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UNDERGRADUATE UNIVERSITY EXAMINATIONS
SCHOOL OF ARTS, HUMANITIES, DEVELOPMENT
STUDIES AND SOCIAL SCIENCES (SADS)
DEGREE OF BACHELOR OF ARTS IN DEVELOPMENT
STUDIES

CDV 301: COMMUNITY HEALTH

DATE: 28TH JULY 2026

DURATION: 2 HOURS

MAXIMUM MARKS: 70

INSTRUCTIONS:

1. Write your registration number on the answer booklet.
2. **DO NOT** write on this question paper.
3. This paper contains **SIX (6)** questions.
4. Question **ONE** is compulsory.
5. Answer any other **THREE** questions.
6. Question **ONE** carries **25 MARKS** and the rest carry **15 MARKS** each.
7. **Write all your answers in the Examination answer booklet provided.**

QUESTION ONE

Read the Case Study below carefully and answer the questions that follow:

IMPROVING MATERNAL HEALTH IN LORESHO COMMUNITY

Loresho is a peri-urban community in Nairobi County with a population of approximately 45,000. The community is characterized by mixed socioeconomic status: while some residents have access to formal employment, many rely on informal businesses and casual labor. Health services are provided by a mix of public dispensaries, private clinics, and community health volunteers (CHVs).

Despite these resources, maternal and child health indicators in Loresho remain below national targets. According to the most recent Ministry of Health survey, the maternal mortality rate is 380 per 100,000 live births, while the under-five mortality rate is 75 per 1,000 live births. The primary contributors to poor maternal health outcomes include late antenatal care attendance, home deliveries without skilled birth attendants, poor nutrition, and low health literacy regarding maternal danger signs.

In 2024, the Loresho Health Initiative (LHI), a partnership between the County Health Department and a local NGO, launched a Community Maternal Health Improvement Project (CMHIP) aimed at reducing maternal mortality and improving maternal and child health. The goals of the project was to Increase antenatal care (ANC) attendance to at least 80% of pregnant women in Loresho, Promote skilled birth attendance to 90% of deliveries and raise awareness of maternal danger signs and healthy pregnancy practices among women of reproductive age.

Key Activities:

- **Community Mobilization:** CHVs conducted door-to-door visits to identify pregnant women and encourage early ANC attendance.
- **Health Education Campaigns:** Weekly group sessions and community forums were organized to educate women and families about nutrition, danger signs in pregnancy, and family planning.

- Training of Traditional Birth Attendants (TBAs): Local TBAs were trained to recognize maternal complications and refer cases promptly to health facilities.
- Provision of Transport Vouchers: Pregnant women living far from health facilities received vouchers to facilitate timely access to care.
- Monitoring and Evaluation: Data on ANC attendance, facility deliveries, and maternal complications were collected monthly by CHVs.

Challenges Encountered

- Cultural Practices: Some families preferred home deliveries due to traditional beliefs and mistrust of formal health facilities.
- Resource Constraints: The limited number of health facilities and shortage of trained midwives delayed service provision.
- Low Literacy Levels: Some women found it difficult to understand health education materials, requiring CHVs to use pictorial and oral communication.

Outcomes

After 12 months of implementation, the following results were observed:

- ANC attendance in the first trimester increased from 35% to 68%.
- Facility-based deliveries increased from 50% to 78%.
- Maternal complications referred to health facilities improved timely management, reducing severe cases by 30%.
- Community awareness about maternal danger signs increased significantly, as measured by post-intervention surveys.

Lessons Learned:

- Engaging community leaders and influencers was critical for addressing cultural barriers.

- CHVs played a central role in bridging gaps between the health system and the community.
- Provision of incentives, such as transport vouchers, significantly improved access to care.

Required:

- a) What strategies contributed most to the increase in facility-based deliveries in Loresho.

(5 Marks)

- b) Analyze how can cultural practices be addressed in designing maternal health interventions.

(5 Marks)

- c) Evaluate what are the strengths and weaknesses of using Community Health Volunteers in community health projects?

(5 Marks)

- d) Explain if the project was to be scaled up to the entire county, what additional resources or strategies would be necessary?

(5 Marks)

- e) How would you measure the long-term sustainability of the Community Maternal Health Improvement projects?

(5 Marks)

QUESTION TWO

- a) Discuss the key principles of Community Health and explain how these principles contribute to improved health outcomes in a community.

**(10
Marks)**

- b) Using practical examples, explain how social, economic, and environmental factors influence the health status of a community.

(5 Marks)

QUESTION THREE

- a) Explain the concept of Primary Health Care (PHC). Discuss its core components and analyze its role in promoting equitable health services in developing countries.

(10 Marks)

- b) Discuss the role of community participation in health programs. Explain how community involvement enhances sustainability and effectiveness of community health interventions.

(5 Marks)

QUESTION FOUR

- a) Outline the major communicable and non-communicable diseases affecting communities today. Discuss prevention and control strategies for each category.

(10 Marks)

- b) Explain the importance of health education and promotion in community health. Describe different methods used to deliver health education at the community level.

(5 Marks)

QUESTION FIVE

- a) Discuss the functions and responsibilities of a Community Health Worker (CHW). Highlight the challenges they face and suggest possible solutions.

**(10
Marks)**

- b) Describe the process of community health needs assessment. Explain how data collected is used in planning and implementing community health programs.

(5 Marks)

QUESTION SIX

- a) Discuss the challenges faced in planning and implementing community health programs in low-resource settings.

(10 Marks)

- b) Describe the steps involved in conducting a community health needs assessment and their importance.

(5 Marks)