

# 64697 - Further Education and Training Certificate: Community Health Work 156 Credits NQF Level 4

## PURPOSE AND RATIONALE OF THE QUALIFICATION

### Purpose:

This Qualification is for any individual who is, or wishes to be, involved in Ancillary Health Care services. A learner who has achieved this qualification will integrate a range of awareness and competences to practice the roles of health promoter, health provider and health networker within a community development context.

Learners working towards this Qualification will find that the acquisition of competence in the Unit Standards, which make up the Qualification, will add value to their work performance. This Qualification is intended to enhance the provision of entry-level service within the field of health care within all sectors.

Learners who complete this qualification will have better self and social awareness and will possess a range of thinking and problem-solving skills. In addition, they will possess the competence required to perform community health functions in a complex developing world context. They will have the skills required for employment by a range of government and social sector employers, will be in possession of a further education and training certificate and will be eligible for certain credit recognition in various higher education health qualifications.

Qualified learners in this field will provide a service that will assist communities to better manage their own health and wellness. They will have the skills to work as team members and as providers of support services within a multidisciplinary health care team.

In addition, recipients will be able to perform some of the following according to their choice of electives:

Facilitate and administrate community health activities/centre via supervision of a team of health care workers.

Provide community health care.

Provide care for persons with intellectual and physical disabilities.

Assist in planning advocacy campaigns to support primary health care initiatives.

Assist in facilitating and implementing primary health care projects within the community.

Engage in inclusive communication with the Deaf in South Africa.

Practitioners will generally carry out their roles within the context of:

> The client's home.

> A community care centre.

> The broader community.

### Rationale:

The South African Government is committed to combining the national human resource development strategy with the rapid upgrading of service delivery to all of the nation's communities.

An integral part of this strategy is initiatives to strengthen communities' abilities to empower themselves to participate in the political, economic, social and development spheres of South African life. Two key components in this empowerment are communities' abilities to integrate with and access state services, and their ability to further the health and wellness of community members.

There is no doubt from the international experience of Community Health Workers (CHW) that they play a role in improving basic health status of communities. In South Africa, the important supportive role of CHWs in the provision of health care services has been extensively documented. This contribution is further exemplified in those parts of the country where there is a shortage of professional health workers to provide the necessary health care services based on identified needs.

The Department of Health is leading the implementation of a multi-professional team-based approach to health care delivery, where each member of the team has a defined role to ensure that there is no duplication and overlapping of functions.

Since Ancillary Health Care workers are found throughout the country - from established urban areas to scattered farms and deep rural areas - the type of learner to enter for this qualification is equally varied. The first level qualification in the bouquet is at NQF Level 1, ABET Level 4 and the last qualification is the FETC: Community Health Work at NQF Level 4. As a result, learners will vary in age, in background and in level of formal schooling. The common denominator is the desire to help their fellow beings.

### LEARNING ASSUMED TO BE IN PLACE AND RECOGNITION OF PRIOR LEARNING

Mathematical Literacy at NQF Level 3.

Communication at NQF Level 3.

The Unit Standard ID 254222: Demonstrate stress management as a self-help tool at NQF Level 3.

Computer Literacy at NQF Level 3 is strongly recommended.

### Recognition of Prior Learning:

The structure of this Unit Standards' based Qualification makes the Recognition of Prior Learning (RPL) possible. RPL will be done by means of an Integrated Assessment during which the learner should be able to demonstrate competence in the knowledge, skills, values and attitudes implicit in this Qualification.

RPL may allow for accelerated access to further learning. All RPL is subject to quality assurance by the relevant accredited Education and Training Quality Assurance Body (ETQA) or ETQA that has a Memorandum of Understanding in place with the relevant ETQA. RPL is conducted by a registered assessor who is accredited by the relevant ETQA or ETQA that has a Memorandum of Understanding in place with the relevant ETQA.

### Access to the Qualification:

Access to this Qualification is open, bearing in mind the conditions of the Learning Assumed to be in Place. It is preferable, however, for the learner to have completed 12 formal years of schooling or equivalent vocational qualifications.

## RECOGNISE PREVIOUS LEARNING?

Y

## QUALIFICATION RULES

The Qualification consists of a Fundamental, a Core and an Elective Component.

To be awarded the Qualification, learners are required to obtain a minimum of 156 credits as detailed below.

Fundamental Component:

The Fundamental Component consists of Unit Standards in:

Mathematical Literacy at NQF Level 4 to the value of 16 credits.

Communication at NQF Level 4 in a First South African Language to the value of 20 credits.

Communication in a Second South African Language at NQF Level 3 to the value of 20 credits.

It is compulsory therefore for learners to do Communication in two different South African languages, one at NQF Level 4 and the other at NQF Level 3.

All Unit Standards in the Fundamental Component are compulsory.

Core Component:

The Core Component consists of Unit Standards to the value of 84 credits, all of which are compulsory.

The Unit standards in the Core Component will equip the learner with the essential skills and knowledge required to effectively perform the Ancillary Health Care function. The Core Unit Standards consist of competencies relevant to managing individual and team performance to achieve health care objectives, examining the effects of fatigue in the workplace, assisting with the facilitation and implementation of primary health care projects within a community, including conducting a needs assessment and advocating campaigns to support these projects.

Elective Component:

The Elective Component consists of several Unit Standards. Learners are to choose a combination of Unit Standards to the minimum value of 16 credits.

## EXIT LEVEL OUTCOMES

1. Assist in planning and implementing promotion programmes for Health Care within communities.

2. Assist in the facilitation and implementation of primary health care projects within the community.

3. Achieve ancillary health care objectives within own community/work context.

Critical Crossfield Outcomes:

Identify and solve problems related to community health work for the supervision and administration of community health projects in relation to community needs. Work effectively with others as a member of a team, group, organisation or community to promote primary health care in the community and with all stakeholders that affect the success of community health projects.

Organise and manage oneself and one's activities responsibly to ensure proactive supervision of own local health care projects.

Collect, organise and critically evaluate information relating to the health care industry, legislation, structures and processes that affect primary health care, in order to ensure that community needs' assessments are conducted effectively, and the community health projects are planned effectively.

Communicate effectively using visual, mathematics and language skills in the modes of oral and/or written persuasion to engage stakeholders and promote primary health care within the community and with external stakeholders, colleagues and managers that may impact the success of the health care projects within own work context.

Use science and technology effectively and critically showing responsibility towards the environment and the health of others in order to effectively manage the primary health care function within own local context and to engage with relevant stakeholders.

Demonstrate an understanding of the world as a set of related systems by recognising that problem-solving contexts relating to primary health care not exist in isolation and that a variety of external factors, including political, socio-economic, capacity, resources, budgets and community needs will affect how a community health project is planned and administrated.

In addition, this qualification contributes to the full personal development of each learner and the social and economic development of the society at large, by making it the underlying intention of any programme of learning to make the individual aware of the importance of:

Reflecting on and exploring a variety of strategies to learn more effectively in order to maximise the community health competences in other spheres of life and in other functions.

Being culturally and aesthetically sensitive across a range of social contexts in liaising with other stakeholders in the performance of his/her function in order to ensure community participation in health care.

Participating as a responsible citizen in the life of local, national and global communities by ensuring that health care projects are effective and overall community objectives are met proactively.

## ASSOCIATED ASSESSMENT CRITERIA

Associated Assessment Criteria for Exit Level Outcome 1:

1.1 Basic community needs assessments are conducted to determine priority health needs within the community.

1.2 An understanding of the Health Care system in South Africa is demonstrated with examples and in relation to own community priorities and objectives.

1.3 An understanding of the Primary Health Care approach is demonstrated in relation to own objectives to promote health care in own community.

1.4 An understanding of advocacy principles and processes are demonstrated in order to assist stakeholders in putting advocacy plans together.

1.5 Assistance is provided in the implementation, monitoring and evaluation of awareness campaigns arising from advocacy plans.

Associated Assessment Criteria for Exit Level Outcome 2:

2.1 Community needs assessments are evaluated to determine priority health care projects within the community.

2.2 Stakeholders are identified and engaged to ensure effective impact of Primary Health Care projects.

2.3 Health care projects are identified and planned in consultation with the community.

2.4 Health care projects are implemented in line with priority needs in own work context.

2.5 Health care projects are monitored and evaluated on an ongoing basis.

Associated Assessment Criteria for Exit Level Outcome 3:

- 3.1 Individual and team performance is managed on an ongoing basis according to objectives that need to be achieved.
- 3.2 Business plans are produced as a management tool to effectively manage health care projects within the community.
- 3.3 Targeted training and development is conducted amongst teams and with other community health workers to achieve objectives.
- 3.4 The effects of fatigue in the workplace are managed to ensure productive work teams.
- 3.5 Stress management techniques are demonstrated as a self-help tool for primary health care workers in order to ensure ongoing productivity in achieving health care objectives.
- 3.6 Occupational health and safety procedures are implemented and adhered to on an ongoing basis.

Integrated Assessment:

A variety of methods must be used in assessment and tools and activities must be appropriate to the context in which the learner is working. Where it is not possible to assess the learner in the workplace or on-the-job, simulations, case studies, role-plays and other similar techniques should be used to provide a context appropriate to the assessment.

Assessment should ensure that all specific outcomes, embedded knowledge and critical cross-field outcomes are evaluated. The assessment of the critical cross-field outcomes should be integrated with the assessment of specific outcomes and embedded knowledge.

#### INTERNATIONAL COMPARABILITY

There are no internationally recognised qualifications for Ancillary Health Care workers. This qualification, as an outcomes'-based education programme, is uniquely South African and is appropriate for the unique requirements in this country. It can be adapted to neighbouring (SADC) and other third-world countries. Other countries, affected by the global shortage in the health sector workforce, have responded with initiatives using Community Health Workers and have created facilitative training initiatives for them. However, much Ancillary Health training is reactive in response to regional needs rather than proactive, as this qualification attempts to be. Whilst the content of qualifications and skills programmes varies from country to country, based on current urgent needs, they are comparable in content and level. Common themes enable Community Health Workers to act as a bridge between the community and the health care system and deal directly with some simpler community-based problems.

The academic background and training of Community Health Workers vary widely in different regions. According to the World Health Organization, Community Health Workers should have a level of basic education that enables them to read, write, and do simple mathematical calculations.

Globally, Community Health Workers provide basic health services to many populations, including poor people from rural areas. However, their efficiency is limited by lack of knowledge and skill. Continuing medical education and training programmes should provide problem-oriented education, which would enable Community Health Workers to conduct programmes and provide primary health care.

Nepal, India, Bangladesh, Brazil, South East Asia:

Countries and continents using Community Health Workers include, but are not limited to, Nepal, India, Bangladesh, Brazil, South East Asia and Africa.

United States of America, Canada and the United Kingdom:

In some parts of the United States, Canada and the United Kingdom, in response to changing demographics and an influx of immigrants from diverse regions (Cambodia, Vietnam, and Thailand), ancillary health care programmes to and training for Community Health Workers have also been introduced.

United States of America:

The Minnesota Department of Health uses bilingual Community Health Workers to act as health guides or bridges between the health care system and patients in immigrant communities. Their roles include informal counselling, social support, and health education, enrolment in health insurance programs, advocacy, and referral and follow up services. Community Health Worker programmes have been found to be both cost effective and to improve health outcomes among minority and immigrant populations. Training programmes have been developed by the Healthcare Education Industry Partnership and the Blue Cross BlueShield Foundation and are presented at a number of institutions, e.g.

The Minneapolis Community & Technical College, which] provides a Community Health Worker Enhanced Role Certificate consisting of 17 Credits made up as follows:

- HCCC 1010 Behaviours for Success in Health Careers (0.50).
  - HCCC 1020 Communication in Healthcare (1.00).
  - HCCC 1030 Awareness and Sensitivity to Client Needs (0.50).
  - HCCC 1040 Respecting Client and Staff Diversity 0.50.
  - HCCC 1050 Healthcare Safety and Standard Precautions 0.50.
  - HCCC 1060 Legal Issues in Health Care 0.50.
  - HCCC 1070 Ethics 0.50.
  - HCCC 1080 Nursing Assistant Skill Set 2.00.
  - CMHW 1000 The Community Health Worker: Role, Advocacy and Outreach 3.00.
  - CMHW 1015 Organization and Resources: Community and Personal Strategies 2.00.
  - CMHW 1025 Teaching and Capacity Building 2.00.
  - CMHW 1035 The Community Health Worker: Legal and Ethical Responsibilities 1.00.
  - CMHW 1045 Community Health Worker Coordination, Documentation and Reporting 1.00.
  - CMHW 1055 Communication Skills and Cultural Competence 2.00.
- Other states with diversity issues utilising such programmes include Texas and California.

#### Project based training:

In much of Africa, Ancillary Health Care workers are trained as part of international aid projects.

#### Kenya:

The community-based HIV/AIDS Prevention and Support Project used and trained Community Health Workers using a 'cascading' method. A group of 250 master trainers trained larger groups of trainers who trained even larger groups of Community Health Workers and HIV/AIDS counsellors in community home-based care. Through this process almost 1,500 Community Health Workers were trained and provided continuing support to over 71,000 primary care givers.

Community Health Workers taught primary caregivers simple nursing skills such as the proper way to turn a client, how to wash the client in bed, nutritional needs, proper storage of drugs and monitoring adherence, and the importance of encouragement and avoiding stress.

Community Health Workers also helped patients and their families identify resources such as food security and financial support provided by local community and faith-based organizations.

#### SADC:

An examination of the situation within the SADC region indicates that the region is aware of the needs that can be met by such programmes. However, South Africa seems to be taking the lead in this regard and there is little comparative literature available on existing SADC programmes.

#### Conclusion:

On the whole the Further Education and Training Certificate: Community Health Care compares more than favourably with the courses and/or programmes in Community Health Work offered internationally. It is much more comprehensive and intensive than most programmes offered or accredited by organisations and/or institutions abroad.

This qualification, as an outcomes'-based education programme, is unique to South Africa and is appropriate for the specific requirements of this country in terms of holistic and comprehensive health care and delivery. This qualification can be adapted to individual sub-Saharan countries and more especially, the SADC region countries, as well as all other countries with similar health provision services.

#### ARTICULATION OPTIONS

This Qualification articulates horizontally with:

ID 62589: Further Education and Training Certificate: Pharmacist Assistance, NQF Level 4.

ID 50019: Further Education and Training Certificate: Nursing, NQF Level 4.

ID 58396: Further Education and Training Certificate: Community Development: HIV/AIDS Support, NQF Level 4.

It articulates vertically with:

ID 63969: National Certificate: Pharmaceutical Sales Representation, NQF Level 5.

National Certificate: Business Studies: Medical Secretary, NQF Level 5.

ID 59236: National Diploma: Nursing, NQF Level 5.