



**LEADERSHIP INSTITUTE OF NORTHERN KENYA
SCHOOL OF HEALTH SCIENCES
DEPARTMENT OF COMMUNITY HEALTH**

Logbook

For

Certificate in Community Health

Student Signature.....

Date.....

1.0 Introduction

This logbook captures a record of Community Health Extension Workers Competences.

1.1 Course Competencies and Outcomes

Community Health Extension Workers should be able to;

1. Oversee the selection of CHVs.
2. Organizing and facilitating CHV training.
3. Monitoring the management of CHV's kit.
4. Supporting the CHVs in assigned tasks.
5. Collecting information gathered by CHVs to display summaries at strategic site to provide relevant feedback as well as material for dialogue at household and community level.
6. Compiling reports from CHVs and forwarding them to level 2 and 3 management committees
7. Receiving feedbacks from level 2 & 3 facilities and passing it on the CHCs & CHVs through dialogue and planning that leads to actions to improve identified issues.
8. Following up and monitoring actions emerging from dialogue and planning session to ensure implementation.

Students Details

Name:

College Number:

Signed: Date:

This document is issued to the student in compliance with the training requirement and should be submitted when duly completed prior to the end of course examination.

Field Supervisor:

Name: _____ Signature: _____ Date: _____

Course Coordinator:

Name: _____ Signature: _____ Date: _____

Head of Department:

Name: _____ signature: _____ Date _____

Official Stamp

Student Signature.....

Date.....

PRACTICUM I (YEAR 1 SEMESTER 2)

1	Community Health Promotion				
	Activity	Date	Signature of Student	Site Supervisors Remarks/ Comments	Signature and official stamp
	Mandatory				
A	Community Dialogue				
B	Health Education sessions (Household visits, Community & Facility)				

Student Signature.....

Date.....

C	Community Health Actions Days				
D	Community Health Management and Engagement (stakeholders' meetings, CHC/CHV meetings, etc)				

Student Signature.....

Date.....

2	Community Diagnosis (conduct community based survey -collect, compile, analyze and present data)				
	Activity	Date	Signature of Student	Site Supervisors Remarks/ Comments	Signature and official stamp
3	Monitoring, Evaluation and Reporting in the Community (Students to utilize MOH Tools (e.g. 513), Conduct household visit, Update MOH tools (e.g. Chalkboard) Summarize and Document CHV reports, Work with CHVs, Collection of Data electronically)				
	Activity	Date	Signature of Student	Site Supervisors Remarks/ Comments	Signature and official stamp

Student Signature.....

Date.....

4	Community Nutrition (Use of MUAC tape, Visit to Nutritionist, Malnutrition referrals and interventions, deworming, Vitamin A supplementation, etc.)				
	Activity	Date	Signature of Student	Site Supervisors Remarks/ Comments	Signature and official stamp
5	Child Health Promotion				
	Activity	Date	Signature of Student	Site Supervisors Remarks/ Comments	Signature and official stamp

Student Signature.....

Date.....

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6	Principles of Environmental Health in the Community (CLTS, Handwashing demonstration, water Treatment H/H level, nuisances etc.)				
	Activity	Date	Signature of Student	Site Supervisors Remarks/ Comments	Signature and official stamp

Student Signature.....

Date.....

7	Common health issues in the community			
	Maternal health issues	Signature of Student	Site Supervisors Remarks/ Comments	Signature and official stamp
	Activities (Intervention)			
	Child health problems			
	Communicable disease			

Student Signature.....

Date.....

	Non communicable diseases			
	Drug and substances abuse			
	Mental Health Problems			
Counselling (Provision of counseling services in the community and referral)				

Student Signature.....

Date.....

Defaulter and Contact Tracing				
Identifying common injuries at community level				
Conduct school health promotion activities to enhance community health				
Conducting Community Mental Health activities (identification, referral, diagnosis, counselling etc.)				

Student Signature.....

Date.....

Conducting health promotion sessions with special groups in the community				

Student Signature.....

Date.....

PRACTICUM 2 (YEAR 3 SEMESTER 2)

DATA COLLECTION AND REPORTING				
Date	Activity	Signature of Student	Site Supervisors Remarks/ Comments	Signature and official stamp

HEALTH EDUCATION SESSIONS (HOUSEHOLD VISITS, COMMUNITY & FACILITY)				

Student Signature.....

Date.....

NOTE: **TO BE FILLED BY THE SUPERVISOR IN CHARGE**

Remarks on tasks performed

Competences		Remarks
Community Health Promotion	Community Dialogue	
	Health Education	
	Community engagement	
Monitoring and Evaluation	Community Diagnosis	
	Utilization of MOH tools	
	Supervision skills	
	Report writing	
Development of a grant project proposal	Needs Assessment	
	Identification of resource requirements	
	Strategies	
	Budgeting	

Student Signature.....

Date.....

Research	Data collection	
	Data analysis	
	Data presentation	
	Dissemination	

REMARKS ON TASKS PERFORMED

Competences		Remarks
Community Health strategies	Community health promotion	
	Community facilitation	
	Community engagement	
	Community Health Promotion	
Monitoring and Evaluation in the community	Community Diagnosis	
	Reporting tools	

Student:

Name..... College number..... Signature..... Date.....

Assessor

Name..... Designation..... Signature..... Date.....

Co-Assessor

Name..... Designation.....

Signature..... Date.....

Student Signature.....

Date.....

Head of department

Name..... Signature.....Date:
Head of department

Name.....Signature.....Date:

Field Supervisor

Name.....
Designation.....

Signature.....
Date.....

Student

Name..... College number.....

Signature..... Date.....

Official stamp:

Student Signature.....

Date.....