

102104T4COH

Community Health Level 4

HE/OS/CH/CR/04/4/A

Conduct Community Health Linkages

Nov / Dec 2023



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

Time: 1 HOUR

INSTRUCTIONS TO THE ASSESSOR

1. You are required to mark the practical as the candidates performs the task.
2. You are required to take video clips at critical points.
3. Ensure that the candidate has a name tag and a registration code at the back and front.

This paper consists of five (5) printed pages.

**Assessor should check the observation checklist to ascertain that all pages are
printed as indicated.**

OBSERVATION CHECKLIST

Candidate's name			
Candidate's 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 Awarded	Comments
1. Groomed: <ul style="list-style-type: none"> i. Closed shoes ii. Lab coat iii. Name tag <i>(Award 1 mark for each correct item, 1x2)</i>	2		
TASK 1: PREPARED TO LINK THE CHILD TO THE FACILITY			
2. Set the objectives of linking the child to the health facility that; <ul style="list-style-type: none"> i. Rapid diagnostic test for malaria indicated positive result ii. MUAC reading was severe <i>(Award 1 mark for each correct item, 2x2)</i>	2 2		
TASK 2: LINKED THE CHILD TO THE HEALTH FACILITY USING TOOL X			

Filled the following details: 3. Date of referral. i. Actual date of the practical assessment <i>(Award 1 mark for each correct response ,1x1)</i>	1		
4. Time of referral i. Actual time of practical assessment <i>(Award 1 mark for each correct response,1x1)</i>	1		
5. Indicated sex of the under-five year old child i. Either male or female <i>(Award 1 mark for each correct response,1x1)</i>	1		
6. Asked and indicated the name of the child i. Name mentioned by the caregiver <i>(Award 1 mark for correct response,1x1)</i>	1		

7. Indicated name of the community health unit Suna community health unit <i>(Award 1 mark for correct response, 1x1)</i>	1		
8. Indicated name of the linked health facility Kambare dispensary	1		
9. Reason (s) for the referral <u>Main problems</u> Severe malnourishment. <i>(Award 2 mark)</i> Malaria infection. <i>(Award 2 mark)</i> <u>Treatment given</u> Indicated - Given the first dose of malaria prophylaxis. <i>(Award 3 marks)</i> Any relevant comment e.g. on medication administered <i>(Award 1 mark)</i>	4 3 1		
10. Indicated name of CHV referring the patient Student writes his/her name (Award 1 mark)	1		
11. Indicated Mobile number of the CHV student writes his/her number (Award 1 mark)	1		
12. Indicated the Village. Kabure (Award 1 mark)	1		
13. Indicated Sub-location Nyakongo (Award 2 mark)	1		
14. Indicated the location Omwenda (Award 1 mark)	1		
15. Filled only section A from the DATE of referral to the LOCATION part <i>(Award 1 mark for correct response, 1)</i>	1		

16. Summarized and appreciated the caregiver <i>(Award 2 marks for correct response, 1x2)</i>	2		
TOTAL	28		
ASSESSMENT OUTCOMES			
<p>The candidate was found to be:</p> <p style="padding-left: 40px;">Competent <input type="checkbox"/> Not yet competent <input type="checkbox"/></p> <p><i>(Please tick as appropriate)</i></p> <p><i>(The candidate is competent if s/he gets 50% or higher)</i></p>			
Feedback from candidate:			
Feedback to candidate:			
Candidate's signature:	Date:		
Assessor's signature:	Date:		