

102106T4COH

COMMUNITY HEALTH LEVEL 6

HE/OS/CH/CR/05/6

Manage Community Health Information Systems

November/December 2025



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

WRITTEN ASSESSMENT

TIME: 3 HOURS

INSTRUCTIONS TO CANDIDATE

1. This paper consists of **TWO** sections: **A** and **B**.
2. Answer **ALL** questions in section A and **ANY THREE (3)** questions in Section B.
3. Marks for each question are indicated in the brackets.
4. Candidates are provided with a separate answer booklet.
5. Do not write on the question paper.

This paper consists of THREE (3) printed pages.

Candidate 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 questions from this section.

1. Define the term community health information system. (2 Marks)
2. Health indicators help measure progress towards population health goals. Outline FOUR examples of household-level health indicators. (4 Marks)
3. Timely data submission enhances decision-making at community level. Highlight THREE consequences of delayed data reporting in CHIS. (3 Marks)
4. Data collection tools standardize reporting across community units. Identify FOUR MOH tools used in community health data collection. (4 Marks)
5. Inaccurate data compromises planning and resource allocation. Outline FOUR challenges that affect data quality in CHIS. (4 Marks)
6. Electronic community health information system (e-CHIS) platforms are increasingly replacing paper-based systems. Highlight FOUR advantages of digital data collection. (4 Marks)
7. Confidentiality is key in maintaining public trust in health data. Identify FOUR measures that safeguard data privacy in CHIS. (4 Marks)
8. Data analysis transforms raw numbers into useful information. Outline FOUR benefits of analyzing CHIS data at the community level. (4 Marks)
9. Feedback strengthens the relationship between health workers and the community. State THREE methods of providing feedback to community members on health data. (3 Marks)
10. Training of health workers is essential for effective CHIS. Highlight FOUR benefits of capacity building among community health workers in data management. (4 Marks)
11. Community health information reports support monitoring of interventions. Identify FOUR platforms used to disseminate CHIS reports. (4 Marks)

SECTION B (60 MARKS)

Answer any THREE questions in this section.

12. The Ministry of Health heavily depends on Community Health Information System (CHIS) reports as an evidence-based tool for allocating resources, prioritizing interventions, and guiding strategic planning at both community and national levels
- a. Discuss FIVE ways in which CHIS data supports health planning. (10 Marks)
 - b. Explain FIVE consequences of using incomplete or inaccurate data in decision-making. (10 Marks)
13. The Kenya Master Health Facility List (KMFHL) is a comprehensive database that has transformed the country's health system by providing accessible and up-to-date information on community health units.
- a. Discuss FIVE benefits of KMFHL as a community health information tool. (10 Marks)
 - b. Explain to Community Health Promoters FIVE data elements of KMFHL as a community health information tool. (10 Marks)
14. Routine data quality audit ensures reviewing and verifying of collected health data to ensure its accuracy, completeness, consistency, and reliability for decision-making. As a newly recruited community health officer, you are tasked with conducting a routine data quality audit.
- a. Describe FIVE key attributes that determine the quality of data in CHIS. (10 Marks)
 - b. Explain FIVE challenges that may arise during a data quality audit. (10 Marks)
15. The adoption of digital platforms for CHIS has transformed health data management in Kenya.
- a. Analyze FIVE advantages of using electronic community health information system (e-CHIS). (10 Marks)
 - b. Discuss FIVE challenges experienced in transitioning from paper-based to e-CHIS. (10 Marks)