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This file is a **study reference** prepared by ignouproject.com (By BK Sahni, built 06 October 2026). It shows how a research proposal for **MHCP-002 Research Project in Home Science** (M.Sc. Home Science, Community Development and Extension Management, MSCHSC, IGNOU) can be laid out. It is **not for submission**. Your proposal must be your own topic, your own field site and your own reading.

What IGNOU documents say (read in October 2026):

Point	Source
MHCP-002 is the second-year Research Project in Home Science, 6 credits. MHCP-001 (first year, 4 credits) is a field-activity file and has no synopsis.	MSCHSC Programme Guide, SOCE, September 2024, p. 19; Common Prospectus July 2026, p. 84
The project can be quantitative or qualitative, may be tied to a voluntary organisation or government agency, must have research significance and follow a proper research methodology.	Programme Guide, p. 28
The proposal, after concurrence and signature of your Academic Counsellor or Supervisor at the Study Centre, is sent by email to the evaluators at headquarters on the email id given to you. Work starts after approval.	Programme Guide, pp. 28 to 29
The report goes in November or May as soft copy to the email id given to you, or as hard copy to the Student Evaluation Division (SED), IGNOU, Maidan Garhi, New Delhi 110068. Keep a second copy. Project evaluation fee for a project above 4 credits: Rs 500, paid with the Term-End Examination form.	Programme Guide, pp. 28 to 29; Common Prospectus July 2026, p. 27

Important limitation. *The MHCP-002 Project Handbook (with its own list of proposal sections and its forms) was not available to us when this file was made. The section list below is a commonly used research-proposal structure, not an IGNOU-prescribed list. If your MHCP-002 Handbook gives a different order or asks for a proforma, follow the Handbook.*

How to use the [brackets]. *Everything in [square brackets] is for your own facts: place, organisation, population figures, dates, sample size and the studies you read. No figure in this file is a finding. Findings can only come from your own fieldwork.*

References. *Only sources we could verify in October 2026 are listed. Read each one yourself before citing it, and add the studies you actually read.*

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[TITLE PAGE]

Proposed title: Use of Dialogue-based IEC Materials by ASHAs for Adolescent Anaemia Communication in [Block], [District]: A Mixed-method Study with [Partner NGO]

Field	Fill in
Programme	M.Sc. (Home Science - Community Development and Extension Management) (MSCHSC)
Course	MHCP-002 Research Project in Home Science
Name of learner	[ ]
Enrolment number	[ ]
Study Centre (code)	[ ]
Regional Centre	[ ]
Academic Counsellor / Supervisor (Guide)	[ ]
Partner organisation (if any)	[ ]
Email id given for proposal submission	[ ]
Date of submission	[ ]

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1. Introduction and context

Anaemia among adolescent girls is addressed in India through a life-cycle programme. Anemia Mukt Bharat was launched by the Ministry of Health and Family Welfare in 2018 as an intensified National Iron Plus Initiative, delivered through existing platforms such as Weekly Iron Folic Acid Supplementation (WIFS). In 2026 the Ministry released revised Operational Guidelines under the name Anaemia Mukt Bharat Abhiyaan. [Describe in two or three sentences which version applies in your block during your fieldwork, after reading the guidelines yourself.]

Frontline workers, including ASHAs, are expected to use information, education and communication (IEC) materials and interpersonal communication with adolescents. This study looks at *how* those materials are used in conversation, not at haemoglobin levels.

[Add the current anaemia figure for adolescent girls in your state or district from the latest National Family Health Survey fact sheet, with its year and page.]

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2. Statement of the problem

What IEC materials do ASHAs in [Block] use when they talk to adolescent girls about anaemia, how do they use them in practice, and how do the girls receive the key messages?

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3. Rationale and significance

An evaluation of an adolescent anaemia control programme in Gujarat, published in the Indian Journal of Medical Research (vol. 130, no. 5, pp. 584 to 589), reported that weekly supervised iron folic acid supplementation reduced anaemia but that retention of the messages carried in IEC material was not satisfactory. That gap, between material that exists and messages that stay, is what this study examines at block level.

The topic draws directly on MSCHSC courses: MHC-006 Management of Maternal and Child Health (Block 3, Behaviour Change Communication in MCH; Block 4, Implications

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for Adolescent Health) and MHC-007 Social and Behaviour Change (Block 4, Designing and Developing Dialogue-based Methods and Materials). [State in your own words why this matters to [Partner NGO] and to girls in your block.]

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4. Review of literature

Organise the review by theme, not by author. Suggested themes: (a) national programme guidance on adolescent anaemia communication; (b) studies on IEC effectiveness among adolescent girls; (c) studies on frontline workers as communicators; (d) dialogue-based and participatory communication.

[Summarise each study you read in three to five lines: author, year, place, sample, method, main finding, and what it leaves out. Add the gap your study addresses.]

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5. Research questions

RQ1. Which IEC materials related to anaemia are available to ASHAs in [Block]?

RQ2. How do ASHAs use these materials during contact with adolescent girls?

RQ3. Which anaemia messages do adolescent girls recall and how do they explain them?

RQ4. What do ASHAs and girls see as barriers to dialogue around these materials?

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6. Objectives

Objectives are worded neutrally, without assuming what the findings will be.

1. To list and describe the anaemia-related IEC materials available with ASHAs in [Block].

2. To study how ASHAs use these materials in sessions with adolescent girls.

3. To explore the recall and understanding of key anaemia messages among adolescent girls aged [ ] to [ ] years.

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4. To identify barriers to dialogue reported by ASHAs and adolescent girls.

5. To suggest ways in which [Partner NGO] could support dialogue-based use of the materials.

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7. Operational definitions

Dialogue-based use: use of an IEC material in which the ASHA asks questions, invites responses or links the material to the girl's own situation, as recorded on the observation checklist.

Recall of key messages: the number of [list the messages you will check] that a girl states correctly without prompting during the interview.

[Define every other term you will measure.]

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8. Research design

A descriptive study using mixed methods: a structured interview schedule (quantitative) and focus group discussions plus observation of sessions (qualitative). The MSCHSC Programme Guide allows the Research Project to be quantitative or qualitative. [Justify why mixed methods suit your questions.]

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9. Area and population

Area: [villages / wards] in [Block], [District], [State], where [Partner NGO] works.

Population: (a) ASHAs working in the selected area, [number] in total as per [source]; (b) adolescent girls aged [ ] to [ ] years living in the same area.

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10. Sample and sampling

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ASHAs: [all ASHAs in the area (census) / a purposive sample of [ ] ASHAs], because [reason].

Adolescent girls: [ ] girls selected by [method] from [list / register / school / AWC].

Focus groups: [ ] groups of [6 to 12] girls each. (The MHCP-001 Manual, which you used in the first year, describes 6 to 12 participants as the usual FGD size.)

IGNOU documents do not prescribe a minimum sample size for MHCP-002. State your number and explain why it is enough for your questions.

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11. Tools of data collection

(a) Inventory sheet of IEC materials, with photographs taken only with permission.

(b) Interview schedule for ASHAs: [list sections].

(c) Observation checklist for an ASHA session with girls: [list items].

(d) Interview schedule for adolescent girls on message recall: [list sections].

(e) FGD guide with open questions: [list at least 8 questions].

Pre-test each tool with [ ] respondents outside the sample and revise it before use.

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12. Procedure of data collection

Permission from [Partner NGO] and from [ANM / PHC / block officials as applicable]; informed consent from ASHAs; consent of a parent or guardian and the girl's own assent for respondents under 18 years; data collection between [month] and [month] [year]; field diary with the date of every visit.

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13. Data analysis

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Quantitative data: frequencies and percentages by [variables]; [any test you will use, with the objective it serves].

Qualitative data: thematic analysis of FGD and observation notes, with codes linked to RQ2 to RQ4.

Triangulation: compare what ASHAs report, what is observed and what girls recall.

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14. Proposed chapterisation

Chapter 1 Introduction; Chapter 2 Review of literature; Chapter 3 Methodology; Chapter 4 Results and discussion; Chapter 5 Summary, conclusions and suggestions; References; Appendices (tools, consent forms, permission letters). [Change this if your MHCP-002 Handbook gives a different structure.]

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15. Limitations

[For example: one block only; recall measured at one point in time; observation may change how an ASHA behaves.]

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16. Ethical considerations

Voluntary participation; no names in the report; separate, private space for FGDs; no pressure on girls to share personal health details in a group; data kept by the learner only.

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17. Time schedule

[Weeks 1 to 2: permissions and tool pre-test; weeks [ ] to [ ]: data collection; weeks [ ] to [ ]: analysis; weeks [ ] to [ ]: writing and guide review; target submission: November / May [year].]

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18. References (verified October 2026; read each before citing)

Bhatia, V., et al. (2018). India steps ahead to curb anemia: Anemia Mukt Bharat. *Indian Journal of Community Health*, 30(4), 312 to 316.

[Author names: check on the journal page]. Adolescent girls' anaemia control programme, Gujarat, India. *Indian Journal of Medical Research*, 130(5), 584 to 589.

Indira Gandhi National Open University (2024). *Programme Guide: M.Sc. (Home Science - Community Development and Extension Management) (MSCHSC)*. New Delhi: School of Continuing Education.

Ministry of Health and Family Welfare (2018). *Anemia Mukt Bharat: Intensified National Iron Plus Initiative, Operational Guidelines*. New Delhi: Government of India.

Ministry of Health and Family Welfare (2026). *Anaemia Mukt Bharat Abhiyaan: Operational Guidelines*. New Delhi: Government of India. [Confirm the exact title on the MoHFW website.]

National Health Mission. *Guide for Training Master Trainers on WIFS*. New Delhi: Ministry of Health and Family Welfare. Available at nhm.gov.in.

World Bank (1996). *The World Bank Participation Sourcebook*. Washington, DC: The World Bank.

[Add every study from your review of literature in the same style.]

Signature of learner and date	Signature of Academic Counsellor / Supervisor and date
[ ]	[ ]

Need your own draft checked against the official MSCHSC documents before you email it? ignouproject.com reviews learner-written proposals and returns corrections; the learner remains the author and IGNOU's evaluator decides approval.

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