

102106T4COH

COMMUNITY HEALTH LEVEL 6

HE/OS/CH/CR/04/6A

Conduct Community Based Health Care

July /Aug 2023



**TVET CURRICULUM DEVELOPMENT, ASSESSMENT AND CERTIFICATION
COUNCIL (TVET CDACC)**

OBSERVATION CHECKLIST

INSTRUCTIONS TO THE ASSESSOR

1. You are required to mark the practical as the candidate performs the tasks.
2. You are required to take photos and video clips at critical points.
3. Ensure the candidate has a name tag and registration code at the back and front.
4. The task should be performed within 1hour

This paper consists of 6 printed pages.

Assessor should check the question paper to ascertain that all the pages are printed as indicated.

OBSERVATION CHECKLIST

Candidate's name & Registration No.			
Assessor's name & Reg. code			
Unit(s) of Competency			
Venue of Assessment			
Date of assessment			
<i>(Indicate the marks available and marks obtained respectively. Award marks appropriately as guided for in the items for evaluation indicated. Give a brief comment where necessary)</i>			
Items to be evaluated:	Marks allocated	Marks obtained	Comments
1. Correctly wore Personal Protective Equipment <ul style="list-style-type: none"> i. Dust-coat ii. Mask iii. Closed shoe iv. Gloves <i>(Award 1 mark each correct item PEE 1x4)</i>	4		
TASK 1			
2. Correctly did the introduction and rapport creation. <ul style="list-style-type: none"> i. Name of the clients ii. Name of the healthcare provider <i>(Award 1 mark for each correct answer 1x2)</i>	2		

<p>3. Recorded the following particulars</p> <ul style="list-style-type: none"> i. Child’s name, age and sex ii. Caregiver’s name, relationship & contact iii. Community Unit name, Health Facility & Household no. <p><i>(Award 1 mark for each correct answer 1x3)</i></p>	<p>3</p>		
<p>4. Asked the caregiver about the child’s problem</p> <ul style="list-style-type: none"> i. Cough (If present, asked the duration) ii. Diarrhoea (Asked the duration if present) iii. Blood in the stool (if diarrhoea) iv. Fever (asked start date if yes) v. Convulsions vi. Difficulty in drinking or feeding (asked if the child can drink or feed on anything) vii. Vomiting (asked if the child vomits everything) <p><i>(Award 1 mark for each correct answer 1x7)</i></p>	<p>7</p>		
<p>5. Looked for the child presenting with danger signs:</p> <ul style="list-style-type: none"> i. Chest in-drawing ii. Swelling of both feet iii. Difficulty in breathing iv. Felt the temperature on the forehead <p><i>(Award 2 marks for each observation 2x3)</i></p>	<p>6</p>		

<p>6. Checked for breaths per minute</p> <p>i. Recorded the number of breaths per minute on the child sick form</p> <p><i>(Award 1 mark for recording or 0)</i></p>	1		
<p>7. Demonstrated correct use of MUAC</p> <p>i. Assessed the child’s MUAC and recorded</p> <p><i>(Award 2 marks for correct demonstration or 0)</i></p>	2		
<p>8. Counselling caregiver on feeding practices:</p> <p>i. Continuous breastfeeding</p> <p>ii. Timely feeding</p> <p>iii. Introduction of health balanced diet</p>	2		
TASK 2			
<p>Treatment</p> <p>9. Recorded the:</p> <p>i. Administered correct dosage of AL (1x2 for 3 days: 6 tablets in total)</p> <p><i>(Award 3 marks for correct answer or 0)</i></p> <p>Fever</p> <p>ii. Administered paracetamol dosage correctly</p> <p><i>(Award 3 marks for correct answer or 0)</i></p>	3		
<p>Immunization</p> <p>Filled the vaccinations received on the sick child form:</p> <p>i. Birth – BCG, OPV-0</p>	5		

<p>ii. 6 weeks – Penta 1, Rota 1, Pneumo 1, OPV-1</p> <p>iii. 10 weeks – Penta 2, Rota 2, Pneumo 2, OPV-2</p> <p>iv. 14 weeks – Penta 3, Pneumo 2, OPV-3</p> <p>v. Vitamin A at 6 months</p> <p><i>(Award 1 mark for each correct answer 1x5)</i></p>			
<p>10. Advised the caregiver on:</p> <p>i. When to go to the health facility</p> <p>ii. Use of bed net (LLITNs)</p> <p><i>(Award 1 mark for each correct answer)</i></p>	2		
<p>11. Demonstrated</p> <p>i. Communication skills</p> <p>ii. Confidence</p> <p><i>(Award 1 mark for each item 1x2)</i></p>	2		
TOTAL	40		
	MARKS		

ASSESSMENT OUTCOMES

The candidate was found to be:

Competent Not yet competent

(Please tick as appropriate)

(The candidate is competent if s/he gets 50% or higher)

Feedback from candidate:

Feedback to candidate:

Candidate's signature:	Date:	
Assessor's signature:	Date:	

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