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Competency-Based Framework for Health Assistant

Ministry of Health
Royal Government of Bhutan

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Abbreviation

AS:	Account Services
ANC:	Antenatal Care
BI:	Behavior Indicator
BMED:	Bio-Medical Engineering Division
BHMIS:	Bhutan Health Management Information System
BMHC:	Bhutan Medical Health Council
BPH:	BSc. Public Health
CBF:	Competency Based Framework
CDD:	Communicable Disease Division
CHU:	Community Health Unit
CHD:	Community Health Department
CSO:	Community Support Organization
DHIS:	District Health Information System
DMPA:	Depot Medroxyprogesterone Acetate
DH:	District Health
DHO:	Dzongkhag Health Officer
DoPH:	Department of Public Health
DoMS:	Department of Medical Services
DoMSHI:	Department of Medical Supply and Health Infrastructure
DoTMS:	Department of Traditional Medicine Services
DoS:	Directorate services
DRA:	Drug Regulatory Authority
EPI:	Expanded Programme on Immunization
EMSD:	Emergency Medical Service Division
FNPH:	Faculty of Nursing and Public Health
FD:	Finance Division
FP:	Family planning
GGH:	Gidakom General Hospital
GCRRH:	Gelephu Central Regional Referral Hospital
HA:	Health Assistant
HBsAg:	Hepatitis B Surface Antigen
HE:	Health Education
HCDD:	Health Care and Diagnostic Division
HHC:	Health Help Center
HISC:	Health Information Service Center
HIV:	Human Immunodeficiency Virus
HIDD:	Health Infrastructure Development Division
HR:	Human Resource
HRD:	Human Resource Division
IAS:	Internal Audit Services
ICD-10:	International Classification of Diseases
ICTD:	Information Communication and Technology Division
IM:	Intra Muscular
IUCD:	Intra-Uterine Contraceptive Device
IV:	Intra Venous
JDWNRH:	Jigme Dorji Wangchuck National Referral Hospital
KGUMSB:	Khesar Gyalpo University of Medical Sciences of Bhutan
LS:	Legal Service
LG:	Local Government
LHSH:	Local Healing and Spiritual Health

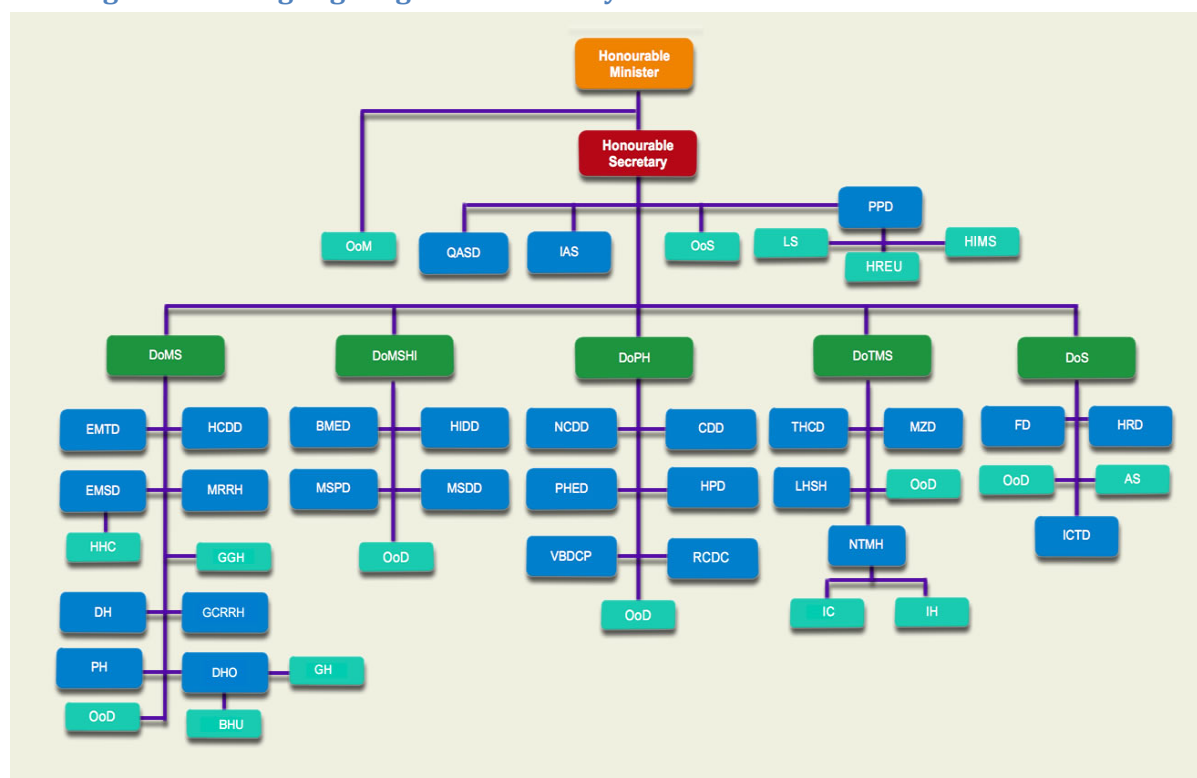
MCH:	Maternal and Child Health
MRRH:	Monggar Regional Referral Hospital
MSPD:	Medical Supply and Procurement Division
MSDD:	Medical Supply and Distribution Division
MZD:	Menzerigpa and Zhibjug Division
NCDD:	Non-Communicable Disease Division
NGO:	Non-Governmental Organization
NTMH:	National Traditional Medicine Hospital
OCP:	Oral Contraceptive Pill
ORC:	Out Reach Clinic
OoM:	Office of the Minister
OoS:	Office of the Secretary
PPD:	Planning and Policy Division
PH:	Public Health
PHC:	Primary Health Center
PHED:	Public Health Engineering Division
PHC:	Primary Health Care
PNC:	Post-natal Check up
HREU:	Health Research and Epidemiology Unit
HIMS:	Health Information and Management System
QASD:	Quality Assurance and Standardization Division
RBS:	Random Blood Sugar
RCSC:	Royal Civil Service Commission
RCDC:	Royal Centre for Disease Control
RH:	Reproductive Health
RPR:	Rapid Plasma Reagent
SS:	Support and Supervisory
SC:	Subcutaneous
SOP:	Standard Operational Procedure
STI:	Sexually Transmitted Infection
TFI:	Temasek Foundation International
THC:	Thromday Health Center
THCD:	Traditional Health Care Division
TNA:	Training Need Analysis
TWG:	Technical Working Group
VBDCP:	Vector Born Diseases Control Program
VCT:	Voluntary Counseling Test
VHW:	Village Health Worker

1. Background

1.1 Ministry of Health

The Ministry of Health has five departments viz. Department of Medical Services, Department of Medical Supplies and Health Infrastructure, Department of Public Health, Department of Traditional Medicines and Directorate of Services. Each Department has divisions and each division has programs with different mandates. The Health Minister is the head of the Ministry and Secretary as the head of executive follow by Director Generals and Directors in various Departments. Divisions are headed by Chief Programme/Planning Officers/Section Heads. The roles and responsibilities spans from prevention and promotion efforts to diagnosis, curative, rehabilitative and palliative care. The Ministry of Health as outlined in the Article 9, Section 21 of the Constitution of the Kingdom of Bhutan; “The State shall provide free access to basic public health services in both modern and traditional medicines.” Therefore, the roles and responsibilities of Health Assistants are cut across all the departments under the Ministry of Health.

Flow diagram showing organogram of Ministry of Health



1.2 Vision

“A Nation with Best Health”

1.3 Mission

- i. To provide quality health care services in both traditional and modern medicines
- ii. To prevent, control, eliminate and eradicate diseases
- iii. To rehabilitate and promote healthy living
- iv. To ensure sustainable, responsive, equitable, accessible, reliable and affordable health services.

1.4 Core Values:

Competence:	Demonstrate expertise in carrying out the responsibilities and inspire others to have confidence.
Compassion:	Promote empathy, support, encouragement and sensitivity in service provision.
Equity:	Promote equity, basic rights, dignity and access to care.
Economy:	Cost conscious
Integrity:	Conduct ethically and with honesty and accountability of service provision
Professionalism:	Demonstrate professional health care through positive attitude, actions and commitment
Quality:	Commitment to excellence in service and care

1.5 Core Functions

All the Departments under the Ministry of Health are mandated to ensure access, equity, and quality health services.

2. Competency-Based Framework for Health Assistants

2.1 Introduction

Guided by the development philosophy of gross national happiness, the Royal Government has laid considerable emphasis on providing quality healthcare to the people of Bhutan. Since the advent of modern health system in 1961, Bhutan's health system has achieved remarkable milestones marked by realization of most of the Millennium Development Goals. Life expectancy of the people has increased significantly accompanied by substantial reductions in morbidity and mortality indicators.

It is notable that these achievements have been possible with improved health infrastructures, increased number of human resources for health and specialties, leadership and management in health system among others. Currently, there are 32 Hospitals, 23 10 bedded hospitals and 185 Primary Health Center (PHC). Further, these health facilities are supported by the network of 53 Sub-posts¹, 550 Out Reach Clinics (ORCs) and 3 Thromde Health Centers (THC) in the country.

The distribution of health workforce is linked to the type of health-care facility, which in turn is linked to the catchment population. This model works best for primary health-care services provided by PHCs, sub-posts and ORCs. According to the service standards, the numbers and types of staff for each category of health facility are calculated at a bare minimum level. However, if correct adjustments are not made to ensure appropriate level of health-care facilities for a population, there could be a mismatch between the type of facility and hence the number of staff and number of patients. All PHCs have two to three Health Assistants and they are the forefront for providing the primary health care services in the community. However, there are also Health Assistants in PHC and Hospitals working in the community

¹ Annual Health Bulletin 2019, Ministry of Health, Thimphu

health Unit, mainly for catering the outreach program services in the catchment areas of PHC and Hospitals.

The Civil Service Commission (RCSC) in collaboration with Singapore Polytechnic International (SPI) with funding support from Temasek Foundation International (TFI) launched the Competency-based framework for Public Service programme on 6th August 2018.

Upon completion of the piloting of Clinical Nurses in the health sector as one of the piloting occupational groups for Competency- based Framework development, Health Assistants was identified for the next exercise with effect from May 2019. Technical Working Group (TWG) members comprising of representatives from HHC JDWNRH, HHC DoMS, DoPH and DRA. Developed Competency Based Framework and Training Need Analysis for Health Assistants with the technical assistance from RCSC. The team identified the competency based framework with 3 key roles, 8 competency areas, 25 key competencies and 107 Behavior Indicators (BI).

2.2 Purpose

The CBF highlights the knowledge, skills and abilities required for (position) to achieve high level of professional competence and deliver the highest standard services. The framework is developed with the following aim and objectives.

2.3 Aim

The competency-based framework for public service programme aims to strengthen the capacity and capabilities of the Government agencies and public officers to implement competency-based management. The Competency-based Framework for Health Assistants is being developed in pursuit of the following:

- ❖ To define clear roles and responsibilities of Health Assistant for service delivery.
- ❖ To identify training and development needs of Health Assistants for effective delivery of services towards the health goals and objectives
- ❖ To generate recommendations that seek to address gaps around quality of care including preventive, promotive, rehabilitative and curative care.

2.4 Objectives

- ❖ To focus on human resource development through identification of skills needs of employees,
- ❖ To assist continuous development and professionalism of civil servant and
- ❖ To deliver responsibilities effectively and enhance efficiency towards achieving organizational goals.

2.5 Framework Development Processes

The development of framework involved identifying Role Profiles, Competency Areas, Key Competencies, Behavioral Indicators and Proficiency Levels through a rigorous, consultative and inclusive process with key stakeholders.

The TWG members with the support of master trainers developed three Key Roles: Service Provider, Health Educator and Primary Health Care manager in May and June 2019. Based on the key roles identified other indicators such as key competency areas, key competencies and BI was developed against the indicators. Most of the indicators were based on the curriculum from FNPH for pre-service training of Health Assistants with few suggestions that emerged during consultations. Structured questionnaires were developed and data were collected both personally and through online from the Health Assistant working in different health facilities in the country as detailed below:

Table I: Summary of Respondents from Hospitals, PHC, Health Help Center (HHC), THC and Health Information Service Center (HISC)

No. of years in service	Respondents by sex		Total	Remarks
	Male	Female		
< 10 years	15	10	25	Including hard copy and received online.
10 - 20 years	18	48	66	
> 20 years	23	22	45	
Total	56	80	136	
Summary of Respondents from PHC				
< 10 years	22	29	51	
10 - 20 years	21	29	50	
> 20 years	57	13	70	
Total	100	71	171	

Table II: Summary by all level of health facilities

o. of years in service	Respondents by sex		Total	Remarks
	Male	Female		
< 10 years	37	39	76	Respondents from all level of health facilities
10 - 20 years	39	77	116	
> 20 years	80	35	115	
Total	156	151	307	

2.6 Structure

At the time of survey, there were 394 Health Assistants working in PHC, Sub-Posts, Satellite clinics and 210 were working in Hospitals, PHC, HISC and HHC.² In total, 307 Health Assistants have responded to the questionnaire from all 20 Dzongkhags representing 50.8% of the total Health Assistants in the

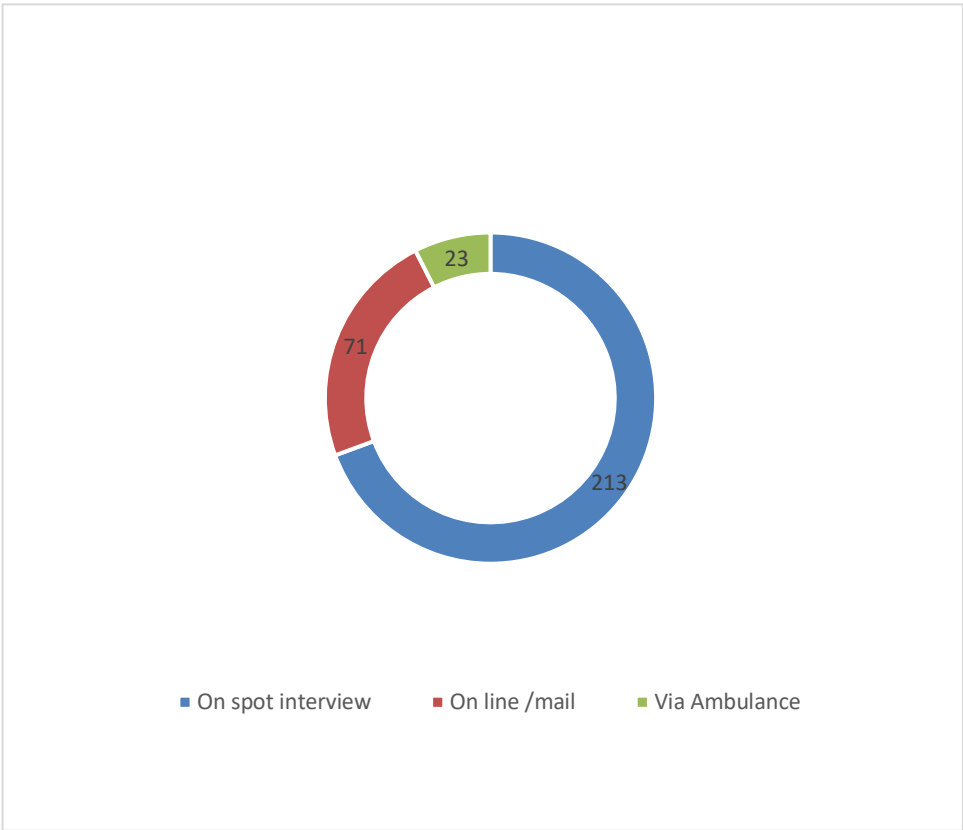
² Administrative data for Health Assistant, HRD, Ministry of Health

country. Almost equal number or percentage of both gender of Health Assistants were interviewed and from all the category such as foundation group, experienced and expert level. HAs working in different stations such as Community Health Units in hospitals, 10 bedded hospital, PHC, THC, Sub posts, HHC, HISC and other units were also included.

The data from 17 Dzongkhags were collected both through on-the-spot interview and online survey which was sent via mail. Filled forms were sent through ambulance for those who were not in station while visiting their respective CHUs and PHCs. The team could not travel to Dagana, Lhuntse and Tashiyangtse due to limited time, but received good response via mail. So in total all 20 Dzongkhags were covered either by the team or through online.

The mode of survey were on-spot interview by the interviewer, online survey via mail and self-filling up of forms and sending by ambulance for those staffs who were not in station at the time of interview. Out of 307 HAs 213 were interviewed on spot which is 69.4 % followed by 71 of the interviewees responding on line which compromises of 23.1 % and rest of interviewees which comes to 23 respondents or 7.5% persons have sent through ambulance after filling up the forms as they were not in station at the time of team visiting their respective PHCs and CHUs. Only one form was invalid to analyze as the forms was not completed.

Figure 1: Mode of survey



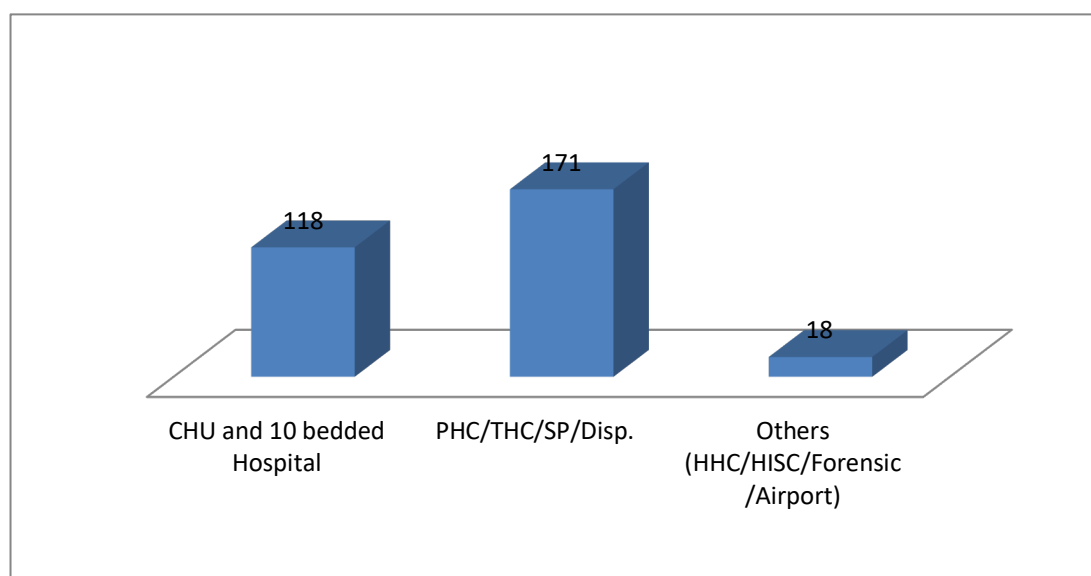
Health Assistants are placed both in PHCs and hospitals (CHU). The working areas of the HAs interviewed are being categorized as per the similarity in job responsibilities. For number of years in service they are categorized into three groups which is 1st category <10 years in service, 2nd category is 10 completed years to 20 years in service and 3rd category is more than 20 years in service. It is separated gender wise for the purpose of indention of different training needs as per the public demand.

The job responsibilities in PHC, 10 bedded hospital and CHU are quite different and as such, the interviewees are also categorized into 2 working areas and Hospitals CHU, 10 bedded hospital, HHC, HISC, Forensic unit & airport health Unit in one group while other groups include PHC, sub-post, THC & dispensaries (RBP). In total 118 HAs are interviewed, out of which 69 are female. Majority of the HAs interviewed are between 10-20 years of service, as the number of years in service increases, the number of female are found decreasing.

As for the PHC category 171 (Table: I) persons are interviewed out of which 100 are male. In this category there are more males compering to female, close to 59% are male. More than 40% of them have more than 20 years of experience. Close to 30% of them have served more than 10 years and 26% of them are <10 years in service

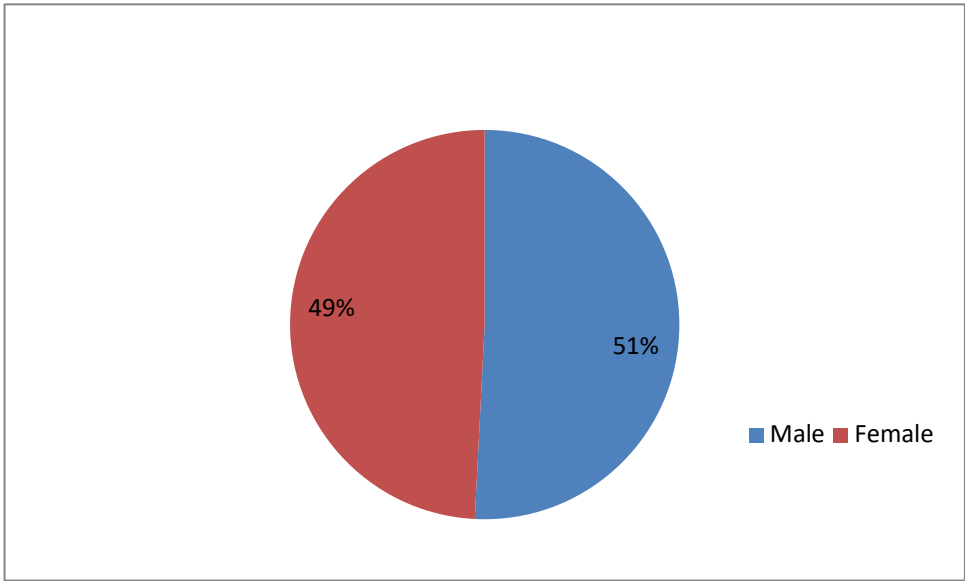
There were 136 respondents working in Hospitals, PHCs out of which 18 of them were from HHC, HISC, forensic unit, Paro airport.

Graph 1: HAs interviewed from different health centers



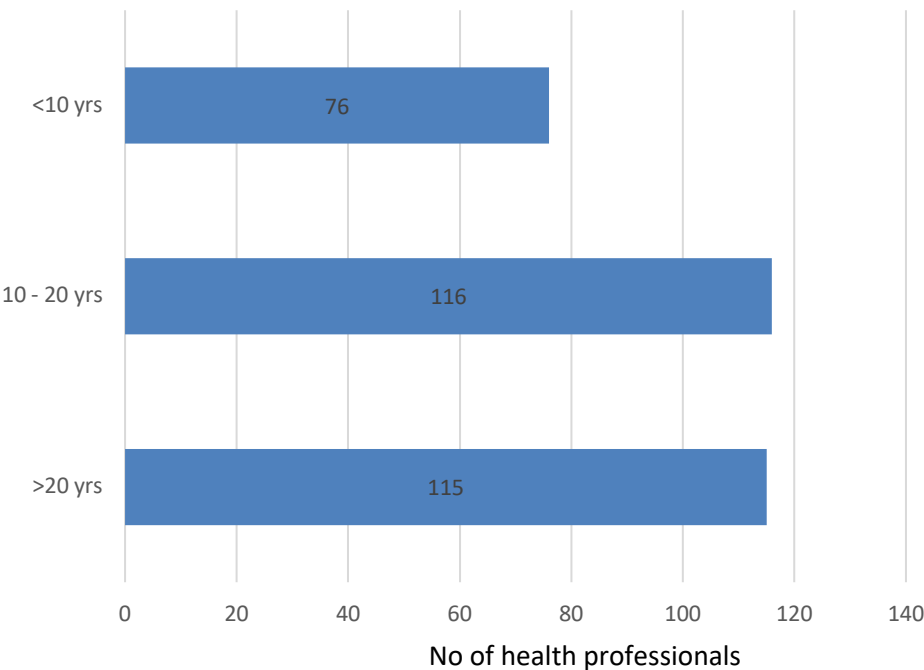
Over all, there were almost equal number of respondents of both male and female of 307 HAs interviewed in total and 50.9% are male and 49.1% are female.

Graph 2: Gender wise value



As for the seniority it is divided into three category depending on the number of years in the service such as foundation level (<10 years, experienced 10-20 years & expert level > 20 yrs.). In foundation level 76 HAs were interviewed , in experienced level or 10-20 years of service 116 HAs and in expert level or > 20 years in service 115 HAs have responded. In the assessment as per the number years in service, less than 20 years have more male while it is vice-versa in the service group of < 10 years as indicated in the following graph:

Graph 3: Category as per no. of yrs in service



General comments/findings

1. The male HAs reported that clients preferred female HA over them in providing family planning services particularly the insertion of IUCD. The same was reported with Pap smear screening.
2. As for dental extraction, most have responded that they were neither allowed nor trained for it, and in 10 bedded hospitals and above, it was reported that the extractions were carried out by Dentist/Dental Hygienist.
3. In terms of Laboratory test such as malaria, leprosy and tuberculosis, it was reported that the same was carried out by Lab Technicians in Hospitals. In malaria endemic area, it was found that they were carrying out the blood for examination but in overall most of them were either not trained or out of touch on leprosy skin smear and tuberculosis sputum examination
4. For water and salt analysis, water analysis was carried out by laboratory technicians while HAs did the salt analysis.
5. In the areas of occupational and environmental health, the senior HAs reported that they were not aware of or lacked knowledge on this program.
6. HAs reported that some of them were not trained on data management through use of
7. DHIS 2 & MCH tracking or they have no amenities to implement
8. Those trained as Auxiliary Nurse Midwife and later changed the position title to Health Assistants were not confident of the PHC administration and management.
9. It was indicated that training of VHWs and mass health promotional activities are initiated by Dzongkhag Health Sector (DHO).

Overview of Competency Based Framework

The overview of CBF for Health Assistants is identified into following numbers of components in table III.

Table III: The overview of CBF for Health Assistants		
Sl. No.	Particular	No
1.	Key Role	3
2.	Competency Areas	8
3.	Key Competencies	26
4.	Behavioral indicators	107

2.5.1 Identification of Key Role

The key role is an organized set of behaviors that are crucial to achieve the current and future goals of the Ministry of Health. Following are the key roles expected to be performed by the Health Assistants:

- a. Service provider
- b. Health educator
- c. Primary Health Care Manager

2.6.2.1 Description of Role Profile

The role profile is the description of roles that Health Assistants are expected to demonstrate in achieving the outcomes of the Departments under the Ministry Health. It defines outcomes and competencies for an individual role. It concentrates on outcomes rather than duties, which provides

better guidance than a job description on expectations. It does not constrain Health Assistants to carry out a prescribed set of tasks.

Role Profile of Health Assistants

Table IV: Role profile

Sl No.	Key Role	Service Provider
1	Service Provider	1. Management and Care: Perform physical examination and assessment, diagnose and manage common health problems, build interpersonal relationship and sectoral coordination 2. Basic Nursing Care: Apply principles, techniques and procedures of basic nursing care 3. Clinical Investigation and Management: Apply safe and competent practice in medication 4. Reproductive and child health services: Provide ANC, PNC,, family planning and immunization services
2	Health Educator	1. Health Promotion: Apply concepts and principles of health promotions and promote community health
3	Primary Healthcare Manager	1. Leadership and Management: Apply concepts and principles of health system management 2. Community Health: Promote community health through health assessment and appropriate intervention 3. Environment and Occupational Health: Manage and control environmental hazards, occupational health and infection and waste

2.6.2 Identification of Competency Areas

The competency area is the clustering of key competencies by related behavior and functions of each role. It comprises a set of Knowledge, Skills and Abilities (KSA) that result in essential behaviors expected from Health Assistants. The framework has identified 8 competency areas as follows: -

Table V: Key roles and Competency areas

Role No.	Key Role	Competency Area
1	1. Service Provider	1,1 Management and Care
		1.2 Basic Nursing Care
		1.3 Clinical Investigation and Management
		1.4 Reproductive and child health service
2	Health Educator	2.1 Health Promotion
3	3. Primary Health Manager	3.1 Leadership and Management
		3.2 Community Health
		3.2 Environment and Occupational Health

2.6.3 Identification of Key Competencies

The key competency is an observable behavior that indicates the presence of the particular competency. Generally, it is broadly divided as core competency, leadership competency and technical or functional competency. The framework has identified 26 key competencies are presented as below: -

Table VI: Competency areas and key competencies

Role No.	Key Role	Competency Area	Key Competencies
1	Service Provider	1.1 Management and Care	1.1.1 Physical Examination and Assessment of patients
			1.1.2 Diagnosis and management of common health problems
			1.1.3 Clinical Management of disorders
			1.1.4 Interpersonal relationship and sectoral coordination
		1. 2. Basic Nursing Care	2.2.1 Basic nursing care
		1.3 Clinical investigation and management	1.3.1. Diagnosis and management of common health problems
			1.3.2 Basic laboratory investigations
			1.3.3 Dental care
			1.3.4 Medico-legal cases
		1.4 Reproductive and child health services	1.4.1 ANC services, normal delivery and PNC
			1.4.2 Family Planning and gynecological services
			1.4.3: Immunization and growth monitoring
2	Health Educator	1.1 Health Promotion	1.1.1 Concepts, principles and values of health promotion
			2.1.2 Social and Behavior change communication skills
			2.1.3 Plan and conduct health t education
			2.1.4 Community health development and mobilization.
			2.1.5 Sectoral coordination
3	Primary Health Care Manager	3.1 Leadership and management in BHU	3.1.1 Principles of health system management
			3.1.2 Administration and management
			3.1.3 Data Management and basic analytical skills
		3.2 Community Health	3.2.1 Concept and principle of community health
			3.2.2 Application of Principles of community health
			3.2.3 Health assessment and intervention in communities
		3.3 Environmental and Occupational Health	3.3.1 Occupational health and chemical safety
			3.3.2 :Infection and waste management
			3.3.3 Management and control of environmental health hazards

2.6.4 Identification of Behavioral Indicators

The Behavioral Indicators is the description of competencies based on various proficiency levels. It outlines a collection of desired and observable motives, traits and behaviors when executing or carrying

out the assigned task. It serves as a tool to guide evaluations of employee performance. The framework has identified 107 behavioral indicators.

Table VII: Competency areas, key competencies and BIs

Competency Area	Key Competency	Behavior Indicators
Key Role 1: Service Provider		
1.1 Management and Care	1.1.1 Physical Examination and Assessment of patients	1.1.1.1 Perform a basic history taking and physical examination to deliver effective and efficient services
		1.1.1.2 Apply clinical and physical assessment techniques for planning holistic care for individuals, families, and communities with respect to cultural diversity.
	1.1.2 Diagnose and manage common health problems	1.1.2.1 Diagnosed and manage common health problems
		1.1.2.2 Identify and manage basic medical emergencies
		1.1.2.3 Assess, triage, and provide timely and quality pre-hospital care in both trauma and medical emergencies
		1.1.2.4 Effective clinical management of communicable diseases to understand prevalence, incidence and carry out effective prevention activities.
		1.1.2.5 Identify common causes of disability and carry out community based rehabilitation interventional activities to prevent disabilities
		1.1.2.6 Identify the clients requiring palliative and elderly care and manage effectively
		1.1.2.7 Identify and refer problems which are beyond the capacity
	1.1.3 Clinical management of disorders	1.1.3.1 Assist clients in obtaining home health devices to support self-management
		1.1.3.2 Identify the epidemiological determinants and factors influencing communicable diseases
		1.1.3.3 Apply clinical & assessment techniques for planning holistic care for individuals, families and communities with respect to cultural diversity.
	1.1.4 Interpersonal relationship and service Coordination	1.1.4.1 Build rapport with the patients and clients
		1.1.4.2 Identify partners within and outside the community that could enhance the service delivery
		1.1.4.3 Apply principles, techniques and procedures of basic nursing care
1.2 Basic Nursing Care	1.2.1 Basic nursing care	1.2.1.1 Prepare & administer oral and topical preparation and inhalants.
		1.2.1.2 Administer intradermal, subcutaneous, intramuscular injections and intravenous medications
		1.2.1.1 Apply principles & techniques of wound care, dressing, suturing and removal of suture and clip
		1.2.1.2 Effective procedures and maintenance of intravenous therapy and calculation of intravenous flow rate
		1.2.1.3 Insertion of Urinary catheterization including care & removal
		1.3.1.1 Apply the pharmacological knowledge in

1.3 Clinical investigation and management	1.3.1 Safe and competent practice in medication	prevention and treatment of various diseases effectively
		1.3.1.2 Carry out calculation of right dose of drugs to be administered through different routes
		1.3.1.3 Effective prescription and medication with rational use of drugs and in line with guidelines
		1.3.1.4 Consider individual differences, legal and ethical aspects of drug therapy
	1.3.2 Basic laboratory investigations	1.3.2.1 Carry out simple blood test such as Hb%, grouping, Rh typing and RBS
		1.3.2.2 Carry out rapid test for RPR , HBsAg & HIV
		1.3.2.3 Carry out Urine for albumin & sugar
		1.3.2.3 Able to conduct Microscopic examination for malaria, Leprosy & Tuberculosis
		1.3.2.4 Able to conduct stool examination for Ova & cyst
		1.3.2.5 Able to conduct Water & Salt Analysis
	1.3.3 Dental care	1.3.3.6 (Extraction of uncomplicated)cases and provide education on oral health
	1.3.4 Medico-legal cases	1.3.4.1 Carry out and manage common basic medico legal cases (Assault and Battery)
		1.3.4.2 Referral of cases with proper documentation(if beyond capacity)
1.4 Reproductive and child health services	1.4.1 ANC services, normal delivery and PNC	1.4.1.1 Practice midwifery care to promote healthy pregnancy in accordance with professional competency standards
		1.4.1.2 Identify abnormalities and high risk pregnancy
		1.4.1.3 Carry out effective counseling on HIV, STIs and other related diseases in pregnant women and provide VCT services
		1.4.1.4 Provide safe care to women during labour and childbirth effectively using pantograph
		1.4.1.5 Provide standard PNC to mother and newborn, follow up as required
	1.4.2 Family Planning and gynecological services	1.4.2.1 Understand the back ground of family planning and methods
		1.4.2.2 Counsel and screen the client effectively for appropriate methods and refer to higher centers for permanent family planning method
		1.4.2.3 Ensure the availability of family planning methods and different mode to control birth and sexually transmitted infection (DPMA, OCP, condom)
		1.4.2.4 Able to carry out IUD insertion
		1.4.2.5 Effective management of side effects of the family planning methods
		1.4.2.6 Provide HE and services on minor ailments of female reproductive systems for early diagnosis, intervention and timely referral
		1.4.2.7 Screen for cervical cancer (Pap smear 25 – 65 years)
		1.4.3.1 Define and explain the purpose of Vaccine and

	1.4.3 Immunization and growth monitoring	preventable diseases/EPI
		1.4.3.2 Identify the target beneficiaries for immunizations
		1.4.3.3 Effective management of vaccine and cold chain
		1.4.3.4 Effective implementation of the national EPI as per the schedule
		1.4.3.5 Identify common adverse event, prevent from occurring and manage the adverse event appropriately
		1.4.3.6 Conduct survey on vaccine preventable diseases and plan for better coverage
		1.4.3.7 Able to monitor the growth of a child by using the child monitoring chart for timely intervention & referral
		1.4.3.8 Maintain highest immunization coverage at all times
		1.4.3.9 Maintain correct recording & reporting (DHIS 2 & MCH tracking) and use data for planning
Key Role 2: Health Educator		
2.1 Health Promotion	2.1.1 Concepts, principles and values of health promotion	2.1.1.1 Review the concepts, principles and values of health promotion
		2.1.1.2 Develop range of health promotion strategies and action areas effectively
		2.1.1.3 Carry out need assessment with identification of different types of needs for health promotion
	2.1.2 Social and Behavior change communication skills	2.1.2.1 Identify various health promotion models and approaches and develop a framework for health promotion
		2.1.2.2 Apply behavior change theories at individual and community levels
		2.1.2.3 Identify strengths and limitations of health behavior change
	2.1.3 Planning and health education	2.1.3.1 Develop health education tools/materials and their uses
		2.1.3.2 Understand the concepts & principles of health advocacy and role of media
	2.1.4 Community health development and mobilization	2.1.4.1 Understand concepts and approaches to community health development and mobilization
		2.1.4.2 Develop community health development strategy and implement effectively and efficiently
	2.1.5 Sectoral coordination	2.1.5.1 Identify the stakeholders for health promotion and disease prevention
		2.1.5.2 Involve and strengthen community participation to improve the health care service delivery
		2.1.5.3 Participate in health awareness program organized by other sectors (CSOs and other NGOs)
		2.1.5.4 Develop work-force and capacity for health promotion practice (Training of VHWs)

Key Role 3: Primary Health Care Manager		
3.1 Leadership and management	3.1.1 Principles of health system management	3.1.1.1 Understand the concept, definition, principles, functions and management of the PHC & health team
		3.1.1.2 Apply the concept, definition, principles and functions of health service management in the community
		3.1.1.3 Apply the principle of coordination and delegation of tasks for managing the PHC
		3.1.1.4 Understand the physical structure and setting of CHU, PHC and ORCs
		3.1.1.5 Understand the roles and responsibilities of HA in CHU, PHC and ORCs
	3.1.2 Administration and management	3.1.2.1 Understand and implement the health information system
		3.1.2.2 Carry out health unit's management and administration effectively and efficiently
		3.1.2.3 Coordinate and collaborate with relevant sectors and LG to carry out health programs
		3.1.2.4 Understand and implement the basic financial and procurement procedures
		3.1.2.5 Carry out annual indent of medical supplies
		3.1.2.6 Participate actively in delivering CHU, PHC and ORCs activities
		3.1.2.7 Possess good team spirit and team building
	3.1.3 Data Management and basic analytical skills	3.1.3.1 Maintain proper documentation, records and reports of both clinical & administration works
		3.1.3.2 Understand the importance of BHMIS/DHIS2 system and generate necessary health information
		3.1.3.3 Classify the morbidity pattern in ICD-10 classification
		3.1.3.4 Understand and implement immediate notifiable reports to RCDC and MoH
		3.1.3.5 Carry out basic analysis and interpretation of data
		3.1.3.6 Develop simple SOPs in line with national guidelines and protocols
3.2 Community Health	3.2.1 Concept and principle of community health	3.2.1.1 Understand the concepts of community and community health
		3.2.1.2 Review and adopt community health process and assessment for effective delivery of services
	3.2.2 Application of community health	3.2.2.1 Understand and plan health activities in line with national goals and strategies
		3.2.2.2 Identify the three levels of prevention and carry out the implementation plan effectively
		3.2.2.3 Apply roles & functions of community health worker in the day-to-day practice with integrity and honesty
		3.2.2.4 Conduct school/institutional health program and home visiting effectively with proper coordination and collaboration

		3.2.2.5 Apply family healthcare, basic health needs and its relevance to improve health of the communities
	3.3.3. Health assessment and intervention in communities	3.3.3.1 Train VHWs and supervise their activities
		3.3.3.2 Carryout disease surveillance, operational research and screening activities
		3.3.3.3 Prevent and control epidemics and endemic diseases in the community
		3.3.3.4 Carryout community health assessment and make community diagnoses
		3.3.3.5 Communicate effectively on climate change and its effect on human health and the environment
		3.3.1 Management and control of environmental health hazards
3.4 Environmental and Occupational Health	3.4.1 Management and control of environmental health hazards	3.4.1.1 Understand and apply the concepts and principles of environmental and occupational health sciences
		3.4.1.2 Adopt effectively the roles of health professionals in protecting health of the public through environmental health interventions
		3.4.1.3 Plan and implement environmental and pollution monitoring
		3.4.1.4 Communicate effectively on climate change and its effect on human health and the environment
	3.4.2 Occupational health and chemical safety	3.4.2.1 Identify the major environmental agents, chemical, biological and physical agents that cause adverse effects on human health and their sources and mechanism of their effects.
		3.2.2.2 Review and carry out risk assessment process and various risk management approaches, including regulatory and behavioral/risk communication
		3.4.2.3 Analyze some of the major hazards encountered in the workplace and develop an initial approach to the prevention of illnesses
	3.4.3 Infection control and waste management	3.4.3.1 Identify major hazards and their sources in the environment and their impact on health.
		3.4.3.2 Strictly comply with infection control and waste management guideline and standard operating procedure

Summary of behavior indicators

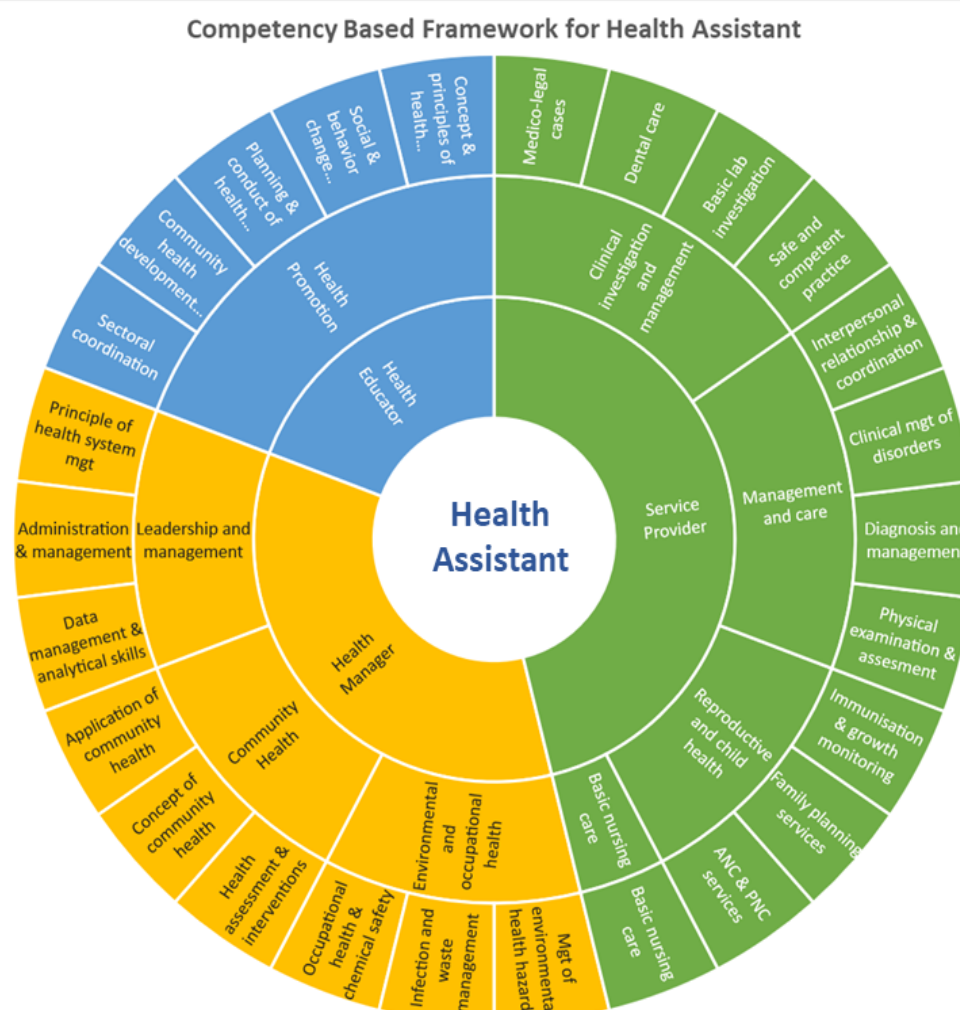
The overall CBF for HA is as depicted in the following table.

Table VIII: Summary of Competencies, competency areas, key competency and BIs

Key Role		Competency Areas	Key competency	BIs
1.	Service Providers	4	11	54
2.	Health Educator	1	5	14
3.	Primary Health Care Manager	3	9	39

Total	8	25	107
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Figure 2: CBF details



2.6.5 Classification of Proficiency Levels

The proficiency level is categorized based on the level of expertise. It describes the levels of a competency required to perform a specific job successfully. There is a progression of proficiencies at each level. The proficiency level of Health Assistant is categorized into four levels as i) Entry (S2), ii) Experienced (S1 & SS4) and iii) Advance (SS3 & SS2) and iv) Expert (SS1). The framework has identified 107 behavioral indicators across four levels of proficiency.

The proficiency will enable individual officials to distinguish the type of competencies expected in their career path, which will give them an opportunity to enhance competency in achieving current as well future career goals. The proficiency level will set a benchmark for the recruitment and deployment. The proficiency levels of each key competency are detailed below:

Table IX: Proficiency level

Key Role 1: Service Provider			
Competency Area: 1.1 Management and Care			
Key Competency: 1.1.1 Physical examination and assessment of patients			
Behavior Indicator: 1.1.1.1 Perform a basic history taking and physical examination to deliver effective and efficient services			
PL at Entry	PL at Experienced	PL at Advance	PL at Expert
Perform a basic history taking and physical examination to deliver effective and efficient services	Perform a basic history taking and physical examination to deliver effective and efficient services	Perform history taking and physical examination to deliver effective and efficient services	Perform history taking and physical examination to deliver effective and efficient services
Behavior Indicator: 1.1.1.2 Apply clinical and physical assessment techniques for planning holistic care for individuals, families, and communities with respect to cultural diversity.			
Apply clinical and physical assessment techniques for care of individuals, families, and communities with respect to cultural diversity.	Apply clinical and physical assessment techniques for care of individuals, families, and communities with respect to cultural diversity.	Apply clinical and physical assessment techniques for planning holistic care for individuals, families, and communities with respect to cultural diversity.	Apply clinical and physical assessment techniques for planning holistic care for individuals, families, and communities with respect to cultural diversity.
Key Competency: 1.1.2 Diagnosis and management of common health problems			
Behavior Indicator: 1.1.2.1 Diagnose and manage common health problems			
Diagnose and manage common health problems	Do	Do	Do
Behavior Indicator: 1.1.2.2 Identify and manage basic medical emergencies and injuries			
Identify and manage basic medical emergencies and injuries	Identify and manage basic medical emergencies and injuries	Identify and manage medical emergencies and injuries	Identify and manage medical emergencies and injuries
Behavior Indicator: 1.1.2.3 Assess, triage, and provide timely and quality pre-hospital care in both trauma and medical emergencies			
Assess, triage, and provide timely and pre-hospital care in both trauma and medical emergencies	Assess, triage, and provide timely and pre-hospital care in both trauma and medical emergencies	Assess, triage, and provide timely and quality pre-hospital care in both trauma and medical emergencies	Assess, triage, and provide timely and quality pre-hospital care in both trauma and medical emergencies
Behavior Indicator: 1.1.2.4 Effective clinical management of communicable diseases to understand prevalence, incidence and carry out effective prevention activities.			
NA	Clinical management of communicable diseases to understand prevalence, incidence and carry out prevention activities.	Effective clinical management of communicable diseases to understand prevalence, incidence and carry out effective prevention activities.	Effective clinical management of communicable diseases to understand prevalence, incidence and carry out effective prevention activities.

Behavior Indicator: 1.1.2.5 Identify common causes of disability and carry out community based rehabilitation interventional activities to prevent disabilities			
NA	Identify common causes of disability and carry out community based rehabilitation	Identify common causes of disability and carry out community based rehabilitation interventional activities to prevent disabilities	Identify common causes of disability and carry out community based rehabilitation interventional activities to prevent disabilities
Behavior Indicator: 1.1.2.6 Identify the clients requiring palliative and elderly care and manage effectively			
NA	Identify the clients requiring palliative and elderly care and manage	Identify the clients requiring palliative and elderly care and manage effectively	Identify the clients requiring palliative and elderly care and manage effectively
Behavior Indicator: 1.1.2.7 Identify and refer problems which are beyond the capacity			
Identify and refer problems which are beyond the capacity	Do	Do	Do
Key Competency: 1.1.3 Clinical management of disorders			
Behavior Indicator: 1.1.3.1 Assist clients in obtaining home health devices to support self-management			
Assist clients in obtaining home health devices to support self-management	Do	Do	Do
Behavior Indicator: 1.1.3.2 Identify the epidemiological determinants and factors influencing communicable diseases			
Identify the epidemiological determinants and factors influencing communicable diseases	Do	Do	Do
Key Competency: 1.1.4 Interpersonal relationship and sectorial coordination			
Behavior Indicator: 1.1.4.1 Build rapport with the patients and clients			
Build rapport with the patients and clients	Do	Do	Do
Behavior Indicator: 1.1.4.2 Identify partners within and outside the community that could enhance the service delivery			
Identify partners within and outside the community that could enhance the service delivery	Do	Do	Do
Competency Area: 1.2 Basic Nursing Care			
Key Competency: 1.2.1 Basic nursing care			
Behavior Indicator: 1.2.1.1 Apply principles, techniques and procedures of basic nursing care			
Apply principles, techniques and procedures of basic nursing care	Apply principles, techniques and procedures of basic nursing care	Apply principles, techniques and procedures of nursing care	Apply principles, techniques and procedures of nursing care

Behavior Indicator: 1.2.1.2 Prepare & administer oral and topical preparation and inhalants			
Prepare & administer oral and topical preparation and inhalants.	Do	Do	Do
Behavior Indicator: 1.2.1.3 Administer intradermal, subcutaneous, intramuscular injections and intravenous medications			
Administer intradermal, subcutaneous, intramuscular injections and intravenous medications	Do	Do	Do
Behavior Indicator: 1.2.1.4 Apply principles & techniques of wound care, dressing, suturing and removal of suture and clip			
Apply principles & techniques of wound care, dressing, suturing and removal of suture and clip	Do	Do	Do
Behavior Indicator: 1.2.1.5 Effective procedures and maintenance of intravenous therapy and calculation of intravenous flow rate			
Effective procedures and maintenance of intravenous therapy and calculation of intravenous flow rate	Do	Do	Do
Behavior Indicator: 1.2.1.6			
Insertion of Urinary catheterization including care & removal	Do	Do	Do
Competency Area: 1.3 Clinical investigation and management			
Key Competency: 1.3.1 Safe and competent practice in medication			
Behavior Indicator: 1.3.1.1 Apply the pharmacological knowledge in prevention and treatment of various diseases effectively			
Apply the pharmacological knowledge in prevention and treatment of various diseases	Apply the pharmacological knowledge in prevention and treatment of various diseases	Apply the pharmacological knowledge in prevention and treatment of various diseases effectively	Apply the pharmacological knowledge in prevention and treatment of various diseases effectively
Behavior Indicator: 1.3.1.2 Carry out calculation of right dose of drugs to be administered through different routes			
Carry out calculation of right dose of drugs to be administered through different routes	Do	Do	Do
Behavior Indicator: 1.3.1.3 Effective prescription and medication with rational use of drugs and in line with guidelines			
Prescribe and medicate with rational use of drugs and in line with guidelines	Prescribe and medicate with rational use of drugs and in line with guidelines	Effective prescription and medication with rational use of drugs and in line with guidelines	Effective prescription and medication with rational use of drugs and in line with guidelines

Behavior Indicator: 1.3.1.4 Consider individual differences, legal and ethical aspects of drug therapy			
Consider individual differences, legal and ethical aspects of drug therapy	Do	Do	Do
Key Competency: 1.3.2 Basic laboratory investigations			
Behavior Indicator: 1.3.2.1 Carry out simple blood test such as Hb%, grouping, Rh typing and RBS			
Carry out simple blood test such as Hb%, grouping, Rh typing and RBS	Do	Do	Do
Behavior Indicator: 1.3.2.2 Carry out rapid test for RPR , HBsAg & HIV			
Carry out rapid test for RPR , HBsAg & HIV	Do	Do	Do
Behavior Indicator: 1.3.2.3 Carry out Urine for albumin & sugar			
Carry out Urine for albumin & sugar	Do	Do	Do
Behavior Indicator: 1.3.2.4 Able to conduct Microscopic examination for malaria, Leprosy & Tuberculosis			
Able to conduct Microscopic examination for malaria, Leprosy & Tuberculosis	Do	Do	Do
Behavior Indicator: 1.3.2.5 Able to conduct stool examination for Ova & cyst			
Able to conduct stool examination for Ova & cyst	Do	Do	Do
Behavior Indicator: 1.3.2.6 Able to conduct Water & Salt Analysis			
Able to conduct Water & Salt Analysis	Do	Do	Do
Key Competency: 1.3.3 Dental care			
Behavior Indicator: 1.3.3.1 (Extraction of uncomplicated)cases and provide education on oral health			
(Extraction of uncomplicated)cases and provide education on oral health	Do	Do	Do
Key Competency: 1.3.4 Medico-legal cases			
Behavior Indicator: 1.3.4.1 Carry out and manage common basic medico legal cases (Assault and Battery)			
NA	Carry out and manage common basic medico legal cases (Assault and Battery)	Do	Do
Behavior Indicator: 1.3.4.2 Referral of cases with proper documentation(if beyond capacity)			
Referral of cases with proper documentation (if beyond capacity)	Do	Do	Do
Competency Area: 1.4 Reproductive and child health services			
Key Competency: 1.4.1 ANC services, normal delivery and PNC			
Behavior Indicator: 1.4.1.1 Practice midwifery care to promote healthy pregnancy in accordance with			

professional competency standards			
Practice midwifery care to promote healthy pregnancy in accordance with professional competency standards	Do	Do	Do
Behavior Indicator: 1.4.1.2 Identify abnormalities and high risk pregnancy			
Identify abnormalities and high risk pregnancy	Do	Do	Do
Behavior Indicator: 1.4.1.3 Carry out effective counseling on HIV, STIs and other related diseases in pregnant women and provide VCT services			
Carry out counseling on HIV, STIs and other related diseases in pregnant women and provide VCT services	Carry out counseling on HIV, STIs and other related diseases in pregnant women and provide VCT services	Carry out effective counseling on HIV, STIs and other related diseases in pregnant women and provide VCT services	Carry out effective counseling on HIV, STIs and other related diseases in pregnant women and provide VCT services
Behavior Indicator: 1.4.1.4 Provide safe care to women during labour and childbirth effectively using pantograph			
Provide safe care to women during labour and childbirth effectively using pantograph	Do	Do	Do
Behavior Indicator: 1.4.1.5 Provide standard PNC to mother and newborn, follow up as required			
Provide standard PNC to mother and newborn, follow up as required	Do	Do	Do
Key Competency: 1.4.2 Family Planning and gynecological services			
Behavior Indicator: 1.4.2.1 Understand the back ground of family planning and methods			
Understand the back ground of family planning and methods	Do	Do	Do
Behavior Indicator: 1.4.2.2 Counsel and screen the client effectively for appropriate methods and refer to higher centers for permanent family planning method			
Counsel and screen the client for appropriate methods and refer to higher centers for permanent family planning method	Counsel and screen the client for appropriate methods and refer to higher centers for permanent family planning method	Counsel and screen the client effectively for appropriate methods and refer to higher centers for permanent family planning method	Counsel and screen the client effectively for appropriate methods and refer to higher centers for permanent family planning method
Behavior Indicator: 1.4.2.3 Ensure the availability of family planning methods and different mode to control birth and sexually transmitted infection (DPMA, OCP, Condom)			
Ensure the availability of family planning methods and different mode to control birth and sexually transmitted infection (DPMA, OCP, Condom)	Do	Do	Do
Behavior Indicator: 1.4.2.4 Able to carry out IUD insertion			
NA	Able to carry out IUD insertion	Able to carry out IUD insertion	Able to carry out IUD insertion

Behavior Indicator: 1.4.2.5 Effective management of side effects of the family planning methods			
Management of side effects of the family planning methods	Effective management of side effects of the family planning methods	Effective management of side effects of the family planning methods	Effective management of side effects of the family planning methods
Behavior Indicator: 1.4.2.6 Provide Health Education and services on minor ailments of female reproductive systems for early diagnosis, intervention and timely referral			
Provide Health Education and services on minor ailments of female reproductive systems for early diagnosis, intervention and timely referral	Do	Do	Do
Behavior Indicator: 1.4.2.7 Screen for cervical cancer (Pap smear 25 – 65 years)			
Screen for cervical cancer (Pap smear 25 – 65 years)	Do	Do	Do
Key Competency: 1.4.3 Immunization and growth monitoring			
Behavior Indicator: 1.4.3.1 Define and explain the purpose of Vaccine and preventable diseases/EPI			
Define and explain the purpose of Vaccine and preventable diseases/EPI	Do	Do	Do
Behavior Indicator: 1.4.3.2 Identify the target beneficiaries for immunizations			
Identify the target beneficiaries for immunizations	Do	Do	Do
Behavior Indicator: 1.4.3.3 Effective management of vaccine and cold chain			
Effective management of vaccine and cold chain	Do	Do	Do
Behavior Indicator: 1.4.3.4 Effective implementation of the national EPI as per the schedule			
Effective implementation of the national EPI as per the schedule	Do	Do	Do
Behavior Indicator: 1.4.3.5 Identify common adverse event, prevent from occurring and manage the adverse event appropriately			
Identify common adverse event, prevent from occurring and manage the adverse event appropriately	Do	Do	Do
Behavior Indicator: 1.4.3.6 Conduct survey on vaccine preventable diseases and plan for better coverage			
NA	NA	Conduct survey on vaccine preventable diseases and plan for better coverage	Conduct survey on vaccine preventable diseases and plan for better coverage
Behavior Indicator: 1.4.3.7 Able to monitor the growth of a child by using the child monitoring chart for timely intervention & referral			
Able to monitor the growth of a child by using			

the child monitoring chart for timely intervention & referral	Do	Do	Do
Behavior Indicator: 1.4.3.8 Maintain highest immunization coverage at all times			
Maintain highest immunization coverage at all times	Do	Do	Do
Behavior Indicator: 1.4.3.9 Maintain correct recording & reporting (DHIS 2 & MCH tracking) and use data for planning			
Maintain correct recording & reporting (DHIS 2 & MCH tracking) and use data for planning	Do	Do	Do

Key Role 2: Health Educator			
Competency Area 2.1 Health Promotion			
Key Competency 2.1.1 Concepts, principles and values of health promotion			
Behavior Indicator: 1.2.1.1 Review the concepts, principles and values of health promotion			
Review the concepts, principles and values of health promotion	Do	Do	Do
Behavior Indicator: 2.1.1.2 Develop range of health promotion strategies and action areas effectively			
NA	Develop range of health promotion strategies and action areas	Develop range of health promotion strategies and action areas effectively	Develop range of health promotion strategies and action areas effectively
Behavior Indicator: 2.1.1.3 Carry out need assessment with identification of different types of needs for health promotion			
NA	Carry out need assessment with identification of different types of needs for health promotion	Do	Do
Key Competency: 2.1.2 Social and Behavior change communication skills			
Behavior Indicator: 2.1.2.1: Identify various health promotion models and approaches and develop a framework for health promotion			
Identify various health promotion models and approaches and develop a framework for health promotion	Do	Do	Do
Behavior Indicator: 2.1.2.2 Apply behavior change theories at individual and community levels			

NA	Apply behavior change theories at individual and community levels	Do	Do
Behavior Indicator: 2.1.2.3 : Identify strengths and limitations of health behavior change			
NA	Identify strengths and limitations of health behavior change	Do	Do
Key Competency: 2.1.3 Planning and health education			
Behavior Indicator: 2.1.3.1 Develop health education tools/materials and their uses			
Develop health education tools/materials and their uses	Do	Do	Do
Behavior Indicator: 2.1.3.2 Understand the concepts & principles of health advocacy and role of media			
Understand the concepts & principles of health advocacy and role of media	Do	Do	Do
Key Competency: 2.1.4 Community health development and mobilization			
Behavior Indicator: 2.1.4.1 Understand concepts and approaches to community health development and mobilization			
Understand concepts and approaches to community health development and mobilization	Do	Do	Do
Behavior Indicator: 2.1.4.2: Develop community health development strategy and implement effectively and efficiently			
NA	NA	Develop community health development strategy and implement effectively and efficiently	Develop community health development strategy and implement effectively and efficiently
Key Competency: 2.1.5 Sectoral coordination			
Behavior Indicator: 2.1.5.1: Identify the stakeholders for health promotion and disease prevention			
NA	Identify the stakeholders for health promotion and disease prevention	Do	Do
Behavior Indicator: 2.1.5.2: Involve and strengthen community participation to improve the health care service delivery			
NA	Involve and strengthen community participation to improve the health care service delivery	Do	Do
Behavior Indicator: 2.1.5.3 Participate in health awareness program organized by other sectors (CSOs and other NGOs)			

NA	Participate in health awareness program organized by other sectors (CSOs and other NGOs)	Do	Do
Behavior Indicator: 2.1.5.4 Develop work-force and capacity for health promotion practice (Training of VHWS)			
NA	Develop work-force and capacity for health promotion practice (Training of VHWS)	Do	Do

Key Role 3: Primary Health Care Manager			
Competency Area: 3.1 Leadership and management			
Key Competency: 3.1.1 Principles of health system management			
Behavior Indicator: 3.1.1.1 Understand the concept, definition, principles, functions and management of the PHC & health team			
Understand the concept, definition, principles, functions and management of the PHC & health team	Do	Do	Do
Behavior Indicator: 3.1.1.2 Apply the concept, definition, principles and functions of health service management in the community			
NA	Apply the concept, definition, principles and functions of health service management in the community	Do	Do
Behavior Indicator: 3.1.1.3 Apply the principle of coordination and delegation of tasks for managing the PHC			
NA	Apply the principle of coordination and delegation of tasks for managing the PHC	Do	Apply and evaluate the principle of coordination and delegation of tasks for managing the PHC
Behavior Indicator: 3.1.1.4 Understand the physical structure and setting of CHU, PHC and ORCs			
Understand the physical structure and setting of CHU, PHC and ORCs	Do	Do	Understand and assessed the physical structure and setting of CHU, PHC and ORCs
Behavior Indicator: 3.1.1.5 Understand the roles and responsibilities of HA in CHU, PHC and			

ORCs			
Understand the roles and responsibilities of HA in CHU, PHC and ORCs	Do	Do	Do
Key Competency: 3.1.2 Administration and management			
Behavior Indicator: 3.1.2.1 Understand and implement the health information system			
NA	Understand and implement the health information system	Do	Implementation and application of health information system
Behavior Indicator: 3.1.2.2 Carry out health unit's management and administration effectively and efficiently			
NA		Carry out health unit's management and administration effectively and efficiently	Do
Behavior Indicator: 3.1.2.3 Coordinate and collaborate with relevant sectors and LG to carry out health programs			
NA	Coordinate and collaborate with relevant sectors and LG to carry out health programs	Do	Do
Behavior Indicator: 3.1.2.4 Understand and implement the basic financial and procurement procedures			
NA	Understand and implement the basic financial and procurement procedures	Do	Do
Behavior Indicator: 3.1.2.5 Carry out annual indent of medical supplies			
Carry out annual indent of medical supplies	Do	Do	Do
Behavior Indicator: 3.1.2.6 Participate actively in delivering CHU, PHC and ORCs activities			
Participate actively in delivering CHU, PHC and ORCs activities	Do	Monitor the activities delivered in CHU, PHC and ORCs	Do
Behavior Indicator: 3.1.2.7 Possess good team spirit and team building			
Possess good team spirit and team building	Do	Promote team spirit and team building	Do
Key Competency: 3.1.3 Data Management and basic analytical skills			
Behavior Indicator: 3.1.3.1 Maintain proper documentation, records and reports of both clinical & administration works			
Maintain proper			

documentation, records and reports of both clinical & administration works	Do	Do	Do
Behavior Indicator: 3.1.3.2 Understand the importance of BHMIS/DHIS2 system and generate necessary health information			
Understand the importance of BHMIS/DHIS2 system	Do	Understand the importance of BHMIS/DHIS2 system and generate necessary health information	Do
Behavior Indicator: 3.1.3.3 Classify the morbidity pattern in ICD-10 classification			
Classify the morbidity pattern in ICD-10 classification	Do	Analyze and recommend the morbidity pattern in ICD-10 classification	Do
Behavior Indicator: 3.1.3.4 Understand and implement immediate notifiable reports to RCDC and MoH			
Understand and implement immediate notifiable reports to RCDC and MoH	Do	Do	Do
Behavior Indicator: 3.1.3.5 Carry out basic analysis and interpretation of data			
Understand basic analysis and interpretation of data	Carry out basic analysis and interpretation of data	Do	Make recommendation base on the analysis and interpretation of data
Behavior Indicator: 3.1.3.6 Develop simple SOPs in line with national guidelines and protocols			
NA	NA	Develop simple SOPs in line with national guidelines and protocols	Do
Competency Area 3.2 Community Health			
Key competency 3.2.1 Concept and principle of community health			
Behavior Indicator: 3.2.1.1 Understand the concepts of community and community health			
Understand the concepts of community and community health	Do	Do	Do
Behavior Indicator: 3.2.1.2 Review and adopt community health process and assessment for effective delivery of services			
NA	Review and adopt community health process and assessment for effective delivery of services	Do	Do

Key competency 3.2.2 Application of community health			
Behavior Indicator: 3.2.2.1 Understand and plan health activities in line with national goals and strategies			
Understand health activities in line with national goals and strategies	Plan and implement health activities in line with national goals and strategies	Do	Do
Behavior Indicator: 3.2.2.2 Identify the three levels of prevention and carry out the implementation plan effectively			
NA	Identify the three levels of prevention and carry out the implementation plan	Identify the three levels of prevention and carry out the implementation plan effectively	Do
Behavior indicator: 3.2.2.3 Apply roles & functions of community health worker in the day-to-day practice with integrity and honesty			
NA	Apply roles & functions of community health worker in the day-to-day practice with integrity and honesty	Do	Do
Behavior Indicator: 3.2.2.4 Conduct school/institutional health program and home visiting effectively with proper coordination and collaboration			
Conduct school/institutional health program and home visiting effectively with proper coordination and collaboration	Do	Do	Do
Behavior Indicator: 3.2.2.5 Apply family healthcare, basic health needs and its relevance to improve health of the communities			
Apply family healthcare, basic health needs and its relevance to improve health of the communities	Do	Do	Do
Key competency 3.2.2. Health assessment and intervention in communities			
Behavior Indicator: 3.2.2.1 Train VHVs and supervise their activities			
Train VHVs and supervise their activities	Do	Do	Do
Behavior Indicator: 3.2.2.2 Carryout disease surveillance, operational research and screening activities			
NA	Carryout disease surveillance, operational research and screening activities	Do	Do
Behavior Indicator: 3.2.2.3 Prevent and control epidemics and endemic diseases in the			

community			
Prevent and control epidemics and endemic diseases in the community	Do	Do	Do
Behavior Indicator: 3.2.2.4 Carryout community health assessment and make community diagnoses			
NA	Carryout community health assessment and make community diagnoses	Do	Do
Behavior Indicator: 3.2.2.5 Plan and carryout community health intervention based on priority needs			
NA	Plan and carryout community health intervention based on priority needs	Do	\Do
Behavior Indicator: 3.2.2.6 Maintain community health related records and reports			
Maintain community health related records and reports	Do	Do	Do
Competency Area 3.3 Environmental and Occupational Health			
Key Competency: 3.3.1 Management and control of environmental health hazards			
Behavior Indicator: 3.3.1.1 Understand and apply the concepts and principles of environmental and occupational health sciences			
Understand the concepts and principles of environmental and occupational health sciences	Apply the concepts and principles of environmental and occupational health sciences	Do	Do
Behavior Indicator: 3.3.1.2 Adopt effectively the roles of health professionals in protecting health of the public through environmental health interventions			
NA	Adopt effectively the roles of health professionals in protecting health of the public through environmental health interventions	Do	Do
Behavior Indicator: 3.3.1.3 Plan and implement environmental and pollution monitoring			
Plan and implement environmental and pollution monitoring	Do	Plan, implement and analyze environmental and pollution monitoring	Plan, implement and analyze environmental and pollution monitoring
Behavior Indicator: 3.3.1.4 Communicate effectively on climate change and its effect on human health and the environment			
Communicate	Do		

effectively on climate change and its effect on human health and the environment.		Do	Do
Key Competency: 3.3.2 Occupational health and chemical safety			
Behavior Indicator: 3.3.2.1 Identify the major environmental agents, chemical, biological and physical agents that cause adverse effects on human health and their sources and mechanism of their effects.			
NA	Identify the major environmental agents, chemical, biological and physical agents that cause adverse effects on human health and their sources and mechanism of their effects.	Do	Do
Behavior Indicator: 3.3.2.1 Review and carry out risk assessment process and various risk management approaches, including regulatory and behavioral/risk communication			
NA	Review and carry out risk assessment process and various risk management approaches, including regulatory and behavioral/risk communication	Do	Do
Behavior Indicator: 3.3.2.2 Analyze some of the major hazards encountered in the workplace and develop an initial approach to the prevention of illnesses and injuries associated with these hazards			
NA	NA	Analyze some of the major hazards encountered in the workplace and develop an initial approach to the prevention of illnesses and injuries associated with these hazards	Do
Key Competency: 3.3.3 Infection control and waste management			
Behavior Indicator: 3.3.3.1 Identify major hazards and their sources in the environment (chemicals from industries, bacteriological from human and animal waste, air pollution, hazardous waste from health centers, e-waste etc), and their impact on health.			

Identify major hazards and their sources in the environment (chemicals from industries, bacteriological from human and animal waste, air pollution, hazardous waste from health centers, e-waste etc), and their impact on health.	Do	Do	Do
Behavior Indicator: 3.3.3.1 Strictly comply with infection control and waste management guideline and standard operating procedure			
Strictly comply with infection control and waste management guideline and standard operating procedure	Do	Do	Do

2.7. Training Needs Analysis

The Training Needs is the differences between desired capability and current capability. The Training Needs Analysis (TNA) is the process of recognizing the skills gap and needs of training. It is the procedure to determine whether the training will bring out the solution to the problem. It ensures that training is targeting the correct competencies, the correct employees and the needs of the Department. The training can reduce, if not eliminate, the gap by equipping the Health Assistant with knowledge and skills. It should be the shared responsibility of employee and Department to build and enhance their capability and competency.

The TNA was carried out in consultation with the stakeholders through interview, survey and focus group discussion (FGD). The questionnaire consists of both closed and open-ended questions. The questionnaire is based on 107 behavioral indicators of three proficiency levels on Likert Scale of “Competent” and “Not Competent” followed by open ended questions asking the likely reasons for ‘Not Competent’ and suggest interventions to address the gap. The behavioral indicators were assessed by proficiency level to identify the performance gaps.

The assessment is consolidated as **NOT COMPETENT** when more than **70%** (as per the guidebook of RCSC) of the respondents do not exhibit the particular behavioral indicator.

2.7.1 Training Needs Assessment

Table X: Training Need Assessment

Role 1: Service Provider					
Key Competencies	Proficiency Level	Performance (competent/Not competent)	Likely reason for performance gap	Methods of Intervention	Learning Objectives
1.1 Diagnosis and management of common health problems	PL at Entry (S2 – S1)	Effective clinical management of communicable diseases to understand prevalence, incidence and carry out effective prevention activities.	<ul style="list-style-type: none"> • Cannot carry out effectively at entry level. • Lack of experience 	<ul style="list-style-type: none"> • Hands on training. • Attachment • Mentoring by seniors • Regular clinical supervision 	<ul style="list-style-type: none"> • To be abreast with diagnosis and management. • Enhance proficiency through experience
		Identify common causes of disability and carry out community based rehabilitation interventional activities to prevent disabilities	<ul style="list-style-type: none"> • No exposure • Inadequate expertise in identifying and take preventive intervention 	<ul style="list-style-type: none"> • Attachment with relevant section. • Orientation 	<ul style="list-style-type: none"> • Improve quality of care and strengthen interventional activities to prevent disability
		Identify the clients requiring palliative and elderly care and manage effectively	<ul style="list-style-type: none"> • Lack of experience 	<ul style="list-style-type: none"> • Hands on training. • Attachment and Orientation 	<ul style="list-style-type: none"> • Better palliative care. • Early identification and intervention

1.2 Medico-legal cases	PL at Entry (S2 – S1)	Carry out and manage common basic medico legal cases (Assault and Battery)	<ul style="list-style-type: none">• Not in the pre-service training curriculum	<ul style="list-style-type: none">• Basic training to handle medico legal cases• Hands on training	<ul style="list-style-type: none">• Correct recording and reporting of the cases.
1.3 Immunization and growth monitoring		Conduct survey on vaccine preventable diseases and plan for better coverage	<ul style="list-style-type: none">• Lack of knowledge on survey and experience	<ul style="list-style-type: none">• Need basic refresher training and orientation• Supervision and monitoring	<ul style="list-style-type: none">• Identify and Strengthen the catchment areas for prevention of diseases
Role 2: Health Educator					
2.1 Concepts, principles and values of health promotion.	PL at Entry (S2 – S1)	Develop range of health promotion strategies and action areas effectively	<ul style="list-style-type: none">• Lack of practical experience	<ul style="list-style-type: none">• Involvement in Health education and advocacy.• Mentoring	<ul style="list-style-type: none">• Enhance effective communication skills in behavior
		Carry out need assessment with identification of different types of needs for health promotion	<ul style="list-style-type: none">• In adequate expertise in identification and assessment for health promotion	<ul style="list-style-type: none">• Orientation• Refresher Training and involvement for health assessment	<ul style="list-style-type: none">• Develop skills and knowledge on the assessment and identification on the need of health promotion and prevention of diseases
2.2 Model, approaches and behavior change theories framework for various health promotions		Apply behavior change theories at individual and community levels	<ul style="list-style-type: none">• Lack of skills• Not adequately served at the community level	<ul style="list-style-type: none">• Practical training• Empower and provide platform to apply the knowledge	<ul style="list-style-type: none">• Enhance the skills and provide the plate form to apply the knowledge

	PL at Entry (S2 – S1)	Identify strengths and limitations of health behavior change theory	<ul style="list-style-type: none"> • Lack of experience 	<ul style="list-style-type: none"> • On job training • Attachment 	<ul style="list-style-type: none"> • Develop the capacity of HA to identify the strength and limitation of behavior change theory
2.3 Concepts, strategy and approaches to community health development and mobilization.		Develop community health development strategy and implement effectively and efficiently	<ul style="list-style-type: none"> • Lack of practical experience 	<ul style="list-style-type: none"> • Involvement in the development of strategies, policy and action plan • Guidance by appropriate supervisor • Mentoring 	<ul style="list-style-type: none"> • Develop the knowledge on development of strategy, policy and action plan
2.4 Sectoral Coordination		Identify the stakeholders for health promotion and disease prevention	<ul style="list-style-type: none"> • Lack of experience, coordination and collaboration • Lack of communication skills/ exposure • Inadequate information on the need for behavior change and involvement of relevant stakeholders 	<ul style="list-style-type: none"> • Know the details of health needs requiring the involvement of other sectors • Develop skills to liaise with the local leaders and other relevant sector 	<ul style="list-style-type: none"> • Enhance coordination and corporation for community participation through the involvement of relevant sectors
		Involve and strengthen community participation to improve the health care service delivery	<ul style="list-style-type: none"> • Less involvement and participation 	<ul style="list-style-type: none"> • Involvement in community meeting 	<ul style="list-style-type: none"> • Capacity developed for community participations for delivery of quality health care services

2.4 Sectoral Coordination contd..	PL at Entry (S2 – S1)	Participate in health awareness program organized by other sectors (CSOs and other NGOs)	<ul style="list-style-type: none">• Lack of exposure• Limited knowledge on the role of CSOs• Inadequate knowledge on coordination	<ul style="list-style-type: none">• Identification of relevant CSOs for health awareness program• Involvement of relevant CSOs	<ul style="list-style-type: none">• Able to identify relevant CSOs• Capacity for involvement of CSOs strengthen
		Develop work-force and capacity for health promotion practice (Training of VHWs)	<ul style="list-style-type: none">• Lack of experience in training of VHWs• Limited involvement	<ul style="list-style-type: none">• Regular involvement for VHW training• Empower for training of VHW at the catchment area• Monitoring and supervision	<ul style="list-style-type: none">• Able to plan and conduct training effectively
2.5 Health Assistants as managers and leaders in the PHC and in the community		Understand the concept, definition, principles and functions of management and functions of the PHC & health team	<ul style="list-style-type: none">• Limited orientation• Short duration of attachment at PHC during pre-service training	<ul style="list-style-type: none">• Orientation• Adequate practical attachment• Regular supervision and monitoring	<ul style="list-style-type: none">• Clear concept on PHC administration and management• Develop skills for management of PHC• Able to build team spirit
		Understand and apply the concept, definition, principles and functions of health services management in the community	<ul style="list-style-type: none">• Less involvement with the community	<ul style="list-style-type: none">• Short refresher training,• E- learning• Regular orientation at the work place• Monitoring, supervision and follow up	<ul style="list-style-type: none">• Able to understand the concept on management of health services at the community• Develop skills for management of Community• Able to build team spirit

2.6 Administration and management of PHC	PL at Entry (S2 – S1)	Understand and implement the basic financial and procurement procedures and civil service rules	<ul style="list-style-type: none"> • Not in the curriculum • Lack of experience 	<ul style="list-style-type: none"> • Sensitization on basic Financial and procurement rules. • Self-learning • Mentoring 	<ul style="list-style-type: none"> • To avoid audit observation. • Use limited resources effectively.
Role 3: Primary Health Care Manager					
3.1 Data Management and basic skills	PL at Entry (S2 – S1)	Effective process of analyzing and interpretation of data	<ul style="list-style-type: none"> • Lack of adequate practical 	<ul style="list-style-type: none"> • Practical attachment for DHSI 2 • Orientation on data entry as per ICD code 	<ul style="list-style-type: none"> • Able to collect and generate accurate morbidity, mortality and other health information • Ensure timely reporting of correct information
3.2 Health assessment and intervention in communities.		Train VHWS and supervise their activities	<ul style="list-style-type: none"> • Inadequate practical experience • Limited involvement for training of VHWS 	<ul style="list-style-type: none"> • Empower training of VHWS • Involve for training. • Regular supervision and monitoring of the training program. 	<ul style="list-style-type: none"> • Capacity developed and able to carry out the training 3.2 Health assessments and intervention in communities.
3.3 Concepts and principle of community and community health		Understand and plan in line with national goals and strategies	<ul style="list-style-type: none"> • Inadequate sessions in the curriculum • Inadequate orientation or learning (self) of the national plans and strategies 	<ul style="list-style-type: none"> • Specific programme sensitization and orientation. • Incorporate in the curriculum. • Encourage self-learning through provision of the strategies documents. 	<ul style="list-style-type: none"> • To keep updated with current plans and strategies. • To be able to contribute to the national health care delivery system.

3.4 Management and control of environmental health hazards	<i>PL at Entry (S2 – S1)</i>	Understand and apply the concepts and principles of environmental and occupational health sciences	<ul style="list-style-type: none"> • Not in the curriculum. • No facility to learn through online 	<ul style="list-style-type: none"> • Introduce online course on the subject matter. • MoH to pursue with FNPH to include in the pre-service curriculum • Impart short in-service training on the related subject. 	<ul style="list-style-type: none"> • To control environmental & occupational health hazards
		Adopt effectively the roles of health professionals in protecting health of the public through environmental health interventions	<ul style="list-style-type: none"> • Not in the curriculum 	<ul style="list-style-type: none"> • Separate sessions need to be arranged on the subject matter. • Incorporate in the curriculum. 	<ul style="list-style-type: none"> • Understand the roles of health professionals in protecting health of the public through environmental health and provide safe health care
		Plan and implement environmental and pollution monitoring	<ul style="list-style-type: none"> • Not in the curriculum 	<ul style="list-style-type: none"> • Separate sessions need to be arranged on the subject matter. • Incorporate in the curriculum. 	<ul style="list-style-type: none"> • Effective planning and implementing of environmental and pollution monitoring

3.5 Occupational health and chemical safety.	<i>PL at Entry (S2 – S1)</i>	Risk assessment, legislative and administrative aspects of environmental and occupational health.	Identify the major environmental agents, chemical, biological and physical agents that cause adverse effects on human health and their sources and mechanism of their effects.	Not in the curriculum	Separate sessions need to be arranged on the subject matter. Incorporate in the curriculum.
		Review and carry out risk assessment process and various risk management approaches, including regulatory and behavioral/risk communication	Not in the curriculum	Separate sessions need to be arranged on the subject matter. Incorporate in the curriculum.	To develop innovative assessment strategies
		Analyze some of the major hazards encountered in the workplace and develop an initial approach to the prevention of illnesses and injuries associated with these hazards	Not in the curriculum	Orientation, E-learning and Short training	Able to analyze hazards in the work place. Able to develop simple SoPs for prevention of injuries and illnesses associated to poor environment.

2.7.2 Training Needs Assessment at Experienced Level

Role 1: Service provider

Immunization and growth monitoring	<i>PL at Experienced (SS4-SS3)</i>	Conduct survey on vaccine preventable diseases and plan for better coverage	<ul style="list-style-type: none"> • Topic on how to conduct survey on vaccine preventable disease was not included in HA curriculum. • HA at experience level may not may got experienced to conduct survey of vaccine preventable disease 	<ul style="list-style-type: none"> • Include survey topic in HA curriculum • Involve HA at experience in conducting survey on vaccine preventable diseases • To train HA at experience level on how to conduct surveys 	<ul style="list-style-type: none"> • HA at experienced level will be able to gain knowledge on Immunization and growth monitoring • HA at experienced level will be able to conduct survey on Vaccine preventable disease
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Role 2: Health Educator

Concepts, strategy and approaches to community health development and mobilization.	<i>PL at Experienced (SS4-SS3)</i>	Develop community health development strategy and implement effectively and efficiently	<ul style="list-style-type: none"> • Competencies not included in HA curriculum • Did not get experience in developing strategy 	<ul style="list-style-type: none"> • Include in HA curriculum • Involve or train in developing community health development strategy 	<ul style="list-style-type: none"> • HA will be able to understand concepts, strategy and approaches to community health development and mobilization • HA will be able to develop community health development strategy and implement efficiently and efficiently
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2.7.4 Training Needs Assessment at advanced Level

Role No. 1 Service Provider

Safe and competent practice in medication	<i>PL at Advanced (SS2)</i>	Apply the pharmacological knowledge in prevention and treatment of various diseases effectively	<ul style="list-style-type: none"> • New method of medication • Invention of new medicines • Emerging and re-emerging of diseases 	<ul style="list-style-type: none"> • Online learning through medical journals • Regular consultations with Medical Officers/experts • Refresher training as and when required 	<ul style="list-style-type: none"> • Developed competency and confidence in medication • Able to provide correct treatment • Able to avoid any unwanted side effects from treatment
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2.7.4 Training Needs Assessment at Expert Level

Key Role 3: Primary Health Care Manager

Management and care	<i>Expert level (SS1)</i>	Identify the clients requiring palliative and elderly care and manage effectively	<ul style="list-style-type: none"> • Required knowledge and skills not acquired 	<ul style="list-style-type: none"> • Training on basic elderly care and management 	<ul style="list-style-type: none"> • To identify clients and provide care management of elderly clients
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2.7.4 Outcomes of the Training Needs Assessment

The performance gaps have been identified for each competency area and key competency as shown in table number XI.

Key Role 3: Primary Health Care Manager

Table No. XI: Summary of Performance Gap

Training Needs Assessment at Advanced Level				
Key Role 1 : Service Provider				
Competency Area	Key Competencies	No. of BIs	Competent	Not competent
Management and care	Physical examination and assessment of patient	2	1	1
	Diagnose and manage common health problems	7	3	4
	Assist clients in obtaining home health devices to support self-management	3	0	3
	Interpersonal relationship and service Coordination	2	1	1
Basic Nursing Care.	Basic nursing practice and Competent nursing care to the patients	6	1	5
Principles of pharmacology/ Lab/ Dental/ Medico-legal	Safe and competent practice in medication administration for disease treatment	4	1	3
	Simple laboratory investigations	6	1	5
	Dental care	1	0	1
	Medico-legal cases	2	0	2
Reproductive and child health services	ANC services, normal delivery and PNC	5	3	2
	Family Planning and gynecological services	7	4	3
	Immunization and growth monitoring	9	3	6
Key Role 2 : Health Educator				
Health Promotion	Concepts, principles and values of health promotion, education and the range of strategies for action areas	3	0	3
	Model, approaches and behavior change theories framework for various health promotions	3	0	3
	Planning and conduct health teaching and education tools, materials and their uses	2	0	2
	Concepts, strategy and approaches to community health development and mobilization	2	0	2
	Supportive environments	4	0	4

Manager and leader in PHC	Health Assistants as managers and leaders in the PHC and in the community	3	3	0
	Administration and management of PHC	6	2	4
	Information on important tool and records for planning of health activities at the PHC and Community	8	2	6
Community Health	Concepts of community & community health activities	3	3	0
	Principles of community health, roles and functions of community health worker	4	2	2
	Concepts, knowledge and skills required to improve health and wellbeing of individuals families and communities	6	1	5
	Oriented to the CHU, PHC & ORCs	4	4	0
Environmental and Occupational Health	Manage and control environmental factors & occupational health hazards	4	0	4
	Risk assessment, legislative and administrative aspects of environmental and occupational health	3	0	3
	Care and management of general and medical waste	3	0	3

The training area needs are identified in 93 behavioral from 18 key competency areas. More than 51% of the Health Assistants (HA) comprising of 22% male and 29% female expressed the need for training to update their knowledge and skills. This indicates that 51% of the HA are neither trained in the specific areas nor competent enough to carry out their day to day work. It was also found that there is need for update of knowledge and skills for senior proficiency levels of HA. The survey reported that about 14% of the staff in position level in S2 – S1; 20% in SS3 – SS2 and another 20% in SS1 indicated the need to update the knowledge and skills. It was also found that the activities to develop competencies are already initiated for some identified behavioral indicators.

During the consultative meeting with the stakeholders, the need for long term training for Health Assistants was expressed considering the advancement in modern health technology and challenges with emerging and re-emerging of the diseases causing public health burden. Besides, the field of public health is constantly evolving in response to the needs of communities and populations not only in Bhutan but around the world as well. The mission of public health is to improve the conditions and behaviors that affect health so that all people can attain and it is imperative as that promotes a healthy environment and has a real and lasting positive effect on people.

The TNA pointed out need for enhancement of skills in leadership, planning and management, lifelong learning, critical thinking, problem solving and analytical abilities. On the contrary, there was no systematic and formal continuing medical education (CME) programme put in place to update and enhance knowledge and skills of the primary healthcare workers. Primary healthcare workers are the forefront health workforce in promoting health and preventing diseases in the communities.

More than 52% of BPH graduates are at professional managerial level functioning as program managers as well as providing clinical services as and when required and addressing the public health needs. This is an indicator in itself that when opportunities are availed, the graduates have utilized their knowledge and skills appropriately. The health care system has also benefited through the up-gradation program of the existing in-service because the candidates have been already familiar with the health system of the country, they have a sense of the clinical scenario of the country, and moreover they are also familiar with the community. Community knowledge and morbidity pattern in the community is an added value as a health professional manager. As such, the course at Faculty of Nursing and Public Health (FNPH), KGUMSB has been introduced with minimum of diploma level and in the future, Health professionals will be with diploma level in all the health facilities. Thus it is also imperative to consider for the up gradation to diploma course for those with certificate level. Such enhancement of education level for the health assistants will:

- ❖ strengthen healthcare management and governance in decentralized system
- ❖ strengthen primary health care for prevention of disease and promotion of health for reducing the escalating curative health cost;
- ❖ strengthen the professional competency for evidence based planning and implementation of public health programs;
- ❖ address the need of primary healthcare experts for priority public health issues;
- ❖ keep abreast with advancing healthcare system and technology for quality healthcare

Ministry of Health shall ensure that adequate fund is secured and allocated for the short training program to be conducted by relevant departments under the Ministry of Health. However, this program is not intended for automatic enhancement of position level, rather it will be designed and implemented to update and enhance knowledge and skills of the health professionals.

List for Mandatory Competency Development interventions

Table No. XII: List for mandatory training

Priority	Training Description/Competency areas.	Total BIs	S2	S1-SS4	SS3-SS2	SS1	(Total) (S1-SS1)	Mode of training	Training providers
1 (2020-2021)	Application of Health promotion and education	4	13	35	22	52	122	Class room/group activities/discussion	FNPH/KGUMSB & HPD
	Refresher course on Immunization with focus on Adverse Event following Immunization (AEFI)	9	28	60	31	83	202	Class room/group activities/discussion	FNPH/KGUMSB & Program
	Skill development on OB/ labour and delivery as per service standard)	8	44	68	24	94	230	Class room/group activities/discussion	FNPH/KGUMSB & Program
2 (2020-2021)	Environment and climate sensitive diseases)	4	9	40	31	28	108	Class room/group activities/discussion	FNPH/KGUMSB & Program
	Occupational Health and chemical safety focusing on risk assessment and legislation	4	37	104	67	120	328	Class room/group activities/discussion	FNPH/KGUMSB & Program
	Infection control and waste management	3	15	34	19	25	93	Class room/group activities/discussion	FNPH/KGUMSB & Program
	Concepts, strategy and approaches to community health development and mobilization including multi sectoral coordination	2	2	8	6	10	26	Class room/group activities/discussion	FNPH/KGUMSB and HPD
	Social and Behavior change communication skills	2	8	26	18	24	76	Class room/group activities/discussion	FNPH/KGUMSB and HPD
	Training on DHSI II	5	8	39	31	56	134	Class room/group activities & Practical	Research Unit, MoH
	Update on diagnosis ,clinical management of common health problems, basic nursing care, lab investigation and Basic Life Support (BLS)	5	12	26	14	35	87	Class room/group activities/discussion/	FNPH/KGUMSB & Program

contd..	Management of EENT (Eye, Ear Nose, Throat) and Oral Health Care	2	27	57	30	35	149	Practical/attachment in hospitals	FNPH/KGUMSB & Program
	Management of EENT (Eye, Ear Nose, Throat) and Oral Health Care	2	27	57	30	35	149	Practical/attachment in hospitals	FNPH/KGUMSB & Program
	Training on Medico-legal cases	2	16	40	0	54	110	Class room/group activities/discussion/	FNPH/KGUMSB & Program
3 (2022-2023)	Management of Primary Health Center (PHC).	8	9	31	22	50	112	Class room/group activities/discussion	FNPH/KGUMSB & Program

Key recommendations

- ❖ Need to maintain Health Assistant's role as disease prevention and health promotion for all times.
- ❖ Need to carry out TNA periodically
- ❖ Supply of ICT facilities in the Primary Health Centers
- ❖ Need to prioritize for capacity development based on relevancy
- ❖ Empower the agencies/authority/sectors for CBF periodically and capacity development and to be coordinated by HRD of the Agency.
- ❖ The training curriculum of Diploma in Community Health needs to be reviewed as per the changing need.
- ❖ Strengthen the capacity of PHC, preferably to be headed by an Incharge with B.Sc. in Public Health.

Conclusion:

The above table on Key Competency Gap assessment by behavioral indicators represent 43% of the Health Assistants working in PHC/Sub-Posts/ THC and 65% of the Health Assistants working in Hospitals, PHC, Health Help Center (HHC), THC and Health Information Service Center (HISC)³. In total, it represents 51% of the Health Assistants working at different level of health facilities in the country. Each behavioral indicator is assessed in four areas (***Not trained, Trained but not competent, Not applicable and others/no reasons***). Each area is calculated in terms of percentage from the total number of respondents by health facilities as categorized in the above tables.

The assessment level ranges from 0 – 20 % which indicates that there is skills and knowledge gap for delivering the services. Higher the percentage with behavioral indicators is a concern and would require appropriate action with those behavioral indicators reflected against each key competency. This assessment shall also enable for proper planning, management and prioritize for capacity development of the Health Assistants for effective health care service delivery.

References

1. A Guidebook on Competency-Based Framework for Civil Service 2019, <http://www.rcsc.gov.bt/wp-content/uploads/2019/06/Competency-Framework-Guidebook.pdf>.
2. Act and Guidelines | Bhutan Medical and Health Council." <http://www.bmhc.gov.bt/act-andguidelines/Medical-and-Health-Council-Act-of-the-Kingdom-of-Bhutan2002>
3. Annual Health Bulletin 2019.ཨ་ཁ་ལྷན་ཁུངས་ཀྱི་གནས་ཤེས། 2019 - Ministry of Health." http://www.health.gov.bt/wp-content/uploads/moh-files/2017/06/AHB_2019.pdf.
4. Annual Report (July 2018- March 2019) State of the Royal Civil Service" 4 Mar. 2019, <https://www.rcsc.gov.bt/wp-content/uploads/2019/04/Annual-Report-2018-19.pdf>.
5. BCSR 2018, Royal Government of Bhutan - 3ལ་གྲུབ་ཀྱི་གཞི་གཞུང་། 8ན." <https://www.rcsc.gov.bt/wpcontent/uploads/2018/05/BCSR2018.pdf>.
6. Bhutan Healthcare Standard for Quality Assurance 2018, BHUTAN STANDARDS BUREAU:The National Standards Body of Bhutan.<http://www.bsb.gov.bt/standards/Images/Bhutan%20Healthcare%20Standard%20for%20Quality%20Assurance%20for%20Wide%20Circulation%201.pdf>.
7. Curriculum for Diploma in Community Health.www.fnph.gov.bt
8. Competency-Based Framework for Clinical Nurses Ministry of Health. <http://www.rcsc.gov.bt/wp-content/uploads/2019/06/ClinicalNurse.pdf>.
9. Competency-Based Framework for Medical Doctors. Ministry of Health. [http://www.rcsc.gov.bt/wp-content/uploads/2020/medical docotrs.pdf](http://www.rcsc.gov.bt/wp-content/uploads/2020/medical%20docotrs.pdf).
10. Department of Public Health, Ministry of Health, (2020). Non-communicable disease Risk Factors: Bhutan STEPS Survey 2019, Thimphu.
11. Overview – Ministry of Health." <http://www.health.gov.bt/about/overview/>
12. *Health Service standard(2019)*. Ministry of Health, Royal Government of Bhutan.
13. Position Directory 2018, Royal Civil Service Commission, Royal Government of Bhutan. <https://www.rcsc.gov.bt/wp-content/uploads/2018/07/Position-Directory-2018.pdf>