

102106T4COH

COMMUNITY HEALTH LEVEL 6

HE/OS/CH/CR/08/6

Manage Gender, Disability and Vulnerable Groups

July/August 2025



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

PRACTICE**ASSESSMENT****OBSERVATION****CHECKLIST**

Candidate's Name & Registration Code			
Assessor's 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. Grooming. - Wore a lab coat. - Wore closed shoes. - Name tag. <i>(Award 1 mark each)</i>	1 1 1		

• Interactive discussion. • Community action plan. • Conclusion. <i>(Award 1 mark each)</i>	1 1		
6. Captured the following items on the program. • Distribution of posters or flyers on cholera prevention. • Hand washing demonstration (mentioned the use of soap, water, basins). <i>(Award 1 mark each)</i>	1 1		
Sub-Total 2	15		
TASK 2: Conducted the community dial			
7. Opened the Dialogue. • Introduced self. • Welcomed participants. • Introduced key stakeholders. • Overview of cholera. <i>(Award 2 marks each)</i>	2 2 2 2		
8. Facilitated an interactive discussion. • Asked open-ended questions. • Addressed misconceptions. <i>(Award 2 marks each)</i>	2 2		
9. Agreed on action plan. • Identified action to be taken. • Assigned responsibilities. • Identified resources needed.	2 2 2		

(Award 2 marks each)			
Sub-Total 3	18		
10. Communication skills. • Audibility. • Maintained eye-contact.	1 1		
(Award 1 mark each)			
11. Conclusion. • Summarized. • Thanked community members.	1 1		
(Award 1 mark each)			
Sub-Total 4	4		
GRAND TOTAL	40		
ASSESS UTCOME			
The candidate was found to be: Competent <input style="width: 50px; height: 20px; border: 1px solid black;" type="checkbox"/> Not yet Competent <input style="width: 50px; height: 20px; border: 1px solid black;" type="checkbox"/>			
(Please tick as appropriate) (The candidate is competent if the candidate obtains at least 50%)			
Feedback from the Candidate:			
Feedback to the Candidate:			
Candidate Signature		Date:	
_____		_____	

Assessor's Signature _____	Date _____
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Unit Name (per OS)	Unit Code (per OS)	Total Marks	Marks Awarded	Percentage (%)
Manage Gender, Disability and Vulnerable Groups	HE/OS/CH/CR/08/6	40		