

64749 - National Certificate: Community Health Work

140 Credits NQF Level 2

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 basic awareness and competences to perform the roles of health promoter, assistant or health provider and assist the health networker within a community development context.

The Qualification will facilitate access to and mobility and progression within education and training for learners who were previously disadvantaged or who were unable to complete their schooling and were therefore denied access to Further Education and Training. It will also assist those who have worked in this field for many years, but have no formal recognition of knowledge and skills that they have acquired non-formally but would like to achieve this recognition through the process of Recognition of Prior Learning (RPL) and/or formal study.

Learners who complete this Qualification will have better self and social awareness and will possess a wider range of skills to better understand and function in the ancillary health care field in various community contexts. Learners successfully completing this Qualification will provide a service that will assist communities to better manage their own health and wellness. They will have the skills to support team members and assist in the provision of support services within a multi-disciplinary health care team. Practitioners will generally carry out their roles within the context of the client's home, a community care centre and/or the broader community.

Learners successfully completing this Qualification will be capable of:

Communicating in a variety of ways by assisting in the provision and implementation of primary health care within a community.

Creating awareness on critical health care issues within a community.

Performing health care activities.

Managing self-development and implementing fundamental administrative, physical and life skills to ensure ongoing well-being and work productivity.

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, and 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 the 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.

This Qualification 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 assisting in various spheres of health care projects to achieve health care objectives, examining the effects of fatigue in the workplace, understanding and applying the principles of primary health care to projects within a community, including participating in health promotion activities, providing information about HIV and AIDS and treatment options, providing information about Tuberculosis, first aid procedures. Further the learner will assist in the establishment of good nutrition programmes and assist the community in accessing services according to their health-related human rights.

LEARNING ASSUMED TO BE IN PLACE AND RECOGNITION OF PRIOR LEARNING

Mathematical Literacy at NQF Level 1, ABET Level 4.

Communication at NQF Level 1, ABET Level 4.

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.

RECOGNISE PREVIOUS LEARNING?

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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 140 credits as detailed below:

Fundamental Component:

The Fundamental Component consists of Unit Standards in:

Mathematical Literacy at NQF Level 2 to the value of 16 credits.

Communication at NQF Level 2 in a First South African Language to the value of 20 credits.

All Unit Standards in the Fundamental Component are compulsory.

Core Component:

The Core Component consists of Unit Standards to the value of 88 credits, all of which are compulsory.

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. Communicate in a variety of ways by assisting in the provision and implementation of primary health care within a community.

2. Create awareness on critical health care issues within a community.

Note: The language medium of the community is used throughout.

3. Perform health care activities.

4. Manage self-development and implement fundamental administrative, physical and life skills to ensure ongoing well-being and work productivity.

Critical Cross-field Outcomes:

Identify and solve problems related to community health work in order to effectively assist in the implementation of health care projects in a community.

Work effectively with others as a member of a team, group, organisation or community to generate awareness and knowledge of health care issues, treatments and options within a community.

Organise and manage oneself and one's activities responsibly to ensure own wellbeing and productivity in order to effectively administer and assist in the implementation of health care projects within own work context.

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 effective assistance is provided in implementing health care projects and also to ensure that correct knowledge is imparted to community and thus successful awareness created in relation to health related human rights.

Communicate effectively using visual, mathematics and language skills in the modes of oral and/or written persuasion to interact with community, colleagues, supervisors and any other stakeholders that affect the implementation of community health care projects.

Use science and technology effectively and critically showing responsibility towards the environment and the health of others in order to effectively administer, record and report data relating to own contributions and functions in health care projects.

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.

ASSOCIATED ASSESSMENT CRITERIA

Associated Assessment Criteria for Exit Level Outcome 1:

1.1 Discussions on basic community needs are held in the language spoken in the community to identify priority health care needs within that community.

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

1.3 Participation and assistance is provided in the facilitation of health promotion activities with information provided in the language medium of that community.

1.4 Advice is given to communities and individuals on primary health care issues.

Associated Assessment Criteria for Exit Level Outcome 2:

2.1 Assistance is provided in the facilitation of the prevention of fatigue in everyday life.

2.2 Information is provided regarding HIV and AIDS and treatment options in community care and support situations.

2.3 Information is provided regarding Tuberculosis and directly observed treatment (DOTS).

2.4 Information is provided regarding the concept of and access to good nutrition.

2.5 Information and assistance are provided to community members to assist them to access services in accordance with their health-related human and social rights.

Associated Assessment Criteria for Exit Level Outcome 3:

3.1 Assistance is provided in the establishment of good nutrition through the establishment of communal and individual food gardens and the communal exchange of nutrition resources.

3.2 The care of acute and chronic wounds is managed on a need's basis.

3.3 Basic life support and/or first aid procedures are practiced regularly so that individuals are able to react appropriately in actual emergency situations.

Associated Assessment Criteria for Exit Level Outcome 4:

- 4.1 Musculoskeletal injuries are controlled to reduce their occurrence during lifting and carrying activities.
- 4.2 The causes of stress in own life are identified and managed to prevent health breakdown.
- 4.3 Life skills are applied to self to improve own quality of life - personally and at work.

Integrated Assessment:

Because assessment practices must be open, transparent, fair, valid, and reliable and ensure that no learner is disadvantaged in any way whatsoever, an integrated assessment approach is incorporated into the Qualification.

Learning, teaching and assessment are inextricably linked. Whenever possible, the assessment of knowledge, skills, attitudes and values shown in the unit standards should be integrated. Assessment of language, and mathematical skills should be contextualised in conjunction with other aspects.

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 is uniquely South African and is appropriate for the unique requirements in this country. It can be adapted for use in neighbouring Southern African Development Community (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 a large number of 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.

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

In the USA, 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 programmes, advocacy, and referral and follow up services. Community Health Worker programmes has been found to be cost effective and to improve health outcomes among minority and immigrant populations. Training programmes developed by the Healthcare Education Industry Partnership and the Blue Cross BlueShield Foundation are presented at a number of institutions, such as. The Minneapolis Community and Technical College, which provides a Community Health Worker Enhanced Role Certificate consisting of 17 Credits made up as follows:

Course No; Course Name; Credits:

HCCC 1010; Behaviours for Success in Health Careers; 0.50 Credits.

HCCC 1020; Communication in Healthcare; 1.00 Credits.

HCCC 1030; Awareness and Sensitivity to Client Needs; 0.50 Credits.

HCCC 1040; Respecting Client and Staff Diversity; 0.50 Credits.

HCCC 1050; Healthcare Safety and Standard Precautions; 0.50 Credits.

HCCC 1060; Legal Issues in Health Care; 0.50 Credits.

HCCC 1070; Ethics; 0.50 Credits.

HCCC 1080; Nursing Assistant Skill Set; 2.00 Credits.

CMHW 1000; The Community Health Worker: Role, Advocacy and Outreach; 3.00 Credits.

CMHW 1015; Organization and Resources: Community and Personal Strategies; 2.00 Credits.

CMHW 1025; Teaching and Capacity Building; 2.00 Credits.

CMHW 1035; The Community Health Worker: Legal and Ethical Responsibilities; 1.00 Credits.

CMHW 1045; Community Health Worker Coordination, Documentation and Reporting; 1.00 Credits.

CMHW 1055; Communication Skills and Cultural Competence; 2.00 Credits.

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 patient, how to wash the patient 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:

Overall, the NC: Community Health Work 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. This qualification is also unique in its fundamental focus and foundational philosophy in establishing ancillary health care as a learning pathway. Whilst there are many programmes that are bundled internationally under other more general programmes, the focus in this qualification is unique in that it is streamlined for the ancillary health care worker at a foundational level.

ARTICULATION OPTIONS

There are no currently registered qualifications with which this qualification can articulate horizontally.

The Qualification articulates vertically with the:

ID 64769: National Certificate: Community Health Work, NQF Level 3.

ID 49993: National Certificate: Auxilliary Nursing, NQF Level 3.