



**AMREF INTERNATIONAL UNIVERSITY  
SCHOOL OF MEDICAL SCIENCE  
DEPARTMENT OF REHABILITATION MEDICINE  
BACHELOR OF SCIENCE IN PHYSIOTHERAPY  
END OF MAY-AUGUST 2024 TRIMESTER EXAMINATIONS**

**UNIT CODE: PHT 135                      UNIT NAME: INTRODUCTION TO COMMUNITY  
HEALTH**

**DATE:                      FRIDAY/ 9<sup>TH</sup> / AUGUST  
TIME:                      TWO HOURS  
START:                      6PM                      STOP : 8PM**

**INSTRUCTIONS (physical exams)**

- 1. Do not write on this question paper**  
(Marks and questions distribution as per program curriculum.)

**INSTRUCTIONS (Online examinations)**

1. This exam is marked out of 70 marks
2. This Examination comprises 3 Sections
3. This online exam shall take 2 Hours
4. Late submission of the answers will not be accepted
5. Ensure your web-camera is on at all times during the examination period
6. No movement is allowed during the examination
7. Idling of your machine for 5 min or more will lead to lock out from the exam
8. The Learning Management System (LMS) has inbuilt integrity checks to detect cheating
9. Any aspect of cheating detected during and or after the exam administration will lead to nullification of your exam
10. In case you have any questions call the invigilator for this exam on Tel. 0705833434 and or the Head of Department on Tel 0720491032
11. For adverse incidences please write an email to: [amiu.examinations@amref.ac.ke](mailto:amiu.examinations@amref.ac.ke)

## Section A 30 Multiple choice questions

1. A group of people living in the same place or having particular characteristics in common is known as
  - a. Community partnership
  - b. Community Collaboration
  - c. Community
  - d. Partnerships
  - e. System
2. Community development seeks to ..... individuals and group people with the skills they need to effect change within their communities
  - a) Do nothing to
  - b) Compliment
  - c) Energize
  - d) Empower
3. Community diagnosis provides baseline information about
  - a) Sanitation and water problems in the community
  - b) Decisions are based on solid information and evidence.
  - c) The health status of community/ residents
  - d) Community's set priorities.
4. Which one of the following is NOT classified as a health indicator/s.
  - a) Demographic and Fertility indicators
  - b) CHVs monthly meeting
  - c) Mortality indicators
  - d) Morbidity indicators
  - e) Disability rates
5. Comprehensive community diagnosis aims to obtain general information about
  - a) The men and women of the community and water sources
  - b) The community
  - c) The children and mothers of the community
  - d) Strengthening collaboration with other sectors that have an impact on health.
6. Problem oriented community diagnosis responds to
  - a) All needs within and around the community
  - b) The needs of the children, infants and mothers of child bearing age
  - c) A particular need within the community

7. Functionality of the CHU should be based on attainment of: .....
  - a) All trained CHVs and CHAs have reporting and referral tools
  - b) All trained CHVs and CHAs make household visits as per their targets and at least to each household, once a quarter.
  - c) Existence of trained Health Committee (HC) that meets at least twice a year
  - d) Well trained CHVs and CHAs that meet prescribed guidelines
  - e) Coordination by county community health leadership
8. What is an important characteristic of a community?
  - a) A common workplace
  - b) A shared religion
  - c) A fixed geographical area
  - d) A shared language
9. What enables the practice of social work method in community organization?
  - a) Differences in the skill and aptitude of the individuals.
  - b) The fact that members share common interests.
  - c) The level of homogeneity in the community.
  - d) The degree of informal social control in the community.
10. What is the most commonly used classification for existing communities?
  - a) Urban and suburban
  - b) Rural and urban
  - c) Developed and developing
  - d) Rich and poor
11. What are the attributes of rural communities?
  - a) Weak community sentiment, lesser importance of neighborhood, and heterogeneity.
  - b) Strong community sentiment, importance of neighborhood, and homogeneity.
  - c) Predominance of primary relationships and industry and services sector.
  - d) High degree of informal social control and low incidence of extended families.
12. What is a limitation in the use of the concept 'community'?
  - a) No community fulfils all the required characteristics.
  - b) The distinctions between different types of communities are clear.
  - c) Women always have a public voice in community decision making.
  - d) The concept is clear on paper and in real life
13. Which of the following is normally the final step during a community entry process?
  - a) Collect information and map out the community;
  - b) Conduct a stakeholder analysis
  - c) Conduct the open community meeting

- d) Interact with key stakeholders identified
14. Which of the following, is the 2<sup>nd</sup> step in stakeholder involvement?
- a) Identify the key stakeholders;
  - b) Assess stakeholder interests and the potential impact of the programme/project on these interests;
  - c) Outline stakeholder participation and strategies
  - d) Assess stakeholder influence and importance
15. Which one of the following is NOT a required skill for an effective community entry?
- a) Maintain good eye contact.
  - b) Listen to both sides of the issue
  - c) Be sympathetic
  - d) Paraphrase
16. Attitudes like respect for other people and good listening are ..... to undertake an effective community entry.
- a) Always necessary
  - b) Sometimes necessary
  - c) Could be necessary
17. Community diagnosis can provide insight into the fundamental causes and pathways of identifying opportunities for health preventive, promotive and protective.
- a) True
  - b) False
  - c) Sometimes
18. Chemoprophylaxis, good nutrition, personal hygiene, good health behavior and child spacing are examples of tertiary prevention in community health.
- a) True
  - b) False
19. Diagnosis, Treatment, Management and Rehabilitation are examples of primary prevention:
- a) True
  - b) False

20. The term “Health” has taken on a more holistic approach with the following four interacting and with dynamic dimensions. Which one is NOT supposed to be amongst them?
- a) Emotional
  - b) Intellectual
  - c) Spiritual
  - d) Physical
21. Which of the following is the correct order for the health policy tiers?
- a. Household, primary community, primary referral tertiary referral services
  - b. Community, primary care, primary referral, tertiary referral services
  - c. Household, primary community, primary referral tertiary referral services
  - d. Primary referral, household, primary community, services
22. The general health policy objective is to provide policy guidance for the establishment and implementation of a strong, ....., holistic and sustainable community health structure.
- a) Equal,
  - b) Reliable
  - c) Equitable
  - d) High standard
23. Personal health activities are individual actions and decision that affect the.
- a) Health of an individual or his or her immediate family members
  - b) The behavior of some members of community and an individual
  - c) Immediate or some family members within a community.
24. Which of these is NOT a purpose of community diagnosis?
- a) Define existing problems,
  - b) Determine available resources
  - c) Determine the number of community / local leaders who can benefit from the services
  - d) Set priorities for planning
25. The formation of the CHU shall follow a structured community entry process which begins with: awareness creation, situation analysis, formation of linkage structures, training teams and ends with .....
- a) Documentation of research mechanism
  - b) Operational research mechanism
  - c) Establishing the M & E mechanism

26. There are four major factors that affect the community health. Which of these is NOT?
- a) Physical factors
  - b) Social and cultural factors
  - c) Family setup
  - d) Individual behaviors.
27. The purposes of community entry process are:
- a) Identification of those who are at risk
  - b) Identification and quantification of health problems
  - c) Identification of community needs and problems
  - d) Set priorities for planning
  - e) Determine available resources
28. Under the “community health observation checklist”, which of these is NOT amongst them?
- a) Market places.
  - b) Homesteads (kitchen gardens).
  - c) Recreation centers
  - d) Health facilities
29. Early identification of childhood abnormalities in the mother child booklet concentrates in the following child body parts. Which one is NOT?
- a) Head size
  - b) Mouth and gums
  - c) Back and neck
  - d) Ears , arms legs
30. One of these is NOT a method of secondary prevention mechanisms in disease control?
- a) Early detection of disease / impairments by screening assessments
  - b) Treatment, management and rehabilitation
  - c) Contact tracing followed by prompt and effective treatment
  - d) Surveillance

**Section B -Short structured questions – 20 marks**

1. Explain the Astana Declaration (5)
2. Discuss Article 8 of the Alma Ata Declaration and its relevance to Health Care in a country (5 marks)
3. Discuss the key principles of the UHC (universal health Care) initiative (5 marks)

4. Explain five obstacles to community participation (5marks )

**Section C –Long structured questions – 20 marks**

1. Discuss the roles of a Community Health Unit (CHU) - (10 Marks)
2. Explain in detail the roles of Community Health Assistants (CHA) in a village, clearly indicating the anticipated health impact thereafter. (10 Marks)

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