

No. 1246

2 November 2004

SOUTH AFRICAN QUALIFICATIONS AUTHORITY (SAQA)

In accordance with regulation 24(c) of the National Standards Bodies Regulations of 28 March 1998, the Standards Generating Body (**SGB**) for

Ancillary Health Care

Registered by NSB 09, Health Sciences and Social Services, publishes the following qualifications and unit standards for public comment.

This notice contains the titles, fields, subfields, NQF levels, credits, and purpose of the qualification and unit standards. The full qualification and unit standards can be accessed via the **SAQA** web-site at www.saqg.org.za. Copies may also be obtained from the Directorate of Standards Setting and Development at the SAQA offices, 1067 Arcadia Street, Hatfield Forum West, Hatfield.

Comment on the unit standards should reach SAQA at the address below and no later than **28 November 2004**. All correspondence should be marked Standards Setting - **SGB** Ancillary Health Care and addressed to

The Director: Standards Setting and Development
SAQA

Attention: Mr. D Mphuthing

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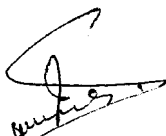
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JOE SAMUELS

DIRECTOR: STANDARDS SETTING AND DEVELOPMENT

National Certificate in Community Health Work – Level 3

Field: Health Sciences and Social Services

Sub-field: Promotive Health and Developmental Services

Level: 3

Credits: 120

Rationale for the qualification:

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.

Integral to this strategy are 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 abilities 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 vital 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 healthcare 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. This process will also ensure that no single member of the team dominates but that different members of the team will lead at different times depending on the services to be rendered.

Purpose of the qualification:

A learner who has achieved this qualification will integrate a range of awareness and competencies to practice the roles of health promoter, health provider and health networker within a community development context.

Learners who complete this qualification will have a 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 health, social and other sector employers, will be in possession of a recognised qualification and may be eligible for certain credit recognition in various higher education 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 a team member and as a provider of support services within a multidisciplinary health care team.

Recipients of this qualification are able to:

- Communicate in a variety of ways
- Use mathematics in real life situations
- Use a personal computer in the workplace
- Apply life skills to real situations
- Provide support to parents, children and the elderly
- Provide support to community members

In addition, recipients may elect to specialise in the following field:

- Provide support to people with disabilities (PWDs)

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

- the client's home
- a community care centre
- the broader community

Access to the qualification:

This qualification is open to anyone with access to learning opportunities and work experience in the areas reflected in the exit level outcomes and unit standards. It is advisable that candidates should already have addressed the areas reflected under "learning assumptions" before embarking on learning towards this qualification, although the exact starting point depends on the available resources for learning.

Learning assumptions:

This qualification forms part of a progressive route in ancillary health care and learners starting to learn towards this qualification are assumed to be able to provide home based care, and will require the following competencies:

- Communication at NQF level 2
- Mathematical Literacy at NQF level 2
- Ability to undertake independent learning

Articulation possibilities:

This qualification has been designed and structured so that qualifying learners can move from one context to another. It builds on the National Certificate in Fundamental Ancillary Health Care (Level 2) and acts as a springboard from which learners may progress to other qualifications at level 4 or 5 in related health, development and social care fields.

Structure of the qualification:

The qualification has the following general structure:

The rationale and purpose provides, among other things, a broad description of what holders of the qualification can do. The qualification is further defined by means of a number of Exit Level Outcomes. These ELOs provide a means for candidates to exit the qualification with recognition for clusters of competencies, even if they do not achieve the whole qualification. The ELOs also provide a means to organise the unit standards into coherent clusters, thus facilitating integrated assessment.

Each ELO is further defined by means of the associated unit standards. Some of these unit standards may be indicated as CORE (compulsory), while others may be identified as ELECTIVES, with rules of combination provided.

Assessment criteria are provided for each ELO where required, mainly to address the need for evidence of integration of competencies.

Each unit standard contains details of specific outcomes, range statements and assessment criteria, thus making it possible for assessors to judge competence in terms of each unit standard, while at the same time providing possible evidence of integration of competencies.

Qualification Rationale and Purpose								
ELO 1			ELO 2		ELO 3 etc			
US (C)	US (E)	US (E)	US (C)	US (E)	US (C)	US (C)	US (E)	US (E)
For each unit standard: specific outcomes range statements assessment criteria								

Exit level outcomes:

Exit Level Outcome		Possible credits		
		F*	C*	E*
1.	Communicate in a variety of ways	20		
2.	Use mathematics in real life situations	16		
3.	Use a personal computer in the workplace	10		
A	Apply life skills to real situations		10	16
5.	Provide support to parents, children and the elderly		14	22
6.	Provide support to community members		28	5
7.	Provide support to disabled people			39
TOTALS		46	52	82
Credits required		46	52	22

* **Note:** F = Fundamentals; C = Core; E = Elective

Rules of combination:**FUNDAMENTAL***Communication*

Candidates are required to achieve all **20 credits** for Communications from the available credits.

Mathematical Literacy

Candidates are required to demonstrate achievement of the **16 credits** for Mathematics unit standards within the context of healthcare provision.

Note: Mathematical Literacy is defined as the ability to apply basic mathematics within a variety of real life contexts.

Computer practice

Candidates are required to achieve all **10 credits** for Communications from the available credits.

CORE:

Candidates must achieve all **52 CORE** credits listed in Exit Level Outcomes

ELECTIVE:

Candidates must achieve at least **22 credits** of their choice from any of the available ELECTIVE credits in Exit Level Outcomes. In order to achieve an Exit Level Outcome, candidates must achieve all of the credits for that ELO.

Associated unit standards:**Exit Level Outcome 1: Communicate in a variety of ways**

	NLRD No.	Unit Standard Title	Level	Credits
FUNDAMENTAL	8973	Use language and communication in occupational learning programmes	3	5
	8969	Interpret and use information from texts	3	5
	8968	Accommodate audience and context needs in oral communication	3	5
	8970	Write texts for a range of communicative contexts	3	5

Exit Level Outcome 2: Use mathematics in real life situations

	NLRD No.	Unit Standard Title	Level	Credits
FUNDAMENTAL	9012	Investigate life and work related problems using data and probability	3	5
	14106	Demonstrate understanding of real and imaginary numbers and real number systems	3	2
	9013	Describe, apply, analyse and calculate shape and motion in 2- and 3-dimensional space in different contexts	3	4
	7455	Identify and work with simple forms of complex numbers	3	1
	7460	Use structured models to describe, represent and analyse shape and motion in 2- and 3-dimensional space	3	4

Exit Level Outcome 3: Use a personal computer in the workplace

	NLRD No.	Unit Standard Title	Level	Credits
FUNDAMENTAL	7570	Produce word processing documents for business	3	5
	7567	Produce and use spreadsheets for business	3	5

Exit Level Outcome 4: Apply life skills to real situations

	NLRD No.	Unit Standard Title	Level	Credits
CORE	114942	Describe how to manage reactions arising from a traumatic event	3	2
	114952	Apply problem solving techniques to make a decision or solve a problem in a real life context	3	2
	114950	Apply ways of leading in different situations	2	3
	14920	Participate in groups and / or teams to recommend solutions to problems	4	3
ELECTIVE	9926	Coach learners	3	10
		Develop and implement a client ARV treatment plan	4	6

Exit Level Outcome 5: Provide support to parents, children and the elderly

	NLRD No.	Unit Standard Title	Level	Credits
CORE		Identify and support the abused child	4	6
		Identify children with disabilities in the community	3	8
ELECTIVE		Educate and support parents in childcare	4	12
		Provide support and care to an elderly person	4	10

Exit Level Outcome 6: Provide support to community members				
	NLRD No.	Unit Standard Title	Level	Credits
CORE		Demonstrate knowledge of the provision and implementation of primary health care in the community	4	10
		Implement Health Promotion in the community	4	8
		Provide information about HIV/AIDS and treatment options in community care and support situations	3	6
	12352	Demonstrate knowledge of the roles and responsibilities of a community committee	2	4
ELECTIVE	114937	Explain and apply ways of contributing to community development	3	5

Exit Level Outcome 7: Promote optimal functioning of people with disabilities				
	NLRD No.	Unit Standard Title	Level	Credits
ELECTIVE		Promote optimal functioning of a person with a physical disability	4	21
		Facilitate the optimal functioning of the client with intellectual disability	4	18

Assessment criteria:

For award of the *whole* qualification, candidates must achieve the required number of credits as specified in the rules of combination indicated above, as well as the criteria specified for integrated assessment indicated below.

Should candidates exit the qualification *without completing the whole qualification*, recognition may be given for each Exit Level Outcome achieved. For award of a particular Exit Level Outcome, candidates must achieve:

- all the Core and Elective unit standards associated with the particular Exit Level Outcome as per the specifications contained within each unit standard, and
- the criteria specified for integrated assessment below.

Integrated assessment:

Assessment is not a single event but rather a structured process of gathering evidence and making judgements of the learners' performance in relation to the qualification. A range of formative and summative methods can be used in assessing learners, this may include:

- Written and oral tests/examinations
- Case studies and assignments
- Role play and simulation sessions
- Written reports/work plans
- Peer group review
- Feedback from clients

Assessment should be carried out at regular intervals as well as at the end of the periods of study and should be offered in an integrated way. It is envisaged that learners will work at more than one unit standard at a time.

Assessment will take place according to the detailed specifications indicated in the unit standards associated with each exit level outcome (see "associated unit standards" above).

Over and above the achievement of the specified unit standards, evidence of integration will be required as per the following broad criteria, all within the context of workplace activities.

Assessors should note that the evidence of integration (as below) could well be presented by candidates when being assessed against the unit standards – thus there should not necessarily be separate assessments for each unit standard and then further assessment for

integration. Well designed assessments should make it possible to gain evidence against each unit standard while at the same time gain evidence of integration.

Candidates must demonstrate the ability to engage in the operations selected in an integrative way, dealing with divergent and "random" demands related to these work operations, effectively. Evidence is required that the candidate is able to achieve the purpose of the qualification as a whole at the time of the award of the qualification. Integration of skills will be demonstrated through the achievement of the core operational standards.

Criteria for integrative assessment of generic competence includes:

Exit Level Outcome 1: Communicate in a variety of ways

- Oral communication is maintained and adapted as required to promote effective interaction in a work context.
- Information is accessed from standing instructions, visual information and a range of other workplace texts and responses where required are appropriate to the context.
- Written communication is clear and unambiguous and at an appropriate level for designated target audiences.

Exit level Outcome 2 Use mathematics in real life situations

- Mathematical functions are used correctly to solve routine workplace problems and tasks.
- Physical quantities are calculated and measured.
- Community statistics are calculated and reported.

Exit level Outcome 3 Use a personal computer in the workplace

- Word processing documents are produced
- Spreadsheets are produced

Exit level Outcome 4: Apply life skills to real situations

- Traumatic events are dealt with
- Individual and group problem solving techniques are applied to solve real problems
- Leadership ability is demonstrated

Exit level Outcome 5 Provide support to parents, children and the aged

- Parents are educated in childcare
- Abused children are identified and supported
- Children with disabilities are identified and referred
- Elderly people are supported and cared for

Exit level Outcome 6 Provide support to community members

- Primary health care is provided to communities
- Health promotion is conducted in the community
- The roles and responsibilities of a community committee are identified and explained
- Contributions to community development are identified

Exit level Outcome 7: Provide support to people with disabilities

- People with a physical disability are supported
- People with an intellectual disability are supported

Assessment principles:

Assessment should be in accordance with the following general and specific principles:

- The initial assessment activities should focus on gathering evidence in terms of the main outcomes expressed in the titles of the unit standards to ensure assessment is integrated rather than fragmented. Where assessment at title level is unmanageable, then the

assessment can focus on each specific outcome, or groups of specific outcomes. Take special note of the need for integrated assessment.

- Evidence must be gathered across the entire range specified in each unit standard, as applicable. Assessment activities should be as close to the real performance as possible, and where simulations or role-plays are used, there should be supporting evidence to prove that the candidate is able to perform in the real situation.
- All assessments should be conducted in accordance with the following universally accepted principles of assessment:
 - # use appropriate, fair and manageable methods that are integrated into real work-related or learning situations;
 - # judge evidence on the basis of its validity, currency, authenticity and sufficiency; and
 - # ensure assessment processes are systematic, open and consistent.

Recognition of prior learning:

This qualification can be achieved wholly or in part through recognition of prior learning in terms of the defined exit level outcomes and/or individual unit standards.

Evidence can be presented in various ways, including international and/or previous local qualifications, products, reports, testimonials mentioning functions performed, work records, portfolios, videos of practice and performance records.

All such evidence will be judged in accordance with the general principles of assessment described above and the requirements for integrated assessment.

Accreditation and Moderation:

1. Providers offering learning towards achievement of any of the unit standards that make up this qualification must be accredited through the HWSETA.
2. Internal moderation of assessment must take place at the point of assessment with external moderation or verification being provided by the HWSETA.

Registration of assessors:

Assessors registered with HWSETA must carry out the assessment of candidates for any of the unit standards that make up this qualification. The following criteria are specified for assessors of this qualification:

- Be a professional person
- Be suitably qualified at a minimum of NQF level 5
- Be experienced in the fields of primary health care and community development
- Have appropriate experience and understanding of assessment theory, processes and practices.
- Have good interpersonal skills and ability to balance the conflicting requirements of the interests of the learner, the provider and the employer.

Critical cross-field outcomes:

This qualification addresses the following critical cross-field outcomes, as detailed in the unit standards – See paragraph 5.1 above:

- a) Identifying and solving problems in which responses indicate that responsible decisions using critical and creative thinking have been made.
[ELO 2, ELO 4, ELO 5, ELO 6, ELO 7]
- b) Working effectively with others as a member of a team, group, organisation or community.
[ELO 5, ELO 6, ELO 7]
- c) Organising and managing oneself and one's activities responsibly and effectively.

- [ELO 4; ELO 5; ELO 6; ELO 7]
- d) Collecting, analysing, organising and critically evaluating information.
[ELO 3 ELO 4]
- e) Communicating effectively using visual, mathematical and/or language skills in the modes of oral/written persuasion.
[ELO 1; ELO 5; ELO 6 ELO 7]
- f) Using science and technology effectively and critically, showing responsibility towards the environment and health of others.
[ELO 3 ELO 7]
- g) Demonstrating and understanding of the world as a set of related systems by recognising that problem-solving contexts do not exist in isolation.
[ELO 4; ELO 5; ELO 6; ELO 7]

Learning programmes directed towards this qualification will also contribute to the full personal development of each learner and the social and economic development of society at large, by making individuals aware of the importance of:

- 1) Reflecting on and exploring a variety of strategies to learn more effectively.
- 2) Participating as responsible citizens in the life of local, national and global communities.
- 3) Being culturally and aesthetically sensitive across a range of social contexts.
- 4) Exploring education and career opportunities; and developing entrepreneurial opportunities.

International comparability:

This qualification is unique to South Africa and is appropriate for the unique requirements in this country as well as neighbouring (SADC) and other third-world countries.

Qualification Summary – National Certificate In Community Health Work – Level 3

Fundamental – 46 credits required			
NLRD	Title	Level	Credits
8973	Use language and communication in occupational learning programmes	3	5
8969	Interpret and use information from texts	3	5
8968	Accommodate audience and context needs in oral communication	3	5
8970	Write texts for a range of communicative contexts	3	5
9012	Investigate life and work related problems using data and probability	3	5
14106	Demonstrate understanding of real and imaginary numbers and real number systems	3	2
	Describe, apply, analyse and calculate shape and motion in 2- and 3-dimensional space in different contexts	3	4
	Identify and work with simple forms of complex numbers	3	1
	Use structured models to describe, represent and analyse shape and motion in 2- and 3-dimensional space	3	4
	Produce word processing documents for business	3	5
	Produce and use spreadsheets for business	3	5
	TOTAL Possible		46
Core – all 52 credits required			
NLRD	Title	Level	Credits
114942	Describe how to manage reactions arising from a traumatic event	3	2
114952	Apply problem solving techniques to make a decision or solve a problem in a real life context	3	2
114950	Apply ways of leading in different situations	2	3
14920	Participate in groups and / or teams to recommend solutions to problems	4	3
	Identify and support the abused child	4	6
	Demonstrate knowledge of the provision and implementation of primary health care in the community	4	10
	Implement Health Promotion in the community	4	8
	Provide information about HIV/AIDS and treatment options in community care and support situations	3	6
	Identify children with disabilities in the community	3	8
12352	Demonstrate knowledge of the roles and responsibilities of a community committee	2	4
TOTAL			52
Elective – any 22 credits required			
NLRD	Title	Level	Credits
114937	Explain and apply ways of contributing to community development	3	5
9926	Coach learners	3	10
	Promote optimal care and support of a person with a physical disability	4	21
17016	Display a critical understanding of the preventive measures to reduce the potential impact of disasters	3	16
	Educate and support parents in childcare	4	12
	Provide care and support to an elderly person	4	10
	Facilitate the optimal functioning of the client with intellectual disability	4	18
	Develop and implement a client ARV treatment plan	4	6
			22

UNIT STANDARD TITLE: Identify and support the abused child

LEVEL: 4**CREDITS: 6****FIELD: Health Science and Social Service****SUB-FIELD: Promotive Health and Developmental Services****PURPOSE OF THE UNIT STANDARD:**

This unit standard is for health workers who may come across abused children in the course of their work.

People credited with this unit standard are able to:

- Describe and identify the various forms and symptoms of child abuse:
- Facilitate disclosure and reporting of child abuse; and
- Provide support to the abused child.

LEARNING ASSUMED TO BE IN PLACE:

The credit calculation for this unit standard is based on the assumption that learners are already competent in terms of the following outcomes or areas of learning when starting to learn towards this unit standard:

- The ability to communicate in the language of the community

RANGE STATEMENTS:

For award of this unit standard, learners are required to identify the possibility of child abuse through observed cases at clinic level. Support is to be provided under supervision.

Assessment of this unit standard may include observed roleplay on facilitating disclosure, testimonies from co-workers who mentor the learner, and a portfolio of evidence which includes a case that has been assigned to the learner, with all the relevant documentation

SPECIFIC OUTCOMES AND ASSESSMENT CRITERIA**SPECIFIC OUTCOME 1:**

Describe and identify the various forms and symptoms of child abuse

Range: *physical, emotional and behavioural symptoms*

Assessment criteria:

- 1.1 Descriptions of various forms of child abuse are consistent with prevailing literature and highlight the spectrum of forms of abuse.
- 1.2 Descriptions outline the different ways in which child abuse is typically presented.
- 1.3 Descriptions of symptoms are consistent with prevailing literature and links are made between symptoms and possible forms of abuse.
- 1.4 The possibility of child abuse is identified in terms of presenting symptoms and possible form/s of abuse.

SPECIFIC OUTCOME 2:

Facilitate disclosure and reporting of child abuse

Assessment criteria:

- 2.1 Disclosure is facilitated in a non-threatening manner.
- 2.2 Disclosure *is* facilitated according to established protocols and upholds current legislation pertaining to Child Care.
- 2.3 The timing of disclosure and reporting is appropriate to the situation and promotes the well-being of the child.
- 2.4 Abuse is reported to the relevant authorities according to established procedures, using appropriate documentation.

SPECIFIC OUTCOME 3:

Provide support to the abused child

ASSESSMENT CRITERIA

- 3.1 Referrals are made where necessary and to the appropriate resources.
- 3.2 Referrals are made in relation to clearly identified needs.
- 3.3 Support is provided in an ongoing and holistic manner.
- 3.4 The nature of the support provided *is* in keeping with the identified needs, and makes effective use of identified resources.
- 2.5 Support is provided in line with established protocols and current legislation pertaining to Child Care.

ACCREDITATION AND MODERATION OPTIONS:

- Anyone assessing a learner against this unit standard must be registered as an assessor with the relevant ETQA.
- **Any** institution offering learning that will enable achievement of this unit standard must be accredited as a provider through the relevant ETQA by SAQA.
- Moderation of assessment will be overseen by the relevant ETQA according to the moderation guidelines in the relevant qualification and the agreed ETQA procedures

NOTES:**Critical cross-field outcomes:**

This unit standard addresses the following critical cross-field outcomes:

- Work effectively in a team using critical and creative thinking: *working with clients and other relevant parties to identify child abuse.*
- Organize and manage oneself and one's activities: *preparing for, carrying out and recording child abuse reporting.*
- Communicate effectively: *engaging with abused children, local resources and relevant authorities.*

- Understand the world as a set of inter-related parts of a system: understanding *the impact of* child abuse on individuals and communities
- Be culturally and aesthetically sensitive across a range of social contexts: engage *with* a variety of clients in a *culturally* sensitive manner.

Essential embedded knowledge:

Essential embedded knowledge will be assessed through assessment of the specific outcomes in terms of the stipulated assessment criteria. Candidates are unlikely to achieve **all** the specific outcomes, to the standards described in the assessment criteria, without knowledge of the listed embedded knowledge. This means that for the most part, the possession or lack of the knowledge can be directly inferred from the quality of the candidate's performance. Where direct assessment of knowledge is required, assessment criteria have been included in the body of the unit standard.

The following embedded knowledge is addressed in an integrated way in the unit standard:

- **Forms** and symptoms of child abuse;
- Current legislation pertaining to Child Care;
- Protocols for reporting abuse.

UNIT STANDARD TITLE: Demonstrate knowledge of the provision and implementation of primary health care within the community

LEVEL: 4**CREDITS:** 10**FIELD:** Health Sciences and Social Services**SUB-FIELD:** Promotive and Developmental Services**PURPOSE OF THE UNIT STANDARD:**

This unit standard will enable a community health worker to facilitate and assist in the provision of Primary Health Care (PHC) based on the Primary Health Care Approach within the community.

People credited with this unit standard are able to:

- o Demonstrate an understanding of the Health Care System in South Africa
- Demonstrate an understanding of the Primary Health Care approach
- Implement measures to prevent and control prevailing health problems

RANGE STATEMENT:

Primary Health Care includes but is not limited to:

- Education about prevailing health problems and methods of preventing and controlling them
- Promotion of food supply and proper nutrition
- An adequate supply of safe water and basic sanitation
- Maternal and child health care, family planning including basic Understanding of treatment for HIV infection available in the community
- Immunization against major infectious diseases
- Prevention and control of locally endemic diseases
- Appropriate treatment of common diseases and injuries
- Access to essential drugs
- Mental health

The Primary Health Care approach includes:

- Universal accessibility and coverage in relation to need
- Appropriate technology
- Cost effectiveness
- Community and individual participation and self reliance
- Inter-sectoral action for health and development

LEARNING ASSUMED TO BE IN PLACE:

The credit calculation for this unit standard is based on the assumption that learners are already competent in terms of being able to assess the interrelationship between the individual, the family and the community in terms of Primary Health Care Issues.

SPECIFIC OUTCOMES AND ASSESSMENT CRITERIA**SPECIFIC OUTCOME 1: -**

Demonstrate an understanding of the Health Care System in South Africa

ASSESSMENT CRITERIA

1.1 The Health Care System is described in terms of National and Provincial Health Legislation.

1.2 The structures and functions of provincial, district and local health care are explained in terms of current legislation.

1.3 Access to health care is explained in terms of establishments, facilities and services.

SPECIFIC OUTCOME 2:

Demonstrate an understanding of the Primary Health Care approach

ASSESSMENT CRITERIA.

2.1 The concept of Primary Health Care approach is explained in terms of its principles as they apply to the community.

2.2 The differences between Primary Health Care as a level of care and the Primary Health Care approach as the basis for all health care are explained.

2.3 Structures for community involvement in health are explained in terms of their role and function.

Ranae: hospital boards, provincial consultative bodies, district health council, community health centres/ clinic committees

2.4 The importance of inter-sectoral collaboration is explained in terms of improved health and the development of the community

SPECIFIC OUTCOME 3

Implement measures to prevent and control prevailing health problems

ASSESSMENT CRITERIA:

3.1 Prevailing health problems in the community are identified through the involvement of the existing community health structures.

3.2 Factors that contribute to prevailing health problems are identified and explained in terms of the community and environment.

3.3 Preventive measures to control health problems in the community are implemented and promoted in collaboration with the relevant sectors.

ACCREDITATION PROCESS AND MODERATION OPTIONS:

1. Anyone assessing the learner against this unit standard must be registered as an assessor with the relevant ETQA.
2. Any institution offering learning that will enable achievement of this unit standard must be registered with the HWSETA.
3. The moderation of this standard will also be conducted by the HWSETA.

CRITERIA FOR ASSESSMENT

Assessors should keep the following general principles in mind when designing and conducting assessment against this unit standard:

- Focus the assessment activities on gathering evidence in terms of the main outcome expressed in the title to ensure assessment is integrated rather than fragmented. Remember we want to declare the person competent in terms of the title. Where assessment at title level is

unmanageable, then focus assessment around each specific outcome, or groups of specific outcomes.

- Make sure evidence is gathered across the entire range, wherever it applies. Assessment activities should be as close to the real performance as possible, and where simulations or role-plays are used, there should be supporting evidence to show the candidate is able to perform in the real situations.
- Do not focus the assessment activities on each assessment criterion. Rather make sure the assessment activities focus on outcomes and are sufficient to enable evidence to be gathered around all the assessment criteria.
- The assessment criteria provide the specifications against which assessment judgement should be made. In most cases, knowledge can be inferred from the quality of the performances, but in other cases, knowledge and understanding will have to be tested through questioning techniques. Where this is required, there will be assessment criteria to specify the standard required.
- The task of the assessor is to gather sufficient evidence, of the prescribed type and quality, as specified in this unit standard, that the candidate can achieve the outcomes again and again and again. This means assessors will have to judge how many repeat performances are required before they believe the performance is reproducible.
- All assessment should be conducted in line with the following well documented principles of assessment: appropriateness, fairness, manageability, integration into work or learning, validity, direct, authentic, sufficient, systematic, open and consistent.

NOTES:

■ CRITICAL CROSS-FIELD OUTCOMES:-

1. Identify and solve problems using critical and creative thinking
2. Collect, analyse, organise, and critically evaluate information
3. Communicate effectively with all relevant stake holders
4. Use mathematics to analyse, describe, and represent realistic situations and to solve problems relevant in the community
5. Demonstrate an understanding of the world as a set of related systems: in respect of South African Health Care System and Primary Health Care approach

2. ESSENTIAL EMBEDDED KNOWLEDGE:

Learners should be able to understand and explain:

1. Attributes, descriptions, characteristics and properties
 - Communication skills needed to communicate effectively with the community
 - Attitudes needed to communicate effectively with the community
2. Sensory cues:
 - To identify needs and problems
3. Events, causes and effects, implications of:
 - Common diseases and priorities including danger signs
4. Categories:
 - Non communicable diseases
 - Communicable diseases

5. Procedures and techniques:
 - Health care procedures
6. Regulations, Legislation, agreements, policies, standards:
 - Local protocols
7. Theory, rules, principles, laws:
 - Cause and effect
8. Relationships, system:
 - Between individuals, families and community
 - Referrals and networking
 - Structure of district health team

2. SUPPLEMENTARY REQUIREMENTS

UNIT STANDARD JUSTIFICATION: CREDITS

Total hours required by the learner to achieve the required outcomes:

ACTIVITY	HOURS
Classroom Learning	40
On-the-job Learning	20
Self Directed Learning	20
Coaching Required	20
TOTAL	100

CREDITS ACHIEVED: 10

UNIT STANDARD TITLE: Implement Health Promotion in the community**LEVEL:** 4**CREDITS:** 8**FIELD:** Health Sciences and Social Services**SUBFIELD:** Promotive and Developmental Services**PURPOSE OF THE UNIT STANDARD:**

This unit standard is for persons required to implement Health Promotion within a context of community health.

People credited with this unit standard are able to:

- Describe and explain Health Promotion in the South African and Global Context
- Identify the major causes of ill health in South Africa
- Conduct research in the area of Health Promotion
- Identify the importance of behavioural change
- Explain the relationship between Health Policy and Health Promotion
- Describe and explain the role of Advocacy in Health Promotion
- Plan, implement and evaluate Health Promotion projects with the community.

LEARNING ASSUMED TO BE IN PLACE:

The credit calculation for this unit standard is based on the assumption that learners are already competent in terms of the following outcomes or areas of learning when starting to learn towards this unit standard:

- Participate in health promotion activities

RANGE STATEMENTS:

The scope of this Unit Standard *is* limited to knowledge pertaining to Health Promotion within the context of the learner's everyday work.

SPECIFIC OUTCOMES AND ASSESSMENT CRITERIA**SPECIFIC OUTCOME 1:**

Describe and explain Health Promotion in the South African and Global Context

ASSESSMENT CRITERIA

- 1.1 The importance of Primary Health Care in South Africa is described and explained in terms of the Alma Ata Declaration
- 1.2 Health Promotion *is* described and explained in terms of the Ottawa 1986 Charter for Health Promotion and Jakarta Declaration 1997.
- 1.3 Specific issues pertinent to South African health are explained in terms of how they fit into the global picture.
- 1.4 The spread of communicable disease is identified in terms of local and international risk.

SPECIFIC OUTCOME 2:

Identify the major causes of ill health in South Africa

ASSESSMENT CRITERIA

- 2.1 The causes and incidence of ill health are identified in terms of social and economic aspects.

Ranae: *Ill health includes chronic, communicative and communicable diseases for both physical and mental health*

- 2.2 The effect of low literacy levels and poverty in South Africa is explained in terms of the impact on the spread of infection and disease.

- 2.3 The impact of South African lifestyles on the spread of infection and disease is explained in terms of living conditions.

SPECIFIC OUTCOME 3:

Conduct research in the area of Health Promotion.

Ranae: *Research relates to community mapping, surveys and data collection*

ASSESSMENT CRITERIA

- 3.1 The importance of accurate information for Health Promotion is identified in terms of providing correct statistics and making appropriate recommendations.

- 3.2 Data is collected through a community survey and a situational analysis.

- 3.3 Research skills are applied in obtaining the relevant data.

Ranae: *Research skills include interviewing, listening and observation skills, questionnaire development, simple analysis of information, report writing.*

- 3.4 The data acquired is sorted in terms of qualitative and quantitative research.

SPECIFIC OUTCOME 4:

Identify the importance of behavioural change

Ranae: *behavioural change includes knowledge, motivation, change in attitude*

ASSESSMENT CRITERIA

- 4.1 The role of information, education and communication in Health Promotion is explained in terms of its effect on behaviour change.

- 4.2 The way in which behaviour change happens is explained in terms of the effect on the client.

- 4.3 Behaviour change is described in terms of the link between Health Promotion and Health Education.

SPECIFIC OUTCOME 5:

Explain the relationship between Health Policy and Health Promotion

Ranae: *Policies relevant to learners' context*

ASSESSMENT CRITERIA

- 5.1 The concept of Health Policy is explained in terms of its importance in community health in South Africa.
- 5.2 Health policies are explained in terms of their relevance to specific situations.
- 5.3 The role of policy makers is explained in terms of the development of health policy.
- 5.4 The role of stakeholders is explained in terms of implementation of health policy.
- 5.5 The relationship between Health Policy and Health Promotion is explained in terms of the focus and outcomes.

SPECIFIC OUTCOME 6:

Describe and explain the role of Advocacy in Health Promotion.

ASSESSMENT CRITERIA.

- 6.1 The term Advocacy is explained in terms of its definition and role in health promotion.
- 6.2 The tools of Advocacy are explained in terms of lobbying on issues

SPECIFIC OUTCOME 7:

Plan, implement and evaluate Health Promotion projects with the community.

ASSESSMENT CRITERIA

- 7.1 The health promotion project plan is realistic and takes into consideration the community requirements and resources available.
- 7.2 The project plan is implemented in accordance with the project plan guidelines.
- 7.3 The project plan is completed in accordance with agreed time schedules.
- 7.4 The project plan is evaluated on completion in terms of its suitability and the results achieved.
- 7.5 Recommendations are made that will improve the project in future applications.

ACCREDITATION AND MODERATION OPTIONS:

- 1. Anyone assessing a learner against this unit standard must be registered as an assessor with the relevant ETQA.
- 2. Any institution offering learning that will enable achievement of this unit standard must be accredited as a provider by HEWSETA.
- 3. Moderation of assessment will be overseen by the ETQA according to the moderation guidelines in the relevant qualification and the agreed ETQA procedures.

NOTES:**1. CRITICAL OUTCOMES**

The following critical outcomes are addressed in this unit standard

- 1.1. Identifying and solving problems: Assessment Criteria 1.1, 5.3, 6.2.
Recognising major causes of ill health in South Africa and apply appropriate Advocacy and Project Planning Skills
- 1.2. Working effectively with others: Assessment Criteria 2.1, 2.2, 2.3, 3.1, 3.4.
- 1.3. Organising and managing oneself: Assessment Criteria 2.2, 2.4, 5.3, 6.1.
- 1.4. Collecting, analysing, organising and critically evaluating information: Assessment Criteria 2.2, 2.3, 2.4.
- 1.5. Communicating effectively: Assessment Criteria 2.1, 3.1, 3.3, 3.4, 4.1, 5.1, 5.2.
- 1.6. Using Science and Technology effectively: Assessment Criteria 5.2, 2.3, 2.4.
- 1.7. Demonstrating and understanding of the world as a set of related systems: Assessment Criteria 1.3, 4.1, 4.2.
- 1.8. Contributing to full personal development: Assessment Criteria 1.4, 2.1, 3.2.

2. ESSENTIAL EMBEDDED KNOWLEDGE

Essential embedded knowledge will be assessed through assessment of the specific outcomes in terms of the stipulated assessment criteria. Candidates are unlikely to achieve all the specific outcomes, to the standards described in the assessment criteria, without knowledge of the listed embedded knowledge. This means that for the most part, the possession or lack of the knowledge can be directly inferred from the quality of the candidate's performance. Where direct assessment of knowledge is required, assessment criteria have been included in the body of the unit standard.

The following embedded knowledge is addressed in an integrated way in the unit standard:

- Major causes of ill health in South Africa
- Health Promotion in South Africa
- Interviewing, listening, observation, analysing and report writing skills
- The role of Behaviour Change in Health Promotion
- The role of Education in Health Promotion
- Understanding Health Policy
- Understanding Advocacy

UNIT STANDARDS JUSTIFICATION

Total hours required by the learner to achieve the required outcomes:

Activity	Hours
Classroom learning	30
On-the-job learning	30
Self directed learning	15
Coaching required	5
Other	
TOTAL	80

CREDITS ACHIEVED: 8

UNIT STANDARD TITLE: Provide information about HIV and AIDS and treatment options in community care and support situations

LEVEL:	3
CREDITS:	6
FIELD:	Health Sciences and Social Services
SUB-FIELD:	Preventive Health

PURPOSE OF THE UNIT STANDARD:

This unit standard is for health workers and lay counsellors working with people who are infected and affected by HIV and AIDS.

People credited with this unit standard can:

- Describe the rights of people who are infected and affected by HIV and AIDS
- Explain to clients the importance of knowing their HIV status and the implications of taking a test for HIV
- Explain ways to reduce the transmission of HIV from a pregnant HIV positive woman to her child
- Explain post-exposure prophylaxis
- Explain early treatment for opportunistic infections
- Discuss access to antiretroviral therapy (ART) and the advantages and disadvantages of taking this treatment

LEARNING ASSUMED TO BE IN PLACE:

The credit calculation for this unit standard is based on the assumption that learners are already competent in terms of the following outcomes or areas of learning when starting to learn towards this unit standard:

- Apply accurate information about HIV and AIDS to everyday life

RPL: The learner who has worked in the field and requests an RPL assessment will be required to meet the criteria set out under the assessment criteria and assessment notes in this standard.

RANGE STATEMENT:

The learner must have a clear understanding of all relevant information regarding voluntary counselling and testing (VCT), post-exposure prophylaxis (PEP) and anti-retrovirals (ARVs) and knowledge of the available local resources for all of these.

SPECIFIC OUTCOMES AND ASSESSMENT CRITERIA**SPECIFIC OUTCOME 1:**

Describe the rights of people who are infected and affected by HIV and AIDS.

Range: human rights, health rights and workplace rights

ASSESSMENT CRITERIA:

- 1.1 Descriptions of human rights are in line with the SA Bill of rights.

- 1.2 Descriptions of health rights cover the continuum of care including voluntary counselling and testing (VCT), access to prophylaxis, treatment for opportunistic infections and antiretroviral therapy (ART).
- 1.3 Descriptions concerning the access to grants are in line with established procedures.

SPECIFIC OUTCOME 2:

Explain to clients the importance of knowing their HIV status and the implications of taking a test for HIV

ASSESSMENT CRITERIA

- 2.1. Explanations clarify the benefits of knowing one's HIV status.
- 2.2. Explanations inform clients of where to go for an HIV test and the process that is followed when an HIV test is taken.
- 2.3. Explanations clarify the health implications of a negative HIV-test result.
- 2.4. Explanations clarify the social and health implications of a positive HIV-test result.
- 2.5. Explanations define the confidentiality requirements of the results of the test.

SPECIFIC OUTCOME 3

Explain ways to reduce the transmission of HIV from a pregnant HIV positive woman to her child

ASSESSMENT CRITERIA

- 3.1. The importance of ante-natal testing for HIV is explained in terms of the rights of pregnant women to pre-and post-test counselling.
- 3.2. Ways to reduce the risk of mother-to-child transmission are identified in terms of continued protection, safer birthing methods and feeding options.
- 3.3. Treatment options for pregnant women are explained in terms of the risks and benefits to both the mother and the child.

SPECIFIC OUTCOME 4:

Explain post-exposure prophylaxis (PEP).

ASSESSMENT CRITERIA

- 4.1. Explanations highlight the benefits of the treatment programme.
- 4.2. Explanations clarify the timing, location and method of the PEP treatment.
- 4.3. Barriers to treatment are discussed with reference to distance, transport and availability of drugs.
- 4.4. Descriptions are provided of where and how PEP can be accessed, with reference to the patient's rights.

SPECIFIC OUTCOME 5

Explain early treatment for opportunistic infections

ASSESSMENT CRITERIA

- 5.1. Common opportunistic and AIDS-defining illnesses are identified according to the different stages of HIV and AIDS
- 5.2. Explanations provide clarity on the reasons for early detection of opportunistic infections in terms of treatment and results.
- 5.3. The patient's rights are explained in terms of being treated with dignity and respect.
- 5.4. The patient's right to access appropriate medicine for his/her illness is explained in terms of relevant legislation.
- 5.5. The importance of adhering to the course of medicine is explained in terms of the long term results. Possible side effects are explained and how to deal with them.
- 5.6. Barriers to effective health care are explained in terms logistical arrangements.
Range: Logistical arrangements include *the* place **of** treatment **and** the method **of** accessing *the* location

SPECIFIC OUTCOME 6:

Discuss access to antiretroviral therapy and the advantages and disadvantages of treatment.

ASSESSMENT CRITERIA

- 6.1. Highly active antiretroviral therapy (HAART) is discussed in terms of being a life-long programme of a combination of drugs that must be correctly taken.
- 6.2. ART is discussed in the context of the government's comprehensive treatment plan for HIV and AIDS.
- 6.3. HAART government programmes are discussed in terms of support provided and ways to access this support.
- 6.4. The discussion includes benefits and disadvantages of Antiretroviral therapy.
- 6.5. The Viral load and CD 4 count are clearly and accurately explained in a level of language appropriate to the client.
- 6.6. The importance of support is explained in terms of the roles of the doctor, the health worker and family/friends.

ASSESSMENT NOTES:

Assessment should include:

- Portfolio of evidence

ACCREDITATION AND MODERATION OPTIONS:

- i) Anyone assessing a learner against this unit standard must be registered as an assessor with the relevant ETQA.
- ii) Any institution offering learning that will enable achievement of this unit standard must be accredited as a provider through the relevant ETQA by SAQA.

- iii) Moderation of assessment will be overseen by the relevant ETQA according to the moderation guidelines in the relevant qualification and the agreed ETQA procedures

NOTES:

1. CRITICAL OUTCOMES

The following crossfield outcomes have been met by this unit standard:

- 1.1 Identify and solve problems. *Assessment Criteria: 5.6*
- 1.2 Organise and manage output of activities. *Assessment Criteria: 5.2, 5.3*
- 1.3 Collect, organise and evaluate information and resources. *Assessment Criteria: 3.2, 3.3, 4.1, 5.1*
- 1.4 Communicate effectively and interact with a variety of people. *Assessment Criteria: 1.1, 1.2, 1.3, 2.1, 2.2, 2.3, 2.4, 2.5, 3.1, 4.1, 4.2, 4.3, 4.4*
- 1.5 Demonstrate an understanding of the world as a set of related systems. *Assessment Criteria: 4.4, 5.4, 5.5, 5.6, 6.1, 6.2, 6.3*

2. ESSENTIAL EMBEDDED KNOWLEDGE

Essential embedded knowledge will be assessed through assessment of the specific outcomes in terms of the stipulated assessment criteria. Candidates are unlikely to achieve all the specific outcomes, to the standards described in the assessment criteria, without knowledge of the listed embedded knowledge. This means that for the most part, the possession or lack of the knowledge can be directly inferred from the quality of the candidate's performance. Where direct assessment of knowledge is required, assessment criteria have been included in the body of the unit standard.

3. SUPPLEMENTARY INFORMATION:

SPECIFIED REQUIREMENTS

Specified requirements include

SITE SPECIFIC

- o Guidelines for scope of practise of the Ancillary Health Care (AHC) Worker
- o Local treatment protocols
- o NDOH Guidelines for comprehensive Care and Support

UNIT STANDARD JUSTIFICATION:

CREDITS

Total hours required by the learner to achieve the required outcomes:

Activity	Hours
Classroom learning	18
On-the-job learning	22
Self directed learning	8
Coaching required	6
Other: Site visits and clinical accompaniment	6
TOTAL	60

CREDITS ACHIEVED: 6

UNIT STANDARD TITLE: Identify children with disabilities in the community**LEVEL: 3****CREDITS: 8****FIELD: Health Sciences and Social Services****SUBFIELD: Rehabilitative Health Services****PURPOSE OF THE UNIT STANDARD:**

This unit standard is to equip health workers with knowledge and skills to identify and refer children with disabilities for appropriate intervention.

People credited with this unit standard are able to:

- o Identify normal development of an infant from 0-3 months
- o Identify physical development expectations of an infant from 3-6 months
- Identify physical and cognitive development expectations of an infant from 6-24 months
- o Identify the developmental stages and emotional needs of children from 2 years to adolescence
- Obtain information about a child from a caregiver
- Identify and locate children with disabilities in the community
- Demonstrate knowledge of the resources for referral

LEARNING ASSUMED TO BE IN PLACE:

The credit calculation for this unit standard is based on the assumption that learners are already competent in terms of the following outcomes or areas of learning when starting to learn towards this unit standard:

- Create an awareness within a community for a disability friendly and inclusive environment
- Apply active listening skills in a care and support situation

RANGE STATEMENTS:

The health worker must have knowledge of the developmental stages of a child from birth to adolescence so as to identify any deviation from the norm and refer for early intervention.

SPECIFIC OUTCOMES AND ASSESSMENT CRITERIA**SPECIFIC OUTCOME 1:**

Identify normal development of an infant from 0-3 months

ASSESSMENT CRITERIA:

- 1.1 The five senses of an infant from 0-3 months are tested and compared to normal development charts.
- 1.2 Reflexes of an infant from 0-3 months are tested and compared to normal development charts.

- 1.3 Tests are conducted in accordance with standard examination procedures and do not cause undue stress on the infant.
- 1.4 Signs of abnormal development are identified and reported to relevant people in accordance with agreed procedures.
Range: *Abnormal development includes disability at birth*
- 1.5 Developmental milestones in an infant from 0-3 months are identified in terms of the normal sequence of development.

SPECIFIC OUTCOME 2:

Identify physical development expectations of an infant from 3-6 months

ASSESSMENT CRITERIA:

- 2.1. Developmental milestones in an infant from 3-6 months are identified in terms of the normal sequence of development.
- 2.2. Environmental factors influencing the infant are identified in terms of normal developmental awareness.
- 2.3. Methods of stimulating development through the environment are identified in terms of direct and indirect factors.
- 2.4. Common infant infections are identified in terms of potential causes of physical or mental disabilities.

SPECIFIC OUTCOME 3

Identify physical and cognitive development expectations of an infant from 6-24 months

ASSESSMENT CRITERIA.

- 3.1. Developmental milestones in an infant from 6-24 months are identified in terms of the normal sequence of development.
Range: *Development includes physical and cognitive development*
- 3.2. Normal development is identified in accordance with infant development charts.
- 3.3. Cognitive and physical development is tested and compared to normal development charts.
- 3.4. Signs of abnormal development are identified and reported to relevant people in accordance with agreed procedures.
- 3.5. The importance of physical and mental stimulation from birth is explained in terms of the effect on infant development.

SPECIFIC OUTCOME 4:

Identify the developmental stages and emotional needs of children from 2 years to adolescence

ASSESSMENT CRITERIA

- 4.1 Developmental milestones in a child from 2 years to adolescence are identified in terms of the normal sequence of development.

Range: Development includes physical, cognitive and emotional development

- 4.2 The emotional needs of the developing child are identified in terms of the different stages of development.
- 4.3 Normal childhood development is explained in terms of developmental stages and the physical and emotional needs associated with each stage.
- 4.4 Abnormal childhood development is identified and reported to relevant people in accordance with agreed procedures.
- 4.5 Common abnormalities in childhood development are explained in terms of signs and symptoms, and interventions.

Ranae: Common abnormalities include, but are not limited to cerebral palsy, intellectual disabilities, visual impairments, hearing impairments, albinism.

SPECIFIC OUTCOME 5:

Obtain information about a child from a caregiver

ASSESSMENT CRITERIA

- 5.1 Relationships with caregivers are established in terms of open communication and trust.
- 5.2 An interview schedule is prepared to obtain required information from a caregiver.
- 5.3 Interviews are conducted in a format that sets the caregiver at ease and ensures that all relevant information is supplied.
- 5.4 The information obtained during the interview is recorded in accordance with agreed reporting requirements.

SPECIFIC OUTCOME 6:

Identify and locate children with disabilities in the community

ASSESSMENT CRITERIA:

- 6.1 Meetings with relevant community members are planned in accordance with agreed time schedules.
- 6.2 Participatory appraisal techniques are applied to identify the homes of children with disabilities.
- 6.3 Information gathered is recorded and reported to relevant people in accordance with relevant legislation and policy requirements.

SPECIFIC OUTCOME 7:

Demonstrate knowledge of the resources for referral.

ASSESSMENT CRITERIA

- 7.1 The importance of early detection and intervention of children with disabilities is explained in terms of the severity of the impairment and coping with it.
- 7.2 Facilities available to assist children with disabilities are identified in terms of the assistance provided.

- 7.3 **Resources** for providing the care and support for children with disabilities are identified in terms of the particular needs.

Range: *Social security grants and assistive devices*

ACCREDITATION AND MODERATION OPTIONS:

1. Anyone assessing a learner against this unit standard must be registered as an assessor with the relevant ETQA.
2. Any institution offering learning that will enable achievement of this unit standard must be accredited as a provider by HWSETA.
3. Moderation of assessment will be overseen by the ETQA according to the moderation guidelines in the relevant qualification and the agreed ETQA procedures.

NOTES:

1. CRITICAL OUTCOMES

The following critical outcomes are addressed in this unit standard

- 1.1 Identifying and solving problems: **Assessment Criteria 1.4, 2.4, 3.4, 4.4**
- 1.2 Working effectively with others: **Assessment Criteria 1.1, 1.2, 1.3**
- 1.3 Organising and managing oneself: **Assessment Criteria 1.5, 2.1, 3.1, 4.1**
- 1.4 Collecting, analysing, organising and critically evaluating information: **Assessment Criteria 1.1, 1.2, 1.4, 1.5, 2.1, 3.1, 4.1**
- 1.5 Communicating effectively: **Assessment Criteria 1.4, 4.4**
- 1.6 Using Science and Technology effectively: **Assessment Criteria 1.7, 1.2, 1.3, 2.3, 3.3**
- 1.7 Demonstrating and understanding of the world as a set of related systems: **Assessment Criteria 1.5, 2.1, 2.2, 3.1, 3.5, 4.1, 4.3, 5.1**
- 1.8 Contributing to full personal development: **Assessment Criteria 2.3, 3.5, 4.5, 5.1**

2. ESSENTIAL EMBEDDED KNOWLEDGE

Essential embedded knowledge will be assessed through assessment of the specific outcomes in terms of the stipulated assessment criteria. Candidates are unlikely to achieve all the specific outcomes, to the standards described in the assessment criteria, without knowledge of the listed embedded knowledge. This means that for the most part, the possession or lack of the knowledge can be directly inferred from the quality of the candidate's performance. Where direct assessment of knowledge is required, assessment criteria have been included in the body of the unit standard.

The following embedded knowledge is addressed in an integrated way in the unit standard:

- Major causes of disablement in an infant
- Methods of conducting tests on infants
- Signs of normal and abnormal development
- Environmental factors affecting child development
- Developmental milestones
- Resources to address disability requirements

UNIT STANDARD TITLE: Promote optimal care and support of a person with a physical disability

LEVEL:	4
CREDITS:	21
FIELD:	Health Sciences and Social Services
SUB-FIELD:	Rehabilitative Health Services

PURPOSE:

This unit standard will be useful to people who are required to care for people with a physical disability. Care may take place in the home or in a facility.

People credited with this unit standard are able to:

- Demonstrate knowledge of disabilities
- Conduct a needs analysis of the person with a physical disability person
- Design an appropriate routine for the activities of daily living
 - Facilitate and monitor the client's well being
- Refer clients and family to facilities or agencies to facilitate the restoration of functions and the prevention of complications

LEARNING ASSUMED TO BE IN PLACE:

The credit calculation for this unit standard is based on the assumption that learners are already competent in terms of the following outcomes or areas of learning when starting to learn towards this unit standard:

- create an awareness within a community of a disability friendly environment
- SAQA ID No: 9824
- SAQA ID No: 9825
- SAQA ID No: 9823
- SAQA ID No: 7504

RANGE STATEMENTS:

The scope of this unit standard includes:

- General knowledge pertaining to caring for persons with physical disabilities within the context of the learners' everyday environment.
- General knowledge of recognised national and international disability policies
- General knowledge of the World Health Organisation's International Classification of Function
- Recognition of the strengths and abilities of the client and his family
- General knowledge of behavioural, social and environmental barriers to independent living for the different disabilities
- General knowledge of the different Social and Medical models.

SPECIFIC OUTCOMES AND ASSESSMENT CRITERIA**SPECIFIC OUTCOME 1:**

Demonstrate knowledge of disabilities

Ranae: The types of disabilities include but are not limited to:

- **Trauma:** Spinal cord injuries, *para, hemi, quadriplegias*. Cerebral Palsy
Brain injuries] Epilepsy, *sensory* disorders

- **Genetic:** Dystrophies, spinal curvatures
- **Congenital:** Birth deformities, various syndromes, Spina *Bifida*
- **Infections:** Polio, Guillian *Barre*
- **Acquired:** Chronic diseases, e.g. arthritis, *chest* conditions, strokes, etc

ASSESSMENT CRITERIA:

- 1.1 Basic anatomy is described in terms of its application to a variety of physical disabilities and their causes.
- 1.2 identified physical disabilities are described in terms of their causes and effects.
- 1.3 The various policies, legislation and conventions pertaining to the rights of the person with a physical disability are identified and explained in terms of providing equal opportunity and non discrimination.
- 1.4 Community awareness regarding physical disability is promoted in terms of the abilities and needs of the individual and service that can be provided.
- 1.5 The rights of the person with physical disabilities are described in terms of international, national and regional policies or conventions and relevant legislation.
- 1.6 The responsibilities of relevant stakeholders are described with regard to access for people with a physical disability in terms of environmental and social attitudes and barriers.

SPECIFIC OUTCOME 2:

Conduct a needs analysis of the person with a physical disability

ASSESSMENT CRITERIA:

- 2.1 The physical and emotional status of the client is assessed and the specific needs are identified in terms of priority areas.
- 2.2 The needs identified are reported on in terms of the short and long term actions to be taken.
- 2.3 Relationships with the client and the family are established in terms of providing counselling and support where required.
- 2.4 The client and family are communicated with in terms of sourcing and identifying referrals.

SPECIFIC OUTCOME 3:

Design an appropriate routine for the activities of daily living.

ASSESSMENT CRITERIA:

- 3.1 The client's ability to manage the activities of daily living is assessed in terms of functioning ability and the environment.
Ranae: clients who require total care, assisted care, practical *assistance* and supervision
- 3.2 Activities of daily living routines established are appropriate to the needs of the client and their circumstances and take relevant safety needs into consideration.

- 3.3 Routines established promote maximum independence and the regaining of functionality and/or improvisation.
- 3.4 The process used to plan an appropriate client centred routine is reported in accordance with agreed reporting requirements.

SPECIFIC OUTCOME 4:

Facilitate and monitor the client's well being

ASSESSMENT CRITERIA

- 4.1 Functional disability is described and addressed through the use of available resources.
- 4.2 The degree of progress in the functional ability of the client is assessed in accordance with agreed measurable criteria.
- 4.3 The client and family are assisted in managing the effects of communication impairment in accordance with the specific situation.
- 4.4 Possible complications are identified and explained in terms of preventative interventions.
Range: *Types of interventions at household level include:*
 - *Active and passive exercises*
 - *Correct positioning – improving position & posture*
 - *Pressure part care*
 - *Feeding therapy*
 - *Speech and audio therapy*
 - *Transfer techniques and correct positioning*
 - *Meaningful recreation*
 - *Aspects of skills training and work preparation*
- 4.5 Potential effects on family relationships are identified in terms of the emotional stages of the newly physically disabled person and other family members.
- 4.6 The possibility of co-dependency is identified and planned for in accordance with specific family needs.
- 4.7 A counselling relationship with the client and family is established in accordance with confidentiality practice and cultural background requirements.

SPECIFIC OUTCOME 5:

Refer clients and family to facilities or agencies to facilitate the restoration of function and the prevention of complications.

Range: *Physical and psychosocial support*
Accessing disability grant

ASSESSMENT CRITERIA:

- 5.1 Referrals for the various types of physical disability are identified in terms of how they can be accessed by the client, family and/or support group.
- 5.2 The psycho-social status of the client, the family and/or social group is assessed in terms of specific requirements for making referrals

- 5.3 The counselling relationship is concluded and referrals are made in accordance with accepted lay counselling principles.

■ ACCREDITATION AND MODERATION OPTIONS:

1. Anyone assessing a learner against this unit standard must be registered as an assessor with the relevant ETQA.
2. Any institution offering learning that will enable achievement of this unit standard must be accredited as a provider by HWSETA.
3. Moderation of assessment will be overseen by the ETQA according to the moderation guidelines in the relevant qualification and the agreed ETQA procedures.

2. CRITICAL CROSSFIELD OUTCOMES:

The following critical cross-field outcomes are addressed in this unit standard:

- 2.1 Anticipate and solve problems encountered by the physically person with a physical disability
- 2.2 Communicate effectively with the person with a physical disability, the family, social group, health team and community in order to facilitate improved care and support
- 2.3 Work with others as a member multidisciplinary team in a community or institutional context.
- 2.4 Collect, organise and evaluate information and resources.
- 2.5 Demonstrate an understanding of the world as a set of related systems with regard to the different health, social and community structures

3. ESSENTIAL EMBEDDED KNOWLEDGE

Essential embedded knowledge will be assessed through assessment of the specific outcomes in terms of the stipulated assessment criteria. Candidates are unlikely to achieve all the specific outcomes, to the standards described in the assessment criteria, without knowledge of the listed embedded knowledge. This means that for the most part, the possession or lack of the knowledge can be directly inferred from the quality of the candidate's performance. Where direct assessment of knowledge is required, assessment criteria have been included in the body of the unit standard.

The following embedded knowledge is addressed in an integrated way in the unit standard:

- Names of different types of physical disability
 - o Know the various stages of human development
- Describe the different types of physical disabilities
 - o Fundamental human anatomy
 - o Know the effect of physical disability on the family and the community
 - o Be able to identify the early signs of physical disability
- Know all the senses and use them for observation, assistance and problem solving
 - o Know sensory stimulation
- Demonstrate and perform activities of daily living to promote independence
 - o Perform movement stimulation to promote development and the independence of the client with the cosperation of both client and family
 - o Plan and implement a programme for rehabilitation together with the client and his family/social group
 - o Facilitate the inclusion of people with disabilities in both the workplace and the community

- Causes of disabilities before, during and after birth
 - Know the effects of a physical disability on a client (physically, emotionally, psychologically, socio-economically and socio-culturally)
 - Know the effects of a physical disability on the family of the client and the community
 - Know how to prevent the infringement of the rights of a person with a physical disability
 - Know the relevant legislation applicable to this field
- Know the levels of disability as defined by the World Health Organisation's International Classification of Function.

4. SUPPLEMENTARY INFORMATION:

SPECIFIED REQUIREMENTS

- Legal rights of people with physical disabilities
- Relevant Legislation applicable to this field
- Community based rehabilitation for and with people with disabilities (CBR) "Nothing about us without us"
- Relevant portions of the constitution of the Republic of South Africa
- **Work** within the guidelines of the scope to practice for the Ancillary Health worker

SITE SPECIFIC

- Home
- Residential facilities
- Day centres
- Secondary institutions
- Schools
- Learners must work in accordance within the recognised protocols, procedures and policies of the relevant work environment

5. UNIT STANDARD JUSTIFICATION:

CREDITS:

Total number of learning hours required by the learner to achieve the required outcomes.
(One credit is equal to ten notional hours of learning)

ACTIVITY	HOURS
Self-directed Learning	
Required Coaching	20
Other	40
TOTAL	210

TOTAL CREDITS: 21

UNIT STANDARD TITLE: Educate and support parents in childcare

LEVEL: 4**CREDITS: 12****FIELD: Health Sciences and Social Services****SUBFIELD: Preventive Health****PURPOSE OF THE UNIT STANDARD:**

This unit standard is for Community Health Workers who are required to educate and engage with families to promote the optimal health of mother and child, from birth to age 6.

People credited with this unit standard are able to:

- Educate and support parents to prevent infection in the home environment
- Assist parents with the various infant feeding options available
- Educate and support parents regarding the growth and development of the child from birth to 6 years
- Educate and support parents to comply with antenatal care
- Educate and support parents to comply with postnatal care
- Educate and support parents with the management of childhood illnesses

LEARNING ASSUMED TO BE IN PLACE:

The credit calculation for this unit standard is based on the assumption that learners are already competent in terms of the following outcomes or areas of learning when starting to learn towards this unit standard:

- Ancillary Health Care Level 1 SAQA ID No. 9824 (PHC)
- Ancillary Health Care Level 1 SAQA ID No. 9827 (Rights)
- Life Orientation Level 1 SAQA ID No. 7504 (Safety)
- Understand the relevance of ethical issues in community work and educate community members on rights and responsibilities
- Educate and work closely with the community with regard to Sexually Transmitted Infections (STIs) and Human Immuno Virus/Acquired Immune Deficiency Syndrome (HIV&AIDS)
- Provide accurate information about Tuberculosis and directly observed treatment (DOTS)
- Assisting the community to establish and maintain good basic nutrition.
- Apply active listening skills in the care and support environment

RANGE STATEMENTS:

This unit standard applies to persons who will be working under adequate supervision of a competent person with appropriate and relevant experience.

- Includes all basic aspects of mother and child care in a variety of settings, these settings could include the home, PHC Clinics, MTC Clinics, Child Care Centres, Community, or Institutions.
- Parent implies mother, father, guardian or other primary care giver.

SPECIFIC OUTCOMES AND ASSESSMENT CRITERIA:**SPECIFIC OUTCOME 1**

Educate and support parents to prevent infection in the home environment

ASSESSMENT CRITERIA

- 1.1 Causes of infection in the home environment are identified and explained in terms of contributing factors and prevention.
- 1.2 Information regarding disease and the disease process is communicated to parents in terms of how it applies within the context of the disease process.
- 1.3 Actions recommended to prevent the spread of disease are relevant in terms of the specific setting.
- 1.4 Different hand-washing techniques are demonstrated in accordance with accepted hygiene principles.
- 1.5 Cleaning and sterilisation of baby bottles and equipment is explained in terms of the purpose and methods.
- 1.6 Disposal of waste is explained in terms of health and safety legislation requirements.
Range: Waste includes food, medical, animal and human waste
- 1.7 The use of mosquito nets is demonstrated and explained in terms of the prevention of malaria.

SPECIFIC OUTCOME 2

Assist parents with the various infant feeding options available

ASSESSMENT CRITERIA

- 2.1 Different feeding options are explained in terms of the method, common problems and infant nutritional requirements.
Range: Feeding options include *formula* and breast-feeding, bottle and cup and spoon
- 2.2 The mother is assisted with breast feeding in terms of breast care and latching the infant.
- 2.3 The advantages and disadvantages of breast feeding are explained in terms of maternal bonding and infant health.
- 2.4 Methods of expressing breast milk are explained and demonstrated in accordance with the mother and infant's specific situation.
- 2.5 Nutritional requirements for a breast-feeding mother are explained in terms of the effect on breast milk and infant requirements.
- 2.6 The importance of hygiene and sterilisation are explained in terms of the effect on infant health and susceptibility to infection.
- 2.7 Special needs of an infant being weaned are identified in terms of nutritional requirements and control of parasites.

SPECIFIC OUTCOME 3

Educate and support parents regarding the growth and development of the child from birth to 6 years.

ASSESSMENT CRITERIA

- 3.1 Child development from birth to 6 years is explained according to normal physical and mental development.
- 3.2 Situations exposing an infant to risk of abnormal development are identified in terms of causes, effects and possible remedies.
- 3.3 Treatment of abnormal development is explained in terms of identifying danger signs and appropriate referral
- 3.4 Weighing and recording the weight of the child is explained in terms of different techniques available and the importance of accurate records.
- 3.5 The "road to health chart" is explained and interpreted to the parent and advice given is appropriate to the specific situation.
- 3.6 The immunisation programme is explained in terms of its importance and procedures.
- 3.7 Infant physical and mental stimulation is explained in terms of the different methods and their purposes.

SPECIFIC OUTCOME 4

Educate and support parents to comply with antenatal care

ASSESSMENT CRITERIA

- 4.1 The reasons for regular clinic visits during pregnancy are explained in terms of the **benefits** to parents and the health of the unborn child.
- 4.2 The necessity of certain routine medication is explained in terms of the benefits to the mother and the unborn child.
- 4.3 The importance of not taking unprescribed medication during pregnancy is explained in terms of the potential effects on the health of the unborn child.
- 4.4 The importance of **partner/father** involvement during the pregnancy and childbirth stages is explained in terms of bonding and support to the mother

SPECIFIC OUTCOME 5

Educate and support parents to comply with postnatal care

ASSESSMENT CRITERIA

- 5.1 The first seven days postpartum are explained in terms of the importance for both mother and child.
- 5.2 The importance of the first postnatal clinic visit is explained in terms of the benefits to parents and the infant.

- 5.3 Normal developmental changes are explained in terms of symptoms and effects for both mother and child. Symptoms of abnormal development are identified and reported.
- 5.4 The importance of both family and community support structures is explained in terms of the benefits to both parents.
- 5.5 Infant spacing is explained in terms of the benefits and available methods of contraception.
- 5.6 The importance of father/partner involvement in child rearing is explained in terms of bonding and support to the mother.
- 5.7 Situations exposing parents or the infant to risk of abnormal development are identified in terms of causes, effects and possible remedies.

SPECIFIC OUTCOME 6

Educate and support parents with the management of childhood illnesses

ASSESSMENT CRITERIA

- 6.1 Common childhood illnesses are described in terms of their signs, symptoms and effects. Danger signs and appropriate referral actions are explained.
Range: *Common childhood illnesses include: Coughs, colds and fever, pneumonia. Ear problems, Diarrhoea and dehydration, malnutrition, Worms, Mouth sores, Skin eruptions*
- 6.2 The prevention of common illnesses is described in terms of suitable methods and preventative measures.
- 6.3 Home treatment of common illnesses is explained in terms of common remedies and when to stop home treatments and refer to health practitioners.
- 6.4 The child is cared for in accordance with specific post illness requirements to facilitate full recovery in the shortest possible time.
- 6.5 Common myths regarding childhood illnesses are dispelled in accordance with scientific medical findings.

METHOD OF ASSESSMENT

- Direct Observation
- Practical demonstration
- Peer assessment
- Case Studies
- Questioning
- Testimony (portfolio)
- Objective, structured, practical evaluation

ACCREDITATION AND MODERATION METHODS:

- 1. Anyone assessing this unit standard must be registered as an assessor with the relevant **ETQA**.
- 2. Any institution offering learning that will enable achievement of this unit standard must be accredited with the **HWSETA**

3. Moderation of assessment will be overseen by the ETQA according to the moderation guidelines in the relevant qualification and agreed ETQA procedures.

NOTES:

1. CRITICAL OUTCOMES:

The following critical outcomes are addressed in this unit standard.

- 1.1 Identify problems related to pregnancy, feeding and development of the infant and child and common illnesses and promote problem solving in the relevant context.
- 1.2 Work effectively with the mother, child, family, health team and community.
- 1.3 Organise and manage oneself and one's time responsibly and efficiently within the context of the family and the community.
- 1.4 Collect, analyse, organise and evaluate information pertaining to basic mother and childcare.
- 1.5 Use science and technology in the context of households, communities and available health care services.
- 1.6 Communicate effectively with mothers, children, health team and community in order to facilitate improved mother and childcare and support.
- 1.7 Demonstrate an understanding of the world as a set of related systems with regard to the different community and health structures as well as cultural sensitivity

2. ESSENTIAL EMBEDDED KNOWLEDGE:

Essential embedded knowledge will be assessed through assessment of the specific outcomes in terms of the stipulated assessment criteria. Candidates are unlikely to achieve all the specific outcomes, to the standards described in the assessment criteria, without knowledge of the listed embedded knowledge. This means that for the most part, the possession or lack of the knowledge can be directly inferred from the quality of the candidate's performance. Where direct assessment of knowledge is required, assessment criteria have been included in the body of the unit standard.

The following embedded knowledge is addressed in an integrated way in the unit standard:

2.1 Names and functions of

- Female Reproductive organs
- Normal foetal and child growth development
- Normal milestones (physical and mental)
 - Safe and appropriate home remedies
- Available and relevant Health Services (both community and state)

2.2 Descriptions, characteristics and properties

- Modes of infection
- Disease process
- Normal Pregnancy
- The at risk mother/infant
- The needs and problems of mother and child care
- Common illnesses

2.2 Sensory cues

- Basic needs of the mother and child
- Assessment of mother and child
- Signs and symptoms of common illnesses
- Danger signs

2.4 Purpose of

- Basic infection control principles
- Ante and postnatal visit
- Growth chart
- Immunisation schedule
- Counselling
- Clinic visits
- 2.5 Events, causes and effects and implications
 - Family planning
 - Feeding
 - Referral to other Health Practitioners
- 2.6 Categories
 - Level of care required by mother
 - Level of care required by child
- 2.7 Procedures and techniques
 - Disease prevention (including sterilisation of bottles and equipment)
 - Food preparation
 - Correct feeding techniques
 - Correct documentation of events
 - Correct identification of at risk clients
- 2.8. Regulations, legislation, agreements, policies, standards
 - The rights of the "client"
 - Family planning legislation
 - Patient advocacy
 - SHEQ (Safety, Health, Environment and Quality) applications
 - Clinic systems and related welfare policies
- 2.9 Relationships and systems
 - Importance of supporting the family structure
 - Importance of maternal and infant bonding
 - Importance of client/practitioner relationship within the personal and community environment ("client" confidentiality)
 - Correct and effective usage of the referral systems

3. SUPPLEMENTARY INFORMATION SPECIFIED REQUIREMENTS

Legal: - Local child-abuse protocols

Guidelines for scope of practice of the AHW

SITE SPECIFIC

Learners must work in accordance with the protocols, procedures and policies of the relevant work environment

UNIT STANDARDS JUSTIFICATION:

Total hours required by the learner to achieve the required outcomes:

ACTIVITY	HOURS
Classroom learning	40
On-the-job learning	60
Self directed learning	10
	10
Other	
TOTAL	120

CREDITS ACHIEVED: 12

UNIT STANDARD TITLE: Provide care and support to an elderly person

LEVEL: 4**CREDITS:** 10**FIELD:** Health Sciences and Social Services**SUBFIELD:** Promotive and Developmental Services**PURPOSE:**

This unit standard will be useful to people who are required to render care to the elderly at home and in care facilities.

People credited with this unit standard are able to:

- Demonstrate an understanding of the ageing process
- Promote health and well-being in activities of daily living
- Provide assistance with the management of chronic health problems
- Facilitate improved coping strategies for social issues/problems

LEARNING ASSUMED TO BE IN PLACE:

The credit calculation for this unit standard is based on the assumption that learners are already competent in terms of the following outcomes or areas of learning when starting to learn towards this unit standard:

- SAQA ID No. 7504
- Knowledge of the community and the ability to communicate effectively with elderly persons within their socio cultural context or relevant work experience
- SAQA ID No. 9825

RANGE STATEMENTS:

Overall range of this unit standard is that of general knowledge pertaining to gerontology and geriatrics (caring for the elderly) within the context of the client's everyday environment.

SPECIFIC OUTCOMES AND ASSESSMENT CRITERIA.**SPECIFIC OUTCOME 1:**

Demonstrate an understanding of the ageing process

Ranae: The ageing process must consider physical, social, cultural, emotional, psychological and spiritual domains

ASSESSMENT CRITERIA

- 1.1 The degenerative changes that take place in all body systems of the elderly are described in terms of the cause and effect on the body.
- 1.2 The degenerative processes of ageing are explained in terms of the effects on the body and mind.
Ranae: processes include bodily changes, short term memory impairment, depression
- 1.3 Strategies for dealing with these processes are described in terms of minimising risks to the safety of the elderly.

Ranae: *strategies include removal of loose obstacles, provision of assistive devices, sensible clothing, non slip devices*

SPECIFIC OUTCOME 2:

Promote health and well-being in activities of daily living

Range: *The activities must include:*

- *Personal hygiene*
- *Elimination of body waste including normal and abnormal bowel and urinary function*
- *Mobility*
- *Active and passive exercises*
- *Appropriate good basic food and fluid intake*
- *Recreational and creative activities.*

ASSESSMENT CRITERIA:

- 2.1 Activities of daily living are identified and demonstrated that will promote and maintain the well-being of the elderly.
- 2.2 The family or relevant helpers are instructed in appropriate care-giving skills related to the needs of the elderly.
- 2.3 Stimulation and recreational activities planned are suitable to the specific needs of the client.
- 2.4 Stimulation and recreational activities are demonstrated and supervised in accordance with the specific needs of the client.

SPECIFIC OUTCOME 3:

Provide assistance with the management of chronic health problems

Ranae: *The types of problems MUST include common conditions such as:*

- *Cardiovascular problems e.g. hypertension/high blood pressure and heart-failure*
- *Cerebro-vascular accidents e.g. strokes*
- *Respiratory conditions e.g. asthma, bronchitis, emphysema etc.*
- *Diabetes mellitus*
- *Arthritis, osteoporosis and related disorders*
- *Intellectual and functional disabilities*
- *Gastro-intestinal conditions*
- *Urinary function disorders*
- *The administration of medication associated with these conditions.*

ASSESSMENT CRITERIA:

- 3.1 Common chronic health problems of the elderly are described in terms of the symptoms and treatments.
- 3.2 Ways of coping with and managing health problems are explained to the elderly person and family.
- 3.3 Methods of dealing with chronic diseases and conditions are demonstrated to the family and client.

SPECIFIC OUTCOME 4:

Facilitate improved coping strategies for social issues/problems

Ranae: *The type of problems encountered include but are not limited to:*

- *Physical, emotional, psychological, sexual and financial abuse.*
- *Physical and medical neglect*
- *Care of vulnerable dependents and orphans*
- *Care of sick and dying family members*
- *Death and bereavement*

ASSESSMENT CRITERIA:

- 4.1** Various types of elder abuse are identified and described in terms of the effect on the client and the family relationship.
- 4.2** The sick, dying and bereaved elderly are counselled in accordance with recognised counselling techniques.
- 4.3** Information on support systems and coping mechanisms is explained to the client in accordance with their specific requirements.
- 4.4** Methods of accessing appropriate social assistance are explained in terms of referrals and client support.
- 4.5** Social problems are identified and actions taken to minimise the effect of the problem on the client.
- 4.6** Elder abuse is identified and reported to relevant people in accordance with the client's situation.

METHOD OF ASSESSMENT

- Direct Observation
- Practical demonstration
- Case Studies
- Questioning
- Testimony (portfolio)
- Objective, structured, practical evaluation

ACCREDITATION AND MODERATION OPTIONS:

1. Anyone assessing a learner against this unit standard must be registered as an assessor with the HWSETA.
2. Any institution offering learning that will enable achievement of this unit standard must be accredited as a provider by HWSETA.
3. Moderation of assessment will be overseen by the ETQA according to the moderation guidelines in the relevant qualification and the agreed ETQA procedures.

NOTES:

1. CRITICAL OUTCOMES

The following critical outcomes are addressed in this unit standard:

- 1.1** Anticipate and solve problems encountered by the elderly. **Assessment Criteria: 7.7, 7.2, 1.3, 3.1, 3.2, 3.3, 3.4**
- 1.2** Work with others as a member of a multidisciplinary team in a community or institutional context. **Assessment Criteria: 3.3, 4.4**
- 1.3** Appropriate communication and advocacy skills. **Assessment Criteria: 4.7, 4.2, 4.3, 4.4**
- 1.4** Collect, organise and evaluate information and resources. **Assessment Criteria: 4.3**

- 1.5 Communicate effectively with the elderly person, the family, social group, health team and community in order to facilitate improved geriatric care and support. **Assessment Criteria: 2.1, 2.2, 2.3, 4.1, 4.2**
- 1.6 Use science and technology effectively and critically. **Assessment Criteria: 3.4**
- 1.7 Demonstrate an understanding of the world as a set of related systems with regard to the different health, social and community structures. **Assessment Criteria: 4.4**

2. ESSENTIAL EMBEDDED KNOWLEDGE

Essential embedded knowledge will be assessed through assessment of the specific outcomes in terms of the stipulated assessment criteria. Candidates are unlikely to achieve all the specific outcomes, to the standards described in the assessment criteria, without knowledge of the listed embedded knowledge. This means that for the most part, the possession or lack of the knowledge can be directly inferred from the quality of the candidate's performance. Where direct assessment of knowledge is required, assessment criteria have been included in the body of the unit standard.

3. SUPPLEMENTARY INFORMATION:

SPECIFIED REQUIREMENTS

- 3.1 Draft Bill on Older Persons
- 3.2 Legal: Rights of the elderly with regard to:
- wills/estate, deaths, funerals
 - elder abuse
- 3.3 Social support: - Accessing of grants and other assistance
- 3.4 SITE SPECIFIC
- homes and communities
 - day care centres
 - residential facilities
 - frail care facilities

UNIT STANDARDS JUSTIFICATION

Total hours required by the learner to achieve the required outcomes:

Activity	Hours
Classroom learning	40
On-the-job learning	40
Self directed learning	10
Coaching required	10
Other	
TOTAL	100

CREDITS ACHIEVED: 10

UNIT STANDARD TITLE: Facilitate the optimal functioning of the client with intellectual disability

LEVEL 4**CREDITS:** 18**FIELD:** Health Sciences and Social Services**SUBFIELD:** Promotive Health and Developmental Services**PURPOSE OF THE UNIT STANDARD:**

This unit standard is to enable the caregiver to promote optimal physical and cognitive development and independence of persons with intellectual disability, as well as to maintain human dignity and recognition of rights.

People credited with this unit standard are able to:

- Describe the meaning, causes, levels and effects of intellectual disability
- Promote activities of daily living to encourage independence.
- Select and implement appropriate stimulation activities
- Implement programmes to manage behavioural problems
- Transfer work related social skills to the client
- Explain the rights and responsibilities of persons with intellectual disability.

LEARNING ASSUMED TO BE IN PLACE:

The credit calculation for this unit standard is based on the assumption that learners are already competent in terms of the following outcomes or areas of learning when starting to learn towards this unit standard:

- Knowledge of the community and ability to differentiate between physical and mental disabilities
- Knowledge of the community's cultural perception of intellectual disabilities
- Understanding and knowledge of caring for a dependent person.
- Understanding of normal childhood development and identify deviations from the expected activities at each stage of life

RANGE STATEMENTS:

Have knowledge and understanding of the person with intellectual disability i.e. physically, cognitively, socially and psychologically, in order to promote optimal development and independence. Promote recognition of and respect for the intellectually disabled person.

SPECIFIC OUTCOMES AND ASSESSMENT CRITERIA.**SPECIFIC OUTCOME 1**

Describe the meaning, causes, levels and effects of intellectual disability

ASSESSMENT CRITERIA:

- 1.1 Intellectual disability is explained in terms of a common medical understanding.
- 1.2 The probable causes of intellectual disability are explained in terms of natural and environmental causes originating before, during and after birth.

- 1.3 The various levels of intellectual disability are explained in terms of the severity and possible management
- 1.4 Intellectual disability is explained in terms of its effect on the individual, the family and the community.
- 1.5 Commonly used adaptive skills are identified that will train the brain to find new pathways.

SPECIFIC OUTCOME 2

Promote activities of daily living to encourage independence.

Ranae: *Activities of daily living include toilet training, dressing, washing and feeding*

ASSESSMENT CRITERIA

- 2.1 Adaptive skills are identified and promoted in terms of coping with specific functioning.
- 2.2 Daily living activities are planned and implemented in accordance with the client's level of functioning to promote independence.
- 2.3 Independence is encouraged through dressing, washing and feeding
- 2.4 Work related social skills are transferred in accordance with specific client situation and work environment.
- 2.5 The client, their family and the community are equipped to cope with the intellectual disability in terms of understanding the condition and providing support.

SPECIFIC OUTCOME 3

Select and implement appropriate stimulation activities

ASSESSMENT CRITERIA

- 3.1 Stimulation activities are identified according to the level of function.
- 3.2 Stimulation activities planned are appropriate to the client in terms of the outcome required.
Ranae: *Types of stimulation include sensory, cognitive, communication and movement*
- 3.3 Stimulation activities are demonstrated in terms of application and timing.
- 3.4 Potential problems in implementing stimulation activities are identified in terms of the inability of the client or family to conduct the activity.

SPECIFIC OUTCOME 4

Implement programmes to manage behavioural problems

Ranae: *Behavioural problems include temper, violence, aggression, refusal, isolation*

ASSESSMENT CRITERIA

- 4.1 Behavioural problems associated with intellectual disability are identified in terms of symptoms and circumstances.

- 4.2 A programme to manage behavioural problems is compiled in accordance **with client specific** requirements.
- 4.3 A programme to manage behavioural problems is implemented in accordance **with client specific** requirements.

SPECIFIC OUTCOME 5

Transfer work related social skills to the client

ASSESSMENT CRITERIA

- 5.1 Personal hygiene is explained in terms of self care in the workplace.
- 5.2 Time management programmes are planned and implemented in accordance **with client and** workplace specific requirements.
- 5.3 The benefits of clear communication are explained in terms of work relationships and **transfer** of information.
- 5.4 Clients are encouraged to communicate in accordance with workplace sequence and format.

SPECIFIC OUTCOME 6

Explain the rights and responsibilities of persons with intellectual disability.

ASSESSMENT CRITERIA

- 6.1 The rights and responsibilities of people with an intellectual disability are identified in accordance with relevant health and safety legislation and their right to human dignity as laid **out** in the South African Constitution.
- 6.2 Limitations of people with an intellectual disability are identified in accordance with relevant health and safety legislation.
- 6.3 The rights and responsibility of service providers are explained in terms **of** permissible actions and limitations.
- 6.4 The implications of derogatory labels being used to describe people with an intellectual disability are explained in terms of personal motivation to overcome problems.

ACCREDITATION AND MODERATION METHODS:

1. Anyone assessing this unit standard must be registered as an assessor with the relevant ETQA.
2. Any institution offering learning that **will** enable achievement of this unit standard must be accredited with the **HWSETA**.
3. Moderation of assessment will be overseen by the ETQA according to the moderation guidelines in the relevant qualification and agreed **ETQA** procedures.

NOTES:

1. **CRITICAL OUTCOMES:**

The following critical outcomes are addressed in this unit standard.

- 1.1 Identify and solve problems encountered by persons with intellectual disability. Assessment Criteria: 1.2, 3.1, 3.2, 4.1, 4.2
- 1.2 Work effectively with teams to promote development. Assessment Criteria: 2.4, 2.5, 5.2, 5.3, 6.2, 6.3
- 1.3 Organise relevant resources and be able to utilize them. Assessment Criteria: 4.1, 4.2, 5.2, 5.3, 6.2
- 1.4 Interact with variety of persons with intellectual disability as well as their families. Assessment Criteria: 2.4, 3.1, 3.2, 4.1, 4.2, 5.2, 5.3
- 1.5 Organise, manage and evaluate the output of his/her activities. Assessment Criteria: 2.4, 3.1, 3.2, 4.1, 4.2, 5.2, 5.3
- 1.6 Demonstrate knowledge and understanding of challenges within the environment of persons with intellectual disability. Assessment Criteria: 1.1, 1.2, 2.1, 2.2, 2.3

2. ESSENTIAL EMBEDDED KNOWLEDGE

Essential embedded knowledge will be assessed through assessment of the specific outcomes in terms of the stipulated assessment criteria. Candidates are unlikely to achieve all the specific outcomes, to the standards described in the assessment criteria, without knowledge of the listed embedded knowledge. This means that for the most part, the possession or lack of the knowledge can be directly inferred from the quality of the candidate's performance. Where direct assessment of knowledge is required, assessment criteria have been included in the body of the unit standard.

The following embedded knowledge is addressed in an integrated way in the unit standard:

- 2.1 Names of different types of intellectual disabilities
 - Know stages of development of a human being
- 2.2 Describe different types of intellectual disabilities
 - Basic knowledge of human anatomy
 - Know the effect of intellectual disability on the family and the community
 - Be able to identify early signs of intellectual disability
- 2.3 Know all senses
 - Know sensory stimulation
- 2.4 Demonstrate and perform activities of daily living to promote independence
 - Perform movement stimulation to promote development and independence to the client's ability
 - Plan and implement programme for rehabilitation
 - Facilitate inclusion of persons with intellectual disability (work place and community facilities)
- 2.5 Causes of intellectual disabilities before, during and after birth
 - Know the effect of intellectual disability on the client (physically, emotionally, psychologically, socioculturally and economically.)
 - Know the effect of intellectual disability on the family of the client and the community
 - Know prevention of infringement of rights of persons with intellectual disability
 - Know the available resources and how to access them (support group and support systems.)
 - Know the relevant legislation in the field of Mental Health
- 2.6 Know levels of intellectual disabilities

3. SUPPLEMENTARY INFORMATION:**SPECIFIC REQUIREMENTS:**

- Legal: Rights of the intellectually disabled client, relevant legislation in the field of Mental Health, relevant portions of the constitution of South Africa
- Guidelines for scope of practise for the Ancillary Health Worker

SITE SPECIFIC

- Homes
- Day Centers - (Community)
- Institutions
- According to the context in which the learner is working

UNIT STANDARDS JUSTIFICATION**CREDITS**

Total hours required by the learner to achieve the required outcomes:

Activity	Hours
Classroom learning	60
On-the-job learning	80
Self directed learning	10
Coaching required	20
Other: Site visits and clinical accompaniment	40
TOTAL	210

CREDITS ACHIEVED: 21

UNIT STANDARD TITLE: Develop and implement a client ARV treatment plan**LEVEL:** 4**CREDITS:** 6**FIELD:** Health Science and Social service**SUB-FIELD:** Curative Health**ISSUE DATE:****REVIEW DATE:****PURPOSE OF THE UNIT STANDARD:**

This unit standard is for health workers in the community who will provide mentoring and support for the client who is receiving Anti retroviral (ARV) treatment.

People credited with this unit standard are able to:

- Develop a client treatment plan
- Explain the importance of the treatment plan to the client
- Provide guidance and support to the client in relation to the treatment plan
- Support the client in adhering to the treatment plan

LEARNING ASSUMED TO BE IN PLACE:

The credit calculation for this unit standard is based on the assumption that learners are already competent in terms of the following outcomes or areas of learning when starting to learn towards this unit standard:

- Apply accurate information about HIV & AIDS to everyday life
- Apply active *Listening* skills in the care and support environment
- Provide accurate information about Tuberculosis and directly observed treatment (DOTS)
- Apply accurate information about HIV and AIDS and treatment options to community care and support situations

SPECIFIC OUTCOMES AND ASSESSMENT CRITERIA**SPECIFIC OUTCOME 1:**

Develop a client treatment plan

ASSESSMENT CRITERIA:

- 1.1 The plan includes accurate information about ARV Treatment and the key elements required for adherence.
- 1.2 The role and functions of both parties are clarified in terms of the joint commitment and buy-in to the implementation of the plan.
- 1.3 The plan is realistic and appropriate for the needs and circumstances of the client and takes into account the client's psychosocial and economic situation.
- 1.4 The client is actively involved in the development of the treatment plan in terms the ability to understand and adhere to the plan.

SPECIFIC OUTCOME 2:

Explain the importance of the treatment plan to the client

ASSESSMENT CRITERIA:

- 2.1. The details of the plan are explained in terms of all the key elements.
- 2.2. Dangers of non-adherence to the treatment plan are explained in terms of drug resistance.
- 2.3. Barriers to adherence to the treatment plan are identified in terms of lifestyle and suitable interventions to address the barriers.
- 2.4. Understanding of the importance of adherence to the plan is confirmed with the client in terms of ultimately improving the quality of life.

SPECIFIC OUTCOME 3

Provide guidance and support to the client in relation to the treatment plan

ASSESSMENT CRITERIA

- 3.1 The common side effects of treatment are explained to the client in terms of signs and symptoms and how to manage these.
- 3.2 The potentially dangerous side effects of treatments are explained to the client in terms of when to seek medical help.
- 3.3 The client is encouraged and supported in persevering with treatment in accordance with the treatment plan and not to stop treatment prior to getting medical help.
- 3.4 Local support systems are identified in consultation with the client

SPECIFIC OUTCOME 4

Support the client in adhering to the treatment plan

ASSESSMENT CRITERIA:

- 4.1 Support given assists the client in taking the correct dosage of medication at the correct time in accordance with the treatment plan.
- 4.2 Support given helps the client deal with emotional and psychosocial difficulties experienced during treatment.
- 4.3 The client is empowered to take responsibility for own medication and visits to treatment sites.
- 4.4 The client is encouraged to make lifestyle changes that will promote adherence to the treatment plan.

ACCREDITATION AND MODERATION OPTIONS:

1. Anyone assessing a learner against this unit standard must be registered as an assessor with the relevant ETQA.
2. Any institution offering learning that will enable achievement of this unit standard must be accredited as a provider through the relevant ETQA by **SAQA**.

3. Moderation of assessment will be overseen by the relevant ETQA according to the moderation guidelines in the relevant qualification and the agreed **ETQA** procedures

NOTES:

1. Critical cross-field outcomes:

This unit standard addresses the following critical cross-field outcomes:

- 1.1 Work effectively in a team using critical and creative thinking: working with clients and other relevant parties *to plan mentoring plan*.
- 1.2 Organize and manage oneself and one's activities: planning mentoring.
- 1.3 Communicate effectively: discussing treatment plan and guiding and supporting clients.
- 1.4 Understand the world as a set of inter-related parts of a system: understanding the *impact of HIV&AIDS* on individuals and communities
- 1.5 Be culturally and aesthetically sensitive across a range of social contexts: engage with a variety of clients *in* a culturally sensitive manner.

2. Essential embedded knowledge:

Essential embedded knowledge will be assessed through assessment of the specific outcomes in terms of the stipulated assessment criteria. Candidates are unlikely to achieve all the specific outcomes, to the standards described in the assessment criteria, without knowledge of the listed embedded knowledge. This means that for the most part, the possession or lack of the knowledge can be directly inferred from the quality of the candidate's performance. Where direct assessment of knowledge is required, assessment criteria have been included in the body of the unit standard.

The following embedded knowledge is addressed in an integrated way in the unit standard:

- Approaches to pre- and post-test counselling;
- Methods for diagnosing HIV.
- National guidelines on HIV diagnosis
- Causes of HIV infection
- Approaches to health education and safer sex.
- Stages of ARV Treatment
- Relevant legislation

FETC: Community Health Work

Field:	Health Sciences and Social Services
Sub-field:	Promotive Health and Developmental Services
Level:	4
Credits:	156

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. This process will also ensure that no single member of the team dominates but that different members of the team will lead at different times depending on the services to be rendered.

Purpose:

A learner who has achieved this qualification will integrate a range of awareness and competencies to practice the roles of health promoter, health provider and health networker within a community development context.

Learners who complete this qualification will have a 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 a team member and as a provider of support services within a multidisciplinary health care team.

Recipients of this qualification are able to:

- Communicate in a variety of ways
- Use mathematics in real life situations
- Facilitate community health activities
- Provide community health care

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

- Provide mental health care
- Educate and support parents in childcare
- Provide care to an elderly person.
- Develop and implement a client ARV treatment plan
- Identify and support the abused child

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

- the client's home
- a community care centre
- the broader community

Access to the qualification:

This qualification is open to anyone with access to learning opportunities and work experience in the areas reflected in the exit level outcomes and unit standards. It is advisable that candidates should already have addressed the areas reflected under "learning assumptions" before embarking on learning towards this qualification, although the exact starting point depends on the available resources for learning.

Learning assumptions:

This qualification forms part of a progressive route in ancillary health care and learners starting to learn towards this qualification are assumed to be able to provide home based care, and will require the following competencies:

- Communication at NQF level 3
- Mathematical Literacy at NQF level 3
- Ability to undertake independent learning

Articulation possibilities:

This qualification has been designed and structured so that qualifying learners can move from one context to another. It builds on the National Certificate in Community Health Work (Level 3) and acts as a springboard from which learners may progress to other qualifications at level 5 in related health, development and social care fields.

Structure of the qualification:

The qualification has the following general structure:

The rationale and purpose provides, among other things, a broad description of what holders of the qualification can do.

The qualification is further defined by means of a number of Exit Level Outcomes. These ELOs provide a means for candidates to exit the qualification with recognition for clusters of competencies, even if they do not achieve the whole qualification. The ELOs also provide a means to organise the unit standards into coherent clusters, thus

Qualification Rationale and Purpose		
ELO 1	ELO 2	ELO 3 etc

facilitating integrated assessment.

Each ELO is further defined by means of the associated unit standards. Some of these unit standards may be indicated as CORE (compulsory), while others may be identified as ELECTIVES, with **rules** of combination provided.

Assessment criteria are provided for each ELO where required, mainly to address the need for evidence of integration of competencies.

Each unit standard contains details of specific outcomes, range statements and assessment criteria, thus making it possible for assessors to judge competence in terms of each unit standard, while at the same time providing possible evidence of integration of competencies.

US (C)	US (E)	US (E)	US (C)	US (E)	US (C)	US (C)	US (E)	US (E)
For each unit standard: specific outcomes range statements assessment criteria								

Exit level outcomes:

Exit Level Outcome		Possible credits		
		F*	C*	E*
1.	Communicate in a variety of ways	46		
2.	Use mathematics in real life situations	17		
3.	Facilitate community health activities		50	12
4.	Provide community health care		22	34
5.	Provide mental health care			22
TOTALS		63	72	68
Credits required		63	72	21

* **Note:** F = Fundamentals; C = Core; E = Elective

Rules of combination:

FUNDAMENTAL

Communication

Candidates are required to achieve all **46 credits** for Communications from the available credits.

Mathematical Literacy – Candidates are required to demonstrate achievement of the **16 credits** for Mathematics unit standards within the context of healthcare provision.

Note: Mathematical Literacy is defined as the ability to apply basic mathematics within a variety of real life contexts. The applications may vary in complexity from NQF 1 - 4, even though the level of mathematics may be at level 1. Because the complexity of applications within healthcare provision range from NQF 1 to NQF 4, achievement of the mathematics standards, within the context of healthcare provision, is considered to be equivalent to NQF 4.

CORE:

Candidates must achieve all **72 CORE** credits listed in Exit Level Outcomes

ELECTIVE:

Candidates must achieve at least **21 credits** of their choice from any of the available **ELECTIVE** credits, whether in Exit Level Outcomes or as stand alone unit standards. In order to achieve an Exit Level Outcome, candidates must achieve all of the credits for that ELO.

Associated unit standards:

Exit Level Outcome 1: Communicate in a variety of ways

	NLRD No.	Unit Standard Title	Level	Credits
FUNDAMENTAL	8974	Engage in sustained oral communication and evaluate spoken texts	4	5
	8975	Read, analyse and respond to a variety of texts	4	5
	8979	Use language and communication in occupational learning programmes	4	5
	8976	Write for a wide range of contexts	4	5
	8969	Interpret and use information from texts	3	5
	8970	Write texts for a range of communicative contexts	3	5
	8973	Use language and communication in occupational learning programmes	3	5
	8968	Accommodate audience and context needs in oral communications	3	5
	116987	Apply active listening skills in the care and support environment	3	6

Exit Level Outcome 2: Use mathematics in real life situations

	NLRD No.	Unit Standard Title	Level	Credits
FUNDAMENTAL	7465	Collect and use data to establish complex statistical and probability models and solve related problems	4	5
	7484	Describe, represent, analyse and explain changes in shape and motion in 2- and 3-dimensional space with justification	4	4
	9015	Apply knowledge of statistics and probability to critically interrogate and effectively communicate findings on life related problems	4	5
	7485	Demonstrate understanding of real and complex number systems	4	3

Exit Level Outcome 3: Facilitate community health activities

	NLRD No.	Unit Standard Title	Level	Credits
CORE	110053	Conduct a basic community needs assessment	4	12
	110056	Conduct advocacy campaigns and workshops in development practice	4	12
	12353	Facilitate participatory community development processes	4	12
	114491	Educate and work closely with the community with regard to sexually transmitted infections including HIV/AIDS	4	10
	8612	Demonstrate an understanding of societal values and ethics	4	4
ELECTIVE	10231	Plan a learning event	4	8
	10136	Plan, organise and support project meetings and workshops	4	4

Exit Level Outcome 4: Provide community health care				
	NLRD No.	Unit Standard Title	Level	Credits
CORE	NR	Plan and promote nutritional programmes to improve community health	4	12
	(NC L3)	Demonstrate knowledge of the provision and implementation of primary health care in the community	4	10
ELECTIVE	117016	Institute preventive measures to reduce the potential impact of disasters	3	14
	NR	Apply palliative care principles when supporting the child and family to manage disease.	4	12
	NR	Plan and implement home based care	4	6

Exit Level Outcome 5: Provide mental health care				
	NLRD No.	Unit Standard Title	Level	Credits
ELECTIVE	NR	Facilitate the optimal functioning of the client with a psychiatric disorder.	4	16
	114483	Identify and apply strategies to deal with risk behaviour to promote psychological health and wellness	4	6

Assessment criteria:

For award of the whole qualification, candidates must achieve the required number of credits as specified in the rules of combination above as well as the criteria specified for integrated assessment below.

Should candidates exit the qualification *without completing the whole qualification*, recognition may be given for each Exit Level Outcome achieved. For award of a particular Exit Level Outcome, candidates must achieve:

- all the Core and Elective unit standards associated with the particular Exit Level Outcome as per the specifications contained within each unit standard, and
- the criteria specified for integrated assessment below.

Integrated assessment:

Assessment will take place according to the detailed specifications indicated in the unit standards associated with each exit level outcome (see "associated unit standards" above).

Over and **above** the achievement of the specified unit standards, evidence of integration will be required as per the following broad criteria, all within the context of workplace activities.

Assessors should note that the evidence of integration (as below) could well be presented by candidates when being assessed against the unit standards – thus there should not necessarily be separate assessments for each unit standard and then further assessment for integration. Well designed assessments should make it possible to gain evidence against each unit standard while at the same time gain evidence of integration.

Candidates must demonstrate the ability to engage in the operations selected in an integrative way, dealing with divergent and "random" demands related to these work operations, effectively. Evidence is required that the candidate is able to achieve the purpose of the qualification as a whole at the time of the award of the qualification. Integration of skills will be demonstrated through the achievement of the core operational standards.

Criteria for integrative assessment of generic competence includes:

Exit Level Outcome 1: *Communicate in a variety of ways*

- Oral communication *is* maintained and adapted as required to promote effective interaction in a work context.
- Information is accessed from standing instructions, visual information and a range of other workplace texts and responses where required are appropriate to the context.
- Written communication is clear and unambiguous and at an appropriate level for designated target audiences.

Exit level Outcome 2: *Use mathematics in real life and education, training and development situations*

- Mathematical functions are used correctly to solve routine workplace problems and tasks.

Exit level Outcome 3: *Facilitate community health activities*

- Community health needs are identified through a needs assessment
- Community campaigns and workshops are planned and conducted with due regard to societal values and ethics
- The community is educated on STIs, including HIV/AIDS

Exit level Outcome 4: *Provide community health care*

- Nutritional programmes are drawn up in relation to the specific community
- Care is provided to patients in accordance with specific needs

Exit level Outcome 5: *Provide mental health care*

- Risks for mental patients are identified and reduced
- The family is supported in providing assistance to mental patients

Assessment principles:

Assessment should be in accordance with the following general and specific principles:

- The initial assessment activities should focus on gathering evidence in terms of the main outcomes expressed in the titles of the unit standards to ensure assessment is integrated rather than fragmented. Where assessment at title level is unmanageable, then the assessment can focus on each specific outcome, or groups of specific outcomes. Take special note of the need for integrated assessment.
- Evidence must be gathered across the entire range specified in each unit standard, as applicable. Assessment activities should be as close to the real performance as possible, and where simulations or role-plays are used, there should be supporting evidence to prove that the candidate is able to perform in the real situation.
- **All** assessments should be conducted in accordance with the following universally accepted principles of assessment:
 - # use appropriate, fair and manageable methods that are integrated into real work-related or learning situations;
 - # judge evidence on the basis of its validity, currency, authenticity and sufficiency; and
 - # ensure assessment processes are systematic, open and consistent.

Recognition of prior learning:

This qualification can be achieved wholly or in part through recognition of prior learning in terms of the defined exit level outcomes and/or individual unit standards.

Evidence can be presented in various ways, including international and/or previous local qualifications, products, reports, testimonials mentioning functions performed, work records, portfolios, videos of practice and performance records.

All such evidence will be judged in accordance with the general principles of assessment described above and the requirements for integrated assessment.

Accreditation and Moderation:

- 1. Providers offering learning towards achievement of any of the unit standards that make up this qualification must be accredited through the HWSETA
2. Internal moderation of assessment must take place at the point of assessment with external moderation provided by the relevant ETQA, according to the moderation guidelines and the agreed ETQA procedures.

Registration of assessors:

Assessors registered with HWSETA must carry out the assessment of candidates for any of the unit standards that make up this qualification. The following criteria are specified for assessors of this qualification:

- Be a professional person
- Be suitably qualified at a minimum of **NQF level 5**
- Be experienced in the fields of primary health care and community development
- Have appropriate experience and understanding of assessment theory, processes and practices.
- Have good interpersonal skills and ability to balance the conflicting requirements of the interests of the learner, the provider and the employer.

Critical cross-field outcomes:

This qualification addresses the following critical cross-field outcomes, as detailed in the unit standards

- a) Identifying and solving problems in which responses indicate that responsible decisions using critical and creative thinking have been made.
[ELO 2; ELO 3; ELO 4; ELO 5]
- b) Working effectively with others as a member of a team, group, organisation or community.
[ELO 3, ELO 4, ELO 5]
- c) Organising and managing oneself and one's activities responsibly and effectively.
[ELO 3, ELO 4, ELO 5]
- d) Collecting, analysing, organising and critically evaluating information.
[ELO 3, ELO 4, ELO 5]
- e) Communicating effectively using visual, mathematical and/or language skills in the modes of oral/written persuasion.
[ELO 1, ELO 2, ELO 3, ELO 4, ELO 5]
- f) Using science and technology effectively and critically, showing responsibility towards the environment and health of others.
[ELO 4, ELO 5]
- g) Demonstrating and understanding of the world as a set of related systems by recognising that problem-solving contexts do not exist in isolation.
[ELO 3, ELO 4, ELO 5]

Learning programmes directed towards this qualification will also contribute **to** the full personal development of each learner and the social and **e**conomic development of society at large, by making individuals aware of the importance of:

- 1) Reflecting **on** and exploring a variety **of** strategies to learn more effectively.
- 2) Participating as responsible citizens in the life of local, national and global communities.
- 3) Being culturally and aesthetically sensitive across a range of social contexts.
- 4) Exploring education and career opportunities; and developing entrepreneurial opportunities.

International comparability:

This qualification **is** unique to South Africa and **is** appropriate for the unique requirements in this country as well as neighbouring (SADC) and other third-world countries.

Qualification Summary – FETC: Community Health Work – Level 4

Fundamental – 62 credits required			
NLRD	Title	Level	Credits
8974	Engage in sustained oral communication and evaluate spoken texts	4	5
8975	Read, analyse and respond to a variety of texts	4	5
8979	Use language and communication in occupational learning programmes	4	5
8976	Write for a wide range of contexts	4	5
8969	Interpret and use information from texts	3	5
8970	Write texts for a range of communicative contexts	3	5
8973	Use language and communication in occupational learning programmes	3	5
8968	Accommodate audience and context needs in oral communication	3	5
116987	Apply active listening skills in the care and support environment	3	6
7465	Collect and use data to establish complex statistical and probability models and solve related problems	4	5
7484	Describe, represent, analyse and explain changes in shape and motion in 2- and 3-dimensional space with justification	4	4
9015	Apply knowledge of statistics and probability to critically interrogate and effectively communicate findings on life related problems	4	5
7485	Demonstrate understanding of real and complex number systems	4	3
TOTAL			63
Core – all 72 credits required			
NLRD	Title	Level	Credits
110053	Conduct a basic community needs assessment	4	12
110056	Conduct advocacy campaigns and workshops in development practice	4	12
12353	Facilitate participatory community development processes	4	12
114491	Educate and work closely with the community with regard to sexually transmitted infections including HIV/AIDS	4	10
8612	Demonstrate an understanding of societal values and ethics	4	4
	Plan and promote nutritional programmes to improve community health	4	12
(NC L3)	Demonstrate knowledge of the provision and implementation of primary health care in the community	4	10
TOTAL			72
Elective – any 21 credits required			
NLRD	Title	Level	Credits
114483	Identify and apply strategies to deal with risk behaviour to promote psychological health and wellness	4	6
117016	Institute preventive measures to reduce the potential impact of disasters	3	14
(NC L3)	Promote optimal care and support of the person with a physical disability	4	21
	Apply palliative care principles when supporting the child and family to manage disease.	4	12
	Plan and implement home based care	4	6
	Facilitate the optimal functioning of the client with a psychiatric disorder.	4	16
(NC L3)	Educate and support parents in childcare	4	12
(NC L3)	Provide care and support to an elderly person.	4	10
(NC L3)	Develop and implement a client ARV treatment plan	4	6
(NC L3)	Identify and support the abused child	4	6
10231	Plan a learning event	4	8
10136	Plan, organise and support project meetings and workshops	4	4
			21

UNIT STANDARD TITLE: Plan and promote nutritional programmes to improve community health

LEVEL:	4
CREDITS:	12
FIELD:	Health Sciences and Social Services
SUBFIELD:	Preventive Health

PURPOSE OF THE UNIT STANDARD

This unit standard is for persons who are required to assess nutritional requirements, identify problems and possible solutions relevant to both a community and the individual.

People credited with this unit standard are able to:

- Identify nutritional needs and resources
- Identify value of different foods and food groups
- Establish, develop and maintain local nutritional resources.

LEARNING ASSUMED TO BE IN PLACE

The credit calculation for this unit standard is based on the assumption that learners are already competent in terms of the following outcomes or areas of learning when starting to learn towards this unit standard:

- Ability to communicate effectively within the appropriate cultural context.
- Knowledge of community structures and resources
- Ability to network with people from other relevant sectors and services.
- Numeracy Level 3
- Nutrition Level 2

RANGE STATEMENTS

Knowledge of nutrition and appropriate interventions in nutrition-related matters, appropriate to the community and the individual. Identification and use of local resources including but not limited to food gardens and food support programmes.

SPECIFIC OUTCOMES AND ASSESSMENT CRITERIA
SPECIFIC OUTCOME 1

Identify nutritional needs and resources

ASSESSMENT CRITERIA

1.1 Nutritional needs for daily living are identified in terms of specific requirements.

Ranae: *Specific requirements include chronic medical conditions such as diabetes and HIV/AIDS, as well as nutritional deficiency problems such as malnutrition*

1.2 Nutritional needs assessments for individuals and groups are conducted in accordance with agreed procedures.

Range: age, gender, special needs and stage of life.

1.3 Existing and potential local nutritional resources are identified in terms of the nutritional requirements and the resource characteristics.

1.4 Existing and potential nutritional resources outside the community are identified in terms of the nutritional requirements and the resource characteristics.

SPECIFIC OUTCOME 2

Identify value of different foods and food groups.

ASSESSMENT CRITERIA

2.1 A nutritional programme is identified in terms of optimising well-being for special conditions.

Range: Special conditions include diabetes, hypertensive, kidney problems, operations, allergies, intolerances

2.2 The nutritional value of available traditional/indigenous food sources is identified in terms of the quantity required and costs.

2.3 Food is selected to meet the needs of the community and the individual in terms of specific dietary requirements.

Range: Specific dietary requirements include traditional diets, vegan diets, vegetarian diets

SPECIFIC OUTCOME 3

Establish, develop and maintain local nutritional resources.

ASSESSMENT CRITERIA

3.1 Nutritional resources are sourced or produced in accordance with the relevant identified needs and preferences of the community.

Range: Methods of producing nutritional resources include planting seeds and harvesting on an ongoing basis, involving the community

3.2 Food resources are preserved and stored without destroying nutritional value.

Range: Prevention of destroying nutritional value includes contamination and vermin infestation

3.3 The health risks associated with the inappropriate storage of food are explained in terms of disease and loss of nutritional value.

ACCREDITATION AND MODERATION METHODS:

1. Anyone assessing this unit standard must be registered as an assessor with the relevant ETQA.
2. Any institution offering learning that will enable achievement of this unit standard must be accredited with HWSETA.
3. Moderation of assessment will be overseen by the ETQA according to the moderation guidelines in the relevant qualification and agreed ETQA procedures.

NOTES:

1. CRITICAL OUTCOMES:

The following critical outcomes are addressed in this unit standard.

- 1.1 Identify and solve problems related to nutrition using critical and creative thinking (1.1 to 1.4 and 2.1 to 2.3)
- 1.2 Work effectively in a multi-disciplinary team and with communities at different stages of life (2.2, 4.1 and 4.2)
- 1.3 Communicate and advocate for good nutrition (3.1 to 3.3 and 4.1 to 4.2)
- 1.4 Collect, organise and evaluate information and resources related to nutrition (1.1 to 1.4 and 2.1)
- 1.5 Organise and manage oneself and one's activity within the relevant context (1.1; 1.2 and 2.1)
- 1.6 Demonstrate the world as a set of related systems with regard to the different health, social and community structures (1.2; 2.1; 2.2; 2.3; 4.1)

2. ESSENTIAL EMBEDDED KNOWLEDGE

Essential embedded knowledge will be assessed through assessment of the specific outcomes in terms of the stipulated assessment criteria. Candidates are unlikely to achieve all the specific outcomes, to the standards described in the assessment criteria, without knowledge of the listed embedded knowledge. This means that for the most part, the possession or lack of the knowledge can be directly inferred from the quality of the candidate's performance. Where direct assessment of knowledge is required, assessment criteria have been included in the body of the unit standard.

The following embedded knowledge is addressed in an integrated way in the unit standard:

- Essential nutrients and their functions
- Nutritional needs during pregnancy, lactation, infancy, childhood, adolescence and adulthood
- The use of dietary guidelines
- Nutritional problems throughout the stages of life
- Nutritional requirements for chronic medical conditions such as HIV/AIDS, Diabetes, .
- Signs and symptoms of nutritional problems throughout the stages of life.
- The causes of nutritional problems throughout the stages of life.
- The correct methods of selection, preparation and storage of foodstuffs.
- Nutritional value of available traditional/indigenous food sources
- Basic needs assessment skills
- Knowledge of basic research methodology

UNIT STANDARDS JUSTIFICATION

CREDITS

Total hours required by the learner to achieve the required outcomes:

Activity	Hours
Classroom learning	40
On-the-job learning	50
Self directed learning	15
Coaching required	15
TOTAL	120

CREDITS ACHIEVED: 12

UNIT STANDARD TITLE: Apply palliative care principles when assisting and supporting the child and family to manage life threatening disease

LEVEL: 4**CREDITS:** 12**FIELD:** Health Sciences and Social Services**SUBFIELD:** Rehabilitative Health Services**PURPOSE OF THE UNIT STANDARD:**

This unit standard will enable caregivers, working under the supervision of a suitably-qualified person, to care for children whose disease is no longer responsive to curative treatment.

A person credited with this unit standard will be able to:

- Demonstrate an understanding of all aspects of the definition of paediatric palliative care.
- Demonstrate an understanding of all the possible role players involved in the provision of paediatric palliative care, and their respective roles.
- Apply relevant ethical and legal principles in the provision of paediatric palliative care.
- Assist in the effective management of total pain, in partnership with all members of the paediatric palliative care team.
- Assist in the effective symptom management in partnership with all members of the paediatric palliative care team.
- Assist in the management of the nutrition of a child
- Assist in the provision of quality end-of-life care for patients and their families
- Demonstrate an understanding of the concepts of grief and loss and the associated feelings.

LEARNING ASSUMED TO BE IN PLACE:

The credit calculation for this unit standard is based on the assumption that learners are already competent in terms of the following outcomes or areas of learning when starting to learn towards this unit standard:

- Understand the relevance of ethical issues in community work and educate community members on rights and responsibilities
- Assist the community to access services in accordance with their health related human rights ID No: 9827
- Maintain and adapt oral communication ID No. 8962
- Assist and Support the Client and Family to Manage Home Based Care

RANGE STATEMENTS:

- Care will take place under the mentorship and supervision of a qualified health worker with relevant experience and includes communication with the palliative care team.
- Care will be provided in a variety of settings, i.e. home, community or institutions

SPECIFIC OUTCOME 1:

Demonstrate an understanding of paediatric palliative care.

ASSESSMENT CRITERIA

- 1.4 The different role players in the palliative care team are identified in terms of their respective roles and contribution to the treatment plan.

Range: The team includes the health workers, the child and the family

- 1.2 The different forms of support provided are described in terms of who may give the support and when.
- 1.3 Paediatric palliative care principles are explained in accordance with the WHO definition of palliative care for children in terms that are understood by the client and the family.
- 1.4, The ways in which death of children is viewed are explained in terms of cultural and religious beliefs.

SPECIFIC OUTCOME 2:

Apply relevant ethical and legal principles in the provision of paediatric palliative care.

ASSESSMENT CRITERIA

- 2.1 Communication is clear and concise and enhances teamwork in terms of achieving optimal care for the child.
- 2.2 The practical application of paediatric palliative care principles is in accordance with the provision of the best possible quality of life for the particular situation.
- 2.3 The relevant legislation regarding the rights of children in South Africa is explained in terms of palliative care principles.
- 2.4 The ethical issues related to the provision of paediatric palliative care are explained in terms of palliative care principles.
- 2.5 The ethical dilemmas that effect the management of children and adolescents with life limiting conditions are identified in terms of the palliative care context.
Ranae: Dilemmas include Euthanasia, the right to information, confidentiality, the right to treatment, feeding and hydration
- 2.6 Team confidentiality is recognised and respected in accordance with accepted ethical and legal requirements.

SPECIFIC OUTCOME 3:

Assist in the effective management of total pain

Ranae: Total pain includes physical, social, spiritual and emotional pain.

ASSESSMENT CRITERIA:

- 3.1 Total pain is described in terms of the factors that cause and influence pain.
- 3.2 The characteristics of pain are described in terms of the factors influencing the relief of pain.
- 3.3 The source of pain is identified from information provided by the child regardless of the developmental level of the child.
- 3.4 The child's level of pain is assessed through the use of available scoring systems for pain in children.

SPECIFIC OUTCOME 4:

Assist in the effective management of symptoms that affect the quality of life

Ranae: Symptoms include Gastro-intestinal, respiratory, dermatological and neurological symptoms

ASSESSMENT CRITERIA:

4.1 The common symptoms effecting the quality of life in paediatric palliative care are recognised in terms of the effect and intervention.

Ranne: *Interventions include making appropriate referrals*

4.2 The management of these symptoms within the context of paediatric palliative care is described in terms of the caregiver's role.

SPECIFIC OUTCOME 5:

Assist in the management of the nutrition of a child with life-threatening or advanced disease

ASSESSMENT CRITERIA:

5.1 The nutritional needs of a child with advanced disease are explained in terms of maintaining comfort.

5.2 An appropriate nutritional plan for the child with advanced disease is drawn up in the context of family and community preferences and available resources.

5.3 The use of community feeding schemes and grants is explained in terms of access to relevant resources.

5.4 Feeding methods selected are appropriate to the needs of the child in preventing infections.

Ranae: *Feeding methods relate to using cup and spoon methods rather than bottles*

SPECIFIC OUTCOME 6:

Assist in the provision of quality end-of-life care for patients and their families

ASSESSMENT CRITERIA:

6.1 A child's concept of death is explained in terms of the age and developmental stage.

6.2 The process of death is explained in accordance with the complex emotions, anxieties, needs and questions of all concerned.

6.3 Ways of providing a suitable environment are explained in terms of the needs of the child and family to enhance the quality of life.

6.4 The dying process is identified in terms of adapting the palliative care principles to the needs of the child.

SPECIFIC OUTCOME 7:

Demonstrate an understanding of grief and loss and the associated feelings.

ASSESSMENT CRITERIA:

7.1 The needs of the bereaved are identified in terms of the ways of dealing with the feelings associated with the loss of a child.

7.2 Resources within the team and the community that could assist the bereaved are identified in terms of their specific needs.

Ranae: *Resources include financial, spiritual, emotional and support organisations*

7.3 The use of available resources is explained in terms of the service they offer.

7.4 Own feelings and experiences relating to loss and grief are identified in terms of monitoring own coping levels and potential action that may be taken.

7.5 The ability to take responsibility for the maintenance of self-health when working with children with advanced disease is demonstrated in terms of recognising potential need of support and accessing it.

ACCREDITATION AND MODERATION OPTIONS:

1. Anyone assessing a learner against this unit standard must be registered as an assessor with the relevant **ETQA**.
2. Any institution offering learning that will enable achievement of this unit standard must be accredited as a provider by the HWSETA.
3. Moderation of assessment will be overseen by the HWSETA, according to the moderation guidelines in the relevant qualification and the agreed ETQA procedures.

NOTES:

1. CRITICAL CROSSFIELD OUTCOMES

The following critical cross-field outcomes are addressed in this unit standard:

- 1.1 Identify and solve problems related to the physical, social, emotional and spiritual condition of the patient.
- 1.2 Work effectively with the patient, family, care team and community.
- 1.3 Organise and manage oneself and one's activities responsibly and effectively in the context of paediatric palliative care.
- 1.4 Collect, organise, analyse and evaluate information about patients, families and the community.
- 1.5 Use science and technology effectively with regard to available equipment for the control of distressing symptoms.
- 1.6 Communicate effectively with patients, family members and members of the care team in order to facilitate the provision of paediatric palliative care.
- 1.7 Demonstrate an understanding of the world as a set of related systems with regard to community and community structures, cultural sensitivity and spiritual sensitivity.

2. ESSENTIAL EMBEDDED KNOWLEDGE

Essential embedded knowledge will be assessed through assessment of the specific outcomes in terms of the stipulated assessment criteria. Candidates are unlikely to achieve **all** the specific outcomes, to the standards described in the assessment criteria, without knowledge of the listed embedded knowledge. This means that for the most part, the possession or lack of the knowledge can be directly inferred from the quality of the candidate's performance. Where direct assessment of knowledge is required, assessment criteria have been included in the body of the unit standard.

SITE SPECIFIC

Learners must work in accordance with the protocols, procedures and policies of the relevant work environment:

- Private Homes
- Community facilities
- Institutions

UNIT STANDARD TITLE:	Plan and implement home based care
LEVEL:	4
CREDITS:	6
FIELD:	Health Sciences and Social Services
SUBFIELD:	Curative Health

PURPOSE OF THE UNIT STANDARD:

This unit standard, is for person required to render care and assistance to the clients and families to manage their health status at home.

People credited with this unit standard are able to:

- Assess the health condition of the client
- Assess the home environment
- Plan and implement home based care programmes
- Make referrals

LEARNING ASSUMED TO BE IN PLACE:

The credit calculation for this unit standard is based on the assumption that learners are already competent in terms of the following outcomes or areas of learning when starting to learn towards this unit standard:

- Understand the relevance of ethical issues in community work and educate community members on rights and responsibilities
- Assist and Support the Client and Family to Manage Home Based Care
- Apply active listening skills in the care and support environment.
- Assess, the interrelationship between the individual, the family and the community in terms of primary health care issues
- Knowledge of different home and community situations.

RANGE STATEMENTS:

Improvisation- The care giver should improvise when necessary.

SPECIFIC OUTCOMES AND ASSESSMENT CRITERIA:**SPECIFIC OUTCOME 1:**

Assess the health condition of the client

ASSESSMENT CRITERIA:

- 1.1 The current health condition of the client is determined through the use of suitable assessment skills and tools.
- 1.2 Diseases patterns, conditions and disability issues in the local community are described in terms of the impact on health condition.
- 1.3 Communicable and chronic diseases are identified in terms of the health condition of the client.
- 1.4 Congenital and hereditary diseases are identified and assessed in terms of the health condition of the client.

1.5 Family coping skills are assessed in terms of the ability to care for the client.

SPECIFIC OUTCOME 2:

Assess the home environment

ASSESSMENT CRITERIA:

- 2.1 Potential hazards in the home environment are identified in terms of the effect on daily living activities.
- 2.2 Hazards identified are rectified in accordance with agreed procedures.
- 2.3 Methods of waste disposal are identified and demonstrated in accordance with relevant health and safety legislation.
***Ranae:** Waste disposal includes used sharp instruments, used dressings, body fluids and waste*
- 2.4 Environmental health principles are applied to situations in accordance with the specific circumstances and requirements.

SPECIFIC OUTCOME 3:

Plan and implement home based care programmes

ASSESSMENT CRITERIA

- 3.1 The programme addresses the identified individual needs.
- 3.2 The programme takes into consideration the client and family schedules and requirements.
- 3.3 The programme is achievable in terms of the relevant stages and designed activities.
- 3.4 The programme is implemented with due regard to the client and family.
- 3.5 The client and family are instructed in implementing the programme autonomously.

SPECIFIC OUTCOME 4:

Make referrals

ASSESSMENT CRITERIA:

- 4.1 Client's that require referral are identified in terms of being beyond the carer's competence.
- 4.2 The method of making referrals is explained in terms of the referral process.
- 4.3 Relevant practitioners are identified in terms of their specific scope of expertise.
- 4.4 Clients are supplied with referral details in accordance with specific requirements.
- 4.5 Referrals are followed up in accordance with health care requirements.

METHOD OF ASSESSMENT

- Direct Observation
- Practical demonstration

- Case Studies -
- Questioning
- Testimony (portfolio)
- Objective, structured, practical evaluation "

ACCREDITATION AND MODERATION OPTIONS:

- i) Anyone assessing a learner against this unit standard must be registered as an assessor with the relevant ETQA.
- ii) Any institution offering learning that will enable achievement of this unit standard must be accredited as a provider through the relevant ETQA by SAQA.
- iii) Moderation of assessment will be overseen by the relevant ETQA according to the moderation guidelines in the relevant qualification and the agreed ETQA procedures

NOTES

1. CRITICAL CROSS-FIELD OUTCOMES:

The following critical outcomes are addressed in this unit standard:

- a) Identify and solve problems: related to assessment of the personal, environmental health and intervene accordingly.
- b) Work effectively with others: the client, family, community members and other members of the health team.
- c) Organise, manage themselves and their activities: act within the scope of practice and manage the time.
- d) Collect, analyse, organise and critically evaluate information: pertaining to the client.
- e) Communicate effectively with: client, family and community members as well as members of the health team.
- f) Use science and technology effectively and critically: with regard to home based care e.g. making of solutions, correct use of available equipment.
- g) Demonstrate an understanding of the world as a set of related systems with regard to the client, family and community: the home, and the hospital observing people's cultures.

2. ESSENTIAL EMBEDDED KNOWLEDGE

Essential embedded knowledge will be assessed through assessment of the specific outcomes in terms of the stipulated assessment criteria. Candidates are **unlikely** to achieve all the specific outcomes, to the standards described in the assessment criteria, without knowledge of the listed embedded knowledge. This means that for the most part, the possession or lack of the knowledge can be directly inferred from the quality of the candidate's performance. Where direct assessment of knowledge is required, assessment criteria have been included in the body of the unit standard.

3. SUPPLEMENTARY INFORMATION:

SITE SPECIFIC

- Guidelines for scope of practise of the Ancillary Health Care (AHC) Worker

UNIT STANDARDS JUSTIFICATION

CREDITS

Total hours required by the learner to achieve the required outcomes:

UNIT STANDARD TITLE: Facilitate the optimal functioning of the client with a psychiatric disorder

NQF LEVEL: 4

CREDITS: 16

FIELD: Health Sciences and Social Services

SUBFIELD: Rehabilitative Health Services

PURPOSE OF THE UNIT STANDARD:

This unit standard is to enable the caregiver to give appropriate follow-up care and support to the client with a psychiatric disorder and the client's family

People credited with this unit standard are able to:

- Differentiate between psychiatric disorders and intellectual disability
- Describe the meaning, possible causes and effects of psychiatric disorders
- Assist the client and family in coping with activities of daily living
- Transfer work related social skills to the client
- Explain rights and responsibilities relating to psychiatric disorders

LEARNING ASSUMED TO BE IN PLACE:

The credit calculation for this unit standard is based on the assumption that learners are already competent in terms of the following outcomes or areas of learning when starting to learn towards this unit standard:

- Knowledge of the community and ability to differentiate between intellectual disabilities and psychiatric disorders
- Knowledge of the community's cultural perception of psychiatric disorders

RANGE STATEMENTS:

Learners undertaking this unit standard will be expected to demonstrate their competence in the context of community life under the guidance of a multi-disciplinary team.

SPECIFIC OUTCOMES AND ASSESSMENT CRITERIA.

SPECIFIC OUTCOME 1:

Differentiate between psychiatric disorders and intellectual disability

ASSESSMENT CRITERIA:

- 1.1 Mental health is defined in terms of emotional, social, physical and spiritual wellbeing.
- 1.2 Psychiatric disorders are identified in terms of the effect of the illness on the ability to function normally and possible treatments.
- 1.3 Intellectual disabilities are identified in terms of the effect of low intelligence on the ability to function normally
- 1.4 The factors that may contribute towards mental illness are identified in terms of the impact and result.

SPECIFIC OUTCOME 2:

Describe the meaning, possible causes and effects of psychiatric disorders

ASSESSMENT CRITERIA:

- 2.1 Psychiatric disorders are described in terms of the effect on normal functioning.
- 2.2 The psychiatric disorders are explained in terms of signs and symptoms.
- 2.3 The probable causes of are explained in terms of the precipitating factors.
- 2.4 The effects of psychiatric disorders on the client, family and the community are explained in terms of personal and financial factors,
- 2.5 The effect of cultural factors is explained in terms of diagnosis, treatment and prognosis.

SPECIFIC OUTCOME 3:

Assist the client and family in coping with activities of daily living

ASSESSMENT CRITERIA:

- 3.1 The interventions required are identified in terms of the environment, and available resources.
- 3.2 A variety of activities of daily living are identified in terms of the suitability for the various levels of psychiatric disorders.
- 3.3 Adaptive skills are recommended in accordance with the client's specific needs,
- 3.4 A schedule for activities of daily living is agreed upon in accordance with the client and family's specific circumstances.
- 3.5 Ways of encouraging client independence are identified in accordance with the agreed schedule.
- 3.6 Follow up support is provided to the client, and family in terms of ensuring the ability to implement and cope with the agreed schedule.

Range: Follow up support includes but is not limited to checking on: compliance to medication; the client's mental state; the family's ability to cope and recognize deterioration; and the client's ability to cope within the family situation.

SPECIFIC OUTCOME 4

Transfer work related social skills to the client

ASSESSMENT CRITERIA

- 4.1 Personal hygiene is explained in terms of self care in the workplace.
- 4.2 Time management programmes are planned and implemented in accordance with client and workplace specific requirements.
- 4.3 The benefits of clear communication are explained in terms of work relationships and transfer of information.
- 4.4 Clients are encouraged to communicate in accordance with workplace sequence and format.

SPECIFIC OUTCOME 5:

Explain rights and responsibilities relating to psychiatric disorders

ASSESSMENT CRITERIA:

5.1 The rights of persons with psychiatric disorders are explained in accordance with international, national and regional policies or conventions and relevant legislation.

5.2 The prevention of infringement of rights of persons with psychiatric disorders is explained in terms allowable actions and omissions.

5.3 Relevant legislation is explained in terms of the practical application and consequences within the community.

Range: certification, voluntary and involuntary patient

5.4 The rights and responsibilities of service providers are explained in terms of relevant legislation.

ACCREDITATION AND MODERATION OPTIONS:

1. Anyone assessing a learner against this unit standard must be registered as an assessor with the HWSETA.
2. Any institution offering learning that will enable achievement of this unit standard must be accredited as a provider
3. Moderation of assessment will be overseen by the ETQA according to the moderation guidelines in the relevant qualification and the agreed ETQA procedures.

NOTES:**CRITICAL OUTCOMES**

This unit standard addresses the following critical cross-field outcomes:

- 1.1 Identify and solve problems encountered by persons with psychiatric disorders.
- 1.2 Ability to work with other teams to facilitate treatment and support of client and family.
- 1.3 Organise relevant resources and be able to utilize them.
- 1.4 Interact with variety of persons with psychiatric disorders as well as their families.
- 1.5 Organise, manage and evaluate the output of own activities
- 1.6 Demonstrate knowledge and understanding of the world as a set of related organisms

ESSENTIAL EMBEDDED KNOWLEDGE

Essential embedded knowledge will be assessed through assessment of the specific outcomes in terms of the stipulated assessment criteria. Candidates are unlikely to achieve all the specific outcomes, to the standards described in the assessment criteria, without knowledge of the listed embedded knowledge. This means that for the most part, the possession or lack of the knowledge can be directly inferred from the quality of the candidate's performance. Where direct assessment of knowledge is required, assessment criteria have been included in the body of the unit standard.

The following embedded knowledge is addressed in an integrated way in the unit standard:

- 2.1 Names of different types of psychiatric disorders
 - Know common psychiatric disorders encountered in the community
- 2.2 Describe different types of psychiatric disorders
 - Basic knowledge of human anatomy
 - Know the effect of psychiatric disorders on the family and the community
 - Be able to identify early signs of psychiatric disorders

2.3 Know all senses

- Know sensory clues that could indicate a psychiatric disorder

2.4 Demonstrate and perform activities of daily living to promote independence

- Plan and implement programme for rehabilitation
- Facilitate inclusion of persons with psychiatric disorders (work place and community facilities)

2.5 Causes of psychiatric disorders

- Know the effect of psychiatric disorders on the client (physically, emotionally, psychologically, socioculturally and economically.)
- Know the effect of psychiatric disorders on the family of the client and the community
- Know prevention of infringement of rights of persons with psychiatric disorders
- Know the available resources and how to access them (support group and support systems.)
- Know the relevant legislation in the field of Mental Health

2.6 Know common psychiatric disorders encountered in the community**3. SUPPLEMENTARY INFORMATION:****SPECIFIC REQUIREMENTS**

- Legal: Rights of the psychiatric client, relevant legislation in the field of Mental Health, relevant portions of the constitution of South Africa

SITE SPECIFIC

- Homes
- Day Centres - (Community)
- Institutions
- According to the context in which the learner is working