

INTERNSHIP SYLLABUS

Health & Wellness

A 90-hour field internship for undergraduate students, delivered in four stages: recorded lectures, an online assessment, geotagged field work, and a marked report. 6 modules, 4 of them in the field.

01	Community Health and India's Health System	CONCEPTUAL
02	Communicating Health: The Awareness Session	FIELD
03	Water, Sanitation and Hygiene	FIELD
04	Nutrition, Mothers and Children	FIELD
05	Prevention Across the Life Course: NCDs, Mental Health, First Aid	CONCEPTUAL
06	Health Camps and the Household Survey	FIELD



EthnoMedico
— Agro Botanical Research Society

HEALTH & WELLNESS

Part I: Programme document



1. Why this subject, why now

India's primary health system has been rebuilt around the community. Sub Health Centres and Primary Health Centres are becoming Ayushman Arogya Mandirs delivering twelve packages of preventive, promotive and curative care; the Ministry of Health and Family Welfare reported 1,78,154 of them operational by 15 July 2025. Every village has an ASHA, every habitation an Anganwadi, every block a Community Health Centre. Yet the system's reach depends on something it cannot supply itself: people who can explain, in the local language, why a pregnant woman should register early, why a child needs zinc with ORS, why a handpump platform matters, why a man of forty should have his blood pressure checked.

Bihar makes the case sharply. The National Family Health Survey 5 (2019-21) recorded 42.9 percent of children under five in the state as stunted, down from 48.3 percent in NFHS-4 but still among the highest in India, while wasting rose from 20.8 to 22.9 percent. Only about half of households used an improved sanitation facility. Saran, Siwan and Muzaffarpur remain kala-azar endemic and acute encephalitis syndrome returns to north Bihar most summers. Hospitals do not solve these problems. Prevention, awareness and the routine work of the frontline do.

Ethno Medico Agro Botanical Research Society has run community health camps and awareness programmes around Bakhtiyarpur since its registration in 2009-10. Health & Wellness is its largest internship by enrolment because the work is visible, useful and possible for any undergraduate. A History student can run a handwashing demonstration. A Commerce student can complete a household survey. A Hindi student is often the best communicator in the room. This document organises those 90 hours so that the university can award credit with confidence and the student leaves with skills, evidence and a verifiable certificate.

2. Who it is for, and outcomes

Eligible streams. Any undergraduate programme of a partner university (Patliputra University Patna, Purnia University, B. R. Ambedkar Bihar University, and others that join). Semester V. No prior knowledge of biology or medicine is assumed.

Prerequisites. None, beyond the ability to travel within the student's own district and a smartphone that takes geotagged photographs.

Learning outcomes. On completion the student will be able to:

1. Describe India's public health system from Sub Health Centre to District Hospital, and the roles of ASHA, ANM, Anganwadi Worker and Community Health Officer. (Remember, Understand)
2. Explain the social determinants of health with reference to a Bihar village: water, sanitation, nutrition, income, gender, caste and distance to care. (Understand)
3. Plan and deliver a 30-minute health awareness session for a lay audience using a session plan and locally made teaching aids. (Apply)
4. Demonstrate and teach correct handwashing, ORS preparation and a balanced Indian plate. (Apply)
5. Conduct a structured observation of an Anganwadi Centre or PHC and a WASH audit of a public place, recorded on a checklist. (Analyse)
6. Support registration, queue flow, anthropometry and the health education corner of a community health camp under supervision. (Apply)
7. Administer a short household survey to five families with informed consent, tabulate the results and interpret them against the NFHS-5 district fact sheet. (Analyse, Evaluate)
8. Recognise signs that need referral (danger signs in pregnancy and newborns, dehydration, high blood pressure readings, suicidal talk) and know the correct helpline or facility for each. (Apply, Evaluate)



3. At a glance

#	MODULE	TYPE	HOURS	FIELD TASK IN ONE LINE
1	Community Health and India's Health System	Conceptual	15	None (written reflection)
2	Communicating Health: The Awareness Session	Field	15	Deliver a 30-minute health awareness session in a village, mohalla or hostel
3	Water, Sanitation and Hygiene	Field	15	Handwashing demonstration at a school plus a WASH audit of its premises or a nearby public place
4	Nutrition, Mothers and Children	Field	15	Permitted observation visit to an Anganwadi Centre or PHC, with a nutrition demonstration
5	Prevention Across the Life Course: NCDs, Mental Health, First Aid	Conceptual	15	None (written reflection)
6	Health Camps and the Household Survey	Field	15	Support an Ethno Medico health camp (or a VHND) and survey five households in its catchment
Total			90	



4. How the four stages apply to this subject

Stage 01 Learn. Each module carries five to seven recorded lectures in Hindi with English slides, and a written reader of 15 to 25 pages. A lecture completes at 80 percent watch time. The reader is a working guide the student carries into the field: what to look for, what to say, what to record.

Stage 02 Test. One MCQ test per module, 20 questions, 25 minutes, single attempt, unlocked after all lectures are complete. Every test includes scenario questions ("A mother says her infant has had loose motions since morning. What do you advise first?").

Stage 03 Do. Field modules assign a location type, not an address, because students are spread across districts. The student proposes a site in the portal (village or ward, block, district, contact person); the Ethno Medico coordinator approves it, and the approved coordinates become the check for uploaded photographs, with a tolerance of about 500 metres for rural GPS drift. Photographs must be taken with location services on; screenshots and re-uploads that strip metadata are rejected.

Stage 04 Report. Each field module has a report of 800 to 1,200 words against fixed section prompts, marked on the module rubric by an Ethno Medico reviewer; the university's mentor sees marks and comments. Conceptual modules end with a 400 to 600 word reflection.

The order is fixed. Module 1 gives the map; Module 2 teaches the core skill of talking to people about health; Modules 3 and 4 apply it to WASH and nutrition; Module 5 prepares the student for what a camp reveals; Module 6 is the capstone.



5. Assessment and grading

COMPONENT	WEIGHT
Six MCQ tests (5 marks each)	30
Field evidence, four field modules (5 each: location match, photograph checklist complete, consent uploaded)	20
Four field module reports (7.5 each, on the module rubric)	30
Two written reflections, conceptual modules (2.5 each)	5
Final report (Appendix A and C)	15
Total	100

Passing standard. Minimum 40 marks overall, and every field module's evidence must be accepted. Photographs that fail the location check may be resubmitted once within 14 days. MCQ tests cannot be retaken.

Grade bands. O 90 and above; A+ 80 to 89; A 70 to 79; B+ 60 to 69; B 50 to 59; C 40 to 49; F below 40. The certificate shows the grade and a QR code resolving to the verification page.

Integrity. Reports are checked for copied text. A photograph showing the student at the site but not doing the task is marked incomplete and may be resubmitted. Submitting another person's photographs fails the internship.

6. Field work: ethics, safety, permissions

Consent for photographs. The student is the required subject of every geotagged photograph. Others appear only with consent. For adults at a public session, spoken group consent recorded in the report is enough; for an identifiable individual, use the portal's one-page consent form (Hindi and English). For minors, written consent of a parent or guardian is mandatory and, at a school, the Head Teacher's permission as well. Never photograph a patient's face, a prescription, a register page, a growth chart or anyone being examined. Personal data from the household survey falls under the Digital Personal Data Protection Act, 2023: collect only what the form asks, store it only in the portal, destroy paper forms after upload.

Safety rules for this subject.

- Students do not diagnose, prescribe, dispense medicines, give injections, take blood or perform any clinical procedure. At a camp they work at registration, queue, anthropometry, education and follow-up lists, never at the examination or pharmacy table.
- Students do not handle sharps or biomedical waste.
- Facility visits follow that facility's infection control rules: wash hands on entry and exit; do not visit with fever, cough or diarrhoea.
- Field visits happen in daylight; students under 21, or visiting a village other than their own, go in pairs.
- If anyone discloses violence, abuse or suicidal thoughts, the student does not counsel. They give the relevant number (Tele-MANAS 14416, Women Helpline 181, Childline 1098, Emergency 112) and inform the coordinator the same day.

Whom to inform before a visit. Village session: the Mukhiya or Ward Member and the village ASHA, whose presence is strongly encouraged. School: the Head Teacher, in writing, three days ahead, with the portal's introduction letter. Anganwadi Centre: the Anganwadi Worker and through her the Lady Supervisor or CDPO. PHC or Ayushman Arogya Mandir: the Medical Officer in Charge or Community Health Officer; observation only, on a non-emergency day. Health camp: Ethno Medico assigns students to its own camps and handles permissions.



7. Final report format

The final report (2,000 to 2,500 words, Appendix A) is written after Module 6 and draws on the four module reports.

Five sections: the student's district and sites; a summary of each field task and what it showed; the household survey compared with the district's NFHS-5 fact sheet; the three most important things learned about how health works in the community; and a one-page proposal for one awareness activity the student could run again without the NGO.

Marked on the rubric in Appendix C.



8. Skills built and career pathways (India)

The internship builds public speaking in Hindi and the local dialect, session planning, simple survey design and tabulation, structured observation, teamwork at a public event and the habit of recording evidence. These are entry skills for Community Health Officer roles (the six-month IGNOU Certificate in Community Health is open to nursing and AYUSH graduates), for programme posts in NGOs and CSR foundations running health projects in Bihar, for the health work of Jeevika (Bihar Rural Livelihoods Promotion Society), for Block Programme Manager and Block Community Mobiliser posts under the State Health Society, and for postgraduate study in Public Health, Social Work, Nutrition and Health Communication. The development sector hires for communication and data discipline more than for a biology degree, which is why arts and commerce students do well here.



9. Alignment: NEP 2020, UGC internship guidelines, NAAC criteria, SDGs

- **NEP 2020** asks for experiential learning, community engagement and internships integrated with the degree.
The four-stage loop is exactly that.
- **UGC Guidelines for Internship / Research Internship for Undergraduate Students (2024)** provide for 60 to 120 hours after the fourth semester, carrying two to four credits under the National Higher Education Qualifications Framework and the Curriculum and Credit Framework for Undergraduate Programmes. This 90-hour internship sits inside that band and is credit-mapped by each partner university.
- **NAAC Criterion 3.4 (Extension Activities)** counts outreach conducted with NGOs and the community, including health awareness and Swachh Bharat activities, evidenced by dated, captioned photographs. Every field task here produces that evidence, and the college's NSS or Red Ribbon Club may co-list it.
- **SDGs.** SDG 3 directly; SDG 2 through Module 4; SDG 6 through Module 3; SDG 4 through school sessions; SDG 17 through the university-NGO-government partnership.

10. Benchmarks consulted

ASHA training modules, National Health Mission. The Induction Module and Modules 6 and 7 ("Skills that Save Lives", on maternal and newborn health and on child health and nutrition) set out the home visit, the Village Health, Sanitation and Nutrition Day, records and the ASHA's three roles as activist, facilitator and service provider. Adapted: the session structure, danger-sign lists, the VHND as a field site, and the rule that a volunteer works with the ASHA, not around her. <https://nhm.gov.in/index1.php?lang=1&level=3&sublinkid=184&lid=257>

WHO Guideline on Health Policy and System Support to Optimize Community Health Worker Programmes (2018). Its pre-service training recommendations favour supervised practical experience over theory, training in or near the community, communication and counselling skills, awareness of social determinants, and competency-based certification. Adapted: the Learn-to-Do ratio, tasks in the student's own district, and the QR-verified graded certificate. <https://www.ncbi.nlm.nih.gov/books/NBK533336/>

IGNOU Certificate in Community Health. Three courses: BNS-041 Foundations of Community Health, BNS-042 Primary Health Care in Common Conditions, and BNSL-043 Public Health and Primary Health Care Skills, a 10-credit practical block including community health assessment. Adapted: the foundations-to-conditions-to-skills sequence, the assessment reduced to a five-household survey, and the environmental health content of Module 3, pitched for non-nursing undergraduates. <https://www.ignou.ac.in/schools/programme/CCH>

Indian Red Cross Society: Standard First Aid (16 hours) and the Social and Emergency Response Volunteer programme. IRCS first aid uses the Indian First Aid Manual 2016 (7th edition). SERV trains volunteers over three days on nine modules including emergency first aid, public health in emergencies, water, sanitation and hygiene, and psychosocial support, and expects them to run community awareness campaigns. Adapted: Module 5's first aid is limited to what a lay volunteer can safely do; students are pointed to the IRCS or St John Ambulance certificate for more. <https://www.indianredcross.org/ircs/program/firstaid/> and <https://www.indianredcross.org/ircs/program/serv/>



IFRC Community-Based Health and First Aid (CBHFA) and the Peace Corps Health sector. CBHFA's volunteer curriculum covers community mobilisation, assessment-based action and behaviour change communication before health topics, and gives volunteers take-home tools for household visits. Peace Corps health volunteers work on nutrition, maternal and child health, hygiene and water and sanitation alongside local providers, with the emphasis on behaviour change rather than service delivery. Adapted: Module 2 teaches communication before any technical topic, and every field task is framed as support to the frontline worker. <https://preparecenter.org/resource/community-based-health-and-first-aid-cbhfa-volunteer-manual/> and https://www.stonybrook.edu/commcms/peace-corps-prep/international_development_sectors/health.php

HEALTH & WELLNESS

Part II: Modules



MODULE 1

Community Health and India's Health System

CONCEPTUAL

15 HOURS

Overview and learning outcomes

The module gives the map. Students learn what health is beyond the absence of disease, why a village's water source and a family's caste position predict illness better than any medical factor, and how the state organises primary care. By the end the student can name every tier from Sub Health Centre to District Hospital, describe a Village Health, Sanitation and Nutrition Day, and explain what Ayushman Bharat's two arms pay for.

Hour allocation

Learn 12 hours (7 lectures, about 5 hours; reader and self-study, 7 hours). Test 1 hour. Written reflection 2 hours.

STAGE 01 · LEARN

LECTURES

- 1. What is health, and what decides it** (45 min). WHO definition and its critics; social determinants; the life-course view; one Bihar family and the five non-medical reasons their child is underweight; health under Article 21 as read by the Supreme Court.
- 2. Public health versus medical care** (40 min). Primary, secondary and tertiary prevention; incidence, prevalence and outbreak in plain words; how to read an NFHS district fact sheet; what a volunteer does that a doctor cannot.
- 3. The tiers: SHC, PHC, CHC and above** (50 min). IPHS 2022 norms (SHC 5,000 in the plains, 3,000 in hilly and tribal areas; PHC 30,000/20,000; CHC 1,20,000/80,000); Additional PHCs in Bihar; Sub-Divisional and District Hospitals; referral; the AAM promise of care within 30 minutes.



4. **The frontline: ASHA, ANM, AWW, CHO** (50 min). ASHA selection and her three roles; the ANM at the Sub Health Centre; the Anganwadi Worker under the Ministry of Women and Child Development; the Community Health Officer at the AAM; who reports to whom and why a volunteer respects that.
5. **National Health Mission and Ayushman Bharat** (50 min). NRHM 2005 to NHM 2013; Ayushman Arogya Mandir's twelve service packages including NCD screening, mental health, eye, ENT, oral and elderly care, and eSanjeevani tele-consultation; PM-JAY's Rs 5 lakh per family per year for secondary and tertiary hospitalisation under the National Health Authority; checking eligibility.
6. **Community platforms: VHSNC and VHND** (40 min). The Village Health, Sanitation and Nutrition Committee, its Rs 10,000 annual untied fund and its link to the Gram Panchayat; the monthly VHND at the Anganwadi: antenatal check, immunisation, growth monitoring, counselling; how a student attends and helps.
7. **Bihar's health picture** (45 min). NFHS-5 headline indicators and district variation; kala-azar, AES and JE; flood-season disease in the Kosi and Gandak basins; arsenic and fluoride in groundwater in affected districts; the State Health Society Bihar and district structure.

READING MATERIAL

Section 1, Health and its determinants: the WHO Constitution definition; the Dahlgren-Whitehead rainbow redrawn for a Bihar village. Section 2, Reading the numbers: a guide to the NFHS-5 Bihar state and district fact sheets (IIPS). Section 3, The system: extracts from IPHS 2022 Volumes II to IV and the AAM operational guidelines (NHSRC). Section 4, The frontline: NHM ASHA guidelines and the Induction Module's description of roles; the six Anganwadi services under Mission Saksham Anganwadi and Poshan 2.0. Section 5, Entitlements: PM-JAY (nha.gov.in), Janani Suraksha Yojana and Janani Shishu Suraksha Karyakram in outline. Section 6, VHSNC guidelines and the National Guidelines for VHSND. Section 7, Bihar: State Health Society programme pages; the NCVBDC kala-azar page.

STAGE 02 · TEST

Blueprint: 20 MCQs, 25 minutes. Lectures 1 and 2: 5; Lectures 3 and 4: 6; Lecture 5: 4; Lectures 6 and 7: 5.

Sample MCQs (correct answer marked with an asterisk):



Q1 Under IPHS 2022, a rural Sub Health Centre in the plains serves about:

- a. 1,000
- b. 3,000
- c. 5,000**
- d. 30,000

Q2 The ASHA is best described as:

- a. a government nurse
- b. a community health activist, facilitator and service provider**
- c. a doctor's assistant
- d. an Anganwadi supervisor

Q3 Anganwadi services are run by the Ministry of:

- a. Health
- b. Women and Child Development**
- c. Rural Development
- d. Education



Q4 PM-JAY's family cover per year is:

- a. Rs 50,000
- b. Rs 1 lakh
- c. Rs 5 lakh**
- d. Rs 10 lakh

Q5 Which is primary prevention?

- a. Blood pressure screening
- b. Dialysis
- c. Handwashing promotion**
- d. Physiotherapy after stroke

Q6 The VHSNC's annual untied fund is:

- a. Rs 2,000
- b. Rs 5,000
- c. Rs 10,000**
- d. Rs 50,000



Q7 Prevalence means:

- a. new cases in a period
- b. all existing cases at a point in time**
- c. deaths
- d. cause

Q8 NOT part of the Ayushman Arogya Mandir package:

- a. NCD screening
- b. Tele-consultation
- c. Cardiac surgery**
- d. Mental health support

Q9 The Community Health Officer is posted at:

- a. District Hospital
- b. CHC
- c. AAM-Sub Health Centre**
- d. Medical college



Q10 A CHC in the plains covers about:

- a. 30,000
- b. 80,000
- c. 1,20,000**
- d. 5,00,000

Written reflection

400 to 600 words: "Map the health facilities within 10 km of your home: nearest Anganwadi, Sub Health Centre or AAM, PHC and CHC. Who is your ASHA? What do you now understand about why people in your area go where they go for care?"

Glossary

Social determinants of health; primary prevention; incidence; prevalence; Sub Health Centre; Primary Health Centre; Community Health Centre; Ayushman Arogya Mandir; ASHA; ANM; Anganwadi Worker; Community Health Officer; VHSNC; VHND; PM-JAY.

References

- MoHFW, Indian Public Health Standards 2022. <https://nhsrindia.org/IPHS2022/iphs-2022-guidelines>
- PIB, Update on Ayushman Arogya Mandirs. <https://www.pib.gov.in/PressReleasePage.aspx?PRID=2043513>
- National Health Authority, About PM-JAY. <https://nha.gov.in/PM-JAY>
- NHM, About ASHA. <https://nhm.gov.in/index1.php?lang=1&level=1&sublinkid=150&lid=226>
- NHM, National Guidelines for VHSND.
https://nhm.gov.in/New_Updates_2018/NHM_Components/RMNCHA/CH/Guidelines/National_Guidelines_on_VHSND_Englis
- IIPS, NFHS-5 fact sheets. <https://rchiips.org/nfhs/>



- NITI Aayog, State Nutrition Profile: Bihar. https://www.niti.gov.in/sites/default/files/2022-06/SNP_Bihar_Final.pdf
- State Health Society Bihar. <https://shs.bihar.gov.in/>



MODULE 2

Communicating Health: The Awareness Session

FIELD

15 HOURS

Overview and learning outcomes

Everything in this internship rests on talking to people about health in a way they hear. The module teaches behaviour change communication, adult learning and the mechanics of a 30-minute session: one message, a teaching aid from chart paper, handling questions, and knowing when to say "ask the ASHA". The field task is to plan, deliver and document one such session.

Hour allocation

Learn 6 hours (5 lectures, about 3.5 hours; reader and planning, 2.5 hours). Test 1 hour. Do 6 hours. Report 2 hours.

STAGE 01 · LEARN

LECTURES

- 1. Why people do what they do** (40 min). Knowledge is not behaviour; the Health Belief Model and stages of change through the father who knows about vaccines and still misses the date; barriers, cues and enablers; IEC versus BCC.
- 2. One message, one audience** (40 min). Choosing a single behaviour; audience analysis (who decides in a household, the mother-in-law, men's daytime absence); plain Hindi, Magahi, Bhojpuri, Maithili or Angika; no fear appeals, no blame.
- 3. The session plan** (45 min). Hook, one story, demonstration, practice round, commitment; timing; group size 12 to 25; teaching aids from paper, cloth and household objects; the ASHA's flip book; checking understanding without quizzing adults.



4. **Handling the room** (40 min). Questions you cannot answer; myths (heat foods, colostrum, "tablets cause weakness"); a dominant speaker; a request for a diagnosis; closing with a referral to the ASHA, Anganwadi or AAM.
5. **Recording what happened** (30 min). Attendance count, questions asked, commitments made, a photograph plan that respects consent, honest self-assessment.

READING MATERIAL

Section 1, Behaviour models, one page each with an Indian example. Section 2, Message banks on handwashing, ORS and zinc, immunisation, antenatal care, tobacco and hypertension, from NHM and Poshan Abhiyaan IEC material, in Hindi and English. Section 3, The session plan template with two filled examples. Section 4, A short glossary of health words in Magahi, Bhojpuri, Maithili and Angika, compiled with Ethno Medico field staff. Section 5, Consent script and forms.

STAGE 02 · TEST

Blueprint: 20 MCQs, 25 minutes. Lectures 1 and 2: 8; Lecture 3: 6; Lectures 4 and 5: 6. At least four scenario questions.

Q1 BCC differs from IEC mainly because it:

- a. uses posters
- b. targets a specific behaviour and its barriers**
- c. is done by doctors
- d. is on television



Q2 Best number of messages in a 30-minute session:

- a. one
- b. three
- c. five
- d. as many as fit

Q3 A woman says colostrum is dirty. You should:

- a. laugh it off
- b. call it a myth and move on
- c. acknowledge the belief, explain colostrum is the first vaccine, ask the ASHA to confirm
- d. say she is harming her baby

Q4 A good hook is:

- a. statistics
- b. a short local story or question
- c. anatomy
- d. a warning about death



Q5 Who often decides newborn feeding in a rural Bihar joint family?

- a. Father only
- b. Often the mother-in-law, so include her**
- c. Doctor
- d. ASHA

Q6 Fear-based messages:

- a. always work
- b. can cause denial and avoidance**
- c. are required by NHM
- d. work only with men

Q7 Asked "what medicine for my chest pain", you:

- a. suggest a tablet
- b. say it is gas
- c. advise immediate PHC or CHC visit and do not guess**
- d. ignore it



Q8 Ideal participatory group size:

- a. 2 to 5
- b. 12 to 25**
- c. 50 to 100
- d. unlimited

Q9 "Commitment" at the close means:

- a. signing a form
- b. each person naming one thing they will do this week**
- c. paying
- d. joining the NGO

Q10 The ASHA's flip book is:

- a. a register
- b. an approved pictorial teaching aid**
- c. a payment card
- d. a survey form

STAGE 03 · FIELD WORK

Do

The task. Plan and deliver one 30-minute awareness session on a single approved topic (handwashing, ORS and zinc, early antenatal registration, immunisation, tobacco, or hypertension awareness) to at least 12 lay participants, with the local ASHA or Anganwadi Worker present or informed, and record it.



Location type and assignment. A village chaupal, panchayat bhawan, Anganwadi Centre, self-help group meeting, hostel common room or town mohalla. Proposed in the portal; approved within three working days. The coordinator may suggest a Jeevika SHG meeting where Ethno Medico has contacts.

Step by step.

1. Choose topic and audience; draft the session plan on the template; submit it for a quick check.
2. Inform the Mukhiya or Ward Member and the ASHA; agree a time the intended audience can attend.
3. Make two teaching aids: one chart or cloth poster, one demonstration object (soap and mug; ORS packet and one-litre bottle; a plate of local foods).
4. Deliver: hook, story, demonstration, practice, commitment. Count attendees; list questions.
5. Close by pointing to the ASHA or AAM for follow-up. Photograph with consent.
6. Upload within 48 hours with attendance count and the plan as used.

Evidence required. Four to six geotagged photographs: (1) the student in front of the venue with a recognisable landmark or signboard; (2) the student delivering, audience visible from behind or at an angle, faces of consenting adults only; (3) the teaching aid in use, held by the student; (4) the demonstration moment; (5) optional, the student with the ASHA or host, both consenting. Plus the attendance sheet (first names or tally marks, no phone numbers).

Safety and consent. Group consent stated aloud at the start and recorded in the report. No children's faces without guardian consent. Daylight only. If the session turns hostile, end politely and leave.

STAGE 04 · REPORT

Prompts (800 to 1,200 words): audience and site (100); the plan and why this topic (200); what happened, including three questions and your answers (300); commitments made (100); what you would change (150); the ASHA's role and reaction (100).

CRITERION	MARKS
Plan is specific, single-message, matched to audience	2
Honest, detailed account of delivery and questions handled	2



Evidence of demonstration and commitment round	1.5
Reflection shows understanding of behaviour, not only knowledge	1.5
Clarity, structure, word limit	0.5

Glossary

Behaviour change communication; IEC; Health Belief Model; stages of change; barrier; enabler; cue to action; session plan; teaching aid; flip book; commitment; referral.

References

- NHM, ASHA Induction Module.

https://nhm.gov.in/images/pdf/communitisation/asha/ASHA_Induction_Module_English.pdf

- NHSRC, ASHA Module 6, Skills that Save Lives (Part A, essential skills and home visits).

<https://nhsrcindia.org/sites/default/files/2021-05/Skills%20that%20Save%20Lives%20ASHA%20Module%206%20English.pdf>

- MWCD, Mission Saksham Anganwadi and Poshan 2.0 (Jan Andolan, Poshan ke Paanch Sutra).

<https://www.wcd.gov.in/pregnant-lactating-women-children/nutrition-mission-saksham-anganwadi-and-poshan-2-0>

- WHO, CHW Guideline 2018, communication and counselling competencies.

<https://www.ncbi.nlm.nih.gov/books/NBK533336/>



MODULE 3

Water, Sanitation and Hygiene

FIELD

15 HOURS

Overview and learning outcomes

Diarrhoea, typhoid, hepatitis A, worms and much of Bihar's anaemia and stunting trace back to water and sanitation. The module covers the faecal-oral route, safe water at source and in the home, toilet use, menstrual hygiene, waste, and the two national missions that fund this work. The field task pairs a school handwashing demonstration with a WASH audit, so the student both teaches and measures.

Hour allocation

Learn 6 hours (6 lectures, about 4 hours; reader, 2 hours). Test 1 hour. Do 6 hours. Report 2 hours.

STAGE 01 · LEARN

LECTURES

1. **The faecal-oral route and the F-diagram** (40 min). Fluids, fields, flies, fingers, food; where the barriers sit; why a toilet without handwashing changes little; the diarrhoea-malnutrition cycle under age two.
2. **Safe water in a Bihar village** (45 min). Handpump depth and platform; arsenic in shallow aquifers along the Ganga, fluoride in parts of south Bihar, iron in the north; boiling, chlorine tablets, safe storage with a narrow mouth and ladle; Jal Jeevan Mission's Har Ghar Jal tap and what to check when it arrives.
3. **Toilets and Swachh Bharat Mission (Grameen)** (40 min). Twin-pit design; Phase II (2020-21 to 2026-27) and ODF Plus: sustained toilet use plus solid and liquid waste management; why toilets become storerooms; the Swachhagrahi.
- 4.



Handwashing with soap (35 min). Critical times (after defecation, after cleaning a child, before preparing food, before eating, before feeding a child); the steps covering palms, backs, between fingers, thumbs, nails and wrists for at least 20 seconds; tippy taps; Global Handwashing Day, 15 October.

5. **Menstrual hygiene and school WASH** (40 min). Facts against myths; pad access and disposal; the Menstrual Hygiene Scheme under NHM; separate functional toilets for girls as a determinant of attendance.
6. **Waste and vectors** (35 min). Grey water and solid waste under ODF Plus; stagnant water and mosquitoes; the sandfly, kala-azar, and why mud walls and cattle sheds matter; JE and pigs; simple community actions.

READING MATERIAL

Section 1, The F-diagram and the diarrhoea-malnutrition cycle. Section 2, Water quality in Bihar: Jal Jeevan Mission guidelines and PHED arsenic and fluoride mitigation notes. Section 3, SBM-G Phase II guidelines, the ODF Plus definition, twin-pit technology. Section 4, Handwashing steps with pictures; tippy tap construction. Section 5, NHSRC reading material for ASHA on menstrual hygiene. Section 6, The WASH audit checklist with scoring guide.

STAGE 02 · TEST

Blueprint: 20 MCQs, 25 minutes. Lectures 1 and 2: 7; Lectures 3 and 4: 7; Lectures 5 and 6: 6.

Q1 The five F's are:

- a. food, fever, flies, fingers, fluids
- b. fluids, fields, flies, fingers, food
- c. faeces, fish, fruit, fingers, fluids
- d. fluids, forests, fires, flies, food



Q2 A twin-pit toilet works because:

- a. both pits fill together
- b. one pit rests while the other is used, so waste decomposes safely**
- c. it needs no water
- d. it drains to a river

Q3 ODF Plus adds to ODF:

- a. more toilets
- b. solid and liquid waste management**
- c. a cash award
- d. piped gas

Q4 Handwashing with soap is most critical:

- a. after bathing
- b. before eating and after the toilet**
- c. after school
- d. once a day



Q5 A known shallow-groundwater contaminant along the Ganga in Bihar:

- a. Lead
- b. Arsenic**
- c. Mercury
- d. Nitrate

Q6 Safe household storage means:

- a. an open bucket
- b. a covered narrow-mouthed container with a ladle**
- c. a pot on the floor
- d. any container

Q7 Global Handwashing Day:

- a. 15 October**
- b. 2 October
- c. 7 April
- d. 1 December



Q8 Kala-azar is spread by:

- a. mosquitoes
- b. sandflies**
- c. ticks
- d. water

Q9 Jal Jeevan Mission aims to provide:

- a. a handpump per village
- b. a functional tap connection to every rural household**
- c. bottled water
- d. canals

Q10 A tippy tap is:

- a. a filter
- b. a low-cost foot-operated handwashing device**
- c. a toilet
- d. a chlorine tablet

STAGE 03 · FIELD WORK

Do

The task. At a government or private school, with the Head Teacher's written permission, deliver a 25-minute handwashing demonstration to one class of 20 to 40 children, have every child practise, then complete the WASH



audit of the school premises (or, if the school is unavailable, of a nearby panchayat bhawan, bus stand, haat or PHC waiting area) using the reader's checklist.

Location type and assignment. A school in the student's block, proposed with the Head Teacher's name and approved by the coordinator. The portal generates the introduction letter.

Step by step.

1. Meet or call the Head Teacher; fix a date and class; ask whether the school has a handwashing station and soap.
2. Bring two bars of soap, a mug, a bucket if there is no tap, a step chart and the printed checklist.
3. Deliver: why (the F-diagram in a child's terms), when (critical times as a chant), how (steps done slowly, then with the class). Every child washes; the student watches and corrects.
4. With a teacher, walk the premises and score the audit: drinking water source and storage, functional toilets by gender, water in toilets, soap at the handwashing point, waste disposal, mid-day meal kitchen hygiene, stagnant water.
5. Leave the soap and chart with the school; share the audit verbally with the Head Teacher; do not publish it.
6. Upload within 48 hours.

Evidence required. Five to seven geotagged photographs: (1) the student at the school gate with the name board; (2) the student demonstrating to the class, children from behind or faces turned away unless guardian consent is on file; (3) children practising at the tap or bucket, hands and soap in frame, faces not identifiable; (4) the student holding the completed checklist, legible; (5) the handwashing point or toilet block as audited, no people; (6) the student handing soap and chart to the teacher, with consent. Plus the scanned permission.

Safety and consent. Written permission covers photographs that do not identify children. No individual child's face. Do not enter toilets in use. Carry your own drinking water.

Prompts (800 to 1,200 words): the school's WASH set-up before you arrived (150); the demonstration and how many children could repeat the steps correctly (250); the audit with scores and the three worst gaps (300); no-cost fixes versus what needs the block (150); your learning (150).

CRITERION	MARKS
Demonstration plan and delivery, with a measure of learning	2
Audit complete, honestly scored, evidenced	2.5
Recommendations split into no-cost and funded	1.5
Reflection and accuracy of WASH concepts	1
Clarity, structure, word limit	0.5

Glossary

Faecal-oral route; F-diagram; twin-pit toilet; ODF; ODF Plus; Swachhagrahi; Har Ghar Jal; arsenic; fluoride; tippy tap; critical times; menstrual hygiene management; grey water; vector.

References

- DDWS, Swachh Bharat Mission (Grameen). <https://swachhbharatmission.ddws.gov.in/>
- PMO, Cabinet approves SBM (Grameen) Phase-II.
https://www.pmindia.gov.in/en/news_updates/cabinet-approves-swachh-bharat-mission-grameen-phase-ii/
- MyScheme, SBM-G Phase II. <https://www.myscheme.gov.in/schemes/sbm-g-ii>
- NHSRC, Menstrual Hygiene: Reading Material for ASHA.
<https://nhsrcindia.org/sites/default/files/2021-05/Menstrual-Hygiene-Reading-Material-for-ASHA.pdf>
- NCVBDC, National Kala-azar Elimination Programme.
<https://ncvbdc.mohfw.gov.in/index1.php?lang=1&level=2&sublinkid=5946&lid=3752>
- IGNOU, BNS-041 Foundations of Community Health (eGyanKosh).
<https://egyankosh.ac.in/handle/123456789/47945>



MODULE 4

Nutrition, Mothers and Children

FIELD

15 HOURS

Overview and learning outcomes

The first 1,000 days from conception to a child's second birthday decide most of what NFHS measures. The module teaches basic nutrition for an Indian diet, what the Anganwadi does and why, the antenatal and immunisation schedules a volunteer must recognise, Anaemia Mukht Bharat and deworming. The field task is a permitted observation visit to an Anganwadi Centre or PHC, combined with a nutrition demonstration.

Hour allocation

Learn 6 hours (6 lectures, about 4 hours; reader, 2 hours). Test 1 hour. Do 6 hours. Report 2 hours.

STAGE 01 · LEARN

LECTURES

- 1. Food, nutrients and the Indian plate** (40 min). Macronutrients and key micronutrients (iron, vitamin A, iodine, zinc); the tiranga plate: cereals and millets, pulses, vegetables and fruit, milk and eggs where accepted; cost per nutrient of sattu, chana, green leafy vegetables and seasonal fruit; Eat Right India's pillars.
- 2. The first 1,000 days** (45 min). Early antenatal registration, four checks, IFA and calcium, Td vaccine; early initiation and exclusive breastfeeding to six months; complementary feeding; growth monitoring and the mother-child protection card; danger signs in pregnancy and the newborn.
- 3. Undernutrition** (45 min). Stunting, wasting, underweight, anaemia defined; MUAC and weight-for-height; Bihar's NFHS-5 figures at Anganwadi level; the Nutrition Rehabilitation Centre; Anaemia Mukht Bharat's 6x6x6 strategy (six target groups, six interventions, six institutional mechanisms).



4. **The Anganwadi and Poshan 2.0** (45 min). The six services: supplementary nutrition, pre-school non-formal education, nutrition and health education, immunisation, health check-up, referral; take-home ration; the Poshan Tracker; Poshan Maah in September; Poshan Vatika; a day in the life of the Anganwadi Worker and Helper.
5. **Immunisation and deworming** (35 min). The Universal Immunisation Programme's twelve vaccine-preventable diseases; Mission Indradhanush (December 2014) for left-out children; reading an immunisation card; National Deworming Day on 10 February and 10 August, albendazole for ages 1 to 19.
6. **Diarrhoea and the ORS-zinc rule** (30 min). Recognising dehydration; ORS in one litre of clean water; zinc for 14 days; continued feeding; when to refer.

READING MATERIAL

Section 1, ICMR-NIN Dietary Guidelines for Indians in a four-page digest with Bihar's seasonal foods. Section 2, The first 1,000 days: NHM schedules and the danger-sign cards from ASHA Modules 6 and 7. Section 3, Anaemia Mukta Bharat operational guidelines, summary. Section 4, Mission Saksham Anganwadi and Poshan 2.0: the six services and the AWW job chart. Section 5, UIP schedule and National Deworming Day guidelines. Section 6, The observation checklist and demonstration script.

STAGE 02 · TEST

Blueprint: 20 MCQs, 25 minutes. Lectures 1 and 2: 7; Lectures 3 and 4: 7; Lectures 5 and 6: 6.

Q1 Exclusive breastfeeding is recommended for the first:

- a. 6 weeks
- b. 4 months
- c. 6 months
- d. 12 months



Q2 Stunting is:

- a. low weight for height
- b. low height for age**
- c. low weight for age
- d. low MUAC

Q3 NOT one of the six Anganwadi services:

- a. Immunisation
- b. Supplementary nutrition
- c. Cash transfer**
- d. Referral

Q4 National Deworming Day:

- a. 10 February and 10 August**
- b. 1 January and 1 July
- c. 15 October
- d. 5 September



Q5 Anaemia Mukht Bharat's strategy:

- a. 3x3x3
- b. 6x6x6**
- c. 5x5x5
- d. 10x10

Q6 ORS is mixed in:

- a. a glass of water
- b. one litre of clean water**
- c. two litres
- d. milk

Q7 Zinc in childhood diarrhoea is given for:

- a. 1 day
- b. 3 days
- c. 14 days**
- d. 1 month



Q8 UIP protects against how many diseases?

- a. 6
- b. 9
- c. 12
- d. 15

Q9 Poshan Maah is in:

- a. January
- b. April
- c. September
- d. December

Q10 A low-cost protein source in Bihar:

- a. biscuits
- b. sattu and chana
- c. chips
- d. sugar

STAGE 03 · FIELD WORK

Do

The task. With permission, spend about three hours observing an Anganwadi Centre on an ordinary day or a VHND, or the outpatient and immunisation area of a PHC or AAM, using the observation checklist. Then deliver a 20-minute



nutrition demonstration, either to mothers present (the tiranga plate with real local foods, or ORS preparation) or, if the facility prefers, to a class at a nearby school.

Location type and assignment. An Anganwadi Centre in the student's block (preferred), or a PHC or AAM. Proposed in the portal; for a PHC the coordinator confirms the Medical Officer in Charge has the introduction letter. VHND dates are known to the ASHA and AWW; students are encouraged to choose one.

Step by step.

1. Meet the Anganwadi Worker (or CHO or MO) a few days before; agree the date; ask what demonstration would help.
2. Arrive at opening time. Record: infrastructure (building, water, toilet, kitchen), attendance, services delivered that day, growth monitoring, take-home ration, records maintained, who came and who did not. Do not touch registers; ask.
3. Help where asked and safe: seating, calling names, holding a chart, entertaining children during weighing.
4. Deliver the demonstration with foods bought locally for under Rs 100, or ORS from the centre's stock.
5. Thank the worker; leave the foods with the centre.
6. Upload within 48 hours.

Evidence required. Five to seven geotagged photographs: (1) the student outside the facility with its name board; (2) the student with the AWW or CHO, with consent; (3) the student holding the completed checklist; (4) the demonstration plate or ORS preparation with the student in frame; (5) the student delivering, mothers or children from behind or with consent; (6) the growth-monitoring or immunisation set-up (scale, MUAC tape, cold box) without any identifiable child or record page.

Safety and consent. Never photograph a child being weighed, a protection card, a register or a vaccine vial. Do not handle vaccines, IFA or any medicine. Wash hands before and after. Adults consent verbally; first names appear in the report only if they agree.

Prompts (800 to 1,200 words): the centre and the day, who was there, which services ran (200); checklist findings item by item (300); the demonstration, responses and questions (250); one strength and one gap, with reasons (150); what the visit taught you about the first 1,000 days locally (150).

CRITERION	MARKS
Checklist complete, specific, evidence-backed	2.5
Demonstration well planned, culturally appropriate, accurate	2
Understanding of the Anganwadi's services and constraints	1.5
Reflection linked to Bihar's nutrition picture	1
Clarity, structure, word limit	0.5

Glossary

First 1,000 days; exclusive breastfeeding; complementary feeding; stunting; wasting; underweight; MUAC; take-home ration; Poshan Tracker; Anaemia Mukh Bharat; IFA; ORS; zinc; Universal Immunisation Programme; Mission Indradhanush.

References

- MWCD, Mission Saksham Anganwadi and Poshan 2.0.
<https://www.wcd.gov.in/pregnant-lactating-women-children/nutrition-mission-saksham-anganwadi-and-poshan-2-0>
- NHM, Anaemia Mukh Bharat. <https://nhm.gov.in/index1.php?lang=1&level=3&sublinkid=1448&lid=797>
- NHM, National Deworming Day. <https://nhm.gov.in/index1.php?lang=1&level=3&sublinkid=1454&lid=803>
- NHM, Universal Immunization Programme.
<https://nhm.gov.in/index1.php?lang=1&level=2&sublinkid=824&lid=220>
- NHSRC, ASHA Module 7, Skills that Save Lives: Child Health and Nutrition.
<https://nhsrcindia.org/sites/default/files/2021-06/Skills%20That%20Save%20Lives%20ASHA%20Module-7%20English.pdf>
- FSSAI, Eat Right India. <https://eatrightindia.gov.in/>
- NITI Aayog, State Nutrition Profile: Bihar. https://www.niti.gov.in/sites/default/files/2022-06/SNP_Bihar_Final.pdf

MODULE 5

Prevention Across the Life Course: NCDs, Mental Health, First Aid

CONCEPTUAL

15 HOURS

Overview and learning outcomes

Bihar's disease burden is shifting. Hypertension, diabetes, tobacco-related cancers, road injuries and depression now sit beside the older infections. The module gives a lay volunteer what they need to notice risk, encourage screening and respond to an emergency without overstepping: the national NCD screening programme, adolescent health, the mental health system and its helpline, tobacco law, and the first aid an untrained person can safely give. It prepares the student for what they will see at the Module 6 camp.

Hour allocation

Learn 12 hours (7 lectures, about 5.5 hours; reader and self-study, 6.5 hours). Test 1 hour. Written reflection 2 hours.

STAGE 01 · LEARN

LECTURES

1. **The NCD transition** (40 min). What non-communicable diseases are; risk factors (tobacco, alcohol, diet, inactivity, air pollution); why they appear in villages; the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD, formerly NPCDCS).
2. **Population-based screening at 30+** (45 min). The Community-Based Assessment Checklist ASHAs fill for everyone aged 30 and above; screening for hypertension, diabetes and oral, breast and cervical cancers at the AAM; what 140/90 means and does not; follow-up and adherence as the volunteer's contribution.
- 3.



Tobacco and alcohol (40 min). Khaini and gutkha as Bihar's dominant forms; oral cancer signs; the Cigarettes and Other Tobacco Products Act, 2003: no smoking in public places, no sale to or by minors, no sale within 100 yards of an educational institution; the National Tobacco Control Programme; alcohol and the Bihar Prohibition and Excise Act, 2016, as a public health matter.

4. **Adolescent health and RKSK** (40 min). Rashtriya Kishor Swasthya Karyakram (2014) and its six priority areas: nutrition, sexual and reproductive health, mental health, injuries and violence, substance misuse, NCDs; Weekly Iron and Folic Acid Supplementation; peer educators; Adolescent Friendly Health Clinics; talking to adolescents without moralising.
5. **Mental health: the system and the first response** (50 min). Common mental disorders as they present in a village; stigma and language; the National Mental Health Programme (1982) and District Mental Health Programme (1996); the Mental Healthcare Act, 2017, its right to care and its treatment of attempted suicide; Tele-MANAS (14416, 1800-89-14416), launched 2022; psychological first aid: listen, do not judge, connect.
6. **Healthy ageing and yoga** (30 min). Elderly care in the AAM package; falls, isolation, medication adherence; yoga as a community activity; Fit India.
7. **First aid for the lay volunteer** (55 min). Call 112 or 108 first; recovery position; bleeding control by pressure; burns under cool running water; suspected fracture immobilised, never straightened; heat stroke; snakebite: keep still, no cutting, no tourniquet, hospital for antivenom; road accident scene safety; why students should take the IRCS or St John Ambulance 16-hour course for anything more.

READING MATERIAL

Section 1, NP-NCD guidelines summary and the CBAC form annotated. Section 2, COTPA 2003 key sections and the quit-line. Section 3, RKSK strategy and the WIFS schedule. Section 4, Mental Healthcare Act 2017 in plain language; the Tele-MANAS leaflet; a one-page psychological first aid guide adapted from WHO's Psychological First Aid: Guide for Field Workers. Section 5, Indian First Aid Manual 2016 chapters on emergency action and common injuries, in digest. Section 6, Helpline card: 112, 108, 102, 14416, 181, 1098, and the district's snakebite referral points.



Blueprint: 20 MCQs, 25 minutes. Lectures 1 to 3: 7; Lectures 4 and 5: 7; Lectures 6 and 7: 6. At least five scenario questions.

Q1 NP-NCD population screening begins at age:

- a. 18
- b. 25
- c. 30**
- d. 40

Q2 The CBAC form is filled by:

- a. the doctor
- b. the ASHA**
- c. the patient
- d. the pharmacist

Q3 COTPA 2003 bans tobacco sale within what distance of an educational institution?

- a. 50 yards
- b. 100 yards**
- c. 500 m
- d. 1 km



Q4 Tele-MANAS short code:

- a. 108
- b. 1098
- c. 14416**
- d. 181

Q5 The Mental Healthcare Act 2017:

- a. criminalises attempted suicide
- b. presumes a person attempting suicide is under severe stress and not to be punished**
- c. applies only to hospitals
- d. abolished NMHP

Q6 NOT an RKSK priority area:

- a. nutrition
- b. mental health
- c. pension**
- d. substance misuse



Q7 First step at a road accident:

- a. move the injured
- b. ensure your own safety and call 112 or 108** ●
- c. give water
- d. photograph

Q8 For snakebite:

- a. cut and suck
- b. tight tourniquet
- c. keep the person still and go to a hospital with antivenom** ●
- d. ice

Q9 A burn should first be:

- a. covered with toothpaste
- b. held under cool running water** ●
- c. rubbed with oil
- d. left open

Q10 Psychological first aid means:

- a. therapy
- b. prescribing
- c. listening without judgment and connecting to help
- d. telling the person to be strong

Written reflection

400 to 600 words: "Pick one adult you know who is over 30. Without naming them, describe their NCD risk using the CBAC categories, what screening the nearest AAM offers, and what would make them go."

Glossary

Non-communicable disease; risk factor; NP-NCD; CBAC; hypertension; COTPA 2003; RKSK; WIFS; National Mental Health Programme; Mental Healthcare Act 2017; Tele-MANAS; psychological first aid; recovery position; antivenom.

References

- NHM, NPCDCS (now NP-NCD). <https://nhm.gov.in/index1.php?lang=1&level=2&sublinkid=1048&lid=604>
- NHSRC, Training Module for Medical Officers on Population Based Screening of Hypertension, Diabetes and Common Cancer.
<https://nhsrcindia.org/sites/default/files/2021-06/Module%20for%20MOs%20for%20Prevention,Control%20&%20PBS%20of>
- DGHS, National Mental Health Programme. <https://dghs.mohfw.gov.in/national-mental-health-programme.php>
- Tele-MANAS, MoHFW. <https://telemanas.mohfw.gov.in/>
- PIB, Tele-MANAS launch, 2022. <https://www.pib.gov.in/PressReleasePage.aspx?PRID=1866498>
- Indian Red Cross Society, First Aid. <https://www.indianredcross.org/ircs/program/firstaid/>
-



NHM Tamil Nadu, RKSK summary.

<https://www.nhm.tn.gov.in/en/nhm-programsrmncha/rashtriya-kishor-swasthya-karyakram-rksk>



MODULE 6

Health Camps and the Household Survey

FIELD

15 HOURS

Overview and learning outcomes

The capstone. Ethno Medico's health camps bring a doctor, a nurse or CHO, basic screening and health education to a village for a day. The camp's value depends on the work around the table: registration, orderly queues, anthropometry, an education corner, and a follow-up list that reaches the ASHA. Students learn how a camp is planned, run and closed, and how a small household survey turns a day's impressions into data.

Hour allocation

Learn 6 hours (5 lectures, about 3.5 hours; reader and survey practice, 2.5 hours). Test 1 hour. Do 6 hours. Report 2 hours.

STAGE 01 · LEARN

LECTURES

1. **What a health camp is for, and is not** (40 min). Screening and awareness, not treatment of complex illness; linkage to the AAM and PHC; no false promises, no free medicines without a doctor; follow-up as the measure of success; planning with the Mukhiya, the ASHA and the PHC.
2. **The floor plan and the volunteer's stations** (45 min). Registration and its form; token queue; height, weight and MUAC measured correctly; the education corner; the pharmacy table as a no-go area; the follow-up register and hand-over to the ASHA.
- 3.



Designing a five-household survey (45 min). Purpose; every third house along a lane; the form (household composition, water source, toilet use, immunisation card seen, antenatal registration, known hypertension or diabetes, tobacco use, distance to care); asking without leading; consent; recording refusals.

4. **Tabulating and interpreting** (40 min). A simple table; honesty about a denominator of five; comparison with the district NFHS-5 fact sheet; writing one paragraph a Mukhiya would understand.
5. **Closing the loop** (30 min). Sharing with the ASHA and camp doctor; the follow-up list; thanking the village; the student's debrief; how this becomes the final report.

READING MATERIAL

Section 1, Ethno Medico's camp standard operating procedure. Section 2, Registration and follow-up forms. Section 3, Measuring height, weight and MUAC (Poshan Abhiyaan growth monitoring guidance). Section 4, The survey form, consent script and a worked tabulation. Section 5, Reading the NFHS-5 district fact sheet (IIPS). Section 6, The Digital Personal Data Protection Act, 2023, in two pages for surveyors.

STAGE 02 · TEST

Blueprint: 20 MCQs, 25 minutes. Lectures 1 and 2: 8; Lectures 3 and 4: 8; Lecture 5: 4.

Q1 A community health camp mainly provides:

- a. surgery
- b. screening, awareness and linkage to regular care
- c. medicine sales
- d. publicity



Q2 A student volunteer may:

- a. dispense medicines
- b. take blood
- c. manage registration and queues**
- d. examine patients

Q3 MUAC screens:

- a. hypertension
- b. acute malnutrition in children 6 to 59 months**
- c. anaemia
- d. eyesight

Q4 "Every third house along the lane" is:

- a. convenience sampling
- b. systematic sampling**
- c. random sampling
- d. snowball sampling



Q5 A leading question:

- a. "Where do you get drinking water?"
- b. "You use the toilet every day, don't you?"**
- c. "How many live here?"
- d. "Do you have an immunisation card?"

Q6 If a household refuses:

- a. insist
- b. record the refusal and move on**
- c. ask a neighbour
- d. return at night

Q7 "3 of 5 use a toilet" should be described as:

- a. 60 percent of the village
- b. a snapshot of three of five surveyed households**
- c. proof of ODF
- d. an NFHS figure



Q8 Survey forms with personal data must be:

- a. kept by the student
- b. posted online
- c. uploaded to the portal and paper destroyed**
- d. given to the Mukhiya

Q9 The follow-up list goes to:

- a. the college
- b. the ASHA and the PHC**
- c. the press
- d. nobody

Q10 Correct adult weighing:

- a. with shoes and bag
- b. calibrated scale, light clothing, no shoes, read at eye level**
- c. estimate
- d. ask

STAGE 03 · FIELD WORK

Do

The task. Serve as a volunteer for one full Ethno Medico health camp (or, where no camp falls in the student's window, a VHND at an Anganwadi with the ASHA's agreement), working registration, queue, anthropometry or



education under the camp lead. On the same or following day, survey five households within one kilometre of the site, tabulate the results, and share a one-paragraph summary with the ASHA.

Location type and assignment. Ethno Medico posts its camp calendar in the portal and assigns students by district; students without a scheduled camp propose a VHND site.

Step by step.

1. Confirm assignment; read the camp SOP; print five survey forms and consent scripts.
2. Camp day: arrive an hour early; help set up; work the assigned station all day; tally registrations; staff the education corner during lulls with the Module 2 teaching aid; help compile the follow-up list.
3. Survey: walk one lane from the site, choose every third house, introduce yourself with the letter, read the consent script, complete the form in 15 to 20 minutes. Record refusals.
4. Tabulate that evening; compare with the district fact sheet.
5. Share the summary with the ASHA; note her response.
6. Upload within 72 hours.

Evidence required. Six to eight geotagged photographs: (1) the student at the camp banner or entrance; (2) the student working their station, no patient faces or readable forms; (3) the camp team including the student, with consent; (4) the student with the tally sheet; (5) the student at a surveyed doorstep with the consenting adult, or the lane with the student in frame if the household declines; (6) the student holding the five completed forms with names covered; (7) the tabulation page. Plus scanned consent forms.

Safety and consent. No photographs of patients, examinations, prescriptions or the pharmacy table. Survey in daylight, in pairs where possible; never enter a house where only a minor is home; do not photograph interiors. If a household member is visibly unwell, advise the camp or PHC and note it for the ASHA; do not advise treatment.

STAGE 04 · REPORT



Prompts (1,000 to 1,200 words): the camp: date, place, team, your station, numbers registered and referred (200); what worked and what did not, with one improvement (200); the survey: households, refusals, table of results (250); comparison with the district fact sheet (200); what the ASHA said (100); what you would do differently (150).

CRITERION	MARKS
A full day's contribution at a defined station, with numbers	2
Survey conducted ethically, tabulated correctly, refusals recorded	2.5
Interpretation honest about sample size and uses the fact sheet	1.5
Findings shared with the ASHA and reflected upon	1
Clarity, structure, word limit	0.5

Glossary

Health camp; screening; registration; token system; anthropometry; MUAC; follow-up list; systematic sampling; leading question; informed consent; refusal; denominator; district fact sheet; hand-over.

References

- NHM, National Guidelines for VHSND.

https://nhm.gov.in/New_Updates_2018/NHM_Components/RMNCHA/CH/Guidelines/National_Guidelines_on_VHSND_Englis

- IIPS, NFHS-5 district fact sheets. <https://rchiips.org/nfhs/>

- PRS Legislative Research, Vital Stats: NFHS-5.

<https://prsindia.org/policy/vital-stats/national-family-health-survey-5>

- MWCD, growth monitoring under Poshan 2.0.

<https://www.wcd.gov.in/pregnant-lactating-women-children/nutrition-mission-saksham-anganwadi-and-poshan-2-0>

- IGNOU, BNSL-043 Public Health and Primary Health Care Skills.

<https://www.ignou.ac.in/schools/programme/CCH>

- MeitY, Digital Personal Data Protection Act, 2023. <https://www.meity.gov.in/data-protection-framework>

HEALTH & WELLNESS

Appendix



A. Final report template

Title page: student name, roll number, university and college, district, internship dates, coordinator's name.

1. **My district and my sites** (250 words). The block, village or ward, school, Anganwadi or PHC, camp site. One paragraph on what the NFHS-5 district fact sheet says.
2. **The four field tasks** (800 words, 200 each). What was done, where, with whom, what the evidence shows, the one finding that mattered most.
3. **Survey against the fact sheet** (350 words). The five-household table, the district comparison, and an honest paragraph on what five households can and cannot tell us.
4. **Three things I learned about how health works here** (400 words). Observed, not recited.
5. **One activity I could run again without the NGO** (300 words). Topic, audience, venue, materials under Rs 200, whom to inform, how to know it worked.

Attach: the four module rubric scores (auto-filled), consent forms, the survey tabulation.



B. Field evidence checklist

Before uploading, confirm:

- Location services were on; the photograph carries GPS coordinates in its metadata.
- The student is visibly present in at least three photographs.
- At least one photograph shows the site's name board, banner or a recognisable landmark.
- At least one shows the task in progress (teaching, demonstrating, auditing, measuring, surveying).
- At least one shows the completed paperwork held by the student, names covered.
- No patient faces, register pages, children's faces without guardian consent, prescriptions or labelled medicines.
- Written permission or signed consent forms scanned and attached.
- Uploaded within 48 hours (72 for Module 6), as originals, not screenshots or forwarded images.



C. Rubric for the final report

CRITERION	MARKS
Accuracy: schemes, roles and facts correct; district fact sheet used correctly	3
Evidence: each field task summarised with specific detail matching the uploaded photographs and module reports	4
Analysis: survey comparison honest about sample size; the three things learned are observed, not recited	4
Proposal: the repeatable activity is realistic, costed, and names whom to inform	2
Writing: structure, clarity, 2,000 to 2,500 words, no copied text	2
Total	15