

**102104T4COH**

**Community Health Level 4**

**HE/OS/CH/CR/03/4/A**

**Maintain Community Health Information Systems**

**Nov / Dec 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 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.

## OBSERVATION CHECKLIST

<b>Candidate's name &amp; Registration No.</b>			
<b>Assessor's name &amp; Reg. code</b>			
<b>Unit(s) of Competency</b>			
<b>Venue of Assessment</b>			
<b>Date of assessment</b>			
<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>			
<b>Items to be evaluated:</b>	<b>Marks allocated</b>	<b>Marks obtained</b>	<b>Comments</b>
1. Donned: <ul style="list-style-type: none"> <li>i. Lab coat</li> <li>ii. Closed shoes</li> <li>iii. Name tag</li> </ul> <i>(Award 1 mark for each correct donned, 1x2)</i>	<b>2</b>		
<b>TASK 1: PREPARED TO CONDUCT HOUSEHOLD REGISTRATION</b> <ul style="list-style-type: none"> <li>i. Introduce yourself to the household member</li> <li>ii. Create a rapport</li> <li>iii. Reason for the visit</li> </ul> <i>(Award 1 mark for each correct response, 1x3)</i>	<b>3</b>		
<b>TASK 2: CONDUCT A SINGLE HOUSEHOLD REGISTRATION</b>			
2. Indicated the following details: <ul style="list-style-type: none"> <li>1. Name of KMCHUL (<b>North Kabungu</b>)</li> <li>2. Name of CHV (<b>Student writes his/her name</b>)</li> <li>3. Name of the village (<b>Agulu</b>)</li> </ul>	<b>4</b>		

<p>4. Start date (<b>1<sup>st</sup> December 2023</b>) and end date (<b>31<sup>st</sup> December 2023</b>) (Award 1 mark for each correct response, 1x4)</p>			
<p><b>Correctly captured the following indicators:</b></p> <p><b>5. Household number.</b> (Indicated 001)</p> <p><b>6. Date of data collection</b> (Indicated any date between 1<sup>st</sup> to 31<sup>st</sup> December 2023)</p> <p><b>7. Individual code</b> (Number assigned by a student that individually identifies a member of the household)</p> <p><b>8. Name of household member</b> (Recorded the three names of all the household members)</p> <p><b>9. Age in completed years/months/Days</b> (Recorded number of years expressed in numbers e.g 7yrs)</p> <p><b>10. Sex</b> (Recorded as M for male and F for female)</p> <p><b>11. Relationship to the HHH</b> (Recorded using the provided key e.g 1 for Household head)</p> <p><b>12. Health insurance cover</b> (Recorded using the given codes e.g 1- UHC)</p> <p><b>13. Orphan</b> (Recorded by marking a tick (✓) and marked (X) if not orphan)</p> <p><b>14. In school</b> (Recorded ( ) if the hh member is in school, (X) if not in school and (N/A) for under 6 or over 18)</p> <p><b>15. Pregnant</b> (Recorded ( ) for pregnant, (X) for not pregnant and (N/A) for males)</p> <p><b>16. Mother and child booklet</b></p>	<p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>		

<p><i>(Marked (✓) for a present booklet, (X) for absent and (N/A) for unpregnant mother)</i></p>	1		
<p><b>17. Child 6-59 months with MUAC (red)</b> <i>(Recorded (✓) for sever, (X) if not and (N/A) for over 6-59 years)</i></p>	1		
<p><b>18. Child 6-59 months with MUAC (Yellow)</b> <i>(Recorded (✓) for moderate, (X) if not and (N/A) for over 6-59 years)</i></p>	1		
<p><b>19. Vitamin A given</b> <i>(Marked (✓) for a child 0-59 years given, ( ) not given and (N/A) for over 5 years)</i></p>	1		
<p><b>20. Penta 3 given</b> <i>(marked (✓) given 14 weeks to 11 months, (X) if not and (N/A) for others)</i></p>	1		
<p><b>21. Fully immunized for 1 year</b> <i>(marked (✓) if given, (X) if not and (N/A) for over 1 year)</i></p>	1		
<p><b>22. Measles Rubella at 2 years</b> <i>(marked ((✓) if given, (X) if not and (N/A) for over 2 year)</i></p>	1		
<p><b>23. Place of delivery</b> <i>(Recorded using the proved codes e.g 1-home)</i></p>	1		
<p><b>24. Known disability</b> <i>(Recorded using the given codes e.g 1 for visual, or specified)</i></p>	1		
<p><b>25. Know chronic illness</b> <i>(Recorded using the given codes e.g 1 for diabetes, or specified)</i></p> <p><b><i>(Award 1 mark for each correct response, 1x21)</i></b></p>	1		
<p>26. Thanked the household member <i>(Award 1 mark for correct response, 1x1)</i></p>	1		

<b>TOTAL</b>		<b>30</b>		
<b>ASSESSMENT OUTCOMES</b>				
<p>The candidate was found to be:</p> <p style="text-align: center;">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:		