

**102106T4COH**  
**COMMUNITY HEALTH LEVEL 6**  
**HE/OS/CH/CR/05/6/A**  
**MANAGE COMMUNITY HEALTH INFORMATION SYSTEMS**  
**July/August 2024**



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

**OBSERVATION CHECKLIST**

**INSTRUCTIONS TO ASSESSOR**

1. *Assess the candidate as the practical progresses observing the critical areas*
2. *You are required to mark the practical as the candidate perform the tasks*
3. *You are required to take video clips at critical points*
4. *Ensure the candidate has a name tag and registration code at the back and front*

**This paper consists of SEVEN (7) printed pages.**

**Assessor should check the guide to ascertain that all the pages are printed as indicated and that no questions or answers are missing.**

## OBSERVATION CHECKLIST

Candidate's name			
Candidate's Registration No.			
Assessor's name			
Assessor's ID code			
Unit (s) of Competency	Manage Community Health Information Systems		
Venue of Assessment			
Date of assessment			
<b>Items to be evaluated.</b>	<b>Maximum available Marks</b>	<b>Marks obtained</b>	<b>Comments</b>
<b>Preliminaries</b>			
<b>1. Donning and introduction;</b> ii. Lab coat iii. Closed shoes iv. Greeted and created rapport <i>(Award 1 mark for each correct point (1x3))</i>	1 1 1		
<b>2. Prepared training materials</b> i. Distributed training materials to the participants <i>(Award 1 mark for each correct point (1x1))</i>	1		
<b>3. Prepared and shared a session plan</b> <i>(Award 1 mark for each correct point (1x1))</i>	1		

<p><b>4. Shared the objectives of the training</b></p> <p>i. To identify Tool A</p> <p>ii. To train the CHAs on the uses MOH 513</p> <p>iii. To train the CHAs on the components of MOH 513</p> <p><i>(Award 1 mark for each correct objective (1x3))</i></p>	<p><b>1</b></p> <p><b>1</b></p> <p><b>1</b></p>		
<b>TASK 1: Identified correctly MOH Tool A</b>			
<p><b>5. Identified the tool;</b></p> <p>i. Identified Tool A as MOH 513</p> <p>A household Register</p> <p><i>(Award 2 mark for correctly identified tool (2x1))</i></p>	<p><b>2</b></p>		
<b>TASK 2: Trained on the use of Tool A</b>			
<p><b>6. The candidate highlighted the use of MOH Tool A MOH 513</b></p> <p>i. This tool is used to capture health indicators of particular households visited by the CHV. It also captures the demographic indicators of the household members.</p> <p><i>(Award 2 marks for correctly mentioned use (2x1))</i></p>	<p><b>2</b></p>		
<b>TASK 3: Used tool A to capture the data from one of the simulated CHVs</b>			



<p>member is pregnant and has a booklet, put a tick for both, if member is pregnant with not booklet, put X on booklet, if not and is in reproductive age, put X , if HH member is not of reproductive age or not not a woman, put N/A for both columns.</p>	<b>1</b>		
<p><b>xiv.</b> Child 6-59 months with MUAC (Red) indicating severe malnutrition ; (yellow) indicating moderate malnutrition Put✓ if the child’s MUAC tape is yellow or red; X if the child is okay; N/A if the member if not within the age bracket</p>	<b>1</b>		
<p><b>xv.</b> Fully immunised under 1 year; Put a tick if the child is fully immunized and is under 1 year, x is not; N/A if the member is above 1 year</p>	<b>1</b>		
<p><b>xvi.</b> Measles Rubella at 2 years; tick if the member is 2 years and is immunized; x if not</p>	<b>1</b>		
<p><b>xvii.</b> Place of delivery for under 1 year- 1 if the HH member is under 1 year and was delivered at home, 2 if at hospital. N/A if above 1 year.</p>	<b>1</b>		
<p><b>xviii.</b> Known disability/chronic illnesses- give correct code for disabilities/ chronic illnesses of the HH members</p>	<b>1</b>		
<p><b>xix.</b> HH with functional latrine- is the HH having a functional latrine? Indicate for each member</p>	<b>1</b>		
<p><b>xx.</b> Access to safe water- which water sources does the HH use? Indicate for each HH</p>	<b>1</b>		

<p>member.</p> <p><b>xxi.</b> Using Hand washing facilities/refuse disposal- Does the HH have somewhere to wash hands and dispose waste? Tick for all members if yes, X for all in none.</p> <p><b>xxii.</b> No. of deaths in the month- have there been any deaths within the HH? Indicate if the listed HH members died based on the death timeframe or type of death provided. X of N/A if the member is alive</p> <p><b>xxiii.</b> Comments- additional information regarding the member that might not have been captured as required e.g member died before having a birth certificate hence, missing birth certificate number.</p> <p><b>xxiv.</b> Health demographic summaries- the total of the given aspects for all households</p> <p><b>xxv.</b> Indicator summary- Summary of the outlined indicators for all HH visited</p> <p><b>xxvi.</b> HH level indicators- totals of the indicators for all HH visited</p> <p><i>(Award 1 mark for correctly captured items, 0 for not correctly captured (1x26))</i></p>	<p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>		
<p><b>8. Engaged the audience</b></p> <p><b>i.</b> Allowed audience to ask questions and responded to them appropriately.</p> <p><i>(Award 1 mark for engaging audience (1x1))</i></p>	<p>1</p>		

<p><b>9. Demonstrated communication skills</b></p> <p>i. Audibility</p> <p>ii. Maintained eye contact</p> <p><i>(Award 1 mark for each correct aspect (1x2))</i></p>	<p><b>1</b></p> <p><b>1</b></p>		
<p><b>10. Concluded the training</b></p> <p>i. Summarized the training</p> <p>ii. Thanked the audience</p> <p><i>(Award 1 mark for each for each correct point (1x2))</i></p>	<p><b>1</b></p> <p><b>1</b></p>		
<p><b>TOTAL</b></p>	<p><b>43</b></p>		

**ASSESSMENT OUTCOME**

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:**

**THIS IS THE LAST PRINTED PAGE**