MALLA REDDY VISHWAVIDYAPEETH
(Deemed to be University), Hyderabad

School of Nursing Science and Technology
FELLOWSHIP IN

COMMUNITY HEALTH CARE NURSING
Curriculum 2026

Programme particulars	
Level	Post-registration fellowship (nursing)
Duration	26 weeks (6 months) – 1,000 hours
Structure	Theory 100 h · Simulation laboratory 60 h · Clinical practice 840 h
Eligibility	Registered B.Sc Nursing / M.Sc Nursing in India, or equivalent
Award	Fellowship certificate of Malla Reddy Vishwavidyapeeth

Approved Curriculum by the Board of Studies, Academic Council and Executive Council

Stage	Body	Date of Approval / Resolution no.
1	Board of Studies – School of Nursing Sciences & Technology	
2	Academic Council	
3	Executive Council	

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1. Preamble and Need for the Programme

Malla Reddy School of Nursing Science and Technology recognizes the growing need for professionally trained nurses who can deliver accessible, comprehensive and evidence-based healthcare to individuals, families and communities. Community health nurses play a vital role in promoting health, preventing disease, identifying health risks, supporting early diagnosis and treatment, and ensuring continuity of care across primary, secondary and tertiary healthcare settings.

The Fellowship in Community Health Care Nursing is designed to strengthen the competencies of registered nurses in community assessment, family health nursing, epidemiology, communicable and non-communicable disease prevention, maternal and child health, immunization, national health programmes, environmental sanitation, nutrition, health education and community-based rehabilitation.

The programme also develops skills in community diagnosis, home visiting, screening, referral, health programme implementation, data collection, Health Management Information Systems (HMIS), documentation, leadership and intersectoral coordination. Through structured field experience, supervised clinical practice, skills laboratory training, case-based learning and community engagement, fellows will learn to assess community health needs and plan, implement and evaluate appropriate nursing interventions.

The fellowship aims to develop competent, ethical, culturally sensitive and accountable community health nurses who contribute to improved public health indicators, reduced preventable illness, better maternal and child health outcomes and strengthened primary healthcare services.

1.1 Need for the Programme

- The increasing burden of communicable diseases, non-communicable diseases, malnutrition and preventable maternal and child health problems requires skilled community health nursing personnel.
- Primary healthcare services require nurses who can conduct community assessments, provide preventive and promotive services, undertake screening and facilitate timely referrals.
- Effective implementation of national health programmes depends on competent personnel who understand programme guidelines, community mobilization, monitoring and reporting.
- Population ageing, chronic illness, disability and changing family structures have increased the need for home-based care, rehabilitation and continuity of nursing services.

- Accurate health data, effective health communication and community participation are essential for planning and evaluating public health interventions.

2. Vision, Mission and Programme Objectives

2.1 Vision

To prepare competent, compassionate and evidence-based community health nurses who promote health, prevent disease and improve the quality of life of individuals, families and communities.

2.2 Mission

- Provide competency-based education through theory, skills laboratory training and supervised community field practice.
- Strengthen the delivery of preventive, promotive, curative and rehabilitative nursing services.
- Develop skills in community assessment, family health nursing, health education and national health programme implementation.
- Promote ethical practice, cultural sensitivity, patient safety and respect for community participation.
- Develop leadership, teamwork, data management and evidence-based decision-making skills in community healthcare.

2.3 Programme Objectives

After successful completion of the Fellowship in Community Health Care Nursing, the fellow will be able to:

1. Provide comprehensive, evidence-based nursing care to individuals, families and communities.
2. Assess community health needs and conduct family health assessments and community diagnosis.
3. Apply epidemiological principles to disease prevention, screening, surveillance and community health planning.
4. Implement and evaluate national health programmes according to applicable guidelines.
5. Deliver maternal, newborn, child, adolescent and family health services in community settings.
6. Promote environmental sanitation, nutrition, personal hygiene and healthy lifestyles.
7. Plan and conduct health education programmes using appropriate communication methods.
8. Utilize HMIS, health indicators, records and registers for data collection, reporting and decision-making.

9. Coordinate with healthcare teams, local bodies, community organizations and referral institutions.
10. Demonstrate leadership, professional accountability, ethical practice and quality improvement in community health services.

3. Programme at a Glance

Item	Details
Name of the programme	Fellowship in Community Health Care Nursing
Offered by	School of Nursing Science and Technology, Malla Reddy Vishwavidyapeeth (Deemed to be University)
Duration	26 weeks (6 months), full time
Total hours	Total-1,000 Hrs: Theory-100 Hrs, Simulation laboratory-60 Hrs, Clinical practice-840 Hrs
Credits	33 (at 30 notional hours per credit; 1,000 h ÷ 30 = 33.3, rounded down)
Eligibility	Registered B.Sc Nursing / M.Sc Nursing in India, or equivalent
Mode	Contact classes, simulation, supervised clinical postings in a teaching hospital, logbook
Assessment	MCQ 25 + practical skills (three case scenarios) 60 + logbook 15 = 100 marks; minimum 50% in each component and 50% aggregate
Award	Fellowship certificate by Malla Reddy Vishwavidyapeeth (Deemed to be University)
Medium of instruction	English

4. Eligibility, Selection and Governance

4.1 Eligibility

- Registered B.Sc. Nursing in India or equivalent qualification.
- Valid registration with the relevant State Nursing Council; registration certificate to be verified at admission.
- Medical fitness certificate and required immunization documentation as prescribed by the institution.
- Willingness to undertake supervised clinical and community field postings.

4.2 Selection and Commencement

The fellowship will follow a transparent, fair and merit-based selection process. Selection will be conducted by the Fellowship Committee on the basis of academic records, a short interview and verification of the required documents.

A batch will commence after approval of the selected candidates, allotment of guides and confirmation of the necessary teaching and field practice facilities.

4.3 Fellowship Committee

Sl. No.	Role / position	Description / designation
1	Chairperson	The Dean, SNST
2	Subject expert	Dean MRCON, Professor or Associate Professor of SNST

Sl. No.	Role / position	Description / designation
3	Guide / co-guide	Professor, Associate Professor or Assistant Professor from SNST
4	Convener	The Fellowship Coordinator of MRV
5	Ex officio members	The Registrar and the Controller of Examinations, MRV

Functions of the Committee

- Approve and periodically review the curriculum.
- Select eligible fellows and allot guides.
- Monitor attendance, field postings, skills acquisition and logbook completion.
- Approve additional assignments, audits, case studies or teaching activities when required.
- Conduct and oversee the final assessment.
- Address grievances and recommend corrective action.
- Recommend eligible fellows for the award of the fellowship certificate.

4.4 Guides and Clinical Preceptors

- **Academic guide:** A faculty member from SNST with a postgraduate qualification in nursing and relevant experience in community health nursing or public health.
- **Clinical/community preceptors:** Experienced registered nurses or appropriately qualified health professionals authorised by the institution to supervise relevant learning activities.
- The guide-to-fellow ratio should not exceed 1:1

5. Programme Outcomes

5.1 Programme outcomes (POs)

At the end of the fellowship the fellow demonstrates the following programme outcomes.

PO	Domain	Programme outcome
PO1	Knowledge	Explains the etiology, pathophysiology, diagnostic findings and management of acute, traumatic and life-threatening conditions.
PO1	Knowledge	Explain the principles, scope and organisation of community health nursing and primary healthcare in India.
PO2	Community assessment	Conduct community surveys, family assessments, home visits and community diagnosis.
PO3	Epidemiology and prevention	Apply epidemiological principles in disease prevention, screening, surveillance and referral.
PO4	National health programmes	Participate in the implementation, monitoring and evaluation of national health programmes.
PO5	Maternal and child health	Provide community-based maternal, newborn, child, adolescent and family health nursing services.

PO	Domain	Programme outcome
PO6	Environmental health and nutrition	Assess environmental health risks and promote sanitation, hygiene, nutrition and healthy lifestyles.
PO7	Health education	Plan and conduct culturally appropriate health education and community mobilization activities.
PO8	HMIS and documentation	Maintain accurate records, use health indicators and prepare appropriate reports using approved information systems.
PO9	Leadership and coordination	Coordinate with healthcare teams, community workers, local organizations and referral services.
PO10	Ethics and professional practice	Demonstrate confidentiality, informed consent, respectful care, accountability and evidence-based practice.

6. Curriculum Framework

6.1 Distribution of Hours

Unit	Title	Theory (h)	Simulation lab (h)
I	Introduction to Community Health Nursing and Primary Healthcare	14	8
II	Community Health Assessment and Family Health Nursing	12	6
III	Epidemiology and Disease Prevention and Control	12	6
IV	National Health Programmes and Public Health Services	12	8
V	Maternal, Newborn, Child, Adolescent and Family Health	14	10
VI	Environmental Health and Sanitation	12	6
VII	Nutrition, Health Education and Communication	12	6
VIII	HMIS, Community Health Management and Leadership	12	10
Total		**100**	**60**

Component	Hours	Share
Theory	100	10%
Skills laboratory / simulation	60	6%
Clinical and community field practice	840	84%
Total	**1,000**	**100%**

The average workload is approximately 38.5 hours per week over 26 weeks, comprising about 3.8 hours of theory, 2.3 hours of laboratory training and 32.3 hours of clinical/community practice per week.

6.2 Schedule of the 26 Weeks

Weeks	Activity
1–2	Orientation, community health nursing principles, primary healthcare, safety, infection prevention, introduction to HMIS and commencement of field posting
3–8	Community assessment, family health nursing, epidemiology, disease prevention, surveillance and supervised home visits
9–14	National health programmes, immunization, maternal and child health, adolescent health and school health
15–20	Environmental health, sanitation, nutrition, health education, community mobilization and field-based interventions
21–24	Remaining community postings, screening programmes, HMIS reporting, community health planning and logbook completion
25	Revision, case presentations, competency verification and practical examination preparation
26	Final assessment, exit examination and completion of documentation

6.3 Teaching–Learning Methods

- Interactive lectures, seminars and guided reading.
- Demonstrations and return demonstrations in the skills laboratory.
- Community surveys, family assessments and supervised home visits.
- Field visits to PHCs, CHCs, Health and Wellness Centres/Ayushman Arogya Mandirs, Anganwadi centres and schools.
- Case studies, family case presentations and community diagnosis exercises.
- Health talks, group discussions, role plays, posters, demonstrations and other health education activities.
- Participation in immunization sessions, screening camps and approved national health programme activities.
- HMIS exercises, record maintenance, data interpretation and preparation of reports.
- Reflective practice, logbook review and feedback from guides and preceptors.

7. Detailed Syllabus: Community Health Care Nursing

Theory: 100 hours | Skills laboratory: 60 hours | Clinical and community field practice: 840 hours

Each unit includes learning objectives, content, teaching–learning activities, assessment methods and course outcomes.

Unit I: Introduction to Community Health Nursing and Primary Healthcare

Theory: 14 hours | Skills laboratory: 8 hours

Learning objectives

- Understand the concepts, principles, scope and functions of community health nursing.
- Describe the healthcare delivery system in India.
- Explain the principles of primary healthcare and universal health coverage.
- Identify the roles and responsibilities of the community health nurse.

Content

1. Introduction to community health nursing

- Concepts, definitions, principles and scope of community health nursing.
- Historical development of community health nursing and public health services.
- Determinants of health and the relationship between individual, family, community and environment.
- Roles and responsibilities of community health nurses.
- Professional ethics, accountability, confidentiality and cultural competence.

2. Primary healthcare

- Principles of primary healthcare, equity, community participation, intersectoral coordination and appropriate technology.
- Health promotion, disease prevention, early diagnosis, treatment, rehabilitation and palliative care.
- Continuity of care and referral systems.

3. Healthcare delivery system in India

- Structure of primary, secondary and tertiary healthcare.
- Roles of sub-centres, Health and Wellness Centres/Ayushman Arogya Mandirs, PHCs, CHCs and district hospitals.
- Roles of community health officers, ANMs, ASHAs, Anganwadi workers and other community-level personnel.
- Coordination with local self-government bodies and community-based organizations.

4. Community health nursing practice

- Principles of home visiting and family-centred care.
- Community participation and mobilization.
- Occupational safety, standard precautions and prevention of healthcare-associated infections.
- Documentation, referral and continuity of care.

Teaching–learning activities

Lectures, videos, group discussions, observation visits, healthcare system mapping and role-play exercises.

Assessment methods

MCQs, viva, and observation checklist.

Course outcomes (CO)

CO	Course outcome: the fellow will be able to
CO1	Explain the principles, scope and functions of community health nursing.
CO2	Describe the organisation of the healthcare delivery system in India.
CO3	Apply primary healthcare principles in community nursing practice
CO4	Identify the responsibilities of community health nurses and relevant community health personnel.

Unit II: Community Health Assessment and Family Health Nursing

Theory: 12 hours | Skills laboratory: 6 hours

Learning objectives

- Conduct community surveys and collect relevant demographic and health information.
- Perform family health assessment and identify priority health needs.
- Plan and conduct systematic home visits.
- Prepare a community diagnosis and develop an appropriate nursing care plan.

Content

1. Community assessment

- Concepts and purposes of community assessment.
- Community profiling, population characteristics and demographic indicators.
- Methods of data collection: interviews, observation, surveys, records and community mapping.
- Identification of vulnerable populations and priority health needs.

2. Family health nursing

- Family structure, functions, health beliefs and available resources.
- Assessment of family health status, living conditions, nutrition, sanitation and health practices.
- Identification of health risks, chronic illness, disability and care needs.
- Family health records, genograms and family health assessment formats, where applicable.

3. Home visiting

- Principles, purposes, planning and stages of home visits.
- Preparation of a home visit bag according to infection-prevention principles.
- Communication, counselling, documentation and follow-up.
- Referral and coordination with community health services.

4. Community diagnosis and planning

- Analysis and interpretation of community health data.
- Identification and prioritization of health problems.
- Preparation of a community diagnosis statement.
- Planning, implementation and evaluation of community interventions.

Teaching–learning activities

Field visits, community mapping, supervised home visits, family case studies, interviews, preparation of family folders and community diagnosis exercises.

Assessment methods

Field report, family case presentation, observation checklist and viva.

Course outcomes (CO)

CO	Course outcome: the fellow will be able to
CO1	Collect and interpret relevant community and demographic data.
CO2	Conduct a comprehensive family health assessment.
CO3	Plan and perform home visits using appropriate nursing procedures.
CO4	Formulate a community diagnosis and prepare a prioritized intervention plan.

Unit III: Epidemiology and Disease Prevention and Control

Theory: 12 hours | Skills laboratory: 6 hours

Learning objectives

- Apply basic epidemiological principles to community health nursing.
- Identify risk factors and prevention strategies for communicable and non-communicable diseases.
- Participate in screening, surveillance and outbreak-control activities.
- Promote early diagnosis, treatment adherence and referral.

Content

1. Basic epidemiology

- Concepts, objectives and uses of epidemiology.
- Measures of disease frequency: incidence, prevalence, morbidity and mortality.
- Epidemiological triad and chain of infection.
- Levels of prevention and principles of screening.
- Risk factors, vulnerable groups and determinants of disease.

2. Communicable diseases

- Modes of transmission and prevention.
- Common communicable diseases relevant to Indian public health, including tuberculosis, malaria, dengue, diarrheal diseases, respiratory infections, HIV and other locally relevant infections.
- Early identification, notification, referral, contact management and treatment adherence, according to programme guidelines.
- Outbreak recognition, basic investigation and community-level response.
- Standard precautions, hand hygiene, immunization and health education.

3. Non-communicable diseases

- Prevention and control of hypertension, diabetes, cardiovascular diseases, cancer and chronic respiratory diseases.
- Lifestyle-related risk factors, tobacco cessation, physical activity and healthy diet.
- Community-based screening, referral, follow-up and adherence support.
- Mental health awareness and referral for appropriate services.

4. Screening and surveillance

- Purpose and principles of screening.
- Community-based disease surveillance and reporting.
- Identification of warning signs and appropriate referral.
- Public health emergency preparedness and community participation.

Teaching–learning activities

Lectures, case discussions, epidemiological exercises, screening demonstrations, field exposure and preparation of disease-prevention plans.

Assessment methods

MCQs, written test, case presentation and screening skills checklist.

Course outcomes (CO)

CO	Course outcome: the fellow will be able to
CO1	Explain basic epidemiological concepts and disease indicators.
CO2	Identify risk factors and preventive measures for common communicable and non-communicable diseases.
CO3	Participate in screening and surveillance activities.
CO4	Initiate appropriate community-level prevention, health education, referral and follow-up.

Unit IV: National Health Programmes and Public Health Services

Theory: 12 hours | Skills laboratory: 8 hours

Learning objectives

- Describe the objectives and service components of relevant national health programmes.
- Participate in programme implementation, community mobilization and follow-up.
- Apply appropriate procedures for immunization and programme-related documentation within the authorised scope of practice.
- Identify programme indicators and reporting requirements.

Content

1. National health policy and public health programmes

- Overview of national health priorities and the National Health Mission.
- Roles of national, state, district and local health systems.
- Community participation and intersectoral coordination.

2. Reproductive, maternal, newborn, child and adolescent health

- Relevant RMNCH+A services and programme components.
- Antenatal, postnatal, newborn, child and adolescent health services.
- Family planning and reproductive health counselling.
- Referral and follow-up for high-risk individuals.

3. Universal immunization

- National Immunization Schedule and applicable current guidelines.

- Vaccine-preventable diseases.
- Cold-chain principles, vaccine storage, safe administration and adverse events following immunization.
- Immunization session planning, beneficiary tracking and recording.

4. Communicable disease programmes

- National Tuberculosis Elimination Programme.
- National AIDS Control Programme.
- Vector-borne disease prevention and control.
- Relevant surveillance, notification, counselling and treatment-adherence activities.

5. Non-communicable disease and other health programmes

- National Programme for Prevention and Control of Non-Communicable Diseases.
- Relevant mental health, elderly care, tobacco-control and disability-related services.
- School health, adolescent health and other locally applicable public health initiatives.

6. Programme monitoring

- Beneficiary identification, mobilization, service delivery and follow-up.
- Use of programme registers, reports and approved digital platforms.
- Review of service coverage, missed beneficiaries and referral completion.

Teaching–learning activities

Group presentations, field exposure, programme observation, immunization demonstrations, register review and case-based discussions.

Assessment methods

Assignments, viva, programme report and practical checklist.

Course outcomes (CO)

CO	Course outcome: the fellow will be able to
CO1	Describe the objectives and components of relevant national health programmes.
CO2	Participate in approved programme activities and community mobilization.
CO3	Apply immunization safety, documentation and referral principles..
CO4	Use programme indicators and records to support monitoring and follow-up

Unit V: Maternal, Newborn, Child, Adolescent and Family Health

Theory: 14 hours | Skills laboratory: 10 hours

Learning objectives

- Provide community-based maternal and child health nursing services.
- Identify high-risk pregnancies, maternal danger signs and newborn danger signs.
- Assess child growth and development and support immunization and nutrition.
- Promote adolescent health, reproductive health and family planning.

Content

1. Maternal health

- Preconception care and antenatal registration.
- Antenatal assessment, nutrition, supplementation and health education.

- Identification of high-risk pregnancy and danger signs.
- Birth preparedness, emergency readiness and referral.
- Postnatal care and maternal mental health awareness.

2. Newborn health

- Essential newborn care and breastfeeding support.
- Thermal protection, hygiene and cord care.
- Recognition of newborn danger signs and timely referral.
- Follow-up of low-birth-weight and other vulnerable newborns in coordination with the health team.

3. Child health

- Growth and development milestones.
- Growth monitoring, growth charts and nutritional screening.
- Breastfeeding, complementary feeding and prevention of childhood illness.
- Immunization, vitamin supplementation and appropriate follow-up according to current guidelines.
- Recognition of childhood danger signs and referral.

4. Adolescent health

- Physical, emotional and psychosocial development.
- Menstrual hygiene, nutrition, mental health and substance-use prevention.
- Reproductive and sexual health education appropriate to age and context.
- Confidentiality, respectful communication and referral.

5. Family health and family planning

- Counselling on available family planning methods.
- Healthy spacing, reproductive rights and informed choice.
- Prevention and early referral for reproductive tract and sexually transmitted infections.
- Support for vulnerable families and continuity of care.

6. School health services

- School health assessment and health education.
- Vision, hearing, oral health, nutrition and other approved screening activities.
- Prevention of communicable diseases and promotion of healthy school environments.
- Referral, follow-up and coordination with parents and school personnel.

Teaching–learning activities

Demonstrations, role plays, growth-monitoring exercises, maternal and child health case studies, counselling practice and supervised field exposure.

Assessment methods

OSCE, case study, counselling checklist and practical demonstration.

Course outcomes (CO)

CO	Course outcome: the fellow will be able to

CO	Course outcome: the fellow will be able to
CO1	Provide appropriate community-based maternal and postnatal nursing support.
CO2	Recognize maternal, newborn and child danger signs and facilitate timely referral.
CO3	Assess growth and development and promote nutrition and immunization.
CO4	Provide adolescent health education and family planning counselling within professional scope.

Unit VI: Environmental Health and Sanitation

Theory: 12 hours | Skills laboratory: 6 hours

Learning objectives

- Assess environmental conditions that influence community health.
- Promote safe water, sanitation, hygiene and waste management.
- Identify environmental and occupational health risks.
- Plan community-based environmental health education activities.

Content

1. Environmental health

- Relationship between environment and health.
- Housing, ventilation, lighting, overcrowding and community sanitation.
- Identification of environmental health hazards.

2. Water and sanitation

- Sources of water and protection of drinking-water quality.
- Household water treatment and safe storage.
- Personal hygiene, hand washing and sanitation.
- Prevention of waterborne and food borne diseases.

3. Waste management

- Household and community waste segregation and disposal.
- Biomedical waste segregation and handling according to applicable rules in relevant healthcare settings.
- Prevention of injuries and infection during waste handling.
- Drainage, sewage management and vector breeding prevention.

4. Pollution and occupational health

- Air, water, soil and noise pollution.
- Indoor air pollution and household exposure risks.
- Common occupational hazards and preventive measures.
- Community participation in environmental improvement.

5. Disaster and environmental preparedness

- Community awareness for floods, heat waves and other locally relevant hazards.
- Environmental risk identification, preparedness and referral coordination.
- Safe water, hygiene and sanitation measures during emergencies.

Teaching–learning activities

Environmental surveys, field visits, demonstrations, sanitation assessment, waste-management exercises and community awareness activities.

Assessment methods

Practical checklist, field report, demonstration and viva.

Course outcomes (CO)

CO	Course outcome: the fellow will be able to
CO1	Identify environmental health risks within a community.
CO2	Promote safe water, sanitation, hygiene and waste management.
CO3	Educate families about pollution prevention and environmental health.
CO4	Participate in community environmental improvement and preparedness activities.

Unit VII: Nutrition, Health Education and Communication

Theory: 12 hours | Skills laboratory: 6 hours

Learning objectives

- Assess nutritional status using appropriate methods.
- Identify malnutrition and nutrition-related health risks.
- Plan and deliver effective health education.
- Demonstrate culturally appropriate communication and counselling skills.

Content

1. Community nutrition

- Principles of balanced nutrition across the life span.
- Nutritional requirements during pregnancy, lactation, infancy, childhood, adolescence and old age.
- Nutritional assessment: dietary history, anthropometry and relevant screening.
- Under nutrition, micronutrient deficiencies, overweight and obesity.
- Food hygiene, safe food handling and nutrition counselling.

2. Nutrition programmes and community support

- Relevant nutrition-related national and state initiatives.
- Coordination with Anganwadi services and other community nutrition resources.
- Identification and referral of individuals at nutritional risk.
- Community nutrition education and follow-up.

3. Health education

- Concepts, objectives, principles and methods of health education.
- Individual counselling, group teaching, demonstrations, posters, flip charts and digital media.
- Planning, delivery and evaluation of health education sessions.
- Behaviour change communication and community mobilization.

4. Communication skills

- Interpersonal communication, active listening and empathy.
- Communication with children, adolescents, older adults and vulnerable groups.
- Addressing misconceptions, stigma and cultural barriers.
- Counselling, feedback and referral communication.

Teaching–learning activities

Nutritional assessment, dietary demonstrations, preparation of teaching aids, health talks, group activities, counselling role plays and community education sessions.

Assessment methods

Nutritional assessment checklist, health education session evaluation, practical demonstration and viva.

Course outcomes (CO)

CO	Course outcome: the fellow will be able to
CO1	Assess nutritional status and identify individuals at nutritional risk
CO2	Counsel families on balanced nutrition and appropriate feeding practices
CO3	Plan and conduct health education sessions using appropriate teaching methods.
CO4	Communicate effectively and sensitively with individuals, families and communities.

Unit VIII: HMIS, Community Health Management and Leadership

Theory: 12 hours | Skills laboratory: 10 hours

Learning objectives

- Maintain accurate community health records and reports.
- Use approved HMIS and digital health platforms within authorised access.
- Interpret basic health indicators for planning and evaluation.
- Demonstrate leadership, coordination, supervision and quality improvement in community health services.

Content

1. Health information systems

- Purpose and importance of HMIS.
- Relevant paper-based records, registers and approved digital platforms.
- Data collection, validation, aggregation, reporting and confidentiality.
- Data quality, completeness, timeliness and accuracy.

2. Health indicators and data use

- Demographic, maternal and child health, morbidity and mortality indicators.
- Service coverage, immunization coverage, screening and referral indicators.
- Basic tabulation, graphs, interpretation and identification of service gaps.
- Use of data for community diagnosis, programme monitoring and decision-making.

3. Community health planning

- Setting priorities and objectives.
- Preparation of community health action plans.

- Resource identification, scheduling and implementation.
- Monitoring and evaluation of interventions.

4. Leadership and coordination

- Teamwork and Interprofessional collaboration.
- Coordination with ASHAs, ANMs, community health officers, Anganwadi workers, local bodies and referral facilities.
- Supervision, delegation, conflict resolution and time management.
- Organisation of health camps and community mobilization activities.

5. Quality assurance and professional practice

- Standards of care and continuous quality improvement.
- Audit, feedback and corrective action.
- Ethical practice, confidentiality, informed consent and data protection.
- Documentation, incident reporting and professional accountability.

Teaching–learning activities

HMIS practical exercises, record maintenance, data interpretation, report preparation, health planning, group projects and leadership role plays.

Assessment methods

Logbook evaluation, practical examination, record audit, case presentation and viva.

Course outcomes (CO)

CO	Course outcome: the fellow will be able to
CO1	Maintain accurate community health records and reports.
CO2	Uses approved HMIS tools and interpret basic health indicators.
CO3	Prepare a community health action plan based on identified needs
CO4	Demonstrate leadership, coordination and quality improvement in community health practice

8. Clinical and Community Field Practice (840 Hours)

Distribution of Clinical and Community Field Postings

Clinical area	Weeks	Hours
PHC / Health and Wellness Centre / Ayushman Arogya Mandir and community outreach	8	280
Community assessment, home visits and family health nursing	4	140
Maternal, newborn, child and adolescent health services	4	140
National health programmes, immunization and disease surveillance	3	100
School health, Anganwadi and nutrition services	2	60
Environmental health, sanitation and community health camps	3	80
CHC / referral services, HMIS and public health administration	2	40

The posting schedule may be arranged according to service availability and the approved institutional roster. Community field practice should begin in the first week. Theory and skills laboratory hours are additional to the 840 practical hours and are included within the overall 1,000-hour programme.

Each posting must conclude with preceptor feedback, verification of the fellow's logbook and guide-approved competency sign-off.

8.1 Expected Learning in Each Posting

Posting	Focus
PHC / Health and Wellness Centre	Understand service delivery, patient registration, health assessment, health promotion, screening, referral and follow-up.
Community assessment and family health	Conduct community surveys, family assessment, home visits, identification of health risks and preparation of family health records.
Maternal, newborn, child and adolescent health	Participate in antenatal and postnatal services, growth monitoring, immunization, newborn care education and adolescent health activities.
National health programmes	Observe and participate in approved immunization, communicable disease control, NCD screening, surveillance and programme reporting activities.
School health and Anganwadi	Participate in school health assessments, health education, nutritional screening and growth monitoring.
Environmental health and health camps	Conduct sanitation surveys, promote hygiene, support community screening and assist with approved health camps.
CHC, referral and HMIS	Understand referral pathways, programme coordination, record maintenance, data reporting and community health planning.

9. Essential Community Health Nursing Skills and Logbook

The fellow must maintain a logbook recording all relevant observed, assisted and performed activities. Each entry must include the date, setting, activity, level of participation, outcome or reflection and preceptor verification.

Minimum competency numbers should be finalized by the Board of Studies based on service availability, current programme guidelines and the approved scope of practice. The following is a proposed minimum logbook framework for academic approval.

9.1 Procedures and Activities Observed (O)

No.	Procedure	Minimum
1	Functioning of PHC / Health and Wellness Centre	2 visits
2	Functioning of CHC / referral facility	1 visit
3	Immunization clinic or session	2 sessions
4	Anganwadi services and nutrition activities	2 visits
5	School health programme	2 visits
6	National health programme activity	2 sessions
7	HMIS / community health reporting system	2 sessions
8	Environmental sanitation survey	2 visits

9.2 Procedures and Activities Assisted (A)

No.	Procedure	Minimum.	Simulation
1	Immunization session	5	Sim
2	Antenatal assessment	5	Sim
3	Postnatal and newborn follow-up	5	
4	Child growth monitoring	10	
5	Community screening programme	5	
6	NCD screening for blood pressure and diabetes	10	
7	Health education programme	5	
8	Family health assessment	5	Sim
9	Community health camp	2	Sim
10	Referral and follow-up activity	5	Sim

9.3 Procedures and Activities Performed (P)

No.	Procedure	Minimum	Sim
1	Home visits with documented assessment	20	Sim
2	Comprehensive family health assessment	10	
3	Community health survey / household data collection	1 completed survey	
4	Community diagnosis and prioritization of health problems	1	
5	Individual or family health education	10	
6	Group health education sessions	5	Sim
7	Nutritional assessment	10	
8	Growth monitoring under supervision	10	Sim
9	Blood pressure screening	20	
10	Blood glucose screening under approved protocol	10	
11	Preparation of a community health action plan	1	
12	Organisation or active participation in a health camp	2	
13	HMIS record entry / reporting exercise using approved data	5	
14	Preparation of a referral and follow-up record	5	
15	Environmental sanitation assessment	5	
16	Preparation of a programme monitoring report	1	

9.4 Logbook Requirements

- Every entry must include the date, patient or family code where applicable, activity, setting, level of participation, outcome and reflection.
- Personal identifiers and confidential patient information must not be included in the academic logbook.
- Preceptors must sign or verify entries, and the guide must review competencies at the end of each posting.

- The Fellowship Coordinator should review progress at approximately weeks 8, 16 and 24.
- The fellow must complete at least 10 case studies, family case presentations or community health reports covering relevant areas of the curriculum.
- At least one community diagnosis and one community health action plan must be submitted.
- The completed logbook must be submitted to the guide one week before the final assessment.

10. Scheme of Assessment

10.1 Final Assessment and Exit Examination

The final examination will be conducted by the School of Nursing Science and Technology, Malla Reddy Vishwavidyapeeth. Assessment will be based on three components.

Component	Details	Marks	Minimum (50%)
I. Multiple choice questions	Written paper; 1 mark per question; blueprint in 10.3	25	12.5
II. Practical skills assessment	Three case scenarios with discussion; 20 marks each	60	30
III. Logbook maintenance	Completeness and regularity; accuracy of entries; guide verification	15	7.5
Total		**100**	**50**

10.2 Criteria to Pass

- A minimum of 50% must be obtained separately in each of the three assessment components.
- A minimum aggregate of 50 marks out of 100 is required.
- A minimum of 80% attendance is required in theory, laboratory and clinical/community field postings, subject to University regulations.
- Missed clinical or community field hours must be completed before the final assessment.
- A fellow who fails an assessment component may repeat that component at the next scheduled assessment, subject to applicable University rules.
- Additional assignments, audits, teaching sessions or other deliverables require prior written approval from the Fellowship Committee.

10.3 MCQ Blueprint (25 Marks)

Unit	Title	Theory hours	MCQs
1	Introduction to Community Health Nursing and Primary Healthcare	14	3

Unit	Title	Theory hours	MCQs
2	Community Health Assessment and Family Health Nursing	12	3
3	Epidemiology and Disease Prevention and Control	12	3
4	National Health Programmes and Public Health Services	12	3
5	Maternal, Newborn, Child, Adolescent and Family Health	14	4
6	Environmental Health and Sanitation	12	3
7	Nutrition, Health Education and Communication	12	3
8	HMIS, Community Health Management and Leadership	12	3
	Total	**100**	**25**

10.4 Practical Skills Assessment (60 Marks)

Each fellow will be assessed through three case scenarios based on simulated or actual community health situations, subject to consent and appropriate supervision.

The three scenarios should collectively cover community/family assessment, maternal-child or communicable/non-communicable disease prevention, and health education/HMIS or community health planning.

Assessment rubric for each case

Criterion	Marks
Assessment, history and identification of health needs	5
Prioritization and nursing care / intervention plan	4
Technical skills and implementation of appropriate interventions	6
Safety, infection prevention, communication and documentation	3
Discussion of rationale, referral, evaluation and evidence	2
Total per case	**20**

10.5 Logbook Assessment (15 Marks)

Criterion	Marks
Completeness and regularity	5
Accuracy of entries	5
Guide verification	5
Total	**15**

10.6 Formative Assessment

Formative assessment will be conducted throughout the fellowship through:

- Unit-wise MCQs and short-answer tests.
- Return demonstrations and skills checklists.
- Family case studies and community diagnosis presentations.
- Health education sessions and counselling assessments.
- Field reports, HMIS exercises and record audits.

- Guide feedback and end-of-posting competency reviews.

Formative assessments provide feedback and guide learning. They do not carry marks in the final result unless specifically incorporated through an approved University assessment regulation.

10.7 Award of Certificate

The Fellowship in Community Health Care Nursing certificate will be awarded by Malla Reddy Vishwavidyapeeth (Deemed to be University) to fellows who satisfy the approved attendance, competency and assessment requirements, on the recommendation of the Fellowship Committee and under the signatures of the authorised University officials.

11. Infrastructure, Faculty and Quality Assurance

11.1 Clinical and Community Field Facilities

The institution should ensure access to suitable field practice facilities, including:

- PHCs, CHCs and Health and Wellness Centres/Ayushman Arogya Mandirs.
- Community outreach services and approved home-visit areas.
- Maternal and child health clinics, immunization sessions and school health services.
- Anganwadi centres and community nutrition services.
- National health programme and screening services.
- Referral facilities and district-level public health services.
- Approved facilities for HMIS orientation and public health administration.

Formal permissions, affiliation arrangements or memoranda of understanding should be established where required.

11.2 Skills Laboratory

The laboratory should provide appropriate facilities and materials for:

- Family health assessment and home-visit demonstrations.
- Anthropometry, growth monitoring and nutritional assessment.
- Blood pressure and blood glucose screening practice.
- Immunization and cold-chain demonstrations.
- Hand hygiene, standard precautions and waste segregation.
- Maternal and child health assessment demonstrations.
- Counselling, health education and communication role plays.
- Community survey, record maintenance and HMIS exercises.

11.3 Classroom and Learning Resources

- Smart classroom and access to relevant textbooks and journals.
- Current national and state public health programme guidelines.
- Approved health education materials and teaching aids.

- Computers and authorised access to relevant HMIS training systems.
- Learning management system for course notes, field formats and logbook templates.

11.4 Quality Assurance

- Collect fellow feedback on each unit and field posting.
- Review progress at the midpoint and end of the programme.
- Conduct annual curriculum review through the Fellowship Committee.
- Update programme content according to current government guidelines and public health priorities.
- Maintain documented grievance redressal procedures.
- Ensure informed consent, confidentiality, safe practice and appropriate supervision during field activities.
- Monitor the completion and quality of community field hours, logbooks and competency assessments.

12. Suggested References

1. Park K. *Park's Textbook of Preventive and Social Medicine*. Current edition.
2. Basavanthappa B. T. *Community Health Nursing*. Current edition.
3. Stanhope M. and Lancaster J. *Public Health Nursing: Population-Centered Health Care in the Community*. Current edition.
4. Suryakantha A. H. *Community Medicine with Recent Advances*. Current edition.
5. World Health Organization. Resources and guidance on primary healthcare, immunization, disease prevention and health promotion.
6. Ministry of Health and Family Welfare, Government of India. Current national health policies, programme guidelines and operational manuals.
7. Indian Public Health Standards and applicable guidelines for public health facilities.
8. National Health Mission: current programme implementation guidance and reporting resources.
9. Current Government of India guidelines for the National Tuberculosis Elimination Programme, National AIDS Control Programme and relevant non-communicable disease programmes.
10. Current national immunization guidelines, maternal and child health guidance and relevant nutrition programme manuals.
11. Applicable national and state guidelines on HMIS, health indicators, environmental health and biomedical waste management.

The editions and official guidelines to be used for teaching and assessment shall be approved by the Board of Studies and updated periodically.

ANNEXURE A: FINAL ASSESSMENT SHEET – MRV FELLOWSHIP

A. Fellow Details

Name of fellow	
Fellowship ID	
Institution / department	
Batch / year	

Component I: Multiple choice questions (25 marks)

Number of questions: _____ Marks obtained: _____ / 25 Result: ☐ Pass ☐ Fail (minimum 50% required)

Component II: Practical skills assessment (60 marks)

Case	Maximum marks	Marks obtained	Examiner signature
Case 1	20		
Case 2	20		
Case 3	20		
Total	**60**		

Result: ☐ Pass ☐ Fail (minimum 50% required)

Component III: Logbook maintenance (15 marks)

Criteria: completeness and regularity; accuracy of entries; guide verification. Marks obtained: _____ / 15 Result: ☐ Pass ☐ Fail (minimum 50% required)

Overall assessment summary

Component	Maximum marks	Marks obtained	Pass / fail
MCQs	25		
Practical skills	60		
Logbook	15		
Total	**100**		

Final result: ☐ Pass ☐ Fail (minimum 50% aggregate required)

Additional outputs (if approved by the Fellowship Committee):

Certification

We certify that the above final assessment and exit examination have been conducted strictly in accordance with the approved MRV Fellowship guidelines.

Date: _____

1. Name of guide / examiner	
Signature	
2. Name of guide / examiner	
Signature	

Annexure B: Logbook Formats

B.1 Procedure log

Date	Patient / Family Code	Procedure / Activity	Level (O/A/P)	Clinical / Community / Sim	Outcome and Reflection	Preceptor Signature

B.2 Posting summary

Posting	Dates	Hours completed	Competencies signed off	Guide signature
PHC / Health and Wellness Centre				
Community assessment and home visits				
Maternal, newborn, child and adolescent health				
National health programmes and immunization				
School health and Anganwadi services				
Environmental health and community health camps				
CHC, referral services and HMIS				

B.3 Case study / presentation log

Sl. No.	Date	Case / Health Problem	Area	Guide Remarks and Signature

ANNEXURE C: CERTIFICATE OF COMPLETION

MALLA REDDY VISHWAVIDYAPEETH

(Deemed to be University), Hyderabad

School of Nursing Science and Technology

This is to certify that

_____

Fellowship ID: _____has successfully completed the 26-week

FELLOWSHIP IN COMMUNITY HEALTH CARE NURSING

at the School of Nursing Science and Technology, and has passed the final assessment and exit examination held in _____ with a total of _____ / 100 marks.

Date of issue: _____	Place: Hyderabad
Controller of Examinations	Dean, School of Nursing Science and Technology