-style-type: none"> • Principles and Concepts of Hygiene and Environmental Health • Environmental Health Hazards • Personal Hygiene • Healthful Housing • Institutional Hygiene and Sanitation • Important Vectors in Public Health • Food Hygiene and Safety • Hygienic Requirements of Foods and Drink Practice Establishment • Provision of Safe Drinking Water • Treatment of Drinking Water at Household and Community Level • Community drinking water source protection • Sanitary survey of drinking water • Waste management
Underpinning Skills	<p>Must demonstrate skills to:</p> <ul style="list-style-type: none"> • Apply assessment and planning procedures and activities • Undertake activity analysis – breaking activities down into component parts • Work under direct and indirect supervision • Communicate effectively with clients for hygiene and environmental health activities • Communicate effectively with co-workers • manage time, personal organization and establishing priorities

Resources Implication	Access is required to real or appropriately simulated situations, including work areas, materials and equipment, and to information on workplace practices and OHS practices.
Methods of Assessment	Competence may be assessed through: <ul style="list-style-type: none"> • Interview / Written Test • Observation / Demonstration with Oral Questioning
Context of Assessment	Competence may be assessed in the work place or in a simulated work place setting.

Occupational Standard: Health Extension Services Level IV	
Unit Title	Manage Child Survival, Growth and Development and Apply IMNCI
Unit Code	HLT HES4 06 0614
Unit Descriptor	This unit describes the knowledge, skills and attitude required to deliver basic child survival, growth and development services and child care according to IMNCI guidelines in the health facility and community.

Element	Performance Criteria
1. Manage child, survival, growth and development activities	<p>1.1 Appropriate child feeding practices are communicated and demonstrated to the care givers.</p> <p>1.2 Communication and playing mechanisms are communicated and demonstrated to the care givers.</p> <p>1.3 Appropriate messages to prevent illnesses are communicated and demonstrated to the care givers.</p> <p>1.4 Messages on health seeking behaviors are communicated to the care givers.</p> <p>1.5 Communicate on child abuse practices and neglect to the care givers.</p> <p>1.6 Child's growth and development patterns are identified.</p> <p>1.7 Child's developmental milestones are recognized and communicated with care givers.</p>
2. Asses, classify and manage common child hood illnesses	<p>2.1 Pertinent history is taken as per the standard procedure.</p> <p>2.2 Physical examination is performed based on standard procedure.</p> <p>2.3 child is correctly assessed by checking general danger signs.</p> <p>2.4 Some basic investigations like rapid diagnostic tests, blood tests are carried out.</p> <p>2.5 Classifications are made based on history , physical examination and investigation.</p> <p>2.6 Correctly identify specific treatments for the child's classification.</p> <p>2.7 Management and follow ups are undertaken based on IMNCI and other treatment guidelines.</p>
3. Refer cases for further investigation and management	<p>3.1 Complicated and cases that cannot be managed at the health facility level are referred urgently based on the referral procedure.</p> <p>3.2 Client confidentiality is maintained at all times.</p>

Variables	Range
Patient history	<ul style="list-style-type: none"> Refers to general information that helps to reach to a certain diagnosis
Physical examination	<ul style="list-style-type: none"> Refers to systematic examination of the general body status with the help of relevant tools
IMNCI	<ul style="list-style-type: none"> Refers to integrated management of neonatal and childhood illnesses
Essential treatment	<p>Includes:</p> <ul style="list-style-type: none"> Treatment given to a client with acute illness to resolve and prevent complication before referral for better treatment and management: for instance providing first line antibiotic, cotrimoxazole, for a child with acute pneumonia.

Evidence Guide	
Critical Aspects of Competence	<p>Must demonstrate knowledge and skill to</p> <ul style="list-style-type: none"> Child's developmental and growth patterns, milestones Take client history and make physical examination manage basic curative service Carry out simple laboratory investigation
Underpinning Knowledge and Attitudes	<p>Must demonstrate knowledge of:</p> <ul style="list-style-type: none"> Child's developmental and growth patterns, milestones Taking history and making physical examination Basic anatomy and physiology Common child hood illnesses Client assessment and classification Emergency life saving procedures Infection prevention
Underpinning Skills	<p>Must demonstrate skills to:</p> <ul style="list-style-type: none"> Take history and perform physical assessment Classify and manage common childhood problems Undertake emergency life saving procedures and management
Resources Implication	<p>Access is required to real or appropriately simulated situations, including work areas, materials and equipment, and to information on workplace practices and OHS practices.</p>
Methods of Assessment	<p>Competence may be assessed through:</p> <ul style="list-style-type: none"> Interview / Written Test Observation / Demonstration with Oral Questioning
Context of Assessment	<p>Competence may be assessed in the work place or in a simulated work place setting.</p>

Occupational Standard: Health Extension Services Level IV	
Unit Title	Intervene Nutrition Problems
Unit Code	HLT HES4 07 0614
Unit Descriptor	This unit describes the knowledge, skills and attitude required to assess, screen and identify nutritional problems and to plan and manage the identified nutritional problems.

Element	Performance Criteria			
1. Plan and undertake assessment for nutrition related health problems	<p>1.4 Nutritional assessment and screening are conducted according to national nutritional assessment protocol of the FMOH</p> <p>1.5 Nutrition related problems are identified</p> <p>1.6 Resource mapping is conducted using the standard format of FMOH</p> <p>1.7 Nutrition eligible community members are identified</p> <p>1.8 Number of expected target group for nutritional problem is calculated from the catchments using standard statistical method</p>			
2. Plan and undertake corrective measures	<p>2.1 Plan is prepared to take corrective measures.</p> <p>2.2 Influential community representatives and volunteers are identified and consulted</p> <p>2.3 Nutrition promotion and education are organized and promoted in partnership with the community and relevant organizations</p> <p>2.4 Nutritional supplements and nutrition promotion and education are provided and maintained</p> <p>2.5 Nutritional problem are supported to take self-care approach in line with individual needs for changing unhealthy behavior on the basis of healthy promotion and strategic behavioral change approach of FMOH.</p>			
3. Manage clients with nutritional problems	<p>3.1 Nutritional problem for clients, symptom of nutritional problems, the importance of early treatment seeking and compliance of treatment are advised on based on national nutritional guideline of FMOH.</p> <p>3.2 Essential Nutrition Action (ENA) is undertaken.</p> <p>3.3 Low risk conditions are managed according to the nutrition protocol.</p> <p>3.4 High risk conditions are referred to the next higher health facility.</p> <p>3.5 Emergency conditions of nutrition are managed</p>			
Page 76 of 153	<table border="1"> <tr> <td>Ministry of Education Copyright</td> <td>Health Extension Services Ethiopia Occupational Standard</td> <td>Version 3 June 2014</td> </tr> </table>	Ministry of Education Copyright	Health Extension Services Ethiopia Occupational Standard	Version 3 June 2014
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	<p>according to the standard nutritional guideline.</p> <p>3.6 Practical preparation and education of balanced diet and therapeutic feeding is demonstrated at health facility, household, school and community level.</p>
4 Register, document and report nutritional records	<p>4.1 Registration book for nutritional events registration is prepared according to Nutrition Information System (NIS) standards of FMOH.</p> <p>4.2 Nutrition events data are collected continuously and maintained on the basis of HMIS guideline of FMOH.</p> <p>4.3 Nutrition events data are updated timely according to HMIS guideline of FMOH.</p> <p>4.4 Nutrition activities are reported and communicated to the higher level and relevant body on the basis of HMIS procedure of the FMOH.</p>

Variables	Range
Screening	<p>Includes:</p> <ul style="list-style-type: none"> • Anthropometric measuring technique <ul style="list-style-type: none"> ➤ Wt/age ➤ Wt/height ➤ Body mass index ➤ Mid upper arm circumference (MUAC) ➤ Skin fold ➤ Head circumference
Nutritional problems (nutritional deficiency disease)	<p>Include:</p> <ul style="list-style-type: none"> • Protein energy malnutrition • Vitamin A deficiency • Vitamin D deficiency • Other vitamin deficiencies • Iron deficiency • Iodine deficiency • Other mineral deficiency
Advice	<p>Includes:</p> <ul style="list-style-type: none"> • The client is guided to ensure that meal choices are consistent with the nutritional care plan designed in the guideline • Practical nutritional education is provided to support meal and food choices consistent with nutrition care plan
Clients	<p>Include</p> <ul style="list-style-type: none"> • Infants, children, adolescents, mothers, aged people, people with disabilities, people with physical or mental illness
Essential nutrition action (ENA)	<p>Includes:</p> <ul style="list-style-type: none"> • Promotion of optimal breast feeding • Complementary feeding • Feeding sick children • Improve women nutrition

	<ul style="list-style-type: none"> • Control of VAD/IDA/IDD
Emergency management	<p>Includes:</p> <ul style="list-style-type: none"> • OTP (outpatient therapeutic program) • TFC (therapeutic feeding center) • SC (stabilization center)
Practical preparation and education	<p>May include:</p> <ul style="list-style-type: none"> • Farming different food items (crops, vegetables, animal products, etc) • Product usage • Food safety from preparation to consumption • Cooking • Food identification • Food hygiene
Nutrition Information System (NIS)	<p>May include:</p> <ul style="list-style-type: none"> • Micronutrient coverage (vitamin A, iodine, iron) • Growth of children under two years (growth monitoring coverage) • Prevalence of malnutrition (severe acute malnutrition and moderate acute malnutrition) • Birth weight • Maternal nutritional status during pregnancy and lactation
Report	<p>Includes:</p> <ul style="list-style-type: none"> • Verbal, telephone, face to face, written materials, progress reports, case notes, incident reports, epidemic reports

Evidence Guide	
Critical Aspects of Competence	<p>Must demonstrate knowledge and skills to:</p> <ul style="list-style-type: none"> • Assess or screen and detect nutritional health problems • Intervene basic nutritional problems • Promote basic nutrition information/ education to the community, and health facility • Monitor client response to the information/education • Document and report community information
Underpinning Knowledge and Attitudes	<p>Must demonstrate knowledge of:</p> <ul style="list-style-type: none"> • The important aspect of nutrition for human body function • Nutrition principles • Cultural diets and restriction • Nutritional composition of food • Food safety • Roles, responsibilities and limitation of self and other allied health team members • Appropriate use of equipment, materials and resources • Social/interpersonal behavior • Principles and practices of confidentiality and privacy • Legal frameworks and policy • Principles of nutritional problems assessment and

	<p>management</p> <ul style="list-style-type: none"> • Documentation • Factors affecting nutrition • Types of nutritional assessment
Underpinning Skills	<p>Must demonstrate skills to:</p> <ul style="list-style-type: none"> • Assess, identify and manage nutritional problems • Plan, organize, conduct and evaluate nutritional education • Follow up and monitor effectiveness of implemented nutritional program • Register and document nutritional records
Resources Implication	<p>Access is required to real or appropriately simulated situations, including work areas, materials and equipment, and to information on workplace practices and OHS practices.</p>
Methods of Assessment	<p>Competence may be assessed through:</p> <ul style="list-style-type: none"> • Interview / Written Test • Observation / Demonstration with Oral Questioning
Context of Assessment	<p>Competence may be assessed in the work place or in a simulated work place setting.</p>

Occupational Standard: Health Extension Services Level IV	
Unit Title	Manage Ante-Natal Care and PMTCT
Unit Code	HLT HES4 08 0614
Unit Descriptor	This unit describes the knowledge, skills and attitude required to plan and manage antenatal care and PMTCT, including recording antenatal data.

Element	Performance Criteria
1. Plan antenatal activity	<p>1.1 Resource mapping is conducted using the standard format of FMOH.</p> <p>1.2 Antenatal eligible is identified and the number of expected pregnant women is calculated from the catchments using standard statistical method.</p> <p>1.3 A plan of action is developed</p>
2. Promote antenatal health care	<p>2.1 Influential community representatives and volunteers are identified and consulted</p> <p>2.2 Antenatal care promotion and education are organized, promoted and provided in partnership with the community and relevant organizations on the basis of inter-sectoral approach.</p> <p>2.3 Antenatal care promotion and education activities are sustained involving the resources of the community on the basis of stakeholders' genuine participation.</p> <p>2.4 Antenatal clients are supported to take self-care and birth plan approach in line with individual needs for changing unhealthy behavior on the basis of healthy promotion and strategic behavioral change approach of FMOH.</p>
3. Take and record complete history of the pregnant mother	<p>3.1 General and social information (name, parity, etc) are taken from the antenatal client based on the standard format and document of FMOH.</p> <p>3.2 Complaints of the current pregnancy are taken from the antenatal client according to the procedure of FMOH.</p> <p>3.3 Obstetric health, medical, surgical history and related complications are collected from previous antenatal and other client documents base on the standard assessment technique.</p>
4. Perform antenatal examination	<p>4.1 According to the standard procedures, complete vital signs (T, BP, PR, RR), Wt, Ht etc are taken.</p> <p>4.2 In line with standard protocol and guidelines; i.e., Inspection, Palpation, Percussion, Auscultation are performed</p>

	<p>4.3 Minor problems of pregnancy are identified based on the standard procedure.</p> <p>4.4 Danger signs are identified according to the standard procedure</p>
5. Manage antenatal cases	<p>5.1 Advice on <i>danger signs</i> of pregnancy, nutrition, sign of labor, the importance of next visit, etc are provided to the client based on history and physical examination.</p> <p>5.2 Pregnancy related and other medical conditions are managed according to the guidelines.</p> <p>5.3 Follow up is undertaken according to the focused antenatal protocol.</p> <p>5.4 Clients' need further care are <i>referred</i> to the next higher health facility according to the standard protocol.</p>
6. Provide PMTCT	<p>6.1 PIHCT is provided to the pregnant mother according to PIHCT protocol of the FMOH.</p> <p>6.2 Information regarding HIV testing is given to the client.</p> <p>6.3 HIV testing is done according to rapid test algorithm of the FMOH.</p> <p>6.4 HIV post-counseling is given to the client according to the standard counseling technique protocol of the FMOH.</p> <p>6.5 Appropriate treatment is given to the pregnant mother according to the national protocol.</p>
7. Register and document antenatal records	<p>7.1 <i>Registration</i> book for antenatal care events registration is prepared according to HMIS standards of FMOH.</p> <p>7.2 Antenatal care events data are collected continuously and sustained on the basis of HMIS guideline of FMOH.</p> <p>7.3 Antenatal care events data are updated timely according to HMIS guideline of FMOH.</p> <p>7.4 Antenatal care activities are reported and communicated to the higher level and relevant body on the basis of HMIS procedure of the FMOH.</p> <p>7.5 The next plan on the number of women to be visited would be revised for the catchments for a specific period of time.</p>

Variables	Range
Antenatal history taking	<p>Includes:</p> <ul style="list-style-type: none"> • General and social information which includes: <ul style="list-style-type: none"> ➤ age ➤ occupation, ➤ place of residence, ➤ marital status, parity,

	<ul style="list-style-type: none"> ➤ number of children, ➤ educational level, ethnicity, economic status • Obstetric information which includes: <ul style="list-style-type: none"> ➤ parity, gravidity ➤ previous abortion ➤ previous CS, ➤ still birth, prolonged labor or obstructed labor, ➤ APH, PPH, multiple pregnancy • Medical information which includes: <ul style="list-style-type: none"> ➤ hypertension, anemia, DM, • Surgical information which includes: laparotomy,
Antenatal physical assessment	<p>Includes:</p> <ul style="list-style-type: none"> • Inspection: inspect thoroughly from the head to toe to look for jaundice, anemia, cyanosis, edema, etc • Palpation: to identify fetal lie and presentation • Auscultation: to appreciate and count the fetal heart beat • Identify all signs/ evidence of pregnancy
Danger signs	<p>Includes:</p> <ul style="list-style-type: none"> • Immediate/Emergency signs and symptoms (bleeding, blurring of vision, severe head ache, convulsions, severe abdominal pain, fever, absence of fetal movement, foul vaginal discharge etc.)
Conditions of pregnancy requiring referral	<p>May include</p> <ul style="list-style-type: none"> • Symptoms such as: <ul style="list-style-type: none"> ➤ Shortness of breath ➤ Absence of fetal movement ➤ Vaginal bleeding (painful and painless) – threatened miscarriage, incomplete miscarriage, placenta praevia, placental abruption ➤ Abdominal pain in early pregnancy – ectopic pregnancy ➤ Premature labor and rupture of membranes ➤ Urinary abnormalities – UTI complaints, glycosuria ➤ Previous history of obstructed labor with complications such as fistula • Signs such as: <ul style="list-style-type: none"> ➤ A rise in BP ➤ Excessive or poor weight gain ➤ Oedema ➤ Abnormal fundal heights for dates ➤ Absence of fetal heart beat ➤ Anemia ➤ Proteinuria/ hypertension – pregnancy-induced hypertension
Register and document medical records	<p>Includes:</p> <ul style="list-style-type: none"> • Documentation of findings from history taken and physical assessment and follow up as procedures manual

Evidence Guide			
Critical Aspects of Competence	<p>Must demonstrate knowledge and skills of:</p> <ul style="list-style-type: none"> • Communication to educate antenatal health care • Identification of danger sign and ability to refer to the next higher level • HIV counseling • Providing basic antenatal health care including history taking, physical assessment, management, registration and documenting records • Providing advice, guidance and support to clients and their families on antenatal health issues 		
Underpinning Knowledge and Attitudes	<p>Must demonstrate knowledge of:</p> <ul style="list-style-type: none"> • Organization policies, protocol, and procedures legal framework, relating to client confidentiality • Planning • Anatomy/ Physiology, Pharmacology and disorder relevant to pregnancy • Antenatal health and prevention and control of infection • Antenatal physical assessment • Nutritional needs of pregnant women • Health conditions, obstetric problems and associated issues related to pregnancy • Strategies to: <ul style="list-style-type: none"> ➢ Improve antenatal health in the community and at household level ➢ Address clients presenting with antenatal problems and identification of danger sign • Managing relevant treatments, medicines and associated care Practices available • Risks and contraindications associated with relevant treatments and medication • Realistic expectation of clients condition during monitoring of progress of pregnancy • Medical problems occurring in pregnancy requiring referral • HIV testing, counseling, and referral • Recording and registration of findings from a physical assessment and follow up as procedures manual 		
Underpinning Skills	<p>Must demonstrate skills to:</p> <ul style="list-style-type: none"> • Plan antenatal activity • Promote antenatal health care • Take client's antenatal history • Perform antenatal examination 		
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	<ul style="list-style-type: none"> • Assess antenatal danger signs • Manage antenatal problems • Provide PMTCT • Register and document antenatal records
Resources Implication	Access is required to real or appropriately simulated situations, including work areas, materials and equipment, and to information on workplace practices and OHS practices.
Methods of Assessment	Competence may be assessed through: <ul style="list-style-type: none"> • Interview / Written Test • Observation / Demonstration with Oral Questioning
Context of Assessment	Competence may be assessed in the work place or in a simulated work place setting.

Occupational Standard: Health Extension Services Level IV	
Unit Title	Manage Delivery Practice
Unit Code	HLT HES4 09 0614
Unit Descriptor	This unit describes knowledge, skills and attitude required to manage the process of skilled delivery at health facility level.

Elements	Performance Criteria
1. Support women before and during childbirth	<p>1.1 Local birthing practices and cultural beliefs are identified and discussed with women in planning and advocating for appropriate childbirth.</p> <p>1.2 Roles, relationships and responsibilities to support safe birthing are discussed.</p> <p>1.3 Signs of onset of labor are discussed and identified to support women in attending a delivery practice as required.</p>
2. Provide institutional skilled delivery practice	<p>2.1 Assessment of mother in labor is done and partograph is completed.</p> <p>2.2 Normal delivery bundles and instructions are maintained in a health post.</p> <p>2.3 Urgent professional assistance is sought and provides advice with delivery.</p> <p>2.4 Appropriate sterile equipments and medications are prepared for delivery according to the manual.</p> <p>2.5 Skilled delivery is conducted.</p> <p>2.6 Third stage of labor is well managed and placenta expelled properly.</p> <p>2.7 Mother is checked for postpartum hemorrhage and the neonate is resuscitated if needed.</p> <p>2.8 Woman with abnormal and complicated labor is referred for better management and care.</p>

Variables	Range
Vital signs recorded in the partograph during labor	<p>Include:</p> <ul style="list-style-type: none"> • PR • BP • Temperature • Respiratory rate • Fetal heart beat • Rate and tone of contractions • Cervical dilatation • Cervical effacement

	<ul style="list-style-type: none"> • Fetal presentation • Fetal lie
Signs of onset of labor	<p>Include:</p> <ul style="list-style-type: none"> • Uterine contraction • Show • Leakage of amniotic fluid • Cervical dilatation • Cervical effacement
Neonate	<ul style="list-style-type: none"> • is a new born baby of less than or equal 28 days from delivery

Evidence Guide	
Critical Aspects of Competence	<p>Must demonstrate knowledge and skills to:</p> <ul style="list-style-type: none"> • Support women during the birthing process • Provide institutional skilled delivery • Identify and refer women with complications
Underpinning Knowledge and Attitudes	<p>Must demonstrate knowledge of:</p> <ul style="list-style-type: none"> • Organization guidelines and procedures relating to client confidentiality • Anatomy/physiology, relevant to pregnancy, maternal and/or infant health • Management of skilled delivery • Maternal and infant health and prevention of infection. • Birthing practices suitable for culturally appropriate practices • Health conditions, obstetric problems and associated issues related to pregnancy, maternal and infant health • Medical problems occurring in pregnancy requiring referral • Relevant assessment methods and use of associated equipment, testing procedures • Relevant treatments, medicines and associated care Practices available • Risks and contraindications associated with relevant treatments and medication • Realistic expectation of client condition during monitoring of progress
Underpinning Skills	<p>Must demonstrate skills to:</p> <ul style="list-style-type: none"> • Provide psychological and social support to women in labor • Manage skilled delivery • Manage third stage of labor • Identify and manage abnormal conditions • Manage neonatal resuscitation
Resources Implication	<p>Access is required to real or appropriately simulated situations, including work areas, materials and equipment, and to information on workplace practices and OHS practices.</p>

Methods of Assessment	Competence may be assessed through: <ul style="list-style-type: none"> • Interview / Written Test • Observation / Demonstration with Oral Questioning
Context of Assessment	Competence may be assessed in the work place or in a simulated work place setting.

Occupational Standard: Health Extension Services Level IV	
Unit Title	Manage Post-Natal Care
Unit Code	HLT HES4 10 0614
Unit Descriptor	This unit describes the knowledge, skills and attitude required to provide postnatal health care services for mothers and infants.

Element	Performance Criteria
1. Provide neonatal care	<p>1.1 Essential new born care is provided for the newborn.</p> <p>1.2 Neonate is assessed for asphyxia or respiratory distress, bleeding from umbilical stump, skin discoloration, red swollen eye and discharge, and hypo or hyperthermia.</p> <p>1.3 Appropriate measures are taken based on the findings of the assessment done above.</p>
2. Provide postnatal care for mothers	<p>2.1 Observation for mothers is made and recorded in line with standard protocols and organizational guidelines.</p> <p>2.2 Information and support for self-care and wellbeing are provided during post-natal period.</p> <p>2.3 Advice is provided on routine care of the newborn to mothers.</p> <p>2.4 Education to establish and support exclusive breast-feeding is implemented.</p> <p>2.5 The importance of nutrition, exercise, rest, sleep and support with domestic tasks and care of family discussed with the client in the immediate postnatal period.</p> <p>2.6 Minor post-natal problems for mother and newborn are identified to provide appropriate advice.</p> <p>2.7 Information is provided on alternative family planning options, immunization practices and personal hygiene etc.</p>
3. Organize for follow-up of maternal and newborn health services	<p>3.1 Registration of women undergoing postnatal care and the newborn are maintained according to organizational guidelines and procedures.</p> <p>3.2 Schedules of participation in postnatal care are kept and used to organize continuing care for women and newborn.</p> <p>3.3 Reminders and other assistance are organized to provide care according to lactating mother's needs.</p> <p>3.4 Referral and communication networks are maintained with medical staff, midwives, allied health staff, volunteers and female community elders.</p> <p>3.5 Records on attendance for antenatal care and birthing outcomes are kept and used to follow maternal health programs.</p>

Variables	Range
Information	Includes: <ul style="list-style-type: none"> • Normal (Lochia) and abnormal vaginal discharge • Care of the perineum • Episiotomy and breast engorgement • Resumption of sexual relations • Obtaining baby clothes and nappies • Family planning • Personal hygiene • Nutrition
Advice is provided on routine care of the newborn	Includes: <ul style="list-style-type: none"> • Umbilical stump care • Eye care • Nappy area • Safe sleeping arrangements • Breast feeding • Immunization
Minor post-natal problems for mother and newborn may	Include: <ul style="list-style-type: none"> • For the mother: <ul style="list-style-type: none"> ➢ Breast engorgement ➢ Constipation • For the newborn: <ul style="list-style-type: none"> ➢ Sticky eye ➢ Nappy rash

Evidence Guide			
Critical Aspects of Competence	Must demonstrate knowledge and skills to: <ul style="list-style-type: none"> • Undertake comprehensive health checks related to postnatal and infant health • Provide information, guidance and support to clients and their families with postnatal and/or infant health issues • Monitor the outcomes of postnatal and infant health care Practices and make any required revisions to Practices, care plans or information provided 		
Underpinning Knowledge and Attitudes	Must demonstrate knowledge of: <ul style="list-style-type: none"> • Organization guidelines and procedures relating to client confidentiality • Anatomy/physiology relevant to postnatal and infant health • microbiology relevant to postnatal and infant health • Postnatal nutritional needs of women and infants • Health conditions, obstetric problems and associated issues related to postnatal and infant health • Developing strategies to: 		
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	<ul style="list-style-type: none"> ➤ Improve maternal and neonatal health in the community ➤ Address clients presenting with postnatal problems ➤ Coordinate provision of optimum level of maternal health Practice delivery <ul style="list-style-type: none"> • Postnatal medical and obstetrical problems requiring referral • Effective post natal care practices for mother and baby • Relevant assessment methods and use of associated equipment, testing procedures • Relevant treatments, medicines and associated care Practices available • Risks and contraindications associated with relevant treatments and medication • Realistic expectation of client condition during monitoring of progress • Relevant evaluation criteria for monitoring effectiveness of specific postnatal and infant health care.
Underpinning Skills	<p>Must demonstrate skills to:</p> <ul style="list-style-type: none"> • Assess and differentiate normal from abnormal postnatal outcomes • Manage abnormal postnatal outcomes • Resuscitate neonate • Provide Practices for lactating mothers on infant care, nutrition and exclusive breast feeding • Organize and follow-up maternal health programs
Resources Implication	Access is required to real or appropriately simulated situations, including work areas, materials and equipment, and to information on workplace practices and OHS practices.
Methods of Assessment	<p>Competence may be assessed through:</p> <ul style="list-style-type: none"> • Interview / Written Test • Observation / Demonstration with Oral Questioning
Context of Assessment	Competence may be assessed in the work place or in a simulated work place setting.

Occupational Standard: Health Extension Services Level IV	
Unit Title	Manage Immunization and Cold Chain
Unit Code	HLT HES4 11 0614
Unit Descriptor	This unit describes the knowledge, skills and attitude required for planning, promoting, conducting immunization session for women and children, managing cold chain, and monitoring EPI activities.

Element	Performance Criteria
1. Plan EPI activity	<p>1.1 Resource mapping is conducted using the standard format of FMOH.</p> <p>1.2 EPI-eligibles are identified and the number of expected EPI mothers and children is calculated from the catchments using standard statistical method.</p> <p>1.3 A plan of action is developed to reach the eligibles.</p>
2. Promote EPI activity	<p>2.1 Influential community representatives and volunteers are identified and consulted.</p> <p>2.2 EPI health promotion and education are organized, promoted and provided in partnership with the community and relevant organizations on the basis of inter-sectoral approach.</p> <p>2.3 EPI health promotion and education activities are sustained involving the resources of the community on the basis of stakeholders' genuine participation and involvement guideline.</p>
3. Conduct immunization for children	<p>3.1 The required EPI logistics are availed for the immunization session based on national EPI protocol.</p> <p>3.2 Immunization is conducted at health facility and/or outreach including household level on the basis of the national EPI procedure.</p> <p>3.3 Vaccine is given to protect vaccine preventable childhood illnesses like BCG, Polio, Pentavalent, PCV and Measles, according to the national EPI protocol.</p> <p>3.4 Adverse effects of different vaccines are advised to the mother based on the national EPI guideline of FMOH.</p> <p>3.5 Follow up is given for completing the required immunization according to national EPI schedule of FMOH.</p> <p>3.6 Defaulters are traced according to the standard EPI protocol of FMOH.</p>

4. Conduct immunization for mothers	<p>4.1 The required EPI logistics are availed for the immunization session based on national EPI protocol.</p> <p>4.2 Immunization is conducted at health facility and/or outreach including household level on the basis of the national EPI procedure.</p> <p>4.3 Vaccine is given to protect vaccine preventable illnesses for pregnant and non pregnant mothers like TT one up to five according to the national EPI protocol.</p> <p>4.4 Adverse effects of different vaccines are advised to the mother based on the national EPI guideline of FMOH.</p> <p>4.5 Follow up is given for completing the required immunization according to national EPI schedule of FMOH.</p> <p>4.6 Defaulters are traced according to the standard EPI protocol of FMOH.</p>
5. Manage cold chain	<p>5.1 Refrigerator is placed appropriately according to standard procedure of FMOH.</p> <p>5.2 Vaccines are stored according to the required procedure</p> <p>5.3 Temperature of the refrigerator is monitored regularly according to EPI guideline of FMOH.</p> <p>5.4 Cold chain minor operational defects is maintained.</p>
6. Monitor immunization Practice	<p>6.1 Registration book for immunization activities is prepared according to HMIS standards of FMOH.</p> <p>6.2 Immunization activities data are collected continuously and sustained on the basis of HMIS guideline of FMOH.</p> <p>6.3 Immunization activities data are updated timely according to HMIS guideline of FMOH.</p> <p>6.4 Immunization activities are reported and communicated to the higher level and relevant body on the basis of HMIS procedure of the FMOH.</p> <p>6.5 Immunization practice at catchment is monitored regularly.</p> <p>6.6 Plan is revised based on immunization schedule for the catchments for a specific period of time.</p>

Variables	Range		
Immunization (EPI) logistic management	<p>Includes:</p> <ul style="list-style-type: none"> • Vaccine and supply forecast • Vaccine and supply ordering • Storing and handling • Stock balance and temperature record • Distribution • Inventory 		
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Immunization	<ul style="list-style-type: none"> • Includes Immunization provided regularly and on campaign
Vaccine preventable disease	<p>Includes:</p> <ul style="list-style-type: none"> • Tuberculosis • Poliomyelitis • Diphtheria • Pertusis • Tetanus • Hemophilus influenza • Hepatitis B • Measles • Bacterial Pneumococcal and meningitis • Diarrhea
Cold chain	<p>Includes:</p> <ul style="list-style-type: none"> • The refrigerator temperature ranges from plus two degree Celsius to eight degree Celsius • Ice box and ice bags should be kept solid hard and cold
Cold chain management	<ul style="list-style-type: none"> • Include Defrozing, cleaning and sharpening dirty wick, etc
Operational defect	<ul style="list-style-type: none"> • Froozing, dirty wick, wrinkle edge, uncleaned fuel tanker, etc
Immunization schedule	<p>Includes:</p> <ul style="list-style-type: none"> • For children: <ul style="list-style-type: none"> ➢ at birth, six week, ten weeks, fourteen weeks, nine month • For women: <ul style="list-style-type: none"> ➢ TT, at initial contact, after one month, after six month, and yearly for two consecutive years • Other vaccines as indicated
Anti-gene	<ul style="list-style-type: none"> • Refers to BCG, OPV, Pentavalent, Measles, TT, Rotarix, Pneumococcal conjugate vaccines (PCV10) and other antigens

Evidence Guide	
Critical Aspects of Competence	<p>Must demonstrate the individual's ability to:</p> <ul style="list-style-type: none"> • Plan, organize, conduct and evaluate immunization program • Solicit and avail required resources • Manage and maintain cold chain system • Revise plan and deliver immunization programs
Underpinning Knowledge and Attitudes	<p>Must demonstrate knowledge of:</p> <ul style="list-style-type: none"> • Planning, organizing and monitoring immunization program • Communication and persuasion • Immunization procedures • Key organizations and individuals • Maintaining cold chain system

	<ul style="list-style-type: none"> • Infection prevention • Adverse effect of vaccines
Underpinning Skills	<p>Must demonstrate skills to:</p> <ul style="list-style-type: none"> • Plan and organize EPI program • Promote EPI activity • Conduct immunization for children and mothers • Monitor and evaluate immunization Practice • Manage cold chain • Register and document immunization records
Resources Implication	Access is required to real or appropriately simulated situations, including work areas, materials and equipment, and to information on workplace practices and OHS practices.
Methods of Assessment	<p>Competence may be assessed through:</p> <ul style="list-style-type: none"> • Interview / Written Test • Observation / Demonstration with Oral Questioning
Context of Assessment	Competence may be assessed in the work place or in a simulated work place setting.

Occupational Standard: Health Extension Services Level IV	
Unit Title	Manage Comprehensive Family Planning Service
Unit Code	HLT_HES4_12_0614
Unit Descriptor	This unit describes the knowledge, skills and attitude required for planning, promoting, providing, monitoring and evaluating comprehensive family planning services.

Element	Performance Criteria
1. Plan family planning services	<p>1.1 Resource mapping is conducted using the standard format of FMOH.</p> <p>1.2 Family planning eligible are identified and the number of expected target group for family planning practice is calculated from the catchments using standard statistical method.</p> <p>1.3 A plan of action is developed to reach eligible.</p>
2. Promote family planning services	<p>2.1 Influential community representatives and voluntaries are identified and consulted.</p> <p>2.2 Family planning practice promotion and education are organized and promoted in partnership with the community and relevant organizations on the basis of inter-sectoral approach.</p> <p>2.3 Family planning practice promotion and education activities are sustained involving the resources of the community on the basis of stakeholders' genuine participation.</p> <p>2.4 Family planning practices are supported to take self-care approach in line with individual needs for changing unhealthy behavior on the basis of healthy promotion and strategic behavioral change approach of FMOH.</p>
3. Provide family planning services	<p>3.1 Counsel on method mix for advantages, side effects, misconceptions, and compliance on continual usage is provided to clients based on national family planning guideline of FMOH.</p> <p>3.2 Method mix (OCP, injectables, implants, IUCD, barrier methods) is supplied for clients according to family planning protocol of FMOH and client's preference.</p> <p>3.3 Manage side-effects and problems occurred from the method mix.</p> <p>3.4 Clients preferred permanent methods are referred to the next higher health facility according to the standard procedure</p>

	3.5 Continuous follow up is provided to family planning clients based on the standard guidelines.
4. Monitor family planning services	<p>4.1 Registration book for family planning services is prepared according to HMIS standards of FMOH.</p> <p>4.2 Family planning services data are collected, updated and sustained on the basis of HMIS guideline of FMOH.</p> <p>4.3 Family planning activities are reported and communicated to the higher level and relevant body on the basis of HMIS procedure of the FMOH.</p> <p>4.4 Plan on family planning for the catchments is revised for a specific period of time.</p> <p>4.5 Family planning practice at Kebele is monitored against plan.</p>

Variables	Range
Method mix	<p>Includes:</p> <ul style="list-style-type: none"> • Pills, Barriers, natural methods, injectables, implants, IUCD permanent methods (vasectomy, tubal ligation)
Follow up	<p>Includes:</p> <ul style="list-style-type: none"> • Any Practice which needs close contact such as clients complaint, methods which needs follow up etc
Social mobilization	<p>Include:</p> <ul style="list-style-type: none"> • IEC material development • Community conversation • Community sensitization • Focus group discussion (FGD)

Evidence Guide	
Critical Aspects of Competence	<p>Must demonstrate knowledge and skills to:</p> <ul style="list-style-type: none"> • Plan and organize family planning programs • Differentiate and educate methods of contraceptives • Identify and educate the advantages and disadvantages of contraceptives • Manage side-effects and problems with method mix • Understand and respond to clients' family planning method of choice and respect clients' right to continuity of care
Underpinning Knowledge and Attitudes	<p>Must demonstrate knowledge of:</p> <ul style="list-style-type: none"> • Correct personal protective clothing appropriate to family planning activities • Using correct manipulation and handling techniques of injectable contraceptives and implants. • Appropriate storage of equipment and materials

	<ul style="list-style-type: none"> • Dealing with spillages and disposal of waste including: <ul style="list-style-type: none"> ➤ needles and syringes, according to disposal standard guidelines • taking relevant history on past and present personal, medical, obstetric and gynecological conditions • Available contraceptive methods • FP method side effect and management • Method Effectiveness • Interpersonal communication • Data management (data tally, analysis, use and reporting) • Client screening criteria
Underpinning Skills	<p>Must demonstrate skills to:</p> <ul style="list-style-type: none"> • Plan family planning practices • Promote family planning practices • Provide family planning practices • Monitor family planning practice • Manage side-effects and problems occurring from method mix • Communicate and persuade clients
Resources Implication	Access is required to real or appropriately simulated situations, including work areas, materials and equipment, and to information on workplace practices and OHS practices.
Methods of Assessment	<p>Competence may be assessed through:</p> <ul style="list-style-type: none"> • Interview / Written Test • Observation / Demonstration with Oral Questioning
Context of Assessment	Competence may be assessed in the work place or in a simulated work place setting.

Occupational Standard: Health Extension Services Level IV	
Unit Title	Manage Adolescent and Youth Reproductive Health Services
Unit Code	HLT HES4 13 0614
Unit Descriptor	This unit describes the knowledge, skills and attitude required for Planning, providing and monitoring adolescent and youth reproductive health services.

Element	Performance Criteria
1. Identify adolescent and youth RH related health problems	<p>1.1 Different vulnerabilities, risk-taking behaviors, and Life Skills of adolescents are systematically identified and addressed.</p> <p>1.2 Common RH related health problems like unwanted Pregnancy and Abortion, Sexually Transmitted Infections (STIs), Harmful Traditional Practices (HTPs), Gender-Based Violence, Substance Use etc are identified and addressed.</p> <p>1.3 Family planning options for adolescents are identified and discussed.</p>
2. Promote adolescent and youth RH services	<p>2.1 Adolescent health services related in school are identified and communicated.</p> <p>2.2 Peer education program are designed and implemented.</p> <p>2.3 Family life education is provided.</p> <p>2.4 Orphans and other vulnerable adolescents are identified and addressed by reproductive health services.</p>
3. Provide adolescent and youth RH services	<p>3.1 Counseling services and contraceptive options for young people are provided.</p> <p>3.2 Adolescent- and Youth-Friendly Reproductive Health Services are implemented.</p> <p>3.3 Adolescent and Youth Reproductive Health Program is managed effectively.</p>

Variables	Range
Adolescent and youth friendly services:	<ul style="list-style-type: none"> Reproductive services that are accessible to, acceptable by and appropriate for adolescents and youth
Peer education:	<ul style="list-style-type: none"> Reproductive health related education given to people who are at the same age and/or status by those having the same age and status.

Evidence Guide	
Critical Aspects of Competence	<p>Must demonstrate knowledge and skills to:</p> <ul style="list-style-type: none"> • Identify reproductive health related risks and health problems • address common adolescent reproductive health problems • Provide services of adolescent and youth friendly reproductive
Underpinning Knowledge and Attitudes	<p>Must demonstrate knowledge on:</p> <ul style="list-style-type: none"> • Identification of RH related health problems and risks • Interpersonal communication • Different adolescent and youth friendly services
Underpinning Skills	<p>Must demonstrate skills to:</p> <ul style="list-style-type: none"> • Promote adolescent and youth friendly services • Provide adolescent and youth friendly services • Monitor adolescent and youth friendly services
Resources Implication	<p>Access is required to real or appropriately simulated situations, including work areas, materials and equipment, and to information on workplace practices and OHS practices.</p>
Methods of Assessment	<p>Competence may be assessed through:</p> <ul style="list-style-type: none"> • Interview / Written Test • Observation / Demonstration with Oral Questioning
Context of Assessment	<p>Competence may be assessed in the work place or in a simulated work place setting.</p>

Occupational Standard: Health Extension Services Level IV	
Unit Title	Apply Infection Prevention Techniques and Workplace OHS
Unit Code	HLT HES4 14 0614
Unit Descriptor	This unit describes the knowledge, skills and attitude required to establish and maintain infection prevention and OHS management system to ensure the workplace is safe and without risks to the health of employees, clients and/or visitors.

Elements	Performance Criteria
1. Apply infection prevention techniques	<p>1.1 Basic components of disease transmission are identified.</p> <p>1.2 Essential elements of infection prevention are implemented.</p>
2. Establish and maintain participative arrangements	<p>2.1 Appropriate participative processes with employees and their representative are established and maintained in accordance with relevant OHS legislation, regulations and relevant industry standards consistent with enterprise procedures.</p> <p>2.2 Issues raised through participation and consultation are dealt with promptly and effectively.</p> <p>2.3 Information to employees about the outcomes of participation and consultation is provided in a manner accessible to employees.</p>
3. Assess and control risks and hazards	<p>3.1 Workplace procedures for hazard identification, assessment and control of risks are developed.</p> <p>3.2 Identification of all hazards at the planning, design and evaluation stages of any changes in the workplace are addressed to ensure that new hazards are not created by the proposed changes.</p> <p>3.3 Procedures for selection and implementation of risk control measures are developed and maintained in accordance with the hierarchy of control.</p> <p>3.4 Inadequacies in existing risk control measures are identified in accordance with the hierarchy of control and provide promptly resources enabling implementation of new measures.</p>
4. Establish and maintain an OHS induction and training programs	<p>4.1 Training needs are identified.</p> <p>4.2 An OHS induction and training program is developed and maintained to identify and fulfill employees' OHS training needs</p> <p>4.3 A training management system is maintained so that</p>

	<p>individual employee's training needs is easily identified, training attendance monitored and non-attendance followed up.</p> <p>4.4 Training is coordinated with relevant training experts as necessary.</p> <p>4.5 Outcomes are evaluated to ensure that the training objectives are met.</p>
5. Establish and maintain a system for OHS records	<p>5.1 Systems are established and monitored for keeping OHS records to meet regulatory requirements.</p> <p>5.2 Identification of patterns of hazardous incidents, occupational injuries and diseases within the area of managerial responsibility are allowed.</p>

Variables	Range		
Infection prevention	<p>Includes</p> <ul style="list-style-type: none"> • Hand washing • Personal protective barriers • Proper handling of sharp items • Proper processing of instruments and materials • Environmental cleanliness • Proper infectious-waste disposal • Aseptic technique 		
Hazard	<p>Is defined as:</p> <ul style="list-style-type: none"> • something with the potential to: <ul style="list-style-type: none"> ➢ cause injury or disease to people, ➢ damage property ➢ disrupt productivity. 		
Identifying hazards and assessing risk	<p>May occur through:</p> <ul style="list-style-type: none"> • Hazard and incident reports • Workplace inspection in area of responsibility • Consulting work team members • Housekeeping • Workplace inspections • Daily informal team consultation and regular formal team meetings, • Internal and external audits • Industry information such as journal, newsletters and networking 		
Organizational health and safety records	<p>May include:</p> <ul style="list-style-type: none"> • Audit and inspection reports • Agendas and minutes of meetings of OHS Committees, work group and management meetings • Training records • Manufacturer's or supplier's information • Hazardous substances registers 		
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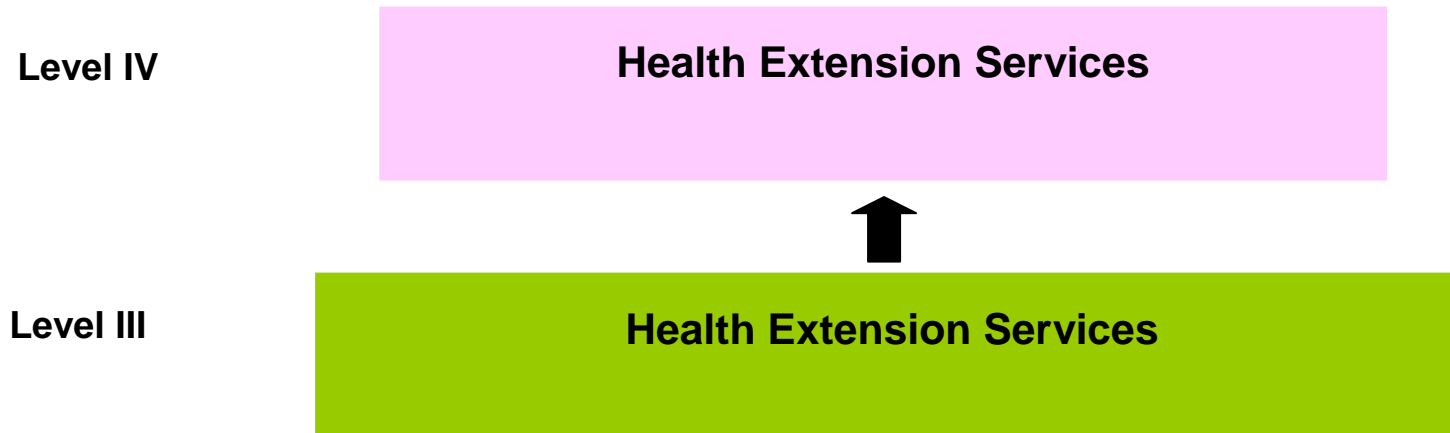
	<ul style="list-style-type: none"> • Plant and equipment maintenance and testing reports • Workers compensation and rehabilitation records • First aid/medical records • Workplace environmental monitoring records
Designated personnel for OHS referrals	<p>May be:</p> <ul style="list-style-type: none"> • Employer • Supervisor • Chairperson of OHS committee • OHS nominee • Elected OHS representative/employee representative • Other personnel with OHS responsibilities
Relevant organizational procedures for managing risks	<p>Include:</p> <ul style="list-style-type: none"> • Hazard management policies and procedures (these may be integrated with quality, care or other documents or be separated as OHS policies and procedures). • Communication, consultation and issue resolution procedures • Human resources management procedures such as grievance procedures, induction programs, team meetings, management of performance levels • Job procedures and work instructions • Post incident/injury management such as first aid, critical incident debriefing, compensation and return to work • Other related procedures including waste management, security
OHS issues which may be raised by workers with designated personnel	<p>May include:</p> <ul style="list-style-type: none"> • Hazards identified • Problems encountered in managing risks associated with hazard • Clarification on understanding of OHS policies and procedures • Communication and consultation processes • Follow up to reports and feedback • Effectiveness of risk controls in place • Training needs
Workers' Contributions	<p>May include:</p> <ul style="list-style-type: none"> • Listening to the ideas and opinions of others in the team • Sharing opinions, views, knowledge and skills • Identifying and reporting risks and hazards • Using equipment according to guidelines and operating manuals • Behavior that contributes to a safe working environment which includes following OHS procedures
Participative arrangements	<p>May include:</p> <ul style="list-style-type: none"> • Regular information sessions (using clear and understandable language) on existing or new OHS issues • Formal and informal OHS meetings • Meetings called by OHS representatives

	<ul style="list-style-type: none"> • Health and safety committees • Other committees such as consultative planning and purchasing • Other means and processes for raising requests and concerns as well as contributing suggestions and reports to management • Documented issue resolution processes • Easy access to relevant written workplace information
Controlling risks in the work	<p>May include:</p> <ul style="list-style-type: none"> • Application of the hierarchy of control, namely: <ul style="list-style-type: none"> ➢ Eliminate the risk ➢ Reduce/minimize the risk through ➢ Engineering controls ➢ Administrative controls including training ➢ Personal protective equipment
Reports identifying workplace hazards may be verbal or written	<p>May include:</p> <ul style="list-style-type: none"> • Face to face • Phone messages • Notes • Memos • Specially designed report forms
Work instructions	<p>May be:</p> <ul style="list-style-type: none"> • Verbal • Written • Provided visually, e.g. video, OHS signs, symbols and other pictorial presentation, etc.

Evidence Guide			
Critical Aspects of Competence	<p>Must demonstrate knowledge and skill on:</p> <ul style="list-style-type: none"> • Communication and persuasion knowledge and skill • Developing, implementing and maintaining organizational OHS policies and procedures • Managing and controlling risks and hazards • Listening and responding quickly • Techniques of infection prevention 		
Underpinning Knowledge and Attitudes	<p>Must demonstrate knowledge on:</p> <ul style="list-style-type: none"> • Understanding and interpreting relevant laws and guidelines that affect the operation • Working with risk assessment and/or other technical specialists in a team environment • Risk control strategies • Collecting and analyzing data from the workplace • Designing and conveying organizational instructions, procedures and systems • Communication and reporting verbally and/or in writing with an aim to encourage continuous improvements • Coaching and mentoring 		
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	<ul style="list-style-type: none"> • Problem Solving • Techniques of infection prevention • Chain of disease transmission
Underpinning Skills	<p>Must demonstrate skills to:</p> <ul style="list-style-type: none"> • Identify potential risks and hazards and manage timely • Communicate and persuade employees, officials and stakeholders • Listen and take appropriate prompt measure • Understand, interpret and implement policies, procedures and relevant laws • Plan, organize, implement and monitor work place OHS Activities • Manage, analyze and interpret data • Apply techniques of infection prevention
Resources Implication	Access is required to real or appropriately simulated situations, including work areas, materials and equipment, and to information on workplace practices and OHS practices.
Methods of Assessment	<p>Competence may be assessed through:</p> <ul style="list-style-type: none"> • Interview / Written Test • Observation / Demonstration with Oral Questioning
Context of Assessment	Competence may be assessed in the work place or in a simulated work place setting.

Sector: Health



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