

Health Awareness

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	Foundations of Health Communication	CONCEPTUAL
02	Knowing the Audience: Household Round and Pre-test Survey	FIELD
03	Designing Messages: Poster and WhatsApp in the Local Language	FIELD
04	Interpersonal and Group Communication: The Awareness Session	FIELD
05	Community Mobilisation and Mid-media: The Village Campaign	FIELD
06	Sensitive Themes and Campaign Evaluation	CONCEPTUAL





Ethno Medico Agro Botanical Research Society, Bakhtiyarpur, Patna, Bihar

HEALTH AWARENESS

Part I: Programme document

1. Why this subject, why now

Bihar's health problems are, to an unusual degree, problems of information and habit rather than of medicine alone.

The fifth National Family Health Survey (NFHS-5, 2019-21) reports that 42.9 per cent of Bihar's children under five are stunted, 69.4 per cent of children aged 6 to 59 months and 63.5 per cent of women aged 15 to 49 are anaemic, only 10.9 per cent of children aged 6 to 23 months receive an adequate diet, only 49.4 per cent of the population lives in a household with an improved sanitation facility, 48.8 per cent of men aged 15 and above use tobacco, and 40.8 per cent of women aged 20 to 24 were married before the age of 18. None of these figures will move because a new hospital is built. They move when a mother learns why a six-month-old needs more than milk, when a family decides that the toilet built under Swachh Bharat Mission is for using and not for storing grain, when a boy of fourteen hears from someone he trusts that gutkha is not harmless, and when a young woman knows that a helpline exists and that calling it is not shameful.

The state has built a large machinery for this work. The National Health Mission funds information, education and communication (IEC) and behaviour change communication (BCC) in every programme, from RMNCH+A to tuberculosis. Nearly every village has an ASHA and an Anganwadi worker whose core task is interpersonal communication. The monthly Village Health, Sanitation and Nutrition Day (VHSND) is, by design, a communication platform as much as a service point. Swachh Bharat Mission (Gramin) states in its own IEC guidelines that the Mission "is not about constructing toilets but aims at behavior change of the masses". Rashtriya Kishor Swasthya Karyakram (RKSK) trains adolescents as peer educators, called Saathiya, precisely because information travels better between equals. What this machinery lacks is enough trained hands, and enough people who understand that awareness work is a discipline with methods, evidence and ethics, not a matter of shouting slogans.

How this subject differs from Health and Wellness. The Society offers two health internships. Health and Wellness places students alongside health camps and preventive care services: helping to organise a screening camp, supporting a VHSND session, learning what a PHC does. Health Awareness is about communication. Its students do not assist clinical work at all. They learn to understand an audience, design a message, choose a channel, deliver a session, run a street play, test whether anything changed, and report it honestly. The two subjects share the same



villages and the same frontline workers but train different competencies: one is about supporting the supply of care, the other about creating informed demand for healthy behaviour. A student may take either, not both.

The themes of this internship are the six that Bihar's own data make urgent: nutrition, hygiene and sanitation, maternal and child health, prevention of communicable and non-communicable disease, mental health, and substance use. Every module returns to them.

2. Who it is for, and outcomes

Eligible streams. Any undergraduate stream of a partner university. Students of Hindi, History, Sociology, Home Science, Commerce, Zoology, Botany and Psychology have all done well in pilot cohorts. No prior knowledge of health or communication is assumed.

Prerequisites. None, except the ability to speak the local language of the assigned block (Hindi and at least one of Magahi, Bhojpuri, Maithili, Angika or Bajjika) and a smartphone capable of geotagged photographs.

Learning outcomes. On completing the 90 hours a student will be able to:

1. Define IEC, BCC and social and behaviour change communication (SBCC) and explain the difference between awareness, knowledge, attitude and behaviour. (Bloom: Remember, Understand)
2. Describe India's health communication architecture: NHM IEC/BCC, ASHA and Anganwadi workers, VHSND, RKSK peer education, Swachh Bharat Mission IEC and Poshan Abhiyaan community events. (Understand)
3. Conduct a small formative inquiry (household checklist and pre-test survey) to identify what a specific audience knows, believes and does about one health theme. (Apply, Analyse)
4. Design and pre-test a poster and a WhatsApp message in the local language against recognised message-quality criteria. (Apply, Create)
5. Plan and deliver a participatory 45-minute awareness session for schoolchildren, adolescents or Anganwadi mothers, with a pre/post knowledge check. (Apply, Evaluate)
6. Organise a low-cost community event (street play, rally or poster campaign) with local collaborators, applying the "positive reinforcement, no shaming" principle. (Create)
7. Communicate on sensitive themes, mental health and substance use, using safe-messaging rules, correct helpline information and non-stigmatising language. (Apply, Evaluate)
8. Measure and honestly report the effect of an awareness activity, including the limits of what a pre/post test can show. (Analyse, Evaluate)



3. At a glance

MODULE	TITLE	TYPE	HOURS	FIELD TASK IN ONE LINE
1	Foundations of health communication	Conceptual	15	None (written reflection)
2	Knowing the audience: household round and pre-test survey	Field	15	Door-to-door awareness round of 20 households with a checklist and a 10-question knowledge survey
3	Designing messages: poster and WhatsApp in the local language	Field	15	Design, pre-test with 10 people, revise and display one poster and one WhatsApp message
4	Interpersonal and group communication: the awareness session	Field	15	Run a 45-minute session at a school or Anganwadi centre with a pre/post quiz
5	Community mobilisation and mid-media: the village campaign	Field	15	Stage a street play or poster campaign in a village with at least three local collaborators
6	Sensitive themes and campaign evaluation	Conceptual	15	None (written reflection and campaign design)

Total: 90 hours. Four field modules, two conceptual.

4. How the four stages apply to this subject

Stage 01 Learn. Each module carries five to seven recorded lectures of 30 to 60 minutes in Hindi with English slides, plus written material. Lectures in this subject lean heavily on examples: real posters from NHM and Swachh Bharat Mission, recordings of ASHA home visits, clips of nukkad natak. A lecture is complete at 80 per cent watch time, tracked server side.

Stage 02 Test. One MCQ test per module, 20 questions, 25 minutes, single attempt, unlocked only when every lecture in the module is complete. Questions test understanding and application, not recall of dates.

Stage 03 Do. Field modules 2 to 5 form a deliberate sequence: first understand the audience, then make the material, then deliver it face to face, then scale it to a community event. A student may not begin Module 3's task until Module 2's report is submitted, because the poster must respond to what the household round found. Each task is assigned to a specific village, school or Anganwadi centre within the student's home block by the Society's field coordinator, who also issues the introduction letter. Geotagged photographs are checked against the assigned coordinates with a 500-metre tolerance.

Stage 04 Report. Reports are short and structured. In this subject every report includes the actual material produced (the checklist, the poster, the session plan, the script) and the actual numbers collected (survey tallies, pre/post scores). A report without its data is returned unmarked.



5. Assessment and grading

COMPONENT	DETAIL	MARKS
MCQ tests	Six tests, 5 marks each	30
Field evidence	Four field modules, 5 marks each for complete, valid, geotagged evidence	20
Module reports	Four field reports, 7.5 marks each, on the module rubric	30
Written reflections	Modules 1 and 6, 5 marks each	10
Final report	Consolidated report, Appendix A format, Appendix C rubric	10
Total		100

Grade bands. A+ 85 and above; A 75 to 84; B 60 to 74; C 50 to 59; Pass 40 to 49; below 40, Fail.

Passing standard. A student must score 40 overall, attempt all six MCQ tests, and submit valid evidence for all four field tasks. A field task with evidence outside the assigned location, or without the required consent record, scores zero for that module's evidence and report, and the student must redo it in the same semester. The certificate carries the grade and a QR code for verification.

6. Field work: ethics, safety, permissions

Consent for photographs. Awareness work happens in front of people, and many of them are children, adolescents or women in their own homes. The rules are strict.

- Adults: verbal consent before any photograph, recorded as a tick on the household checklist or session register, with the person's first name or a code. Anyone who declines is photographed only from behind, or not at all.
- Minors at schools and Anganwadi centres: written permission from the head teacher or Anganwadi worker on the Society's form before the session. Photographs of children show the activity, not individual faces in close-up. Group shots from the back of the room or from the side are preferred. No child is named in any report or caption.
- Patients and pregnant women: this subject involves no clinical contact. If a session is held at a VHSND, no photograph may include a woman being examined, weighed or vaccinated.
- Substance use and mental health: no photograph or report identifies any individual as a user, a patient or a person in distress. Household checklist responses on these themes are recorded by code only.
- Nothing is posted to social media during the internship. The WhatsApp message in Module 3 is sent only to consenting pre-test participants, and only once.

Safety rules for this subject.

- Work in daylight, in pairs where possible, and always after informing the ASHA or Anganwadi worker of the village.
- A street play or rally needs the Mukhiya's or ward member's knowledge and, if held on a road, the local police station's. The field coordinator makes the call; the student does not negotiate with officials alone.
- Do not enter a household where the student feels unwelcome. A refused door is recorded and the student moves on.



- Never argue with a person about tobacco, alcohol or a family health decision. The student is a communicator, not an enforcer. In Bihar, alcohol is a legal matter under the Bihar Prohibition and Excise Act, 2016; the student's role is only to give correct health and helpline information.
- If a person discloses suicidal thoughts, severe distress or abuse, the student does not counsel. They share the Tele-MANAS number (14416) and the nearest PHC, inform the field coordinator the same day, and record nothing identifying.
- No money changes hands. The student does not sell, distribute or endorse any product, medicine or supplement.

Who to inform before a visit. In order: the Society's field coordinator (who issues the letter), the ASHA and Anganwadi worker of the village, the head teacher for a school session, the Mukhiya or ward member for any public event, and the student's own university mentor.



7. Final report format

Submitted through the portal at the end of Module 6, 2,500 to 3,500 words plus attachments, following Appendix A. It consolidates the four field reports into one account: the block and villages, the audience the student came to understand, the material produced, the sessions and event delivered, what the pre/post data showed, what went wrong, and a one-page campaign design that the student would run next with a budget of five thousand rupees. Attachments: all four checklists and survey tallies, the final poster and WhatsApp text, the session plan, the play script, consent records, and the geotagged photograph set.

8. Skills built and career pathways (India)

Skills: audience analysis, plain-language writing in Hindi and a regional language, visual message design, facilitation of groups, public speaking, script writing for folk media, survey design and tallying, basic data presentation, ethical judgement in the field, and report writing.

Pathways: Block and District IEC/BCC consultant posts under NHM state health societies (advertised regularly by State Health Society Bihar); communication and community mobilisation roles under Swachh Bharat Mission and Jal Jeevan Mission at district level; community coordinator roles in Jeevika (Bihar Rural Livelihoods Promotion Society), which runs the Lohiya Swachh Bihar Abhiyan; programme and communication roles in NGOs and development partners (UNICEF, Population Foundation of India, CARE India and many Bihar-based organisations recruit field communicators); Nasha Mukta Bharat Abhiyaan district volunteer and master-volunteer roles; content and outreach roles in community radio; and a strong foundation for a Master of Social Work, MA Mass Communication, MPH or the health promotion specialisations offered by Indian public health institutes.



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

- **NEP 2020** asks for experiential learning, community engagement and multilingual competence. Every field task here is delivered in the student's mother tongue in their own block.
- **UGC Guidelines for Internship/Research Internship for Under Graduate Students** require 60 to 120 hours and 2 to 4 credits within NHEQF and CCFUP. This 90-hour internship fits at 3 credits.
- **NAAC:** Criterion 3 (extension activities and community outreach), Criterion 2 (student-centric methods, experiential learning) and Criterion 5 (capability enhancement) are all directly evidenced by the portal records and reports.
- **SDGs:** SDG 3 (good health and well-being, including targets on maternal and child mortality, substance abuse and mental health), SDG 2 (zero hunger, target 2.2 on malnutrition), SDG 6 (target 6.2 on sanitation and hygiene), SDG 4 (target 4.7 on education for sustainable lifestyles) and SDG 5 (gender equality, including child marriage).

10. Benchmarks consulted

National Health Mission, Government of India. Two documents were used. The National Communication Framework for RBSK (MoHFW with UNICEF, 2016) supplies the socio-ecological model, the primary/secondary/tertiary audience segmentation, the barrier analysis method and the channel mix of "interpersonal communication, and community mobilization, use of ICT/mobile, supported and reinforced by traditional mass-media and mid-media". The RKSK Peer Educator Reference Booklet and Peer Education Programme guidance supply the Saathiya model (four peer educators per 1,000 population, selected by the VHSNC and facilitated by the ASHA; weekly participatory sessions with groups of 15 to 20; the six thematic areas) and its ethic of privacy, confidentiality and non-judgement. Adapted: the audience model and the group-session format are used directly in Modules 2 and 4; the student is positioned as a temporary ally of the ASHA and Saathiya, never a substitute.

Swachh Bharat Mission (Gramin), IEC Guidelines for States and Districts (Ministry of Drinking Water and Sanitation, 2017). Supplies the principle that IEC is not a "stand-alone" component, the requirement that most IEC spending go to interpersonal communication, the practical menu of activities (swachhagrahi IPC with flipbooks, song and drama, wall writing, melas and gaurav yatras, nukkad natak by school children, letter-writing campaigns), the warning against tools that "divide / shame people", and the monitoring idea of "photographs of hoardings and wall paintings with time-stamps (date) and lat-long coordinates". Adapted: the whole of Module 5 and the geotagged evidence standard.

UNICEF, Social and Behaviour Change Programme Guidance (sbcguidance.org). Supplies the four-part logic Vision, Understand, Create, Do; the insistence that programmes be designed "with (not just for) communities" and be "behaviourally informed"; and the recognition that "sustained behaviour change often requires social change, as these practices frequently depend on their social acceptability". Adapted: the Understand-before-Create sequence of Modules 2 and 3, and the framing of norms in Module 6.

World Health Organization. The Health Promotion Glossary of Terms 2021 supplies the definitions of health promotion, health literacy, health education and health communication used in Module 1, and the five Ottawa



Charter action areas. The WHO Strategic Communications Framework supplies the six principles for effective communication: accessible, actionable, credible, relevant, timely, understandable. Adapted: these six principles are the message-quality checklist of Module 3 and a rubric line in every report.

Johns Hopkins Center for Communication Programs, the P Process and SBCC Implementation Kits. Supplies the five-step planning cycle (Inquire; Design strategy; Create and test; Mobilize and monitor; Evaluate and evolve) and its three cross-cutting ideas (theory, participation, capacity strengthening). Adapted: the P Process is the spine of the whole internship. Modules 2 to 6 map onto its five steps, with the budget and timescale collapsed to what one student can do in a Bihar block.

HEALTH AWARENESS

Part II: Modules



MODULE 1

Foundations of Health Communication

CONCEPTUAL

15 HOURS

Overview and learning outcomes

This module gives the vocabulary and the map. Students learn what health communication is and is not, the difference between telling people things and changing what they do, the theories that explain why a poster alone rarely works, and the Indian institutions through which awareness work actually flows. It closes with Bihar's own numbers, so that every later module has a reason.

By the end, students will be able to: distinguish IEC, BCC and SBCC; state the WHO definitions of health promotion, health literacy and health communication; explain the socio-ecological model and the knowledge-attitude-practice gap; name the frontline workers, platforms and schemes that carry health messages in a Bihar village; and read a state fact sheet.

Hour allocation

Learn 12 hours (7 lectures, 5.5 hours; reading 6.5 hours). Test 1 hour. Written reflection 2 hours.

STAGE 01 · LEARN

LECTURES

1.1 What health communication is (45 min). WHO 2021 definitions of health promotion ("the process of enabling people to increase control over, and to improve their health"), health education, health literacy and health communication ("the use of communication strategies (interpersonal, digital and other media) to inform and influence decisions and actions to improve health"). The five Ottawa Charter action areas. Why "develop personal skills" became "health literacy". How this subject differs from Health and Wellness.



1.2 IEC, BCC, SBCC: three generations of one idea (45 min). IEC as information supply. BCC as targeting a specific behaviour with a specific audience. SBCC as adding social norms, structures and services. UNICEF's point that behaviour depends on "social acceptability". Examples: a tuberculosis poster (IEC), an ASHA counselling a mother on complementary feeding (BCC), a village deciding collectively to end open defecation (SBCC).

1.3 Why information is not enough: the theories (60 min). The knowledge-attitude-practice gap. The health belief model (perceived susceptibility, severity, benefits, barriers, cues to action, self-efficacy). Stages of change. The socio-ecological model as used in the NHM RBSK framework: individual, family, community, institutions, policy. What each level implies for a message.

1.4 India's health communication architecture (60 min). NHM IEC/BCC under state health societies; the RMNCH+A continuum of care; ASHA and her home visit; Anganwadi worker and ICDS; ANM; VHSND as the monthly communication platform; RSKS and the Saathiya peer educator; RBSK screening at schools and Anganwadis; Swachh Bharat Mission (Gramin) and swachhagrahis; Mission Saksham Anganwadi and Poshan 2.0 with Poshan Maah in September; Anaemia Mukta Bharat; Central Bureau of Communication under the Ministry of Information and Broadcasting.

1.5 Bihar: the actors and the numbers (45 min). State Health Society Bihar; Jeevika and the Lohiya Swachh Bihar Abhiyan; the languages of the state and why a Magahi message differs from a Maithili one. Reading the NFHS-5 Bihar fact sheet: the figures cited in Section 1, what an indicator means, and what has changed since NFHS-4.

1.6 The six themes (60 min). For each of nutrition, hygiene and sanitation, maternal and child health, disease prevention, mental health and substance use: the two or three behaviours that matter most in a Bihar village, the myth most often met, and the government scheme or service the message should point to.

1.7 Ethics of persuasion (30 min). Respect, truthfulness, no fear-mongering, no shaming, no commercial interest, confidentiality, and the limits of a student's role. The Society's consent and safety rules.

READING MATERIAL



Section A, Definitions: WHO Health Promotion Glossary of Terms 2021, selected entries. Section B, Models: a four-page summary of the health belief model, stages of change and the socio-ecological model with Indian examples. Section C, Architecture: extracts from the NHM RBSK National Communication Framework (audiences and approaches), the National Guidelines for VHSND, the RKSK Peer Educator Reference Booklet (Module I) and the SBM-G IEC Guidelines (Annexure 3). Section D, Bihar: the NFHS-5 Bihar state fact sheet with a reading guide. Section E, Ethics: the Society's field code.

STAGE 02 · TEST

Blueprint: 20 MCQs, 25 minutes. Lecture 1.1: 3 questions; 1.2: 3; 1.3: 4; 1.4: 4; 1.5: 2; 1.6: 2; 1.7: 2.

Sample MCQs (correct answer marked with an asterisk):

Q1 According to the WHO 2021 glossary, health promotion is the process of enabling people to:

- a. access hospitals;
- b. increase control over, and to improve, their health*;
- c. avoid all disease;
- d. follow medical advice

Q2 Which is the best example of BCC rather than plain IEC?

- a. A hoarding about dengue;
- b. A radio jingle;
- c. An ASHA counselling one mother on complementary feeding*;
- d. A newspaper advertisement



Q3 In the health belief model, "self-efficacy" means:

- a. fear of disease;
- b. belief that one can perform the behaviour*;
- c. cost of treatment;
- d. trust in doctors

Q4 The socio-ecological model used in the NHM RBSK framework recognises that caregivers are nested within:

- a. hospitals only;
- b. families, communities, organisations and societies*;
- c. political parties;
- d. markets

Q5 VHSND is held:

- a. yearly at the PHC;
- b. monthly, usually at the Anganwadi centre*;
- c. weekly at the school;
- d. only during epidemics



Q6 Under RKSK, peer educators per 1,000 population are:

- a. one;
- b. two;
- c. four*;
- d. ten

Q7 Rashtriya Poshan Maah is observed in:

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

Q8 Per NFHS-5, children under five in Bihar who are stunted:

- a. 12.9%;
- b. 22.9%;
- c. 42.9%*;
- d. 62.9%



Q9 The SBM-G IEC Guidelines describe the Mission as primarily about:

- a. constructing toilets;
- b. behaviour change of the masses*;
- c. fines for open defecation;
- d. water supply

Q10 Which is an ethical breach for a Health Awareness intern?

- a. Recording a refusal;
- b. Posting a photo of a named adolescent who admitted tobacco use*;
- c. Giving the Tele-MANAS number;
- d. Informing the ASHA before a visit

Written reflection

800 to 1,000 words: choose one of the six themes, name one behaviour in your own village that you would try to change, and explain, using the health belief model and the socio-ecological model, why information alone has not changed it.

Glossary

IEC: information, education and communication; the supply of accurate health information through media and materials. BCC: behaviour change communication; communication targeted at a defined audience to adopt a specific behaviour. SBCC: social and behaviour change communication; BCC extended to norms, structures and services. Health literacy: the personal knowledge and competencies that enable people to access, understand, appraise and use health information. Socio-ecological model: the view that behaviour is shaped at individual, family,

community, institutional and policy levels. KAP: knowledge, attitude and practice; the three things a survey measures and the gaps between them. ASHA: Accredited Social Health Activist, the village-level community health worker under NHM. VHSND: Village Health, Sanitation and Nutrition Day, the monthly outreach and counselling platform. Saathiya: a trained adolescent peer educator under RKSK. Swachhagrahi: a village-level sanitation motivator under SBM-G.

References

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- MoHFW. National Guidelines for Village Health, Sanitation and Nutrition Day.
https://www.nhm.gov.in/New_Updates_2018/NHM_Components/RMNCHA/CH/Guidelines/National_Guidelines_on_VHSND_
- MoHFW. RMNCH+A Strategy. https://nhm.gov.in/images/pdf/RMNCH+A/RMNCH+A_Strategy.pdf
- IIPS. NFHS-5 (2019-21), Bihar. https://dhsprogram.com/pubs/pdf/FR374/FR374_Bihar.pdf and fact sheets at
<http://rchiips.org/nfhs/>
- Ministry of Women and Child Development. Mission Saksham Anganwadi and Poshan 2.0.
<https://www.wcd.gov.in/pregnant-lactating-women-children/nutrition-mission-saksham-anganwadi-and-poshan-2-0>
- UNICEF. Social and Behaviour Change Programme Guidance. <https://www.sbcguidance.org/>



MODULE 2

Knowing the Audience: Household Round and Pre-test Survey

FIELD

15 HOURS

Overview and learning outcomes

Communication that starts with the message usually fails; communication that starts with the audience sometimes works. This module teaches the "Inquire" step of the P Process at village scale: who the primary, secondary and tertiary audiences are for a given theme, what they already know and believe, what stops them, and which channels reach them. The field task is a door-to-door awareness round of 20 households on one theme, with a short checklist and a 10-question knowledge survey that becomes the baseline for Modules 3 and 4.

By the end, students will be able to: segment an audience for a theme; write a barrier analysis; design and administer a short KAP survey; conduct a respectful household visit; and tally and present results.

Hour allocation

Learn 6 hours (6 lectures, 4 hours; reading 2 hours). Test 1 hour. Do 6 hours (two half-days in the field). Report 2 hours.

STAGE 01 · LEARN

LECTURES

2.1 The P Process and the discipline of inquiry (40 min). The five steps and three cross-cutting ideas. Why formative research comes first. What the RBSK framework's formative study found: caregivers described conditions as "brain is not developed", frontline workers were the main information source, television the main mass medium. The lesson: assume nothing about what people know.



2.2 Audience segmentation (40 min). Primary audience ("those who are being directly addressed to change their behaviour"), secondary ("those whose behaviour or actions strongly influence the behaviour of the primary audience"), tertiary (those whose actions create the enabling environment). Worked example for complementary feeding in a Patna district village: mother; mother-in-law, husband, ASHA; Mukhiya, PHC medical officer.

2.3 Barrier analysis (40 min). Knowledge barriers, belief barriers, social barriers, access barriers, cost barriers. The RBSK framework's finding that finance and transport, not fatalism, were the largest barriers. How to phrase a question that separates "does not know" from "knows but cannot".

2.4 The KAP survey (50 min). Ten questions, closed answers, one page. Knowledge items with a clearly correct answer; one attitude item on a three-point scale; two practice items. Piloting on two people. Coding. The difference between a pre-test and a census. Why 20 households is a description, not a statistic.

2.5 The household visit (50 min). Introduction, purpose, permission, time. Talking to the woman of the house and the mother-in-law separately if possible. The one-message rule: leave every household with one correct, actionable fact and one place to go (ASHA, Anganwadi, PHC, helpline). Handling refusal, hostility and questions the student cannot answer. Ending by thanking and recording.

2.6 Tallying and presenting (30 min). A tally sheet, simple percentages, one bar chart drawn by hand or in a spreadsheet, and three honest sentences about what the numbers do and do not show.

READING MATERIAL

Section A: P Process brochure (JHU CCP). Section B: RBSK framework, chapters on Key Audiences and Barrier Analysis. Section C: sample ASHA home-visit checklists from the NHM Home Based Newborn Care and Home Based Care of Young Child materials, used as models of a one-page field tool. Section D: the Society's KAP survey templates for the six themes, in Hindi with Magahi, Bhojpuri and Maithili glosses. Section E: consent script.

STAGE 02 · TEST

Blueprint: 20 MCQs, 25 minutes. Lecture 2.1: 3; 2.2: 4; 2.3: 3; 2.4: 4; 2.5: 4; 2.6: 2.



Q1 The first step of the P Process is:

- a. Create and test;
- b. Inquire*;
- c. Mobilize;
- d. Evaluate

Q2 For handwashing with soap among children, the primary audience is:

- a. the Mukhiya;
- b. the children and their mothers*;
- c. the PHC;
- d. the district collector

Q3 A mother-in-law who decides what a new mother eats is a:

- a. primary audience;
- b. secondary audience*;
- c. tertiary audience;
- d. not an audience



Q4 "I know the toilet is better but the pit is full and nobody empties it" is mainly a:

- a. knowledge barrier;
- b. belief barrier;
- c. access barrier*;
- d. attitude barrier

Q5 A good knowledge item in a KAP survey:

- a. has one correct answer*;
- b. asks for opinions;
- c. is open-ended;
- d. uses medical jargon

Q6 Twenty households in one village give you:

- a. a state estimate;
- b. a district estimate;
- c. a description of that village's situation*;
- d. proof of causation



Q7 The "one-message rule" at a household means:

- a. speak for one minute;
- b. leave one correct actionable fact and one place to go*;
- c. visit only once a year;
- d. give one pamphlet

Q8 If a household refuses, the student should:

- a. insist;
- b. record the refusal and move on*;
- c. report to police;
- d. return with the Mukhiya

Q9 A pre-test survey is done:

- a. after the campaign;
- b. before any message is delivered*;
- c. during the street play;
- d. only by doctors

Q10 Who must be informed before the household round begins?

- a. The ASHA or Anganwadi worker of the village*;
- b. The district magistrate;
- c. A newspaper;
- d. Nobody

STAGE 03 · FIELD WORK**Do**

The task. In the assigned village, on one theme chosen with the field coordinator from the six, the student visits 20 households over two half-days. At each household the student introduces the Society, takes verbal consent, administers the 10-question survey, completes the household checklist (who was present, main water source, toilet present and in use, presence of children under five or adolescents, tobacco or alcohol use disclosed voluntarily, recorded by code), delivers one correct message and one referral point, and records the visit.

Location and assignment. A revenue village or tola in the student's home block, assigned by the field coordinator with the ASHA's agreement. The coordinator supplies the introduction letter and a village sketch.

Step by step. (1) Meet the ASHA or Anganwadi worker, show the letter, agree the tolas to cover. (2) Pilot the survey on two households; adjust wording. (3) Cover 20 households, moving between tolas so that different castes and income groups are included. (4) After each half-day, tally responses on the sheet. (5) Before leaving, thank the ASHA and share the one finding that surprised you most.

Evidence required: geotagged photographs. At least eight, each with the student visible: (a) the student with the ASHA or AWW at the start, letter in hand; (b) the student at a household doorway in conversation, with the respondent's consent and, if she prefers, from behind; (c) the student filling the checklist at a household; (d) two further household visits in different tolas; (e) the completed tally sheet held by the student at the village; (f) a



landmark of the village (school, Anganwadi board, hand pump) with the student; (g) the student ending the day with the ASHA. Coordinates must fall within the assigned village.

Safety and consent. Daylight only. Pairs where possible. No entry into a home where the student feels unwelcome. No photograph of a person who declined. Tobacco, alcohol and mental health items are asked only if the respondent is alone with the student and are recorded by code. Nothing is promised that the student cannot deliver.

STAGE 04 · REPORT

Section prompts (1,200 to 1,500 words plus attachments): (1) The village and the theme: why this theme, what the ASHA said. (2) Audience segmentation for the theme in this village, with names of roles, not people. (3) Survey results: tally, percentages, one chart. (4) Barrier analysis: which barriers dominate, with two verbatim quotes (anonymised). (5) What the student would tell a poster designer, in five lines. (6) Three things that went wrong.

Rubric: audience segmentation is specific to the village (1.5); survey correctly administered and tallied, attached (2); barrier analysis uses evidence, not assumption (2); implications for message design are clear (1); honesty and ethics, including consent record (1). Total 7.5.

Glossary

Formative research: inquiry done before design to understand the audience. Primary audience: those whose behaviour is to change. Secondary audience: those who influence the primary audience. Tertiary audience: those who shape the enabling environment. Barrier analysis: a structured listing of what prevents a behaviour. KAP survey: a short questionnaire on knowledge, attitude and practice. Baseline: measurement taken before an intervention. Tally sheet: a one-page form for counting responses. Tola: a hamlet within a Bihar village. Verbatim quote: a respondent's exact words, used with permission and without a name.

References





JHU CCP. The P Process: Five Steps to Strategic

Communication. <http://www.healthcommcapacity.org/wp-content/uploads/2013/11/P-Process-Brochure.pdf>

and <https://thecompassforsbc.org/sbcc-tools/pprocess>

- MoHFW and UNICEF. National Communication Framework for RBSK, 2016 (as above).

- NHM. IEC/BCC materials for HBNC and HBYC.

<https://nhm.gov.in/index4.php?lang=1&level=0&linkid=524&lid=828>

- IIPS. NFHS-5 Bihar (as above).



MODULE 3

Designing Messages: Poster and WhatsApp in the Local Language

FIELD

15 HOURS

Overview and learning outcomes

A message is a promise to the audience that a specific action will bring a specific benefit, said in words they use, backed by someone they trust. This module covers message design and pre-testing: the WHO principles, plain language, visual literacy in low-literacy settings, the local-language question, and the discipline of testing before printing. The field task is one poster and one WhatsApp message on the Module 2 theme, pre-tested with ten people from the Module 2 village, revised, and displayed with permission.

By the end, students will be able to: write a single-behaviour message with an action and a benefit; apply the six WHO principles as a checklist; design a poster that works for a reader with limited literacy; write a WhatsApp message that survives forwarding; and run and record a pre-test.

Hour allocation

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

STAGE 01 · LEARN

LECTURES

3.1 What a message is (40 min). Behaviour, benefit, audience, messenger, call to action. The WHO six principles: accessible, actionable, credible, relevant, timely, understandable. Testing three real NHM posters against them.



3.2 Plain language in Hindi and the regional tongues (40 min). Short sentences, the verb early, one idea per line, numbers as words people say. Why "poshan" and "khuraak" land differently. Magahi, Bhojpuri, Maithili, Angika and Bajjika: register, respect forms, and the risk of a city student's Hindi sounding like an order.

3.3 Visual design for low literacy (50 min). One image, one action, the action shown being done by someone who looks like the audience. Left-to-right sequence. Colour and contrast for a wall in sun. Avoiding symbols that need explaining (ticks, crosses, arrows) and the "red/green sticker" shaming trap warned against in the SBM-G guidelines. Hand-drawn is acceptable; clear is mandatory.

3.4 The WhatsApp message (40 min). Bihar's NFHS-5 figure of 51.4 per cent of women having a mobile phone they themselves use, and what that means for reach. Length, first line, one link at most, a verifiable source line, a helpline number. Why forwarded health messages are distrusted and how to earn trust: naming the source (NHM, ICDS, Tele-MANAS), the date, and the local ASHA. Recognising and never forwarding misinformation.

3.5 Pre-testing (40 min). The P Process "Create and test" step. Ten people from the audience, one at a time. Five questions: What do you see? What is it asking you to do? Who is it for? Is anything confusing or offensive? Would you do it, and what would stop you? Recording, revising, retesting one item.

3.6 Placement and permission (30 min). Where posters are read: Anganwadi wall, school gate, hand pump, ration shop, tea stall, panchayat bhawan. Who owns each wall. Written permission from the AWW, head teacher or shop owner on the Society's form. Removal date.

READING MATERIAL

Section A: WHO Strategic Communications Framework principles. Section B: SBM-G IEC Guidelines, Annexure 3 (wall writing, messaging that "sticks", emotional appeals, humour). Section C: selected NHM IEC posters for child health and RKSK with a one-page critique of each. Section D: the Society's plain-language style sheet for Hindi and three regional languages. Section E: pre-test recording form.

STAGE 02 · TEST

Blueprint: 20 MCQs, 25 minutes. Lecture 3.1: 4; 3.2: 3; 3.3: 4; 3.4: 3; 3.5: 4; 3.6: 2.

Q1 Which WHO principle is violated by a poster with no source line?

- a. Timely;
- b. Credible*;
- c. Accessible;
- d. Relevant

Q2 A good message contains:

- a. five behaviours;
- b. one behaviour, its benefit and a call to action*;
- c. only statistics;
- d. a warning

Q3 For a wall poster at a hand pump, the image should show:

- a. a doctor lecturing;
- b. a local-looking person doing the action*;
- c. a chart;
- d. a logo only



Q4 The SBM-G guidelines caution against IEC tools that:

- a. use humour;
- b. divide or shame people*;
- c. celebrate champions;
- d. use local artists

Q5 In a WhatsApp health message the source line:

- a. is optional;
- b. names the institution and date*;
- c. is a personal opinion;
- d. is a rumour

Q6 Pre-testing means:

- a. printing 500 copies then asking;
- b. asking about ten audience members before finalising*;
- c. asking the college principal;
- d. testing the printer



Q7 "What is it asking you to do?" tests:

- a. accessibility;
- b. whether the action is understood*;
- c. colour choice;
- d. price

Q8 Per NFHS-5, women in Bihar with a mobile phone they themselves use:

- a. 11.4%;
- b. 31.4%;
- c. 51.4%*;
- d. 91.4%

Q9 Before pasting a poster on the Anganwadi wall, the student needs:

- a. nothing;
- b. written permission from the Anganwadi worker*;
- c. a court order;
- d. a newspaper notice

Q10 A message about complementary feeding for a Maithili-speaking audience should:

- a. be in English;
- b. use the respect forms of Maithili and words the audience uses*;
- c. use medical Hindi;
- d. avoid the local language

STAGE 03 · FIELD WORK**Do**

The task. Using the Module 2 findings, the student designs one A3 poster (hand-drawn or printed at a cyber café, cost under 50 rupees, which the Society reimburses on evidence) and one WhatsApp message of under 120 words, both in the language the village speaks, on the same theme. The student pre-tests both with ten people from the Module 2 village, one at a time, records answers, revises, and displays the final poster at an agreed location with written permission. The WhatsApp message is sent once, to consenting pre-test participants only.

Location and assignment. The Module 2 village. Display point agreed with the AWW, head teacher, ration dealer or tea-stall owner.

Step by step. (1) Write the message in one sentence; check against the six principles. (2) Draft the poster and the WhatsApp text. (3) Pre-test with ten people, five questions each, form completed. (4) Revise; retest the changed element with two people. (5) Obtain written permission; display; note the removal date. (6) Send the WhatsApp message to consenting participants; screenshot with numbers hidden.

Evidence required: geotagged photographs. At least seven: (a) the student holding the first draft in the village; (b) the student pre-testing with a respondent (respondent's consent; from behind if preferred), twice, different respondents; (c) the student with the signed permission form and the wall owner; (d) the student pasting or fixing the final poster; (e) the final poster in place, close enough to read; (f) a wide shot showing the poster and its surroundings. Plus a screenshot of the sent WhatsApp message with recipient numbers masked.

Safety and consent. No poster names or depicts a real person. No health claim beyond what the NHM or ICDS source says. No poster on mental health or substance use shows a person in distress or using a substance. The poster carries the Society's name, the source, the date, and a helpline or referral point. It is removed on the agreed date.

STAGE 04 · REPORT

Section prompts (1,000 to 1,300 words plus attachments): (1) The message in one sentence and its six-principle check. (2) Design choices: language, image, placement, and why. (3) Pre-test results: ten records summarised, what changed between draft and final, both versions attached. (4) The WhatsApp text, and what respondents said about trust. (5) Permission and placement record. (6) What the student would change with a budget.

Rubric: message is single-behaviour, actionable and sourced (2); design suits a low-literacy audience and the local language (2); pre-test conducted, recorded and used to revise (2); permission, placement and ethics documented (1); reflection (0.5). Total 7.5.

Glossary

Call to action: the specific thing the message asks the reader to do. Pre-test: trial of a draft material with audience members before finalising. Plain language: writing that the intended reader understands on first reading. Visual literacy: the ability to read images and symbols. Source line: the institution and date credited on a message. Mid-media: posters, wall paintings, flipbooks, video shown locally. Misinformation: false health information, forwarded in good faith or otherwise. Register: the level of formality and respect in speech. Wall owner: the person whose permission is needed to display. Retest: a second, smaller pre-test after revision.

References

- WHO. Strategic Communications Framework, principles for effective communication.

<https://www.who.int/about/communications>

■



Ministry of Drinking Water and Sanitation. IEC Guidelines for States and Districts, SBM-G.

<https://swachhbharatmission.ddws.gov.in/sites/default/files/Guidelines/SBMG-IEC-Guidelines.pdf>

- NHM. IEC materials, child health. <https://nhm.gov.in/index1.php?lang=1&level=3&sublinkid=1184&lid=368>
- NHM. IEC/BCC for RKSK. <https://nhm.gov.in/index1.php?lang=1&level=3&sublinkid=952&lid=395>
- JHU CCP. SBCC Implementation Kits, Designing an SBCC Strategy.

<https://ccp.jhu.edu/tools/sbcc-implementation-kits/>



MODULE 4

Interpersonal and Group Communication: The Awareness Session

FIELD

15 HOURS

Overview and learning outcomes

Every Indian communication framework consulted puts interpersonal communication first. The SBM-G guidelines require most IEC money to go to it; the RBSK framework prioritises "Interpersonal Communication (IPC) for Caregivers"; RKSK builds its whole adolescent strategy on weekly group sessions led by peers. This module teaches the student to run one: a participatory 45-minute session for a class, an adolescent group or Anganwadi mothers, with a pre/post knowledge check that shows whether anything was learned.

By the end, students will be able to: plan a session with an objective, three activities and a close; use questioning, demonstration and a game rather than a lecture; manage a room of thirty children or fifteen mothers; measure knowledge before and after; and work alongside the teacher, AWW or Saathiya without displacing them.

Hour allocation

Learn 6 hours (6 lectures, 4 hours; reading 2 hours). Test 1 hour. Do 6 hours (preparation 2, session and pre/post 2, coordination and travel 2). Report 2 hours.

STAGE 01 · LEARN

LECTURES

4.1 Interpersonal communication skills (45 min). Rapport, listening, open questions, checking understanding, respect forms, silence. The ASHA home visit as a model. The RKSK Saathiya ethic: privacy, confidentiality, non-judgement. Why lecturing fails with adolescents and mothers alike.



4.2 Planning a 45-minute session (45 min). One objective stated as what participants will be able to do. Opening hook (3 min), pre-test (5), activity one: demonstration or story (10), activity two: game or small-group task (12), activity three: practice or pledge (7), post-test (5), close with referral point (3). Materials that cost nothing: soap and water, a tiffin box, a locally drawn picture card set.

4.3 Methods that work with children (40 min). Handwashing demonstration with the six steps and a glitter or turmeric substitute; the "germ chain" game; the food-group sorting game with real vegetables; the tobacco myth quiz. Keeping thirty children engaged: movement, calling by turn, a helper from the class.

4.4 Methods that work with adolescents and mothers (40 min). The RSK group session format: 15 to 20 participants, participatory, weekly. Story-and-discussion on a character (the "Kamla and Radha" vignette method from the RSK study). Menstrual hygiene, iron and folic acid, and the Weekly Iron Folic Acid Supplementation programme as topics for adolescent girls. Complementary feeding and the tiffin demonstration for mothers. Working with the AWW on a VHSND counselling hour.

4.5 The pre/post knowledge check (30 min). Five questions, same before and after, oral for children with hands up, written for adolescents. Counting correct answers. What a rise from 2.1 to 4.0 average means and does not mean. Reporting a session that showed no change.

4.6 Working with the institution (20 min). Head teacher, class teacher, AWW, ASHA, ANM. Timing around mid-day meal, VHSND and exams. The Society's letter and permission form. Leaving the material behind.

READING MATERIAL

Section A: RSK Training Manual for Peer Educators and Peer Educator Reference Booklet, selected sessions on nutrition, hygiene and substance misuse. Section B: National Guidelines for VHSND, sections on group counselling. Section C: the Society's session plan template and three model plans (handwashing for Class 4 to 6; iron and diet for adolescent girls; complementary feeding for Anganwadi mothers). Section D: NHM child health IEC flipbooks as visual aids. Section E: consent and photography rules for minors.



Blueprint: 20 MCQs, 25 minutes. Lecture 4.1: 4; 4.2: 4; 4.3: 3; 4.4: 4; 4.5: 3; 4.6: 2.

Q1 The RKSK reference booklet says the pillars of peer education are:

- a. fear and discipline;
- b. trust and confidence*;
- c. money and prizes;
- d. exams and marks

Q2 A session objective should be written as:

- a. what the student will say;
- b. what participants will be able to do*;
- c. the title of the theme;
- d. the number of slides

Q3 A pre-test is given:

- a. after the close;
- b. before the first activity*;
- c. a week later;
- d. only to teachers



Q4 The best method for handwashing with Class 5:

- a. a 40-minute talk;
- b. a demonstration with soap and water and a game*;
- c. a printed leaflet;
- d. a film about hospitals

Q5 RKSK peer sessions are held with groups of about:

- a. 5;
- b. 15 to 20*;
- c. 100;
- d. 500

Q6 An average score rising from 2 to 4 out of 5 shows:

- a. behaviour changed;
- b. knowledge rose immediately after the session*;
- c. the village is healthy;
- d. nothing



Q7 If the post-test shows no change, the student should:

- a. not report it;
- b. report it honestly and explain*;
- c. change the scores;
- d. repeat until it rises

Q8 Photographs of children in a session should:

- a. show faces in close-up;
- b. show the activity, with permission, avoiding close-ups*;
- c. be posted online;
- d. name each child

Q9 WIFS under RKSK provides:

- a. daily vitamin C;
- b. weekly iron and folic acid supplementation*;
- c. monthly deworming only;
- d. protein powder



Q10 The student's relationship to the Anganwadi worker during a session is:

- a. supervisor;
- b. replacement;
- c. ally who leaves material and credit with her*;
- d. inspector

STAGE 03 · FIELD WORK

Do

The task. The student plans and runs one 45-minute participatory session on the Module 2 theme (or an adolescent theme agreed with the coordinator) for one of: a class of Standard 4 to 8 at a government school; a group of adolescent girls or boys at a school, Anganwadi centre or Saathiya group; or Anganwadi mothers at a VHSND counselling hour. A five-question pre-test and post-test are administered and tallied. The final poster from Module 3 is used as an aid and left behind.

Location and assignment. A government school or Anganwadi centre in or near the Module 2 village, assigned by the coordinator after the head teacher or AWW has agreed a date in writing.

Step by step. (1) Meet the head teacher or AWW; agree date, time, group and room; obtain the signed permission form. (2) Write the session plan on the template; rehearse once with a friend. (3) Gather materials: soap, water, bucket, picture cards, the poster. (4) Run the session: hook, pre-test, three activities, post-test, close with the referral point (ASHA, Anganwadi, PHC, 14416 for adolescents). (5) Tally pre and post scores on site. (6) Thank the institution; leave the poster and a one-page summary for the teacher or AWW.

Evidence required: geotagged photographs. At least eight, student visible in each: (a) with the head teacher or AWW and the signed form; (b) the room set up with materials before participants arrive; (c) the student delivering the demonstration, participants shown from behind or side; (d) a game or group activity in progress; (e) the pre-test



being administered (hands up or papers, no faces in close-up); (f) the post-test; (g) the tally sheet held by the student in the room; (h) the poster left in place with the teacher or AWW.

Safety and consent. Written permission from the head teacher or AWW before the day. A teacher or AWW present throughout. No photograph of a child's face in close-up; no child named. Nothing distributed to eat or drink. For adolescent sessions on substance use or mental health, no participant is asked about personal use; questions are about facts and myths only. Girls' sessions on menstrual hygiene are led by a female student or co-led with the AWW.

STAGE 04 · REPORT

Section prompts (1,200 to 1,500 words plus attachments): (1) The group, the institution, the objective. (2) The session plan as delivered, with any deviations. (3) Pre/post results: tally, averages, one chart, three honest sentences. (4) What participants asked that the student could not answer, and where they were referred. (5) The teacher's or AWW's feedback in two lines. (6) What the student would do differently.

Rubric: session plan is participatory with a clear objective (2); delivery evidenced and appropriate to the group (2); pre/post test correctly administered, tallied and honestly interpreted (2); institutional partnership and consent documented (1); reflection (0.5). Total 7.5.

Glossary

Interpersonal communication (IPC): face-to-face, two-way communication. Participatory method: a technique where participants do or decide rather than listen. Demonstration: showing an action step by step. Pre/post test: the same short check given before and after a session. Vignette: a short story about a fictional character used to open discussion. Referral point: the service a participant is directed to. Adolescent Friendly Health Clinic: an RKSK facility for 10 to 19 year olds. WIFS: Weekly Iron Folic Acid Supplementation. Counselling hour: the group session component of VHSND. Session plan: a timed written outline of a session.

References





NHM. Peer Education Programme, RKSK.

<https://nhm.gov.in/index1.php?lang=1&level=3&sublinkid=1249&lid=493>

- MoHFW. Training Manual for Peer Educators, RKSK.

https://nhm.gov.in/images/pdf/programmes/RKSK/PE_Training_Manual/Training-Manual-for-PEs.pdf

- MoHFW. Peer Educator Reference Booklet, FAQs on components of RKSK.

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- MoHFW. National Guidelines for VHSND (as above).

- Barua A. and others. Knowledge, attitude, and practices of adolescents and peer educators in relation to the components of the National Adolescent Health Program in India. *Frontiers in Public Health*, 2024.

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MODULE 5

Community Mobilisation and Mid-media: The Village Campaign

FIELD

15 HOURS

Overview and learning outcomes

Some behaviours are held in place by the whole village, and only the whole village can release them. This module covers the community end of the spectrum: how Swachh Bharat Mission used triggering, nigrani, gaurav yatras, wall writing and nukkad natak; how Poshan Maah turns Anganwadis into event venues each September; how folk forms carry a message further than a leaflet; and how to organise all of this with nothing but people and a chart paper. The field task is a street play or a poster campaign in a village, organised with at least three local collaborators.

By the end, students will be able to: explain community-led approaches and their ethics; write a ten-minute nukkad natak script with a single behavioural message; organise a small public event with local partners and permissions; and document it.

Hour allocation

Learn 6 hours (6 lectures, 4 hours; reading 2 hours). Test 1 hour. Do 6 hours (preparation and rehearsal 3, event 2, coordination 1). Report 2 hours.

STAGE 01 · LEARN

5.1 Community approaches to sanitation and what they teach (45 min). SBM-G's account of triggering ("a Participatory Rural Appraisal followed by a guided conversation with the members of the community") and nigrani (early-morning follow-up). Why the guidelines prefer "positive reinforcement" and warn against "coercive tools". Bihar's Lohiya Swachh Bihar Abhiyan under Jeevika and the role of self-help groups. The post-ODF agenda: toilet use, pit emptying, solid and liquid waste.



5.2 Mid-media and folk media (45 min). SBM-G's activity menu: song and drama with local artists, wall writing that "sticks", melas, gaurav yatras, raatri chaupals, hoardings, the Swachhta Rath. The Central Bureau of Communication's field units. Bihar's folk forms and how a message rides on a familiar tune or a Bidesia-style scene.

5.3 Writing a nukkad natak (50 min). Ten minutes, four to six actors, no set. One behaviour, one character who changes, one obstacle, one helper (an ASHA, a Saathiya, a returned migrant), one clear line the audience takes home. Humour without ridicule. The closing chant and the referral point. Local language throughout.

5.4 Poster campaign as an alternative (30 min). Ten to fifteen posters across a village, each at a place people wait: hand pump, ration shop, school gate, tea stall, panchayat bhawan, Anganwadi. Sequencing so that the message builds. Permission per wall.

5.5 Organising a public event with no budget (40 min). Collaborators: school students and teacher, Saathiya group, Jeevika SHG, Anganwadi worker, ASHA, a local performer, the Mukhiya. Tying the event to a date: VHSND, Poshan Maah in September, Global Handwashing Day (15 October), World Mental Health Day (10 October), World No Tobacco Day (31 May), Swachhta Hi Seva in September. Permissions, timing, crowd management, a fallback for rain.

5.6 Documenting and counting (30 min). Estimated audience by head count at two points, a five-person exit interview with one question ("what was the play asking you to do?"), and photographs that show scale.

READING MATERIAL

Section A: SBM-G IEC Guidelines, Annexure 3 in full. Section B: Ministry of Women and Child Development materials on Poshan Maah community events. Section C: two model nukkad natak scripts in Hindi and Magahi (handwashing; tobacco), with notes. Section D: a one-page guide to permissions for public events in Bihar villages prepared by the Society. Section E: exit-interview form.

STAGE 02 · TEST

Blueprint: 20 MCQs, 25 minutes. Lecture 5.1: 4; 5.2: 3; 5.3: 4; 5.4: 3; 5.5: 4; 5.6: 2.



Q1 In SBM-G practice, "nigrani" is:

- a. a fine;
- b. an early-morning follow-up visit after triggering*;
- c. a toilet design;
- d. a subsidy

Q2 The SBM-G IEC Guidelines prefer:

- a. red and green stickers on houses;
- b. positive reinforcement and public felicitation*;
- c. police action;
- d. fines

Q3 Lohiya Swachh Bihar Abhiyan is implemented through:

- a. the Bihar Police;
- b. Jeevika (BRLPS)*;
- c. the Railways;
- d. private contractors



Q4 A good nukkad natak has:

- a. ten messages;
- b. one behaviour and one character who changes*;
- c. no local language;
- d. a lecture at the end

Q5 Global Handwashing Day is on:

- a. 15 October*;
- b. 26 January;
- c. 5 June;
- d. 1 December

Q6 Rashtriya Poshan Maah events are centred on:

- a. hospitals;
- b. Anganwadi centres*;
- c. railway stations;
- d. colleges



Q7 Which SBM-G-endorsed activity involves school children directly?

- a. Tender evaluation;
- b. Letter-writing campaigns to parents and nukkad natak*;
- c. Pit design;
- d. Fund audit

Q8 Before a street play on a village road the student needs:

- a. no permission;
- b. the Mukhiya's knowledge and, for a road, the police station's, arranged through the coordinator*;
- c. a film licence;
- d. a court order

Q9 Audience size at an outdoor event is best recorded by:

- a. guessing later;
- b. head counts at two points plus wide photographs*;
- c. asking the Mukhiya;
- d. counting chairs



Q10 An exit interview asks mainly:

- a. the person's name and caste;
- b. what the play was asking them to do*;
- c. their income;
- d. whether they liked the actors

STAGE 03 · FIELD WORK

Do

The task. In the assigned village, the student organises either (A) a ten-minute nukkad natak on one behaviour, performed once at a gathering point with at least four performers drawn from local collaborators, followed by five exit interviews; or (B) a poster campaign of at least ten posters, based on the Module 3 design and its variants, placed with written permissions at ten sites, followed by five exit interviews at those sites. Option A is preferred where the coordinator can confirm collaborators.

Location and assignment. The Module 2 village or its Gram Panchayat headquarters, timed if possible with a VHSND, a Poshan Maah event, a school assembly or a market day. Assigned and cleared by the coordinator.

Step by step. (1) Recruit collaborators: school students with their teacher, a Saathiya group, an SHG, the AWW or ASHA. (2) Write or adapt the script, or produce the poster set; check the message against the six principles. (3) Rehearse twice. (4) Secure the Mukhiya's and, if needed, the police station's knowledge through the coordinator; agree the spot and time with the AWW. (5) Perform or place; count the audience at two points. (6) Conduct five exit interviews; thank collaborators publicly, in the SBM-G spirit of felicitation.

Evidence required: geotagged photographs. At least ten, student visible: (a) rehearsal with collaborators; (b) the student with the AWW or ASHA and the Mukhiya or ward member before the event; (c) the venue before the audience gathers; (d) two wide shots showing performance and audience size (audience from behind); (e) the student performing or fixing posters; (f) for posters, at least six sites with the poster readable and the student



present; (g) an exit interview in progress; (h) the collaborators together at the end. Plus the script or poster set and the exit-interview forms.

Safety and consent. Performers who are minors need the teacher's written permission and the teacher present. No performer is asked to portray a person from the village. No character is named after a real person. No alcohol, tobacco or drug is shown being consumed on stage; the obstacle is dramatised through consequence and dialogue. The event ends before dusk. Crowd photographs are wide shots; no individual is singled out.

STAGE 04 · REPORT

Section prompts (1,200 to 1,500 words plus attachments): (1) The behaviour and why this channel. (2) Collaborators and permissions, with roles. (3) The script or poster set, attached, and how it was built from Modules 2 and 3. (4) The event: audience counts, what happened, exit-interview results. (5) What a village-level frontline worker said afterwards. (6) What went wrong and what the student would keep.

Rubric: message and channel choice justified from earlier modules (1.5); genuine local collaboration and correct permissions (2); event delivered and documented at scale (2); exit interviews and counts honestly reported (1.5); ethics and safety (0.5). Total 7.5.

Glossary

Community mobilisation: organising a community to act collectively on a shared goal. Triggering: a participatory exercise that moves a community to decide on sanitation. Nigrani: follow-up monitoring after triggering. Gaurav yatra: a procession of pride celebrating a village milestone. Nukkad natak: street play. Mid-media: locally delivered media such as posters, wall painting, folk performance. Swachhagrahi: SBM-G village motivator. ODF: open defecation free. Exit interview: a one-question check with audience members as they leave. Collaborator: a local person or group who co-owns the event.

References

- Ministry of Drinking Water and Sanitation. IEC Guidelines for States and Districts, SBM-G (as above).
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Swachh Bharat Mission (Gramin). About the Mission. <https://swachhbharatmission.ddws.gov.in/about-us>

- Bihar Rural Livelihoods Promotion Society (Jeevika), Lohiya Swachh Bihar Abhiyan orders. <https://www.brlps.in/>
- Ministry of Women and Child Development. Mission Saksham Anganwadi and Poshan 2.0 (as above).
- Central Bureau of Communication, Ministry of Information and Broadcasting. <https://cbcindia.gov.in/>



MODULE 6

Sensitive Themes and Campaign Evaluation

CONCEPTUAL

15 HOURS

Overview and learning outcomes

Two of the six themes, mental health and substance use, cannot be handled with the same tools as handwashing. Stigma, law, fear and silence surround them, and a careless message can do harm. This module gives the rules for communicating on them, the schemes and helplines a message must point to, and then turns to the last two steps of the P Process: monitoring and evaluation, and the honest design of a campaign the student would run next. It closes the internship with the written reflection and the final report.

By the end, students will be able to: use non-stigmatising language for mental illness and substance use; apply safe-messaging rules; give correct helpline and scheme information for Bihar; explain what pre/post data can and cannot prove; and write a one-page campaign design with objectives, audiences, messages, channels, timeline and indicators.

Hour allocation

Learn 12 hours (7 lectures, 5.5 hours; reading 6.5 hours). Test 1 hour. Written reflection and campaign design 2 hours.

STAGE 01 · LEARN

LECTURES

6.1 Mental health awareness: the frame (50 min). RKSK's "mental and emotional well-being" priority. The Mental Healthcare Act, 2017 and what it means for how a message speaks about a person with mental illness. The National Tele Mental Health Programme and Tele-MANAS (14416 and 1-800-891-4416), launched 10 October 2022, free, round

the clock, in multiple languages. District Mental Health Programme services at the district hospital. Words to use and words to avoid in Hindi and the regional languages.

6.2 Safe messaging on suicide and distress (40 min). The principles from WHO's guidance for media on responsible reporting of suicide, adapted to posters and plays: no method, no simplification of cause, no glamorising, always a helpline, always a story of help sought and found. What to do when someone discloses during a session.

6.3 Substance use awareness: tobacco (45 min). NFHS-5 Bihar: 48.8 per cent of men aged 15 and above use tobacco. Smokeless tobacco, gutkha and khaini as the Bihar pattern. The Cigarettes and Other Tobacco Products Act, 2003: the ban on sale to and by minors and within 100 yards of educational institutions, the ban on smoking in public places, and the pictorial warnings. Tobacco-free educational institution guidelines as a school campaign hook. Messages that work with adolescents: cost, appearance, control, not only cancer.

6.4 Substance use awareness: alcohol and drugs (45 min). The Bihar Prohibition and Excise Act, 2016, and its 2022 amendment, described factually, and why a student must never take the role of enforcer. Nasha Mukh Bharat Abhiyaan (Ministry of Social Justice and Empowerment, launched 15 August 2020 in 272 districts, extended to all districts from 15 August 2023): its focus on "mass education and sensitization" and its district volunteer structure. Where treatment exists: district de-addiction centres and hospital outpatient services. Talking about addiction as a health condition, not a moral failure.

6.5 Monitoring and evaluation of awareness work (50 min). P Process steps four and five. Output indicators (sessions held, people reached, posters placed) versus outcome indicators (knowledge, attitude, self-reported practice) versus impact (which no student campaign can measure). What a pre/post test shows: immediate recall. What it does not: retention, behaviour, causation. Simple honest presentation: a table, a chart, three sentences. The SBM-G idea of time-stamped, geotagged photographs as monitoring evidence.

6.6 Designing a campaign on one page (45 min). Goal, behavioural objective, primary and secondary audience, key message, channels by audience, activities with dates, partners, budget of five thousand rupees, indicators, risks. Worked example: a two-month tobacco-free school campaign in one panchayat.



6.7 The communicator's responsibility (25 min). Truth, humility, credit to frontline workers, leaving something behind, and reporting failure. What the student takes into any future role.

READING MATERIAL

Section A: Mental Healthcare Act, 2017, sections on rights and on the prohibition of discrimination, in summary. Section B: Tele-MANAS programme description from the PIB launch release. Section C: COTPA 2003 key sections and the Tobacco-Free Educational Institution guidelines, in summary. Section D: Nasha Mukta Bharat Abhiyaan description from the Ministry of Social Justice and Empowerment. Section E: Bihar Prohibition and Excise Act, 2016, and the 2022 amendment, PRS summary. Section F: P Process steps four and five; UNICEF SBC guidance on measurement. Section G: the Society's one-page campaign design template and rubric.

STAGE 02 · TEST

Blueprint: 20 MCQs, 25 minutes. Lecture 6.1: 3; 6.2: 3; 6.3: 3; 6.4: 3; 6.5: 4; 6.6: 3; 6.7: 1.

Q1 The Tele-MANAS helpline number is:

- a. 100;
- b. 1098;
- c. 14416*;
- d. 108

Q2 Tele-MANAS was launched on:

- a. 26 January 2015;
- b. 10 October 2022*;
- c. 15 August 2020;
- d. 2 October 2014



Q3 A poster on suicide prevention must never:

- a. give a helpline;
- b. describe a method*;
- c. show help being sought;
- d. use local language

Q4 Per NFHS-5, men aged 15 and above in Bihar who use tobacco:

- a. 8.8%;
- b. 28.8%;
- c. 48.8%*;
- d. 68.8%

Q5 COTPA 2003 prohibits sale of tobacco products within what distance of an educational institution?

- a. 10 yards;
- b. 100 yards*;
- c. 1 km;
- d. no limit



Q6 Nasha Mukta Bharat Abhiyaan is run by:

- a. Ministry of Health;
- b. Ministry of Social Justice and Empowerment*;
- c. Ministry of Home Affairs;
- d. NITI Aayog

Q7 On alcohol in Bihar, the intern's role is:

- a. to report drinkers to police;
- b. to give correct health and helpline information only*;
- c. to confiscate;
- d. to counsel for de-addiction

Q8 "Posters placed: 12" is an:

- a. impact indicator;
- b. outcome indicator;
- c. output indicator*;
- d. baseline

Q9 A pre/post test immediately after a session measures:

- a. behaviour change;
- b. immediate knowledge recall*;
- c. disease incidence;
- d. attitude of the village

Q10 In the one-page campaign design, the budget line for this internship is:

- a. five lakh;
- b. five thousand rupees*;
- c. fifty rupees;
- d. unlimited

Written reflection and campaign design

Part one, 600 to 800 words: what the four field tasks taught the student about the gap between a message and a behaviour, with one moment of failure described honestly. Part two: the one-page campaign design on the template, for one theme, one panchayat, two months, five thousand rupees.

Glossary

Stigma: social disapproval attached to a condition, which silences help-seeking. Safe messaging: rules for communicating on suicide and distress without causing harm. Tele-MANAS: Tele Mental Health Assistance and Networking Across States, the national helpline. COTPA: Cigarettes and Other Tobacco Products Act, 2003. Smokeless tobacco: gutkha, khaini, zarda and similar products. Nasha Mukh Bharat Abhiyaan: the national campaign against substance use. Output indicator: a count of activities done. Outcome indicator: a measured change in



knowledge, attitude or practice. Impact: long-term change in health status. Campaign design: a one-page plan with objectives, audiences, messages, channels, timeline, budget and indicators.

References

- PIB. Tele Mental Health Assistance and Networking Across States (Tele-MANAS) launched, 10 October 2022.
<https://www.pib.gov.in/PressReleasePage.aspx?PRID=1866498>
- Ministry of Social Justice and Empowerment. Nasha Mukh Bharat Abhiyaan.
<https://socialjustice.gov.in/common/52569>
- PRS Legislative Research. The Bihar Prohibition and Excise Act, 2016. https://prsindia.org/files/bills_acts/acts_states/bihar/2016/2016%20Bihar%2020.pdf and The Bihar Prohibition and Excise (Amendment) Bill, 2022.
<https://prsindia.org/bills/states/the-bihar-prohibition-and-excise-amendment-bill-2022>
- India Code. The Cigarettes and Other Tobacco Products Act, 2003, and The Mental Healthcare Act, 2017.
<https://www.indiacode.nic.in/>
- IIPS. NFHS-5 Bihar (as above).
- JHU CCP. The P Process (as above). UNICEF. SBC Programme Guidance (as above).

HEALTH AWARENESS

Appendix



A. Final report template

1. Cover: student name, university, roll number, stream, block and district, dates, coordinator's name.
2. Summary (200 words): theme, village, what was done, what changed.
3. The audience (from Module 2): village profile, segmentation, survey results, barriers.
4. The material (from Module 3): final poster and WhatsApp text, pre-test summary, placement record.
5. The session (from Module 4): plan, pre/post results, institution's feedback.
6. The event (from Module 5): collaborators, script or poster set, audience counts, exit interviews.
7. Evidence: consolidated table of all geotagged photographs with date, coordinates and caption.
8. Ethics: consent records, permissions, incidents and how they were handled.
9. What did not work: at least three items, with reasons.
10. Campaign design (from Module 6): the one-page plan.
11. Acknowledgement of frontline workers and collaborators by role.
12. Attachments: checklists, survey forms, tallies, session plan, script, permission forms.



B. Field evidence checklist

- Introduction letter from the Society shown to the ASHA or AWW: photograph.
- Every photograph geotagged, within 500 metres of the assigned location, student visible.
- Module 2: 8 photographs, 20 completed checklists, tally sheet.
- Module 3: 7 photographs, draft and final poster, 10 pre-test forms, signed wall permission, masked WhatsApp screenshot.
- Module 4: 8 photographs, signed institutional permission, session plan, pre/post tally.
- Module 5: 10 photographs, script or poster set, permissions, 5 exit-interview forms, audience counts.
- Consent: adults' verbal consent ticked on forms; minors covered by institutional permission; no close-up faces of children; no named individuals; no identification of anyone as a substance user or a person with mental illness.
- No social media posting during the internship.
- All photographs uploaded within 48 hours of the task.



C. Rubric for the final report

CRITERION	MARKS
Coherence: the four tasks form one sequence from inquiry to event, and the report shows how each fed the next	2
Evidence: data, materials and photographs are complete, attached and correctly referenced	2
Analysis: results are interpreted honestly, with limits stated and failures examined	2
Ethics: consent, permissions, safe messaging and credit to frontline workers are documented	2
Campaign design: objectives, audiences, messages, channels, timeline, budget and indicators are specific and realistic	2
Total	10