AMREF INTERNATIONAL TRAINING CENTER

Qualification Code	:	102105T4COH
Qualification	:	Level 5
Unit Code	:	HE/OS/CH/CR/04/5/A
Unit of Competency	:	Conduct Community Health Linkages

WRITTEN ASSESSMENT

Time: 3 HOURS

INSTRUCTIONS TO CANDIDATE

1. Marks for each question are indicated in the brackets.
2. The paper consists of **TWO** sections: **A** and **B**.
3. Candidates are provided with a separate answer booklet
4. **DO NOT** write on this question paper.

This paper consists of THREE (3) printed pages

Candidates should check the question paper to ascertain that all pages are printed as indicated and that no questions are missing.

SECTION A (40 MARKS)

Answer ALL the questions in this section.

1. Define the following terms as used in community health linkages:
   a) Referral System (2 Marks)
   b) Determinants of Health (2 Marks)
2. A community outreach team Q is preparing to distribute nutrition supplements but finds some families unaware of the program. State two approaches the team can use to improve community awareness. (2 Marks)
3. In a peri-urban area Z, several children have missed their immunization appointments because their parents were unaware of the schedule. Identify three strategies that can improve the effectiveness of a defaulter tracing system. (3 Marks)
4. A health worker H is following up on referrals for chronic disease management, but many patients fail to attend the facility. Outline three reasons why proper referral linkages are crucial in community health. (3 Marks)
5. You are leading a health insurance advocacy drive in community M characterized by community members whom are suspicious of government programs. Outline four approaches that can build trust and encourage enrollment. (4 Marks)
6. A local health facility N plans an integrated outreach program covering vaccination, family planning, and nutrition. Mention four reasons why coordinating multiple services in one outreach session benefits the community members the most. (4 Marks)
7. You were part of a team conducting a community outreach vaccination program in village T, several children defaulted on scheduled appointments and vaccinations. Identify four common reasons that could possibly lead to the missed appointments and vaccination schedules. (4 Marks)
8. A rural community M has multiple health partners, including NGOs, schools, among others in its ongoing malaria prevention and treatment community-based program. Identify four roles these stakeholders can play to improve the health outcomes of this community. (4 Marks)
9. Many women of reproductive age in community W miss to enroll in the health insurance schemes following a series of personal and social factors. State four social factors that may contribute to the low women enrollment in community health insurance programs. (4 Marks)
10. Universal Health Coverage (UHC) implementation seeks to deliver equitable health services in rural area P in community M. State four elements of UHC that should guide equitable service delivery. (4 Marks)
11. In the preparation of a health insurance enrollment drive in County R, the stakeholders involved raises concerns about limited resources and community distrust. State four strategies that can be used to mobilize resources effectively for the success of the program. (4 Marks)

SECTION B (60 MARKS)

Answer Any THREE Questions in This Section

12. Student P has been deployed to a semi-rural community where turnout for health programs is very low. Residents often miss health talks on nutrition, hygiene, and family planning, and some community influencers actively discourage new practices. The student must identify ways to engage the community and work with local leaders to increase participation.

    a) Describe five strategies to conduct effective social mobilization to increase community participation. **(10 Marks)**

    b) Discuss five roles of local leaders and influencers in enhancing participation and adoption of health programs. **(10 Marks)**

13. As a community health trainee assigned to a county UHC advocacy program, student K observes that informal sector workers are not enrolling. Skepticism about the scheme, misinformation, and limited support from community health personnel are contributing to low participation. The student is expected to plan strategies that increase enrollment and demonstrate the benefits of UHC for vulnerable populations.

    a) Describe five advocacy strategies to promote UHC enrollment in the informal sector. **(10 Marks)**

    b) Discuss five expected benefits of UHC enrollment on the health and well-being of vulnerable populations. **(10 Marks)**

14. You are leading a community outreach program in a peri-urban settlement with low immunization coverage and high rates of early pregnancies. Some CHVs are unclear about their roles, and others report insufficient materials. Additionally, several households are reluctant to participate due to cultural beliefs and mistrust of outside interventions.

    a) Explain five strategies you would implement to improve CHV performance and clarify their roles during outreach. **(10 Marks)**

    b) Discuss five approaches to increase community participation and trust in health programs. **(10 Marks)**

15. You have been tasked with implementing a Nutrition and WASH program in community T where previous health initiatives were fragmented and had limited impact. Schools, churches, women's groups, youth associations, and private clinics are operating independently, leading to duplication of efforts and gaps in coverage. As the program lead, you need to engage these stakeholders to coordinate activities, maximize resources, and ensure sustained impact across the community.

    a) Explain five steps you would take to establish strong community health partnerships for this program. **(10 Marks)**

    b) Discuss five ways these partnerships can improve the effectiveness and sustainability of health interventions. **(10 Marks)**