

091506T4NUT

NUTRITION AND DIETETICS LEVEL 6

MED/OS/NUD/CR/07/6/A

Conduct Nutrition Education and Counselling

March/April 2025



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

PRACTICAL ASSESSMENT

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
3. You are required to take video clips at critical points
4. Ensure the candidate has a name tag and registration code at the back and front

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
1. Donned the PPEs - Dust coats - Closed shoes <i>(Award 1/2 mark for each)</i>	1		
2. Created rapport by greeting and welcoming the clients <i>(Award 1 mark if not 0)</i>	1		
3. Gathered the required resources Arranged working area <i>(Award 1 mark)</i>	1		
TASK 1: Develop a session plan that you will use in carrying out the nutrition education to the health workers.			
4. Developed a session plan consisting of; - Title - Introduction - Time - Venue - Group counselled - Objectives - Body - Conclusion <i>(Award 1 mark for each)</i>	8		

Sub Total 1	11		
TASK 2: Educate the community health workers on identification, referral, admission criteria and management of malnourished children.			
5. Introduced the topic by defining malnutrition. Stated the objective of the session. (Award 1 mark for each)	2		
6. Identified components of nutrition • Macronutrient – protein, carbohydrates • Micronutrient – Vitamins and Minerals (Award 1 mark for each)	4		
7. Identified categories of malnutrition • Acute malnutrition a) Severe acute malnutrition - Marasmus - Kwashiorkor b) Moderate acute malnutrition • Chronic malnutrition (Award 1 mark for each)	6		
8. Gave characteristics of Marasmus • Severe weight loss and wasting • Ribs prominent • Limbs emaciated • Muscle wasting • May have good appetite • Good prognosis with correct treatment (Award 1 mark for each)	6		
9. Gave characteristics of kwashiorkor • Bi-lateral oedema and fluid accumulation	7		

• Loss of appetite • Brittle thinning hair • Hair colour change • Apathetic and irritable • Face may seem swollen • High risk of death <i>(Award 1 mark for each)</i>			
10. Identified causes of malnutrition • Immediate – lack of food intake, disease • Underlying – inadequate food, limited access to health, inadequate social and care environment. <i>(Award 1 mark for each)</i>	2		
11. Discussed diagnosis of acute malnutri • Selection criteria based on weight (Z-score) • With bilatelateral oedema - have • MUAC used for screening under 5-year-olds Less than 11.5cm – SAM 11.5cm – 12.4cm - MAM 12.5 cm – 13.4 cm – At risk <i>(Award 1 mark for each)</i>	4		
12. Identified the admission criteria to determine inpatient care. • Weight for height < -3 z score • MUAC - < 11.5 cm 6 months to 5 years only • Bilateral pitting oedema – Grade 2 (++) & grade 3 (+++)	7		

• Marasmus & kwashiorkor present • Failed or borderline appetite test • No suitable or willing caregiver • Open skin lesions present • With medical complications (Award 1 mark for each)			
13. Identified the admission criteria to determine outpatient care. • Weight for height < -3 z score • MUAC - < 11.5 cm 6 months to 5 years only • Passed appetite test • Suitable and willing caregiver • No open skin lesions • Alert • No medical complications (Award 1 mark for each)	7		
14. Identified the steps followed on admission • Checking for general signs of malnutrition • Gathering patient information • Identifying the cause of malnutrition • Conducting appetite test • Determining appropriate treatment (Award 1 mark for each)	5		
15. Explained the aim of nutritional management • To correct nutritional imbalances • Restoration of patho-physiological function (Award 1 mark for each)	2		

16. Discussed nutrition in phase one (stabilization phase) of treatment as follows: • Treatment/prevention of hypoglycaemia • Treatment/prevention of hypothermia • Treatment/prevention of dehydration • Correcting electrolyte imbalance • Treatment/prevention of infection • Correcting micronutrient deficiencies • Starting cautious feeding <i>(Award 1 mark for each)</i>	8		
17. Discussed nutrition in the transition (catch up) phase of treatment that involves; • Achieving catch-up growth • Providing sensory stimulation and emotional support • Preparing for follow-up after reco • F75 replaced by F100 or its equivalent • Feed 5 – 6 times a day • Do not feed overnight • F100 never given for use at home • RUTF can be given <i>(Award 1 mark for each)</i>	8		
18. Discussed conditions for rehydration using resomal • Occurrence of vomiting or watery diarrhoea • Recent change in appearance since onset of fluid loss • No oedema	3		

(Award 1 mark for each)			
19. Discussed discharge criteria for recovered patients • < -2 Z-score10. • MUAC > 11.5cm (6 months - 5 years) and • No oedema for 10 days. (Award 1 mark for each)	3		
Sub-Total 2	74		
TASK 3: Demonstrate proper hand washing techniques to the community health workers to curb infections.			
20. Demonstrated proper hand washing in the following steps; • Wet your hands with clean, runni water (warm or cold), turn off the and apply soap. • Lather your hands by rubbing the together with the soap. • Scrub your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice. • Rinse your hands well under clean, running water. • Dry your hands using a clean towel or an air dryer. (Award 2 marks for each correct step)	0		
21. Concluded the session • Requested for feedback from the participants.	2		

Gave responses appropriately <i>(Award 1 mark)</i>			
Thanked the participants and ended the meeting. <i>(Award 1 mark)</i>	1		
Sub-Total 3	13		
GRAND TOTAL	98		
ASSESSMENT OUTCOME			
The candidate was found to be: Competent ☐ Not yet Competent ☐ <i>(Please tick as appropriate)</i> <i>(The candidate is competent if the candidate obtains at least 50%)</i>			
Feedback from the Candidate:			
Feedback to the Candidate:			
Candidate Signature		Date:	
_____		_____	
Assessor's Signature		Date	
_____		_____	