Ethiopian TVET-System

Model Curriculum

For

HEALTH EXTENSION SERVICE Level IV

(Revised Version)

<u>**February 2013**</u>

Adama

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Preface

The reformed TVET-System is an outcome-based system. It utilizes the needs of the labor market and occupational requirements from the world of work as the benchmark and standard for TVET delivery. The requirements from the world of work are analyzed and documented – taking into account international benchmarking – as occupational standards (OS).

In the reformed TVET-System, curricula and curriculum development play an important role with regard to quality driven TVET-Delivery. Curricula help to facilitate the learning process in a way, that trainees acquire the set of occupational competences (skills, knowledge and attitude) required at the working place and defined in the occupational standards (OS).

This curriculum has been developed by a group of experts from different Regional TVET-providers and Ministry of Health based on the occupational standard for *Health Extension Service Level IV.* It has the character of a model curriculum and is an example on how to transform the occupational requirements as defined in the respective occupational standard into an adequate curriculum.

The curriculum development process has been actively supported and facilitated by the Ministry of Education and Ministry of Health– in line with one of its mandates to provide technical support to the regions and by the TVET-Reform Component of the Capacity Building Program.

TVET-Program Design

1.1 TVET-Program Title: Health Extension Service   Level IV

1.2 TVET-Program Description

The Program is designed to develop the necessary knowledge, skills and attitude of the learners to the standard required by the occupation. The contents of this program are in line with the occupational standard. Learners who successfully completed the Program will be qualified to work as a Community Health Nurse with competencies elaborated in the respective OS. Graduates of the program will have the required qualification to work in the **Health** Sector in the field of **Health Extension Service**

The prime objective of this training program is to equip the learners with the identified competences specified in the OS. Graduates are therefore expected to provide Community Health **Service** in accordance with the performance criteria described in the OS.

1.3 TVET-Program Learning Outcomes

The expected outputs of this program are the acquisition and implementation of the following units of competence.

HLT HES401 0213 Manage Community Health Service

HLT HES402 0213 Manage Health Education, Advocacy and Community mobilization

HLT HES403 0213 Manage Common Communicable Diseases

HLT HES404 0213 Manage Common Non Communicable Diseases

HLT HES405 0213 Manage Hygiene and Environmental Health

HLT HES406 0213 Manage Child Survival, Growth and Development and apply IMNCI

HLT HES407 0213 Intervene Nutrition Problem

HLT HES408 0213 Manage Ante-Natal Care and PMTCT

HLT HES409 0213 Manage Delivery Practice

HLT HES410 0213 Manage Post-Natal Care

HLT HES411 0213 Manage Immunization and Cold Chain

HLT HES412 0213 Manage Comprehensive Family Planning service

HLT HES413 0213 Manage Adolescent and Youth Reproductive Health Services

HLT HES414 0213 Apply Infection Prevention Techniques and Workplace OHS

Duration of the TVET-Program

The Program will have a total duration of **1,402 hours** in school and on the job practice or cooperative training of which **320 hours** (Internship) for community practice after completion of all modules at selected hospitals, health centers and rural community settings.

1.4 Qualification Level and Certification

Based on the descriptors elaborated on the Ethiopian National TVET Qualification Framework (NTQF) the qualification of this specific TVET Program is **"**Level IV". The learner will not be awarded any certificate before completion of all the modules in Health Sector Training.

1.5 Target Groups

Health Extension workers (level III) who had at least two years of working experience and who meet the entry requirements are capable of participating in the learning activities is entitled to take part in the Program.

1.6 Entry Requirements

The prospective participants of this program are required to possess the requirements or directive of the Ministry of Education.

1.7 Mode of Delivery

This TVET-Program is characterized as a formal Program on Middle Level Technical Skills. The mode of delivery is co-operative training. The TVET-institution and identified ***hospitals and health centers*** have forged an agreement to co-operate with regard to implementation of this Program. The time spent by the trainees in the health institutions will give them enough exposure to the actual world of work and enable them to get hands-on experience.

The co-operative approach will be supported with lecture-discussion, simulation and actual practice. TCone modalities will be utilized before the trainees are exposed to the health institutions' environment.

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1.8   TVET-Program Structure

Unit of Competence		Module Code & Title		Learning Outcomes	Duration (In Hours)			
					Theory	Practice	Total	
HLT HES401 0213	Manage Community Health service	HLT HES4M010 213	Managing Community Health Service	• Plan, manage, monitor health programs • Lead and develop individuals and teams • Plan, Collect, Analyze, Utilize and Maintain Population Health Data • Establish principles of health care ethics	40	24	64	
HLT HES402 0213	Manage Health Education, Advocacy and Community Mobilization	HLT HES4 M02 0213	Managing Health Education, Advocacy and Community Mobilization	• Undertake advocacy on identified health issues • Mobilize community • Manage health education and communication	40	32	72	
HLT HES403 0213	Manage Common Communicable Diseases	HLT HES4 M03 0213	Managing common communicable diseases	• CONduct community diagnosis and case management • Perform disease Surveillance • Follow up of Cases	84	40	124	

HLT HES404 0213	Manage Common Non Communicable Diseases	HLT HES4 M04 0213	Managing Common non-communicable disease	• Prevent and manage non-communicable diseases. • Screen and refer clients requiring further investigation	38	40	78	
HLT HES405 0213	Manage Hygiene and Environmental Health	HLT HES4 M05 0213	Managing hygiene and environmental health	• Organize and evaluate hygiene and environmental health program • Provide supervision of health extension services at household and institution level • Assist in the evaluation of health information provision	46	40	86	
HLT HES406 0213	Manage Child Survival, Growth and Development and apply IMNCI	HLT HES4 M06 0213	Managing Child Survival,Growth and Development and applying IMNCI	• Manage child survival, growth and development activities • Asses classify and manage common child hood illnesses • Refer cases for further investigation and management	40	40	80	

HLT HES407 0213	Intervene Nutrition Problem	HLT HES4 M07 0213	Intervening Nutrition Problems	• Plan and undertake assessment for nutrition related health problems • Plan and undertake corrective measures • Manage clients with nutritional problems • Register, document and report nutritional records	24	24	48	
HLT HES408 0213	Manage Ante-Natal Care and PMTCT	HLT HES4 M08 0213	Managing Ante-Natal Care and PMTCT	• Plan antenatal activity • Promote antenatal health care • Take and record complete history of pregnant mother • Perform antenatal examination • Manage antenatal cases • Provide PMTCT • Register and document antenatal records	44	40	84	
HLT HES409 0213	Manage Delivery Practice	HLT HES4 M09 0213	Managing Delivery Practice	• Support women during childbirth • Provide institutional skilled delivery services	22	160	182	

HLT HES410 0213	Manage Post-Natal Care	HLT HES4 M010 0213	Managing Post-Natal Care	• Provide neonatal care • Provide postnatal care for mothers • Organize for follow up of maternal and newborn health services	18	16	34	
HLT HES411 0213	Manage Immunization and Cold Chain	HLT HES4 M011 0213	Managing Immunization and Cold Chain	• Plan EPI activity • Promote EPI activity • CONduct immunization for children • CONduct immunization for mothers • Manage cold chain • Monitor immunization service	30	20	50	
HLT HES412 0213	Manage Comprehensive Family Planning service	HLT HES4 M012 0213	Managing Comprehensive Family Planning Service	• Plan family planning services • Promote family planning services • Provide family planning services • Monitor family planning services	40	40	80	

HLT HES413 0213	Manage Adolescent and Youth Reproductive Health Services	HLT HES4 M013 0213	Managing Adolescent and Youth Reproductive Health Services	• Identify adolescent and youth RH related health problems • Promote adolescent and youth RH services • Provide adolescent and youth RH services	40	20	60	
HLT HES414 0213	Apply Infection Prevention Techniques and Workplace OHS	HLT HES4 M014 0213	Applying Infection Prevention Techniques and Workplace OHS	• Apply infection prevention techniques • Establish and maintain participative arrangements • Assess and Control risk and hazards • Establish and maintain an OHS induction and training program • Establish and maintain system for OHS records	25	15	40	
				Total hours in school training	531	551	1,082	
				cooperative training (Internship)			320	
				Grand total			1,402	

*The time duration (Hours) indicated for the module should include all activities in and out of the training institution.

1.9 Institutional Assessment

Two types of evaluation will be used in determining the extent to which learning outcomes are achieved. The specific learning outcomes are stated in the modules. In assessing them, verifiable and observable indicators and standards shall be used.

The *formative assessment* is incorporated in the learning modules and form part of the learning process. Formative evaluation provides the trainee with feedback regarding success or failure in attaining learning outcomes. It identifies the specific learning errors that need to be corrected, and provides reinforcement for successful performance as well. For the trainer, formative evaluation provides information for making instruction and remedial work more effective.

Summative Evaluation the other form of evaluation is given when all the modules in the program have been accomplished. It determines the extent to which competence have been achieved. And, the result of this assessment decision shall be expressed in the term 'competent or not yet competent'.

Techniques or tools for obtaining information about trainees' achievement include oral or written test, demonstration and on-site observation.

1.10 TVET Trainers Profile

The trainers CON ducting this particular TVET Program are a minimum of B Level (BSc) and who had satisfactory practical experiences and qualifications in health sciences

LEARNING MODULE 1	Logo of TVET Provider

TVET-PROGRAMME TITLE**: HEALTH EXTENSION SERVICE LEVEL IV**

MODULE TITLE**:   Managing Community Health Service**

MODULE CODE**: HLT HES4 M01 0213**

NOMINAL DURATION**: 64Hours**

MODULE DESCRIPTION:

This module aims to provide the trainees with 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.

LEARNING OUTCOMES

At the end of the module the learner will be able to:

LO1. Recognize Health Policy and Health Service Delivery System

LO2. Plan, manage, monitor and evaluate health system

LO3. Lead and develop individuals and teams

LO4. Plan, Collect, Analyze, Utilize and Maintain Population Health Data

LO5. Establish principles of health care ethics

MODULE CONTENTS:

LO1. Recognize Health Policy And Health Service Delivery System
- 1.1.   Definition of terms
- 1.2.   Historical development of Ethiopian health services
- 1.3.   Organization of health service delivery
- 1.4.   Concepts of primary healthcare
- 1.5.   Primary healthcare in Ethiopia
- 1.6.   Health Service Extension Program
- 1.7.   Achievements of the Ethiopian Health Extension Program
- 1.8.   Development of the Health Extension Program

LO2. Plan, manage, monitor and evaluate health system
- 2.1.   Management and leadership in community healthcare
  - 2.1.1. What is management?
  - 2.1.2. Concepts of management
  - 2.1.3. Principles of management
  - 2.1.4. Management functions
  - 2.1.5. Management roles and levels
  - 2.1.6. What is leadership?
- 2.2.   Planning health programs
  - 2.2.1. Planning process
  - 2.2.2. Types of planning
  - 2.2.3. Stages of operational planning

LEARNING METHODS:
- Lecture and discussion
- Demonstration
- Group discussions
- Institutional visit

ASSESSMENT METHODS:

Competence may be accessed through:
- Practical assessment
- Written exam/test
- Questioning or interview
- Project work (real or simulated)

ASSESSMENT CRITERIA:

LO1. Recognize Health Policy And Health Service Delivery System
- The policy and organization of the healthcare system of Ethiopia is comprehended
- Primary healthcare ofthe country is understood
- Elements of primary health care are identified
- Health service extension program is understood

LO2. Plan, manage, monitor and evaluate health system

- Principles of management in community based health service are applied
- How to identify priority work activities are understood based on business needs and allocate and utilize resources appropriately
- Problem solving techniques are utilized to the work situations to overcome difficulties and achieve positive outcomes
- Effective utilization of scarce resource is understood
- Relevant codes of practice are followed in implementing and monitoring modification or improvement of work activities
- Critical Control points impacting the quality of health service are identified
- Quality assuring procedures and work processes and taking corrective measures are followed as necessary on time of non-compliance
- Individual performance gaps are identified and learning plan is developed to fill the gap and maintain competency

LO3. Lead and develop individuals and teams
- Learning and development needs are systematically identified and implemented in line with organizational requirements
- Individuals are encouraged to self-evaluate performance and identify areas for improvement
- Learning and development program goals and objectives are identified to match the specific knowledge and skills requirements of competence standards

- Workplace learning opportunities and coaching/ mentoring assistance are provided to facilitate individual and team achievement of competencies
- Team members developed individual and joint responsibility for their actions
- Collaborative efforts are sustained to attain organizational goals
- Feedback from individuals or teams is used to identify and implement improvements in future learning arrangements

LO4. Plan, Collect, Analyze, Utilize and Maintain Population Health Data
- The basic principles and community data profile and reporting is understood
- Vital events are recorded, maintained and utilized.
- Existing or acquired technology and equipment are used to enhance learning and implementing for the benefit of the organization

LO5. Establish principles of health care ethics
- Ethical values are developed
- Principles of health care ethics are addressed

LEARNING MODULE 2	Logo of TVET Provider

TVET-PROGRAMME TITLE: **Health Extension Service Level IV**

MODULE TITLE:**Managing Health Education, Advocacy and Community**

           Mobilization

MODULE CODE:**HLT HES4 M02 0213**

NOMINAL DURATION : 72 Hours

MODULE DESCRIPTION: This module describes the knowledge, skills and attitude required to undertake health education, advocacy and mobilize community on identified health issues.

LEARNING OUTCOMES

At the end of the module the learner will be able to:

    LO1. Undertake advocacy on identified health issues

    LO2. Mobilize community

    LO3. Manage health education and communication

MODULE CONTENTS:

LO1. Undertake advocacy on identified health issues
    1.1 Advocacy
        1.1.1 Definition of terms

        1.1.2 What is Advocacy

        1.1.3 Goals and objectives of Advocacy

        1.1.4 Advantages of Advocacy

    1.2 Advocacy tools and the role of community health nurses

        1.2.1 Advocacy tools

        1.2.2 The Advocacy approach

        1.2.3 Your roles in Advocacy

        1.2.4 Planning, Implementing, Monitoring and Evaluating Advocacy

LO2. Mobilize community

    2.1 Community CONversation and mobilization

        2.1.1 Community and its advantages

        2.1.2 Mobilizing your community

LEARNING METHODS:

- Lecture discussion
- Demonstration, Role play
- Group discussion

ASSESSMENT METHODS:

- Practical assessment
- Written exam/test
- Questioning or interview

ASSESSMENT CRITERIA:

LO1. Undertake advocacy on identified health issues
- Advocacy plan is prepared to address an identified health issue
- Sensitizations are conducted with decision makers, community leaders, and other stakeholders on identified health issues.
- Continuous and consistent awareness raising activities are done to persuade and get the community's willingness and involvement.

LO2. Mobilize community

- Community and all available resources are organized.
- Community is mobilized, identified health issue is solved and desired health outcome is achieved.

LO3. Manage health education and communication
- Different approach are used to meet communication needs of clients and colleagues.
- Strategie*s* for internal and external dissemination of information are developed, promoted, implemented and reviewed as required.
- Channels of communication are established and reviewed regularly.
- Coaching in effective communication is provided.
- Work related network and relationship are maintained as necessary.
- Negotiation and conflict resolution strategies are used where required.
- Evaluation of group communication strategies is undertaken to promote the participation of all parties.

LEARNING MODULE 3	Logo of TVET Provider
TVET-PROGRAMME TITLE: **Health Extension Service Level IV**	
MODULE TITLE:**Managing Common Communicable Diseases**	
MODULE CODE**: HLT HES4 M03 0213**	
NOMINAL DURATION:**124Hours**	
MODULE DESCRIPTION: This module aims at providing the trainees with the knowledge, skills and attitudes required to undertake community diseases surveillance, identify communicable diseases, promote preventive methods, provide basic curative services and refer cases beyond their scope to the next higher health institution.	
LEARNING OUTCOMES **At the end of the module the learner will be able to:** **LO1.** Conduct community diagnosis and case management **LO2.** Perform disease Surveillance LO3.Follow up of Cases	

LO1. Conduct Community Diagnosis and case management

    1.1 Basic Concepts in the transmission of communicable diseases
        1.1.1   Definition of terms
        1.1.2   What are communicable diseases?
        1.1.3   Factors involved in the transmission of communicable diseases
        1.1.4   Natural history of communicable diseases
    1.2 Prevention and Control of communicable diseases and community diagnosis
        1.2.1   Classification of communicable diseases
        1.2.2   General approach in the prevention and control of communicable diseases
        1.2.3   Community diagnosis
    1.3 Bacterial vaccine preventable diseases
        1.3.1   Vaccine, Immunity and vaccination
        1.3.2   Overview of bacterial vaccine preventable diseases
        1.3.3   Tetanus
        1.3.4   Meningococcal meningitis
    1.4 Viral vaccine preventable diseases
        1.4.1   Overview of viral vaccine preventable diseases
        1.4.2   Measles
        1.4.3   Poliomyelitis
        1.4.4   Hepatitis B
    1.5 Malaria epidemiology and transmission
        1.5.1   The burden of malaria

1.38 Common zoonotic diseases in Ethiopia: Rabies and Teaniasis
    1.38.1   Rabies
    1.38.2   Teaniasis (Tapeworm infestation)

1.39 Disease of poor hygiene and environmental health: Trachoma, Scabies and PodoCONiosis
    1.39.1   Trachoma-"the quiet blindness"
    1.39.2   Scabies
    1.39.3   Podoconiosis

LO2. Perform Disease Surveillance

2.1 General principles of public health surveillance
    2.1.1   Public health surveillance
    2.1.2   Data collection and recording
    2.1.3   Analysis and interpretation of public health data
    2.1.4   Reporting public health surveillance data and getting feedback
    2.1.5   Linking surveillance information to practice
    2.1.6   Types of public health surveillance

2.2 Integrated Disease Surveillance and Response (IDSR)
    2.2.1   Importance of IDSR
    2.2.2   Priority diseases for IDSR in Ethiopia
    2.2.3   Role of health extension practitioner in IDSR
    2.2.4   Case definitions of priority diseases
    2.2.5   Reporting of priority diseases

2.3 Epidemic investigation and management
    2.3.1   What is an outbreak and an epidemic?
    2.3.2   Types of epidemic
    2.3.3   Epidemic investigation
    2.3.4   Management of epidemic

LO3. Follow up of cases

2.4 Home visit
2.5 Defaulter tracing

LEARNING METHODS:
- Lecture and discussion
- Demonstration
- Group discussions
- Case discussions and seminars

ASSESSMENT METHODS
- Practical assessment
- Written exam/test
- Oral questions
- Project work (real or simulated)

ASSESSMENT CRITERIA

LO1. Conduct community diagnosis and case management

- Health problems are identified based on the synchronized report.
- Plan is prepared to resolve the identified health problems.
- Methods are selected to resolve the health problems.
- Teaching materials are collected as per the designed teaching Methodology.
- Communicable disease prevention and Control methods are Explained
- PIHCT is performed according to the standard guideline.
- Activity reported, documented, and followed up based on the Standard format
- Administer Anti-malarial drugs for uncomplicated cases
- Cases are collected from the referral format
- House to house visit is conducted
- Defaulters are traced and given advice
- Anti-TB drugs are administered when cases are transferred from

the health center based on the national treatment guideline

- ART follow up

LO2. Perform disease Surveillance
- Surveillance preparations are made.
- Data are collected through active and passive surveillance procedures.
- Data are entered, cleaned, analyzed and interpreted.
- Possible and Probable cases determined based on the standard case definition.
- Timely and complete reports (public burden, epidemic prone, under elimination/eradication) are submitted using the existing guidelines.
- Appropriate action is carried out in collaboration with different stake holders.
- Feedbackare collected and disseminated to the CONcerned bodies as per the existing formats.

LO3. Follow up of cases

- Cases are collected from the referral format.
- House to house visit CONducted.
- *Defaulters* are traced and given advice.
- Anti-TB drugs are administered when cases are transferred from the health center based on the national treatment guidelines.
- Follow up of ART and other cases is performed

LEARNING MODULE 4	Logo of TVET Provider

TVET-PROGRAMME TITLE: **Health Extension Service Level IV**

MODULE TITLE: **Managing Common Non-Communicable Diseases**

MODULE CODE: **HLT HES4 04 0213**

NOMINAL DURATION: **78Hours**

MODULE DESCRIPTION:

This module aims at providing the trainees with the knowledge, skills and attitudes required to improve the life style of the community that will enable prevention and Control of non-communicable diseases (Diabetes Mellitus, Hypertension, Chronic obstructive pulmonary diseases, Cancer, Cataract, Mental illness, oral health, etc). It also describes effective community rehabilitation (CBR) for the people with disabilities, early detection (screening), referral & follow up of cases.

LEARNING OUTCOMES

At the end of the module the learner will be able to:

LO1. Prevent and manage non-communicable diseases.

LO2. Screen and refer clients requiring further investigation.

MODULE CONTENTS:

LO1. Prevent and manage non-communicable diseases,
  1.1 Introduction to non-communicable disease
      1.1.1. Cardiovascular diseases
      1.1.2. Chronic obstructive pulmonary diseases (COPD) and bronchial asthma
      1.1.3. Introduction to Mental health
         1.1.3.1. Causes of mental health
         1.1.3.2. Assessment of mental health
         1.1.3.3. General management principles in mental health care
         1.1.3.4. Main classification of mental health
             1.1.3.4.1. Low mood or depression
             1.1.3.4.2. Psychosis
             1.1.3.4.3. Substance use problems
             1.1.3.4.4. Epilepsy and dementia
      1.1.4. Mental health problems in daily life
      1.1.5. Child hood developmental milestone and problems
         1.1.5.1. Developmental milestones
         1.1.5.2. Intellectual disability (Mental retardation)
         1.1.5.3. Autism
      1.1.6. Prevention and promotion activities for mental health
         1.1.6.1. Raising awareness about mental health
         1.1.6.2. Mental Health promotion and primary prevention

1.1.6.3.   Secondary prevention: Screening and early treatment
                1.1.6.4.   Suicide prevention
                1.1.6.5.   Tertiary prevention: Reducing the negative impact of mental illness
      1.2.   Disability and community rehabilitation
            1.2.1. Models of disability
            1.2.2. Types of impairment
            1.2.3. Appropriate and acceptable language
            1.2.4. Myth and facts about disability
            1.2.5. Situations of disability in Ethiopia
            1.2.6. The twin-track approach
            1.2.7. Community based rehabilitation
            1.2.8. UN convention on the right of persons with disabilities
LO2. Screening, early detection and referral of cases beyond scope
          2.1 Cardiovascular diseases
          2.2 Chronic obstructive pulmonary diseases (COPD) and bronchial asthma
          2.3 Mental health problems
          2.4 Disability that needs social assistance

LEARNING METHODS: • Lecture and discussion • Role play • Demonstration • Group discussions • Case presentation and seminars
ASSESSMENT METHODS: • Practical assessment • Written exam/test • Oral questioning • Project work
ASSESSMENT CRITERIA: **LO1.** Prevent non-communicable diseases • Community diagnosis is carried out and cases are identified based on the standard procedures. • Plan is prepared to resolve the identified cases. • Methods to resolve the case are selected based on case management guideline. • Educate the community on healthy life style and early detection of disease. • Activity is reported and cases are followed up based on the recommended guideline. **LO2.** Screen and refer clients requiring further investigation and management • History taking and physical examination (P/E) are done based on the standard procedures. • Simple test and examination are performed to identify chronic diseases like DM, cataract, breast tumor, hypertension etc. • Cases beyond scope are referred for further investigation and management

LEARNING MODULE 5	Logo of TVET Provider

TVET-PROGRAMME TITLE: **Health Extension Service Level IV**

MODULE TITLE: **Managing Hygiene and Environmental Health**

MODULE CODE: **HLT HES4 M05 0213**

NOMINAL DURATION: **86 Hours**

MODULE DESCRIPTION: This module describes the knowledge, skills and attitude required to manage hygiene and environmentalsanitation to individuals, families and communitythroughvolunteercommunitymembers and communityhealthworkers to improve the health of acommunity. It alsodescribes the competency of providingsupportive supervision and monitoring based on the givenclear instructions.

LEARNING OUTCOMES

At the end of the module the learner will be able to:

LO1.Organize and evaluate hygiene and environmental health program
LO2. Provide supervision of health extension services at household and institution level
LO3. Assist in the evaluation of health information provision

MODULE CONTENTS:

LO1. Organize and evaluate hygiene and environmental health program

1.1.   Introduction to the principle and CONcept of hygiene and environmental health
    1.1.1   Definition of terms
    1.1.2   Historical perspective on hygiene and environmental health
    1.1.3   CONcept and principle in hygiene and environmental health
    1.1.4   Human interaction with the environment
    1.1.5   The role of environmental health in public health
    1.1.6   Environmental health planning
1.2.   Environmental health hazards
    1.2.1. Definition of environmental health hazard
    1.2.2. Categories of environmental health hazards
    1.2.3. Describing environmental exposure to hazards
    1.2.4. Principles of hazard management
    1.2.5. Environmental pollution
    1.2.6. Pollution management
1.3.   Personal hygiene
    1.3.1. Definition of personal hygiene
    1.3.2. Public health importance of personal hygiene
    1.3.3. Components of personal hygiene

1.12.8.   Sampling method for bacteriological testing

LO2. Provide supervision of health extension services at household and institution level

2.1. Healthful housing

2.1.1. Definition

2.1.2. Basic requirements of healthful housing

2.1.3. Protecting people at special risk

2.1.4. Guide line for model housing

2.1.5. Indoor air pollution

2.1.6. Planning for the improvement of healthful housing

2.2 Institutional hygiene and sanitation

2.2.1. Scope of institutional hygiene

2.2.2. Public importance of institutional hygiene

2.2.3. School hygiene and sanitation

2.2.4. Prison hygiene and sanitation

2.2.5. Health facilities

2.2.6. Public offices

2.2.7. Religious institutions

2.2.8. Mill house hygiene and sanitation

2.2.9. Planning for the improvement of institutional hygiene and sanitation

2.3. Treatment of drinking water at household and community level

2.3.1. Water born diseases

2.3.2. Water treatment

2.3.3. Safe storage

2.3.4. Chlorination

2.4. Community drinking water source protection

2.4.1. Source of drinking water

2.4.2. Planning the development and protection of source of water

2.5. Principles and CONcepts of waste management

2.5.1. Public health importance of waste management

2.5.2.Main components of waste management

2.5.3.Solid waste management

2.5.3.1.   Source and classification of solid waste

2.5.4. Liquid waste management

    2.5.4.1.   Collection storage and treatment of liquid waste

    2.5.4.2.   Choosing appropriate sanitation technologies

2.6. Latrine construction

    2.6.1. Types of latrine

    2.6.2. Latrine utilization

2.7. Health care waste management

    2.7.1. Source and classification of health care waste

    2.7.2. Public health importance of health care waste

    2.7.3. Management of hazardous health care waste

    2.7.4. Methods of health care waste treatment and disposal

    2.7.5. Prevention and Control of risk to health worker

LO3. Assist in the evaluation of health information provision

    3.1.   Evaluating the status of personal hygiene
    3.2.   Sanitary survey of drinking water
        3.2.1. Rational for a sanitary survey
        3.2.2. Elements of sanitary survey
        3.2.3. Vulnerability assessment at a water source
        3.2.4. Source water quantity
        3.2.5. Sanitary survey of wells
        3.2.6. Sanitary survey of springs
        3.2.7. Sanitary survey of rain water collection and storage
        3.2.8. Water quantity assessment
    3.3.   Monitoring and evaluation of latrine utilization
    3.4.   Planning and monitoring health care waste management

LEARNING METHODS:
- Lecture and discussion
- Demonstration
- Video film shows
- Group discussions
- Project work, field visit

ASSESSMENT METHODS:

Competence may be accessed through:
- Practical assessment
- Written exam/test
- Oral questioning
- Project work

ASSESSMENT CRITERIA:

LO1. Organize and evaluate hygiene and environmental health program
- An assessment is made on hygiene and environmental health, and gaps are identified.
- Hygiene and environmental health program are planned based on the identified gaps
- Clients are educated on basic personal hygiene and its significance.
- Institutional hygiene and sanitation services are improved.
- Information on food hygiene and safety is provided.
- The hygienic requirements of food and drink establishments are identified.
- Sanitary inspection in food and drink establishments is assisted.
- Clients are identified and educated on environmental health hazards, healthful housing and air pollution.
- The hygiene and environmental health plan is monitored and evaluated and amendments are made based on the gaps identified.
- Records of the hygiene and environmental health activities are kept and maintained.

LO2. Provide supervision of health extension services at household and institution level
- Provide debriefing and support to:
  - Provide HEW with a supportive environment to discuss work issues
  - Maintain confidentiality of clients and HEW
  - Guide HEW through a process of self-reflection and review of key issues relating to hygiene and environmental health
  - Assist HEW to identify personally confronting issues and utilize them constructively in health extension service
  - Assist HEW to identify and apply appropriate strategies and techniques for protection of self and clients in health extension service

LO3. Assist in the evaluation of health information provision

- Consult client and/or community about effectiveness of hygiene and environmental health information
- Seek feedback to determine how well health information has been understood
- Provide feedback in line with organization and supervisory requirements
- Analyze and evaluate processes and outcomes to:
  - Obtain information to clarify issues arising and strategies used to address tCone issues in hygiene and environmental health
  - Clarify client outcomes achieved through HEW
  - Analyze strategies and practices used by HEW
  - Evaluate the effectiveness of strategies and practices used in health extension service in terms of outcomes for clients and impact on worker
- Provide feedback and support to health extension promoters and HEW
  - Provide feedback to reinforce appropriate health extension service and/or to support change where required
  - Provide professional guidance to HEW as required
  - Support HEW to change and/or enhance practices as appropriate

LEARNING MODULE 6	Logo of TVET Provider

TVET-PROGRAMME TITLE: **Health Extension Service Level IV**

MODULE TITLE: **Managing Child Survival, Growth and Development and applying IMNCI**

MODULE CODE: **HLT CON M06 0213**

NOMINAL DURATION: .**80Hours**

MODULE DESCRIPTION: This module aims to provide the trainees with 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

LEARNING OUTCOMES
At the end of the module the learner will be able to:
LO1. Manage child, survival, growth and development activities

LO2. **Asses classify and manage common child hood illnesses**

LO3. Refer cases for further investigation and management

MODULE CONTENTS:

LO1. Manage child survival, growth and development activities
    1.1.   Introduction to child survival, growth and development
    1.2.   Understanding growth and development patterns
    1.3.   Growth and development milestones
        • Physical and motor skills
        • Sensory and cognitive skill
    1.4.   Mental and social development promotion
        • Feeding the child
        • Play and communicate
        • Prevent illnesses
        • Respond to illnesses

LO2. **Asses, classify and manage common child hood illnesses**

2.1.   Introduction to IMNCI
    2.1.1.   Definition of terms
    2.1.2.   The IMNCI assessment
    2.1.3.   The IMNCI case management
    2.1.4.   General danger signs (GDS)
2.2.   Maternal newborn and child health
    2.2.1.   Essential newborn care

        2.2.2.   Newborn danger signs
        2.2.3.   Low birth weight and its management
2.3.   Management of bacterial infection and jaundice in the new born and young infants
        2.3.1.   Assessment and management of bacterial infection
        2.3.2.   Assessment and management of jaundice
2.4.   Assess and classify cough or of difficulty breathing
        2.4.1.   Assessing cough or difficult breathing
        2.4.2.   Classifying cough or difficult breathing
        2.4.3.   Treatment of cough or d difficult breathing
        2.4.4.   Follow up care for pneumonia
2.5.   Management of diarrheal diseases in young infant and children
        2.5.1.   Assess and classify diarrhea
        2.5.2.   Management of dehydration
        2.5.3.   Classification of persistent diarrhea
        2.5.4.   Management of persistent diarrhea
        2.5.5.   Classification and management of dysentery
2.6.   Management of sick children with fever
        2.6.1.   Assessment and classification of fever
        2.6.2.   Management of fever or malaria
2.7.   Malnutrition and anemia in the sick child
        2.7.1.   Causes of malnutrition
        2.7.2.   Assessment and classification of malnutrition
        2.7.3.   Management of malnutrition and anemia
2.8.   HIV infection in infant and children
        2.8.1.   Assessment and classification of HIV infection in children
        2.8.2.   Management of HIV infection in children
2.9.   Infant and young child feeding
        2.9.1. Assessing and classifying feeding problem in children
        2.9.2. Infant and young child feeding recommendation
2.10.   Immunization and related interventions
        2.10.1.The expanded program of immunization (EPI)
        2.10.2.CONtraindications to vaccine administration
2.11.   Ear problem and other common childhood infections
        2.11.1.Classification and management of ear problem
        2.11.2.Classification and management of throat problem
        2.11.3.Classification and management of skin infection
        2.11.4.Eye infection and its management
2.12.   Counseling mothers
2.13.   Follow up of cases
LO3. Refer cases for further investigation and management
        3.1.   Pre referral management
        3.2.   Referral

LEARNING METHODS:

- Lecture and discussion
- Role play
- Group discussions
- Film/video show
- Case presentation and clinical practice

ASSESSMENT METHODS:

Competence may be accessed through:

- Practical assessment
- Written exam/test
- Oral questioning
- Project work

ASSESSMENT CRITERIA:

LO1. Manage child, survival, growth and development activities
- o Appropriate child feeding practices are communicated and demonstrated to the care givers
- o Communication and playing mechanisms are communicated and demonstrated to the care givers
- o Appropriate messages to prevent illnesses are communicated and demonstrated to the care givers
- o Messages on health seeking behaviors are communicated to the care givers
- o Communicate on child abuse practices and neglect to the care givers
- o Child's growth and development patterns are identified
- o Child's developmental milestones are recognized and communicated with care givers

LO2. Asses, classify and manage common child hood illnesses

- Child is correctly assessed by checking general danger signs.
- Child's illness is classified using a color-coded classification system.
- The child's specific treatments are correctly identified.
- Follow up care is correctly provided.

LO3. Refer cases for further investigation and management
- Urgent referral after essential treatment is given

LEARNING MODULE 7	Logo of TVET Provider

TVET-PROGRAMME TITLE: **Health Extension Service Level IV**

MODULE TITLE: **Intervening Nutrition Problems**

MODULE CODE :**HLT HES4M07 0213**

NOMINAL DURATION: .**48Hours**

MODULE DESCRIPTION: This module aims to provide the trainees with the knowledge, skills and attitude required to assess, screen and identifynutritionalproblems, and to plan and manage the identifiednutritionalproblems.

LO1. Plan and undertake assessment for nutrition related health problems
LO2. Plan and undertake corrective measures
LO3. Manage clients with nutritional problems
LO4. Register, document and report nutritional records

MODULE CONTENTS:

LO1. Plan and undertake assessment for nutrition related health problems
1.1.   Food diet and nutrition
    1.1.1. Definition of terms
    1.1.2. Maternal and childhood under nutrition
    1.1.3. Planning nutritional care and support
    1.1.4. The importance of nutrients
    1.1.5. Food and nutrients: Cultural and religious taboos
    1.1.6. Nutrition, health and development
1.2.   Nutrients and their sources
    1.2.1.   Classification of Nutrients
    1.2.2.   Macronutrients
    1.2.3.   Micro nutrients
1.3.   Nutritional requirements throughout the lifecycle
    1.3.1. Nutrition during pregnancy and lactation
    1.3.2. Nutritional requirements in infancy, childhood and adolescence
    1.3.3. Infant and young child feeding
1.4.   Nutritional assessment
    1.4.1. Anthropometric assessment
    1.4.2. Clinical assessment
    1.4.3. Dietary method
1.5.   Common nutritional problems in Ethiopia
    1.5.1. Types of malnutrition
    1.5.2. Causes of malnutrition
    1.5.3. Strategies to promote proper nutrition in a community
LO2. Plan and undertake corrective measures
  2.1. Preventing micronutrient problems in Ethiopia
    2.1.1. The importance of micronutrients

2.1.2. Vitamin A, iodine and iron deficiency in Ethiopia

2.1.3. Prevention and Control of Vit A, iodine and zinc deficiency in Ethiopia

2.2. House hold food security

2.2.1. Acute and chronic food insecurity

2.2.2. Cause of house hold food insecurity

2.2.3. Indicators of household food insecurity

2.2.4. Ethiopian food security strategy

2.2.5. Emergency nutrition intervention

LO3. Manage clients with nutritional problems

3.1. Management of under nutrition

3.1.1. Managing acute malnutrition

3.1.2. Managing moderate acute malnutrition

3.1.3. Management of severe acute malnutrition

3.1.4. Nutrition education and counseling

3.2. Growth monitoring and promotion

3.3. Nutrition and HIV

LO4. Register, document and report nutritional records

4.1. Nutrition information system (NIS)

4.2. Critical indicators and data sources for NIS

LEARNING METHODS:

- Lecture and discussion
- Role play
- Group discussions
- Case discussions and seminars.

ASSESSMENT METHODS:

Competence may be accessed through:

- Practical assessment
- Written exam/test
- Oral questioning
- Project work

ASSESSMENT CRITERIA:

LO1. Plan and undertake assessment for nutrition related health problems

- Nutritional assessment and screening are conducted according to the national nutritional assessment protocol of the FMOH.
- Nutrition related problems are identified.
- Resource mapping is conducted using the standard format of FMOH.
- Nutrition eligible community members are identified.
- Number of expected target group for nutritional problem is calculated from the catchments using the standard statistical method.

LO2. Plan and undertake corrective measures

- Corrective measures are taken by preparing plan
- Influential community representatives and volunteers are identified and consulted.
- Nutrition promotion and education are organized and promoted in partnership with the community and relevant organizations.
- Nutritional supplements, nutrition promotion and education are provided and maintained.
- Nutritional problems are supported to take self-care approach in line with the

individual needs for changing unhealthy behavior on the basis of healthy promotion and strategic behavioral change approach of FMOH.

LO3. Manage clients with nutritional problems
- Advice is given on nutritional problem for clients, symptom of nutritional problems, the importance of early treatment seeking and compliance of treatment based on the national nutritional guidelines of FMOH.
- Essential Nutrition Action (ENA) is undertaken.
- Low risk conditions are managed according to the nutritional protocol.
- High risk conditions are referred to the next higher health facility.
- Emergency conditions of nutrition are managed according to the standard nutritional guideline.
- Practical preparation, education of Balanced diet and therapeutic feeding are demonstrated at health post, household, school and community level.

LO4. Register, document and report nutritional records
- Registration book for nutritional events registration is prepared according to the Nutrition Information System (NIS) standards of FMOH.
- Nutrition events data are collected continuously and maintained on the basis of HMIS guideline of FMOH.
- Nutrition events data are updated timely according to the HMIS guideline of FMOH.
- Nutrition activities are reported and communicated to the higher level and relevant body on the basis of the HMIS procedure of the FMOH.

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<tr><td>Provider</td></tr>
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LEARNING MODULE 8	Logo of TVET Provider

TVET-PROGRAMME TITLE**: Health Extension Service Level IV**

MODULE TITLE: **Managing Ante-Natal Care and PMTCT**

MODULE CODE: **HLT CON 4 M08 0213**

NOMINAL DURATION: **84Hours**

MODULE DESCRIPTION:

This module aims to provide the trainees with the knowledge, skills and attitude required to plan and manage ANC and PMTCT services

LEARNING OUTCOMES

At the end of the module the learner will be able to

LO1.Plan antenatal activity
LO2.Promote antenatal health care
LO3.Take and record complete history of pregnant mother
LO4.Perform antenatal examination
LO5. Manage antenatal cases
LO6 Provide PMTCT
LO7. Register and document antenatal records

MODULE CONTENTS:

LO1.Plan antenatal activity
    1.1 Introduction to anatomy and physiology of the female reproductive system
        1.1.1 Definition of terms
        1.1.2 Hormonal regulation of the female reproductive system
        1.1.3 Fertilization, implantation and the fetal and placental circulation
        1.1.4 Anatomy of the female pelvic and fetal skull
        1.1.5 Physiological change during pregnancy
    1.2 planning antenatal care
        1.2.1 Maternal and new born death and complication
        1.2.2 Planning for maternal and new born health care in the community
    1.3 Anatomy and physiology of female reproductive health
LO2.Promote antenatal health care
    2.1 Promoting antenatal care
        2.1.1 Health promotion issues during pregnancy
        2.1.2 Educating the community about antenatal care
        2.1.3 Providing focused antenatal care (FANC)
            2.1.3.1. Elements of FANC
        2.1.4 Birth preparedness, complication readiness and emergency planning
LO3.Take and record complete history of pregnant mother
    3.1.   General assessment of pregnancy and learning a pregnant women's

history
3.2.   Miner disorder of pregnancy

LO4.Perform antenatal examination
4.1.   Estimating gestational age from fundal height measurement
4.2.   Assessing the fetus

LO5.Manage antenatal cases
5.1. Premature rupture of membrane (PROM)
5.2. Classification of PROM
5.3. Risk factor of PROM
5.4. Diagnose of PROM
5.5. Action in case of PROM
5.6. Common medical disorders in pregnancy
    5.6.1. Malaria in pregnancy
    5.6.2. Anemia in pregnancy
    5.6.3. Urinary tract infections during pregnancy
    5.6.4. Hypertensive disorder in pregnancy
5.7. Abortion and other causes of early pregnancy bleeding
5.8. Late pregnancy bleeding
5.9. Counseling pregnant women on danger symptoms
5.10.   Husband/parent involvement in antenatal counseling
5.11.   IV fluid therapy and Catheterization

LO6.Provide PMTCT
6.1.   Introduction to mother to child transmission of HIV
6.2.   When does mother to child transmission of HIV occurs?
6.3.   Antenatal interventions to reduce mother to child transmission of HIV (PMTCT)
    6.3.1. PMTCT core interventions
    6.3.2. Steps in HIV testing and counseling

LO7.Register and document antenatal records
7.1. Antenatal care card
7.2. Data organization
7.3. Report writing

LEARNING METHODS:
- Lecture and discussion
- Demonstration
- Role play
- Group discussions
- Case discussions and seminars

ASSESSMENT METHODS:
Competence may be accessed through:
- Practical assessment
- Written exam/test
- Oral questioning
- Project work (real or simulation)

ASSESSMENT CRITERIA:

LO1.Plan antenatal activity
- Resource mapping is conducted using the standard format of FMOH.
- Antenatal eligible is identified and the number of expected pregnant women is calculated from the catchments using standard statistical method.
- A plan of action is developed.

LO2.Promote antenatal health care
- Influential community representatives and volunteers are identified and consulted.
- Antenatal care promotion and education are organized, promoted and provided in partnership with the community and relevant organizations on the basis of inter-sect oral approach.
- Antenatal care promotion and education activities are sustained involving the resources of the community on the basis of genuine participation.
- 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.

LO3.Take and record complete history of pregnant mother
- General and social information (name, parity, etc) are taken from the antenatal client based on the standard format and document of FMOH.
- Complaints of the current pregnancy are taken from the antenatal client according to the procedure of FMOH.
- Obstetric health, medical, surgical history and related complications are collected from previous antenatal and other client documents based on the standard assessment technique.

LO4.Perform antenatal examination
- According to the standard procedures, complete vital signs (T, BP, PR, RR),Wt, Htetc are taken.
- In line with standard protocol and guidelines; i.e., Inspection, Palpation, Percussion, Auscultation are performed.

LO5. Manage antenatal cases
- Advice on danger signs of pregnancy, nutrition, sign of labor, the importance of next visit, etc are provided to the client based on history and physical examination.
- Pregnancy related and other medical conditions are managed according to the guidelines.
- Follow up is undertaken according to the focused antenatal protocol.
- Clients' need further care are referred to the next higher health facility according to the standard protocol
- Danger signs are identified according to the standard procedure.

LO6.Provide PMTCT
- PIHCT is provided to the pregnant mother according to the PIHCT protocol of the FMOH.
- HIV pre-counseling is given to the client according to the standard counseling technique protocol of FMOH.
- HIV testing is done according to the rapid test algorithm of the FMOH.
- HIV post-counseling is given to the client according to the standard counseling technique protocol of the FMOH.

- Appropriate treatment is given to the pregnant mother according to the national protocol.

LO7.Register and document antenatal records
- Registration book for antenatal care events registration is prepared according to the HMIS standards of FMOH.
- Antenatal care service data are collected continuously and sustained on the basis of the HMIS guideline of FMOH.
- Antenatal care service data are updated timely according to HMIS guideline of FMOH.
- Antenatal care activities are reported and communicated to the higher level and relevant body on the basis of HMIS procedure of the FMOH.

LEARNING MODULE 9	Logo of TVET Provider

TVET-PROGRAMME TITLE: **Health Extension Service Level IV**

MODULE TITLE: **Managing Delivery Practice**

MODULE CODE: **HLT HES4M 09 0213**

NOMINAL DURATION: **182Hours**

MODULE DESCRIPTION:

This module aims to provide the trainee with the knowledge, skills and attitude required to manage the process of skilled delivery at health facility level

LEARNING OUTCOMES

At the end of the module the learner will be able to:

LO1. Support women during childbirth

LO2. Provide institutional skilled delivery services

MODULE CONTENTS:

LO1. Support women during childbirth
- 1.1. Introduction to Labour
    - 1.1.1. Definition of terms
    - 1.1.2. Introduction to labor
    - 1.1.3. Mechanisms of labour
    - 1.1.4. Assessment of labor
    - 1.1.5. Stages of labour
- 1.2. Care of the women in labor
- 1.3. Using the partograph

LO2. Provide institutional skilled delivery services
- 2.1. Conducting normal labor
- 2.2. Performing episiotomy and repair
    - Indications
    - Procedure
- 2.3. Active management of third stage of labor
- 2.4. Neonatal resuscitation
- 2.5. Abnormal presentation and multiple pregnancy
- 2.6. Management of women with mal-presentation or multiple pregnancy
- 2.7. Obstructed labour and its management
- 2.8. Ruptured uterus and its intervention
- 2.9. Postpartum hemorrhage and its management

LEARNING METHODS:
- Lecture and discussion
- Role play
- Group discussions
- Case presentation

ASSESSMENT METHODS:

Competence may be accessed through:
- Practical assessment
- Written exam/test
- Oral questioning
- Project work(Portfolio e.g. a minimum of 4 normal delivery management)

ASSESSMENT CRITERIA:

LO1. Support women during childbirth

- Local birthing practices and cultural beliefs are identified and discussed with women in planning and advocating for appropriate childbirth.

- Roles, relationships and responsibilities to support safe birthing are discussed.

- Signs of onset of labor are discussed and identified to support women in attending a delivery service as required.

LO2. Provide institutional skilled delivery services

- Assessment of mother in labor is done and partograph is completed.
- Normal delivery bundles and instructions are maintained in the health facility.
- Urgent professional assistance is sought and provides advice with delivery.
- Appropriate sterile equipment and medications are prepared for delivery according to the delivery manual.
- Normal skilled delivery is conducted.
- Third stage of labor is well managed actively and placenta expelled properly.
- Mother is checked for postpartum hemorrhage and the neonate is resuscitated.
- Woman with abnormal and complicated labor is referred for better management and care.

LEARNING MODULE 10	Logo of TVET Provider

TVET-PROGRAMME TITLE: **Health Extension Service Level IV**

MODULE TITLE: **Managing Post-Natal Care**

MODULE CODE: **HLT HES4 M10 0213**

NOMINAL DURATION: **34Hours**

MODULE DESCRIPTION:

This module aims to provide the trainees with the knowledge, skills and attitudes required to provide clients with postnatal health care services for mothers and infants.

LEARNING OUTCOMES

At the end of the module the learner will be able to:

LO1. Provide neonatal care

LO2. Provide postnatal care for mothers
LO3. Organize for follow up of maternal and newborn health services

MODULE CONTENTS:

LO1. Provide neonatal care

1.1.   Essential new born care
1.2.   Post natal care at the health facility and in the community
    1.2.1. Definition of terms
    1.2.2. Introduction to post natal care
    1.2.3. When most mothers and new born die in the post natal period?
1.3.   Causes of maternal and newborn deaths in the post natal period
1.4.   Management of mothers and newborns in the post natal period
    1.4.1. Evaluating and managing the post natal mother
    1.4.2. Evaluating and managing the newborn baby
    1.4.3. Community mobilization for post natal care

LO2. Provide postnatal care for mothers   .

  2.1. Normal puerperium
    2.1.1.   Changes in the reproductive organs during puerperium
    2.2.2.   Important information for the first- time mother
  2.2. The abnormal puerperium and its management
    2.2.1.   Postpartum hemorrhage
    2.2.2.   Puerperal sepsis and Fever
    2.2.3.   Postpartum hypertension
    2.2.4.   Deep vein thrombosis
    2.2.5.   Psychiatric disorder in the postnatal ,period

LO3. Organize for follow up of maternal and newborn health services

    3.1. Preparation for postpartum care
        3.1.1. Home visit: The best opportunity to provide post natal care
        3.1.2. Schedule for post natal home visit
        3.1.3. Counseling during the post natal period
        3.1.4. Routine core postnatal care for the mother
        3.1.5. Nutrition after child birth
        3.1.6. Emotional support
        3.1.7. Encouraging care seeking behaviour
    3.2. Routine Screening for newborns life-threatening conditions
        3.2.1. Screening for danger signs of the new born
        3.2.2. Screening for jaundice
        3.2.3. Infection in the newborn
        3.2.4. Neonatal assessment check list for critical conditions
    3.3. Breast feeding: The warm chain principle and counseling HIV positive mother
        3.3.1. Counseling the mother on newborn feeding
        3.3.2. Benefits of breast feeding
        3.3.3. \Counseling HIV positive mother about feeding her baby
        3.3.4. Keeping the baby warm
    3.4. Special care for preterm and low birth weight babies
        3.4.1. Why do preterm and low birth weight babies need special care?
        3.4.2. Classification of preterm and low birth weight babies
        3.4.3. Counseling on how to feed preterm and low birth weight babies
        3.4.4. Kangaroo mother care
    3.5. Making a referral for post natal care
        3.5.1. Effective referral
        3.5.2. The referral link: a two way street
        3.5.3. What prevents effective referral

LEARNING METHODS:
- Lecture and discussion
- Role play
- Group discussions
- Case discussions and seminars

ASSESSMENT METHODS:

Competence may be accessed through:

- Practical assessment
- Written exam/test
- Oral questioning
- Portfolio

ASSESSMENT CRITERIA:

LO1. Provide neonatal care

- Essential new born care is provided for the newborn
- Neonate is assessed for asphyxia or respiratory distress, bleeding from umbilical stump, skin discoloration, red swollen eye and discharge, and hypo or hyperthermia.
- Appropriate measures are taken based on the findings of the assessment done above.

LO2. Provide postnatal care for mothers

- Observation for mother is made and recorded in line with the standard protocols and organizational guidelines.
- Information, support for self-care and wellbeing are provided during post-natal period.
- Advice is provided on routine care of the newborn to mothers.
- Education to establish and support exclusive breast-feeding is implemented.
- 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.
- Minor post-natal problems for mother and newborn are identified to provide appropriate advice.
- Information is provided on alternative family planning options.

LO3. Organize for follow up of maternal and newborn health services

- Registration of women undergoing postnatal care is maintained according to the organizational guidelines and procedures.
- Schedules of participation in postnatal care are kept and used to organize Continuing care for women.
- Reminders and other assistance are organized to provide care according to needs.
- Referral and communication networks are maintained with medical staff, midwives, allied health staff, and female community elders.
- Records on attendance for antenatal care and birthing outcomes are kept and used to follow maternal health programs.

LEARNING MODULE 11	Logo of TVET Provider

TVET-PROGRAMME TITLE: **Health Extension Service Level IV**

MODULE TITLE: **Managing Immunization and Cold Chain**

MODULE CODE: **HLT HES4 M11 0213**

NOMINAL DURATION: **50Hours**

MODULE DESCRIPTION:

This module aims to provide the trainees with the knowledge, skills and attitude required for planning, conducting immunization session, managing cold chain, and monitoring EPI activities.

LEARNING OUTCOMES

At the end of the module the learner will be able to:

    LO1. Plan EPI activity
    LO2. Promote EPI activity
    LO3. Conduct immunization for children
    LO4. Conduct immunization for mothers
    LO5. Manage cold chain
    LO6. Monitor immunization service

Module Content:

LO1. Plan EPI activity
    1.1.   Definition of terms
    1.2.   Immunity, Vaccine and the expanded program on immunization (EPI)
        1.2.1. Introduction to immunity and EPI
        1.2.2. EPI: vaccine preventable diseases
        1.2.3. Types of vaccines
            1.2.3.1.   Antibacterial vaccines
            1.2.3.2.   Antiviral vaccines
    1.3.   Route of administration of vaccines
    1.4.   Vaccine preparation
    1.5.   Medication preparation, administration and monitoring
        1.5.1. Preparation of medication
        1.5.2. Oral drug administration
        1.5.3. Parenteral drug administration
            1.5.3.1.   Intradermal
            1.5.3.2.   Subcutaneous
            1.5.3.3.   Intravenous
        1.5.4. Applying topical medications
        1.5.5. Performing steam inhalation
        1.5.6. Scheduling drug administration
        1.5.7. Risk minimizing in drug administration

1.5.8. Documentation in drug administration
LO2. Promote EPI activity
2.1. Communication for an effective immunization program
2.1.1. Planning a communication activity
2.1.2. Behavioral change communication (BCC)
2.1.3. Meeting with target audience to promote EPI activity
LO3. conduct immunization for children
3.1. BCG vaccine
3.2. Pentavalent vaccine
3.3. Oral polio vaccine
3.4. Pneumococcal vaccine
3.5. Meningococcal vaccine
3.6. Measles vaccine
3.7. Rotavirus vaccine
LO4. Conduct immunization for mothers
4.1. Tetanus toxoid vaccine (TT vaccine)
LO5. Manage cold chain
5.1. The cold chain
5.1.1. Components of the cold chain
5.2. Immunization safety
5.3. Vaccine supply and stock management
5.3.1. Estimating vaccine need
5.3.2. Ordering vaccine
LO6. Monitor immunization service
6.1. Immunization program management
6.1.1. Planning immunization program
6.1.2. Immunization delivery at various sites
6.1.3. Monitoring EPI indicators
6.1.4. Analyzing and interpreting immunization data
6.2. Monitoring immunization program
6.2.1. EPI recording tools
LEARNING METHODS:
• Lecture and discussion
• Role play
• Group discussions
ASSESSMENT METHODS:
• Written exam/test
• Oral questioning
• Practical assessment
• Project work

ASSESSMENT CRITERIA:

LO1. Plan EPI activity
- Resource mapping is conducted using the standard format of FMOH.
- EPI eligible are identified and the number of expect EPI mothers and children is calculated from the catchments using standard statistical method.
- A plan of action is developed to reach the eligible.

LO2. Promote EPI activity
- Influential community representatives and voluntaries are identified and consulted.
- 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.
- EPI health promotion and education activities are sustained involving the resources of the community on the basis of action and involvement guideline.

LO3. Conduct immunization for children
- The required EPI logistics are availed for the immunization session based on the national EPI protocol.
- Immunization is conducted at health facility and/or outreach including household level on the basis of the national EPI procedure.
- Vaccine is given to protect vaccine preventable childhood illnesses like BCG, Oral Polio vaccine, Pentavalent, PCV and Measles, according to the national EPI protocols.
- Adverse effects of different vaccines are advised to the mother based on the national EPI guideline of FMOH.
- Follow up is given for completing the required immunization according to the national EPI schedule of FMOH.
- Defaulters are traced according to the standard EPI protocol of FMOH.

LO4. Conduct immunization for mothers
- The required EPI logistics are availed for the immunization session based on the national EPI protocol.
- Immunization is conducted at health facility and/or outreach including household level on the basis of the national EPI procedure.
- 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.
- Adverse effects of different vaccines are advised to the mother based on the national EPI guideline of FMOH.
- Follow up is given for completing the required immunization according to the national EPI schedule of FMOH.
- Defaulters are traced according to the standard EPI protocol of FMOH.

LO5. Manage cold chain
- Refrigerator is placed appropriately according to the standard procedure of FMOH.
- Vaccine is stored according to the required procedure.
- Temperature of the refrigerator is monitored regularly according to the EPI guideline of FMOH.

- Cold chain minor operational defects are maintained.

LO6. Monitor immunization service

- Registration book for immunization events registration is prepared according to the HMIS standards of FMOH.
- Immunization events data are collected continuously and sustained on the basis of HMIS guideline of FMOH.
- Immunization events data are updated timely according to the HMIS guideline of FMOH.
- Immunization activities are reported and communicated to the higher level and relevant body on the basis of HMIS procedure of the FMOH.
- Immunization service at catchment is monitored regularly.
- Plan is revised based on the immunization schedule for the catchments for a specific period of time.

LEARNING MODULE 12	Logo of TVET Provider

TVET-PROGRAMME TITLE: **Health Extension Service Level IV**

MODULE TITLE:**Managing Comprehensive Family   Planning service**

MODULE CODE: **HLT HES4 M12 0213**

NOMINAL DURATION:**80Hours**

MODULE DESCRIPTION:

This module aims to provide the trainees with the knowledge, skills and attitudes required for Planning, providing, monitoring comprehensive family planning services.

LEARNING OUTCOMES

At the end of the module the learner will be able to:

LO1. Plan family planning services
LO2. Promote family planning services
LO3. Provide family planning services
LO4. Monitor family planning services

MODULE CONTENTS:

LO1. Plan family planning services
    1.1. Introduction to population and family planning
        1.1.1. FP service delivery and program management
    1.2. Family planning service delivery
LO2. Promote family planning services
        2.1. Counseling for family planning
    2.1.1. Stages of counseling for family planning
LO3. Provide family planning services
    3.1. Types of family planning methods
        3.1.1. Natural family planning method
        3.1.2. Artificial
            3.1.2.1. Oral contraceptives
            3.1.2.2. Injectables
            3.1.2.3. contraceptive implants (implanon)
            3.1.2.4. IUCD
            3.1.2.5. Barrier methods
            3.1.2.6. Surgical/permanent/ Contraception
    3.2. Contraceptive options for young people
    3.3. Emergency contraceptive
    3.4. Postpartum and post abortion family planning
LO4. Monitor family planning services
    4.1. Family planning program management
        4.1.1. Developing and using work plan
        4.1.2. Common performance indicators for family planning program

LEARNING METHODS: • Lecture and discussion • Role play • Group discussions • Case discussions and seminars
ASSESSMENT METHODS: Competence may be accessed through: • Written exam/test • Oral questioning • Project work

ASSESSMENT CRITERIA:

LO1. Plan family planning services
- Resource mapping is conducted using the standard format of FMOH.
- Family planning eligible are identified and the number of expected target group for family planning service is calculated from the catchments using the standard statistical method.
- A plan of action is developed to reach eligible.

LO2. Promote family planning services
- Influential community representatives and voluntaries are identified and consulted
- Family planning service promotion and education are organized and promoted in partnership with the community and relevant organizations on the basis of inter-sectoral approach
- Family planning service promotion and education activities are sustained involving the resources of the community on the basis of stakeholders' genuine participation
- Family planning services 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

LO3. Provide family planning services
- Advice on method mix for advantages, side effects, mis-conceptions, and compliance on continual usage is provided to clients based on the national family planning guideline of FMOH.
- Method mix is supplied for clients according to the family planning protocol of FMOH
- Side-effects and problems are managed from the method mix.
- Clients preferred permanent methods are referred to the next higher health facility according to the standard family planning protocol of FMOH.
- Continuous follow up is provided to family planning clients based on the standard family planning protocol of FMOH.

LO4. Monitor family planning services

- Registration book for family planning services is prepared according to the HMIS standards of FMOH.
- Family planning services data are collected, updated and sustained on the basis of the HMIS guideline of FMOH.
- Family planning activities are reported and communicated to the higher level

and relevant body on the basis of HMIS procedure of the FMOH
- Plan on family planning for the catchments is revised for a specific period of time.
- Family planning service at kebele is monitored against plan.

LEARNING MODULE 13	Logo of TVET Provider

TVET-PROGRAMME TITLE: **Health Extension Service Level IV**

MODULE TITLE:**Managing Adolescent and Youth Reproductive Health Services**

MODULE CODE: **HLT HES4 M13 0213**

NOMINAL DURATION:**60 Hours**

MODULE DESCRIPTION:

This module aims to provide the trainees with the knowledge, skills and attitudes required for Planning, providing and monitoring adolescent and youth reproductive health services.

LEARNING OUTCOMES

At the end of the module the learner will be able to:

LO1. Identify adolescent RH related health problems
LO2. Promote adolescent RH services
LO3. Provide adolescent RH services

MODULE CONTENTS:

LO1. Identify adolescent RH related health problems
   1.1.   Adolescent and youth reproductive health service
         1.1.1. Introduction to Adolescent and Youth Reproductive Health
         1.1.2. Vulnerabilities, Risk-Taking Behaviours, and Life Skills
         1.1.3. Unwanted Pregnancy and Abortion
         1.1.4. Sexually Transmitted Infections (STIs)
         1.1.5. Harmful Traditional Practices (HTPs)
         1.1.6. Gender-Based Violence
         1.1.7. Substance Use
   1.2 Family planning options for adolescents
LO2. Promote adolescent RH services
   2.1.   health promotion in school
   2.2.   peer education program
   2.3.   family life education
   2.4.   community conversation
   2.5.   orphans and other vulnerable adolescents
LO3. Provide adolescent reproductive services
   3.1.   Contraceptive Options for Young People
   3.2.   Counseling Young People
   3.3.   Adolescent- and Youth-Friendly Reproductive Health Services
   3.4.   Care During Pregnancy, Labour and the Postnatal Period
   3.5.   Promoting Adolescent and Youth Reproductive Health
   3.6.   Adolescent and Youth Reproductive Health Program Management

LEARNING METHODS:

- Lecture and discussion
- Role play
- Group discussions
- Case discussions and seminars

ASSESSMENT METHODS:

Competence may be accessed through:
- Written exam/test
- Oral questioning
- Project work

ASSESSMENT CRITERIA:

LO1. Identify adolescent RH related health problems
- Different vulnerabilities, Risk-Taking Behaviours, and Life Skills of adolescents are systematically identified and addressed
- 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
- Family planning options for adolescents are identified and discussed

LO2. Promote adolescent RH services
- Adolescent health services related in school are identified and communicated
- Peer education program are designed and implemented
- Family life education is provided
- Orphans and other vulnerable adolescents are identified and addressed by reproductive health services

LO3. Provide adolescent RH services
- Counseling services and CONtraceptive options for Young People are provided
- Adolescent- and Youth-Friendly Reproductive Health Services are implemented
- Adolescent and Youth Reproductive Health Program is Managed effectively

LEARNING MODULE 14	Logo of TVET Provider

TVET-PROGRAMME TITLE: **Health Extension Service Level IV**

MODULE TITLE: **Applying Infection Prevention Techniques and Workplace OHS**

MODULE CODE: **HLT HES4 M14 0213**

NOMINAL DURATION: 4**0Hours**

MODULE DESCRIPTION:

This module aims to provide the knowledge, skills and attitude required to establish and maintain infection prevention techniques and OHS management system to ensure the workplace is safe and without risks to the health of employees, clients and/or visitors.

LEARNING OUTCOMES

At the end of the module the learner will be able to:

LO1. Apply infection prevention techniques
LO2. Establish and maintain participative arrangements
LO3. Assess and Control risk and hazards
LO4. Establish and maintain an OHS induction and training program
LO5. Establish and maintain system for OHS records

MODULE CONTENTS:

LO1. Apply infection prevention techniques
    1.1.   Introduction to disease transmission
          1.1.1. Basic concepts in transmission of communicable disease
          1.1.2. Disease transmission cycle
    1.2.   Infection prevention techniques
          1.2.1. Hand washing
          1.2.2. Personal protective barriers
          1.2.3. Proper handling of sharp items
          1.2.4. Proper processing of instruments and materials
          1.2.5. Environmental cleanliness
          1.2.6. Proper infectious-waste disposal
          1.2.7. Aseptic technique
LO2. Establish and maintain participative arrangements
    2.1.   Definition of terms
    2.2.   Introduction to occupational health hazards
        2.2.1. Definition of occupational health
        2.2.2. Create an effective safety team and facilitate productive safety meetings.
LO3. Assess and Control risk and hazards
    3.1.   Principles of occupational safety and health
    3.2.   Environmental health hazards
LO4. Establishment of an OHS induction and training program

4.1. Training need identification
4.2. Safety orientation program
4.3. Evaluation of the training program
LO5. Establishment and maintenance of system for OHS records
5.1. Uses and benefits of recordkeeping
5.2. Occupational safety health requirements

LEARNING METHODS:
- Lecture and discussion
- Role play
- Group discussions
- Case discussions and seminars

ASSESSMENT METHODS:
- Practical assessment
- Written exam/test
- Questioning or interview
- Project-related conditions

ASSESSMENT CRITERIA:

LO1. Apply infection prevention techniques
- Basic components of disease transmission are identified
- Essential elements of infection prevention are implemented

LO2. Establish and maintain participative arrangements
- Appropriate participative processes are established and maintained with employees and their representative in accordance with the relevant OHS legislation, regulations and relevant industry standards that are consistent with the enterprise procedures.
- Issues raised are dealt and resolved through participation and consultation promptly and effectively.
- Information is provided to employees about the outcomes of participation and consultation in a manner accessible to employees.

LO3. Assess and Control risk and hazards
- Workplace procedures are developed for hazard identification, assessment and Control of risks as well as dealing with hazardous events.
- All hazards are identified at the planning, design and evaluation stages of any changes in the workplace to ensure that new hazards are not created by the proposed changes.
- Procedures are developed and maintained for selection and implementation of risk Control measures in accordance with the hierarchy of Control.
- Inadequacies are identified in the existing risk Control measures in accordance with the hierarchy of Control .And provide resources that enable the implementation of new measures.

LO4. Establish and maintain an OHS induction and training program
- Training needs are identified.
- An OHS induction and training program are developed and maintained to identify and fulfill employees OHS training needs.
- Training management system is maintained, so that training attendance monitored and non-attendance followed up.
- Relevant training experts are coordinated as necessary.

- Outcomes are evaluated to ensure that the training objectives are met.

LO5. Establish and maintain system for OHS records
- Systems are established and monitored for keeping OHS records to meet regulatory requirements, allow identification of patterns of hazardous incidents, occupational injuries and diseases within the area of managerial responsibility.

Annex: Resource Requirements

Item No.	Category/Item	Description/ Specifications	Quantity	Ratio (Item: Learner)
Health Extension Service level IV				
A.	**Learning Materials**			
1	TTLM	• Flip chart • Job aid • Posters	20 – 30 each	1:1
2	Textbooks	• Training module • Guidelines	20-30 each	1:1
3	Reference Books	• National Health policy • Family planning guide line • EPI guide line • ICCM guide line • Childe health strategy • National Nutritional program/strategies • Ethics guide line • Epidemiology and health statistics books	10 each	1:3
4	Journals/Publication/Magazines	• Health indicator /latest/ • Ethiopian Demographic Health Survey, 2011 • Fact sheets • Standard formats		
B	**Learning Facilities & Infrastructure**			
1.	Lecture Room	Standard	1	1:30
2.	Library with internet CONnection	Standard	1	1:30
C.	Stationery			
1	Computer Paper A4 size			

2	Pencil & Rubber			
3	Pen			
4	Graph paper			
5	Note book			
6	Art line Marker	6 per pack	15 set	
7	Printer ink	Hp LaserJet	4	
8	Bucher/flip chart	SinArline	10	1:3
9	White board marker	6 per pack	15	
10	Plaster	Role	5	
D	**Non-CONsumable materials**			
1	Computer	Laptop	1	1:30
2	Printer	hP LaserJet	1	1:30
3	Photocopy machine	Canon	1	1:30
4	LCD projector	LCD projector Sony	1	1:30
5	Scanner	Smart	1	1:30
6	Back up	Smart	1	1:30
7	Binding machine	-	1	1:30
8	Television and Deck	Sony	1	1:30
9	Tape recorder	Sony	1	1:30
10	White board	110 X 80 cm	1	1:30
11	CD	RW each	1	1:30

E	**Anatomic models**			
1	Female pelvic anatomy model		4	1:7
2	Fetal skull model		4	1:7
3	Neonatal model		4	1:7

4	Placental model	Wooden	4	1:7
5	Penile model		4	1:7
6	Arm model		5	1:6
F	*Medical supplies*			
1	Delivery set	Set	4	
2	Drum	Pcs	4	
3	Sterilizer (electrical)	Pcs	2	
4	Disposable Gloves diff. size	Of 100 per pack	50	
5	Surgical Glove	Of 50 pairs per pack	50	
6	Syringe with needle /sterile	50 per pack	3	
7	Gauze	Role	4	
8	Ethanol of 80%	Litre	5	
9	Cotton			
10	Bandage			
11	Surgical scissor			
12	Forceps (different sizes and type)			
13	Fetal stethoscope			
14	Delivery bed			
15	Rubber sheet (Mackintosh)			
16	Linen			
17	Blanket			
18	Examination couch			
19	Screen			
20	Stretcher			
21	Ambu bag (different size)			

22	Suction Machine			
23	Suction tube			
24	NG tube			
25	First aid kit			
26	Stetescope			
27	Sphygmomanometer			
28	Thermometer different type			
29	Weighing scale -hanging - portable			
30	Measuring tape			
31	Table and seats			
32	Recording log books			
33	AdConive tap			
34	CONtraceptives (different options)			

35	Antigens/Vaccines (different type)			
36	Vaccine carrier with ice packs			
37	Refrigerators			
38	Cold box			
39	Safety box			
40	Dust pin			
41	Infection prevention basins			
42	Kidney basin (different sizes)			
43	Examination lamp			

44	Protective materials:- Goggle - shoes - Mask - Gown - Apron			

Acknowledgement

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This model curriculum was revised on the **February 2013** at Adama.