



**JARAMOGI OGINGA ODINGA UNIVERSITY OF SCIENCE AND TECHNOLOGY**

**SCHOOL OF HEALTH SCIENCES**

**UNIVERSITY EXAMINATION FOR THE TVET DIPLOMA IN COMMUNITY  
HEALTH AND DEVELOPMENT**

**2<sup>ND</sup> YEAR 1<sup>ST</sup> SEMESTER 2023/2024 ACADEMIC YEAR 2023/2024**

**MAIN CAMPUS**

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**COURSE CODE: HDC 2215**

**COURSE TITLE: COMMUNITY HEALTH LINKAGES I**

**EXAM VENUE: STREAM**

**DATE: EXAM SESSION:**

**TIME: 2 HOURS**

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**Instructions:**

- 1. Answer all questions in section A and any other 2 questions in Section B.**
- 2. Candidates are advised not to write on the question paper**
- 3. Candidates must hand in their answer booklets to the invigilator while in the examination room**

**SECTION A 30MKS (Answer ALL the Questions)**

1. Define the following terms:
  - a) Community Health Linkages (3 marks)
  - b) Community Health Needs Assessment (3mks)
2. List FOUR steps of conducting community health needs assessment (4mks)
3. Highlight any THREE health service program you would advise your community members to seek. (3mks)
4. List any SIX categories of people you will partner with during community health linkages (3mks)
5. Briefly discuss the concept of community mobilization as used in community health linkages (4mks)
6. Explain any FOUR roles of community health partnership (4mks)
7. List any THREE Community Health Information Systems (CHIS) tools (3mks)
8. Mention THREE characteristics of a functional health services that Universal Health Coverage strives to provide (3mks)

**SECTION B 40 MARKS: ANSWER ANY TWO QUESTIONS**

1. Discuss in details factors determining the health status of a community (20mks)
2. Discuss the various strategies you will use to effectively carry out community mobilization on health issues (20mks)
3. Discuss the benefits of Health Insurance Policy that you will advise community members to adopt (20mks)
4. Discuss in details the FOUR essential categories of health service indicators as advised by World Health Organization (WHO) that Universal Health Coverage (UHC) strives to meet as per level and equity of coverage in the counties (20mks)