

दिनांक 30 अप्रैल, 2026 को आयोजित अंतर्राष्ट्रीय जनसंख्या विज्ञान संस्थान की शैक्षणिक परिषद् की बैठक का कार्यवृत्त।

MINUTES OF THE MEETING OF THE ACADEMIC COUNCIL OF THE INTERNATIONAL INSTITUTE FOR POPULATION SCIENCES HELD ON APRIL 30, 2026.

The meeting of the Academic Council was held on April 30, 2026 at 10.30 am in the Seminar Hall, IIPS. The meeting was chaired by Prof D. A. Nagdeve, Director & Sr. Professor (Additional Charge), IIPS. At the outset, the Chairperson extended a warm welcome to all the members and the external experts of the Academic Council. The list of members attended the meeting is given in Annexure A.

Prof. D. A. Nagdeve, Chairperson of the Academic Council requested Prof. K.C Das, Member-Secretary to proceed with the agenda.

Agenda no.1: To confirm the minutes of Academic Council Meeting held on November 12, 2025.

The members of the Academic Council confirmed the minutes of Academic Council held on November 12, 2025.

Agenda no 2: Action taken on the minutes of Academic Council meeting held on November 12, 2025.

Action taken report on the minutes of Academic Council meeting held on November 12, 2025 was noted by the members.

Agenda no 3: To approve results of final year courses - Academic Year 2025-2026.

The respective courses coordinators presented the results of the following courses for the Academic Year 2025-2026:

Sr. No.	Name of the Course	Qualified for Degree
I.	Master of Arts/Science in Population Studies [M.A./M.Sc.] -2025-26	22
II.	Master of Science in Biostatistics and Demography [M.Sc.] -2025-26	22
III.	Master of Science in Survey Research and Data Analytics [M.Sc.] -2025-26	24
IV.	Master of Arts in Population Studies (Distance Learner) [M.A.] -2025-26	18
V.	Diploma in Health Promotion Education [DHPE]- 2025-26	27
VI.	Post Graduate Diploma in Community Health Care [PGDCHC]- 2025-26	4
VII.	Doctor of Philosophy in Population Studies/ Biostatistics and Demography [Ph.D.] 2025-26	37

The Academic Council Approved the results for the Academic Year 2025-2026.

Agenda no 4: To approve Gold and Silver Medals for the final year courses - Academic Year 2025-2026.

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The Academic Council approved the Medals & Awards (Academic Year 2025-26) for conferment during the Convocation of the Institute.

Agenda no 5: To approve fellowship guideline for PG programmes.

As per the recommendation of BoS & after due deliberations, the academic council approved fellowship guidelines for PG programmes w.e.f. the academic year 2026-27. Attached as Annexure-B.

Agenda no 6: To approve the restructure and revision of Diploma in Health Promotion Education (DHPE) into Post Graduate Diploma in Health Promotion Education (PGDHPE) offered by National Institute of Public Health Training and Research (NIPHTR) Mumbai.

The AC was briefed by Dr. Vijay Manohar Bhagat, NIPHTR, regarding the background of the restructure and revision of DHPE into PGDHPE(NCrF level-6) in line with NEP-2020.

Dr. Bhagat has made a brief presentation on the new course structure of PGDHPE and also presented the semester wise credit distribution along with the detailed syllabus.

The Academic Council after deliberations at length, approved the restructure of DHPE into PGDHPE(NCrF level-6) and also the syllabus of PGDHPE. (Annexure - C).

Agenda no 7: To approve the revised format for Dr. P. N. Mari Bhat Award for the best thesis in Ph.D. Programme.

The academic council approved the revised format for Dr. P. N. Mari Bhat Award for the best thesis in Ph.D. Programme. (Annexure -D).

Agenda no 8: To report about the revision of fees structure.

The AC was briefed by Prof. Abhishek Singh, Chairperson, revision of fees structure committee regarding the background of the revision of fees structure and also explained different criteria considered for fees revision. Prof. Singh has also mentioned the inclusion of the Institution Development Fund (IDF) once in the entire course. AC members also suggested that a student insurance scheme might be introduced under 'Health and Wellness'.

The Academic council recommended the same for further approval of the Standing Finance Committee & Executive Council.

Agenda no 9: To discuss about the equivalence certificate .

The Academic Council was informed that the agenda was already discussed in BoS. The Academic Council after deliberations on the agenda, recommended to constitute a committee to look into the matter in depth.

In addition, the academic council recommended to issuing a notice indicating that any degree awarded by IIPS in Population Studies is equivalent to Demography.

Agenda no 10: Review the progress of internally and externally funded research projects of the Institute.

As per the recommendation of BoS, it has been decided that all the new external and internal project proposals are required to be presented elaborately in the meeting of BoS & AC. Chairperson informed that the project proposal needs to be submitted well in advance so that the same will be circulated along with the agenda.

Moreover, the Academic Council recommended to constitute a committee to review and set the procedure/ modalities for the completion of the internal projects. In case of completion of internal projects, the detailed report must be submitted to the academic council.

Internal Projects (Ongoing/ Completed)

Sr. No.	Project Name	Co-ordinators	Start Date	Completion Date	Status
1	Longitudinal study of Maternal and Infant Nutrition in Maharashtra (LoSMINM)	Dr. L.K Dwivedi, Dr.Dilip T.R Dr. Sarang P, Dr. Preeti Dhillion Dr. R.S. Reshmi. Dr. Suresh Jungari Mr. Anjani Kumar Mishra DHO of Raigarh District	Jan-21	Mar-26	Completed
2	Small area estimates of Covid 19 Disease in India : What are missed	Dr. Suryakant Yadav Dr. Dilip T.R	June-21	Oct-26	Completed
3	A study of Migrants in Mumbai Urban agglomeration from within Maharashtra	Dr.Sunil Sarode, Dr.Archana Roy, Dr.Suresh Jungari, Dr.Kunal Keshri	April-23	Sep -25	Completed

4	Occupational Mobility and Employment Pattern in India	Dr. Sanjay K Mohanty	April-24	Mar-26	Completed
5	Global burden of causes of death in seven regions of world with a focus on South Asia (India), East Asia, USA, UK and High-Income countries.	Dr. Suryakant Yadav Dr. U.S. Mishra Dr. T.R. Dilip	Aug-23	Mar-27	Ongoing
6	Assessment and projection of annual cancer incidence at district level by quinquennial age group and sex from 2026 to 2036 in Punjab, India	Dr. Murali Dhar,	Sep-25	Feb-27	Ongoing
7	Morbidity and Mortality among Municipal Sanitation Workers in India: A Study of Six Metropolitan Cities	Dr. Pradeep Salve and Dr. Dhananjay W Bansod	Apr-25	Sep-27	Ongoing
8	Role of Family Structure in use of Family Planning and Child Health in India	Prof. D.A.Nagdeve	Apr-25	March -26	Ongoing
9	Population Forecasting Using Machine Learning Approach	Dr.Preeti Dhillon and Dr.Guru Vasishtha	Apr-25	March-26	Ongoing
10	Urban Population Projection for India (2011-2041)	Prof. K.C. Das Dr. Archana K Roy Dr. R.S. Reshmi Dr. Kunal Keshri	Sep -25	March-26	Ongoing
11	Medical Method of Abortion; A study of pharmacists and community health workers in Odisha	Dr. Chander Shekhar Dr. Harihar Sahoo	June-25	March-27	Ongoing
12	Towards Incubation of Indian Climate Health Data Base for Predicting Demographic and Health Outcomes in India	Dr. Srinivas Goli, Dr. Dilip T.R	Aug-25	Mar-26	Ongoing
13	Coverage effectiveness and barriers of social health insurance in achieving universal health coverage during pre and post PMJSY period in India	Dr. Sanjay K Moahanty	Oct -25	Mar-27	Ongoing
14	Genetic inheritance and intergenerational transmission of NCD in India and its states and their gender differential	Dr. kunal Keshri and Dr. L.K.Dwivedi.	Oct-25	Jul-26	Ongoing
15	Demographic and Social Perspective of Suicide Deaths in India	Dr Suryakant Yadav, Dr Dilip T. R. Dr. Udaya S. Mishra	Jul-25	March-27	Ongoing
16	The Living Conditions of the Residents of the Slum Rehabilitation Authority (SRA) Project in Mumbai	Dr. Sunil Sarode	-	-	Not Started Yet

17	Health and Livelihoods of Women Beedi Workers: A Case study of Gondia District in Maharashtra	Prof. D.A Nagdeve	-	-	Not Started Yet
18	Menarche to Menopause: Understanding Menstrual Health Trajectories through Life Course Approach among Tribal Women in Maharashtra"	Dr. Suresh Jungari,	-	-	Not Started Yet

External Projects (Ongoing/Completed)

Sr. No.	Project Name	Coordinators	Start Date	Completion Date	Status
1	Gender Equity and Health (GEH Project (2017-27)	Prof. D.A.Nagdeve Dr. Abhishek Singh Dr.Kaushalendra Kumar	Nov-18	Oct-27	Ongoing.
2	Longitudinal Ageing Study in India (LASI) Main Wave 2 (2023-25)	Prof. D.A.Nagdeve Dr. T.V. Sekher, Dr. Chander Shekhar, Dr. S.K.Mohanty, Dr. Aparajita Chattopadhyay, Dr. Srinivas Goli, Dr. Dipti Govil Dr. Sarang Pedgaonkar	April-23	April -26	Ongoing
3	National Family Health Survey-6	Prof. D.A. Nagdeve Dr. Abhishek Singh, Dr. Dhananjay Bansod, Dr. LaxmiKant Dwivedi, Dr. Harihar Sahoo Dr. Sarang Pedgaonkar, Dr. PreetiDhillon, Dr. Reshmi R. S.	Jan-23	Dec -25	Ongoing
4	Small area estimates of hypertension and Diabetes in India	Prof. D.A. Nagdeve Dr Suryakant Yadav Dr Solveing A. Cunningham, Dr Waller Lance (Emory University), Dr. Siddharta Mandal, Dr. Dimple Kondal	Dec-22	Oct- 26	Completed
5	Global Adult Tobacco Survey-3	Prof. D.A. Nagdeve Dr.R. Nagarajan, Dr.Nandita Saikia Dr.Dilip TR, Dr.Manas Pradhan, Dr. Pradeep Salve	Nov-21	Dec -25	Ongoing
6	SAHELI: Study and Action on Hysterectomy: Evidence on Women's Health through the Life Course in India	Prof. D.A. Nagdeve Dr. Dipti Govil Dr. Archana Roy	Aug-23	Dec -27	Ongoing
7	Proposal Development for Reproductive Health in India Study	Prof. D.A. Nagdeve Dr. Chander Shekhar, Dr. Harihar Sahoo, Dr. Archana Kujur	Jul-23	Dec-25	Ongoing
8	Mapping the risk factors and consequences of violence against women in India for the last two decades using large-scale data	Prof. D.A. Nagdeve Dr. Suresh Jungari Dr. Pradeep S Salve	Dec-23	Dec-25	Completed

9	The cognitive consequences of social frailty: a mixed methods study of precarity and resilience among aging populations in India and Sweden	Prof. D.A. Nagdeve Dr. Rakhal Gaitonde Dr. T.V. Sekher Dr. T R Dilip, Dr. Mala Ramanathan, Dr. Jissa VT	Dec-23	Nov-26	Ongoing
10	A Study of Early Marriages in Assam (ASEMA)	Prof. D.A. Nagdeve Dr. H. Lhungdim, Dr. Nandita Saikia Dr. Srinivas Goli	Feb-24	Nov-25	Completed
12	The feasibility and acceptability of conducting a randomised controlled trial to improve Body Composition and Quality of Life of stomach cancer patients after gastrectomy in India (EASE IN)	Prof. D.A. Nagdeve Aravinda Guntapalli, Dr. T R Dilip, Dr. Manish Bhandare, Dr. Shailesh Shrikhande, Dr. Amit Chopde, Sara McLennan	Oct-24	Sep-26	Ongoing
13	IIPS-ICHHD and PCC_UNICEF: Protecting Children in a Changing Climate: Mapping Climate Extremes, Vulnerabilities, Nutrition Risk, and Cost of Inaction	Dr. Srinivas Goli Dr. Dilip T. R.	Oct-25	Sept-26	Ongoing
14	An Evaluation of "Jiyo Parsi" Scheme in Reversing the Decline of the Parsi Population	Prof. D.A. Nagdeve Dr. Preeti Dhillon, Dr. Guru Vashishta, Dr. Kunal Kesari, Dr. Laxmi Kant Dwivedi	Mar-25	Dec-25	Completed
15	Bridging the life expectancy gap of Sanitation Workers in India: Evidence, Action, Measurable life gains	Dr. Srinivas Goli Dr. Pradeep Salve Dr. Dilip T. R.	Mar-26	Sept-26	Ongoing

Agenda no 11: To report the matters regarding current academic activities.
The academic council noted the reporting of matters for the academic year 2025-2026.

Agenda no 12: Any other matter with the permission of Chair.

With the permission of Chair, The following additional agendas were presented.

Additional Agenda : Declaration of results & distribution academic documents.

As per the recommendation of the BoS, final results of final-year PG students (Cumulative Result, Transcript, Provisional certificate and TC cum Migration) will be declared and issued on 08/05/2026. It was also decided that IV semester (PG) students will be eligible for fellowship up to 08/05/2026.

In case of Ph.D, Provisional certificate will also be issued on 08/05/2026. The academic council approved the same.

Additional Agenda : Regarding fee waiver certificate for Ph.D awarded students.

As recommended by BoS, it has been decided that henceforth the research paper publication fee waiver certificate will be issued only for the research paper communicated for publication at the time of viva-voce. Moreover, the publication fee waiver request will be considered within one year from the date

of viva-voce and subject to the approval of the guide. The academic council approved the same.

Additional Agenda: Revision of the guidelines of MA (distance learners) in Population studies.

As per the recommendation of BoS, The following approved by the Academic Council.

- I. The institute will be provided the soft copy of study materials from the AY 2026-27.
- II. As per the syllabus, distance learners are required to choose Six (6) credit courses from the SWAYAM platform. The selection of the courses from the SWAYAM platform are as following :
(2Credit + 2Credit + 2Credit), (3 Credit + 3 Credit), (4Credit + 2Credit).

Additional Agenda: Regarding fifth year extension of Ph.D- Govt. of India (Gol) fellowship .

Chairperson informed the Academic Council that in the meeting of SFC held on 01-10-2025, fifth year Gol fellowship extensions for Ph.D. students were reviewed and discussed comprehensively. In the SFC meeting, it was suggested to submit the Ph.D thesis within the tenure of Ph.D fellowship (Gol), else extension of the Ph.D without fellowship will be granted. Accordingly, the chairperson suggested all the HoDs & faculty members present in the meeting to convey the same to the students pursuing Ph.D. under them.

Additional Agenda: Regarding the faculty promotion.

As recommended by the BoS, the faculty promotion pro-forma will discuss and review in the faculty meeting.

The meeting ended with vote of thanks to the Chair.



Prof. K.C.Das
Member-Secretary,
Academic Council, IIPS



Prof D. A. Nagdeve
Director & Sr. Professor (Additional Charge) &
Chairperson, Academic Council, IIPS

Annexure A

List of Members Attended

1	Prof. Dewaram A. Nagdeve, Director & Sr. Professor (Additional Charge)	Chairperson
2	Prof. Kailash Chandra Das, Dept. of Migration & Urban Studies, (Ph.D. Coordinator)	Member Secretary
3	Prof. Chander Shekhar, HoD, Dept. of Fertility & Social Demography	Member
4	Prof. Sanjay Kumar Mohanty, Dept. of Population & Development	Member
5	Prof. Abhishek Singh, HoD, Dept. of Public Health & Mortality Studies	Member
6	Prof. Murali Dhar, Dept. of Bio-Statistics and Epidemiology	Member
7	Prof. Archana K. Roy, HoD, Dept. of Migration & Urban Studies	Member
8	Prof. Dhananjay W. Bansod, Head CDOE, Dept. of Public Health & Mortality Studies, Controller of Examination	Member
9	Prof. Aparajita Chattopadhyay, HoD, Dept. of Population & Development	Member
10	Prof. Laxmikant Dwivedi, HoD, Dept. of Survey Research & Data Analytics (MSD-Coordinator)	Member
11	Prof. Nandita Saikia, Dept. of Public Health & Mortality Studies	Member
12	Prof. Udaya Shankar Mishra, HoD, Dept. of Bio-Statistics and Epidemiology	Member
13	Dr. Sukanya Rangamani, Scientist F, ICMR-NINE Bengaluru	External Member
14	Dr. Manoj Alagarajan, Associate Professor, Department of Fertility and Social Demography	Member
15	Dr. Harihar Sahoo, Associate Professor, HoD, Department of Family and Generations	Member
16	Dr. Srinivas Goli, Associate Professor, Department of Fertility and Social Demography	Member
17	Dr. Dipti Govil, Assistant Professor & MA/MSc Co-ordinator	Member
18	Dr. Manas Ranjan Pradhan, Assistant Professor & MBD Co-ordinator	Member
19	Dr. Suryakant Yadav, Assistant Professor	Member
20	Dr. Preeti Dhillon, Assistant Professor & MSD Co-ordinator	Member
21	Dr. Guru Vasishtha, Assistant Professor & MBD Co-ordinator	Member
22	Dr. Kunal Keshri, Assistant Professor & MA/MSc Co-ordinator	Member
23	Mr. Sudarshan Bhadra, Assistant Registrar (Academic)	Invitee
24	Dr. Vijay Bhagat, Joint Director, DHPE Course Co-ordinator	Invitee
25	Dr. Shubhangi Baviskar, Deputy Commissioner (Imm.) PGDCHC Co-ordinator	Invitee



International Institute for Population Sciences (Deemed to be University)

Guideline of Monthly Fellowship for PG programmes

The International Institute for Population Sciences awards a monthly fellowship of ₹5,000/- to students enrolled in the postgraduate programmes(Regular). The fellowship is intended to offer financial support during the period of study and to assist students in meeting their basic living and academic expenses.

This financial assistance aims to reduce the economic burden on students and to promote access to quality education for deserving candidates.

Guidelines:-

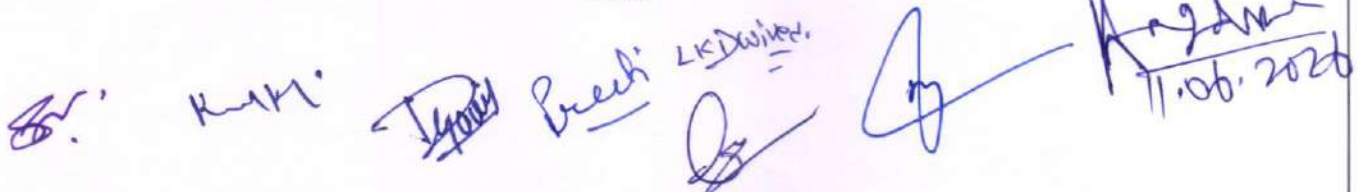
- The period of fellowship is 20 months(entire course) or till the end of the academic session, whichever is earlier. In other word, the period of the fellowship is 10 months in a year or till the end of the academic session , whichever is earlier.
- The releasing of monthly fellowship is subject to submission of valid documents such as bond, final marksheet, transfer-cum-migration certificate or any other important documents/ certificates as required by the Institute.
- Student is strictly not allowed to draw or receive any salary, emolument, stipend, etc. from any other source during the tenure of the award. If found violated, his/her admission/fellowship will be cancelled without any further notice.
- Monthly fellowship will be released based on the actual attendance per month in the class.
- No fellowship shall be payable during the summer vacation /semester break. However, the fellowship shall be payable during the Diwali vacation & study leave before examination.
- A maximum of four days of leave per semester shall be treated as leave with fellowship. Unutilized leave from previous semester shall not be carried forward to the next semester. Any kind of leave taken in excess of four days per semester shall be treated as leave without fellowship and no fellowship will be disbursed for this type of absence.
- In case of temporary withdrawal as mentioned in the examination manual, the student shall not eligible for fellowship during the period. The student shall become eligible to receive the fellowship from the date of resume of programme only after approval of the competent authority and fulfilling other terms and conditions.

K. K. T. Praveen Beethi L. K. Dwivedi Y Angam

- The student will have to execute a bond requiring him/her to refund the fellowship received by him/her, if the student discontinues before the end of the prescribed period. Further, the Institute will not issue the Transfer/Migration certificate or any other documents till the completion of refund process.
- In case any student fails to progress to next semester, the fellowship of such student will be suspended immediately after declaration of the results. The fellowship will be paid only after successfully progress to next semester as the provision of examination manual.
- If the student found guilty under Unfair means, the fellowship of such student will be suspended immediately and consider as unsatisfactory progress. The fellowship will resume only after passing the paper as per the examination manual.
- If the student failed in more than two paper or absent in any examination, his/her fellowship will be suspended immediately and consider as unsatisfactory progress. The fellowship will resume only after passing the paper as per the examination manual.

The fellowship may be terminated if:

- (i) The fellowship may be terminated at any time if the Institute is not satisfied with the progress or conduct of the student.
- (ii) If the conduct of the student is found unsatisfactory on the basis of indiscipline of any act as likely to undermine the prestige of the Institute, or endanger harmony of academic life of the Institute or is likely to violate the rules of the Institute or involvement in ragging, his/her admission and fellowship will be terminated without any further notice. In case the fellowship is terminated, he/she will be required to refund the whole amount of the fellowship drawn till date. Further, the Institute will not issue the Transfer/Migration certificate or any other documents till the completion of refund process.
- (iii) It is found at any stage of the programme that the student does not fulfill the eligibility criteria and any information/document provided by the applicant is found to be false or is not in conformity with the eligibility criteria mentioned in the Admission Bulletin including Age, Caste Category, Sub-Category, Educational Qualification, etc. the candidature of such a student will summarily be rejected at any stage of during the programme. The fellowship will be terminated and he/she will be required to refund the whole amount of the fellowship drawn till date . Further, the Institute will not issue the Transfer/Migration certificate or any other documents till the completion of refund process.


 A series of handwritten signatures and dates in blue ink. From left to right: a signature, the name 'Rishi', a signature, the name 'Beebi', a signature with 'L.K. D...' written above it, a signature, and a signature with the date '11.06.2020' written below it.



सत्यमेव जयते

भारत सरकार

GOVERNMENT OF INDIA

स्वास्थ्य एवं परिवार कल्याण मंत्रालय

MINISTRY OF HEALTH AND FAMILY WELFARE

राष्ट्रीय जन स्वास्थ्य प्रशिक्षण एवं अनुसंधान संस्थान
NATIONAL INSTITUTE OF PUBLIC HEALTH TRAINING & RESEARCH

332, S. V. P. Road, Khetwadi, Girgaon, Mumbai - 400 004

संख्या. एन.आय.पी.एच.टी.आर /DHPE./2026-27/78

Date:05/05 /2026

प्रति/To,

Prof. Dr. D.A. Nagdeve

Director & Sr. Professor (Additional Charge)

International Institute for Population Sciences,

Deonar, Mumbai 400 088, INDIA

Sub: Revised proposal of revision of the curriculum of DHPE Program at NIPHTR, Mumbai. Reg.

Ref.: Proposal of revision of the curriculum of DHPE Program at NIPHTR, Mumbai No. संख्या. एन.आय.पी.एच.टी.आर /DHPE./2026-27/33, date:13/04/2026.

Sir,

Thank you for the opportunity to present the cited proposal in Board of Studies and Academic council, IIPS, Mumbai on 24th and 30th April, 2026.

According to the comments, suggestions and discussions in the cited meetings, the draft proposal for curriculum revision of DHPE is modified and being sent to you.

You are requested to process the revised proposal and accord the approval for the revised curriculum of DHPE.

With regards.

Incorporate in the minutes of Academic Council.

AR (Acad)
Angam
07.05.2026

Yours faithfully,

Dr. Dhaval Thorat
Director
NIPHTR Mumbai-04



Government of India
Ministry of Health & Family Welfare

Post Graduate Diploma in Health Promotion Education

CURRICULUM

(Revised according to the comments of Board of Studies and Academic Council,

International Institute for Population Sciences, Mumbai)

NATIONAL CREDIT FRAMEWORK (N.Cr.F.) LEVEL - 6



तमसो मा ज्योतिर्गमय

**National Institute of Public Health Training and
Research, Mumbai**

332, S.V.P. Road, Khetwadi, | Plot no 6 & 6A, Sector 18, Khanda Colony,
Mumbai - 400 004, Maharashtra, | Panvel, Navi Mumbai- 410206, Maharashtra
India | India

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OVERVIEW OF DHPE

National Institute of Public Health Training and Research (NIPHTR) Mumbai, is the first Family Planning Training Centre and a Central Training Institutes (C.T.I.) established in June 1957 under Union Ministry of Health and Family Welfare at 332, S.V.P. Road, Khetwadi, Mumbai Maharashtra INDIA - 400 004. The one-year **Diploma in Health Education (DHE)** course was started in 1987 under the "Development of National Trained Health Manpower for the training of health education specialists and para-medical worker's" scheme of Ministry of Health & Family Welfare. Other institutes conducting the Diploma in Health Education course in 1987 were Gandhigram Institute of Rural Health and Family Welfare, Gandhigram Tamil Nadu (Since 1964), All India Institute of Hygiene & Public Health Calcutta (Since 1966) and Central Health Education Bureau, Delhi (Since 1971). The course is affiliated to International Institute for Population Sciences (IIPS), Mumbai, a Deemed University, under the Ministry of Health & Family Welfare, Govt. of India and was later renamed as **Diploma in Health Promotion Education (DHPE)** in 2000 after recommendation of WHO.

Although Family Welfare Training & Research Centre located in the campus of IIPS, Govandi Station Road, Deonar, Bombay 400 088 (now NIPHTR) was the first training center to be started by the Government of India, yet it took almost thirty years to get recognition for DHPE, the one year academic course with the help of Rural Health Division of Ministry of Health & Family Welfare, persuasive demand and persistent follow-up from FWTRC and tremendous support from the Director and staff of IIPS (Deemed University). The First Batch of DHPE was inaugurated on 3rd August, 1987.

With the successful eradication of Small pox and major achievement under the family planning/ welfare programme so also emergence of HIV/AIDS, Hepatitis B & C and major interventions under RCH and Urban Health; the DHE curriculum was revised for the first time during the workshop held on 26th and 27th June, 1997. In order to equip the experts of Health Promotion Education with the broad and global scope of health promotion required for the new millennium; the Diploma in Health Education was renamed to Diploma in Health Promotion Education in the second revision of this curriculum workshop held on 28th February and 1st March, 2000.

Along with the change in the name of the Family Planning Training Center to Family Welfare Training and Research Center the DHPE curriculum also was revised to align the course with the university standards with adoption of the Direct Grading System of Evaluation as per the guidelines of the University Grants commission. The third curriculum revision was conducted on 9th July 2004 and the proposed changes were implemented since the academic year 2004-05.

The current DHPE is a full time in-service residential course started since 1987 at NIPHTR, Mumbai. based on the basis of latest revised curriculum in 2004. The objective of the Diploma in Health Promotion Education course currently being carried out is to develop Health Education Specialists needed to provide effective Health Promotion Education activities. The course is divided into two semesters each semester is having four papers as follows:

Paper	Paper Title
SEMESTER I	
PAPER- I	Health & Hygiene with Basic Sciences
PAPER – II	Behavioural and Social Sciences
PAPER – III	Research Methods, Statistics & Demography
PAPER – IV	Epidemiology
SEMESTER – II	
PAPER V:	Health Promotion Education
PAPER VI:	Reproductive & Child Health Care (RCH) & Population Development Education
PAPER VII:	Health Policies and Programme
PAPER VIII:	Health Promotion Education Projects

With the triple burden of disease, India is facing unprecedented challenge of existing communicable diseases, emerging and re-emerging diseases including zoonotic diseases upon that there is also high burden of non-communicable diseases; the behavioral change through strategic communication is one of the important interventions towards prevention and control of all these diseases. In order to inculcate the desired behavior change in the community the health communication at both individual as well as the community level is not only essential but require a systematic approach in designing interventions addressing this emergent need.

The technological revolution offers additional support in terms of access to mass level communication in digital way, thereby requiring the technological upliftment among the health functionaries intended to prepare, disseminate and inculcate such healthy behavior into the populations. In this view there is change in the role of the grass root health worker in the skills to use such technologies towards effective communication with the communities.

Therefore, in the view to enable the health workers to equip them with the recent communication technologies and their efficiency in its optimal usage require urgent competency building among them. Accordingly, there is emergent need to revise the curriculum of the DHPE course in order to prepare skillful, tech-savvy health workforce in delivering this challenging task in modern way and to reach the desired population in most preferred and effective method.

In order to focus on the skill requirements of the Health Workers and their role in health education and promotion activities it was felt imperative to conduct the fourth revision of the DHPE Curriculum.

TRAINING NEED ASSESSMENT

The most accepted definition of Health Promotion as spelled out in the Ottawa Charter in its First International Conference on Health Promotion (1986)¹ is, "*The process of enabling people to increase control over, and to improve, their health.*" The Bangkok Charter (2005)² besides closing the implementation gap and call for action to the member states has also underlined four key commitments from the governments towards effectively addressing the determinants of health:

1. To bring Health promotion in the center of the global development agenda
2. To make Health promotion, a core responsibility for all governments
3. To concentrate on Health promotion as key focus of communities and civil society
4. To follow good corporate practice through Health promotion

As the Health promotion is the key for success of any of the health intervention, educating the individuals and communities towards addressing their own health concerns through concerted efforts; this emphasizes the utmost importance of imparting Health Promotion Education in the most acceptable and feasible way.

It is observed that in India there exists a clear-cut deficiency of teaching health promotion and communication and so also teaching of Health Promotion is at the rudimentary level as compared to the western world. There also requires a great deal of Health-Promotion-Communication teaching to foster the requisite skills and knowledge among the students to create awareness and positive behavior changes in the important prevailing health issues.³

Various digital channels such as social media, websites, mobile applications have the great power to reach millions at a global platform in no time. The health promotion messages can be spread as quick as lightening across the multiple users.

1. The Ottawa Charter for health Promotion World Health May 1987. <https://iris.who.int/server/api/core/bitstreams/182f242-3b44-49d6-8329-b6812d01a9e8/content>
2. The Bangkok Charter for Health Promotion in a Globalized World. Department of Non-Communicable Diseases and Mental Health Health Promotion and Education (HPE). World Health Organisation, Regional Office for South-East Asia, New Delhi 2005. <https://www.who.int/teams/health-promotion-enhanced-wellbeing/sixth-global-conference/the-bangkok-charter>.
3. Health promotion education in India: Present Landscape and Future Vistas. Pati S, Sharma K, Zodpey S, Chauhan K & Dobe M. Global J Health Sci 4(4);2012:159-67.

This all-time access to every information, individuals are empowered as never before and can make informed decision regarding their health. The health promotion education messages in the form of short videos & reels, short text quotes with infographics can create wonderful opportunities for the individuals and communities to get benefits towards health promotion and public health education. Various digital tools such as mobile health applications, wearable devices with the help of artificial intelligence have transformed the ways and means of health communications involve communities to implement the health interventions.⁴

As the current job responsibilities of the Health Worker (male and female) includes Delivering comprehensive Maternal & Child Health Services, Family planning , Medical Termination of Pregnancy, Nutrition, Implementation of Universal Programme of Immunization, Training of Traditional Birth Attendants, Prevention and control of Communicable Diseases, Screening for early diagnosis, prevention & Control of Non-Communicable Diseases, Recording and Reporting of Vital events, Record Keeping, Planning and management for appropriate implementation of the National Health Programmes, Environmental Sanitation etc. The supervisory role of Health Workers (Health Assistants) as an Health Education / Extension Officer towards Health Promotion Education are to implement the health education strategies, interventions and programs, administer health education strategies interventions and programs, conduct evaluation and research related to health education, serve as a health education resource person, to assess individual and community needs for health education, plan health education strategies interventions and programs, communicate and advocate for health and health education.⁵ The effective use of these digital tools in health promotion education will not only help the health functionaries in equipping themselves with the latest technologies will also empower them to be smarter in delivering appropriate health information through the digital means across the desired communities.

4. Akujobi Sopuruchi, Deborah. (2025). Health Promotion and Public Health in the Digital Age: A Scoping Review of Opportunities and Challenges. 10.13140/RG.2.2.21536.70408/1.

5. Park's Textbook of Preventive and Social Medicine. K. Park 24th Edition. Banarasidas Bhanot Publication. 726-33.

As envisaged in the National Education Policy 2020, the multi-disciplinary, choice based, learner centric approach, inclusion of digital and technology reforms; the DHPE curriculum required revision in terms of contents, teaching-training methodologies, practical and field-based learning and the course outcomes. Accordingly, the revision in the DHPE curriculum was performed by experts in various fields including the Academicians, scientists, teaching professionals, state and central Government officers including those involved in the capacity building, preparation and dispensation of IEC & communication technologies etc. taking into consideration, the National Credit Framework (NCrF).⁶

Therefore, the review of the curriculum was proposed to the Ministry of Health and Family Welfare, Government of India. The proposal was supported and was approved by the competent authority.⁷

6. National credit framework: The report of High-Level Committee Comprising Members from UGC, AICTE, NCVET, DoSEL & DoHE, MoE, MSDE, CBSE, NCERT, NIOS and DGT. Secretary, University Grants Commission, Bahadur Shah Zafar Marg, New Delhi-110002. 2023.

7. A-11033/19/2017-Trg.-Part(2), dated:16.01.2024 from the Under Secretary, Training Division, Ministry of Health & Family Welfare, Govt. of India

TASK ANALYSIS

The process of revision of the Curriculum of DHPE started with the workshop of the multi-disciplinary experts during 21st to 23rd January, 2026 at NIPHTR, Panvel Campus.

Following external experts from various organizations have contributed in the revision of the cited curriculum -

1. Dr. Gowri Sengupta, DDG (PH) & Director, Central Health Education Bureau (Ministry of Health & Family Welfare, Government of India), Directorate General of Health Services, New Delhi 110002.
2. Dr. D. A. Nagdeve, Director & Sr. Professor (Additional Charge), International Institute for Population Sciences (Ministry of Health & Family Welfare, Government of India), Mumbai.
3. Prof. Dr. C.S. Taklikar, Head of Dept. & Course Co-Ordinator, Health Promotion Education, All India Institute of Hygiene and Public Health, (Directorate General of Health Services, Ministry of Health & Family Welfare, Govt. of India), Kolkata.
4. Dr. K. Vanaja, Director, Gandhigram Institute of Rural Health and Family Welfare Trust (Autonomous institute under the aegis of Ministry of Health & Family Welfare, Government of India), Gandhigram, Tamil Nadu.
5. Dr. Kailash Baviskar, Deputy Director, IEC Bureau, (Government of Maharashtra) Arogya Bhavan, Opp. Vishrantwadi Police Station., Yeravada Pune 411 006.
6. Mr. Ramdas Zade, Faculty, State Training Institute, (Government of Maharashtra) Nagpur.
7. Dr. Abhishek Khanna, National Professional Officer, Health Promotion and Social Determinants, World Health Organisation, South-East Asia Regional Office, N. Delhi. (Online)
8. Dr. Suvajee Good, Advisor, Health Promotion and Social Determinants, World Health Organisation, South-East Asia Regional Office, N. Delhi. (Online)
9. Dr. Sunil Khaparde, Former Director, Family Welfare Training and Research Centre, Mumbai
10. Dr. Deepak Raut, Former Director, National Institute of Public Health Training and Research, Mumbai.
11. Dr. Sushma Acquilla, Chair, British Medical Association, Conference Committee England UK (Online).

12. Dr. T.R. Dilip, Associate Professor & Head, Department of Family & Generations, International Institute for Population Sciences (Ministry of Health & Family Welfare, Government of India), Mumbai.
13. Dr. Harihar Sahoo Associate Professor, Department of Family & Generations, International Institute for Population Sciences (Ministry of Health & Family Welfare, Government of India), Mumbai.
14. Dr. Sathya, Course Co-Ordinator, Gandhigram Institute of Rural Health and Family Welfare Trust, Gandhigram
15. Dr. M. Shridevi, Lecturer, Gandhigram Institute of Rural Health and Family Welfare Trust, Gandhigram

Following team of the internal faculties of NIPHTR contributed towards paper wise revision of the curriculum.

1. Dr. Dhaval M. Thorat, Director, National Institute of Public Health Training & Research, Mumbai.
2. Dr. Superna Khera CMO (HAG), NIPHTR, Mumbai.
3. Dr. Vijay Bhagat Joint Director & Course Coordinator-Diploma in Health Promotion Education, NIPHTR, Mumbai.
4. Dr. Shubhangi Baviskar, Deputy Commissioner (Imm.), NIPHTR, Mumbai.
5. Dr. Amol Ade, Chief Medical Officer, NIPHTR, Mumbai.
6. Dr. Sonal G Somwanshi, Medical Officer, NIPHTR, Mumbai.
7. Mrs. Rosy Joseph, Sr. Public Health Nurse Officer, NIPHTR, Mumbai.
8. Mrs. Asha Khandagale, Sr. Public Health Nurse Officer, NIPHTR, Mumbai.
9. Mr. V.V. Naikwadi, Library & Information Assistant, NIPHTR, Mumbai.
10. Mr. Sanjay Bhonge, Social Worker, NIPHTR, Mumbai.
11. Mrs. Tejaswini Meshram, Public Health Nurse Officer, NIPHTR, Mumbai.
12. Mrs. Nakusha Saindane, Social worker Instructor, NIPHTR, Mumbai.
13. Mr. Ganesh Chavhan, Social worker Instructor, NIPHTR, Mumbai.
14. Ms. Reshma Shinde, Lab. Technician, NIPHTR, Mumbai.
15. Mr. Rajaram Gavade, Statistical Assistant, NIPHTR, Mumbai.
16. Ms. Ashlesha Pharande, Lady Health Visitor, NIPHTR, Mumbai.
17. Mr. Srinivas Mehetre, Jr. Artist, NIPHTR, Mumbai.

The deliberations over three days during the curriculum review workshop started with overview of the existing curriculum of all the organizations conducting DHPE course. The views of Central Health Education Bureau, the South-East Asia Regional Office of the World Health Organisation dealing with Health Promotion and Social Determinants and external independent expert from The British Medical Association were also taken into consideration while structuring the curriculum review process. The roles and responsibilities of the team were defined towards conduction of the small group discussion. The individual member was also provided opportunity to provide the feedback and suggestions to other team contents in the brain-storming session. The internal & external faculties designated for the compilation of the discussions and recommendations of the team for particular paper is as below:

Curriculum review paper wise expert faculties

Paper code	Title	Internal experts	External Experts
SEMESTER - I			
SBS-F 101	Social and Behavioral Sciences	Mrs. Nakusha Saindane Mr. Ganesh Chavan	Dr. T.R. Dilip
PEW-C 102	Population, Environmental Health & WASH	Mrs. Asha Khandagale Mrs. Tejaswini Meshram Mrs. Reshma Shinde	Dr. Kailash Baviskar Dr. M. Shridevi
HPR-C 103	Health Promotion	Dr. Amol Ade Mr. Sanjay Bhonge	Dr. Sunil Khaparde Dr. Harihar Sahoo
EPD-C 104	Epidemiology	Dr. Vijay Bhagat Dr. Aby Robinson	Dr. Deepak Raut
BST-E 105	Biostatistics	Dr. Dhaval Thorat	Dr. K. Vanaja
HRM-E 106	Health Research Methods	Mr. Vijay Naikwadi Mr. Rajaram Gawde	Prof. Sushma Acquilla
SEMESTER - II			
HCM-C 201	Health Communication	Dr. Amol Ade Mr. Sanjay Bhonge	Dr. Satya
NHP-C 202	National Health Programs and Policies	Dr. Shubhangi Baviskar Dr. Sonal Sonwanshi	Dr. Abhishek Khanna
CAS-C203	CFT, AV, SFT	Mr. Sanjay Bhonge Mrs. Nakusha Saindane	Dr. Suvajee Good
RCH-C 204	RCH and Nutrition	Dr. Suparna Khera Mrs. Ashlesha Pharande	Dr. D.A. Nagdeve Mr. Ramdas Zade
ADM-E 205	AI and Digital Media for Health Promotion	Dr. Amol Ade Mr. Sanjay Bhonge	Dr. Gowri Sengupta
HPV-E 206	Health promotion of vulnerable & Marginalized population	Dr. Suparna Khera Mrs. Ashlesha Pharande	

F-Foundation, C-Core, E- Elective. PEW-Population & Environmental health, SBS-Social and Behavioral Sciences, HPR-Health Promotion, EPD-Epidemiology, BST-Biostatistics, HRM-Health Research Methods, HCM-Health Communication, NHP-National Health Programs, CAS-CFT, AV, SFT, -RCH-RCH and Nutrition, ADM-AI and Digital Media for Health Promotion, HPV-Health promotion of vulnerable & Marginalized population, Core subjects: Must for all the students and cannot be changed,

Elective subjects: One elective subject should be opted in each semester from a pair.

SALIENT FEATURES OF PROPOSED CURRICULUM REVIEW

The salient features of the Proposed course curriculum for the Diploma in Health Promotion Education are as below:

1. The teaching programme may be designated as the Post Graduate Diploma in Health Promotion Education (PGD-HPE).
2. The curriculum is to be focused on the addressing current need of the community and the requirement of the competencies of the trainees to fulfill the community need in terms of optimal technological use and practical/skill-based learning.
3. The curriculum of the proposed PGD-HPE to be aligned with the National Education Policy 2020.
 - i. Accordingly, courses under PGD-HPE to be divided into Foundation Course, Core Course and the Elective Course.
 - ii. Introduce choice-based selection of course to enable the trainee greater flexibility in choosing the course of their interest.
 - iii. A credit allocated to the theory sessions will comprise of 15 hours of teaching. 30 hours of practical session will provide one credit to the learner whereas, 40 hours of experiential learning in the SFT and CFT will provide one credit to the trainees of PGD-HPE.
 - iv. Introduction of continuous evaluation method, where the trainee will be evaluated continuously in the formative method during the teaching sessions based on their performance of the particular activity. Also, the summative evaluation is to be based on assessment of knowledge and performance minimizing the emphasis on English language skill or grammatical dependency.
 - v. More emphasis on the practical & Field based learning with hands on training for greater exposure to the technology with efficient use of modern-day tools.

ELIGIBILITY CRITERIA FOR POST GRADUATE DIPLOMA IN HEALTH PROMOTION EDUCATION

One-year Post-Graduate Diploma Course in Health Promotion Education to be affiliated to International Institute for Population Sciences, Mumbai (Deemed University) will have following eligibility criteria.

The entry level for the PGD-HPE according to the National Credit Framework under NEP 2020 will be 5.5.

General Admission rules and eligibility criteria:

1. Candidate should be Graduate from a UGC recognized University. Preference will be given to candidates having degree in the field of AYUSH and Medical/Allied Health Sciences / Education / Welfare / Nursing or any other paramedical field.
2. Minimum three years of experience in Health-related field for in-service candidates.
3. Age not more than 40 years. Five years age relaxation for candidates belonging to SC/ST and three years for OBC candidates. (Age as on 31st March 2026)
4. In-service candidate of Central/State government, Health and Family Welfare Department directly involved in the delivery of health care services will be preferred.
5. A few seats are reserved for international candidates.
6. Persons working in recognized National and State Level Organisation working in the field of Public Health will also be given preference.
7. Reservation for SC/ST/OBC (Non-Creamy Layer)/EWS and PWD will be provided as per Government of India rules. A Valid appropriate Certificate from the recognized Authority must be attached at the time of submission of application form to claim the respective reservation.
8. Candidates with any of the above qualifications from Government & Non- Government organizations working in Rural areas / underperforming districts in the community health will be given preference in admission.
9. Application duly completed along with enclosures should be forwarded through proper channel by competent authority so that candidate will be relieved in case of his/her selection.
10. The medium of instructions for the course is English. Reading & writing competency in English is necessary.
11. Selection Committee decision will be final for all matters related to selection of candidates to PGD-HPE.
12. P.G.D.H.P.E. Course is a full time Residential Training course of one year duration.
13. Students will not be permitted to seek employment or to participate in any course studies either full time or part time during the period he/she is enrolled at the institute for said course.

PROPOSED CURRICULUM MATRIX

Paper code	Title	Course type	Credits	Hours (Credits)		Weightage (%)	
				Theory	Practical	Internal Assessment (IA) Exam.	Semester Exam
				Lecture	Tutorial/Field activities		
SEMESTER – I							
SBS-F 101	Social and Behavioral Sciences	F	4	30 (2)	60 (2)	40 Avg. of IA1 & IA2	60
PEW-C 102	Population Environmental Health & WASH	C	4	30 (2)	60 (2)	40 Avg. of IA1 & IA2	60
HPR-C 103	Health Promotion	C	4	45 (3)	30 (1)	40 Avg. of IA1 & IA2	60
EPD-C 104	Epidemiology	C	4	30 (2)	60 (2)	40 Avg. of IA1 & IA2	60
BST-E 105	Biostatistics	E	4	30 (2)	60 (2)	40 Avg. of IA1 & IA2	60
HRM-E 106	Health Research Methods	E	4	30 (2)	60 (2)	40 Avg. of IA1 & IA2	60
Semester learning		F+C+E	20	165 Hrs.	255 Hrs.		
Total Semester Credits		Total	20	11	9		
SEMESTER - II							
HCM-C 201	Health Communication	C	4	30 (2)	60 (2)	40 Avg. of IA1 & IA2	60
NHP-C 202	National Health Programs and Policies	C	4	30 (2)	60 (2)	40 Avg. of IA1 & IA2	60
CAS-C 203	CFT, AV, SFT	C	6	15 (1)	200 (5)*	40 Avg. of IA1 & IA2	60
RCH-C 204	RCH and Nutrition	C	4	30 (2)	60 (2)	40 Avg. of IA1 & IA2	60
ADM-E 205	AI and Digital Media for Health Promotion	E	4	30 (2)	60 (2)	40 Avg. of IA1 & IA2	60
HPV-E 206	Health Promotion of Vulnerable & Marginalized Population	E	4	30 (2)	60 (2)	40 Avg. of IA1 & IA2	60
Semester Learning		C+E	18	135 (7)	380 (11)		
Semester Credits		Total	22	9	13		
Total course credits		F+C+E	42	300 (20)	635 (22)		

* Experiential learning

Overall Course Credits (42)- Foundation Course: 9.52%, Core Courses: 71.43%, Elective Courses:19.04%.

Evaluation Method: Formative (Internal) Assessment: 40% {Practical performance based}

Summative Assessment: 60% [Theory: 60% (MCQ, SAQ, LAQ)

Practical:40% (Field performance, Viva-voce)]

TRAINING OUTCOME

The Post-Graduate Diploma in Health Promotion Education is estimated to achieve following outcome at the end of the academic program:

1. To build the pool of resource persons in social and behavioral sciences with the knowledge and skills of health promotion education.
2. To develop experts efficient in communicating interventions in health promotion education within the communities and health care settings to achieve and maintain Universal Health.
3. To facilitate the health care workers in delivering the role as a community leader in optimal implementation of National Health Programs and Policies in timely achieving the Sustainable Development.
4. To build competencies among the trainees to use appropriate Health Research Methods in contribution towards formulating Evidence Based Public Health Policies.
5. To equip the health functionaries in optimal use of audio-visual aids in imparting health promotion education.

DETAIL COURSE (PAPER) WISE SYLLABUS OF THE PROPOSED PGDHPE

PAPER F 101 SOCIAL AND BEHAVIOURAL SCIENCES (SBS-F 101)

Total Credit 4 (Theory: 2 Credits & Practical: 2 Credits):

Title – Paper – F 101 Social and Behavioural Sciences	DURATION - 90 Hrs. (CREDITS - 4)	
Unit wise topics	Theory - 30 Hrs. (Credits - 2)	Practical - 60 Hrs. (Credits - 2)
1.1. Behavioural & Social Sciences	15 Hrs.	12 Hrs
1.2. Group Process	10 Hrs.	20 Hrs.
1.3. Community Organisation	05 Hrs.	28 Hrs.

DETAIL CURRICULUM AND TEACHING METHODOLOGY

Unit/Sub topic	Theory	Practical	Teaching methodologies
Unit 1.1 Behavioural & Social Sciences	15 Hrs	12 Hrs	
1.1.1. Aim and scope of Behavioural Sciences in the field of public health. Covert and Overt behaviour.	Lecture discussion	Orientation visits at Juvenile home, Drug deaddiction cell and NGOs	Lecture-discussion Field visits
1.1.2. Culture and its importance in area of health- Socio-cultural change			
1.1.3. Process of socialization,			
1.1.4. Values, Value orientations and norms.			
1.1.5. Belief and attitudes.			
1.1.6. Perception.			
1.1.7. Motivation (Maslow Theory to be conducted by group assignment)			
1.1.8. Sociology and its impact on Health Social structure, Status and Roles, Social stratification, social control.			
1.1.9. Social Issues / Problems- Causes, Effects, Prevention and Rehabilitations: Child abuse, Juvenile delinquency, street children's issues, child labour, Substance abuse, Illiteracy, Poverty, Dowry systems e, stigma and discriminations			

SBS-F 101 (Cont'd)

Unit 1.2 Group Process	10 Hrs	20 Hrs	Teaching methodologies
<p>1.2.1. Introduction to Group Process -</p> <ul style="list-style-type: none"> a) Objective and Methodology of organising the unit. b) The laboratory group - its purpose and norms to be followed. c) Why the health educator needs skills and knowledge in group process. <p>1.2.2. Participation in groups: Role play conducted by trainees and open discussion to all trainees</p> <p>1.2.3. Individual & the group</p> <p>1.2.4. Leadership and group performance: Role play conducted by trainees</p> <p>1.2.5. Task and emotional levels of functions in relation group development & productivity</p> <p>1.2.6. Differentiation of roles in groups: Group activity</p> <p>1.2.7. Roles related to group structure and functions: Group Activity</p> <p>1.2.8. Communication patterns in groups</p> <p>1.2.9. Diagnosing group needs</p> <p>1.2.10. Decision making in groups: assignment preparation and presentation</p> <p>1.2.11. Reference groups</p> <p>1.2.12. Measurement of group growth</p> <p>1.2.13. The small group in process of planned change - Application of a few principles of group process in health education practice.</p> <p>1.2.14. Understanding inter- group relationship in the organizational set up.</p>	<p>Lecture discussion</p>	<p>Group in-house activity</p>	<p>Lecture-discussion Conduction of group in-house activities Group Activity</p>

Unit 1.3 Community Organisation	05 Hrs	28 Hrs	Teaching methodologies
1.3.1. Concept of a community. 1.3.2. Overview of the community in the context of Indian Society. a) Social Institutions b) Political Organisation c) Socio-economic developments 1.3.3. Community Organisation: Definition - Concepts and principles. 1.3.4. Community Diagnosis. 1.3.5. Power structure of the community. 1.3.6. Concept of community leadership: Methods of identifying leaders. 1.3.7. Mobilising community resources. 1.3.8. Community Participation and Non-Govt. Organisation (NGO's)	Lecture discussion	Orientation visits the different social institutions- educational tour in rural and Tribal belt	Lecture discussion Brain storming Group exercise

PAPER C 102- POPULATION, ENVIRONMENTAL HEALTH AND WASH (PEW-C 102)

Total Credit 4 (Theory: 2 Credits & Practical: 2 Credits):

Title – Paper -C 102 Population, Environmental Health and WASH	DURATION - 90 Hrs. (CREDITS-4)	
Unit wise topics	Theory - 30 Hrs. (Credits -2)	Practical 60 Hrs. (Credits -2)
Unit - 2.1 Concept of Health and Diseases	2 Hrs.	3 Hrs.
Unit - 2.2 Demography	8 Hrs.	7 Hrs.
Unit - 2.3 Environmental Health & WASH	10 Hrs.	35 Hrs.
Unit - 2.4 Health Emergencies and First-Aid Management	10 Hrs.	15 Hrs.

DETAIL CURRICULUM AND TEACHING METHODOLOGY

Unit/Sub topic	Theory	Practical	Teaching methodologies
Unit 2.1 Concept of Health and Diseases 2.1.1. Definition of Health and Diseases 2.1.2. Dimensions of health, Primary Health Care, Comprehensive Health, Levels of Health Care 2.1.3. Positive health- concept of wellbeing 2.1.4. Determinants of health 2.1.5. Concept of health & Health determinants in relation to Urban, Rural, Tribal, Nomads etc. 2.1.6. Types of illnesses- acute and chronic infections 2.1.7. Health care level (Primary, Secondary & Tertiary -Urban, Rural & Tribal) 2.1.8. Roll of health educators in promoting health and preventing illnesses	2 Hrs. Lecture discussion	3 Hrs. Developing projects about health diseases and wellness, Assessment of wellness Centre /PHC to observe people perception for health and wellbeing	Lecture discussion Group exercise Observational visit

<p>Unit 2.2 Demography</p> <p>2.2.1. Introduction to Demography.</p> <p>a) Sources of Demographic data.</p> <p>b) Importance of Demography in public health</p> <p>c) Use of demographic data in health planning, media reporting & extension activities</p> <p>2.2.2. Population composition and distribution</p> <p>2.2.3. Population problem and national scenario.</p> <p>2.2.4. Factors affecting Fertility, Mortality and Migration</p> <p>2.2.5. Population projection & estimation.</p> <p>2.2.6. Vital Registration System.</p> <p>2.2.7. National Population Policies.</p>	<p>8 Hrs.</p> <p>Lecture discussion</p>	<p>7 Hrs.</p> <ul style="list-style-type: none"> • Drawing and interpreting population pyramid linking population structure to health needs • Reading census tables, identifying key indicators for media /field use • Prepare a demographic factsheet, Village population profile, demographic data-based awareness posters Using demographic data in press notes, IEC material, presentations. 	<p>Lecture discussion</p> <p>Brain storming</p> <p>Group exercise</p>
<p>Unit 2.3 Environmental Health and WASH</p> <p>2.3.1. Introduction to Environmental Health & WASH:</p> <p>Definition and importance of -</p> <p>a) WASH</p> <p>b) Environmental Health</p> <p>2.3.2. Personal hygiene and its impact on health.</p> <p>2.3.3. Causes of poor health, Diseases related to poor hygiene.</p> <p>2.3.4. Water: Sources of water, Purification methods, water standards, Water contamination and its prevention.</p> <p>2.3.5. Promotion of Safe water handling, storage and sanitation practices in communities</p> <p>2.3.6. Disposal of Waste – Solid, Liquid, Excreta</p> <p>2.3.7. Sanitary Latrines</p> <p>2.3.8. Healthy Housing in relation to health</p> <p>2.3.9. Animal keeping and its effect on environment.</p> <p>2.3.10. Effects of Air and Noise Pollution</p>	<p>10 Hrs.</p> <p>Lecture discussion</p>	<p>35 Hrs.</p> <ul style="list-style-type: none"> • Assessment of WASH practices in the community • Assessment of Water treatment plant. • Assessment of construction of a sanitary latrine. • Assessment of sewage treatment plant and a compost yard incinerator. • Assessment of School • Demonstration of hand washing, water purification methods, hygiene education, • Community based WASH initiative and implementation of them at community, schools work areas through charts and models, 	<ul style="list-style-type: none"> • Lecture discussion • Role play • Demonstration • Skit • Group exercise • Case study • Observational visits

Unit 2.3 Environmental Health and WASH	Theory	Practical	Teaching methodology
2.3.11. Food Hygiene and Sanitation- households and public gatherings, Hygiene practices of Food Handlers. 2.3.12. School Sanitation 2.3.13. Role of Health educator in Environmental Health		Continued from above... <ul style="list-style-type: none"> • Demonstration of health and hygiene by poster exhibition using IEC/BCC/SBCC 	
Unit 2.4 Health Emergencies and First-Aid Management 2.4.1. Orientation to body organs and their functions 2.4.2. Definition, Principles and importance of first aid in community health 2.4.3. Qualities of First Responder and Role of First Responder in management of health emergencies 2.4.4. Legal and ethical aspects of First aid 2.4.5. Prevention and management of <ul style="list-style-type: none"> a) Wounds, bleedings and circulatory failure. b) Accidents and injuries to bones. - Fractures, sprains, dislocations c) Burns, Scalds (thermal, chemical electrical) d) Poisoning- Snake bites, insect bites, animal bites – dog bites, food, gas e) Drowning f) Chocking 2.4.6. Transportation of injured to hospital 2.4.7. Action and Management of medical emergencies - fainting, epileptic fits, asthma, heart attack, stroke (FAST method), Diabetic emergencies (hypo/hyperglycaemia), heat stroke/sun stroke, hypothermia 2.4.8. Triage & CPR- adult, child, infant 2.4.9. First aid kit, bandaging and community preparedness 2.4.10. First aid education to community through IEC and demonstration skills	10 Hrs. Lecture discussion	15 Hrs. <ul style="list-style-type: none"> • Handson training in skill lab demonstration, • Role plays on emergency scenes & emergency response at community, schools, workplaces, • First aid awareness campaign in community 	<ul style="list-style-type: none"> • Lecture discussion • Demonstrations • Return demonstrations • Role play • Poster exhibition • Simulation

PAPER C 103- HEALTH PROMOTION (HPR-C103)

Total Credit 4 (Theory: 3 Credits, & Practical: 1 Credit):

Title – Paper – C 103 Health Promotion	DURATION - 90 Hrs. (CREDITS - 4)		Teaching methodology
	Theory	Tutorial/Field activity	
Unit wise topics	45 Hrs.	30 Hrs.	Lecture Discussion
3.1. Basic of Health Education and Health Promotion	Lecture Discussion	Field assessment visits Tutorials Individual /Group in-house activity	Field assessment visits
3.2. Basic of Health Promotion among Vulnerable & Marginalized populations			Tutorials
3.3. Health Promotion Education Declarations			Individual /Group in-house activity
3.4. Models of Health Promotion			
3.5. Health Promotion Approaches			
3.6. Health Literacy			
3.7. Health Promotion Programme Planning			
3.8. Ethics in Health Promotion, Roles and Responsibilities of Health Education specialist			
3.9. Health education practices			
3.10. Curriculum Development			
3.11. Lesson plan - principles and steps			
3.12. Teaching learning methods			
3.13. E-learning			
3.14. Mobile app-based Learning			
3.15. Peer Assisted Learning			
3.16. Tele Mentoring			
3.17. Over view F.P.D.A.			
3.18. Designing Job oriented training programme			
3.19. Method of Report writing- General project, CFT, SFT.			
3.20. Non-formal Education			
3.21. Adult Education			
3.22. Peer Education			

DETAIL CURRICULUM AND TEACHING METHODOLOGY

Unit/Sub topic	Theory.	Practical activity	Teaching Methodology
3.1. Basic of Health Education & Health Promotion <ul style="list-style-type: none"> • Definition of Health Education & Health Promotion • Concept & Scope of Health Education & Health Promotion • Objectives of Health Education & Health Promotion • Principles of Health Education & Health Promotion 	45 Hrs. Lecture Discussion	30 Hrs. Presentation of practical assignment	Lecture Discussion Presentation of practical assignment
3.2. Basic of Health Promotion among Vulnerable & Marginalized populations <ul style="list-style-type: none"> • Definition of Vulnerable & Marginalized • Objectives of Health Promotion among vulnerable and marginalized population • Strategies towards Health Promotion among vulnerable and marginalized population • Implementation of Health Promotion strategies for vulnerable & marginalized population • Evaluation of Health Promotion strategies for vulnerable & marginalized population 			
3.3. Health Promotion Education Declarations <ul style="list-style-type: none"> • Ottawa Charter, • Alma-Ata Declaration, • Shanghai Declaration, (5 Action areas and 3 Strategies) 			
3.4. Models of Health Promotion- <ul style="list-style-type: none"> • Model of Precede and Proceed, • Health Belief Model, • Theory of Reasoned action and Theory of Planned action, • Diffusion of Innovations, • Social Cognitive theory, • Trans-theoretical model (Stages of Change) 			
3.5. Health Promotion Approaches- <ul style="list-style-type: none"> • Health Promotion Approaches • Settings based Health Promotion: Community, Hospital, Industries, Market, Railway Stations, Healthy Public Places, schools, etc. 			

<p>3.6. Health Literacy</p> <ul style="list-style-type: none"> • Definition of Health Literacy • Importance of Health literacy 	<p>Lecture Discussion.</p>	<p>Presentation of practical assignment</p>	<p>Lecture Discussion Presentation of practical assignment</p>
<p>3.7. Health Promotion Programme Planning</p> <ul style="list-style-type: none"> • Situation analysis and Need Assessment • Community Diagnosis • Preparation of KAP schedule • Programme planning • Programme implementation 			
<p>3.8. Ethics in Health Promotion, Roles and Responsibilities of Health Education specialist</p> <ul style="list-style-type: none"> • Ethics in Health Promotion Education • Role and responsibilities of Health Education specialist 			
<p>3.9. Health education practices: to integrate and interpret theories with field work experience in the area</p>			
<p>3.10. Curriculum Development</p>			
<p>3.11. Lesson plan - principles and steps</p> <ul style="list-style-type: none"> • Determination of Lesson plan • Importance of Lesson plan • Principles of Lesson planning • Steps in lesson planning 			
<p>3.12. Teaching learning methods -Introduction</p> <ul style="list-style-type: none"> • Lecture discussion, Group discussion, Problem solving, Brain storming, Demonstration & Return demonstration, Symposium, Panel Discussion, Seminar, Case study, Role Play, Conference, Workshop, Simulation, Dialogue, Debate, Colloquy, Microteaching 			
<p>3.13. E-learning</p> <ul style="list-style-type: none"> • Concept of E-learning • Tools of eLearning, • Advantage and disadvantages of eLearning 			

<p>3.14. Mobile app-based Learning</p> <ul style="list-style-type: none"> • Concept of Mobile app-based learning • Advantage and Disadvantages • Examples of Mobile apps 	<p>Lecture Discussion</p>	<p>Presentation of practical assignment</p>	<p>Lecture Discussion Presentation of practical assignment</p>
<p>3.15. Peer Assisted Learning</p> <ul style="list-style-type: none"> • Definition of Peer assisted learning • Role of Peer in Learning process • Advantage and disadvantages 			
<p>3.16. Tele Mentoring</p> <ul style="list-style-type: none"> • Concept of Tele mentoring • Advantages and Disadvantages of Tele Mentoring 			
<p>3.17. Over view F.P.D.A.</p>			
<p>3.18. Designing Job oriented training programme</p>			
<p>3.19. Method of Report writing- General project, CFT, SFT.</p>			
<p>3.20. Non-formal Education</p>			
<p>3.21. Adult Education</p>			
<p>3.22. Peer Education</p>			

PAPER C 104: EPIDEMIOLOGY (EPD-C 104)**Total Credit 4 (Theory: 2 Credits & Practical: 2 Credits):**

Title – Paper – C 104 Epidemiology	DURATION - 90 Hrs. (CREDITS - 4)	
Unit wise topics	Theory - 30 Hrs. (Credits - 2)	Practical - 60 Hrs. (Credits - 2)
4.1. Basics of Epidemiology	5 Hrs.	12 Hrs
4.2. Epidemiology of Communicable diseases	16 Hrs.	24 Hrs.
4.3. Epidemiology of non-communicable disease	05 Hrs.	12 Hrs.
4.4. Occupational Health	04 Hrs.	12 Hrs.

DETAIL TOPIC WISE CURRICULUM AND TEACHING METHODOLOGY

Unit/Sub topic	Theory	Practical	Teaching methodologies
Unit - 4.1. Basics of Epidemiology 4.1.1 Basics of disease spread, epidemiological triad etc. 4.1.2 Rates, Ratios, Proportions 4.1.3 Measures of Morbidity & mortality 4.1.4 Incidence, Prevalence, Attack Rates 4.1.5 Make a spot map for health emergencies 4.1.6 One health	5 Hrs. Lecture Discussion	12 Hrs. Individual epidemiological exercises	- Lecture Discussion - Individual epidemiological exercises

<p>Unit - 4.2. Communicable diseases</p> <p>4.2.1. General principles</p> <p>4.2.2. Gastro-intestinal diseases: Polio, Typhoid, Viral hepatitis, Acute Diarrhoeal Disease, Cholera, Helminthic diseases, ORS, Water Chlorination, Stool Sample-processing, Deworming</p> <p>4.2.3. Respiratory diseases: Small Pox, Chicken Pox, Measles, Meningococcal Meningitis, Acute Respiratory Infection, Diphtheria, Whooping Cough, Tuberculosis, Influenza infections, Covid, SARs, MERs.</p> <p>4.2.4 Arthropod & zoonotic diseases: Japanese Encephalitis, Malaria, Filariasis, Leishmaniasis, Dengue, Chikungunya,</p> <p>4.2.5 Personal Protection Measures, Integrated Vector Management, Vector Surveillance</p> <p>4.2.6 Rabies: Pre-Exposure Prophylaxis, Post Exposure Prophylaxis, Wound Management.</p> <p>4.2.7 Plague & Anthrax, Kaya Sanur Forest Disease, Yellow Fever</p> <p>4.2.8 Surface infection: Leprosy, Tetanus, Scabies, H-F-M Disease, Conjunctivitis, Trachoma.</p> <p>4.2.9 STI - HIV/ AIDS</p>	<p>16 Hrs. Lecture Discussion</p>	<p>24 Hrs. Field visit: - ID hospital, - NTEP cell, - STO office - Assessment of state program office (NHM, NVBDCP, NTEP, NLEP, NRCP, State IDSP Cell)</p>	<p>- Lecture Discussion - Field visits</p>
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<p>Unit - 4.3. Non-communicable disease</p> <p>4.3.1. Non-Communicable Diseases and Risk factors for NCDs</p> <p>4.3.2. Obesity, Diabetes: Healthy diet, regular exercise, Tobacco, Alcohol etc.</p> <p>4.3.3. Hypertension, Stroke: Measure BP, height, weight, calculate BMI, screening for NCD</p> <p>4.3.4. Coronary Heart Disease / Ischemic Heart Disease: Method to provide CPR.</p> <p>4.3.5. Cancer - oral, lung, breast, cervical types, risk factors and screening</p> <p>4.3.6. Respiratory Diseases: COPD, Restrictive lung diseases and Other non-communicable respiratory diseases</p> <p>4.3.7. Visual impairment and blindness, Road Traffic Accidents and injuries.</p>	<p>5 Hrs.</p> <p>Lecture</p> <p>Discussion</p>	<p>12 Hrs.</p> <p>- Demonstration</p> <p>- Assessment of PH Museum</p>	<p>- Lecture</p> <p>Discussion</p> <p>- Healthy diet, regular exercise</p> <p>- Measure BP, height, weight, calculate BMI, screening for NCD</p> <p>- Method of instituting CPR</p>
<p>Unit - 4.4 Occupational Health</p> <p>4.4.1. General consideration of Occupational diseases, their prevention & control</p> <p> a. Physical hazards</p> <p> b. Chemical hazards</p> <p> c. Biological hazards</p> <p> d. Mechanical hazards</p> <p> e. Psychological hazards</p> <p> f. Radiological hazards</p> <p>4.4.2. ESI Act with amendments, The Occupational Safety, Health and Working Conditions Code, 2020</p>	<p>4 Hrs.</p> <p>Lecture</p> <p>Discussion</p>	<p>12 Hrs.</p> <p>Assessment of industrial health museum at CLI /Assessment of Lubrizol factory</p>	<p>- Lecture</p> <p>Discussion</p> <p>- Field Visits</p>

PAPER E 105- BIO STATISTICS (BST-E105)**Total Credit 4 (Theory: 2 Credits & Practical: 2 Credits):**

Title – Paper – E 105 Biostatistics	DURATION 90 Hrs. (CREDITS – 4)	
Topic	Theory 30 Hrs. (Credits-2)	Practical 60 Hrs (Credits-2)
5.1. Introduction to Biostatistics	4 Hrs.	05 Hrs.
5.2. Methods of Data Collection and Sampling	6 Hrs.	15 Hrs.
5.3. Presentation of Data	6 Hrs.	15 Hrs.
5.4. Descriptive Statistics	8 Hrs.	10 Hrs.
5.6. Introduction to Inferential Statistics	6 Hrs.	15 Hrs.

DETAIL CURRICULUM AND TEACHING METHODOLOGY

Unit/Sub topic	Theory (30)	Practical (60)	Teaching methodology
Unit E-105: 1. Introduction to Biostatistics 5.1.1 Meaning and scope of biostatistics 5.1.2 Role of biostatistics in health promotion and public health 5.1.3 Types of data: qualitative and quantitative 5.1.4 Variables and scales of measurement 5.1.5 Sources of health data (census, surveys, health records)	4 Hrs. Lecture discussion	8 Hrs. - Overview of health data sets. - Quantitative & qualitative	- Lecture discussion - Problem solving exercises
Unit E-105: 2 Methods of Data Collection and Sampling 5.2.1 Primary and secondary data 5.2.2 Data collection methods in health research 5.2.3 Sampling techniques: Probability sampling 5.2.4 Non-probability sampling, Sampling errors and non-sampling errors, Sample size concept (basic understanding)	6 Hrs. Lecture discussion	12 Hrs. - Designing simple data collection tools - Data entry formats - Coding of variables - Data cleaning and validation	- Lecture discussion - Individual and group assignment

<p>Unit E-105: 3 Presentation of Data</p> <p>5.3.1 Classification and tabulation of data</p> <p>5.3.2 Frequency distribution</p> <p>5.3.3 Graphical presentation: Bar diagrams, Pie charts, Histograms, Frequency polygons</p> <p>5.3.4 Use of percentages and ratios in health data</p>	<p>6 Hrs.</p> <p>Lecture discussion</p>	<p>12 Hrs.</p> <p>-Preparation of frequency tables</p> <p>-Construction of bar charts, pie charts, histograms, etc.</p> <p>- Interpretation of tables and graphs for health indicators</p>	<p>- Lecture discussion</p> <p>- Individual and group assignments</p>
<p>Unit E-105: 4 Descriptive Statistics</p> <p>5.4.1 Measures of central tendency: Mean, Median, Mode</p> <p>5.4.2 Measures of dispersion: Range, Mean deviation, Standard deviation</p> <p>5.4.3 Interpretation of descriptive measures in health studies</p>	<p>8 Hrs.</p> <p>Lecture discussion</p>	<p>16 Hrs.</p> <p>-Calculation of mean, median, and mode</p> <p>-Calculation of standard deviation</p> <p>-Interpretation of results using health examples</p> <p>-Manual calculations and software-based calculations</p>	<p>- Lecture discussion</p> <p>- Problem solving exercises</p> <p>- Individual and group assignment</p>
<p>Unit E-105: 5 Introduction to Inferential Statistics</p> <p>5.5.1 Correlation & Association</p> <p>5.5.2 Basics of hypothesis</p> <p>5.5.3 Introduction to software (Excel / SPSS / any open-source tool)</p> <p>5.5.4 Basics of Geographical Information system</p>	<p>6 Hrs.</p> <p>Lecture discussion</p>	<p>12 Hrs.</p> <p>- Formulation and calculation of correlation and tables</p> <p>- Hands-on GIS</p> <p>- Introduction to software (Excel / SPSS / any open-source tool) Data entry and management, generating tables and graphs, Descriptive analysis using software.</p>	<p>- Lecture discussion</p> <p>- Problem solving exercises</p> <p>- Individual and group assignment</p> <p>- Hands on training exercises</p>

PAPER E 106- HEALTH RESEARCH METHODS (HRM - E 106)**Total Credit 4 (Theory: 2 Credits & Practical: 2 Credits):**

Title – Paper – E 106 Health Research Methods	DURATION – 90 Hrs. (CREDITS – 4)	
	Theory – 30 Hrs. (Credits - 2)	Practical - 60 Hrs (Credits - 2)
6.1. Introduction to Research	4 Hrs.	6 Hrs.
6.2. Types of Studies	4 Hrs.	6 Hrs.
6.3. Research Tools	4 Hrs.	8 Hrs.
6.4. Tool Development	4 Hrs.	10 Hrs.
6.5. Data Collection Methods	6 Hrs.	14 Hrs.
6.6. Data Analysis and Presentation	6 Hrs.	12 Hrs.
6.7. Report Writing, Evaluation and Monitoring	2 Hrs.	4 Hrs.

DETAIL CURRICULUM AND TEACHING METHODOLOGY

Unit/Sub topic	Theory (30 Hrs.)	Practical (60 Hrs.)	Teaching methodologies
Unit E-106: 1. Introduction to Research 6.1.1 Meaning of research 6.1.2 Why research is needed in health promotion 6.1.3 Basic idea of research methods 6.1.4 Formulation of research question 6.1.5 Formulation of hypothesis	4 Hrs. Lecture discussion	6 Hrs. - Identifying simple health problems in the community, - Group discussion on why research is needed	- Lecture discussion - Group Discussion - Problem solving exercises
Unit E-106: 2. Types of Studies 6.2.1 Exploratory, diagnostic, and evaluative studies Control and experimental groups (basic idea) 6.2.2 Concurrent & terminal evaluation, Cross-sectional studies	4 Hrs. Lecture discussion	6 Hrs. - Matching problems with suitable study types - Preparing a simple study plan	- Lecture discussion - Problem solving exercises - Group assignments
Unit E-106: 3. Research Tools 6.3.1 Types of tools for data collection 6.3.2 Interview schedule, questionnaire (Self-administered)	4 Hrs. Lecture discussion	8 Hrs.- Preparing simple interview questions - Drafting a short questionnaire	- Lecture discussion - Group assignments

Unit E-106: 4. Tool Development 6.4.1 How to develop tools 6.4.2 Construction of interview schedule 6.4.3 Pre-testing tools 6.4.4 Finalizing tools	4 Hrs. Lecture discussion	10 Hrs. - Pre-testing tools with classmates or community members - Correcting and finalizing tools	- Lecture discussion - Group assignments
Unit E-106: 5. Data Collection Methods 6.5.1 Ways of collecting data 6.5.2 Quantitative method- Survey 6.5.3 Qualitative methods (basic idea) 6.5.4 Participatory and non-participatory methods 6.5.5 Key informant interview 6.5.6 Case study 6.5.7 Focus group discussion 6.5.8 Rapid appraisal 6.5.9 PLA 6.5.10 Use of newer tools of data collection	6 Hrs. Lecture discussion	14 Hrs. - Conducting interviews, Group discussion - Practice Simple case study writing	- Lecture discussion - Group assignments
Unit E-106: 6. Data Analysis 6.6.1 Meaning of data analysis 6.6.2 Data entry, Cleaning, coding, tabulation 6.6.3 Dummy tables 6.6.4 Types of analysis (simple explanation) 6.6.5 Scientific inference (drawing simple conclusions) 6.6.6 Diagrammatic presentation	6 Hrs. Lecture discussion	12 Hrs. - Preparing dummy tables Simple calculations using percentages - Drawing bar charts and pie charts	- Lecture discussion - Problem solving exercises
Unit E-106: 7. Report Writing and Evaluation 6.7.1 Steps of report writing 6.7.2 Simple interpretation of findings 6.7.3 Introduction Monitoring & Evaluation	2 Hrs. Lecture discussion	4 Hrs. - Writing a short research report - Presentation of findings	- Lecture discussion - Group assignments

PAPER C 201- HEALTH COMMUNICATION (HCM-C201)

Total Credit 4 (Theory: 2 Credits & Practical: 2 Credits):

Title – Paper -C 201. Health Communication	DURATION - 90 Hrs. (CREDITS-4)	
	Theory (30 Hrs.)	Practical (60 Hrs.)
7.1 Communication Basic	3 Hrs.	1 Hr.
7.2 IEC in Health	1 Hr.	-
7.3 Types of Communication	5 Hrs.	2 Hrs.
7.4 Media	7 Hrs.	10 Hrs.
7.5 Theories in Health Communication	7 Hrs.	13 Hrs.
7.6 Health Education activities and A. V. aids	7 Hrs.	34 Hrs.

DETAIL CURRICULUM AND TEACHING METHODOLOGY

Unit/Sub topic	Theory 30 Hrs. (2 Credits)	Practical 60 Hrs. (2 Credits)	Teaching methodology
Unit - 7.1 Communication Basic 7.1.1 Communication - Definition, Concept and Principles 7.1.2 Process of communication 7.1.3 Channels of Communication 7.1.4 Barriers in Communication 7.1.5 Factors influencing communication 7.1.6 7Cs for good Communication	3 Hrs. Lecture Discussion	1 Hr. Tutorial	- Lecture Discussion - Tutorial
Unit – 7.2 IEC in Health 7.2.1 IEC - Definition, scope, strategy's role in National Health Programs	1 Hr. Lecture Discussion	-	- Lecture Discussion
Unit – 7.3 Types of Communication 7.3.1 IPC: Definition, Advantages & Disadvantages, GATHER Approach 7.3.2 Group: Definition, Advantages & Disadvantages 7.3.3 Mass Communication: Definition, Advantages & Disadvantages, Characteristics	5 Hrs. Lecture Discussion	2 Hrs. Tutorial & Field Training	- Lecture Discussion - Tutorial

<p>Unit – 7.4 Media</p> <p>7.4.1 Mass media - Structure and function of print media, Radio, Television, Films</p> <p>7.4.2 Social media - Social Media Meaning</p> <p>7.4.3 Types of Social Communication Apps, social media (Facebook, (Twitter), Instagram etc.), Mobile Communication Channels, Blogging</p> <p>7.4.4 Advantages and Disadvantages</p> <p>7.4.5 Folk Media & Cultural Media: Definition</p> <p>7.4.6 Introduction of Various Folk Media of Different states in India</p> <p>7.4.7 Meaning of Cultural Media</p> <p>7.4.8 Importance of Cultural Media</p> <p>7.4.9 Various Cultural Medias used for Communication, like fairs and festivals, religious and cultural occasions for health communication</p>	<p>7 Hrs.</p> <p>Lecture Discussion</p>	<p>10 Hrs.</p> <p>Tutorial & Field training</p>	<p>- Lecture Discussion</p> <p>- Tutorial</p> <p>- Field training</p>
<p>Unit – 7.5 Theories in Health Communication</p> <p>7.5.1 Two Step Flow Theory of Communication,</p> <p>7.5.2 Berlos Model of Communication,</p> <p>7.5.3 Behavioral Change Communication,</p> <p>7.5.4 Social and Behavioral Change Communication,</p> <p>7.5.5 Socio Ecological Theory</p> <p>7.5.6 CNA: Communication need assessment and Audience analysis, Audience segmentation Message</p> <p>7.5.7 Designing and Development of Message</p>	<p>7 Hrs.</p> <p>Lecture Discussion</p>	<p>13 Hrs. Tutorial & Field training</p>	<p>- Lecture Discussion</p> <p>- Tutorial</p> <p>- Field training</p>

<p>Unit 7.6 Health Education activities and A. V. aids</p> <p>7.6.1 Street Play, Puppetry -Introduction, types and advantages: Meaning and Definition of Street play, Script Writing and presentation, Advantage and disadvantage, Meaning and Definition of Puppet, Types of Puppets, Script Writing and presentation of puppet show, Advantage and disadvantage.</p> <p>7.6.2 Health Talk: Importance of health talk, 10 tips for effective speaker</p> <p>7.6.3 Health Exhibitions: Importance of Health Exhibition in Health Campaign.</p> <p>7.6.4 Public relations: Meaning and Definition of Public Relation, Importance of Public Relation in Health, Introductions to tools of Public Relation.</p> <p>7.6.5 Advocacy and Social Mobilization: Meaning and Definition of Advocacy and Social Mobilization, Advantage and Disadvantages.</p> <p>7.6.6 Outdoor publicity and field publicity: Meaning of Outdoor Publicity, Role of DAVP, Field Publicity Departments, Various medias used for Outdoor publicity and field publicity</p> <p>7.6.7 Introduction to A. V. aids and Print Material like poster, leaflets, posters, flipcharts: Definition of Audio-Visual Aides, Types of Audio-Visual Aides, used for health communication, Advantages and disadvantages of AV Aids, Introduction to Print Material like poster, leaflets, posters, flipcharts</p> <p>7.6.8 Meity Guidelines about Communication Messages Development.</p>	<p>7 Hr. Lecture Discussion</p>	<p>34 Hrs. Field Training</p>	<p>- Lecture Discussion - Field Training</p>
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PAPER C 202 - NATIONAL HEALTH PROGRAMMES AND POLICIES (NHP C-202)

Total Credit 4 (Theory 1 Credit & Practical 3 Credit):

PAPER C 202 - National Health Programmes and Policies	DURATION - 90 Hrs. (CREDITS-4)	
Unit/Sub topic	Theory 30 Hrs. (Credits-2)	Practical 60 Hrs. (Credits-2)
8.A. National Health Programmes and Policies	28 Hrs.	50 Hrs.
8.B. School Health	2 Hrs.	10 Hrs.

DETAIL CURRICULUM AND TEACHING METHODOLOGY

Unit/Sub topic	Theory 30 Hrs.	Practical 60 Hrs.	Teaching Methodology
<p>Unit - 8. A. NATIONAL HEALTH PROGRAMMES AND POLICIES (NHP)</p> <p>8.1.1 Introduction & Selection of Topic related to National Health Programmes and Policies (e.g., TB, Dengue, Diabetes, Malnutrition, School Health). Define objectives & study area.</p> <p>8.1.2. Literature Review: Review relevant guidelines, articles, and programme reports. Understand background and importance of the problem.</p> <p>8.1.3. Preparation of Study Tools: Develop questionnaire / checklist. Plan data collection method.</p> <p>8.1.4. Field Data Collection: Conduct interviews or surveys with patients / community / health workers. Observe health facilities or programme implementation.</p> <p>8.1.5. Data Compilation and Analysis: Organize collected data in tables. Calculate simple statistics (percentage, frequency).</p> <p>8.1.6. Interpretation of Results: Identify key findings and health problems & Compare findings with programme guidelines.</p> <p>8.1.7. Report Writing: Prepare a case study / project report including introduction, methodology, results and conclusion.</p> <p>8.1.8. Presentation of Findings</p>	<p>19 Hrs.</p> <p>Lecture Discussion.</p>	<p>50 Hrs.</p> <p>Practical Activities for Case Study / Field visits/ Project Work to evaluate the IEC component of the NHP</p>	<p>- Lecture</p> <p>- Discussion</p> <p>- Case Study</p> <p>- Field visits</p> <p>- Project Work</p>

<p>8.2. National Health Mission (NHM) – NHM</p> <p>8.2.1. Urban Primary Health Centre (UPHC) Under NHM – National Urban Health Mission. Field Visits: Primary health care services and programme implementation</p> <p>8.2.2. Communicable disease management and outbreak response: Assessment of- Infectious Disease Hospital (IDH), Kasturba Hospital, Chinchpokli.</p> <p>8.2.3. Understanding the Vaccine research, laboratory public health work: Assessment of- Haffkin Institute Parel for Training, Research and Testing.</p> <p>8.2.4. Implementation of Maternal and child health research programmes National Institute for Research in Reproductive and Child Health (NIRRCH – ICMR) Parel.</p> <p>8.2.5. Understanding the Public healthcare delivery and health scheme: implementation CGHS Wellness Centre / Government Health Centre</p>	<p>2 Hrs.</p> <p>Lecture</p> <p>Discussion.</p>	<p>Practical</p> <p>Activities for</p> <p>Case Study /</p> <p>Field visits/</p> <p>Project Work</p> <p>(50 Hrs.)</p> <p>(Cont'd)</p>	<p>- Lecture</p> <p>Discussion</p> <p>- Case Study</p> <p>- Field visits</p> <p>- Project Work</p> <p>(Cont'd)</p>
<p>8.3. National Programmes for Communicable Diseases</p> <p>8.3.1 National Vector Borne Disease Control Programme- Malaria, Filariasis, Dengue, Chikungunya, Japanese Encephalitis</p> <p>8.3.2. Implementation of National Health Mission, health planning, monitoring systems: Assessment of- State Health Systems Resource Centre (SHSRC) / NHM Maharashtra Office: Arogya Bhavan, St. George Hospital Campus, Fort, Mumbai</p> <p>8.3.3. Implementation of Urban health programmes, disease control activities: Assessment of- Municipal Corporation of Greater Mumbai (MCGM) Public Health Department, Location: BMC Head Office, Fort. Learning:</p> <p>8.3.4. Disease surveillance, outbreak investigation: Assessment of- (Integrated Disease Surveillance Programme State Surveillance Unit, National One Health Programme): Directorate of Health Services, Mumbai.</p> <p>8.3.5. Implementation of Vector Borne Diseases control activities: Office of (NVBDCP)</p> <p>8.3.6. Implementation of National Tuberculosis Elimination Programme: Assessment of Mumbai City TB Office: Sewri TB Hospital / State TB Office.</p> <p>8.3.7. National Leprosy Eradication Programme</p> <p>8.3.8. STD Control Programme and National AIDS Control Programme</p> <p>8.3.9. National Diarrhoeal Diseases Control Programme</p>	<p>Lecture</p> <p>Discussion</p> <p>5 Hrs.</p>	<p>Practical</p> <p>Activities for</p> <p>Case Study /</p> <p>Field visits/</p> <p>Project Work</p> <p>(50 Hrs.)</p> <p>(Cont'd)</p>	<p>- Lecture</p> <p>Discussion</p> <p>- Case Study</p> <p>- Field visits</p> <p>- Project Work</p> <p>(Cont'd)</p>

<p>8.4. National Programmes for Non-Communicable Diseases</p> <p>8.4.1. National programme for prevention and control of Cancer, Diabetes, Cardiovascular Diseases and Stroke Non-Communicable Disease</p> <p>8.4.2. National Tobacco Control programme</p> <p>8.4.3. National Mental Health Programme</p> <p>8.4.4. Iodine Deficiency Disorder Control Programme</p> <p>8.4.5. National Programme for Health care of Elderly</p> <p>8.4.6. National Programme on climate change and human health</p> <p>8.4.7. Ayushman Bharat – Pradhan Mantri Jan Arogya yojana</p>	<p>Theory 2 Hrs.</p>	<p>Practical Activities for Case Study / Field visits/ Project Work (50 hrs.) (Cont'd)</p>	<p>- Lecture Discussion - Case Study - Field visits - Project Work (Cont'd)</p>
<p>Unit – 8.B. SCHOOL HEALTH</p> <p>8.5.1 Introduction and Components of School Health</p> <p>8.5.2 School Health Programme.</p> <ul style="list-style-type: none"> - Prepare survey format / checklist: Decide objectives of the survey. Understand ethical considerations and consent. - School Environment Assessment: Observe sanitation facilities (toilets, handwashing). Drinking water facilities, Classroom ventilation and lighting, Playground and waste disposal system. - Health Screening of Students (3 hrs.): Measure height and weight, Calculate BMI, Assess the personal hygiene (hair, nails, uniform), Identify signs of malnutrition, anemia, skin infections. - Vision and Basic Health Check (1 hr.): Basic vision screening (Snellen chart) Dental hygiene observation, Identify common health problems. - Health Education Session (1 hr.): Provide education on hand washing, hygiene, nutrition, menstrual hygiene, physical activity. - Data Recording and Analysis (1 hr.): Record findings in survey format. Calculate prevalence of common problems - Report Preparation and Presentation (1 hr.): Prepare short school health survey report, Suggest recommendations for school improvement 	<p>Theory 2 Hr.</p>	<p>School Health Survey (10 Hrs.)</p>	<p>- Lecture Discussion - Field visits - Project Work (Cont'd)</p>

PAPER C 203- CONCURRENT FIELD TRAINING, AUDIO-VISUAL AIDS and SUPERVISORY FIELD TRAINING (CAS-C 203)
Total Credit 4 (Theory 3 Credit & Practical 1 Credit)

PAPER C 203 – CFT, AV & SFT		DURATION - 215 Hrs. (CREDITS-6)	
UNIT		Theory 15 Hrs. (Credit-1)	Practical 200 Hrs. (Credit-5)
9.1	Concurrent Field Training.	8 Hrs.	48 Hrs.
9.2	Audio visual aids workshop	7 Hrs.	22 Hrs
9.3	Supervised Field Training.	-	130 Hrs

DETAIL CURRICULUM AND TEACHING METHODOLOGY

Unit / Topic	Lecture 15 Hrs.	Practical/Field	Teaching Methodology
Unit 9.1 CFT- Concurrent Field Training 9.1.1 Introduction of Field Practice Demonstration Area 9.1.2 Identifying leaders in the area. 9.1.3 Selection of appropriate groups as per need of the programme. 9.1.4 Working with leaders - Formal and Informal - Selection of place, date and time. 9.1.5 Use of different channels for publicity of the programme planned.	8 Hrs.	48 Hrs. Experiential training	Lecture discussion Experiential training (21 half days)
Unit 9.2 AV- Audio-Visual Aids Workshops 9.2.1 Introduction to A. V. aids 9.2.2 Administering A.V. equipment's 9.2.3 Audio visual workshop 9.2.3.1 Identification of appropriate audio-visual aids for the specific programmes. 9.2.3.2 Preparation of Audio-visual aids - 9.2.3.3 Graphics-Fundamentals, Selection & use of audio-visual aids, Graphic aids, Display boards, 3D materials, Projected & A-V aids Recording. Radio, PA. system Method	7 Hrs.	22 Hrs. Workshop with hands on training	Lecture discussion Demonstration Hands-on training
Unit 9.3 SFT- Supervisory Field Training 9.3.1 Introduction of Field Practice Demonstration Area 9.3.2 Identifying leaders in the area. 9.3.3 Selection of appropriate groups as per need of the programme. 9.3.4 Working with leaders - Formal and Informal - Selection of place, date and time. 9.3.5 Use of different channels for publicity of the programme planned.	-	130 Hrs. Experiential training	45 days Experiential training (30 working days)

PAPER C 204 - REPRODUCTIVE AND CHILD HEALTH SERVICES AND NUTRITION (RCH - C 204)

Total Duration: 90 Hrs Theory: 30 Hrs Practical: 60 Hrs (Credits: 4)

C 204 - Reproductive & Child Health Services and Nutrition	DURATION - 105 Hrs. (CREDITS-4)	
	Theory 30 Hrs (Credits-2)	Practical 60 Hrs (Credits-2)
10.1. Reproductive and Child Health Services	20 Hrs	36 Hrs
10.2. Nutrition	10 Hrs	24 Hrs

DETAIL CURRICULUM AND TEACHING METHODOLOGY

Title – Paper - X - Reproductive and Child Health Services and Nutrition	Theory	Practical	Teaching Methodology
Unit/Sub topic	20 Hrs.	36 Hrs.	Lecture
Unit 10.1 Reproductive and Child Health Services	Lecture discussion	Demonstration of family planning methods Assessment of Maternal health services Child health services Adolescent health services Designing health education material for adolescents Delivering school health education	Discussion Field Assessment of Maternal health, Child health, adolescent health services Designing health education material for adolescents Delivering school health education
10.1.1 Needs for Reproductive and Child Health Services			
10.1.2 Reproductive Health, Basic Physiology of Conception, Menstrual health, Perimenopausal and menopausal health			
10.1.3 Family Planning methods - Temporary & Permanent, Newer Methods Etc.			
10.1.4 Maternal Health- ANC/PNC/common complications in pregnancy/ Breastfeeding.			
10.1.5 Common Maternal Health indicators			
10.1.6 Neonatal and Child Health – immunizations, ARI control and diarrhoea control, sepsis control; HBNC, KMC with family participation, I.C.D.S. and Universal Immunization Programme.			
10.1.7 Child health indicators-IMR, NMR, U-5 MR and its causes			
10.1.8 Adolescents Health- Introduction			
10.1.9 Sexuality Education- a) Human Reproduction b) Biological changes at the time of puberty c) Sexual identity and orientation			
10.1.10 Health needs of Adolescents -addictions, safe sex, teenage pregnancy			
10.1.10 Managing of Adolescent Health needs			
10.1.11 Engagement techniques with adolescents, POSCO			
10.1.12 Gender equity and equality			

Unit 10.2.1 Nutrition	Theory	Practical	
10.2.1.1 Introduction to Nutrition, 10.2.1.2 Basic elements of food, Proximate principles, 10.2.1.3 Concept of balanced diet -Nutrients 10.2.1.4 Planning a balanced diet 10.2.1.5 Diet for vulnerable groups, in certain diseases 10.2.1.6 Factors influencing Nutrition in community 10.2.1.7 Assessment of nutritional status 10.2.1.8 Nutritional deficiency diseases/disorders 10.2.1.9 Nutrition survey, fortification, nutrition loss while cooking & storing 10.2.1.10 National Nutritional programmes: Vit. A prophylaxis prog, Nutritional Anaemia programme (Anaemia Mukti Bharat), IDD, ICDS, Mid-day meal prog. community nutrition 10.2.1.11 Breast feeding, IYCF, YCFP, Poshan Abhiyan 10.2.1.12 Nutritional Rehabilitation- NRC, Nutrition gardens at community level 10.2.2.1 Under nutrition: SAM, MAM 10.2.2.2 Over Nutrition: Obesity	10 Hrs Lecture discussion	24 Hrs. Demonstration of Balanced diet Evaluation of nutritional services of Anganwadi Centre Assessment of nutritional services through NRC Designing Health promotion messages to the women and child	Lecture discussion Demonstration of Balanced diet Evaluation of nutritional services of Anganwadi Centre Assessment of nutritional services through NRC Designing Health promotion messages to the women and child

PAPER E 205: ARTIFICIAL INTELLIGENCE AND DIGITAL MEDIA FOR HEALTH PROMOTION EDUCATION (ADM - E 205)

Total Credit 4 (Theory: 2 Credits, Practical: 2 Credits)

Title – Paper – E 205: AI and Digital Media for Health Promotion Education	DURATION - 90 Hrs.	
	Theory– 30 Hrs. (Credits-2)	Practical- 60 Hrs. (Credits-2)
Unit 11.1 Introduction to digital transformation in health, Fundamentals of Digital Media	2 Hrs.	6 Hrs.
Unit 11.2 Basics of Artificial Intelligence	4 Hrs.	6 Hrs.
Unit 11.3 AI in Health Promotion	4 Hrs.	2 Hrs.
Unit 11.4 Digital Media Strategies for Health	4 Hrs.	6 Hrs.
Unit 11.5 Integration of AI and Digital Media	4 Hrs.	6 Hrs.
Unit 11.6 Ethical and Legal Considerations	3 Hrs.	6 Hrs.
Unit 11.7 Case Studies and Best Practices	3 Hrs.	6 Hrs.
Unit 11.8 Practical Applications and Tools	3 Hrs.	18 Hrs.
Unit 11.9 Future Trends and Review	3 Hrs.	4 Hrs.

DETAIL CURRICULUM AND TEACHING METHODOLOGY

Unit/Sub topic	Theory 30 Hrs.	Practical 60 Hrs.	Teaching Methodology
Unit 11.1 Introduction to digital transformation in health. Fundamentals of Digital Media, 11.1.1 Types of digital media: social media, apps, websites, videos, podcasts. 11.1.2 Digital storytelling and content creation for health messaging. 11.1.3 Audience segmentation and engagement strategies (e.g., SEO, viral marketing). 11.1.4 Practical: Analyses a health campaign on platforms like Instagram or X or Facebook	Lecture discussion 2 Hrs.	Demonstration 6 Hrs.	Lecture discussion Demonstration Hands on training
Unit 11.2 Basics of Artificial Intelligence 11.2.1 AI concepts: Machine learning, natural language processing, computer vision. 11.2.2 AI tools overview: Chatbots, predictive analytics, recommendation systems. 11.2.3 Applications in everyday life and health (e.g., fitness apps like MyFitnessPal). 11.2.4 Practical: Explore free AI tools like Google Dialog flow.	Lecture discussion 4 Hrs.	Hands on training /individual exercises 6 Hrs.	

<p>Unit 11.3 AI in Health Promotion</p> <p>11.3.1 Personalized health education using AI (e.g., adaptive learning platforms).</p> <p>11.3.2 AI for data analysis: Predicting health trends, sentiment analysis on social media.</p> <p>11.3.3 Case studies: AI in mental health apps (e.g., Woe Bot) or epidemic tracking.</p> <p>11.3.4 Practical: Simulate an AI-driven health quiz.</p>	<p>Lecture discussion 4 Hrs.</p>	<p>Hands on training /individual exercises 2 Hrs.</p>	<p>Lecture discussion Hands on training</p>
<p>Unit 11.4 Digital Media Strategies for Health</p> <p>11.4.1 Designing multimedia content: Infographics, videos, interactive apps.</p> <p>11.4.2 Social media algorithms and health misinformation combat.</p> <p>11.4.3 Metrics for success: Reach, engagement, conversion to behavior change.</p> <p>11.4.4 Practical: Create a sample social media post for vaccination awareness.</p>	<p>Lecture discussion 4 Hrs.</p>	<p>Hands on training /individual exercises 6 Hrs.</p>	
<p>Unit 11.5 Integration of AI and Digital Media</p> <p>11.5.1 AI-enhanced digital tools: Automated content generation, virtual reality for education.</p> <p>11.5.2 Examples: AI chatbots on health websites, personalized email campaigns.</p> <p>11.5.3 Challenges: Data privacy, algorithm bias in health recommendations.</p> <p>11.5.4 Practical: Group project on integrating AI into a digital health tool.</p>	<p>Lecture discussion 4 Hrs.</p>	<p>Hands on training/individual exercises 6 Hrs.</p>	
<p>Unit 11.6 Ethical and Legal Considerations</p> <p>11.6.1 Ethics in AI: Bias, fairness, transparency in health applications.</p> <p>11.6.2 Digital media ethics: MeitY Guidelines, Privacy (GDPR, HIPAA), consent, accessibility.</p> <p>11.6.3 Equity in health promotion: Addressing digital divides and underserved populations.</p> <p>11.6.4 Case study: Ethical dilemmas in AI health diagnostics.</p>	<p>Lecture discussion 3 Hrs.</p>	<p>Hands on training/individual exercises 6 Hrs.</p>	

<p>Unit 11.7 Case Studies and Best Practices</p> <p>11.7.1 Real-world examples: MoHFW use of social media, AI in COVID-19 tracking.</p> <p>11.7.2 Success stories: Apps like Duolingo for health education analogues</p> <p>11.7.3 Failures and lessons: Misinformation spread via AI-generated content.</p> <p>11.7.4 Guest lecture (optional): Industry expert on digital health.</p>	<p>Lecture discussion 3 Hrs.</p>	<p>Hands on training /individual exercises 6 Hrs.</p>	<p>Lecture discussion Hands on training</p>
<p>Unit 11.8 Practical Applications and Tools</p> <p>11.8.1 Hands-on with tools: Canva for media, TensorFlow for basic AI models.</p> <p>11.8.2 Developing a health promotion prototype (e.g., AI chatbot for nutrition advice).</p> <p>11.8.3 Evaluation frameworks: Usability testing, impact assessment.</p>	<p>Lecture discussion 3 Hrs.</p>	<p>Hands on training/individual exercises 18 Hrs.</p>	
<p>Unit 11.9 Future Trends and Review</p> <p>11.9.1 Emerging technologies: Metaverse, blockchain in health data, generative AI (e.g., DALL-E for visuals).</p> <p>11.9.2 Global perspectives: AI/digital media in low-resource settings.</p> <p>11.9.3 Emerging technologies: Metaverse, blockchain in health data, generative AI (e.g., DALL-E for visuals).</p>	<p>Lecture discussion 3 Hrs.</p>	<p>Hands on training/individual exercises 4 Hrs.</p>	

PAPER HPV E206: HEALTH PROMOTION OF VULNERABLE AND MARGINALIZED POPULATIONS

Total Credits-4 (Theory: 2 Credits & Practical: 2 Credits)

Title – Paper-HPV E206 Health promotion of Vulnerable and Marginalized populations	DURATION - 90 Hrs. (CREDITS-4)	
Unit wise topics	Theory 30 Hrs.	Practical 60 Hrs.
Unit 12.1. Introduction and identification of vulnerable and marginalised populations and their health needs	6 Hrs.	2 Hrs.
Unit 12.2. Developing communication & cultural competency	10 Hrs.	2 Hrs.
Unit 12.3. Strategic outreach & community engagement	6 Hrs.	14 Hrs.
Unit 12.4. Advocacy, system navigation & field level assessment of vulnerable and marginalized populations	8 Hrs.	44 Hrs.

DETAIL CURRICULUM AND TEACHING METHODOLOGY

Topics	Theory	Practical	Teaching methodology
12.1. Introduction and identification of Vulnerable and marginalized populations and their Health needs 12.1.1. Define Vulnerability & Vulnerability Mapping 12.1.2. Social Determinants of Health & Basic Concepts 12.1.3. Health Equity: Health Equity vs. Equality 12.1.4. Human Rights & Ethics	Lecture Discussion 6 Hrs.	Tutorial 2 Hrs.	Lecture Discussion Tutorial
12.2. Developing Communication & Cultural Competency 12.2.1. Health Literacy: Techniques to simplify complex medical information 12.2.2. Skills for Active Listening & Empathy 12.2.3. Recognizing and respecting local traditions, health beliefs, and languages without judgment. 12.2.3. Identification & Analysis of Barriers 12.2.4. Stigma reduction: Sensitivity training for "taboo" topics- HIV/AIDS, mental health, or reproductive health in conservative communities etc.	Lecture Discussion 10 Hrs.	Practical demonstration 2 Hrs.	Lecture Discussion Practical demonstration of Techniques

<p>12.3. Strategic Outreach & Community Engagement</p> <p>12.3.1. Reaching hard-to-reach populations</p> <p>12.3.2. Community Mapping</p> <p>12.3.3. Social Mobilization</p> <p>12.3.4. Home Visit Protocols</p> <p>12.3.5. Motivational Interviewing: Helping individuals identify their own goals for behavior change</p>	<p>6 Hrs.</p> <p>Lecture</p> <p>Discussion</p>	<p>Assessment of</p> <ul style="list-style-type: none"> • Urban community: 7 Hrs. • Rural community 7 Hrs. 	<p>Lecture</p> <p>Discussion</p> <p>Field assessment of health concerns of urban & Rural communities</p>
<p>12.4. Advocacy, System Navigation & Field level assessment of vulnerable and marginalized populations</p> <p>12.4.1. Referral Pathways</p> <p>12.4.2. Social Protection Schemes: Knowledge of government schemes (e.g. Ayushman Bharat, food security cards, or disability pensions) for different vulnerable groups under various ministries of GOI</p> <p>12.4.3. Documentation & Record keeping of vulnerable groups</p> <ul style="list-style-type: none"> • Occupational safety of Vulnerable & Marginalized populations • Mental health of Vulnerable & Marginalized populations • Understanding and Health promotion needs of elderly in community settings • Understanding and Health promotion needs of LGBTQ+ • Understanding and Health promotion needs of People with disabilities • Understanding and Health promotion needs of vulnerable Tribal communities 	<p>8 Hrs.</p> <p>Lecture</p> <p>Discussion.</p>	<p>44 Hrs.</p> <p>Assessment of</p> <ul style="list-style-type: none"> • Construction site • Gig worker site • NGOs for elderly living alone • NGOs for LGBTQ+ individuals • NGOs with Persons with disabilities • NGOs dealing with tribal populations 	<p>Lecture</p> <p>Discussion</p> <p>Field assessment of vulnerable and marginalized population</p>

EVALUATION AND ASSESSMENT METHODOLOGY

The evaluation methodology towards performance evaluation of the trainees of Post Graduate Diploma in Health Promotion Education will be assessed using two methods:

1. Internal (formative) assessment

According to the National Education Policy 2020 the formative assessment is considered in the internal assessment as the part of continuous assessment program. Two such assessment will be conducted for one course (paper) within the available teaching hours. The assessment formats will be provided to the concerned faculties. The syllabus for the particular internal assessment and the evaluation will be based on the letter grades as provided at the end of this unit.

2. Summative assessment

Theory Examination (Weightage: 60%): The theory examination will be conducted at the end of each semester paper wise and will comprise of following pattern with equal weightage for each category:

MCQ: Multiple choice questions

SAQ: Short Answer Questions

LAQ: Long Answer Questions

Practical (Weightage 40%): The practical examination will be conducted at the end of the semester with the following pattern:

Performance in the in-house formative assessment including the quality of write up and completeness of log book

Performance in the field visits, community activity etc. formative assessment

Viva Voce

Proposed evaluation process for Post Graduate Diploma in Health Promotion Education (PGD-HPE)

Paper code	Title	Syllabus for assessment			
		Formative assessment	Weightage (%)	Summative assessment	Weightage (%)
SEMESTER – I					
SBS-F 101	Social and Behavioral Sciences	A. Assessment of report of field training (1.1 & 1.3) B. Assessment of report of field training (1.2)	40 [Avg. of 1 & 2]	1. Theory paper 2. Practical assessment	60 Separate passing Min. Grade-4
PEW-C 102	Population Environmental Health & WASH	A. Assessment of report of field training (2.2 & 2.3) 2. Assessment of in-house training (2.4)	40 [Avg. of 1 & 2]	1. Theory paper 2. Practical assessment	60 Separate passing Min. Grade-4
HPR-C 103	Health Promotion	A. Individual assessment through group presentation (3.7) B. Individual assessment through group presentation (3.9)	40 [Avg. of 1 & 2]	1. Theory paper 2. Practical assessment	60 Separate passing Min. Grade-4
EPD-C 104	Epidemiology	A. Problem solving exercises (4.1) 2. Assessment of report of field work (4.2, 4.3)	40 [Avg. of 1 & 2]	1. Theory paper 2. Practical assessment	60 Separate passing Min. Grade-4
BST-E 105	Biostatistics	A. Problem solving exercises (5.1-5.4) 2. Individual assessment through group presentation (5.5)	40 [Avg. of 1 & 2]	1. Theory paper 2. Practical assessment	60 Separate passing Min. Grade-4
HRM-E 106	Health Research Methods	A. Individual assessment through group presentation (6.1-6.5) 2. Individual assessment through group presentation (6.6, 6.7)	40 [Avg. of 1 & 2]	1. Theory paper 2. Practical assessment	60 Separate passing Min. Grade-4
Maximum grade			10		10
Minimum passing grade			4		4

SEMESTER – II					
Paper code	Title	Syllabus for assessment			
		Formative assessment	Weightage (%)	Summative assessment	Weightage (%)
HCM-C 201	Health Communication	A. Assessment of report of field training (7.4 & 7.5) B. Assessment of report of field training (7.6)	60 [Avg. of 1 & 2]	1. Theory paper 2. Practical assessment	60 Separate passing Min. Grade-4
NHP-C 202	National Health Programmes and Policies (NHP)	A. Evaluation of NHP (8 A) B. Individual assessment through group presentation (8B)	60 [Avg. of 1 & 2]	1. Theory paper 2. Practical assessment	60 Separate passing Min. Grade-4
CAS-C 203	CFT, AV, SFT	A. Assessment of CFT field work (9.1) B. Evaluation of AV assignment (9.2)	60 [Avg. of 1 & 2]	1. Assessment of report of field work 2. Individual assessment through group presentation	60 Separate passing Min. Grade-4
RCH-C 204	RCH and Nutrition	A. Field assessment of MCH services (10.1) B. Evaluation of nutritional services (10.2)	60 [Avg. of 1 & 2]	1. Theory paper 2. Practical assessment	60 Separate passing Min. Grade-4
ADM-E 205	AI and Digital Media for Health Promotion	A. Assessment Hands-on exercises (11.1-11.5) B. Individual assessment through digital output (11.6-11.9)	60 [Avg. of 1 & 2]	1. Theory paper 2. Practical assessment	60 Separate passing Min. Grade-4
HPV-E 206	Health Promotion of Vulnerable & Marginalized Population	A. Demonstration of communication technique (12.2) B. Assessment of field project (12.4)	60 [Avg. of 1 & 2]	1. Theory paper 2. Practical assessment	60 Separate passing Min. Grade-4
Maximum grade			10		10
Minimum passing grade			4		4

Overall Course Credits (42)- Foundation Course: 9.52%, Core Courses: 71.43%, Elective Courses:19.04%.

Evaluation Method: Formative (Internal) Assessment: 40% {Practical performance based}
Summative Assessment: 60% [Theory: 60% (MCQ, SAQ, LAQ-with equal weightage)
Practical:40% (Overall performance, Viva-voce)]

Letter Grades and Grade Points

Following Letter Grades and Grade points will be used for assessment of the performance of the candidates.

Letter Grade	Grade Point
O (Outstanding)	10
A+ (Excellent)	9
A (Very good)	8
B+ (Good)	7
B (Above average)	6
C (Average)	5
P (Pass)	4
F (Fail)	0
Ab (Absent)	0

The Cumulative Grade Point Assessment will be performed according to the corresponding university criteria.

ANNEXURE - 1

Inter-Country Workshop: Review the curriculum of Diploma in Health Promotion Education (DHPE) course, 21st to 23rd January 2026, NIPHTR, Panvel campus, Navi Mumbai.

TENTATIVE PROGRAMME SCHEDULE

Date: 21/01/2026: Day -1, Wednesday		
9.00 am – 10.00 am	Registration and Break fast	
10.00 am - 10.15 am	Inauguration & Welcome address	Dr. Dhaval Thorat
10.15 am - 10.25 am	DHPE Curriculum Revision: Insights and Views	Dr. Sunil Khaparde
10.25 am – 10.35 am	DHPE Curriculum Revision: Insights and Views	Dr. Deepak Raut
10.35 am – 10.45 am	DHPE Curriculum Revision: Process and requirements	Dr. D.A. Nagdeve
10.45 am – 11.00 am	Overview of DHPE at CHEB, N. Delhi	Dr. Gowri Sengupta
11.00 am – 11.15 am	Overview of DHPE at AIHPH, Kolkata WB:	Dr. Chandrashekhar Taklikar
11.15 am – 11.30 am	Overview of DHPE at GIRH & FWT, Dindigul TN	Dr. K. Vanaja
11.30 am – 11.45 am	WHO's perspectives on Health promotion education	Dr. Sujajee Good
11.45 am – 12.00 noon	Need Assessment DHPE in India & Overview of DHPE at NIPHTR, Mumbai	Dr. Vijay Bhagat
	Brief on Structure of the DHPE Curriculum Review Groups, Group agenda, External Experts & Internal Facilitators	
12.00 pm - 1.30 pm	<p style="text-align: right;"><u>GROUP ACTIVITY – 1</u></p> <p>Objective: To develop need-based paper wise syllabus out of existing curriculum and suggest modifications to build future health care professionals.</p>	Six groups of Internal facilitator & Experts
1.30 pm – 2.30 pm	Lunch Break	
2.30 pm – 4.00 pm	<p style="text-align: right;"><u>GROUP ACTIVITY – 2</u></p> <p>Objective: To assess the need-based curriculum with reference to training methodology for each of the topics according to</p> <p>a. Theory b. Practical (in-house) c. Field Training (Including CFT & SFT) d. Group assignments (in-house, hands-on workshop in AV Aids) e. Individual assignments (in-house)</p>	Six groups of Internal facilitator & Experts
4.00 pm – 4.15 pm	High Tea	
4.15 pm – 5.30 pm	<p style="text-align: right;"><u>BRAINSTORMING SESSION (BS)– 1</u></p> <p>Objective: Group presentation and brainstorming discussion on group activity 1 & 2</p>	All Members

Rapporteur: Ms. Nakusha Saindane (Pre-lunch activities), Mr. Sanjay Bhonge (Post lunch activities & BS-1)

Inter-Country Workshop: Review the curriculum of Diploma in Health Promotion Education (DHPE) course, 21st to 23rd January 2026, NIPHTR, Panvel campus, Navi Mumbai.

TENTATIVE PROGRAMME SCHEDULE

Date: 22/1/2026: Day -2, Thursday		
8.30 am – 9.00 am Break fast		
9.00 am to 9.30 am	Sum up activity	Allocated group
9.30 am – 11.30 am	<p style="text-align: center;"><u>GROUP ACTIVITY – 3</u></p> <p><i>Objective:</i> To formulate Specific Learning Objectives, Teaching Methodology, Duration & Method of Evaluation for each activity in the particular topic.</p>	Six groups of Internal facilitator & Experts
11.30 am – 1.30 pm	<p style="text-align: center;"><u>BRAINSTORMING – 2</u></p> <p><i>Objective:</i> 1. Discussion on the proposed topic wise activities prepared in the Group activity – 3. 2. HPE Projects CFT, AV Aids & SFT</p>	All Members
1.30 pm – 2.30 pm Lunch Break		
2.30 pm – 4.00 pm	<p style="text-align: center;"><u>GROUP ACTIVITY – 4</u></p> <p><i>Objective:</i> To assign credits to each topic identified in the Group activity – 3.</p>	Six groups of Internal facilitator & Experts
4.00 pm – 4.15 pm High Tea		
4.15 pm – 5.30 pm	Summary and report preparation	All Members
Date: 23/01/2026: Day -3, Friday		
8.30 am – 9.30 am Break fast		
9.30 am – 1.30 pm	<p style="text-align: center;"><u>BRAINSTORMING – 3</u></p> <p>Final curriculum presentation by each group</p>	All members
1.30 pm – 2.30 pm Lunch Break		
2.30 pm – 3.00 pm	Remarks of the Academic Council representative IIPS	
3.00 pm – 3.30 pm	Concluding remarks	Director, NIPHTR
3.30 pm – 4.00 pm	Valedictory and vote of thanks	Dr. Vijay Bhagat
4.00 pm – 4.15 pm High Tea		

Rapporteur: Mr. Sajay Bhonge (Pre-lunch activities), Ms. Nakusha Saindane (Post-lunch activities)

EXISTING PAPERS WISE SYLLABUS OF DHPE

FIRST SEMESTER

PAPER I: HEALTH & HYGIENE WITH BASIC SCIENCES

Duration: 100 Hrs Theory: 75 Hrs Practical: 25 Hrs Credits: 8

Unit	Contents	Duration	Theory	Practical
1.1	Concept of Holistic Health	5 Hrs	5 Hrs	–
1.2	Anatomy & Physiology	20 Hrs	16 Hrs	4 Hrs
1.3	Microbiology & Parasitology	25 Hrs	19 Hrs	6 Hrs
1.4	Personal Hygiene & Environmental Sanitation	45 Hrs	33 Hrs	12 Hrs
1.5	First-Aid	5 Hrs	2 Hrs	3 Hrs
	Total	100 Hrs	75 Hrs	25 Hrs

PAPER II: BEHAVIOURAL & SOCIAL SCIENCES

Duration: 100 Hrs Theory: 93 Hrs Practical: 7 Hrs Credits: 8

Unit	Contents	Duration	Theory	Practical
2.1	Behavioral & Social Sciences	50 Hrs	50 Hrs	–
2.2	Group Process	30 Hrs	25 Hrs	5 Hrs
2.3	Community Organisation	20 Hrs	18 Hrs	2 Hrs
	Total	100 Hrs	93 Hrs	7 Hrs

PAPER III: RESEARCH METHODS, STATISTICS AND DEMOGRAPHY

Duration: 100 Hrs Theory: 81 Hrs Practical: 19 Hrs Credits: 8

Unit	Contents	Duration	Theory	Practical
3.1	Research Methods	50 Hrs	40 Hrs	10 Hrs
3.2	Statistics	25 Hrs	20 Hrs	5 Hrs
3.3	Demography	25 Hrs	21 Hrs	4 Hrs
	Total	100 Hrs	81 Hrs	19 Hrs

PAPER IV: EPIDEMIOLOGY

Duration: 100 Hrs Theory: 85 Hrs Practical: 15 Hrs Credits: 8

Unit	Contents	Duration	Theory	Practical
4.1	Epidemiology	75 Hrs	72 Hrs	3 Hrs
4.2	Mental Health	9 Hrs	3 Hrs	6 Hrs
4.3	Occupational Health	10 Hrs	4 Hrs	6 Hrs
4.4	Geriatric Health	3 Hrs	3 Hrs	–
4.5	Disaster Preparedness	3 Hrs	3 Hrs	–
	Total	100 Hrs	85 Hrs	15 Hrs

SECOND SEMESTER

PAPER V: HEALTH PROMOTION EDUCATION

Duration: 100 Hrs Theory: 88 Hrs Practical: 12 Hrs Credits: 8

Unit	Contents	Duration	Theory	Practical
5.1	Health Promotion & Education	20 Hrs	18 Hrs	2 Hrs
5.2	Health Communication Methods & Media	40 Hrs	40 Hrs	–
5.3	Training Methodology & Teaching Learning Methods	35 Hrs	25 Hrs	10 Hrs
5.4	Non-formal Education	2 Hrs	2 Hrs	–
5.5	Adult Education	3 Hrs	3 Hrs	–
	Total	100 Hrs	88 Hrs	12 Hrs

PAPER VI: REPRODUCTIVE & CHILD HEALTH (RCH) AND POPULATION DEVELOPMENT EDUCATION

Duration: 50 Hrs Theory: 44 Hrs Practical: 6 Hrs Credits: 4

Unit	Contents	Duration	Theory	Practical
6.1	Reproductive & Child Health	40 Hrs	34 Hrs	6 Hrs
6.2	Population Development Education	10 Hrs	10 Hrs	–
	Total	50 Hrs	44 Hrs	6 Hrs

PAPER VII: HEALTH POLICIES & PROGRAMMES

Duration: 100 Hrs Theory: 66 Hrs Practical: 34 Hrs Credits: 8

Unit	Contents	Duration	Theory	Practical
7.1	Public Health Administration	30 Hrs	22 Hrs	8 Hrs
7.2	National Health Policies, Health Programmes & Community Development	32 Hrs	20 Hrs	12 Hrs
7.3	School Health	18 Hrs	9 Hrs	9 Hrs
7.4	Nutrition	20 Hrs	15 Hrs	5 Hrs
	Total	100 Hrs	66 Hrs	34 Hrs

PAPER VIII: HEALTH PROMOTION EDUCATION PROJECTS

Credits: 8

Unit	Contents	Credits
8.1	Concurrent Field Training	2
8.2	Audio-Visual Aids Workshop	2
8.3	Supervisory Field Training	4
	Total	8

International Institute for Population Sciences

(Deemed to be University)

Deonar, Mumbai 400 088

Section C Confidential

Section C to be shared with the Controller of Examinations as a guideline for recommending the thesis work of the student for the Institute's Dr. P.N. Mari Bhat award for the best Ph.D. thesis.

Name of the Candidate :

Title of the Thesis :

Referee's name and Address :

Evaluation for "Dr. P.N. Mari Bhat Award for best Ph.D. Research"

Evaluation parameter (weightage)	Evaluation scale (100-1)
i. Originality / Novelty (30%)	
ii. Methodological rigour (20%)	
iii. Quality of thesis presentation (20%)	
iv. Management of citations and references/bibliography (10%)	
v. Contribution to the theory & practices (20%)	
Total	

Date

Referee's Signature: _____

