

**LEADERSHIP INSTITUTE OF NORTHERN KENYA**

**SCHOOL OF HEALTH SCIENCES**

**DEPARTMENT OF COMMUNITY HEALTH**

**Logbook**

**For**

**Certificate in Community Health**

**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 leve2 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: .....................................................................

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Field Supervisor:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course Coordinator:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Head of Department:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Official Stamp

**PRACTICUM I (YEAR 1 SEMESTER 2)**

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| 1 | **Community Health Promotion** | | | | |
|  | **Activity** | **Date** | **Signature of**  **Student** | **Site Supervisors**  **Remarks/**  **Comments** | **Signature and official stamp** |
|  | **Mandatory** |  |  |  |  |
| **A** | **Community Dialogue** |  |  |  |  |
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| **B** | **Health Education sessions**  **(Household visits, Community & Facility)** |  |  |  |  |
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| C | **Community Health Actions Days** |  |  |  |  |
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| **D** | **Community Health**  **Management and Engagement (stakeholders’ meetings, CHC/ CHV meetings, etc)** |  |  |  |  |
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| 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** |
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| **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** |
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| **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** | |
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| **5** | **Child Health Promotion** |  | | | | |
|  | **Activity** | **Date** | **Signature of Student** | **Site Supervisors**  **Remarks/**  **Comments** | **Signature and official stamp** | |
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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** |
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| 7 | **Common health issues in the community** | | | |
|  | **Maternal health issues** | **Signature**  **of**  **Student** | **Site Supervisors**  **Remarks/**  **Comments** | **Signature and official stamp** |
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|  | **Activities (Intervention)** |
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|  | Child health problems |  |  |  |
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|  | Communicable disease |  |  |  |
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|  | Non communicable diseases |  |  |  |
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|  | Drug and substances abuse |  |  |  |
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|  | Mental Health Problems |  |  |  |
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| **Counselling (Provision of counseling services in the community and referral)** | | | | |
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| **Defaulter and Contact Tracing** | | | | |
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| **Identifying common injuries at community level** | | | | |
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| **Conduct school health promotion activities to enhance community health** | | | | |
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| **Conducting Community Mental Health activities (identification, referral, diagnosis, counselling etc.)** | | | | |
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| **Conducting health promotion sessions with** | | **special** | **groups in the community** | | |
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**PRACTICUM 2 (YEAR 3 SEMESTER 2)**

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| **DATA COLLECTION AND REPORTING** | | | | |
| **Date** | **Activity** | **Signature of**  **Student** | **Site Supervisors**  **Remarks/**  **Comments** | **Signature and official stamp** |
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| **HEALTH EDUCATION SESSIONS (HOUSEHOLD VISITS, COMMUNITY & FACILITY)** | | | | |
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NOTE: **TO BE FILLED BY THE SUPERVISOR IN CHARGE**

# Remarks on tasks performed

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|  | **Competences** | **Remarks** |
| Community  Health Promotion | Community Dialogue |  |
| Health Education |  |
| Community engagement |  |
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| 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 |  |
| Research | Data collection |  |
| Data analysis |  |
| Data presentation |  |
| Dissemination |  |

REMARKS ON TASKS PERFORMED

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| **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 |  |
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**Student:**

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

# Assessor

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

# Co-Assessor

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

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 stump: