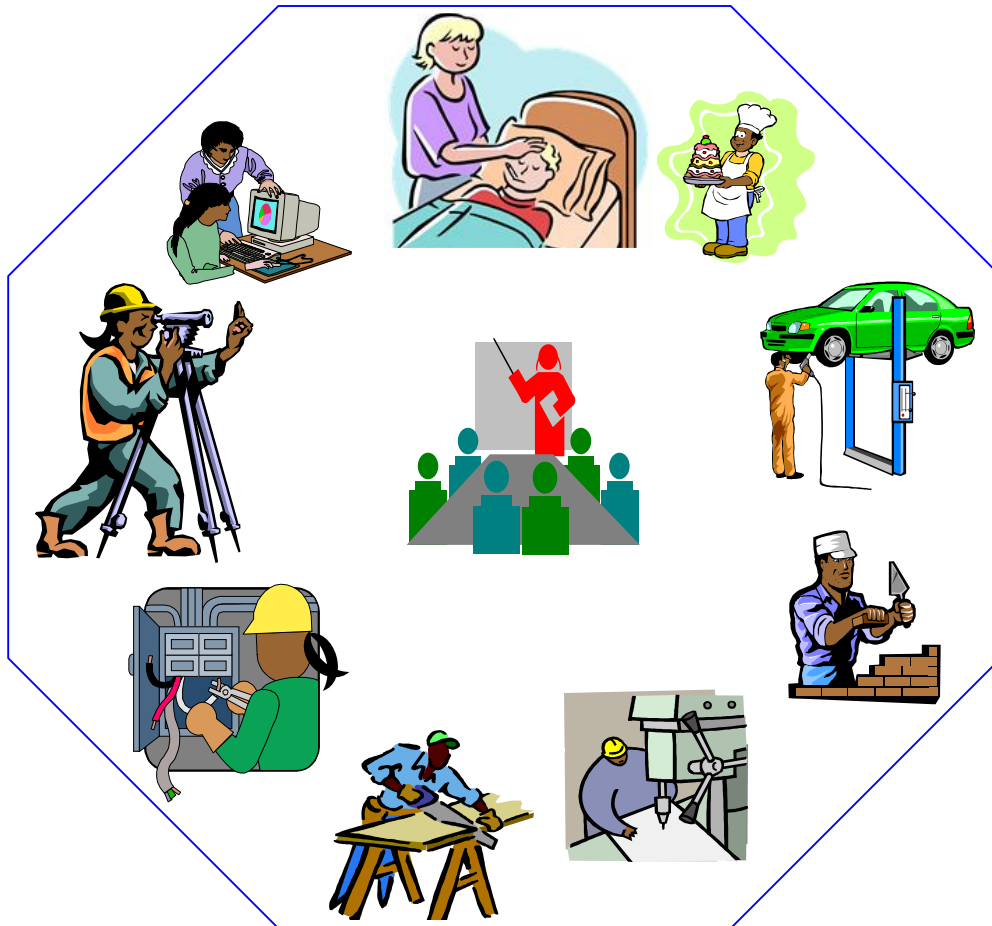




Federal Democratic Republic of Ethiopia
OCCUPATIONAL STANDARD

HEALTH EXTENSION SERVICE

NTQF Level III-IV



*Ministry of Education
January 2018*

Introduction

Ethiopia has embarked on a process of reforming its Technical and Vocational Education and Training (TVET) System. Within the policies and strategies of the Ethiopian Government, technology transformation by using current 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 Ethiopian Occupational Standard (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 current and future occupational requirements and expected outcome related to a specific occupation using distinct Unit of Competences without taking TVET delivery into account.

The whole package EOS document for an occupation is an integrated set of nationally endorsed core generic Unit of Competences organized in to different qualification levels built one upon the other below or side wise to make full occupational profile.

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
- Range and Variables
- Evidence guide

Together all the parts of a Unit of Competence guide the assessor/curriculum developer in determining the candidate training and assessment.

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 with their Unit Codes and Titles
- Detail contents of each Unit of Competence
- Occupational map providing the TVET providers with information and important requirements to consider when designing training programs using this standards and show a career path

UNIT OF COMPETENCE CHART

Occupational Standard: Health Extension Service
Occupational Code: HLT HES

NTQF Level III[HLT HES3 01 0118](#)

Collect, Maintain and Utilize Community Health Data

[HLT HES3 02 0118](#)

Perform Community Mobilization and Provide Health Education

[HLT HES3 03 0118](#)

Prevent and Control Common Communicable Diseases

[HLT HES3 04 0118](#)

Prevent and Control Non-common Communicable Diseases

[HLT HES3 05 0118](#)

Prevent and Manage Nutritional Problems

[HLT HES3 06 0118](#)

Promote and Educate on Ante-natal Care

[HLT HES3 07 0118](#)

Promote and Assist Institutional Delivery Service

[HLT HES3 08 0118](#)

Promote and Provide Post-natal Care

[HLT HES3 09 0118](#)

Promote Child Survival, Growth and Development and Apply Integrated Community

[HLT HES3 10 0118](#)

Promote and Manage Immunization and Manage Cold Chain

[HLT HES3 11 0118](#)

Promote and provide Family Planning Service

[HLT HES3 12 0118](#)

Promote and Provide Adolescent and Youth Reproductive Health

[HLT HES3 13 0118](#)

Provide First Aid and Emergency Response

[HLT HES3 14 0118](#)

Apply Infection Prevention Techniques and Workplace OHS

[HLT HES3 15 0118](#)

Provide Compassionate, Respectful and Caring Service

[HLT HES3 16 0118](#)

Apply Computer and Mobile Health Technology

[HLT HES3 17 0118](#)

Monitor Implementation of Work Plan/Activities

[HLT HES3 18 0118](#)

Apply Quality Control

[HLT HES3 19 0118](#)

Lead Workplace Communication

[HLT HES3 20 0118](#)

Lead Small Teams

[HLT HES3 21 0118](#)

Improve Business Practice

[HLT EHS3 22 0118](#)

Prevent and Eliminate MUDA

NTQF Level IV

[HLT HES4 01 0118](#)
Manage Community Health Service

[HLT HES4 02 0118](#)
Manage Pharmaceuticals in Health Posts

[HLT HES4 03 0118](#)
Prevent and Manage Common Communicable and Neglected Tropical Diseases

[HLT HES4 04 0118](#)
Manage Common Non-communicable Diseases

[HLT HES4 05 0118](#)
Manage Ante-natal Care and Promote PMTCT

[HLT HES4 06 0118](#)
Manage Delivery Practice

[HLT HES4 07 0118](#)
Manage Post-natal Care

[HLT HES4 08 0118](#)
Manage Child Survival, Growth and Development and Apply IMNCI

[HLT HES4 09 0118](#)
Manage Comprehensive Family Planning Service

[HLT HES4 10 0118](#)
Plan and Organize Work

[HLT HES4 11 0118](#)
Migrate to New Technology

[HLT HES4 12 0118](#)
Establish Quality Standards

[HLT HES4 13 0118](#)
Develop Individuals and Team

[HLT HES4 14 0118](#)
Utilize Specialized Communication Skills

[HLT HES4 15 0118](#)
Manage Micro, Small and Medium Enterprises (MSMEs)

[HLT HES4 16 0118](#)
Apply Problem Solving Techniques and Tools

NTQF Level III

Occupational Standard: Health Extension Service Level III	
Unit Title	Collect, Maintain and Utilize Community Health Data
Unit Code	HLT HES3 01 0118
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 the necessary resources for data collection	1.1. Questionnaire is prepared and made available 1.2. Questionnaire is pre-tested, modified and amended 1.3. Necessary personnel are trained on data collection procedures 1.4. The necessary equipment/materials are identified to execute data collection 1.5. Members of community are informed about data collection dates and time 1.6. Community leaders are invited to support data collection process
2. Collect, compile, interpret and utilize necessary health data	2.1. Necessary health data is collected as per organizational guideline 2.2. Information collected 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 are followed according to prescribed procedures are taken. 2.4. Vital events are continuously and consistently collected and updated timely in accordance with organization procedures and guidelines 2.5. Data are prepared and utilized according to prescribed procedures and guidelines
3. Prepare and submit reports	3.1. Reports are prepared using standard reporting formats 3.2. Reports are submitted to health centre and/ or woreda health office 3.3. Updates and reportable diseases are communicated to the Woreda health office or health centre according to prescribed procedures and guidelines.
4. Take intervention measures accordingly	4.1. Discussions are made with key stakeholders regarding the health problems 4.2. Briefing materials throughout the consultation process are provided to identify and clarify issues of interest/concern to stakeholders and own organization

	<p>4.3. Feedback is provided to the team leader or work team on the results of the consultation process</p> <p>4.4. Positive contributions are made to activities that develop an understanding of the factors contributing to the health problem of the community</p> <p>4.5. Further information and data are collected when needed for better interventions</p>
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Variable	Range
Data	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Vital events • Surveillance data and may be: <ul style="list-style-type: none"> ➢ Qualitative ➢ Quantitative <p>Types of data required about the target group may include, but not limited to:</p> <ul style="list-style-type: none"> • Demographic characteristics (e.g. Age, sex, ethnic composition, residence, education level achieved) • Patterns of behaviour • Lifestyle
Database system	<p>may include but not limited:</p> <ul style="list-style-type: none"> • Disease surveillance reporting formats • Health registries created for different health issues (Tb, Malaria, HIV/AIDS, and Trachoma etc.) • System of activity reported in the region.
Prescribed procedures	<ul style="list-style-type: none"> • May be organizational procedures manual
Vital events	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Birth • Marriage • Divorce and Death
Standard reporting formats	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • HMIS reporting formats • Immediately reportable disease formats • Weekly reportable reporting formats and others
Updates	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Briefing major activities accomplished as needed
Reportable diseases	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Rabies • Cholera • Neonatal tetanus • Anthrax • Yellow fever • Measles • Dysentery • Typhoid fever, etc.

Key stakeholders	<p>May include, but not limited to:</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 • Zonal, woreda and health center health service planners • State or local health service providers • Other health and/or non-government organizations
Health problems	<p>May be identified through one of the following ways:</p> <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
Consultation process	<p>May take the form of one of the following:</p> <ul style="list-style-type: none"> • Interviews (personal, phone, formal or informal) • Nominal group process • Questionnaires • Delphi method • Focus groups and Forums
Feedback	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Written reports • Brief commentary or summary presentations
Relevant resources	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Human resource or data collectors • Questionnaires • Registration books • Survey formats • 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
Ethical considerations that guide data collection and consultation processes	<p>May include, but not limited to:</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>Demonstrate knowledge and skills to:</p> <ul style="list-style-type: none"> • Collect vital events and disease surveillance.
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	<ul style="list-style-type: none"> • Collect and utilize population health data • Maintain health profile of the community • Compile and report health data • Conduct consultation and communication to identify community health needs
Underpinning Knowledge and Attitudes	<p>Demonstrate knowledge of:</p> <ul style="list-style-type: none"> • Basic statistical concepts and procedures • Causes and appropriate interventions or solutions • Population health data collection, compilation, interpretation and utilization • National 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>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 • Compile, interpret and utilize data • Prepare and submit reports • Communicate with clients and colleagues
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 Service Level III	
Unit Title	Perform Community Mobilization and Provide Health Education
Unit Code	<u>HLT HES3 02 0118</u>
Unit Descriptor	This unit describes the knowledge, skills and attitude required to undertake health education, advocacy and community mobilization on identified health issues.

Element	Performance Criteria
1. Conduct health education and communication	<p>1.1. Assessment and gap identification activities are performed according to organizational manual</p> <p>1.2. Community and all available resources are organized as per content requirement</p> <p>1.3. Target group identification is done according to organizational guideline</p> <p>1.4. Health education plan is prepared as per the requirements of target group organizational guideline.</p> <p>1.5. Methods and approaches of health communication are designed according to organizational manual</p> <p>1.6. Health education service is provided as per the requirements of target group</p> <p>1.7. Monitoring of service utilization and evaluation of behavioural change are noted in accordance with organizational manual</p> <p>1.8. Strategies for internal and external dissemination of information are developed, promoted, implemented and reviewed as required in accordance with workplace guideline</p> <p>1.9. Work related network and relationship are maintained as necessary.</p> <p>1.10. Different approaches are used to meet communication needs of clients and community.</p>
2. Train model families	<p>2.1. Better performing household in their day to day activity is identified</p> <p>2.2. Space and time for training are established with consultation of appropriate personnel and community representatives</p> <p>2.3. Necessary resources are identified and collected as per the training plan</p> <p>2.4. Training is provided according to MOH guideline</p>

	<p>2.5. Follow up and monitoring are carried out in accordance with workplace guideline</p> <p>2.6. Well performing model household is evaluated and certified in accordance with workplace guideline</p>
3. Plan and Undertake advocacy on identified health issues	<p>3.1. Advocacy plan is prepared to address an identified health issues as per organizational work guideline</p> <p>3.2. Community representatives are consulted to determine current health needs and priorities.</p> <p>3.3. Influential community representatives and health development armies are identified and consulted to disseminate IEC-BCC activities</p> <p>3.4. Continuous advocacy services are organized and provided in partnership with <i>the stakeholders</i></p> <p>3.5. Feedback from community consultation and advocacy is used as a basis for planning</p>

Variable	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 ➢ production and service enterprises ➢ Urban community ➢ Government organization ➢ Mass media and Religious leaders
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>Demonstrate knowledge and skills to:</p> <ul style="list-style-type: none"> • Communicate and convince the community and decision makers • Work with decision makers, community health development armies and volunteers • Mobilize and solve an identified community health issues

	<ul style="list-style-type: none"> • Disseminate relevant health information to address community needs • Adopt relevant communication techniques and strategies • Demonstrate effective communication skill
Underpinning Knowledge and Attitudes	<p>Demonstrate knowledge of:</p> <ul style="list-style-type: none"> • Behavioural change models • 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 • Adopting relevant communication techniques and strategies
Underpinning Skills	<p>Demonstrate skills to:</p> <ul style="list-style-type: none"> • Communicate, advocate and persuade community on identified health issues • develop supportive social networks and forming strong coalitions and joint ventures • Mobilize community on the identified health issues • Demonstrate effective communication skill • Demonstrate of listening skills, negotiation skills • Conduct meetings, writing and reporting results • Adopt relevant communication techniques and strategies
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 Service Level III	
Unit Title	Prevent and Control Common Communicable Diseases
Unit Code	HLT HES3 03 0118
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 common communicable diseases.

Element	Performance Criteria
1 Identify major communicable diseases	<p>1.1. Common communicable diseases are identified</p> <p>1.2. Major causes of communicable disease are understood</p> <p>1.3. Methods of communicable disease transmission are identified</p> <p>1.4. Major prevention and control mechanisms of communicable diseases are identified</p>
2 Educate the community on early detection and prevention of communicable diseases	<p>2.1. Community diagnosis is conducted based on the standard procedure.</p> <p>2.2. Plan is developed based on the identified gaps.</p> <p>2.3. Teaching strategies are selected and designed as per the identified gaps.</p> <p>2.4. Teaching materials are collected as per the designed teaching methodology.</p> <p>2.5. Prevention and control methods of communicable disease are explained according to the existing health education guideline.</p> <p>2.6. Activities are documented, reported and followed up based on the standard format.</p>
3 Perform disease Surveillance	<p>3.1. Preparations are made for surveillance</p> <p>3.2. Logistics are prepared based on the standard procedure.</p> <p>3.3. Data are collected through active and passive surveillance procedures.</p> <p>3.4. Case is determined (possible, probable) based on the standard case definition.</p> <p>3.5. Timely and complete reports (public burden, epidemic prone, under elimination/eradication) are submitted using the existing guidelines.</p> <p>3.6. Appropriate action is carried out in collaboration with different stake holders.</p>

	3.7. Feedback is collected and disseminated to the concerned bodies as per the existing formats.
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Variable	Range
Prevention	May include, but not limited to: <ul style="list-style-type: none"> • Promotion of health • Prevention of exposure • Limiting the occurrence of disease
Control	May include, but not limited to: <ul style="list-style-type: none"> • Prevention of further transmission. • Prevention of further complication
Community diagnosis	May include, but not limited to: <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.
Surveillance	May include, but not limited to: <ul style="list-style-type: none"> • Process of detecting the incidence of disease, trend in incidence, or geographical spread of infection.
Logistics	May include, but not limited to: <ul style="list-style-type: none"> • Required Resources
Epidemic	May include, but not limited to: <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	May include, but not limited to: <ul style="list-style-type: none"> • Exchange of information between the health post and other health institutions

Evidence guide	
Critical Aspects of Competence	Demonstrate knowledge and skills to: <ul style="list-style-type: none"> • Identify and describe communicable diseases • Educate the community on infectious disease. • Apply principles of common communicable disease prevention and control. • Undertake effective surveillance for early management of epidemics.
Underpinning Knowledge and Attitudes	Demonstrate knowledge of: <ul style="list-style-type: none"> • Methods of disease transmission • Principles and method of infectious disease prevention • Common Infectious Diseases (CDC) • Basic concept on documentation and reporting • Principles of surveillance
Underpinning Skill	Demonstrate skills to: <ul style="list-style-type: none"> • Apply community assessment skills • Communication skills

	<ul style="list-style-type: none"> • Data collection • Data compilation
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 Service Level III	
Unit Title	Prevent and Control Non-common Communicable Diseases
Unit Code	HLT HES3 04 0118
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.	<p>1.1. IEC materials are prepared and health education provided.</p> <p>1.2. Community diagnosis is carried out based on the standard procedure.</p> <p>1.3. Plan is developed based on the identified gaps from the community assessment.</p> <p>1.4. Methods are selected based on the problem identified.</p> <p>1.5. Activity is reported and followed up based on the recommended format.</p>
2. Screen and refer clients requiring further investigation and management	<p>2.1. Pertinent history (HX) and Physical Examination (P/E) are done based on the standard procedure.</p> <p>2.2. Cases beyond scope are referred for further investigation and management as per the referral procedure.</p>
3. Follow up cases and promote community based rehabilitation	<p>3.1. Community diagnosis is carried out based on the standard procedure.</p> <p>3.2. Communities are mobilized for taking care of people with disabilities.</p> <p>3.3. Trainings are conducted to select family members and community based organizations.</p> <p>3.4. Cases are followed up as per the feed back obtained from the health institution.</p>

Variable	Range
Standard procedure	Includes nationally accepted working guides
Disabilities	Means limitation on the full range of functions on some parts of the body
Non communicable disease	Means disease not transmitted from person to person by any route except by heredity

Community based rehabilitation	Means prevention of further disabilities and permanent damage at community setting and making remained parts functional / productive
Screening	Means identifying diseases in apparently healthy people
Healthy life style	Means health behavior that helps for adopting healthy way of life
Suspected case	Includes unconfirmed but shows some signs and symptoms indicating certain disease
Culture	Includes sum of customs, belief systems, and traditions in a given community

Evidence Guide	
Critical Aspects of Competence	Demonstrate knowledge and skills on: <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 and follow up of cases • Acquisition of knowledge and skills regarding the formation of CBR programs in collaboration with various partners and stakeholders
Underpinning Knowledge and Attitudes	Demonstrate knowledge of: <ul style="list-style-type: none"> • Non-communicable diseases • Sociology and anthropology • Psychology • Basic nutrition • Health education
Underpinning Skill	Demonstrate skills in: <ul style="list-style-type: none"> • Community assessment skills • Client assessment skills • Minor clinical management skills • Post clinical management counseling skills
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 Service Level III	
Unit Title	Prevent and Manage Nutritional Problems
Unit Code	HLT HES3 05 0118
Unit Descriptor	This unit describes the knowledge, skills and attitude required to assess, screen, identify, plan and manage nutritional problems.

Element	Performance Criteria
1. Plan and undertake assessment for nutrition related health issues.	<p>1.1. Nutritional assessment and screening are conducted according to national nutritional assessment protocol of the FMOH</p> <p>1.2. Nutrition related problems are identified</p> <p>1.3. Resource mapping is conducted using the standard format of FMOH</p> <p>1.4. Nutrition eligible community members are identified</p> <p>1.5. Number of expected target group for nutritional problem is calculated from the catchments using standard statistical method</p> <p>1.6. Appropriate interventional plan is developed.</p>
2. Provide basic nutrition information/ education to the clients.	<p>2.1. Clients education requirements are obtained from community assessment or collected data.</p> <p>2.2. Basic educational materials and products are gathered according to the directions of the nutrition guideline.</p> <p>2.3. The community is consulted about the appropriateness of cultural practices of nutrition and convenience of time for participation.</p> <p>2.4. The purpose of the information/education is confirmed based on the nutrition national guideline</p> <p>2.5. Practical nutritional preparation and education are provided to support meal and food choices consistent with nutrition care plan.</p> <p>2.6. The report of plan implementation is provided to Woreda health office.</p> <p>2.7. Clients are monitored according to nutrition care plan, using appropriate monitoring/reporting formats.</p> <p>2.8. Client deviations are identified from the nutrition care Plan and appropriate course of action is carried out</p>
3. Manage clients with nutritional problems	<p>3.1. Advice on nutritional problem for clients ,such as symptom of nutritional problems, the importance of early treatment seeking and compliance of treatment is provided 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 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>
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Variable	Range
Screening	<p>May include, but not limited to:</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
Clients	<ul style="list-style-type: none"> • May include, but not limited to infants, children, adolescents, mothers, aged people, people with disabilities, people with physical or mental illness
Basic educational materials	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Leaflets • Food packages • Food models • Charts • Posters • Training manuals
Practical nutritional preparation and 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, etc) • Product usage • Food safety from preparation to consumption • Cooking • Food identification • Food hygiene • Food consumption • Food storage
Report	<ul style="list-style-type: none"> • May include, but not limited to verbal, telephone, face to face, written materials, progress reports, case notes, incident reports, epidemic reports

Advice	<p>May include, but not limited to:</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
ENA	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Promotion of optimal breast feeding • Complementary feeding • Feeding sick children • Improve women nutrition.
Low risk conditions	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Underweight • Stunted
High risk conditions	May include, but not limited to severe malnutrition
Emergency	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • OTP (outpatient therapeutic program) • TFC (therapeutic feeding center) • SC (stabilization center)
Nutritional problems	<p>May include, but not limited to:</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
Nutrition Information System (NIS)	<p>May include, but not limited to:</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

Evidence Guide

Critical Aspects of Competence	<p>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
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Underpinning Knowledge and Attitudes	<p>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 management • Documentation • Factors affecting nutrition • Types of nutritional assessment
Underpinning Skills	<p>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 Service Level III	
Unit Title	Promote and Educate on Ante-natal Care
Unit Code	HLT HES3 06 0118
Unit Descriptor	This unit describes the knowledge, skills and attitude required to promote antenatal care through advices, education and early referral of pregnant mothers.

Element	Performance Criteria
1. Plan antenatal activities	<p>1.1. Information is gathered for planning antenatal care</p> <p>1.2. Antenatal eligible's are identified and the number of expected pregnant women is calculated</p> <p>1.3. Action plan is developed</p>
2. Promote antenatal care	<p>2.1. Influential community representatives and health development armies 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</p> <p>2.3. Antenatal clients are supported to take self-care and birth plan approach in line with individual needs</p> <p>2.4. Activities are compiled, document and reported</p>
3. Conduct home visit and refer pregnant women	<p>3.1. Home to home basic health education is given on healthy living and maternal health care for pregnant mother and her family</p> <p>3.2. Common vital signs are taken and recorded regularly</p> <p>3.3. Follow up of pregnant mother is closed to provide appropriate support and consultation</p> <p>3.4. Risk factors are identified and addressed in consultation with her family and others</p> <p>3.5. Pregnancy related danger signs are identified and urgently referred to health centers</p> <p>3.6. Registers of women undergoing antenatal care are maintained according to organization policies and procedure</p> <p>3.7. Schedules of participation in antenatal care and use are kept to organize continuing care for women.</p> <p>3.8. Reminders and other assistance are organized and/or provided to attend the ANC care according to women's needs</p> <p>3.9. Referral and communication networks with Medical staff, and midwives allied health staff, birthing facilities and female community elders are maintained.</p>

	3.10. Records on attendance for antenatal care and birthing outcomes are kept and used to follow the mother.
4. Take and record complete history of pregnant mother	<p>4.1. General information (name, parity, etc) are taken from the antenatal client using standard format and document of FMOH.</p> <p>4.2. Complaints of the current pregnancy are taken from the antenatal client according to the procedure of FMOH.</p> <p>4.3. Problems related to previous pregnancy are collected from client and documents based on the standard assessment technique.</p>

Variable	Range
Care promotion	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Normal and abnormal vaginal discharge • PMTCT • Nutrition • Personal hygiene • Resumption of sexual relations • Obtaining baby clothes and nappies • Sources of advice and support
Risk factors	<p>May include, but not limited to:</p> <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 ➤ 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
Pregnancy related danger signs	<p>May include, but not limited to:</p> <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

	<ul style="list-style-type: none"> • Proteinuria/hypertension–pregnancy-induced hypertension, • 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 ➢ Anemia, etc
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Evidence Guide	
Critical Aspects of Competence	Demonstrate knowledge and skills to: <ul style="list-style-type: none"> • Communicate antenatal health care • Calculate and record eligible pregnant mother • Provide information, guidance and support to clients and their families on antenatal health issues • Identify potential danger signs and refer
Underpinning Knowledge and Attitudes	Demonstrate knowledge of: <ul style="list-style-type: none"> • Antenatal health promotion and education • 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 • Common pregnancy related medical and obstetrics problems requiring referral • Realistic expectation of client condition during follow up of mothers
Underpinning Skills	Demonstrate skills to: <ul style="list-style-type: none"> • Identify pregnancy related health problems and inform the client • Conduct home visit and refer pregnant women with health problems • Take history and vital signs
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 Service Level III	
Unit Title	Promote and Assist Institutional Delivery Service
Unit Code	HLT HES3 07 0118
Unit Descriptor	This unit describes knowledge, skills and attitudes required to promote institutional delivery and assist the process of normal delivery.

Elements	Performance Criteria
1. Promote institutional delivery	<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, including the role of health extension worker are discussed as an advocate for women and families.</p> <p>1.3. Institutional versus home delivery are discussed.</p> <p>1.4. Signs and symptoms of onset of labor are discussed and identified to support women for institutional delivery.</p> <p>1.5. All possible ways of transportation are arranged to facilitate institutional delivery</p>
2. Assist and follow normal delivery	<p>2.1. Midwifery kit for normal delivery and instructions are maintained at health post settings.</p> <p>2.2. Professional assistance is provided to their seniors.</p> <p>2.3. The general feto-maternal conditions are followed</p>
3. Provide immediate care to mother and new born care	<p>3.1. Mother and new born are evaluated for health status</p> <p>3.2. APGAR score is identified, recorded and reported</p> <p>3.3. Early initiation of breast feeding is implemented</p> <p>3.4. Any visible abnormalities are checked and reported</p>

Variable	Range
Signs and symptoms of onset of labour	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Lower back pain • uterine contraction • Show
Midwifery kit	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Scissors • Artery forceps • Cord tie • Bowels • Needle holder • Bulb suction

	<ul style="list-style-type: none"> • Gloves
APGAR score	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Activity • Pulse rate • Grimace • Appearance • Respiratory rate

Evidence Guide	
Critical Aspects of Competence	<p>Demonstrate knowledge and skills to:</p> <ul style="list-style-type: none"> • Advocate institutional deliver • Assist childbirth in a community and health post setting only under emergency conditions • Identify and refer laboring mothers
Underpinning Knowledge and Attitudes	<p>Demonstrate knowledge of:</p> <ul style="list-style-type: none"> • Organization guidelines and procedures relating to client confidentiality • Immediate care for the newborn. • Maternal and/or infant health and prevention of infection • Health conditions, problems and associated issues related to pregnancy. • Relevant assessment methods and use of associated equipment
Underpinning Skills	<p>Demonstrate skills to:</p> <ul style="list-style-type: none"> • Assist their seniors during childbirth • Monitor feto-maternal well being • Recognize danger signs and report • Early initiation of breast feeding • Identify and notify post delivery problems
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 Service Level III	
Unit Title	Promote and Provide Post-natal Care
Unit Code	<u>HLT HES3 08 0118</u>
Unit Descriptor	This unit describes knowledge, skills and attitude required to promote postnatal care services for mothers and newborns.

Element	Performance Criteria
1. Promote postnatal services for new born and mother	<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. Advice to establish and support exclusive breast-feeding is given</p> <p>1.5. The importance of nutrition, exercise, rest, sleep and family care are discussed with the mothers in the immediate postnatal period.</p> <p>1.6. Post-natal problems related to mothers and newborn are identified to provide appropriate advice and care in preparation for possible referral in case required</p> <p>1.7. Information is provided on contraceptive options, immunization practices and personal hygiene etc</p>
2. Organize and make follow-up of maternal health programs	<p>2.1. Registration of women receiving 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 continuous 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 community representatives and elders</p> <p>2.5. Records on attendance for antenatal care and birthing outcomes are kept and used to follow maternal health programs</p>

Variable	Range
Information	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Normal and abnormal vaginal discharge • Care of the perineum and breast feeding • Condition of episiotomy and breasts engorgement if any • 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 care	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Umbilical stump care • Eye care • Nappy area • Safe sleeping arrangements • Obtaining baby clothes and nappies • Baby bath • Breast feeding and Immunization
Post-natal problems of 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 etc--

Evidence Guide	
Critical Aspects of Competence	<p>Demonstrate knowledge and skills to:</p> <ul style="list-style-type: none"> • Undertake comprehensive health information related to postnatal mothers 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 the necessary revisions accordingly
Underpinning Knowledge and Attitudes	<p>Demonstrate knowledge of:</p> <ul style="list-style-type: none"> • Organizational guidelines and procedures related to client confidentiality • Postnatal nutritional needs of women and infantsHealth conditions, and associated issues related to postnatal mothers and infant

	<ul style="list-style-type: none"> • Ways to: <ul style="list-style-type: none"> ➤ Improve maternal and neonatal health in the community ➤ Address clients presenting with postnatal problems ➤ Realistic expectation of client condition during monitoring of progress
Underpinning Skills	<p>Demonstrate skills to:</p> <ul style="list-style-type: none"> • Identify normal from abnormal postnatal and neonatal outcomes • Plan, organize and implement required postnatal care services for mothers and neonate/infants • Provide advices for lactating mothers and infants on infant care, nutrition and exclusive breast feeding etc.. • Consult and/or refer mothers and infants accordingly
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 Service Level III	
Unit Title	Promote Child Survival, Growth and Development and Apply Integrated Community Case Management (ICCM)
Unit Code	HLT HES3 09 0118
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	1.1. Appropriate child feeding practices are communicated and demonstrated to the care giver 1.2. Appropriate messages to prevent illnesses are communicated and demonstrated to the care givers 1.3. Messages on health seeking behaviors are communicated to the care givers 1.4. Communication on dangers of neglect, child abuse and malpractice are addressed
2. Asses and manage common child hood illness	2.1. Assessment and classifications are made based on history and physical examination 2.2. Treatments and follow up are undertaken for minor /uncomplicated cases based on ICCM and other treatment guidelines.
3. Refer child requiring further care	3.1. Relevant child's details are documented according to standard guidelines. 3.2. Client confidentiality is maintained at all times and levels. 3.3. Documentation for activities and procedures are ensured. 3.4. Appropriate information to individuals involved in referral is conveyed to facilitate understanding and optimal care. 3.5. Maintain child's care until responsibility is taken over by staff of the receiving institutions during referral.

Variable	Range
History	May include, but not limited to: <ul style="list-style-type: none"> • Child history from primary care givers • Child history from health personnel • Pre-existing conditions • Allergies

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

Evidence Guide	
Critical Aspects of Competence	<p>Demonstrate knowledge and skills on:</p> <ul style="list-style-type: none"> • Acquisition of essential knowledge across the range statement outlined to confirm physical health status. • Providing basic care and meet referral decision after successful completion of initial checkup,
Underpinning Knowledge and Attitudes	<p>Demonstrate knowledge of:</p> <ul style="list-style-type: none"> • Procedures and equipment used to manage common childhood illness as specified in protocols. • Common childhood illnesses. • Importance of documentation being provided • Referring client requiring further care
Underpinning Skills	<p>Demonstrate skills to:</p> <ul style="list-style-type: none"> • Promote child survival • Assess child's general health condition • Manage the child's problem as per the existing protocol. • Council 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 Service Level III	
Unit Title	Promote and Manage Immunization and Cold Chain
Unit Code	HLT HES3 10 0118
Unit Descriptor	This unit describes the knowledge, skills and attitude required in planning, promoting and conducting immunization for women and children as well as maintaining cold chain.

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 eligible is identified and calculated from the catchment area.</p> <p>1.3. Data for planning including defaulters are collected, compiled, and analyzed.</p> <p>1.4. A plan of action is developed to reach the eligible</p>
2. Promote EPI activity	<p>2.1. Influential community representatives and Health Development Armies (HDAs) are identified and consulted</p> <p>2.2. EPI health promotion and education are organized, and provided in partnership with the community and relevant organizations.</p> <p>2.3. EPI health promotion and education activities are sustained on the basis of stakeholders' participation and involvement.</p>
3. Conduct immunization for children	<p>3.1. The required EPI logistics/Materials required are prepared to conduct immunization based on national EPI protocol</p> <p>3.2. Program schedule is communicated with relevant health workers and institutions including the concerned government agencies to ensure implementation of the planned immunization activities</p> <p>3.3. Immunization is conducted at health facility and/or outreach including household level on the basis of the national EPI procedure</p> <p>3.4. Mothers will be informed on adverse effects of different vaccines based on the national EPI guideline of FMOH</p> <p>3.5. Vaccines are given during follow up visits to complete the required immunization according to national EPI schedule</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/Materials required are prepared to conduct immunization based on national EPI protocol</p> <p>4.2. Program schedule is communicated with relevant health workers and institutions including the concerned government agencies to ensure implementation of the planned immunization activities</p> <p>4.3. Immunization is conducted at health facility and/or outreach including household level on the basis of the national EPI procedure</p> <p>4.4. Mother will be informed on adverse effects of different vaccines based on the national EPI guideline of FMOH</p> <p>4.5. Vaccines are given during follow up visits to complete 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 are maintained</p>
6. Monitor immunization Practice	<p>6.1. Registration book is prepared for immunization activities according to HMIS standards of FMOH</p> <p>6.2. Data on immunization activities are continuously collected on the basis of HMIS guideline of FMOH</p> <p>6.3. Data on immunization activities 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>

Variable	Range
Immunization	May include, but not limited to vaccination provided routinely and on campaign

Maintaining cold chain	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Defrozing, cleaning and sharpening dirty wick, etc • Vaccine Vial Monitoring (VVM)
Cold chain	<p>May include, but not limited to:</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
Maintaining operational defect	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Frozen, dirty wick, wrinkle edge, uncleaned fuel tanker, etc. • Unlabeled vaccines
Immunization schedule	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • For children: at birth, six week, ten weeks, fourteen weeks, nine month • For women: 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"> • BCG, OPV, Pentavalent, Measles, TT, Rotarix, Pneumococcal conjugate vaccines (PCV10) and other antigens
Vaccine preventable diseases	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Tuberculosis • Poliomyelitis • Diphtheria • Pertusis • Tetanus • Hemophilus influenza • Hepatitis B • Measles • Bacterial Pneumococcal and meningitis • Diarrhea
Immunization logistic management	<p>May include, but not limited to:</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

Evidence Guide

Critical Aspects of Competence	<p>Demonstrate knowledge and skills to:</p> <ul style="list-style-type: none"> • Plan, organize, conduct and evaluate immunization program • Solicit and avail required resources
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	<ul style="list-style-type: none"> • Manage and maintain cold chain system • Revise plan and deliver immunization programs
Underpinning Knowledge and Attitudes	<p>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 • Infection prevention • Adverse effect of vaccines
Underpinning Skills	<p>Demonstrate skills to:</p> <ul style="list-style-type: none"> • Plan and organize EPI program • Promote EPI activity • Provide immunization for children and mothers • Monitor and evaluate immunization Practice • Manage cold chain • Register and document immunization 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 Service Level III	
Unit Title	Promote and Provide Family Planning Service
Unit Code	HLT_HES3_11_0118
Unit Descriptor	This unit describes the knowledge, skills and attitude required in planning, promoting, providing, monitoring and evaluating 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, barrier methods) is supplied for clients according to family planning protocol of FMOH and client's preference.</p> <p>3.3. Clients preferred permanent methods are referred to the next higher health facility according to the standard procedure</p> <p>3.4. Continuous follow up is provided to family planning clients based on the standard guidelines</p>
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>
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Variable	Range
Method mix	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Pills, Barriers, natural methods, injectables, implants, IUCD permanent methods (vasectomy, tubal ligation)
Follow up	<p>May include, but not limited to:</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>May include, but not limited to:</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>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>Demonstrate knowledge of:</p> <ul style="list-style-type: none"> • About correct personal protective clothing appropriate to family planning activities • Correct manipulation and handling techniques of injectable contraceptives and implants. • Appropriate storage of equipment and materials • Spillages and disposal of waste including needles and syringes, according to disposal standard guidelines • Relevant history on past and present personal, medical, obstetric and gynecological conditions • Available contraceptive methods • FP method side effect and management

	<ul style="list-style-type: none"> • Method Effectiveness • Interpersonal communication • Data management (data tally, analysis, use and reporting) • Client screening criteria
Underpinning Skills	<p>Demonstrate skills to:</p> <ul style="list-style-type: none"> • Plan family planning practices • Promote family planning practices • Provide family planning practices • Monitoring family planning practice • Manage side-effects and problems occurring from method mix • Communicate and persuade clients • Use correct manipulation and handling techniques of inject able contraceptives and implants. • Apply appropriate storage of equipment and materials • Deal with spillages and disposal of waste including needles and syringes, according to disposal standard guidelines • Take relevant history on past and present personal, medical, obstetric and gynecological conditions
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 Service Level III	
Unit Title	Promote and Provide Adolescent and Youth Reproductive Health
Unit Code	HLT HES3 12 0118
Unit Descriptor	This unit describes the knowledge, skills and attitude 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 services	1.1. Eligible and target groups for RH are identified 1.2. Resource mapping is conducted using the standard format of FMOH 1.3. Action plan is developed based on priority health need
2. Promote adolescent and youth RH services	2.1. Influential community representatives and volunteers are identified and consulted 2.2. RH service promotion and education are organized and promoted in partnership with the community and relevant organizations on the basis of inter-sectoral approach 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 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
3. Provide RH service package	3.1. Client's RH symptom of RH problem, service seeking behavior, and compliance on advice and treatment are advised based on the national adolescent and youth RH guideline 3.2. Low risk conditions are managed according to the guidelines 3.3. High risk conditions are referred to the next higher health facility according to the standard protocol 3.4. Follow up is undertaken according to the focused antenatal protocol
4. Register and document RH records	4.1. Registration book for nutritional events registration is prepared according to HMIS standards of FMOH 4.2. RH events data are collected continuously, sustained and updated timely on the basis of HMIS guideline of FMOH

	<p>4.3. RH services 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 is revised on adolescent and youth RH health services for the catchments for a specific period of time</p>
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Variable	Range
Client's	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> Youth Adolescents Adults Schools
Follow up	<p>May include, but not limited to psychiatric problem, substance abuse, and withdrawal symptoms</p>
RH information	<p>May include, but not limited to:</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	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> HIV counseling, STI, family planning, harmful traditional practice, early marriage, abortion care, etc

Evidence Guide	
Critical Aspects of Competence	<p>Demonstrate knowledge and skills 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>Demonstrate knowledge of:</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 and adolescent health services Common cultural and traditional community practices
Underpinning Skill	<p>Demonstrate skills in:</p> <ul style="list-style-type: none"> Identifying priority health needs of youth and adolescents

	<ul style="list-style-type: none"> • Planning, organizing, implementing and evaluation • Communication and persuasion • RH advice for adolescent and youth
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 Service Level III	
Unit Title	Provide First Aid and Emergency Response
Unit Code	HLT_HES3_13_0118
Unit Descriptor	This unit describes the knowledge, skills and attitude required to deliver first aid, recognize and respond to emergencies and implement basic range of life support in the health post and within the community.

Element	Performance Criteria
1. Assess and identify client's condition.	1.1. Basic principles of first aid are addressed 1.2. Vital signs and state of consciousness are checked and monitored in accordance with guidelines. 1.3. History of the event is obtained. 1.4. Safety equipment and aids required for emergencies are selected, used, maintained and stored in good order 1.5. Options for action in cases of emergency are identified and evaluated 1.6. Organizational emergency procedures and policies are correctly implemented 1.7. Occupational health and safety procedures and safe working practices are applied
2. Provide first aid service	2.1. Clinical equipment are correctly operated as required for client management according to local clinical guidelines and protocols 2.2. Basic ABC rules of life are applied. 2.3. Client care techniques are implemented in accordance with procedures and techniques applicable to health post
3. Prepare, evaluate and act in an emergency	3.1. Options for action in cases of emergency and group control strategies for evacuation are identified 3.2. Occupational health and safety procedures and policies are correctly implemented 3.3. Clients and other individuals are removed from danger. 3.4. Assessed and evaluated potential hazards are reported and documented.
4. Refer client requiring further care	4.1. Relevant client history is documented according to Health post standard guidelines. 4.2. Documentation for referral procedures is ensured. 4.3. Appropriate information to individuals involved in referral is conveyed to facilitate understanding and optimal care.

	<p>4.4. Maintain client care until responsibility is taken over by staff of the receiving health institutions during referral.</p> <p>4.5. Client confidentiality is maintained at all times and levels.</p>
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Variable	Range
Vital signs	May include, but not limited to blood pressure, pulse rate, respiratory rate and temperature
History of event	Includes present history and may be elicited from: <ul style="list-style-type: none"> • Client • Bystander • Primary care givers • Medical (health) personnel • Evidence at the sight
Client management	Will need to take into account: <ul style="list-style-type: none"> • Location and nature of incident • Environmental conditions
Basic ABC rules	<ul style="list-style-type: none"> • Air way, breathing and circulation
Relevant client history	May include, but not limited to: <ul style="list-style-type: none"> • Pre-existing conditions • Allergies • Current medication or treatment etc...
Types of documentation	May include, but not limited to: <ul style="list-style-type: none"> • Incident reports • Referral reports • Case management records

Evidence Guide	
Critical Aspects of Competence	Demonstrate knowledge and skills to: <ul style="list-style-type: none"> • Explain essential knowledge across the range outlined to confirm physical health status • Perform initial checkup, provide basic care and meet referral decision • 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	Demonstrate knowledge of: <ul style="list-style-type: none"> • Basic anatomy and physiology related to first aid and emergency response • Procedures and equipment used for Basic Life Support, as specified within authorized limits

	<ul style="list-style-type: none"> • First aid techniques • Evaluation of client psychology • Use of safe working practices. • Emergency network • Evacuation procedures. • OHS legislative requirements and Codes of Practice • Organizational and legal policies and procedures in the event of an accident/incident. • Local call out procedures to access emergency services personnel. • Practical first aid skills using prepared and improvised materials. • Hazard identification, assessment and control of emergencies
Underpinning Skills	<p>Demonstrate skills to:</p> <ul style="list-style-type: none"> • Make initial client checkup and use of safe working practices • Provide first aid service • Implement basic client care procedures • Refer client requiring further care • Perform emergency network. • Handle evacuation procedures. • Ensure legal responsibilities and Duty of Care. • Use communication skills and equipments • Apply local call out procedures to access emergency services personnel. • Practice first aid skills using prepared and improvised materials. • Undertake hazard identification, assessment and control.
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 Service Level III	
Unit Title	Apply Infection Prevention Techniques and Workplace OHS
Unit Code	HLT HES3 14 0118
Unit Descriptor	This unit of competence describes knowledge, skills and attitudes required to comply with infection control policies and procedures. All procedures must be carried out in accordance with current infection prevention and patient safety guidelines. This unit is applicable to workers who are responsible for following workplace procedures to maintain infection control and management of clean and safe health facilities.

Elements	Performance Criteria
1. Follow infection prevention and patient safety guidelines	<p>1.1. The application of standard precautions is demonstrated to prevent the spread of infection in accordance with organization requirements</p> <p>1.2. The application of additional precautions is demonstrated when standard precautions alone may not be sufficient to prevent transmission of infection</p> <p>1.3. Contamination of materials, equipment and instruments is minimized by aerosols and splatter</p>
2. Identify and respond to infection risks	<p>2.1. Infection risks are identified and an appropriate response implemented within own role and responsibility</p> <p>2.2. Activities and tasks that put clients and/or other workers at risk are documented and reported</p> <p>2.3. Response is given appropriately to situations that pose an infection risk in accordance with the policies and procedures of the organization</p> <p>2.4. Procedures for risk control and risk containment are followed for specific risks</p> <p>2.5. Protocols are followed for care following exposure to blood or other body fluids as required</p> <p>2.6. Appropriate signs are placed when and where appropriate</p> <p>2.7. Spills are removed in accordance with the policies and procedures of the organization</p>
3. Maintain personal hygiene	<p>3.1. Hand hygiene is maintained by washing hands before and after client contact and/or after any activity likely to cause contamination</p> <p>3.2. Hand washing procedures are followed</p>

	<p>3.3. Hand care procedures are implemented</p> <p>3.4. Cuts and abrasions are covered with water-proof dressings and changed as necessary</p>
4. Use personal protective equipment	<p>4.1. Personal protective clothing and equipment that complies with standards, and is appropriate for the intended use are worn</p> <p>4.2. Protective clothing and gowns/aprons are changed daily, more frequently if soiled and where appropriate, after each client contact</p>
5. Limit contamination	<p>5.1. Clean and contaminated zones are demarcated and maintained in all aspects of health care work</p> <p>5.2. Records, materials and medicaments are confined to a well-designated clean zone</p> <p>5.3. Contaminated instruments and equipment are confined to a well-designated contaminated zone</p>
6. Handle, package, label, store, transport and dispose of clinical and other waste	<p>6.1. Appropriate personal protective clothing and equipment are worn in accordance with occupational health and safety policies and procedures when handling waste</p> <p>6.2. Waste is separated at the point where it has been generated and disposed of into waste containers that are colour coded and identified</p> <p>6.3. Infectious wastes are properly collected, transport and dispose according to their types particularly sharp materials and others hazardous wastes should give emphasis</p> <p>6.4. The availability and its functionality of placenta pit and incinerators are ensured</p> <p>6.5. Clinical or related waste is stored in an area that is accessible only to authorized persons</p> <p>6.6. Waste is handled, packaged, labelled, stored, transported and disposed of appropriately to minimize potential for contact with the waste and to reduce the risk to the environment from accidental release</p> <p>6.7. Waste is disposed of safely in accordance with policies and procedures of the organization and legislative requirements</p>
7. Clean environmental surfaces	<p>7.1. Personal protective clothing and equipment are worn during cleaning procedures</p> <p>7.2. All dust, dirt and physical debris are removed from work surfaces</p>

	<p>7.3. All work surfaces are cleaned with a neutral detergent and warm water solution before and after each session or when visibly soiled</p> <p>7.4. Equipment requiring special processing are decontaminated in accordance with quality management systems to ensure full compliance with cleaning, disinfection and sterilization protocols</p> <p>7.5. All work surfaces are dried before and after use</p> <p>7.6. Surface covers are replaced where applicable</p> <p>7.7. Cleaning equipment are maintained and stored</p>
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Variable	Range
Additional precautions	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Special ventilation requirements • Additional use of personal protective equipment • Dedicated equipment (e.g. to each client or as appropriate to work function) • Use of a special facility
Standard precautions	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Aseptic technique • Personal hygiene practices especially washing and drying hands (e.g. before and after client contact) • Use of personal protective equipment • Techniques to limit contamination • Surface cleaning and management of blood and body fluid spills • Safe handling of sharps • Safe disposal of sharps and other clinical waste • Appropriate reprocessing and storage of reusable instruments
Minimising contamination	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Protecting materials, equipment and instruments from contamination until required for use • Ensuring instruments used for invasive procedures are sterile at time of use • Cleaning all environmental surfaces
Infection risks	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Sharps injury • Waste • Discarded sharps • Human waste and human tissues • Related waste • General waste • Inhalation of aerosols • Contact with blood and other body substances

	<ul style="list-style-type: none"> • Personal contact with infectious materials, substances and/or clients • Stock including food which has passed 'use-by' dates • Animals, insects and vermin
Procedures for risk control	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Eliminating a hazardous process • Using personal protective equipment appropriately • Changing a system of work to reduce a hazard. • Isolating the hazard • Using protective devices to decrease exposure • Using safe handling techniques • Following infection control policies and procedures • Procedures to minimise the risk of exposure to blood and body fluids
Hand hygiene	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Routine hand wash • Surgical hand wash • Use of antiseptic wipes and alcohol based preparations in specific situations where waterless hand hygiene is acceptable
Hand care	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Suitable water-based hand creams • Using warm water for hand washing • Drying hands thoroughly after hand washing • Wearing heavy-duty utility gloves when handling irritant chemicals
Protective clothing and equipment	<p>May include but are not limited to :</p> <ul style="list-style-type: none"> • Standards gowns and waterproof aprons • standards examination gloves and surgical gloves • Glasses, goggles or face-shields • standards Surgical face masks • Footwear to protect from dropped sharps and other contaminated items • Guidelines for latex allergic clients and staff
Waste	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Clinical waste: <ul style="list-style-type: none"> ➢ discarded sharps ➢ human tissues ➢ laboratory waste ➢ any other waste as specified by the workplace • Related waste: <ul style="list-style-type: none"> ➢ radiographic waste ➢ chemical and amalgam waste ➢ cytotoxic waste ➢ pharmaceutical and radioactive waste • General waste
Protocols	<p>May include, but not limited to:</p>

	<ul style="list-style-type: none"> • Immediate care following: • A sharps injury • A splash of blood or other body fluids • Post exposure care • Record keeping and notification • Legal requirements for the notification of all work related occurrences of injury, disease or illness
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Evidence Guide	
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Critical Aspects of Competence	<p>Demonstrate knowledge and skills to:</p> <ul style="list-style-type: none"> • Apply hand washing, personal hygiene and personal protection protocols • Apply clean and sterile techniques • Apply protocols to limit contamination
Underpinning Knowledge and Attitudes	<p>Demonstrate knowledge of:</p> <ul style="list-style-type: none"> • Additional precautions • Aspects of infectious diseases including opportunistic organisms and pathogens • Basic microbiology including: <ul style="list-style-type: none"> ➢ bacteria and bacterial spores ➢ fungi and viruses • Clean and sterile techniques • Disease transmission: <ul style="list-style-type: none"> ➢ paths of transmission including direct contact, aerosols and penetrating injuries ➢ risk of acquisition ➢ sources of infecting microorganisms including persons who are carriers, in the incubation phase of the disease or those who are acutely ill • Effective hand hygiene: <ul style="list-style-type: none"> ➢ procedures for routine hand wash ➢ procedures for surgical hand wash ➢ when hands must be washed • Good personal hygiene practice including hand care • Identification and management of infectious risks in the workplace • Organisation requirements relating to immunisation, where applicable • Personal protective equipment: <ul style="list-style-type: none"> ➢ guidelines for glove use ➢ guidelines for wearing gowns and waterproof aprons ➢ guidelines for wearing masks as required ➢ guidelines for wearing protective glasses • Standard precautions • Susceptible hosts including persons who are immune suppressed, have chronic diseases such as diabetes and the very young or very old

	<ul style="list-style-type: none"> • Surface cleaning: <ul style="list-style-type: none"> ➤ cleaning procedures at the start and end of the day ➤ managing a blood or body fluid spill ➤ routine surface cleaning • Sharps handling and disposal techniques • The organisation's infection control policies and procedures
Underpinning Skills	<p>Demonstrate skills to:</p> <ul style="list-style-type: none"> • Apply standard precautions: <ul style="list-style-type: none"> ➤ consistently ensure instruments used for invasive procedures are sterile at time of use (where appropriate) ➤ consistently follow the procedure for washing and drying hands ➤ consistently limit contamination ➤ consistently maintain clean surfaces and manage blood and body fluid spills ➤ consistently protect materials, equipment and instruments from contamination until required for use ➤ consistently put into practice clean and sterile techniques ➤ consistently use personal protective equipment • Apply additional precautions when standard precautions are not sufficient • Take into account opportunities to address waste minimisation, environmental responsibility and sustainable practice issues
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 Service Level III	
Unit Title	Provide Compassionate , Respectful and Caring Service
Unit Code	HLT HES3 15 0118
Unit Descriptor	This unit the knowledge, skills and attitude required to effectively perform professional duties and responsibilities with compassionate, caring and respectful manner by applying basic principles of professional, ethical and legal .aspects of the profession.

Elements	Performance Criteria
1. Apply professionalism and ethical practice principles	<p>1.1. Ethical principles and issues of the profession are identified and executed</p> <p>1.2. Professional code of conducts are identified and executed</p> <p>1.3. Professional values (responsiveness, compassion, trustworthiness, integrity, honesty etc) are recognized and demonstrated</p> <p>1.4. Adherence to ethical principles of the profession is maintained and evaluated</p>
2. Apply humanistic care to clients	<p>2.1. Patients' concern is understood and implemented</p> <p>2.2. Patient and clients feelings and emotions are considered according to applicable standards for the professional practice</p> <p>2.3. Patients innate needs are addressed and communicated</p>
3. Demonstrate effective health care communication	<p>3.1. Positive, respectful and collaborative working relationship is established (Rapport)</p> <p>3.2. Compassion and concern for the patient is recognized, anticipated and expressed.</p> <p>3.3. Information is elicited clearly and effectively</p> <p>3.4. Proper information is gathered in order to facilitate accurate diagnosis,</p> <p>3.5. Appropriate non-verbal communication is used</p> <p>3.6. Patient concern is actively listened and responded to in respectful manner</p> <p>3.7. Clients are effectively informed, educated and Counselling</p> <p>3.8. Effective interaction is established with other people working within the health system</p>

	<p>3.9. Therapeutic instructions are provided compassionately</p> <p>3.10. Non-violent communication techniques are identified and implemented</p>
<p>4. Provide respectful care for clients</p>	<p>4.1. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into the planning and delivery of care</p> <p>4.2. Patient and families are communicated and shared complete and unbiased information with in ways that they are affirming and useful</p> <p>4.3. Patients and families are provided timely, complete, and accurate information in order to effectively participate in care and decision-making.</p> <p>4.4. Patients and families are encouraged and supported in participating in care and decision-making at the level they choose</p> <p>4.5. Collaboration is established between patients, families, health care practitioners, and hospital leaders in policy and program development, implementation, and evaluation; in health care facility design; and in professional education, as well as in the delivery of care.</p> <p>4.6. Patient's rights are respected to access care, transfer and continuity of care.</p>
<p>5. Function with legal and ethical framework through responsibility and accountability</p>	<p>5.1. Legislation and common laws relevant to work role are understood</p> <p>5.2. Policies and procedures are complied appropriately</p> <p>5.3. Confidentiality of individual's record is ensured.</p> <p>5.4. Disclosure of patient's information to another person without patient's consent is prevented.</p> <p>5.5. Ethical issues and ethical dilemma in the workplace are recognized</p> <p>5.6. Patients who are not able to communicate in case of emergency or other conditions are handled.</p> <p>5.7. Patient-specific data are released to only authorized users in accordance with organizational policy.</p> <p>5.8. Ethical standards related to patient privacy rights are publicized according to organizational policy.</p> <p>5.9. Assessments are conducted and solutions on privacy issues/problems recommended according to organizational procedure.</p>

	<p>5.10. Training programs for health care providers and other staff on privacy and confidentiality of patient information are conducted</p> <p>5.11. Unethical conduct is recognized and reported in accordance with organizational procedure</p>
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Variable	Range
Professional values	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Responsiveness, • Compassion, • Trustworthiness, • Integrity, • Honesty, etc.
Clients	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Child and families • Children and young people • Individuals living in the community • People seeking advice and assistance • Patients • Patient families
Innate needs	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Need to be respected • Need to be treated • Affection • Care
Effective interaction	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Teamwork, • Respect, • Politeness
Therapeutic instructions	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Instructions respecting patients dignity • Instructions consulting patients feelings and demands • Cooperative instructions
Non-violent communication	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Communication that empowers individuals to achieve greater empathy for others by developing their own sense of their feelings and needs • Communication used to heal <ul style="list-style-type: none"> ➢ emotional wounds, ➢ develop emotional intelligence, ➢ resolve conflicts, and ➢ create win-win solutions
Patient's rights	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Access to services • Confidentiality • Dignity

	<ul style="list-style-type: none"> • Informed choice • Privacy • Right to express ideas and opinions • To lodge a complaint
Patient privacy rights	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Respect and Dignity, confidentiality, access to own medical record, care, transfer, and continuity of care, information, consent, • Sanctity, dignity, culture, values, beliefs and rights of patients are respected.
Confidentiality of patient information	<p>May be ensured by:</p> <ul style="list-style-type: none"> • Adherence to Privacy Act /or law • Information disclosed to an appropriate person consistent with the responsibility of this position • Legal and ethical requirements • Secure location for written records • Privacy of work area
Tools	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Patient's Right Regulations • Ethiopian health law regarding patient rights • Information release policies and guidelines • Proclamations on health issues • Regional/local rules and regulations • Medico- legal issues

Evidence Guide	
Critical Aspects of Competence	<p>Demonstrate knowledge and skills to:</p> <ul style="list-style-type: none"> • Serve patients concern in humanistic care • Apply of effective health care communication • Facilitate patients' and families' participation in decision and care protection of individual medical records from unauthorized access and disclosure • Maintain integrity with professionalism
Underpinning Knowledge and Attitudes	<p>Demonstrate knowledge of:</p> <ul style="list-style-type: none"> • Compassionate , respectful and caring health workforce approached and implementation strategies • Organization's policy and procedures for ethical and professional practice • Difference between ethical and legal problems • Importance of ethics in practice • Occupational Health Safety (OHS) requirements • Relevant standards and codes of practice in the profession • Adherence of ethical principles • Relevant legislation and jurisdictions • Patient dignity and respect

	<ul style="list-style-type: none"> • Patient involvement decision making • Professional roles and responsibility • What schedules and policies exist for routine authorization • How to deal appropriately with individual users • Legislative and regulatory processes • Legal terminology • Confidentiality, privacy, , procedures, and monitoring. • Release of information policies and procedures • Professional and practice-related ethical issues
Underpinning Skills	<p>Demonstrates skills to:</p> <ul style="list-style-type: none"> • Demonstrate and adherence to compassionate, caring and respectful patient care and treatments • Demonstrate effective health care communication • Team work • Identify and apply organization policies, protocols and procedures • Apply ethical requirements
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 Service Level III	
Unit Title	Apply Computer and Mobile Health Technology
Unit Code	HLT HES3 16 0118
Unit Descriptor	This unit describes the knowledge, skills and attitude required to use new or upgraded technology. The rationale behind this unit emphasizes the importance of constantly reviewing work processes, skills and techniques in order to ensure that the quality of the entire business process is maintained at the highest possible level through the appropriate application of new technology.

Elements	Performance Criteria
1. Identify the existing Health technologies	<p>1.1. The existing knowledge and techniques to technology are applied</p> <p>1.2. Computer operating systems are utilized.</p> <p>1.3. Internet browsers are opened and manipulated to search for, send and receive information</p> <p>1.4. Situations are identified where existing knowledge can be used as the basis for developing new skills.</p> <p>1.5. Mobile technology skills are acquired and used to enhance learning and provision of standard health care</p> <p>1.6. Mhealth techniques are used to enhance efficient utilization of resources and avoid duplication of efforts</p> <p>1.7. New and/or upgraded equipments are identified, classified and used where appropriate, for the benefit of customers as well as the health care system.</p>
2. Apply the functions of technology	<p>2.1. Mobile/Smart phones and tablets are used for solving organizational problems</p> <p>2.2. The functions of technology are applied to assist in solving the health and related data collection, organization, analysis and interpretation.</p> <p>2.3. Testing of new or upgraded equipment is conducted according to the specification manual.</p> <p>2.4. Features of new or upgraded equipment are applied within the organization</p> <p>2.5. Sources of information is accessed, used and interpreted relating to new or upgraded equipment</p>
3. Evaluate new or upgraded technology performance	<p>3.1. New or upgraded technology performance is evaluated and determined by introduced technology (mobile/ Mhealth, tablets)</p> <p>3.2. Mobiles/Smart phones and tablets are evaluated for the performance, usability and against the OHS standards</p>

	<p>3.3. Environmental considerations from new or upgraded equipment are determined.</p> <p>3.4. Feedback is used from appropriate performance evaluation.</p>
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Variable	Range
Mobile technologies	<ul style="list-style-type: none"> • Mobile phone set, tablet computers and accessories
MHealth basics	<ul style="list-style-type: none"> • HMIS report, technical updates, online trainings, referral linkage

Evidence Guide	
Critical Aspects of Competence	<p>Demonstrate knowledge and skills on:</p> <ul style="list-style-type: none"> • Basic computer skills • Mobile devices • Smart phones • Mobile devices • EHealth
Underpinning Knowledge and Attitudes	<p>Demonstrate knowledge of:</p> <ul style="list-style-type: none"> • HMIS • The existing mobile and tablets technology • Computer operating systems • Mhealth techniques • New and/or upgraded equipments • New or upgraded technology performance • Environmental considerations • Appropriate performance evaluation.
Underpinning Skills	<p>Demonstrate skills in:</p> <ul style="list-style-type: none"> • Using Computer Applications • Using softwares • Internet use
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 Service Level III	
Unit Title	Monitor Implementation of Work Plan/Activities
Unit Code	HLT HES3 17 0118
Unit Descriptor	This unit covers competence required to oversee and monitor the quality of work operations within an enterprise. This unit may be carried out by team leaders or supervisors.

Elements	Performance Criteria
1. Monitor and improve workplace operations	<p>1.1. Efficiency and service levels are monitored on an ongoing basis.</p> <p>1.2. Operations in the workplace have been supported overall enterprise goals and quality assurance initiatives.</p> <p>1.3. Quality problems and issues are promptly identified and adjustments made accordingly.</p> <p>1.4. Procedures and systems are changed in consultation with colleagues to improve efficiency and effectiveness.</p> <p>1.5. Colleagues are consulted about ways to improve efficiency and service levels.</p>
2. Plan and organise workflow	<p>2.1. Current workload of colleagues is accurately assessed.</p> <p>2.2. Work is scheduled in a manner which enhances efficiency and customer service quality.</p> <p>2.3. Work is delegated to appropriate people in accordance with principles of delegation.</p> <p>2.4. Workflow is assessed against agreed objectives and timelines and colleagues are assisted in prioritisation of workload.</p> <p>2.5. Input regarding staffing needs is provided to appropriate management.</p>
3. Maintain workplace records	<p>3.1. Workplace records are accurately completed and submitted within required timeframes.</p> <p>3.2. Where appropriate, completion of records is delegated and monitored prior to submission.</p>
4. Solve problems and make decisions	<p>4.1. Workplace problems are promptly identified and considered from an operational and customer service perspective.</p> <p>4.2. Short term action is initiated to resolve the immediate problem where appropriate.</p> <p>4.3. Problems are analysed for any long term impact and potential solutions assessed and actioned in consultation with relevant colleagues.</p>

	<p>4.4. Where problem is raised by a team member, they are encouraged to participate in solving the problem.</p> <p>4.5. Follow up action is taken to monitor the effectiveness of solutions in the workplace.</p>
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Variable	Range
Problems	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Difficult customer service situations • Equipment breakdown/technical failure • Delays and time difficulties • Competence
Workplace records	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Staff records and regular performance reports

Evidence Guide	
Critical Aspects of Competence	<p>Demonstrates skills and knowledge in:</p> <ul style="list-style-type: none"> • Ability to effectively monitor and respond to a range of common operational and service issues in the workplace • The role of staff involved in workplace monitoring • Quality assurance, principles of workflow planning, delegation and problem solving
Underpinning Knowledge and Attitude	<p>Demonstrate knowledge of:</p> <ul style="list-style-type: none"> • Roles and responsibilities in monitoring work operations • Overview of leadership and management responsibilities • Principles of work planning and principles of delegation • Typical work organization methods appropriate to the sector • Quality assurance principles and time management • Problem solving and decision making processes • Industrial and/or legislative issues which affect short term work organization as appropriate to industry sector
Underpinning Skills	<p>Demonstrate skills to:</p> <ul style="list-style-type: none"> • Monitor and improve workplace operations • Plan and organize workflow • Maintain workplace records
Resource Implications	<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 Service Level III	
Unit Title	Apply Quality Control
Unit Code	HLT HES3 18 0118
Unit Descriptor	This unit covers the knowledge, attitudes and skills required in applying quality control in the workplace.

Elements	Performance Criteria
1. Implement quality standards	<p>1.1. Agreed quality standard and procedures are acquired and confirmed.</p> <p>1.2. Standard procedures are introduced to organizational staff/personnel.</p> <p>1.3. Quality standard and procedures documents are provided to employees in accordance with the organization policy.</p> <p>1.4. Standard procedures are revised / updated when necessary.</p>
2. Assess quality of service delivered	<p>2.1. Services delivered are quality checked against organization quality standards and specifications.</p> <p>2.2. Service delivered are evaluated using the appropriate evaluation quality parameters and in accordance with organization standards.</p> <p>2.3. Causes of any identified faults are identified and corrective actions taken in accordance with organization policies and procedures.</p>
3. Record information	<p>3.1. Basic information on the quality performance is recorded in accordance with organization procedures.</p> <p>3.2. Records of work quality are maintained according to the requirements of the organization.</p>
4. Study causes of quality deviations	<p>4.1. Causes of deviations from final outputs or services are investigated and reported in accordance with organization procedures.</p> <p>4.2. Suitable preventive action is recommended based on organization quality standards and identified causes of deviation from specified quality standards of final service or output.</p>
5. Complete documentation	<p>5.1. Information on quality and other indicators of service performance is recorded.</p> <p>5.2. All service processes and outcomes are recorded.</p>

Variable	Range
Quality check	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Check against design/specifications

	<ul style="list-style-type: none"> • Visual and Physical inspection
Quality standards	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Materials • Components • Process • Procedures
Quality parameters	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Standard Design / Specifications • Material Specification

Evidence Guide	
Critical Aspects of Competence	<p>Demonstrates skills and knowledge to:</p> <ul style="list-style-type: none"> • Check completed work continuously against organization standard • Identify and isolate faulty or poor service • Check service delivered against organization standards • Identify and apply corrective actions on the causes of identified faults or error • Record basic information regarding quality performance • Investigate causes of deviations of services against standard • Recommend suitable preventive actions
Underpinning Knowledge and Attitude	<p>Demonstrates knowledge of:</p> <ul style="list-style-type: none"> • Relevant quality standards, policies and procedures • Characteristics of services • Safety environment aspects of service processes • Evaluation techniques and quality checking procedures • Workplace procedures and reporting procedures
Underpinning Skills	<p>Demonstrates skills to:</p> <ul style="list-style-type: none"> • Interpret work instructions, specifications and standards appropriate to the required work or service • Carry out relevant performance evaluation • Maintain accurate work records • Meet work specifications and requirements • Communicate effectively within defined workplace procedures
Resource Implications	<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 Service Level III	
Unit Title	Lead Workplace Communication
Unit Code	HLT HES3 19 0118
Unit Descriptor	This unit covers the knowledge, attitudes and skills needed to lead in the dissemination and discussion of information and issues in the workplace.

Elements	Performance Criteria
1. Communicate information about workplace processes	1.1. Appropriate communication method is selected. 1.2. Multiple operations involving several topics areas are communicated accordingly. 1.3. Questions are used to gain extra information. 1.4. Correct sources of information are identified. 1.5. Information is selected and organized correctly. 1.6. Verbal and written reporting is undertaken when required. 1.7. Communication skills are maintained in all situations.
2. Lead workplace discussion	2.1. Response to workplace issues is sought. 2.2. Response to workplace issues are provided immediately. 2.3. Constructive contributions are made to workplace discussions on such issues as production, quality and safety. 2.4. Goals/objectives and action plan undertaken in the workplace are communicated.
3. Identify and communicate issues arising in the workplace	3.1. Issues and problems are identified as they arise. 3.2. Information regarding problems and issues are organized coherently to ensure clear and effective communication. 3.3. Dialogue is initiated with appropriate staff/personnel. 3.4. Communication problems and issues are raised as they arise.

Variable	Range
Methods of communication	May include, but not limited to: <ul style="list-style-type: none"> • Non-verbal gestures • Verbal • Face to face • Two-way radio • Speaking to groups • Using telephone

	<ul style="list-style-type: none"> • Written • Using Internet • Cell phone
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Evidence Guide	
Critical Aspects of Competence	Demonstrates skills and knowledge to: <ul style="list-style-type: none"> • Deal with a range of communication/information at one time • Make constructive contributions in workplace issues • Seek workplace issues effectively • Respond to workplace issues promptly • Present information clearly and effectively written form • Use appropriate sources of information • Ask appropriate questions • Provide accurate information
Underpinning Knowledge and Attitude	Demonstrates knowledge of: <ul style="list-style-type: none"> • Organization requirements for written and electronic communication methods • Effective verbal communication methods
Underpinning Skills	Demonstrates skills to: <ul style="list-style-type: none"> • Organize information • Understand and convey intended meaning • Participate in variety of workplace discussions • Comply with organization requirements for the use of written and electronic communication methods
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 Service Level III	
Unit Title	Lead Small Teams
Unit Code	HLT HES3 20 0118
Unit Descriptor	This unit describes the knowledge, skills and attitude required to determine individual and team development needs and facilitate the development of the work group.

Elements	Performance Criteria
1. Provide team leadership	<p>1.1. Learning and development needs are systematically identified and implemented in line with organizational requirements.</p> <p>1.2. Learning plan is collaboratively developed and implemented to meet individual and group training and developmental needs.</p> <p>1.3. Individuals are encouraged to self-evaluate performance and areas identified for improvement.</p> <p>1.4. Feedback on performance of team members is collected from relevant sources and compared with established team learning process.</p>
2. Foster individual and organizational growth	<p>2.1. Learning and development program goals and objectives are identified to match the specific knowledge and skills requirements of competence standards.</p> <p>2.2. Learning delivery methods are made appropriate to the learning goals, the learning style of participants and availability of equipment and resources.</p> <p>2.3. Workplace learning opportunities and coaching/mentoring assistance are provided to facilitate individual and team achievement of competencies.</p> <p>2.4. Resources and timelines required for learning activities are identified and approved in accordance with organizational requirements.</p>
3. Monitor and evaluate workplace learning	<p>3.1. Feedback from individuals or teams is used to identify and implement improvements in future learning arrangements.</p> <p>3.2. Outcomes and performance of individuals/teams are assessed and recorded to determine the effectiveness of development programs and the extent of additional support.</p> <p>3.3. Modifications to learning plans are negotiated to improve the efficiency and effectiveness of learning.</p> <p>3.4. Records and reports of competence are maintained within organizational requirement.</p>

4. Develop team commitment and cooperation	<p>4.1. Open communication processes are used by team to obtain and share information.</p> <p>4.2. Decisions are reached by the team in accordance with its agreed roles and responsibilities.</p> <p>4.3. Mutual concern and camaraderie are developed in the team.</p>
5. Facilitate accomplishment of organizational goals	<p>5.1. Team members are made actively participatory in team activities and communication processes.</p> <p>5.2. Individual and joint responsibility has been developed teams members for their actions.</p> <p>5.3. Collaborative efforts are sustained to attain organizational goals.</p>

Variable	Range
Learning and development needs	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Coaching, mentoring and/or supervision • Formal/informal learning program • Internal/external training provision • Work experience/exchange/opportunities • Personal study • Career planning/development • Performance appraisals • Workplace skills assessment & Recognition of prior learning
Organizational requirements	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Quality assurance and/or procedures manuals • Goals, objectives, plans, systems and processes • Legal and organizational policy/guidelines and requirements • Safety policies, procedures and programs • Confidentiality and security requirements • Business and performance plans • Ethical standards • Quality and continuous improvement processes and standards
Feedback on performance	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Formal/informal performance appraisals • Obtaining feedback from supervisors and colleagues • Obtaining feedback from clients • Personal and reflective behavior strategies • Routine and organizational methods for monitoring service delivery
Learning delivery methods	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • On the job coaching or mentoring

	<ul style="list-style-type: none"> • Problem solving • Presentation/demonstration • Formal course participation • Work experience and Involvement in professional networks • Conference/seminar attendance and induction
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Evidence Guide	
Critical Aspects of Competence	<p>Demonstrates skills and knowledge to:</p> <ul style="list-style-type: none"> • Identify and implement learning opportunities for others • Give and receive feedback constructively • Facilitate participation of individuals in the work of the team • Negotiate learning plans to improve the effectiveness of learning • Prepare learning plans to match skill needs • Access and designate learning opportunities
Underpinning Knowledge and Attitude and Attitude	<p>Demonstrates knowledge of:</p> <ul style="list-style-type: none"> • Coaching and mentoring principles • How to work effectively with team members who have diverse work styles, aspirations, cultures and perspective • How to facilitate team development and improvement • Methods and techniques for eliciting and interpreting feedback • Methods for identifying and prioritizing personal development opportunities and options • Career paths and competence standards in the industry
Underpinning Skills	<p>Demonstrates skills to:</p> <ul style="list-style-type: none"> • Read and understand a variety of texts, prepare general information and documents according to target audience; spell with accuracy; use grammar and punctuation effective relationships and conflict management • Receive feedback and report, maintain effective relationships and conflict management • Organize required resources and equipment to meet learning needs • Provide support to colleagues • Organize information; assess information for relevance and accuracy; identify and elaborate on learning outcomes • Facilitation skills to conduct small group training sessions • Relate to people from a range of social, cultural, physical and mental backgrounds
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 exam • Observation/Demonstration with Oral Questioning
Context of Assessment	Competence may be assessed in the workplace or in a simulated workplace setting

Occupational Standard: Health Extension Service Level III	
Unit Title	Improve Business Practice
Unit Code	HLT HES3 21 0118
Unit Descriptor	This unit covers the knowledge, skills and attitudes required in promoting, improving and growing business operations.

Elements	Performance Criteria
1. Diagnose the business	<p>1.1. Sources data is identified; data required for diagnosis is determined and acquired based on the business diagnosis toolkit.</p> <p>1.2. Value chain analysis is conducted.</p> <p>1.3. SWOT analysis of the data is undertaken.</p> <p>1.4. Competitive advantage of the business is determined from the data.</p>
2. Benchmark the business	<p>2.1. Product or service to be benchmarked is identified and selected.</p> <p>2.2. Sources of relevant benchmarking data are identified.</p> <p>2.3. Key indicators are selected for benchmarking in consultation with key stakeholders.</p> <p>2.4. Key indicators of own practice are compared with benchmark indicators.</p> <p>2.5. Areas of improvements are identified.</p>
3. Develop plans to improve business performance	<p>3.1. A consolidated list of required improvements is developed.</p> <p>3.2. Cost-benefit analysis is determined for required improvements.</p> <p>3.3. Work flow changes resulting from proposed improvements are determined.</p> <p>3.4. Proposed improvements are ranked according to agreed criteria.</p> <p>3.5. An action plan is developed and agreed to implement the top ranked improvements.</p> <p>3.6. Organizational structures are checked to ensure they are suitable.</p>
4. Develop marketing plans	<p>4.1. The practice vision statement is reviewed.</p> <p>4.2. Practice objectives are developed/ reviewed.</p> <p>4.3. Market research is conducted and result is obtained.</p> <p>4.4. Target markets are identified/refined.</p> <p>4.5. Market position is developed/reviewed.</p>

	<p>4.6. Practice brand is developed.</p> <p>4.7. Benefits of products or services are identified.</p> <p>4.8. Promotion tools are selected and developed.</p>
5. Develop business growth plans	<p>5.1. Plans are developed to increase profitability</p> <p>5.2. Proposed plans are ranked according to agreed criteria.</p> <p>5.3. An action plan is developed and agreed to implement the top ranked plans.</p> <p>5.4. Business work practices are reviewed to ensure they support growth plans.</p>
6. Implement and monitor plans	<p>6.1. Implementation plan is developed in consultation with all relevant stakeholders.</p> <p>6.2. Success indicators of the plan are agreed.</p> <p>6.3. Implementation is monitored against agreed indicators.</p> <p>6.4. Implementation is adjusted as required.</p>

Variable	Range
Data sources	May include primary data and secondary sources
Data required	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Organization capability • Appropriate business structure • Level of client service which can be provided • Internal policies, procedures and practices • Staff levels, capabilities and structure • Market and market definition • Market changes/market segmentation • Market consolidation/fragmentation • Revenue • Level of commercial activity • Expected revenue levels, short and long term • Revenue growth rate • Break even data • Pricing policy • Revenue assumptions • Business environment • Economic conditions • Social factors • Demographic factors • Technological impacts • Political/legislative/regulative impacts • Competitors, competitor pricing and response to pricing • Competitor marketing/branding and products

SWOT analysis	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Internal strengths such as staff capability, recognized quality • Internal weaknesses such as poor morale, under-capitalization, poor technology • External opportunities such as changing market and economic conditions • External threats such as industry fee structures, strategic alliances, competitor marketing
Competitive advantage	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Quality • Pricing • Cost • Location • Technology • Delivery • Timeframe • Promotion • Niche marketing • Support from government
Key indicators	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Staffing • Cost and expenses • Personnel productivity (particularly of principals) • Goodwill • Profitability • Price structure • Customers base • Productivity • Quality • System
Organizational structures	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Lines of authority and reporting relationship
Objectives	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Market share growth • Revenue growth • Profitability • Productivity • Innovation
Market position	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • The goods or service provided • Product mix • The core product - what is bought • The tangible product - what is perceived • The augmented product - total package of consumer • Features/benefits

	<ul style="list-style-type: none"> • Product differentiation from competitive products • New/changed products • Price and pricing strategies (cost plus, supply/demand, ability to pay, etc.) • Pricing objectives (profit, market penetration, etc.) • Cost components • Market position • Distribution strategies • Marketing channels • Promotion • Target audience • Communication
Practice brand	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Practice image • Practice logo/letterhead/signage • Phone answering protocol • Facility decor • Slogans • Templates for communication/invoicing • Style guide • Writing style • AIDA (Attention, Interest, Desire and Action)
Benefits	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Features as perceived by the client • Benefits as perceived by the client
Promotion tools	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Networking and referrals • Seminars • Sales promotion • Advertising • Personal selling • Press releases • Publicity and sponsorship • Brochures • Newsletters (print and/or electronic) • Websites • Direct mail • Telemarketing/cold calling
Ranking	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Importance • Urgency • Technology • Resource availability
Relevant stockholders	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Micro and Small Enterprises development • Non-Government Organizations (NGOs)

	<ul style="list-style-type: none"> • Finance institutions • Capital goods leasing enterprise
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Evidence Guide	
Critical Aspects of Competence	Demonstrates skills and knowledge of: <ul style="list-style-type: none"> • Identifying the key indicators of business performance • Identifying the key market data for the business • A wide range of available information sources • Acquiring information not readily available within a business • Analyzing data and determine areas of improvement • Negotiating required improvements to ensure implementation • Evaluating systems against practice requirements • Forming recommendations and/or make recommendations • Assessing the accuracy and relevance of information
Underpinning Knowledge and Attitude	Demonstrates knowledge of: <ul style="list-style-type: none"> • Data gathering and analysis • Value chain analysis • SWOT analysis • Competitive advantage • Cost benefit analysis • Target market • Marketing principles • Organizational structure • Marketing mix • Promotion mix • Market position • Branding
Underpinning Skills	Demonstrates skill in: <ul style="list-style-type: none"> • Benchmarking skills • Communication skills • Computers skills to manipulate data and present information • Negotiation skills • Preparing action plan • Conducting market research • Identifying target market • Identifying suitable marketing mix • Preparing promotional tools • Problem solving • Planning skills • Monitoring and evaluation • Ability to acquire and interpret relevant data • Use of market intelligence

	<ul style="list-style-type: none"> • Development and implementation strategies of promotion and growth plans • Ability to acquire and interpret required data, current practice systems and structures and sources of relevant benchmarking data • Applying methods of selecting relevant key benchmarking indicators • Communication skills • Working and consulting with others when developing plans for the business • Negotiation skills • Using computers to manipulate, present and distribute 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	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 Service Level III	
Unit Title	Prevent and Eliminate MUDA
Unit Code	HLT HES3 22 0118
Unit Descriptor	This unit of competence covers the knowledge, skills and attitude required by a worker to prevent and eliminate MUDA/wastes in his/her their workplace. It covers responsibility for the day-to-day operation of the work and ensures Kaizen Element are continuously improved and institutionalized.

Elements	Performance Criteria
1. Prepare for work.	<p>1.1. Work instructions are used to determine job requirements, including method, material and equipment.</p> <p>1.2. Job specifications are read and interpreted following working manual.</p> <p>1.3. OHS requirements, including dust and fume collection, breathing apparatus and eye and ear personal protection needs are observed throughout the work.</p> <p>1.4. Appropriate material is selected for work.</p> <p>1.5. Safety equipment and tools are identified and checked for safe and effective operation.</p>
2. Identify MUDA.	<p>2.1. Plan of MUDA identification is prepared and implemented.</p> <p>2.2. Causes and effects of MUDA are discussed.</p> <p>2.3. Tools and techniques are used to draw and analyze current situation of the work place.</p> <p>2.4. Wastes/MUDA are identified and measured based on relevant procedures.</p> <p>2.5. Identified and measured wastes are reported to relevant personnel.</p>
3. Eliminate wastes/MUDA.	<p>3. 1. Plan of MUDA elimination is prepared and implemented.</p> <p>3. 2. Necessary attitude and the ten basic principles for improvement are adopted to eliminate waste/MUDA.</p> <p>3. 3. Tools and techniques are used to eliminate wastes/MUDA based on the procedures and OHS.</p> <p>3. 4. Wastes/MUDA are reduced and eliminated in accordance with OHS and organizational requirements.</p> <p>3. 5. Improvements gained by elimination of waste/MUDA are reported to relevant bodies.</p>

4. Prevent occurrence of wastes/MUDA.	<p>4.1. Plan of MUDA prevention is prepared and implemented.</p> <p>4.2. Standards required for machines, operations, defining normal and abnormal conditions, clerical procedures and procurement are discussed and prepared.</p> <p>4.3. Occurrences of wastes/MUDA are prevented by using visual and auditory control methods.</p> <p>4.4. Waste-free workplace is created using 5W and 1H sheet.</p> <p>4.5. The completion of required operation is done in accordance with standard procedures and practices.</p> <p>4.6. The updating of standard procedures and practices is facilitated.</p> <p>4.7. The capability of the work team that aligns with the requirements of the procedure is ensured.</p>
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Variable	Range
OHS requirements	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Are to be in accordance with legislation/ regulations/codes of practice and enterprise safety policies and procedures. This may include protective clothing and equipment, use of tooling and equipment, workplace environment and safety, handling of material, use of firefighting equipment, enterprise first aid, hazard control and hazardous materials and substances. • Personal protective equipment is to include that prescribed under legislation/regulations/codes of practice and workplace policies and practices. • Safe operating procedures are to include, but are not limited to the conduct of operational risk assessment and treatments associated with workplace organization. • Emergency procedures related to this unit are to include but may not be limited to emergency shutdown and stopping of equipment, extinguishing fires, enterprise first aid requirements and site evacuation.
Safety equipment and tools	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Dust masks/goggles • Glove • Working cloth • First aid and safety shoes
Tools and techniques	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Plant Layout • Process flow • Other Analysis tools • Do time study by work element

	<ul style="list-style-type: none"> • Measure Travel distance • Take a photo of workplace • Measure Total steps • Make list of items/products, who produces them and who uses them & those in warehouses, storages etc. • Focal points to Check and find out existing problems • 5S • Layout improvement • Brainstorming • Andon • U-line • In-lining • Unification • Multi-process handling & Multi-skilled operators • A.B. control (Two point control) • Cell production line • TPM (Total Productive Maintenance)
Relevant procedures	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Make waste visible • Be conscious of the waste • Be accountable for the waste and Measure the waste.
The ten basic principles for improvement	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Throw out all of your fixed ideas about how to do things. • Think of how the new method will work- not how it won. • Don't accept excuses. Totally deny the status quo. • Don't seek perfection. A 50 percent implementation rate is fine as long as it's done on the spot. • Correct mistakes the moment they are found. • Don't spend a lot of money on improvements. • Problems give you a chance to use your brain. • Ask "why?" At least five times until you find the ultimate cause. • Ten people's ideas are better than one person's. • Improvement knows no limits.
Visual and auditory control methods	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Red Tagging • Sign boards • Outlining • Andons • Kanban, etc.
5W and 1H	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Who • What • Where • When • Why and How

Evidence Guide	
Critical Aspects of Competence	<p>Demonstrates skills and knowledge to:</p> <ul style="list-style-type: none"> • Discuss why wastes occur in the workplace • Discuss causes and effects of wastes/MUDA in the workplace • Analyze the current situation of the workplace by using appropriate tools and techniques • Identify, measure, eliminate and prevent occurrence of wastes by using appropriate tools and techniques • Use 5W and 1H sheet to prevent
Underpinning Knowledge and Attitude	<p>Demonstrates knowledge of:</p> <ul style="list-style-type: none"> • Targets of customers and manufacturer/service provider • Traditional and kaizen thinking of price setting • Kaizen thinking in relation to targets of manufacturer/service provider and customer • value • The three categories of operations • the 3“MU” • waste/MUDA • wastes occur in the workplace • The 7 types of MUDA • The Benefits of identifying and eliminating waste • Causes and effects of 7 MUDA • Procedures to identify MUDA • Necessary attitude and the ten basic principles for improvement • Procedures to eliminate MUDA • Prevention of wastes • Methods of waste prevention • Definition and purpose of standardization • Standards required for machines, operations, defining normal and abnormal conditions, clerical procedures and procurement • Methods of visual and auditory control • TPM concept and its pillars. • Relevant OHS and environment requirements • Plan and report • Method of communication
Underpinning Skills	<p>Demonstrates skills to:</p> <ul style="list-style-type: none"> • Draw & analyze current situation of the work place • Use measurement apparatus (stop watch, tape, etc.) • Calculate volume and area • Use and follow checklists to identify, measure and eliminate wastes/MUDA • Identify and measure wastes/MUDA in accordance with OHS and procedures

	<ul style="list-style-type: none"> • Use tools and techniques to eliminate wastes/MUDA in accordance with OHS procedure • Apply 5W and 1H sheet • Update and use standard procedures for completion of required operation • Work with others • Read and interpret documents • Observe situations • Solve problems • Communicate • Gather evidence by using different means • Report activities and results using report formats
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.

NTQF Level IV

Occupational Standard: Health Extension Service Level IV	
Unit Title	Manage Community Health Service
Unit Code	HLT HES4 01 0118
Unit Descriptor	This unit describes the knowledge, skills and attitude required to manage health service of the area to improve quality of service

Elements	Performance Criteria
1. Follow organizational guidelines, understand health policy and service delivery system	1.1. The policy and organization of the health care system of Ethiopia is comprehended 1.2. Primary healthcare in Ethiopia is understood 1.3. Elements of primary health care are identified 1.4. Health service extension program is understood 1.5. Workplace instructions and policies are followed. 1.6. Organizational programs and procedures are supported within the job role. 1.7. Organizational resources are used for the purpose intended.
2. Plan, manage, monitor and evaluate health system	2.1. Management skills required to bring about efficient health care system are dealt with 2.2. Health programs are planned 2.3. Resources for health care are managed 2.4. Individual and team capacity is developed 2.5. Issues raised through participation and consultation are resolved promptly and effectively 2.6. Health service monitoring and evaluation mechanisms are developed
3. Lead and build individual's and team's capacity	3.1. Self improvement areas are identified based on individual's self performance evaluation. 3.2. Learning and development needs are systematically identified and implemented in line with organizational requirements 3.3. Learning and development program goals and objectives are identified to match the specific knowledge and skills requirements of competence standards 3.4. Workplace learning opportunities and coaching/ mentoring are provided to facilitate individual and team achievement of competencies

	<p>3.5. Joint action plans are developed by team and individuals.</p> <p>3.6. Duties and responsibilities are allocated based on the skills, knowledge and aptitude required to properly undertake the assigned task as well as considering individual's preference,</p> <p>3.7. Collaborative efforts are made to attain organizational goals</p> <p>3.8. Feedback from individuals or teams is used to identify challenges, develop interventional strategies, and implement them to bring about improvement</p>
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Variable	Range
Health service	<p>Is defined as service provided to the community to:</p> <ul style="list-style-type: none"> • promote health and prevent disease • cure illness

Evidence Guide	
Critical Aspects of Competence	<p>Demonstrate knowledge and skills to:</p> <ul style="list-style-type: none"> • Describe national health care policy • Describe primary Health Care • Plan and manage health extension service • Plan and manage individuals and teams • Apply principles of health care ethics
Underpinning Knowledge and Attitudes	<p>Demonstrate knowledge of:</p> <ul style="list-style-type: none"> • National and local health goals, targets and priorities • Evidence-based practice • Equity issues in population health • Basic principles of leadership • Principles of health care ethics
Underpinning Skills	<p>Demonstrate skills to:</p> <ul style="list-style-type: none"> • Plan and manage health extension service • Manage resources • Build capacity of teams and individuals
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 Service Level IV	
Unit Title	Manage Pharmaceuticals in Health Posts
Unit Code	HLT HES4 02 0118
Unit Descriptor	This unit equips students with skills that enable them to implement the integrated pharmaceutical logistics system for HEWs, recording and reporting on stock levels and usage of pharmaceuticals, receiving and storing pharmaceuticals, issuing pharmaceuticals between health posts, keeping adequate amount of pharmaceuticals.

Element	Performance Criteria
1. Describe the purpose, flow of information and products, roles and responsibilities in IPLS	1.1. The purpose of the system is described. 1.2. Flow of information and products in the system is outlined 1.3. The context within which the system operates is understood 1.4. Responsibilities of the responsible institutions in implementing IPLS for HEWs is identified 1.5. IPLS for HEW- roles of the practitioners in health centers and health posts is defined
2. Complete the bincard	2.1. The purpose of a Bin Card is described 2.2. Bin Card is updated 2.3. Loss or adjustment are defined and recorded
3. Complete the health post monthly report and resupply form (HPMRR)	3.1. The purpose of the HPMRR is described 3.2. Information is reported on HPMRR and where it comes from identified 3.3. When to complete the HPMRR is understood and sent to a health center
4. Receive and conduct physical count	4.1. Physical inspection is conducted before receiving items 4.2. Receipts on the Model 19 are recorded 4.3. Physical inventory is conducted and the balance checked against the bincard 4.4. The physical inventory is recorded on the bin card.
5. Store pharmaceuticals	5.1. Good storage practices are identified 5.2. The storage area is arranged 5.3. The pharmaceuticals are arranged by "First to Expire, First Out" (FEFO) 5.4. The three key steps for managing damaged/expired pharmaceuticals are identified

Variable	Range
System	<ul style="list-style-type: none"> • May include, but not limited to the integrated pharmaceutical logistics system and its core functions
Context	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Laws and regulations that govern the pharmaceutical supply chain system • Institutions involved in pharmaceutical supply chain system • Standard Operating Procedures (SOPs)
Responsible institutions	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Federal Ministry of Health (FMOH) • Pharmaceutical Fund and Supply Agency • Regional Health Bureaus (RHB) • Zonal Health Offices • Woreda Health Offices • Health centers • Health posts

Evidence Guide	
Critical Aspects of Competence	<p>Demonstrate knowledge and skills in:</p> <ul style="list-style-type: none"> • Satisfactory performance of all elements • Opening new bincards and recording transaction on bincards • Completing the health post monthly report and resupply form • Placing emergency orders • Storing pharmaceutical based on the storage principles • Conducting physical inspection • Dejunking and pharmaceutical store reorganizing • Conducting physical count
Underpinning Knowledge and Attitudes	<p>Demonstrate knowledge of:</p> <ul style="list-style-type: none"> • Purpose of the Integrated Pharmaceutical Logistics System (IPLS) • Logistics Management Information System (LMIS) and inventory control system in IPLS. • Roles and responsibilities of Woreda Health Offices, health centers and health posts in implementing IPLS
Underpinning Skills	<p>Demonstrate skills in:</p> <ul style="list-style-type: none"> • Effective communication and interpersonal skills including: <ul style="list-style-type: none"> ➢ written or verbal ➢ Negotiation ➢ Consultation • Skills on facilitating and contributing effectively to meetings, forums and other network

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 Service Level IV	
Unit Title	Prevent and Manage Common Communicable and Neglected Tropical Diseases
Unit Code	HLT_HES4_03_0118
Unit Descriptor	This unit describes knowledge, skills and attitude required to identify common communicable and neglected tropical diseases, provide basic preventive, curative and referral services, undertake integrated diseases surveillance

Element	Performance Criteria
1. Apply general principles of prevention and control	<p>1.1. Common communicable and neglected tropical diseases of the community are identified and classified</p> <p>1.2. Appropriate plan is prepared to explore community health problems</p> <p>1.3. Strategies are designed to resolve the health problems</p> <p>1.4. Most At Risk Populations (MARPs) are identified for intervention</p> <p>1.5. Disease specific prevention and control measures are applied</p> <p>1.6. Performed activities are compiled reported, and documented</p>
2. Asses, screen and manage common communicable diseases	<p>2.1. Common communicable diseases are assessed and screened using clinical and limited investigations within community and health post settings</p> <p>2.2. Common communicable diseases are managed based on existing national guidelines and protocols</p> <p>2.3. Special groups and cases need further investigation and management are referred</p>
3. Asses, screen, promote and manage common Neglected Tropical diseases	<p>3.1. Common neglected tropical disease are assessed and screened using clinical investigation and investigations are done</p> <p>3.2. Prevention and control of NTDs are promoted</p> <p>3.3. .Common neglected tropical diseases are managed based on based on existing national guidelines and protocols</p> <p>3.4. Special cases are referred for further investigation</p>
4. Perform disease Surveillance	<p>4.1. Preparations are made for integrated disease surveillance</p> <p>4.2. Data are collected through active and passive surveillance procedures</p>

	<p>4.3. Data are organized, analyzed and interpreted</p> <p>4.4. Possible and probable cases are determined based on the standard case definition</p> <p>4.5. Proper epidemic investigations and management are performed in collaboration with others.</p> <p>4.6. Timely and complete reports (public burden, epidemic prone, under elimination/eradication) are submitted using the existing guidelines.</p> <p>4.7. Feedback is collected and disseminated to the concerned bodies as per the existing formats</p>
5. Follow up of Cases	<p>5.1. Side effects of drugs are monitored and reported</p> <p>5.2. House to house visit is conducted to ensure compliance.</p> <p>5.3. Defaulters are traced and given advice.</p> <p>5.4. Drug adherence of clients is ensured.</p> <p>5.5. Follow up of ART and other cases is performed</p>

Variable	Range
Most At Risk Populations (MARPs)	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Long truck drivers, commercial sex workers, illicit drug users etc...
Prevention	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Promotion of health • Prevention of exposure • Limiting the occurrence of disease transmission
Control	<ul style="list-style-type: none"> • Measures that are applied after the occurrence of disease to prevent further progress.
Special cases	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Pregnant mothers, under-5 children, etc
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 among the health post, health center and woreda health office
Defaulter	<ul style="list-style-type: none"> • Is client who discontinued taking the prescribed drug regimen or treatment

Evidence Guide	
Critical Aspects of Competence	<p>Demonstrate knowledge and skills to:</p> <ul style="list-style-type: none"> • Explain the general principles of communicable diseases • Educate the community on the common communicable and neglected tropical diseases. • Define the natural history of communicable and neglected tropical diseases. • Explain the chain of disease transmission and how to break the transmission cycle of specific communicable and neglected tropical disease • Define common communicable and Neglected Tropical diseases, etiology, clinical manifestations and diagnostic approaches • Manage (including referral) common communicable diseases using protocols • Monitor the progress and complications • Undertake community diagnosis and surveillance for early management of epidemics. • Work in collaboration with various partners and stakeholders
Underpinning Knowledge and Attitudes	<p>Demonstrate skills to:</p> <ul style="list-style-type: none"> • Explain chain of disease transmission • Describe principles and method of infectious disease prevention. • Classify communicable and Neglected Tropical diseases • Define and list etiology and mode of transmission of communicable and Neglected Tropical diseases • Discuss the common myths of communicable and Neglected Tropical diseases in the community • Describe common infectious diseases management • Explain principles of surveillance • Follow basic concept and procedure of HMIS
Underpinning Skills	<p>Demonstrate skills to:</p> <ul style="list-style-type: none"> • Educate the community on prevention of communicable/infectious diseases and early detection • Assess and manage common communicable and Neglected Tropical diseases • Facilitate referral of cases • Perform disease surveillance • Monitor cases
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 Service Level IV	
Unit Title	Manage Common Non-communicable Diseases
Unit Code	HLT_HES4_04_0118
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 of common non-communicable disease. 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
1. Prevent non-communicable diseases through provision of adequate information and education.	<p>1.1. Community diagnosis is carried out and cases identified based on the standard procedure.</p> <p>1.2. Plan is prepared to resolve the identified cases.</p> <p>1.3. Methods to resolve the case are selected based on case management guideline.</p> <p>1.4. IEC materials are prepared.</p> <p>1.5. Education of the community on healthy life style and early detection of disease is provided.</p> <p>1.6. Activity reported and cases are followed up based on the recommended guideline.</p>
2. Screen and refer clients requiring further investigation and management	<p>2.1. Pertinent history is taken and Physical Examination (P/E) done.</p> <p>2.2. Minor symptoms related to non-communicable disease are managed accordingly</p> <p>2.3. Individuals with risk factors are identified and counseled.</p> <p>2.4. Suspected cases are referred for further investigation and management.</p>
3. Follow up of cases and promote community based rehabilitation	<p>3.1. Community diagnosis is carried out based on the standard procedure.</p> <p>3.2. Community is mobilized for taking care of people with disabilities.</p> <p>3.3. Trainings are conducted to selected family members and community based organizations.</p> <p>3.4. Cases are followed up as per the feedback obtained from the health institution.</p>

Variable	Range
Standard procedure	<ul style="list-style-type: none"> Nationally accepted working guides.
Healthy life style	<ul style="list-style-type: none"> Is a health behavior that helps for adopting healthy living

Non communicable disease	<ul style="list-style-type: none"> • Is disease not transmitted from person to person by any route
Suspected cases	<ul style="list-style-type: none"> • Are unconfirmed but shows some signs and symptoms indicating certain disease.
Community Based Rehabilitation	<ul style="list-style-type: none"> • Is prevention of further disabilities and permanent damage at community setting and making remained parts functional / productive.
Screening	<ul style="list-style-type: none"> • Means identifying diseases in apparently healthy people.

Evidence Guide	
Critical Aspects of Competence	Demonstrate knowledge and skills to: <ul style="list-style-type: none"> • List the common non communicable diseases. • Identify risk factors of non-communicable diseases. • Deliver health education to prevent non-communicable diseases • Take client history and do physical examinations. • Screen, detect, refer and follow up of cases.
Underpinning Knowledge and Attitudes	Demonstrate knowledge of: <ul style="list-style-type: none"> • Common non-communicable diseases • Screening and detecting non-communicable diseases • Basic nutrition and healthy life style • Health Education • History taking • Physical examination and minor tests.
Underpinning Skills	Demonstrate skills in: <ul style="list-style-type: none"> • Interpersonal communication and persuasion skills • Skills on educating the community on healthy life style and early detection of disease. • Skills on 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	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 Service Level IV	
Unit Title	Manage Ante-natal Care and Promote PMTCT
Unit Code	HLT HES4 05 0118
Unit Descriptor	This unit describes the knowledge, skills and attitude required to plan and manage antenatal care and promote PMTCT.

Element	Performance Criteria
1. Plan antenatal activities	<p>1.1. Resource mapping is conducted using the standard format of FMOH.</p> <p>1.2. Model families and HDA's are identified and consulted to share responsibility</p> <p>1.3. Antenatal eligible is identified and the number of expected pregnant women is calculated from the catchment area Joint action plan is developed and shared with stakeholders</p>
2. Promote antenatal health care	<p>2.1. Influential community representatives, model families and HDAs are trained and involved on promoting ANC</p> <p>2.2. Relevant organizations and community leaders are consulted and participated on identification of cultural believes and values on the basis of inter-sectoral approach</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. Feeding habit, community practice and other unhealthy behaviors are well identified and recorded</p> <p>3.3. Previous obstetric, medical, surgical history, birth out comes and related complications are collected from previous antenatal and other client documents based on the standard assessment technique.</p>
4. Perform antenatal examination	<p>4.1. Vital signs are completed according to the standard procedures, (T⁰, BP, PR, RR) and Wt taken.</p> <p>4.2. Inspection, Palpation, Auscultation are performed In line with standard protocol and guidelines.</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 danger signs of pregnancy, nutrition, sign of labor, the importance of next visit, etc is provided to the client based on history and physical examination.</p>

	<p>5.2. Pregnancy related and other minor 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 is referred to the next higher health facility</p>
6. Promote PMTCT	<p>6.1. PITC (provider initiated testing and counseling) is provided to the pregnant mother according to PITC protocol of the FMOH.</p> <p>6.2. Information regarding HIV testing is given to the client.</p> <p>6.3. Appropriate treatment is given to the pregnant mother according to the national protocol.</p> <p>6.4. Clients with problems are identified and referred</p>
7. Register and document antenatal records	<p>7.1. Registration for antenatal care events is completed according to HMIS standards of FMOH.</p> <p>7.2. Antenatal care events data are updated timely according to HMIS guideline of FMOH.</p> <p>7.3. Antenatal care activities are reported and communicated to the relevant body</p> <p>7.4. Implementation plan is monitored timely</p>

Variable	Range
Antenatal eligible	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • General and social information which may include, but not limited to: <ul style="list-style-type: none"> ➤ age ➤ occupation, ➤ place of residence, ➤ marital status ➤ number of children, ➤ educational level, ➤ ethnicity, ➤ economic status Obstetric information which May include, but not limited to: <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 including: <ul style="list-style-type: none"> ➤ hypertension, ➤ anemia, DM, etc. ➤ surgical information

Danger signs	<p>May include, but not limited to:</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, abnormal vaginal discharge etc.)
Physical examination	<p>May include, but not limited to:</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
Conditions of pregnancy requiring referral	<p>May include, but not limited to:</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, glucosuria ➢ 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

Evidence Guide

Critical Aspects of Competence	<p>Demonstrate knowledge and skills to:</p> <ul style="list-style-type: none"> • Communicate, train, consult and persuade stakeholders • Identify danger sign and ability to refer to the next higher level • HIV counseling skills • Provide basic antenatal health care including history taking, physical examination, management, registration and documenting records • Provide advice, guidance and support to clients and their families on antenatal health issues
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Underpinning Knowledge and Attitudes	<p>Demonstrate knowledge of:</p> <ul style="list-style-type: none"> • Organizational policies, protocol, and procedures legal framework, relating to client confidentiality • Ability to plan • Ability to describe anatomical, Physiological changes and minor disorders of pregnancy • Antenatal health care, 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 • Relevant problems, medications 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 • Findings from a physical assessment and follow up as procedures manual
Underpinning Skills	<p>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 • Identify antenatal danger signs • Manage antenatal problems • Promote PMTCT • Register and document antenatal 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 Service Level IV	
Unit Title	Manage Delivery Practice
Unit Code	<u>HLT HES4 06 0118</u>
Unit Descriptor	This unit describes knowledge, skills and attitude required to manage the process of labor and delivery under emergency situations.

Elements	Performance Criteria
1. Plan to enhance institutional delivery	1.1. Community perception and cultural beliefs are identified and discussed with women in planning and advocating for safe delivery 1.2. Role and responsibilities of family and community to support safe delivery are discussed 1.3. Safe and clean delivery practices are discussed
2. Support women during labor and delivery	2.1. Women-friendly care on a laboring mother is promoted 2.2. Maternal vital signs are monitored as per the guideline 2.3. Signs of onset of labor are discussed and identified to support women in attending a delivery Practice as required 2.4. Normal progress of labor is documented 2.5. Early identification of abnormal progress of labor is ensured 2.6. Appropriate labor and delivery care are applied in all stages of labor
3 Provide delivery Practice in case of need	3.1. Assessment and follow up is done in a laboring mother using partograph 3.2. General feto-maternal condition is ensured 3.3. Appropriate sterile equipments and medications are prepared for delivery according to the manual 3.4. Proper second stage labor management is applied 3.5. Active management of third stage of labor is performed as per the existing protocol 3.6. Any threat to feto-maternal wellbeing is urgently referred
4. Immediate postnatal care	4.1. Immediate postnatal care is provided 4.2. Early initiation of breast feeding is practiced 4.3. Essential newborn care is provided based on national guidelines 4.4. APGAR score are identified, recorded and reported

	<p>4.5. Neonate is resuscitated if needed</p> <p>4.6. Any maternal and newborn postnatal abnormalities and complications are identified and referred</p> <p>4.7. Activities are documented and reported to next hierarchy.</p>
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Variable	Range
Vital signs	Record: <ul style="list-style-type: none"> • PR • BP • Temperature • Respiratory rate • Fetal heart beat • Rate and tone of contractions
Signs of onset of labor	May include, but not limited to: <ul style="list-style-type: none"> • Uterine contraction • Show • Leakage of amniotic fluid • Cervical dilatation • Cervical effacement
APGAR score	May include, but not limited to: <ul style="list-style-type: none"> • Activity • Pulse rate • Grimace • Appearance • Respiratory rate
Neonate	<ul style="list-style-type: none"> • Is a new born baby up to 28 days of age from delivery

Evidence Guide	
Critical Aspects of Competence	Demonstrate knowledge and skills to: <ul style="list-style-type: none"> • Advocate institutional delivery • Support women during the process labor and delivery • Differentiate normal labor from an abnormal one • Provide safe and clean delivery service in case of emergency • Handle an active management of third stage of labor • Identify and refer women and/or newborn with complications and abnormalities
Underpinning Knowledge and Attitudes	Demonstrate knowledge of: <ul style="list-style-type: none"> • Organization guidelines and procedures relating to client confidentiality • Anatomy and physiology, relevant to pregnancy, maternal and/or infant health • Cardinal movement of labor • Each stages of labor

	<ul style="list-style-type: none"> • Signs of prolonged and obstructed labor • Differentiating normal from abnormal labor • Essential new born care including APGAR score • Maternal and infant health and infection prevention • Birthing practices suitable for culturally acceptable • Health conditions, obstetric problems and associated issues related to pregnancy, maternal and infant health • Relevant assessment methods and use of associated equipment and procedures • Relevant treatments, medications and associated care practices available • Risks and contraindications associated with treatments and medication • Realistic expectation of client condition during monitoring of progress
Underpinning Skills	<p>Demonstrate skills to:</p> <ul style="list-style-type: none"> • Avoid the three delays of labor and delivery service • Provide psychological and social support to women in labor • Ensure general feto-maternal well-being • Manage safe and clean delivery in case of emergency • Manage third stage of labor • Handle essential newborn care • Identify and refer abnormal conditions • Manage neonatal resuscitation
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 Service Level IV	
Unit Title	Manage Post-natal Care
Unit Code	<u>HLT HES4 07 0118</u>
Unit Descriptor	This unit describes the knowledge, skills and attitude required to provide postnatal care services for mothers and neonates.

Element	Performance Criteria
1. Provide neonatal care	<p>1.1. Essential new born care is provided</p> <p>1.2. Neonate is assessed for birth asphyxia or respiratory distress, bleeding from umbilical stump, skin discoloration, red swollen eyes and discharge and hypo or hyperthermia.</p> <p>1.3. Appropriate measures are taken based on the findings of the assessment done</p> <p>1.4. The necessary vaccination service is provided for the newborn</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 are implemented to establish and support exclusive breast-feeding</p> <p>2.5. The importance of nutrition, exercise, rest, sleep, and support with domestic tasks as well as care of family is discussed with the client and caregivers in the immediate postnatal period</p> <p>2.6. Minor post-natal problems of mother and newborn are identified to provide appropriate advice and managements</p> <p>2.7. Information is provided on alternative family planning options, immunization practices and personal hygiene etc.</p>
3. Organize follow-up of maternal and newborn health services	<p>3.1. Registration of women undergoing postnatal care and the newborn is maintained according to organizational guidelines and procedures</p> <p>3.2. Schedules for provision of postnatal care are kept and used to maintain 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, HDAs and female community elders</p> <p>3.5. Records on attendance of antenatal care and birthing outcomes are kept and used to follow maternal health</p>
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Variable	Range
Information	<p>May include, but not limited to:</p> <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 on routine care of the newborn	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Umbilical stump care • Eye care • Nappy area • Safe sleeping arrangements • Breast feeding and Immunization
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 • For the newborn: <ul style="list-style-type: none"> ➢ Sticky eye ➢ Nappy rash

Evidence Guide	
Critical Aspects of Competence	<p>Demonstrate knowledge and skills to:</p> <ul style="list-style-type: none"> • Undertake comprehensive health checks related to postnatal and newborn 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 • Make any required revisions to care plans, practices or information provided
Underpinning Knowledge and Attitudes	<p>Demonstrate knowledge of:</p> <ul style="list-style-type: none"> • Anatomy and physiology relevant to postnatal and infant health

	<ul style="list-style-type: none"> • Infection 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 • Postnatal medical and obstetrical problems requiring referral • Effective post natal care practices for mother and baby • Relevant assessment methods and use of associated equipment • Relevant treatments, medications and associated care practices • Risks and contraindications associated with relevant treatments and medication • Realistic expectation of client condition during monitoring of progress • Routine postnatal care visits
Underpinning Skills	<p>Demonstrate skills to:</p> <ul style="list-style-type: none"> • Assess and differentiate normal from abnormal postnatal outcomes • Manage abnormal postnatal outcomes including referrals • Resuscitate neonate • Demonstrate appropriate positioning and attachment during breast feeding
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 Service Level IV	
Unit Title	Manage Child Survival, Growth and Development and Apply IMNCI
Unit Code	<u>HLT HES4 08 0118</u>
Unit Descriptor	This unit describes the knowledge, skills and attitude required to promote and deliver basic child survival, growth and development services according to IMNCI guideline.

Element	Performance Criteria
1. Plan and monitor child, survival, growth and development activities	1.1. Activities related to child survival are assessed and planned 1.2. All children in the catchment area are documented for age specific services. 1.3. Appropriate child feeding practices are communicated and demonstrated to the care givers 1.4. Communicating with children and playing mechanisms are demonstrated to the care givers 1.5. Child's growth and development patterns are identified and communicated with care givers
2. Assess, classify and manage common child hood illnesses	2.1. Common child hood illnesses are explained 2.2. Pertinent history is taken and physical examination performed using IMNCI checklist 2.3. A child with some health problem is assessed for general danger signs 2.4. A child with some health problem is evaluated using IMNCI/ ICCM guideline 2.5. Some basic investigations like rapid diagnostic tests are carried out 2.6. Classifications are made based on history, physical examination and investigation 2.7. Specific treatments are correctly identified for the child's disease classification 2.8. Management and follow ups schedules are undertaken based on IMNCI and other treatment guidelines
3. Refer cases for further investigation and management	3.1. Child survival is ensured during the time of referral 3.2. Client confidentiality is maintained at all times and level 3.3. Performed activities are documented and reported

Variable	Range
Pertinent history	<ul style="list-style-type: none"> General information that helps to reach to a certain diagnosis

Physical examination	<ul style="list-style-type: none"> • Systematic examination of the general body status with the help of relevant tools
IMNCI	<ul style="list-style-type: none"> • Integrated management of neonatal and childhood illnesses
General danger signs	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Unable to drink • vomiting everything • Convulsing now • Convulsion by history • Unconsciousness
ICCM	<ul style="list-style-type: none"> • Integrated Community Case Management

Evidence Guide	
Critical Aspects of Competence	<p>Demonstrate knowledge and skills on:</p> <ul style="list-style-type: none"> • Identifying and treating common childhood illnesses • Describing child's developmental and growth patterns milestones • Taking client history and make physical examination • Carrying out rapid diagnostic test for malaria • Managing basic curative service
Underpinning Knowledge and Attitudes	<p>Demonstrate knowledge of:</p> <ul style="list-style-type: none"> • Child's developmental and growth pattern milestones • Client history and physical examination including vital signs • Common child hood illnesses • Client assessment and classification • Client management guidelines • Emergency life saving procedures • Infection prevention
Underpinning Skills	<p>Demonstrate skills to:</p> <ul style="list-style-type: none"> • Take history and perform physical assessment • Classify and manage common childhood problems • Arrange follow up schedule • Refer client those cannot be managed at health post level • Apply 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 Service Level IV	
Unit Title	Manage Comprehensive Family Planning Service
Unit Code	HLT HES4 09 0118
Unit Descriptor	This unit describes the knowledge, skills and attitude required in planning, Managing, 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. Manage and provide long acting family planning services	<p>2.1. Counsel on long acting family planning methods for advantages, side effects, misconceptions, and compliance on continual usage is provided to clients based on national family planning guideline of FMOH</p> <p>2.2. Long acting family planning methods like IUCD are supplied for clients according to family planning protocol of FMOH and client's preference.</p> <p>2.3. Side-effects and problems occurred from the long acting family planning methods are managed.</p> <p>2.4. Clients preferred permanent methods are referred to the next higher health facility according to the standard procedure</p> <p>2.5. Continuous follow up is provided to family planning clients based on the standard guidelines</p>
3. Monitor family planning services	<p>3.1. Registration book for family planning services is prepared according to HMIS standards of FMOH</p> <p>3.2. Family planning services data are collected, updated and sustained on the basis of HMIS guideline of FMOH</p> <p>3.3. 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>3.4. Plan on family planning for the catchments is revised for a specific period of time</p> <p>3.5. Family planning practice at kebele is monitored against plan</p>

Variable	Range
Method	May include, but not limited to: <ul style="list-style-type: none"> • Pills, Barriers, natural methods, injectables, implants, IUCD permanent methods (vasectomy, tubal ligation)
Follow up	May include, but not limited to: <ul style="list-style-type: none"> • Any Practice which needs close contact such as clients complaint, methods which needs follow up etc

Evidence Guide	
Critical Aspects of Competence	Demonstrate knowledge and skills to: <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	Demonstrate knowledge of: <ul style="list-style-type: none"> • About correct personal protective clothing appropriate to family planning activities • Use correct manipulation and handling techniques of inject able contraceptives and implants. • Appropriate storage of equipment and materials • Spillages and disposal of waste including needles and syringes, according to disposal standard guidelines • 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	Demonstrate skills to: <ul style="list-style-type: none"> • Plan family planning practices • Promote family planning practices • Provide family planning practices • Monitoring family planning practice • Manage side-effects and problems occurring from method mix • Communicate and persuade clients • Correct manipulation and handling techniques of inject able contraceptives and implants.

	<ul style="list-style-type: none"> • Apply appropriate storage of equipment and materials • Deal with spillages and disposal of waste including needles and syringes, according to disposal standard guidelines • Take relevant history on past and present personal, medical, obstetric and gynecological conditions
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 Service Level IV	
Unit Title	Plan and Organize Work
Unit Code	HLT HES4 10 0118
Unit Descriptor	This unit covers the knowledge, skills and attitude required in planning and organizing work activities in a production application. It may be applied to a small independent operation or to a section of a large organization.

Elements	Performance Criteria
1. Set objectives	<p>1.1. Objectives are planned consistent with and linked to work activities in accordance with organizational aims.</p> <p>1.2. Objectives are stated as measurable targets with clear time frames.</p> <p>1.3. Support and commitment of team members are reflected in the objectives.</p> <p>1.4. Realistic and attainable objectives are identified.</p>
2. Plan and schedule work activities	<p>2.1. Tasks/work activities to be completed are identified and prioritized as directed.</p> <p>2.2. Tasks/work activities are broken down into steps in accordance with set time frames and achievable components.</p> <p>2.3. Task/work activities are assigned to appropriate team or individuals in accordance with agreed functions.</p> <p>2.4. Resources are allocated as per requirements of the activity.</p> <p>2.5. Schedule of work activities is coordinated with personnel concerned.</p>
3. Implement work plans	<p>3.1. Work methods and practices are identified in consultation with personnel concerned.</p> <p>3.2. Work plans are implemented in accordance with set time frames, resources and standards.</p>
4. Monitor work activities	<p>4.1. Work activities are monitored and compared with set objectives.</p> <p>4.2. Work performance is monitored.</p> <p>4.3. Deviations from work activities are reported and recommendations are coordinated with appropriate personnel and in accordance with set standards.</p> <p>4.4. Reporting requirements are complied with in accordance with recommended format.</p> <p>4.5. Timeliness of report is observed.</p>

	4.6. Files are established and maintained in accordance with standard operating procedures.
5. Review and evaluate work plans and activities	<p>5.1. Work plans, strategies and implementation are reviewed based on accurate, relevant and current information.</p> <p>5.2. Review is done based on comprehensive consultation with appropriate personnel on outcomes of work plans and reliable feedback.</p> <p>5.3. Results of review are provided to concerned parties and formed as the basis for adjustments/simplifications to be made to policies, processes and activities.</p> <p>5.4. Performance appraisal is conducted in accordance with organization rules and regulations.</p> <p>5.5. Performance appraisal report is prepared and documented regularly as per organization requirements.</p> <p>5.6. Recommendations are prepared and presented to appropriate personnel/authorities.</p> <p>5.7. Feedback mechanisms are implemented in line with organization policies.</p>

Variable	Range
Objectives	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Specific • General
Resources	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Personnel • Equipment and technology • Services • Supplies and materials • Sources for accessing specialist advice • Budget
Schedule of work activities	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Daily • Work-based • Contractual and Regular
Work methods and practices	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Legislated regulations and codes of practice • Industry regulations and codes of practice • Occupational health and safety practices
Work plans	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Daily work plans • Project plans • Program plans

	<ul style="list-style-type: none"> • Resource plans • Skills development plans • Management strategies and objectives
Standards	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Performance targets • Performance management and evaluation systems • Occupational standards • Employment contracts • Client contracts • Discipline procedures • Workplace assessment guidelines • Internal quality assurance • Internal and external accountability and auditing requirements • Training Regulation Standards and Safety Standards
Appropriate personnel/ authorities	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Appropriate personnel • Management and Line Staff
Feedback mechanisms	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Verbal feedback • Informal feedback • Formal feedback • Questionnaire • Survey and Group discussion

Evidence Guide

Critical Aspects of Competence	<p>Demonstrates skills and knowledge to:</p> <ul style="list-style-type: none"> • Set objectives • Plan and schedule work activities • Implement work plans • Monitor work activities • Review and evaluate work plans and activities
Underpinning Knowledge and Attitudes	<p>Demonstrates knowledge of:</p> <ul style="list-style-type: none"> • Organization's strategic plan, policies rules and regulations, laws and objectives for work unit activities and priorities • Organizations policies, strategic plans, guidelines related to the role of the work unit • Team work and consultation strategies
Underpinning Skills	<p>Demonstrates skill to:</p> <ul style="list-style-type: none"> • Plan • Lead • Organize • Coordinate • Communicate • Inter-and intra-person/motivation skills

	<ul style="list-style-type: none"> • Present
Resource Implications	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 Service Level IV	
Unit Title	Migrate to New Technology
Unit Code	HLT HES4 11 0118
Unit Descriptor	This unit defines the competence required to apply skills and knowledge in using new or upgraded technology. The rationale behind this unit emphasizes the importance of constantly reviewing work processes, skills and techniques in order to ensure that the quality of the entire business process is maintained at the highest level possible through the appropriate application of new technology. To this end, the person is typically engaged in on-going review and research in order to discover and apply new technology or techniques to improve aspects of the organization's activities.

Elements	Performance Criteria
1. Apply existing knowledge and techniques to technology and transfer	<p>1.1. Situations are identified where existing knowledge can be used as the basis for developing new skills.</p> <p>1.2. New or upgraded technology skills reacquired and used to enhance learning.</p> <p>1.3. New or upgraded equipment are identified, classified and used where appropriate, for the benefit of the organization.</p>
2. Apply functions of technology to assist in solving organizational problems	<p>2.1. Testing of new or upgraded equipment is conducted according to the specification manual.</p> <p>2.2. Features of new or upgraded equipment are applied within the organization.</p> <p>2.3. Features and functions of new or upgraded equipment are used for solving organizational problems.</p> <p>2.4. Sources of information relating to new or upgraded equipment are accessed and used.</p>
3. Evaluate new or upgraded technology performance	<p>3.1. New or upgraded equipment is evaluated for performance, usability and against OHS standards.</p> <p>3.2. Environmental considerations are determined from new or upgraded equipment.</p> <p>3.3. Feedback is sought from users where appropriate.</p>

Variable	Range
Environmental Considerations	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> Recycling, safe disposal of packaging (e.g. Cardboard, polystyrene, paper, plastic) and correct disposal of waste materials by an authorized body

Feedback	May include, but not limited to: <ul style="list-style-type: none"> • Surveys, • Questionnaires, • interviews and meetings.
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Evidence Guide	
Critical Aspects of Competence	Competence must confirm the ability to transfer the application of existing skills and knowledge to new technology
Underpinning Knowledge and Attitudes	Demonstrate knowledge of: <ul style="list-style-type: none"> • Broad awareness of current technology trends and directions in the industry (e.g. systems/procedures, services, new developments, new protocols) • Vendor product directions • Ability to locate appropriate sources of information regarding metal manufacturing and new technologies • Current industry products/services, procedures and techniques with knowledge of general features • Information gathering techniques
Underpinning Skills	Demonstrate skills of: <ul style="list-style-type: none"> • Research skills for identifying broad features of new technologies • Ability to assist in the decision making process • Literacy skills in regard to interpretation of technical manuals • Ability to solve known problems in a variety of situations and locations • Evaluate and apply new technology to assist in solving organizational problems • General analytical skills in relation to known problems
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 Service Level IV	
Unit Title	Establish Quality Standards
Unit Code	HLT EHS4 12 0118
Unit Descriptor	This unit covers the knowledge, skills and attitudes required to establish quality specifications for work outcomes and work performance. It includes monitoring and participation in maintaining and improving quality, identifying critical control points in the production of quality output and assisting in planning and implementing of quality assurance procedures.

Elements	Performance Criteria
1. Establish quality specifications for product	<p>1.1. Market specifications are sourced and legislated requirements identified.</p> <p>1.2. Quality specifications are developed and agreed upon.</p> <p>1.3. Quality specifications are documented and introduced to organization staff / personnel in accordance with the organization policy.</p> <p>1.4. Quality specifications are updated when necessary.</p>
2. Identify hazards and critical control points	<p>2.1. Critical control points impacting on quality are identified.</p> <p>2.2. Degree of risk for each hazard is determined.</p> <p>2.3. Necessary documentation is accomplished in accordance with organization quality procedures</p>
3. Assist in planning of quality assurance procedures	<p>3.1. Procedures for each identified control point are developed to ensure optimum quality.</p> <p>3.2. Hazards and risks are minimized through application of appropriate controls.</p> <p>3.3. Processes are developed to monitor the effectiveness of quality assurance procedures.</p>
4. Implement quality assurance procedures	<p>4.1. Responsibilities for carrying out procedures are allocated to staff and contractors.</p> <p>4.2. Instructions are prepared in accordance with the enterprise's quality assurance program.</p> <p>4.3. Staff and contractors are given induction training on the quality assurance policy.</p> <p>4.4. Staff and contractors are given in-service training relevant to their allocated safety procedures.</p>
5. Monitor quality of work outcome	<p>5.1. Quality requirements are identified.</p> <p>5.2. Inputs are inspected to confirm capability to meet quality requirements.</p>

	<p>5.3. Work is conducted to produce required outcomes.</p> <p>5.4. Work processes are monitored to confirm quality of output and/or service.</p> <p>5.5. Processes are adjusted to maintain outputs within specification.</p>
6. Participate in maintaining and improving quality at work	<p>6.1. Work area, materials, processes and product are routinely monitored to ensure compliance with quality requirements.</p> <p>6.2. Non-conformance in inputs, process, product and/or service is identified and reported according to workplace reporting requirements.</p> <p>6.3. Corrective action is taken within level of responsibility, to maintain quality standards.</p> <p>6.4. Quality issues are raised with designated personnel.</p>
7. Report problems that affect quality	<p>7.1. Potential or existing quality problems are recognized.</p> <p>7.2. Instances of variation in quality are identified from specifications or work instructions.</p> <p>7.3. Variation and potential problems are reported to supervisor/manager according to enterprise guidelines.</p>

Variable	Range
Sourced	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • End-users • Customers or stakeholders
Legislated requirements	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Verification of product quality as part of consumer legislation or specific legislation related to product content or composition.
Safety procedures.	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Use of tools and equipment for fabrication/production/ manufacturing works • Workplace environment and handling of material safety, • Following occupational health and safety procedures designated for the task • Respect the policies, regulations, legislations, rule and procedures for manufacturing/production/fabrication works

Evidence Guide	
Critical Aspect of Competence	<p>Demonstrates skills and knowledge to:</p> <ul style="list-style-type: none"> • Monitor quality of work • Establish quality specifications for product • Participate in maintaining and improving quality at work

	<ul style="list-style-type: none"> • Identify hazards and critical control points in the production of quality product • Assist in planning of quality assurance procedures • Report problems that affect quality • Implement quality assurance procedures
Underpinning Knowledge	<p>Demonstrates knowledge of:</p> <ul style="list-style-type: none"> • Work and product quality specifications • Quality policies and procedures • Improving quality at work • Hazards and critical points of operation • Obtaining and using information • Applying federal and regional legislation within day-to-day work activities • Accessing and using management systems to keep and maintain accurate records • Requirements for correct preparation and operation • Technical writing
Underpinning Skills	<p>Demonstrates skills to:</p> <ul style="list-style-type: none"> • Monitor quality of work • Establish quality specifications for product • Participate in maintaining and improving quality at work • Identify hazards and critical control points in the production of quality product • Assist in planning of quality assurance procedures • Report problems that affect quality • Implement quality assurance procedures
Resource Implications	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 Service Level IV	
Unit Title	Develop Individuals and Team
Unit Code	HLT HES4 13 0118
Unit Descriptor	This unit covers the knowledge, skills and attitudes required to determine individual and team development needs and facilitate the development of the workgroup.

Elements	Performance Criteria
1. Provide team leadership	<p>1.1. Learning and development needs are systematically identified and implemented in line with organizational requirements.</p> <p>1.2. Learning plan to meet individual and group training and developmental needs is collaboratively developed and implemented.</p> <p>1.3. Individuals are encouraged to self-evaluate performance and identify areas for improvement.</p> <p>1.4. Feedback on performance of team members is collected from relevant sources and compared with established team learning process.</p>
2. Foster individual and organizational growth	<p>2.1. Learning and development program goals and objectives are identified to match the specific knowledge and skills requirements of Competence standards.</p> <p>2.2. Learning delivery methods are made appropriate to the learning goals, the learning style of participants and availability of equipment and resources.</p> <p>2.3. Workplace learning opportunities and coaching/mentoring assistance are provided to facilitate individual and team achievement of competencies.</p> <p>2.4. Resources and timelines required for learning activities are identified and approved in accordance with organizational requirements.</p>
3. Monitor and evaluate workplace learning	<p>3.1. Feedback from individuals or teams is used to identify and implement improvements in future learning arrangements.</p> <p>3.2. Outcomes and performance of individuals/teams are assessed and recorded to determine the effectiveness of development programs and the extent of additional support.</p> <p>3.3. Modifications to learning plans are negotiated to improve the efficiency and effectiveness of learning.</p> <p>3.4. Records and reports of competence are maintained within organizational requirement.</p>

4. Develop team commitment and cooperation	<p>4.1. Open communication processes to obtain and share information is used by team.</p> <p>4.2. Decisions are reached by the team in accordance with its agreed roles and responsibilities.</p> <p>4.3. Mutual concern and camaraderie are developed in the team.</p>
5. Facilitate accomplishment of organizational goals	<p>5.1. Team members are actively participated in team activities and communication processes.</p> <p>5.2. Individual and joint responsibility is developed by team's members for their actions.</p> <p>5.3. Collaborative efforts are sustained to attain organizational goals.</p>

Variable	Range
Learning and development needs	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Coaching, monitoring and/or supervision • Formal/informal learning program • Internal/external training provision • Work experience/exchange/opportunities • Personal study • Career planning/development • Performance evaluation • Workplace skills assessment • Recognition of prior learning
Organizational requirements	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Quality assurance and/or procedures manuals • Goals, objectives, plans, systems and processes • Legal and organizational policy/guidelines and requirements • Safety policies, procedures and programs • Confidentiality and security requirements • Business and performance plans • Ethical standards • Quality and continuous improvement processes and standards
Feedback on performance	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Formal/informal performance evaluation • Obtaining feedback from supervisors and colleagues • Obtaining feedback from clients • Personal and reflective behavior strategies • Routine and organizational methods for monitoring service delivery
Learning delivery methods	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • On the job coaching or monitoring

	<ul style="list-style-type: none"> • Problem solving • Presentation/demonstration • Formal course participation • Work experience and involvement in professional networks • Conference and seminar attendance
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Evidence Guide	
Critical Aspects of Competence	Demonstrates skills and knowledge to: <ul style="list-style-type: none"> • Identify and implement learning opportunities for others • Give and receive feedback constructively • Facilitate participation of individuals in the work of the team • Negotiate plans to improve the effectiveness of learning • Prepare learning plans to match skill needs • Access and designate learning opportunities
Underpinning Knowledge and Attitude	Demonstrates knowledge of: <ul style="list-style-type: none"> • Coaching and monitoring principles • How to work effectively with team members who have diverse work styles, aspirations, cultures and perspective • How to facilitate team development and improvement • Methods and techniques to obtain and interpreting feedback • Methods for identifying and prioritizing personal development opportunities and options • Career paths and competence standards in the industry
Underpinning Skills	Demonstrates skills to: <ul style="list-style-type: none"> • Read and understand a variety of texts, preparing general information and documents according to target audience; spell with accuracy; use grammar and punctuation effective relationships and conflict management • Communicate including receiving feedback and reporting, maintaining effective relationships and conflict management • Plan and organize required resources and equipment to meet learning needs • Coach and mentor skills to provide support to colleagues • Report to organize information; assess information for relevance and accuracy; identify and elaborate on learning outcomes • Facilitate and conduct small group training sessions • Relate to people from a range of social, cultural, physical and mental backgrounds

Resource Implications	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 Service Level IV	
Unit Title	Utilize Specialized Communication Skills
Unit Code	HLT HES4 14 0118
Unit Descriptor	This unit covers the knowledge, skills and attitudes required to use specialized communication skills to meet specific needs of internal and external clients, conduct interviews, facilitate group discussions, and contribute to the development of communication strategies.

Elements	Performance Criteria
1. Meet common and specific communication needs of clients and colleagues	1.1. Specific communication needs of clients and colleagues are identified and met. 1.2. Different approaches are used to meet communication needs of clients and colleagues. 1.3. Conflict is addressed promptly and in a timely way and in a manner which does not compromise the standing of the organization.
2. Contribute to the development of communication strategies	2.1. Strategies for internal and external dissemination of information are developed, promoted, implemented and reviewed as required. 2.2. Channels of communication are established and reviewed regularly. 2.3. Coaching in effective communication is provided 2.4. Work related network and relationship are maintained as necessary. 2.5. Negotiation and conflict resolution strategies are used where required. 2.6. Communication with clients and colleagues is made appropriate to individual needs and organizational objectives.
3. Represent the organization	3.1. When participating in internal or external fora, presentation is relevant, appropriately researched and presented in a manner to promote the organization. 3.2. Presentation is made clear and sequential and delivered within a predetermined time. 3.3. Appropriate media is utilized to enhance presentation. 3.4. Differences in views are respected. 3.5. Written communication is made consistent with organizational standards. 3.6. Inquiries are responded in a manner consistent with organizational standard.

4. Facilitate group discussion	<p>4.1. Mechanisms which enhance effective group interaction are defined and implemented.</p> <p>4.2. Strategies which encourage all group members to participate are used routinely.</p> <p>4.3. Objectives and agenda are routinely set and followed for meetings and discussions.</p> <p>4.4. Relevant information are provided to group to facilitate outcomes.</p> <p>4.5. Evaluation of group communication strategies is undertaken to promote participation of all parties.</p> <p>4.6. Specific communication needs of individuals are identified and addressed.</p>
5. Conduct interview	<p>5.1. A range of appropriate communication strategies are employed in interview situations.</p> <p>5.2. Different types of interview are conducted in accordance with the organizational procedures.</p> <p>5.3. Records of interviews are made and maintained in accordance with organizational procedures.</p> <p>5.4. Effective questioning, listening and nonverbal communication techniques are used to ensure that required message is communicated.</p>

Variable	Range
Strategies	May include, but not limited to: <ul style="list-style-type: none"> • Recognizing own limitations • Utilizing techniques and aids • Providing written drafts • Verbal and non verbal communication
Effective group interaction	May include, but not limited to: <ul style="list-style-type: none"> • Identifying and evaluating what is occurring within an interaction in a non-judgmental way • Using active listening • Making decision about appropriate words, behavior • Putting together response which is culturally appropriate • Expressing an individual perspective • Expressing own philosophy, ideology and background and exploring impact with relevance to communication
Interview situations	May include, but not limited to: <ul style="list-style-type: none"> • Establish rapport • obtain facts and information • Facilitate resolution of issues • Develop action plans • Diffuse potentially difficult situation

Types of Interview	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Related to staff issues • Routine • Confidential • Evidential • Non-disclosure • Disclosure
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Evidence Guide	
Critical Aspects of Competence	<p>Demonstrates skills and knowledge to:</p> <ul style="list-style-type: none"> • Demonstrate effective communication skills with clients and work colleagues accessing service • Adopt relevant communication techniques and strategies to meet client particular needs and difficulties
Underpinning Knowledge and Attitudes	<p>Demonstrates knowledge of:</p> <ul style="list-style-type: none"> • Communication process • Dynamics of groups and different styles of group leadership • Communication skills relevant to client groups
Underpinning Skills	<p>Demonstrates skills to:</p> <ul style="list-style-type: none"> • Full range of communication techniques including: <ul style="list-style-type: none"> ➢ Active listening ➢ Feedback ➢ Interpretation ➢ Role boundaries setting ➢ Negotiation ➢ Establishing empathy ➢ Communication strategies • Communicate to fulfill job roles as specified by the organization
Resource Implications	<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 Service Level IV	
Unit Title	Manage Micro, Small and Medium Enterprises (MSMEs)
Unit Code	HLT HES4 15 0118
Unit Descriptor	This unit covers knowledge, skills and attitude required in running Micro, Small and Medium enterprises. The strategies involve developing, monitoring and managing work activities and financial information, developing effective work habits, and adjusting work schedules as needed.

Elements	Performance Criteria
1. Develop and communicate Strategic work plan	<p>1.1. The importance of planning is sensitized before acting and about the importance of plans to reduce risks and to inhibit impulsive actions and discussed.</p> <p>1.2. The basics of planning and beginning with goal setting are communicated.</p> <p>1.3. The achievement of measurable and realistic short-term business objective is addressed.</p> <p>1.4. How to develop realistic activities plans and schedule is discussed.</p> <p>1.5. Major components of work plan are introduced and understood.</p> <p>1.6. The importance of constant reviewing their plans is understood by monitoring the results.</p>
2. Identify daily work requirements and Develop effective work habits	<p>2.1. Basic concept about effect working culture is discussed and understood.</p> <p>2.2. Different approaches to work culture are developed and understood.</p> <p>2.3. Work requirements are identified for a given time period by taking into consideration of resources and constraints.</p> <p>2.4. Work activities are prioritized based on business needs, requirements and deadlines.</p> <p>2.5. If appropriate, work is allocated to relevant staff or contractors to optimize efficiency.</p> <p>2.6. Work and personal priorities are identified and a balance is achieved between competing priorities using appropriate time management strategies.</p> <p>2.7. Input is sought from internal and external sources and used to develop and refine new ideas and approaches.</p>

	<p>2.8. Business or inquiries is/are responded to promptly and effectively.</p> <p>2.9. Information is presented in a format appropriate to the industry and audience.</p>
3. Manage Marketing of MSMEs	<p>3.1. Information on market and business needs is analyzed and market opportunities identified.</p> <p>3.2. Marketing mix and components are evaluated.</p> <p>3.3. Marketing mix for specific target market is determined.</p> <p>3.4. Marketing mix is monitored and continual adjusted against marketing performance.</p>
4. Manage Human Resources	<p>4.1. Human resource rules, regulations law and procedures are identified and determined.</p> <p>4.2. The existing human resource is audited, and gaps are identified.</p> <p>4.3. Recruitment and selection are conducted based on the organizational requirements.</p> <p>4.4. Selected candidates are oriented and placed for the appropriate position.</p> <p>4.5. Appraisal of employees' performance is conducted.</p> <p>4.6. Appraisal result is used for training and development, promotion, compensation, disciplinary measures and other purposes as required.</p> <p>4.7. Employee relations are maintained.</p>
5. Manage production and Operation	<p>5.1. Production /operation plan is developed and implemented.</p> <p>5.2. Required inputs are purchased and adequate inventories maintained.</p> <p>5.3. Production /operation process is checked and controlled.</p> <p>5.4. Quality control is applied and maintained.</p>
6. Maintain financial records and use for decision making	<p>6.1. The objective and benefits of financial records are discussed and understood.</p> <p>6.2. Asset, liabilities and capital are identified and recorded.</p> <p>6.3. Balance sheet and different journals are discussed.</p> <p>6.4. Business transactions are discussed, analyzed, classified and recorded.</p> <p>6.5. Daily financial records are maintained correctly in accordance with legal and accounting requirements.</p>

	<p>6.6. Invoices and payments are prepared and distributed in timely manner and in accordance with legal requirements.</p> <p>6.7. Outstanding accounts are collected or followed-up.</p> <p>6.8. Revenue, expense and costs are identified and discussed.</p> <p>6.9. Different ledgers and subsidiary ledgers are discussed and maintained.</p> <p>6.10. Profit and loss report is prepared.</p> <p>6.11. Financial interpretation is conducted with assistant from the appropriate person.</p> <p>6.12. Financial manual is prepared.</p>
7. Monitor, Manage and Evaluate work performance	<p>7.1. People, resources and/or equipment are coordinated to provide optimum results.</p> <p>7.2. Staff, clients and/or contractors are communicated within a clear and regular manner, to monitor work in relation to business goals or timelines.</p> <p>7.3. Problem solving techniques are applied to work situations to overcome difficulties and achieve positive outcomes.</p> <p>7.4. Opportunities for improvements are monitored according to business demands.</p> <p>7.5. Work schedules are adjusted to incorporate necessary modifications to existing work and routines or changing needs and requirements.</p> <p>7.6. Proposed changes are clearly communicated and recorded to aid in future planning and evaluation.</p> <p>7.7. Relevant codes of practice are used to guide an ethical approach to workplace practices and decisions.</p>

Variable	Range
Major components of work plan	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Objective • Responsibilities • Resources (human, materials, finance, time, etc) • Activities
Resources	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Human resource • Money • Time • Machines • Equipment and Space

Time management strategies	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Prioritizing and anticipating • Short term and long term planning and scheduling • Creating a positive and organized work environment • Clear timelines and goal setting that is regularly reviewed and adjusted as necessary • Breaking large tasks into smaller tasks • Getting additional support if identified and necessary
Internal and external sources	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Staff and colleagues • Management, supervisors, advisors or head office • Relevant professionals such as lawyers, accountants, management consultants • Professional associations
Human resource rules , regulations law and procedures	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Recruitment and selection • Orientation and placement • Training and development • Performance appraisal and reward system • Disciplinary procedures • Movement and separation • Industrial relation
Employee relations	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Relationship within employees • Relationship among employees and management and labor union • Relationship between labor union and government
Business goals	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Sales targets • Budgetary targets • Team and individual goals • Production targets and Reporting deadlines
Problem solving techniques	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Brainstorming • Fish bone • Focus group discussion and Problem tree

Evidence Guide

Critical Aspects of Competence	<p>A person must be able to demonstrate:</p> <ul style="list-style-type: none"> • Ability to identify daily work requirements and allocate work appropriately • Ability to interpret financial documents in accordance with legal requirements • The ability to prepare strategic plan • The ability to develop effective work habit • The ability to manage marketing of MSEs
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	<ul style="list-style-type: none"> • The ability to manage human resources of MSEs • the ability to manage production/operation of MSEs • The ability to maintain financial records of MSEs • The ability to manage, monitor and evaluate work performance of MSMEs
Underpinning Knowledge and Attitudes	<p>Demonstrate knowledge of:</p> <ul style="list-style-type: none"> • Strategic plan • Working culture • Time management strategy • Marketing Mix • Relevant marketing, operation/production, human resource and financial management • Human resource functions • Production/operation functions • Monitoring and evaluation • Problem solving techniques • Federal and Local Government legislative requirements affecting business operations, especially in regard to OHS, equal employment opportunity, industrial relations and anti-discrimination • Relevant industry code of practice • Planning techniques to establish realistic timelines and priorities • Identification of relevant performance measures • Quality assurance principles and methods
Underpinning Skills	<p>Demonstrate skills in:</p> <ul style="list-style-type: none"> • Technical or specialist skills relevant to the business operation • Interpret legal requirements, company policies and procedures and immediate, day-to-day demands • Strategic planning skills • Human relation skills • Communicate using questioning, clarifying, reporting, and giving and receiving constructive feedback • Numeracy skills for performance information, setting targets and interpreting financial documents and reports • Technical skills to interpret business document, reports and financial statements and projections • Relate to people from a range of social, cultural and ethnic backgrounds and physical and mental abilities • Solve problem and develop contingency plans • Using computers and software packages to record and manage data and to produce reports • Evaluate using assessment work and outcomes • Observe for identifying appropriate people, resources and to monitor work

Resource Implications	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 Service Level IV	
Unit Title	Apply Problem Solving Techniques and Tools
Unit Code	HLT HES4 16 0118
Unit Descriptor	This unit of competency covers the knowledge, skills and attitude required to apply scientific problem solving techniques and tools to enhance quality, productivity and other kaizen Element on continual basis.

Elements	Performance criteria
1. Identify and select theme/problem.	<p>1.1. Safety requirements are followed in accordance with safety plans and procedures.</p> <p>1.2. All possible problems related to the process /Kaizen Element are listed using statistical tools and techniques.</p> <p>1.3. All possible problems related to kaizen Element are identified and listed on Visual Management Board/Kaizen Board.</p> <p>1.4. Problems are classified based on obviousness of cause and action.</p> <p>1.5. Critical factors like the number of customers affected, Potentials for bottlenecks, and number of complaints etc... is selected.</p> <p>1.6. Problems related to priorities of Kaizen Element are given due emphasis and selected.</p>
2. Grasp current status and set goal.	<p>2.1. The extent of the problem is defined.</p> <p>2.2. Appropriate and achievable goal is set.</p>
3. Establish activity plan.	<p>3.1. The problem is confirmed.</p> <p>3.2. High priority problem is selected.</p> <p>3.3. The extent of the problem is defined.</p> <p>3.4. Activity plan is established as per 5W1H.</p>
4. Analyze causes of a problem.	<p>4.1. All possible causes of a problem are listed.</p> <p>4.2. Cause relationships are analyzed using 4M1E.</p> <p>4.3. Causes of the problems are identified.</p> <p>4.4. Root causes are selected.</p> <p>4.5. The root cause which is most directly related to the problem is selected.</p> <p>4.6. All possible ways are listed using creative idea generation to eliminate the most critical root cause.</p> <p>4.7. The suggested solutions are carefully tested and evaluated for potential complications.</p>

	4.8. Detailed summaries of the action plan are prepared to implement the suggested solution.
5. Examine countermeasures and their implementation.	5.1. Action plan is implemented by medium KPT members. 5.2. Implementation is monitored according to the agreed procedure and activities are checked with preset plan.
6. Assess effectiveness of the solution.	6.1. Tangible and intangible results are identified. 6.2. The results are verified over time. 6.3. Tangible results are compared with targets using various types of diagram .
7. Standardize and sustain operation.	7.1. If the goal is achieved, the new procedures are standardized and made part of daily activities. 7.2. All employees are trained on the new Standard Operating Procedures (SOPs) . 7.3. SOP is verified and followed by all employees. 7.4. The next problem is selected to be tackled by the team.

Variable	Range
Safety requirements	May include, but not limited to: <ul style="list-style-type: none"> • OHS requirements include legislation, material safety, managements system, hazardous substances and dangerous goods code and local safe operating procedures • Work is carried out in accordance with legislative obligations, environmental legislations, relevant health regulation, manual handling procedure and organization insurance requirements
Statistical tools and techniques	May include, but not limited to: <ul style="list-style-type: none"> • 7 QC tools May include, but not limited to: <ul style="list-style-type: none"> ➢ Stratification ➢ Pareto Diagram ➢ Cause and Effect Diagram ➢ Check Sheet ➢ Control Chart/Graph ➢ Histogram and Scatter Diagram • QC techniques May include, but not limited to: <ul style="list-style-type: none"> ➢ Brain storming ➢ Why analysis ➢ What if analysis and 5W1H
Kaizen Elements	May include, but not limited to: <ul style="list-style-type: none"> • Quality • Cost • Productivity • Delivery

	<ul style="list-style-type: none"> • Safety • Moral • Environment and Gender equality
5W1H	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Who: person in charge • Why: objective • What: item to be implemented • Where: location • When: time frame • How: method
4M1E	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Man • Machine • Method • Material and Environment
Creative idea generation	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Brainstorming • Exploring and examining ideas in varied ways • Elaborating and extrapolating • Conceptualizing
Medium KPT	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • 5S • 4M (Machine, Method, Material and Man) • 4p (Policy, Procedures, People and Plant) • PDCA cycle • Basics of IE tools and techniques
Tangible and intangible results	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Tangible result may include quantifiable data • Intangible result may include qualitative data
Various types of diagram	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • Line graph • Bar graph • Pie-chart • Scatter and Affinity diagrams
Standard Operating Procedures (SOPs)	<p>May include, but not limited to:</p> <ul style="list-style-type: none"> • The customer demand • The most efficient work routine (steps) • The cycle times required to complete work elements • All process quality checks required to minimize defects/errors • The exact amount of work in process required

Evidence Guide

Critical Aspects of Assessment	<p>Demonstrates skills and knowledge competencies to:</p> <ul style="list-style-type: none"> • Apply all relevant procedures and regulatory requirements to ensure quality and productivity of an organization.
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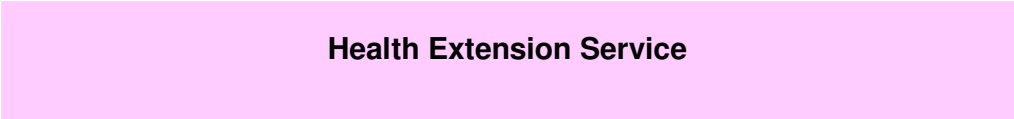
	<ul style="list-style-type: none"> • Detect non-conforming products/services in the work area • Apply effective problem solving approaches/strategies. • Implement and monitor improved practices and procedures • Apply statistical quality control tools and techniques.
Underpinning Knowledge and Attitude	<p>Demonstrates knowledge of:</p> <ul style="list-style-type: none"> • QC story/PDCA cycle/ • QC story/ Problem solving steps • QCC techniques • 7 QC tools • Basic IE tools and techniques. • SOP • Quality requirements associated with the individual's job function and/or work area • Workplace procedures associated with the candidate's regular technical duties • Relevant health, safety and environment requirements • organizational structure of the enterprise • Lines of communication • Methods of making/recommending improvements. • Reporting procedures
Underpinning Skills	<p>Demonstrates skills to:</p> <ul style="list-style-type: none"> • Apply problem solving techniques and tools • Apply statistical analysis tools • Apply Visual Management Board/Kaizen Board. • Detect non-conforming products or services in the work area • Document and report information about quality, productivity and other kaizen elements. • Contribute effectively within a team to recognize and recommend improvements in quality, productivity and other kaizen elements. • Implement and monitor improved practices and procedures. • Organize and prioritize activities and items. • Read and interpret documents describing procedures • Record activities and results against templates and other prescribed formats.
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
Sub-Sector: Health Extension Service

Level IV



Level III



Acknowledgement

We wish to extend thanks and appreciation to the Ministry of Health, partners, academic and government agencies that took vital role and donated their expertise and resource for the revision of this occupational standard.

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This occupational standard was revised in December 2017 at Bishoftu, Ethiopia.

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