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COMMUNITY HEALTH LEVEL 5

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HE/OS/CH/CR/02/5

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Conduct Community- Based Health Care

March/April 2026

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TVET CURRICULUM DEVELOPMENT, ASSESSMENT AND CERTIFICATION

COUNCIL (TVET CDACC)

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PRACTICAL ASSESSMENT

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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**

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3. **You are required to take video clips at critical points**

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4. Ensure the candidate has a name tag and registration code at the back and front

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OBSERVATION CHECKLIST

Candidate's Name & Registration Code			
Assessors Name & Registration Code			
Venue of Assessment			
Date of Assessment			
Items to be Evaluated: <i>Please award marks as appropriate. Give a brief comment on your observation.</i>	Marks Available	Marks Obtained	Comments
Preliminaries			
1. Donned: <ul style="list-style-type: none"> • Closed shoes • Wore lab coat (Award 1 mark each)	1 1		
2. Created rapport: <ul style="list-style-type: none"> • Greeted the students • Introduced self. (Award 1 mark each)	1 1		
Sub-Total	4		
Task 1: Assess Child 1 for malaria risk.			
3. Assessed History of Fever <ul style="list-style-type: none"> • Asked caregiver if the child has had fever in the last 24-48 hours. • Candidate asked about duration of fever (e.g. since when). • Candidate asked if fever is continuous or intermittent. 	1 1 1		

<p>4. Assessed Mosquito Exposure / ITN Use.</p> <ul style="list-style-type: none"> • Candidate asked if the child sleeps under an insecticide-treated net (ITN). • Candidate asked about net condition (torn or intact). • Candidate asked about mosquito presence in the household. <p>5. Assessed other Malaria-Related Symptoms</p> <ul style="list-style-type: none"> • Chills • vomiting • poor feeding • lethargy/inactivity <p><i>(Award 1 mark each)</i></p>	<p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>		
<p>Sub-Total-2</p>	<p>10</p>		
<p>Task 2: Identify Tool K and explain its importance</p>			
<p>The candidate explained:</p> <ul style="list-style-type: none"> 6. Correctly identified Tool K as MOH 258 – CCC Patient Appointment Card. 7. Explained that MOH 258 is used to: <ul style="list-style-type: none"> • Document HIV clinical 	<p>2</p> <p>1</p>		

<p>assessments.</p> <ul style="list-style-type: none"> Record ART regimen, adherence, and follow-up. Monitor co-morbidities including TB. Support continuity of HIV care. <p><i>(Award 1 mark each)</i></p>	<p>1</p> <p>1</p> <p>1</p>			
<p>Sub-Total-3</p>		<p>6</p>		
<p>Task 3: Assess Adherence of the HIV Client to Treatment</p>				
<p>The candidate mentioned and explained:</p> <p>8. Assured the patient privacy and confidentiality as required by MOH HIV care guidelines.</p> <p>9. Assessed adherence by:</p> <ul style="list-style-type: none"> Asked about missed doses in the last 7 and 30 days. Confirmed timing and consistency of medication intake. <p>10. Asked the patient appointment keeping and clinic attendance.</p> <p>11. Asked the patients of any challenges affecting his clinic attendance and adherence to treatment.</p> <ul style="list-style-type: none"> <i>Drug side effects.</i> 	<p>1</p> <p>1</p> <p>1</p> <p>1</p>			

<ul style="list-style-type: none"> • <i>Stigma or disclosure challenges.</i> • <i>Alcohol or substance use.</i> • <i>Forgetfulness or access barriers.</i> <p>(Award 1 mark each)</p>	<p>1</p> <p>1</p> <p>1</p>		
<p>Sub-Total-4</p>	<p>8</p>		
<p>Task 4: Counsel the Client on the Importance of Adherence to Treatment and Therapy</p>			
<p>The candidate should:</p> <p>12. Explained ART adherence in simple language as taking medication correctly, daily, and for life.</p> <p>(Award 2 marks)</p> <p>13. Educated the client on benefits of adherence, including:</p> <ul style="list-style-type: none"> • Viral load suppression • Improved immunity • Prevention of opportunistic infections • Reduced risk of drug resistance <p>14. Explained consequences of poor adherence as outlined in MOH guidelines:</p> <ul style="list-style-type: none"> • Treatment failure • Drug resistance • Increased illness and transmission 	<p>2</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p> <p>1</p>		

<p>risk</p> <p>15. Agreed on adherence support strategies, such as:</p> <ul style="list-style-type: none"> • Use of reminders • Treatment supporter • Regular clinic follow-up • Psychosocial support <p><i>(Award 1 mark each)</i></p> <p>16. Encouraged routine viral load monitoring and TB screening.</p> <p><i>(Award 2 marks)</i></p>	<p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">1</p> <p style="text-align: center;">2</p>		
<p>Sub-Total-4</p>	<p style="text-align: center;">14</p>		
<p>17. Opened a plenary session:</p> <p>i) Allowed the audience to ask questions.</p> <p>ii) Answered questions correctly.</p> <p><i>(Award 1 mark for each correct answer)</i></p>	<p style="text-align: center;">1</p> <p style="text-align: center;">1</p>		
<p>18. Demonstrated communication skills:</p> <p>i. Voice projection</p> <p>ii. Maintained eye contact</p> <p><i>(Award 1 mark for each correct skill)</i></p>	<p style="text-align: center;">1</p> <p style="text-align: center;">1</p>		
<p>19. Concluded:</p> <p>i. Summarized the training</p> <p>ii. Thanked the audience</p> <p><i>(Award 1 mark for each correct skill)</i></p>	<p style="text-align: center;">1</p> <p style="text-align: center;">1</p>		

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Sub-Total -6	6		
GRAND TOTAL	48		

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ASSESSMENT OUTCOME

The candidate was found to be:

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Competent

Not yet Competent

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(Please tick as appropriate)

(The candidate is competent if the candidate obtains at least 50%)

Feedback from the Candidate:

Feedback to the Candidate:

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Candidate Signature

Date:

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Assessor's Signature

Date

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