

PROGRAMME GUIDE

Post Graduate Diploma in Maternal and Child Health (PGDMCH)



School of Health Sciences
Indira Gandhi National Open University
New Delhi

Education is to edit
the experience and knowledge
that nurture our existence
with every progressive push.

—*The Message*, Vol.VIII : 7

NOTICE TO STUDENTS

All relevant information related to the Programme is available in the link:
<http://www.ignou.ac.in/ignou/aboutignou/school/sohs/programmes>

In case a student wants to have assignments, he/she can download it from the IGNOU website
<https://webservices.ignou.ac.in/assignments/>

Students are being specially informed to fill up the online Term-end theory Examination Form in time to avoid late fee which is usually 31st March/ 30th September for June/December Examination session respectively. You can visit:
<http://exam.ignou.ac.in/>

For any student related information, visit:
<http://www.ignou.ac.in/ignou/studentzone>

Know your registration details
<http://admission.ignou.ac.in/changeadmdata/admissionstatusnew.asp>

Gyan Darshan
www.ignouonline.ac.in/gyandarshan

Gyan Vani
www.ignouonline.ac.in/gyandhara

e Gyankosh –A digital repository
www.egyankosh.ac.in

<https://youtube.com/c/EMPCIGNOU>

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Post Graduate Diploma in Maternal and Child Health (PGDMCH)



School of Health Sciences
Indira Gandhi National Open University
Maidan Garhi, New Delhi-110 068

2024

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ABBREVIATIONS

IGNOU	: Indira Gandhi National Open University
SOHS	: School of Health Sciences
RSD	: Regional Services Division
SR&ED	: Student Registration and Evaluation Division
MPDD	: Material Production and Distribution Division
PSC	: Programme Study Centre
LSC	: Learner Support Centre
SDC	: Skill Development Centre
WP	: Work Place
RHSAC	: Regional Health Sciences Advisory Committee

1. WHY THIS PROGRAMME?

The Post Graduate Diploma in Maternal and Child Health (PGDMCH) Programme is a comprehensive package of Community Medicine/PSM, Obstetrics and Gynaecology and Paediatrics so as to give you an integrated knowledge on the MCH care. The package includes the Integrated Management of Neonatal and Childhood Illness (IMNCI), Facility based IMNCI (F-IMNCI), Adolescent-Friendly Reproductive and Sexual Health (RKSK) Services, Mother and Child Tracking System (MCTS) and Maternal Death Surveillance and Response (MDSR) and other approaches of Government of India to improve the various morbidity and mortality indicators related to MCH care. The GOI approach to harmonize paediatric care at all level of health care delivery has also been adapted. Thus the curriculum aims at updating the knowledge and skills of practicing doctors and those placed in a peripheral set up like Primary Health Centre/Community Health Centre. But the package would also be beneficial for doctors at all levels engaged in the MCH care in different capacities. It is being offered as a Continuing Medical Education (CME).

After completion of this Programme, you should be able to:

- imbibe comprehensive knowledge of ongoing Maternal and Child Programmes and be able to manage Health Care Services at different institutional levels;
- tackle the disease outbreaks and effectively manage the National Health Programmes especially in relation to MCH services;
- provide antenatal care including those of high risk pregnancy, conduct normal delivery, handle common emergency care related to pregnancy and its outcome and identify referral situations;
- manage common gynaecological morbidity and provide family planning services;
- provide newborn care, identify high risk babies, diagnose and manage common childhood morbidity including emergencies; and
- acquire knowledge on nutritional needs, assess growth and development of children and adolescents, and manage their respective problems.

2. WHAT IS THIS PROGRAMME?

2.1 Programme Package

The Programme package involved multiple media consisting of print material in the form of booklets called blocks and the audio video materials in the form of web links. Besides these, there is arrangement for teleconferences and contact sessions at programme study centre and skill development centre level as discussed below. The material can be downloaded from digital repository (<https://egyankosh.ac.in/handle/123456789/53207>)

In IGNOU parlance, the study hours are measured in credit system. One **Credit** is equivalent to 30 learning hours. Each theory booklet is called a **Block**, which consists of three to six chapters called **Units**. Usually each block represents one credit. The block on practical manual is meant for guidance in 'Hands-on-training'. Hence, the credit hours represented by it will be as mentioned against the respective courses in Section 2.2.

The duration of the programme is of one-year duration i.e. January to December of a calendar year. The print material consists of 18 theory Blocks, 3 Practical Manuals, 3 practical related manuals, 3 logbooks. There will be 9 Assignments (bound together) that is provided as a link or as a soft copy. The Programme

Guide will be available as a link or soft copy..You will receive all the print materials in the beginning of the session. The audio/video cassettes developed for the programme can be viewed from U-tube.

You will be provided link to e-IMNCI package which is part of MMEL-303and you have to complete it online.

2.2 Programme Structure

The PGDMCH programme consists of six courses. These represent three broad disciplines of conventional medical education system. Course 1 (MME-301), Course 2 (MME-302) and Course 3 (MME-303) represent the disciplines of community Medicine (CM), Obstetrics and Gynaecology (O&G) and Paediatrics respectively. The respective practical component of these three courses are given in the Course 4 (MMEL-301), Course 5 (MMEL-302) and Course 6 (MMEL-303).

The Courses are designed on the basis of learning hours required by an average student. As mentioned above, one credit represents 30 hours of learning. The design of the PGDMCH programme in terms of credit distribution of the courses is shown below:

Course Code	Name of the Course	Nature of Course	No. of Credits
MME-301	Preventive MCH	Theory	6
MME-302	Reproductive Health	Theory	6
MME-303	Child Health	Theory	6
MMEL-301	Preventive MCH Practical	Practical	6
MMEL-302	Reproductive Health Practical	Practical	6
MMEL-303	Child Health Practical	Practical	6
Total			36

2.3 Scheme of Study

In distance education system, in addition to self-learning, contact sessions are held to facilitate the learning process of students. In this programme, where practical component is quite significant, the contact sessions will comprise of counselling sessions for the theory and practical components. For the convenience of study, the whole duration of these sessions is divided into online sessions and two contact spells. The online sessions are expected to be interactive. You can clear your doubts related to theory component during the online classes or during the practical contact sessions.

3. HOW TO STUDY?

3.1 Theory Component

The students of distance education system are adult learners. Hence, the self-instructional materials are written with the objective and style so as to make the reading interesting and easily understandable. A schematic representation of the design of units is given below to facilitate your access to the contents.

Unit X*

X.0 Objectives

X.1 Introduction

X.2 Section 1 (Main Theme)

- X.2.1 Sub-section 1 of Section 1
- X.2.2 Sub-section 2 of Section 1

.....

.....

Check Your Progress

X.3 Section 2 (Main Theme)

- X.3.1 Sub-section 1 of Section 2
- X.3.2 Sub-section 2 of Section 2

.....

.....

Check Your Progress

| || | |
| || | |

X.m Let Us Sum Up

X.n Answers to Check Your Progress

* 'X' stands for the serial number of the unit concerned.

As the scheme suggests, we have divided the units into sections for easy reading and better comprehension. Each **section is indicated distinctly by bold capital letters** and each sub-section by relatively smaller but bold letters. The significant divisions within sub-sections are in still smaller but bold letters so as to make it easier for you to see their place within sub-sections. For purposes of uniformity, we have employed the same scheme of divisions in every unit throughout the programme.

Please start reading from the very beginning of the block i.e. Block Introduction and then go through the units. In each unit read the objectives, introduction and then the text. The objectives articulate briefly:

- What we have presented in the unit, and
- What we expect from you once you complete working the unit.

The last section of each unit under the heading 'Let Us Sum Up' summarizes the whole unit for purposes of recapitulation and ready reference. We have self-check exercises under the caption '**Check Your Progress**' at a few places in each unit. Do not skip these exercises. The answers to these exercises are mentioned at the end of the unit.

What, perhaps, you would do is to go through the units and jot down important points as you read in the space provided in the margin. Broad margins in the booklets are there for you to write your notes on. Make your notes as you work through the materials. This will help you prepare for the examination as also in assimilating the content. Besides, you will be able to save on time. Do use these margins. This will help you keep track of and assimilate what you have been reading in the unit, answer the self-check exercises and the assignment questions and easily identify the item(s) to be clarified.

We hope that we have given enough space for you to work on the self-check exercises. The purpose of giving self-check exercises will be served satisfactorily if you compare your answers with the possible ones given at the end of each unit after having written your answer in the blank space. You may be tempted to have a glance at answer(s) given at the end of the unit as soon as you come across an exercise. But we do hope that you will overcome the temptation and turn to these answers only after you write yours.

These exercises are not meant to be submitted to us for correction or evaluation. Instead, the exercises are to function as study tools to help you keep on the right track as you read the units.

The units are designed in such a way that the contents of later units are based upon the contents of initial units. If you have not understood or followed a unit properly, please read it again before reading the next one because; it may be difficult to follow the later units without a proper understanding of the first one. Wherever you face problem in understanding the content, please make note of it and put that question to your counsellor during the counselling sessions at the LSC. You can also informally clear your doubts whenever you come in contact with your counsellors at LSC/SDC without any hesitation.

The reference books are listed for those who want to know further about the subject. But for your purpose, it should be sufficient if you have understood the contents thoroughly. Please note that all the questions either in assignments or in term-end examination will be from the syllabi as mentioned in this guide. You will have to write the assignments related to each block as mentioned later on.

3.2 Practical Component

Every theory course has a related practical course. The skills that you need to learn under each course are listed in Appendix I. Please maintain record of all the cases, as mentioned below, that you are seeing as a part of the learning exercise.

Please refer to Appendix II that summarises the hours that you need to spend in practical component of each course. The time allotment at LSC will be used for demonstration of skills to you and for limited practice. To ensure that you have understood the steps involved in each of the skills demonstrated, you should practice the skills on at least one sample case. If you can get opportunity to practice it on more number of patients at LSC, then you are welcome. However, if you do not get more chances, you could practice the same procedure at your Skill Development Centre(SDC).

At SDC, you will have to practice all the skills taught to you at LSC. The number of patients that you should see for each skill is mentioned in the logbooks. To guide you, there will be counsellors at SDC from two disciplines i.e. Paediatrics and Obstetrics and Gynaecology. However, for community Medicine, no activity is identified at SDC level. Hence, please try to clear all your doubts in MMEL-301 before you leave LSC and start activities at your work place.

Training in LSC is planned in 2 spells with the focus on group learning but the posting at SDC is spread over the year and focus is on one-to-one learning. The learning at LSC, SDC and workplace must take place in a cyclical manner for all the identified skills. This provides you multiple opportunities to clarify all their doubts with respective subject experts during the registration period.

The duration of practical component is mentioned against each course. The practical manuals provided for each course would provide you information in details about the skills that you need to perform. This manual will guide you in carrying out the procedures both under supervision and for self-practice later on. You are provided one additional manual/guide in each practical course. For MMEL-301, you have a project guide to carry out a project work at the place as feasible to you. In MMEL-302, you have been provided with a checklist Manual that will help you to verify the steps while performing those skills. In MMEL-303, you are provided with the IMNCI Chart Booklet that will help you to refer while seeing the under-five children in an OPD set up.

3.3 Log-book Maintenance

Log-book is meant for maintaining the records of all the activities/cases that you are performing as a part of the programme at LSC, SDC and Work Place. You have been provided with a logbook for each of the three practical courses. The number of cases that you should record in logbook will be according to the provisions made in it. For the rest of the cases as and when you see them, should be entered in the respective log-book in the appropriate place as mentioned in them.

The log-books should be carried by you whenever you participate in LSC/SDC training. The cases recorded by you at the LSC/SDC should be written then and there and get it countersigned by the respective Counsellors. As attendance of all the spells vis-a-vis completion of all skills is compulsory, this records will be the objective proof of your actual performance and learning. Please note, you must carry the log-book along with you to the term-end practical examination which would be returned back to you at the end of the practical examination.

3.4 Audio-video Component

Few audio-video Programmes are available to help you learn the practical skills. These are uploaded to U-tube for easy access. You can view them approaching through the e-gyankosh repository of IGNOU and searching under school of health sciences or through u-tube directly by searching for '**U-tube video PGDMCH**'. You can get idea about how to make clinical case presentation in MMEL-302/MMEL-303 and the family presentations in MMEL-301.

3.5 Student Information System

Induction Meeting

The induction meeting is held in the beginning of the session. It may be held online or you are informed to come to the LSC/ Regional Centre as planned by IGNOU. You are given orientation about the IGNOU system and told about your roles and responsibility while undergoing the PGDMCH programme package. You will receive information regarding this from your regional centre.

Peer Group Information System

You could establish a common WhatsApp group amongst the batch mates. Information obtained from the IGNOU website, programme coordinator, LSC coordinator or Regional Centre could be updated regarding the schedules of various activities like spells, web conferencing classes, workshops, exam forms, any special event etc. Other social media like facebook etc. can also be used.

Information by LSC Coordinator

The LSC Coordinator is provided information on different activities either by Regional Centre or by the School from time to time. The LSC coordinator in turn also informs you about the relevant activities.

Information by Regional Centre

Some of the information is sent to you by the Regional Centre. The Assistant Regional Director (ARD) takes care of this activity.

Information from Headquarters

Information on evaluation and material distribution goes directly from the respective divisions located at headquarters. You could also communicate directly to these divisions. However, in case of any problem, you could inform to the Regional Centre/LSC Coordinator as the case may be.

Interaction with Programme Coordinator

You could interact with your Programme Coordinator through e-mail on any of the administrative or academic problems related to the programme.

Information from Web Portal

All the latest information is provided in the website of IGNOU (<http://www.ignou.ac.in>). Important announcements and information can also be accessed through the web portal. Be sure to visit the same from time to time

Information from Student Support Service centre

Any type of unsolved problems could be sent to the student support service centre (ssc@ignou.ac.in).

3.6 Student Responsibility

Providing Correct Contact details

You will be communicated by IGNOU about various activities and guidelines from time to time. Ensure that your e-mail id, mobile number and postal address is correctly recorded with IGNOU. You can verify this on IGNOU website by clicking the learner support and the Registration status. You should also provide your enrollment number and Learner Support Centre name and code whenever you want to correspond with any officials of IGNOU so that you could be replied timely and properly.

Travel and Stay in Relation to Programme

The admission fee covers only the expenses towards study material, counselling, practical activities at LSC and SDC. Hence, cost towards your stay and travel in relation to the programme during the practical spells, examination, teleconference etc. has to be borne by you.

Log-book Maintenance

You will maintain the log-books for practical courses. Each of the records maintained at LSC/SDC should be signed by the respective counsellors.

Attendance in Spells

All the practical spells are compulsory. However, you have the option to complete them over a period of 3 years (i.e. till registration period remains valid). The attendance for all spells is compulsory. If you miss any spell, you could do it with next batch next year.

Certificate of Completion for Practical Training

You will have to provide the certificate of completion of practical activities at SDC to your LSC Coordinator which will help the coordinator to incorporate internal mark of SDC practical.

Timely Submission of Assignments

The submission dates are mentioned in the assignment. The last dates for a particular session are decided by the Student Evaluation Division (SED) from time to time. You have to submit your assignments before appearing in the respective term-end theory examination.

Filling of online Term-end Examination Form

You will have to fill up online form for theory and practical term-end examination. Please ensure that you are eligible for theory exam (submitted assignments) before filling form for theory courses. Similarly, ensure that you are eligible for practical exam (attended 2 contact spell, completed project, SDC activities and logbook) before filling online form for practical courses.

3.7 IGNOU Website

You can get the details of information about IGNOU from the website(www.ignou.ac.in). If you face any problem or have any doubt, you should e-mail to the Programme Coordinator.

The screen shot of the homepage is provided in Fig.1. Please click on the respective icons about which you want further information. For example, if you want details on School of Health Sciences, click on the word About IGNOU and then on Schools of studies. Similarly if you want information on a specific regional centre, click on Regional Network. Some details are provided in a tabular form below:

Tracking Items from Home Page of IGNOU website(www.ignou.ac.in)

Main Icon in Home Page	Sub-items under Main Icon	2 nd level Sub-items
About IGNOU	Schools of studies	School of Health Sciences (SOHS)
	Divisions	RSD, SRD, SED
Register Online	Term-end examination	List of Exam Centre
	Reevaluation	Online form for reevaluation
	Convocation	acknowledgement
Student Support	Student Zone	Digital degree, forms, assignment, result, Assignment, download, Library, Alumni portal
	Student Grievances	Track grievances
	Downloads	Assignment, Question paper, Date Sheet, Reevaluation, credit transfer, revised fee
	Results	Term-end, grade card, hall tickets
Regional Net work	Regional centre	Regional Centre website

As a learner of IGNOU, you will be interested to know your examination date sheet, term-end theory result, grade card, your correspondence address as recorded at IGNOU Headquarters and the status of the print materials that you are supposed to be provided in the beginning of the session. In addition, you may be interested in downloading information like old question papers, fresh assignments etc. All these information related to learners is clubbed together which could be accessed by clicking on the word **Student Support**. Once you click on this word, you will be automatically guided for subsequent search.

The screenshot displays the homepage of Indira Gandhi National Open University (IGNOU). At the top left is the IGNOU logo with the tagline 'THE PEOPLE'S UNIVERSITY'. The main header features the university's name in red, a search bar, and a NAAC A++ accreditation badge. A blue navigation bar contains links for Home, About IGNOU, Register Online, Student Support, Regional Network, and Contact Us. Below this is a large banner for 'Online Re-Registration July 2023 Session' with an 'APPLY NOW' button. A secondary navigation bar includes icons for Results, Downloads, eGyankosh, Podcast, and Sanskrit Discipline. The 'Study at IGNOU' section lists benefits like flexible admission rules and nationwide support. On the right, the 'Enrolled Students' section contains a form with fields for Enrollment Number, Programme, and Date of Birth, along with a 'Check Status' button.

Fig. 1 : Web page of IGNOU Website

You may also notice some information rolling on the screen of the home page. This information are usually displayed periodically according to its relevance. For example, facility for online filling of theory term-end forms will appear only in the month of March or September. Special information like declaration of result, rescheduling of examination etc. are displayed as applicable from time to time. You should click on these icon/words to know more details.

Evaluation Related Information

You can fill up the online term-end examination form by clicking on the word **Register online** in the home page and on the **Term End Exam** (<http://exam.ignou.ac.in/>). The detailed guidelines of filling form will be displayed.

After successful submission of Examination Form, you will receive an acknowledgement slip with the details of, Control Number, Course Code, Date and Session. You should retain the auto generated Control Number for reference and record.

The term-end theory examination date sheet gets displayed by the month of February/August for June/December examination respectively.

4. HOW WILL THE PROGRAMME RUN?

4.1 Infrastructure for Implementation

The programme will be implemented through a network of health infrastructure all over India. IGNOU has 58 Regional Centres (RC) which are directly responsible for the programme-related activities of that region. The headquarters has 21 schools looking after the academic components and several divisions for administrative component.

The SOHS is responsible for the curriculum design, programme development as well as framing the guidelines for various aspects of the implementation process in consultation with the concerned divisions. Besides the school also monitors the programme to ensure quality training. The learner Registration Division (SRD) is responsible for admission of learners and the Studentr Evaluation Division (SED) for examination (both concurrent and end-assessment) and certification. Computer division possesses the learner data. The Material Production and Distribution Division (MPDD) is responsible for Print and despatch of study materials. Regional Services Division (RSD) is the coordinating division between the head quarter and peripheral set up. So most of the information from Regional Director will go to head quarter only through RSD. Besides, RSD appoints the counsellors, Programme-in-charge/ Coordinator and takes care of the financial aspects of running the programme.

The contact sessions will be conducted through the counsellors identified at Learner Support Centre (LSC) and Skill Development Centre (SDC). The LSCs are the Medical Colleges and the SDCs are District Level Hospitals identified by IGNOU for this programme. At LSC, you will be demonstrated practical skills and given opportunity to clear your doubts where as you would practice the skills at allotted SDCs for gaining competency. You will be able to do more and more practice of skills at your own work place. The link between the above infrastructure is represented in Fig. 2.

In addition to the district hospitals, SDC could be located in the First Referral Unit (FRU) or in a private set up (may be a large private hospital/nursing home) with a minimum patient turn over, availability of subject experts and the facilities as per the guidelines. The SDC will be identified by the Regional Centre and allotted to the learners in such a way that no SDC will be attached to more than five learners and all the learners be attached to the nearest possible centre. Alternatively, a learner could identify a set up fulfilling the laid down criteria for SDC and approach to the Regional Director for the same. After processing of SDC counselor biodata, it will be allotted to the learner.

LSC Coordinator is the link between the IGNOU and the health set up used for the PGDMCH programme. He/she is stationed at the LSC and manages the day-to-day problems to ensure smooth running of the programme. The counsellors identified at LSC and SDC will help to provide skill training to you.

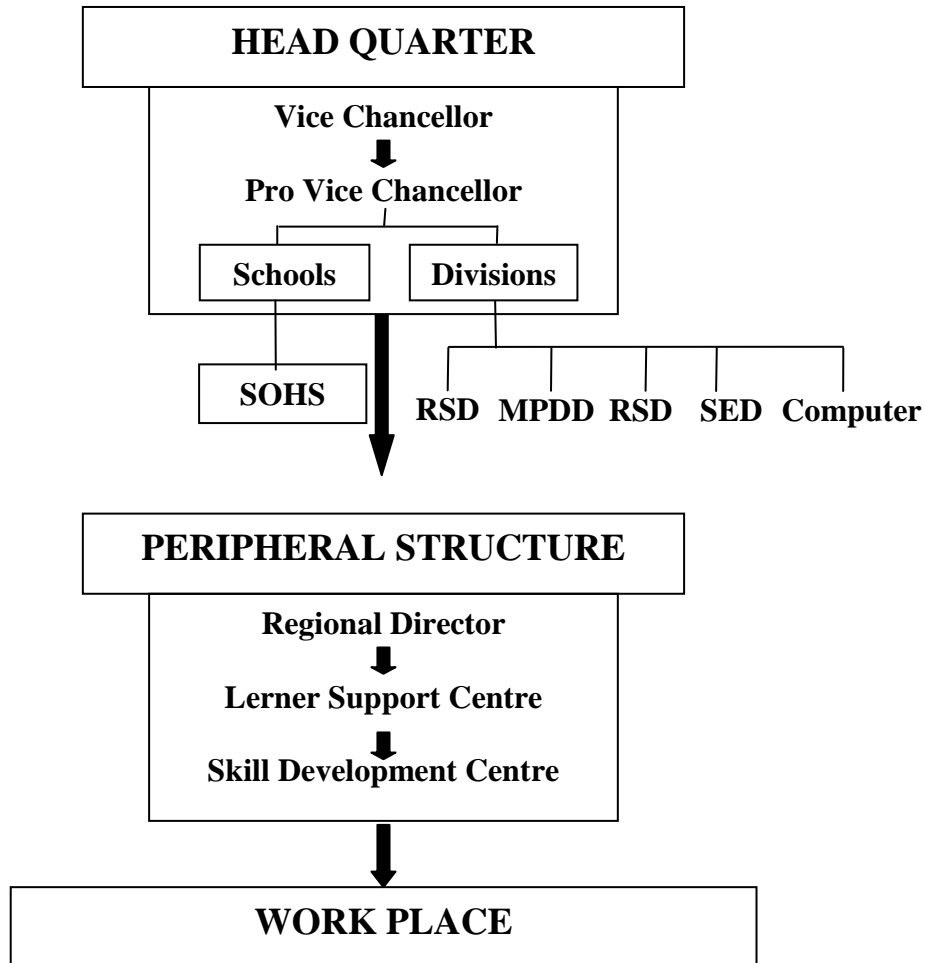


Fig. 2: Administrative set up for PGDMCH Programme

Work place is the set up where you work normally. This may be a Primary Health Centre (PHC), your own clinic or any other health set up in private/government sector. If the requisites in terms of number and the types of patients and facilities to perform the expected practical are not available at the normal place of your work, then you are at liberty to select a place where you could work to fulfill the requirements for your practical activities.

4.2 Allotment of LSC and SDC

Allotment of LSC

You will be informed about your allotted LSC in your admission letter. You will be issued Identity Card and enrollment number during your admission or by your Regional Centre. **For all future correspondence, please mention your enrollment number.**

In no situation a LSC will have more than 30 students in a batch. Hence, change of LSC will be permitted subject to availability of a seat in the LSC to which transfer is opted. For transfer of LSC, you will have to apply in writing to your regional centre so that your records could be transferred to the new regional centre.

Allotment of SDC

Allotment of the SDCs ***is made in the beginning of the academic session*** by the Regional Centres with the help of the respective Coordinator of the LSC. If the allotment is not done by the 1st contact session, you should bring it to the notice of the regional centre and the Programme Coordinator. Following points are taken into consideration while allotting an SDC:

- A maximum of 5 learners to be attached per SDC counsellor.
- Learners to be provided opportunity for ***independent handling of patients***.
- Travel time to SDC should be the minimum so that a learner is not required to take leave to perform the SDC activity.
- SDC activity has to be performed in mutually convenient time of the learner and the counsellor.

The allotment of SDC is made on the basis of the preidentified SDCs in a state. But, if some suitable SDC could be identified at a convenient distance from the residence of a learner, the matter should be brought to the notice of the Regional Director who would pursue the matter with appropriate authorities for permission. ***After getting such permission, allotment of that SDC would be made to the desiring learner. An SDC can also be allotted in or near the city where you reside, even if it falls in a state other than the state in which your LSC is located.***

Similarly, if a learner gets transferred to another state, his SDC allotment could be changed to the nearest available SDC in that state.

4.3 Role of Learner Support Centre

Each LSC will have the following major functions:

Online Counselling

Online counseling sessions are taken by an identified LSC as nodal centre. All students across the country are given link to attend such sessions.

Face to Face Contact Sessions

Face to face contact session between teachers and the learners is provided to impart skill training and clarify doubts arising out of the study materials. During this period, you will be demonstrated different skills as planned in the curriculum design. As per the availability of the patients and feasibility, you will also be given chance to practice some of the skills then and there.

Evaluation of Assignment

You will be given assignments having long, short and problem based questions. The counsellors at your Learner Support Centre will evaluate them and return you for feedback.

Library

There will be availability of relevant course materials, reference books as suggested for further reading, audio video materials related to the programmes run by the Learner Support Centre and also can be accessed through egyankosh.

You will be able to avail the library facility of the Medical College to which the Learner Support Centre is attached. Please use your **Identity Card** for this purpose.

How can the counsellors help you at LSC?

- Take theory counselling in respective subjects.
- Demonstrate all practical activities to the learners attached to him/her.
- Help in limited practice of Skills at LSC
- Evaluate assignments and provide feedback.
- Evaluate record of practical components of respective courses.
- Ensure your learning and gaining proficiency in respective disciplines.
- Certify the completion of skills by you at LSC.
- Participate as examiner for Term-end practical Examination.

Interaction with Fellow Learners

You get an opportunity to interact with your peer groups and other learners that could help you to overcome the problems faced by a distant learner. You can overcome the feeling of being isolated from other learners.

4.4 Role of Skill Development Centre

There will be sufficient number of SDCs in each state as per the need of enrolled students. In some of the states all the district hospitals have been approved to function as the Skill Development Centre. Each SDC will have the following major functions:

Hands on Training

You will be practicing different skills that are learnt by you at the LSC during the practical spells/contact sessions. Here you will diagnose and manage the problems independently under the guidance of the SDC Counsellor. You will attend OPD, Ward, Labour room, OT, emergency etc. as feasible. All these postings will be planned by the SDC Counsellor so that all the skills visualized for learning are completed successfully.

Monitoring

The SDC Counsellors will help the students to develop competency in each skill so that students can apply the new knowledge in their set up. This process involves verification of logbook written by students and identifying learning problems there by and rectifying those problems while the student is performing the same skill on other patients.

At SDC, the teaching learning arrangement is one to one basis. This aims at developing a friendly learning atmosphere and clearing all the doubts of students without any hesitation.

Internal Evaluation of Practical Courses

The counsellors at SDC will assess each student on the basis of their performance and logbooks. These marks will be sent to the LSC Coordinator for further compilation.

Log-book Checking

Each SDC Counsellor will verify the log-books maintained by the students. This checking will be an integral part of the skill development process.

How can the counsellors help you at SDC?

- Supervise your practice of skills in respective disciplines.
- Certify the completion of skills by you at SDC.
- Evaluate your learning of skills at SDC.
- Ensure learning and gaining proficiency in respective disciplines at SDC.

4.5 Grouping of Students

The LSC Coordinator along with the counsellors of the three departments will finalise the time schedule of every practical spell. The posting plan is designed in such a way that every student gets adequate opportunity to clear his/her doubts.

Grouping will be necessary in which two counsellors from each of the CM, O&G and Paediatrics departments at programme study centre will be involved to provide training to a batch of 30 students. Hence you will be divided into three groups of 10 each and be posted to the above three departments in rotation. As there will be two counsellors from each department, each counsellor will have five students under him at any point of time. Sample grouping pattern for 30 students is mentioned below:

Days of Spell	MMEL-301		MMEL-302		MMEL-303	
Day 1 & 2	A1 (1-5)	A2 (6-10)	B1 (11-15)	B2 (16-20)	C1 (21-25)	C2 (26-30)
Day 3 & 4	C1 (21-25)	C2 (26-30)	A1 (1-5)	A2 (6-10)	B1 (11-15)	B2 (16-20)
Day 5 & 6	B1 (11-15)	B2 (16-20)	C1 (21-25)	C2 (26-30)	A1 (1-5)	A2 (6-10)

When there are less number of students in a batch, the groupings will be made on the similar line. If less than 5 students, then all students will be in one group and get attached to only one counselor.

For 10 students

Days of Spell	PSM		O&G		Paediatrics	
Day 1 & 2	A1 (1-5)	A2 (6-10)	—	—	—	—
Day 3 & 4	—	—	A1 (1-5)	A2 (6-10)	—	—
Day 5 & 6	—	—	—	—	A1 (1-5)	A2 (6-10)

For 20 students

Days of Spell	PSM		O&G		Paediatrics	
Day 1 & 2	A1 (1-5)	A2 (6-10)	B1 (11-15)	B2 (16-20)	—	—
Day 3 & 4	—	—	A1 (1-5)	A2 (6-10)	B1 (11-15)	B2 (16-20)
Day 5 & 6	B1 (11-15)	B2 (16-20)	—	—	A1 (1-5)	A2 (6-10)

Even though there is flexibility in planning a spell, following points need to be taken into consideration:

- Not more than 5 students are grouped in any of the clinical posting.
- Field demonstrations should not have more than 10 students at a time.
- Students, *if possible*, could be taken in the ward teaching rounds.

- Interested students could be allowed, *if the department has no objection*, for night duties in labour room, emergency care, etc.
- All students should participate actively and present at least one case.

At the SDC, one counsellor each will be identified from Paediatrics and O&G. As you will be attached to one SDC also, you will practice the skills under guidance of the counsellors at SDC.

4.6 Programme Schedules

You will be provided the schedule of counselling by your LSC Coordinator who will also inform you about grouping and rotational posting in different departments. There will be 2 practical spells in a year. A tentative time frame of the spells will be provided by respective LSC coordinator.

Please note that **both the spells are compulsory**. If you are not able to attend any spell in the dates fixed by your LSC, you should inform about it in advance to your LSC coordinator and to the Programme Coordinator so that you could be informed about possibility of any alternate arrangement. If the alternate arrangement is also not suitable, then you can attend the activity only with the next batch at your allotted LSC.

You will also be required to attend and participate in online classes which will be organized by the nodal centre identified by IGNOU for an academic session. You will be provided link for the same and informed in advance so that you can plan your activities accordingly and attend the classes.

4.7 Arrangement of Contact Sessions

4.7.1 Theory Counselling

There will be theory counseling through online web conferencing classes. All the doubts related to theory material could be clarified during these sessions or in practical spells.

4.7.2 Practical Activity

i) At Learner Support Centre

The practical demonstration at the LSC would be done in two spells as mentioned above (Appendix-III). You will be posted at various set up like Out Patient Department (OPD), Operation Theatre (OT), Ward, Labour Room, Post Partum Centre, Emergency Room, Neonatology Ward etc. as per the necessity of training you in a particular skill. The exact place of posting will again depend upon the decision of the counsellors of LSC so that your training becomes more meaningful.

It may be noted that the time allotted for LSC will be used for demonstration of skills and limited practice of that skill by learners depending upon the availability of the patient. It is expected that LSC counsellors will demonstrate all the skills at least once and some of you get a scope to practice under their supervision. If you do not get scope for independent practice in the first spell, you could try the same in next spell. However, you have to do independent practice of all the skills at SDC level. In addition to demonstration, you could discuss the important points in each of the procedures with your counsellors and ensure that you follow all the steps correctly.

You will also have to attend some field visits related to course MMEL-301. The visits will be organised by the respective counsellors. During the field visit, you have to collect all data as mentioned in the related section of the logbook and get them signed before completing the respective spell.

ii) *At Skill Development Centre*

After attending the first spell at LSC, you should try to practice those skills in the SDC. This will help you to identify your weakness in the learning process and provide you the scope to clarify the doubts during your next visit to LSC or while interacting with the SDC counsellor. Thus, the LSC and SDC training goes hand in hand. **The purpose is to complete the practicing of all the skills at SDC that are taught to you at LSC before going again to the LSC for learning the additional new skills in the next spell.**

The schedule of activities at SDC will vary from learner to learner as per their convenience. You should discuss with your SDC counsellor and fix the timing for performing the practical at the SDC. This responsibility lies with you to mutually decide upon a time schedule that would suit both the counsellors and you. You should also get the logbook duly signed from the counsellors as and when you perform the activities at SDC. At the end of the posting, the SDC **counsellors will sign on the completion certificate** that needs to be submitted at LSC.

iii) *Your Own Work Place*

You are required to view the recorded videos at your own work place. The e-IMNCI package for which link is provided in the beginning of the session has to be completed at your workplace.

You must also practice the skills taught at the LSC and SDC for gaining proficiency. The activities undertaken in your work place are required to be recorded in your respective log-books

iv) *Online classes through web conferencing platforms*

In addition to the face to face classes during contact sessions, you are also required attend few online classes and participate in case discussions virtually as and when organized by your coordinator of LSC.

5. HOW WILL YOU BE EVALUATED?

In Indira Gandhi National Open University (IGNOU), every course is considered as an independent unit. Hence every course will be evaluated separately and for all purposes each course will be considered as a separate entity.

Evaluation will be made both concurrent (internal assessment) and at the end (end-assessment). Theory and Practical components will be evaluated separately. In both the theory and practical, the weightage of the internal assessment will be 30% and that of the end-assessment will be 70%. For successful completion of the programme, you will have to **pass in both the components of each of the five courses with a minimum score of 50%**. It may be noted that securing of pass mark in the internal assessment of the practical components is essential before you can appear in the respective term-end practical examination.

5.1 Distribution of Marks

Each course will have 100 full marks. Mark distribution and pass marks are mentioned in the table below. It may be noted that even though the students have to secure pass mark separately in both the components, all their successful components are carried forward till the end of the 3 years of registration period. So, the students have the option of either completing all the components in an academic year or over a period of 3 years in a phase-wise manner as feasible to them.

Course-wise Distribution of Marks

Course Code	Nature of Course	Internal Marks	Term-end Marks	Total
MME-301	Theory	30 (15)	70 (35)	100
MME-302	Theory	30 (15)	70 (35)	100
MME-303	Theory	30 (15)	70 (35)	100
MMEL-301	Practical	30 (15)	70 (35)	100
MMEL-302	Practical	30 (15)	70 (35)	100
MMEL-303	Practical	30 (15)	70 (35)	100
Total				600

Note: Figures in parenthesis show the pass marks.

5.2 Method of Evaluation of Theory Courses

5.2.1 Internal Assessment (Assignments)

In IGNOU, the internal assessment for theory is carried out by providing you one assignment for every two theory blocks. These assignments are question papers that you will answer at your own place by referring your blocks. For the PGDMCH Programme, you will have to do three assignments for each of Course MME-301, MME-302 and MME-303. You have to secure an aggregate of at least 15 marks to pass. If one fails to secure 15 marks, he/she will have to repeat the assignments.

All the assignments have to be hand written. Submission of assignments is a pre-requisite for appearing in theory examination. If someone appears in the term-end theory examination without submitting the respective assignments, his/her term-end theory examination may not be reflected in the grade card.

You can download the assignment from IGNOU website. Some of the commonly faced problems related to assignment are discussed below:

Writing process

The assignment responses should be complete in all respects. Before submission you should ensure that you have answered all the questions in all assignments. Incomplete answer sheets bring you poor marks. Please leave sufficient margin (about 5 cm) on the answer sheet so that the counsellor can write his comments there. All the assignments have to be own hand written.

Submission schedule

You must submit your assignments according to the schedule indicated in the assignment itself to your programme in charge. You will be provided feedback on the assignments usually within one to two months of submission.

To be eligible for December term-end examination, you should submit the assignments by October 30th. For being eligible for June, 2024 term-end examination, you should submit the assignments by 31st March 2024.

Defaulters

If you have not been able to submit all the assignments within the time frame mentioned above, then you are required to download the assignments applicable for the next session and submit the same to your coordinator for evaluation

Repeating assignment

Each assignment is valid only for the session for which it has been uploaded. In case you are not able to clear the assignments, you should attempt the fresh assignments applicable for next academic session after downloading the same from the IGNOU website.

Content of Assignment

The main purpose of assignments is to test your comprehension of the learning material you receive from us and also to help you get through the courses by providing assessment on the assignments. They also serve to provide feedback to you. The information given in the printed course materials should be sufficient for answering the assignments.

Style of writing

Try to write the assignments in your own style and give suitable examples wherever necessary. This will help you to get good marks. Note that a new set of assignments is prepared for every session.

Non-entry/wrong entry of marks

The LSC coordinator forwards assignment marks to regional centre where it is entered in IGNOU portal. The assignment section integrates marks to your grade card. So, if you find assignment mark not entered in grade card, please follow with your regional centre and then with assignment section (assignment@ignou.ac.in).

Wrong Totaling

Please note that ***re-evaluation of assignments is not done***. However, re-totalling of marks is carried out locally by the respective counsellor and reported to the LSC coordinator. This should be done immediately after you receive the assignment feedback and feel that you may like to request for a re totaling

5.2.2 Term-end Examination

Term-end examination for theory courses will be held twice in a year i.e. in the month of June and December. There will be 3 papers of 70 marks each. Each paper will be of 3 hours duration. You will have to secure at least 35 marks in each of the theory papers for successful completion.

You could appear in all or any one of the three theory papers at a time. For appearing in the theory term-end examination, you should fulfill two requisites:

- *filling up the online term-end examination form in time*
- *timely submission of assignments related to that theory paper or the papers that you want to appear.*

Every year theory examination is conducted in a large number examination centres. You can appear from any of these centres. But once you give a choice, the centre is not usually changed. If the centre that you have opted is not activated as an examination centre, then you will be automatically allotted a centre nearer to that of your option. The hall ticket for the examination has to be downloaded from website which becomes available usually 2 weeks prior to the commencement of examination.

Some of the commonly faced problems related to term-end theory examination is discussed below:

Fill up Term-end Examination form

To make you eligible, you will have to fill the term-end examination through online mode only at IGNOU website www.ignou.ac.in/online. Please note that you will have to pay examination fee @ Rs.250/- per paper. (This fee is subject to change as per university decision and details are available on the IGNOU Website)

Date of Examination

Hall ticket will be made available at IGNOU website (<http://www.ignou.ac.in/ignou/studentzone/results/6>) and can be downloaded during 3rd week of May for June examination & 3rd week of November for December examination. (The dates may change as per University decision)

Last date of submission of Examination Form

The last date for submission of examination form without late fee is 30th September for examinations to be held in December and 31st March for examinations to be held in June. However, with late fee form can filled till mid May and mid November. These dates may vary which gets displayed in IGNOU website from time to time.

Centre for Examination

You can choose the centre for the term end examination when you fill the online form. However the centre will be finalized by Student Evaluation Division. You will be allotted the centre that you have asked for if that centre is identified as an examination centre for that session. Otherwise a nearest possible centre is allotted. The allotted centre is intimated to you in the admit card.

Intimation Slip

The intimation slip can be downloaded from IGNOU website only

Admit Card/ Hall ticket

You admit card/hall ticket for examination can be downloaded from IGNOU website only generally two weeks before commencement of examination.

Non-receipt of Admit Card

If you do not get Hall Ticket from IGNOU website, by one week before the examination, you may contact IGNOU Head Quarters through helpline or email id which become available at online submission of examination portal.

Misplaced Admit Card

If you know your examination centre, you can report to the examination centre superintendent with the IGNOU identity card (Student Identity Card) and take the examination

ID Card for Examination

You are provided a student ID card during admission or by your Regional Centre. You can also download from IGNOU website. In case you lose it, you must get a duplicate one prepared immediately. Always remember to carry your ID card for the programme for taking the examination, or else you may be denied entry. **Mobile phones and other electronic gadgets are not permitted in the examination hall.**

Wrong Enrollment Number

Your enrolment number is your Roll Number for examinations. Be careful in writing it. Any mistake in writing the Roll Number will result in non-declaration of your result.

Non-entry/wrong entry of marks

The term-end papers are evaluation by a centralized process. After evaluation, marks get displayed in the term-end result section (<http://www.ignou.ac.in/ignou/studentzone/results/2>). Then the marks get incorporated to grade card by SED. In case of delay in result or non reflection of mark in grade card, you can follow up with dpresult@ignou.ac.in

5.3 Method of Evaluation of Practical Courses

5.3.1 Internal Assessment

Like the theory courses, the practical courses will have 30% weightage from internal assessment. The internal assessment of the practical component will be done by the counsellors located both at the LSC and the SDC. There are no formal question papers to assess this component. The counsellors will make a subjective assessment of your understanding and performance on every skill. The marks on internal assessment will be given by the LSC and SDC counsellors in a proforma provided for the respective courses. This proforma will be handed over by the respective LSC counsellors to the LSC coordinator as soon as you complete all the requisite activities under them.

In LSC, most of the *skills dealt in a spell will be evaluated during that spell or in the last spell*. Similarly, the SDC Counsellor will evaluate you as and when you complete the activities related to the respective skill groups as per the groupings made in the proforma. Please note that you have to also submit the *respective logbooks during the term-end practical examination for verification by examiners*. You will be returned back your logbooks after the examination.

For MMEL-302 and MMEL-303, as the internal evaluation will be carried out at both the LSC and SDC by the respective counsellors, there will be a weightage of 15% for each. However, for MMEL-301 where there is no SDC Counsellor, the LSC counsellor will evaluate for all the 30% marks. In this case, the project will have a weightage of 15% and the other components will have a weightage of 15%. You should get your project evaluated in advance so that internal marks are available to LSC coordinator in time. The pattern of evaluation process is summarised in the table below:

Process of Evaluation of Internal Assessment of Practical Component

Course Code	Weightage	Evaluation Process
MMEL-301	15%	Evaluation by LSC counsellor
	15%	Evaluation of Project
MMEL-302	15%	Evaluation by LSC counsellor
MMEL-303	15%	Evaluation by SDC counsellor

Passing in internal assessment of the practical is a prerequisite for appearing in the Term-end Practical examination. A student will have to secure at least 15 marks to be declared as pass in the internal assessment component.

Practical Spell Schedule

Practical contact spell is scheduled by respective LSC according to the convenience of the departments. A schedule is finalized by LSC coordinator and is expected to be circulated to students in 2 weeks advance. This will help students to plan their travel and stay during the contact sessions.

Practical Teaching Plan

A sample teaching plan is provided in the programme guide. The LSCs may follow that pattern or modify according to the feasibility in their centre. But all components mentioned in the model plan will be covered by each LSC.

Allotment of SDC

You have to opt for an existing SDC or identify a hospital fulfilling criteria of SDC as mentioned in the *Appendix-VIII*. If you identify a hospital for SDC, please get biodata of a Paediatrician and Obst.& Gynaec

specialist in the IGNOU format. The hard copy needs to reach the regional centre through your LSC coordinator.

Regional centre will issue a formal letter to the SDC counselors attaching you (your enrollment number to be mentioned) to them. A copy of such letter will be marked to the head of the hospital and also to your LSC coordinator.

Completion of SDC Activity

Once you complete all activities at SDC, the internal mark from SDC will be sent to LSC coordinator (monitoring format mentioned in Appendix-IV). You will also get completion certificate signed.

Project Topic

You need to decide a project topic on basis of guidelines mentioned in project guide (Block 2 of MMEL-301). Your counsellor from community Medicine department can help in this process. Ideally this topic be finalized by the end of 1st contact spell at LSC.

5.3.2 Term-end Examination

For term-end practical examination, there will be three internal and three external examiners i.e. one each from the disciplines of the O&G, PSM and Paediatrics. The internal examiners will be from the same LSC and the external examiners will be the counsellors from other LSCs. Their names will be finalized in consultation with the School. The practical term-end examination is usually held **once a year** i.e. in the months of December-January.

The examination pattern will be uniform in the whole country. You will be given long and short cases slides/spots and there will be a viva. In Course MMEL-301, the long case will be replaced by working up of family and management problems. Slide/Spot category could include spot diagnosis, specimens, X-rays, Instruments, Statistical exercises, Charts, Small Management problems, Graphs, etc. A student will have to score at least 35 marks in each of the three practical courses to pass successfully. Otherwise, he/she will have to repeat the respective leftover course.

Usually, you will appear in the term-end practical examination at your programme study centre. **If number of students opting for appearing in term-end practical examination are less than 5, then students of neighboring LSCs would be clubbed together.** As term-end examination will be conducted for all the three practical courses, your examination will be spread over 3 days i.e. one day each for each discipline. Your LSC coordinator will inform you about the schedule of your practical examination.

For appearing in the practical term-end examination, you should fulfill the following three requisites:

- Attend both the **practical spells** at LSC and complete the related activities in SDC(project in case of MMEL-301)
- **Fill up** the online practical term-end form in time
- **Pass** in the practical internal assessment.

Please note that appearing in theory paper is not a prerequisite for appearing in practical component

Practical Date sheet

Practical examination date is decided by the LSC Coordinator. It is usually held within 1-2 months of completion of theory examination. LSC coordinator informs you about the date.

Centre for examination

Your LSC becomes the Centre for practical examination. If sufficient number of learners are not taking exam, the centre will be decided by Head quarter and your Coordinator will be informed about it.

5.4 Result and Certification

5.4.1 Declaration of Result

All the results of students are computerized and when a student completes all the courses of the programme, a printed mark sheet (called grade card) along with a provisional pass certificate is sent to the students. The grade card is also displayed in the IGNOU website and can be downloaded from here. There is a provision of issuing duplicate grade card on receipt of request application along with a demand draft for the required fee in favour of IGNOU and payable at New Delhi. Link for the obtaining duplicate copy of grade card, mark sheet or provisional certificate is given in Appendix IX.

Term-end Theory results will be uploaded on the website. Usually, it takes 2-3 months time for declaration of term-end theory result. If you are unsuccessful in a theory paper, you should apply for next examination in the prescribed form. You can also opt for early declaration of result by filling the form for the same available on the website. The number of attempts does not get mentioned in the grade card or certificate.

At times, some component of the results is not reflected in the grade card or mark sheet. In that situation, please write an application to the Registrar Student Evaluation Division (SED) enclosing a xerox copy of the partial reflected grade card. You should also follow it up with the Regional Centre for necessary action or write to student support service centre/grievance cell.

5.4.2 Re-evaluation of Answer Scripts

When you are not satisfied with your term-end theory marks, you have an option of approaching IGNOU for re-evaluation of answer script. You should apply online for that within a month of declaration of result in website. You can also ask for the photocopy of your answer script online

5.4.3 Convocation

The final certificate in PGDHHM will be offered by the university after the convocation ceremony. Usually every year this is organized in the month of February-March. So, the learners passing by the June examination of the previous academic year are given diploma on this occasion. The successful learners are routinely informed about the convocation in the month of November/December by the evaluation division by uploading the same on University website.. The interested learners need to reply to SED in this regard

6. MAY I HELP YOU?

As discussed earlier, the programme implementation is made by a team effort. Different divisions of IGNOU look after different components of this implementation process. Any missing link could create hurdles. Hence, if you as a distant learner face any problem, please follow the guidelines as mentioned below.

6.1 Change of Address

If your address gets changed, please fill and send the requisite form to the **Registrar, SRD through your Regional Director**. Your new address will be taken care of. You can download the form from IGNOU website

6.2 Study Material

As mentioned earlier, you will receive all the print materials in the beginning of the session. It usually reaches by post within a month of starting of the session at your correspondence address. If it does not reach you within a month of confirming admission, please email to Registrar (MPDD), IGNOU, Maidan Garhi, New Delhi-110068 (mpdd@ignou.ac.in). Phone number 011-29572008, 29572012. You can check the status of the material despatch from the website also (<http://ignou.ac.in/ignou/aboutignou/division/mpdd/material>). In addition, you could contact your LSC Coordinator or regional centre to solve your problem. The materials that you will receive are as follows:

Course Code	Materials to be Received by Students	
	Blocks	Assignments
MME-301	1, 2, 3, 4, 5 and 6	MME-301/AS-1, MME-301/AS-2 and MME-301/AS-3
MME-302	1, 2, 3, 4, 5 and 6	MME-302/AS-4, MME-302/AS-5 and MME-302/AS-6
MME-303	1, 2, 3, 4, 5 and 6	MME-303/AS-7, MME-303/AS-8 and MME-303/AS-9
MMEL-301	Practical Manual, Project Guide, Log-book	Hard copies of assignments will not be posted. You can download the soft copies from IGNOU Website https://webservices.ignou.ac.in/assignments/
MMEL-302	Practical Manual, Check List Manual, Log-book	
MMEL-303	Practical Manual, IMNCI Chart booklet, Log-book	

6.3 Channel of Communications and Addresses

❖ **Student Support Service Centre:** The Student Support Service Centre was established at IGNOU headquarters in 1998 and provides you complete information pertaining to the old and newly launched academic programmes of IGNOU. It is a single window enquiry for students. So, all enquiry regarding admission, material, examination, etc. can be made to this centre. You may get an immediate reply for general query. For specific issues, they will help you to get the relevant information from concerned section. Any type of unsolved problems could be sent to the student support service centre (ssc@ignou.ac.in).

In addition to the above, SSC also forwards the request received from the students regarding the change of address, corrections in the student's name and father's name, incorporation of assignments/practical marks, term-end theory examination form and the unresolved problems received from regional centres. The centre remains open on all the week days except Saturday, Sunday and Gazetted holidays.

❖ **Marketing Cell (MPDD):** All the IGNOU materials can be purchased through the Marketing Cell located at IGNOU Headquarters. A request application should be made to A.R. (Marketing Cell), MPDD, IGNOU, New Delhi-110068, Ph. No. 011-29572010 mentioning the Course Code, No. of Copies of material required, etc. The Marketing Cell calculates the cost of course material and the cost of Postal charge and writes back to you.

On receipt of the amount of money in the form of a Demand draft drawn in favour of IGNOU, payable at New Delhi, the books are sent by Registered Parcel.

❖ **Marketing Cell (EMPC):** The lists of audio-video material for sale are available in the website. They can be purchased by cash amount or by placing order (empcmktunit@ignou.ac.in) to be sent post.

7. KNOW SYLLABI OF YOUR COURSES

The programme design is mentioned in section 2.2. The block-wise details are mentioned in the following section and the detailed syllabi are mentioned in a separate section.

7.1 Course-wise List of Blocks

Course MME-301: Preventive MCH

- Block-1 : Basics of Prevention
- Block-2 : Maternal and Child Health Services
- Block-3 : Epidemiology in Maternal and Child Health
- Block-4 : Communication for Behavioral Change
- Block-5 : Adolescent Health
- Block-6 : Policies, Planning and Management

Course MME-302: Reproductive Health

- Block-1 : Care During Pregnancy
- Block-2 : Abnormal Pregnancy
- Block-3 : Normal Labour and Puerperium
- Block-4 : Abnormal Labour and Puerperium
- Block-5 : Gynaecological Disorders
- Block-6 : Family Planning

Course MME-303: Child Health

- Block-1: Care of Newborn and Young Infant
- Block-2: Primary Paediatric Care
- Block-3: Management of a Sick Child at District Level
- Block-4: Nutrition
- Block-5: Growth and Development
- Block-6: Childhood Morbidity

Course MMEL-301: Preventive MCH Practical

- Block-1 : Practical Manual
- Block-2 : Project Guide
- Block-3 : Log-book

Course MMEL-302: Reproductive Health Practical

- Block-1 : Practical Manual
- Block-2 : Check List Manual
- Block-3 : Log-book

Course MMEL-303: Child Health Practical

- Block-1 : Practical Manual
- Block-2 : IMNCI Chart Booklet
- Block-3 : Log-book

7.2 Block-wise Details of Each Course

MME-301: Preventive MCH

Block-1: Basics of Prevention

- Unit 1 : Rationale and Goals of MCH
- Unit 2 : Levels of Prevention in MCH
- Unit 3 : Mother and Child Tracking System (MCTS)
- Unit 4 : Maternal Death Surveillance and Response (MDSR)
- Unit 5 : Standard Precautions and Health Care Waste Management

Block-2: Maternal and Child Health Services

- Unit 6 : National Rural Health Mission
- Unit 7 : RMNCH A+ services
- Unit 8 : Organisational Set Up for MCH Care
- Unit 9 : MCH Related Schemes and Programmes-I
- Unit 10 : MCH Related Schemes and Programmes-II

Block-3: Epidemiology in Maternal and Child Health

- Unit 11 : Basics of Epidemiology
- Unit 12 : Applied Statistics in MCH
- Unit 13 : Indicators of RCH
- Unit 14 : National Immunisation Programme

Block-4: Communication for Behavioural Change

- Unit 15 : Surveillance in MCH
- Unit 16 : Communication Process
- Unit 17 : Counselling in RCH Programme
- Unit 18 : Community Participation and Involvement

Block-5: Adolescent Health

- Unit 19 : Adolescence and Health Implications
- Unit 20 : Growth, Development and Nutrition
- Unit 21 : Adolescent Sexual Health
- Unit 22 : Adolescent Pregnancy and Pregnant Adolescent
- Unit 23 : Adolescent Mental Health
- Unit 24 : Special Issues of Adolescent
- Unit 25 : Injuries and Violence

Block-6: Policies, Planning and Management

- Unit 26 : National Policies Related to Health
- Unit 27 : Legislations Relevant to MCH and Social Security
- Unit 28 : Concepts and Principles of Management
- Unit 29 : Resource Management
- Unit 30 : Monitoring and Evaluation in MCH

Course MME-302: Reproductive Health

Block-1 Care During Pregnancy

- Unit 1 : Diagnosis of Pregnancy and Antenatal Care
- Unit 2 : Anaemia in Pregnancy
- Unit 3 : Medical Disorders Complicating Pregnancy
- Unit 4 : Medical Termination of Pregnancy

Block-2: Abnormal Pregnancy

- Unit 5 : Pregnancy with abnormal fetus
- Unit 6 : Complications in Early Pregnancy
- Unit 7 : Complications in Late Pregnancy-I: Hypertensive Disorders in Pregnancy
- Unit 8 : Complications in Late Pregnancy-II: Antepartum Haemorrhage
- Unit 9 : Complications in Late Pregnancy-III: PROM, Preterm Labour, Postmaturity, IUGR and Hydramnios
- Unit10 : Complications in Late Pregnancy-IV: : Rh Incompatibility, Intra Uterine Infection
- Unit 11 : Pain during Pregnancy

Block-3: Normal Labour and Puerperium

- Unit 12 : Organising Labour Room and Triaging
- Unit 13 : Normal Labour-I : Anatomy and Physiology
- Unit 14 : Normal Labour-II : Management
- Unit 15 : Normal Puerperium and Postnatal Care

Block-4: Abnormal Labour and Puerperium

- Unit 16 : Occipito-posterior Position: Brow, Face and Cord Presentations
- Unit 17 : Breech Presentation, Transverse Lie and Multiple Pregnancy
- Unit 18 : Prolonged Labour, Obstructed Labour and Rupture Uterus
- Unit 19 : Third Stage Complications
- Unit 20 : Abnormal Puerperium
- Unit 21 : Emergency and Referral

Block-5: Gynaecological Disorders

- Unit 22 : Common Gynaecological Problems
- Unit 23 : Adolescent Gynaecological Issues
- Unit 24 : Infertility
- Unit 25 : Reproductive Tract Infections/Sexually Transmitted Infections including HIV/AIDS
- Unit 26 : Menopause

Block-6: Family Planning

- Unit 27 : Counselling
- Unit 28 : Conventional Contraceptive Methods
- Unit 29 : Hormonal Contraception
- Unit 30 : Intra Uterine Contraceptive Devices
- Unit 31 : Surgical Methods

Course MME-303: Child Health

Block-1: Care of Newborn and Young Infant

- Unit 1 : Essential Newborn Care
- Unit 2 : Management of Low Birth Weight Babies
- Unit 3 : Common Birth Defects and Surveillance
- Unit 4 : Out Patient Management of Sick Young Infant- IMNCI Approach
- Unit 5 : Identification of a Sick Young Infant and out patient management
- Unit 6 : Hospital Management of Sick Young Infant at FRU level
- Unit 7 : Hospital Management of Sick Young Infant at District Level

Block-2 Primary Paediatric Care

- Unit 8 : Triage and Emergency Treatment
- Unit 9 : Assessment and Treatment of a Sick Child in Out Patient: Part-I
- Unit 10: Assessment and Treatment of a Sick Child in Out Patient: Part-II
- Unit 11: Hospital Management of sick child at FRU level

Block-3: Management of a Sick Child at District Level

- Unit 12 : General Inpatient Management of a Sick Child including Shock
- Unit 13 : Inpatient Management of Child with Cough/Difficult Breathing
- Unit 14 : Inpatient Management of Child with Diarrhoea
- Unit 15 : Inpatient Management of Child with Febrile Illness
- Unit 16 : Inpatient Management of Child with Lethargy, unconsciousness and convulsion
- Unit 17 : Monitoring and follow up

Block-4: Nutrition

- Unit 18 : Breastfeeding
- Unit 19 : Feeding Children
- Unit 20 : Assessment and Management of Child with Malnutrition Part-I
- Unit 21 : Assessment and Management of Child with Malnutrition Part-II
- Unit 22 : Common Deficiency Disorders

Block-5: Growth and Development

- Unit 23 : Normal Growth, Growth Assessment and Monitoring
- Unit 24 : Disorders of Growth
- Unit 25 : Normal Development, Assessment and Monitoring
- Unit 26 : Disorders of Development
- Unit 27 : Home Environment and the Child

Block-6: Childhood Morbidity

- Unit 28 : Common Paediatric Problems
- Unit 29 : Cardiovascular, Haematological and Renal Disorders
- Unit 30 : Gastrointestinal, Parasitic and Neurological Disorders
- Unit 31 : Tuberculosis
- Unit 32 : HIV/AIDS
- Unit 33 : Common Paediatric Emergencies
- Unit 34 : Common paediatric Surgical Problems

Course MMEL-301: Preventive MCH Practical

Block 1: Practical Manual

- Unit 1 : Immunizations
- Unit 2 : Health Education
- Unit 3 : Epidemiological and Statistical Exercises
- Unit 4 : Socio-Clinical Case Study
- Unit 5 : Community Intervention for Adolescents
- Unit 6 : Field Visits
- Unit 7 : Preparation of Sub-Center and PHC Plan

Block 2: Project Guide

Block 3: Log-book

Course MMEL-302: Reproductive Health Practical

Block 1: Practical Manual

- Unit 1 : Communication with the Woman and History Taking
- Unit 2 : Examination of the Woman
- Unit 3 : Infection Prevention
- Unit 4 : Normal Labour
- Unit 5 : Common Procedures During Labour
- Unit 6 : Abnormal Delivery
- Unit 7 : Shock Management in obstetrics
- Unit 8 : Minor Procedures
- Unit 9 : Method Specific Counselling for Contraception
- Unit 10: Commonly Used Instruments

Block 2: Check List Manual

Block 3: Log-book

Course MMEL-303: Child Health Practical

Block-1: Practical Manual

- Unit 1 : Neonatal Resuscitation and Essential Newborn Care
- Unit 2 : Assessment and Management of Sick Young Infant using IMNCI approach
- Unit 3 : Assessment and Management of Sick child using IMNCI approach
- Unit 4 : Feeding Techniques
- Unit 5 : Nutrition Management and Counselling
- Unit 6 : History Taking and Examination of a Child
- Unit 7 : Laboratory Procedures
- Unit 8 : Assessment of Growth and Development
- Unit 9 : Common Paediatric X-rays
- Unit10 : Emergency Triage, Assessment and Treatment

Block 2: IMNCI Chart Booklet

Block 3: Log-book

List of Practical Skills

The skills that you are expected to learn in each course are mentioned below. In each of the operative procedures you will be demonstrated at least one case with explanation of key steps that are mentioned in each of them. After demonstration, each of you will be given scope to perform the procedure in at least one patient under the supervision of the counsellor at PSC. For this purpose, you will be posted to OPD, Ward, OT, Neonatology Unit, Emergency, Post Partum Centre etc. as applicable for different skills. The activities and field visits which you are expected to complete in different courses are given below. You will find the details of each in the respective practical manuals.

ACTIVITIES OF MMEL-301: PREVENTIVE MCH PRACTICAL

1. **Immunization:**
 - Planning and Conduction of an Immunization Session
2. **Health Education and Counselling:**
 - Planning and Conduction of Group Discussion
 - Planning and conduction of a Role Play
 - Planning and conduction of counselling
3. **Epidemiological and Management Exercises**
 - MCH Indicators
 - Risk estimates
 - Management related exercises
 - Preparation of health plan
4. **Socio-clinical Case Study**
 - Family diagnosis
 - Community management
5. **Adolescent Health**
 - Community Intervention for Adolescents
 - Use of Job aid

6. **Field Visits:**

Visits outside the PSC

Visits to the following institutions for observing ongoing MCH activities including maintenance of Cold Chain:

- Community Health Centre/ Primary Health Centre
- Sub Centre/Health and Wellness Centre
- Anganwadi
- Urban F.W. Centre

Visits within the PSC

- Baby Friendly Hospital
- Health Care Waste Management

ACTIVITIES OF MMEL-302: REPRODUCTIVE HEALTH PRACTICAL

1. Communicating with Patients
2. Examination of a Pregnant Woman
3. Examination of a Nonpregnant Woman
4. Normal Delivery
5. Partogram

6. Catheterisation of Urinary Bladder
7. Episiotomy and Perineal Tear
8. Outlet Forceps/Vacuum *
9. Assisted Breech Delivery*
10. Management of Emergency Obstetrics Cases
11. PPH Management
 - Bimanual Compression of Uterus
 - Manual Removal of Placenta
 - Traumatic PPH
12. Family Planning Counselling
13. Copper T Insertion
14. Manual Vacuum Aspiration
15. Infection Prevention Measures
16. Collection of PAP Smear
17. Estimation of Hb%
18. Microscopic examination
 - Wet Smear
 - Fern Test
 - Post Coital Test
 - Urine for Pus Cell

(* *Skills to be shown wherever feasible*)

ACTIVITIES OF MMEL-303: CHILD HEALTH PRACTICAL

1. Neonatal Resuscitation
2. Gestational Assessment
3. Examination of Normal Newborn and Identification of High Risk Babies
4. Assessment of Sick Young Infant
5. Assessment of Sick Child 2 months to 5 years
6. Filling up of IMNCI Proforma for young infants
7. Filling up of IMNCI Proforma for older child
8. Temperature Recording and Techniques to keep the baby Warm
9. Feeding of Newborn
10. How to read Drug Table
11. Administration of a drug—Oral, I/V, I/M including I/V access
12. Use of Nebuliser and Spacer for Asthma
13. Identification of murmur
14. Use of Equipments
 - Phototherapy
 - Radiant warmer
15. Communication Skills and Counselling
16. Oxygen Administration Technique
17. Transport of a Sick Child—Stabilisation and Writing Referral Slip
18. Investigation—Lab Procedures
19. Hand Washing Techniques
20. Anthropometry
21. Use of Growth Chart

Time Frame for Practical Training

The programme design mentions about 18 credit hours i.e. a total of 540 hours of practical activities. These would be completed at three different types of set up, namely, Programme Study Centre (PSC), Skill Development Centre (SDC) and Work Place (WP). Approximately equal time will be devoted at PSC, SDC and the work place.

Time Distribution of Practical Component in Hours as Per Place of Activity

Course Code	PSC	SDC	Work Place	Total
MMEL-301	60	—	120	180
MMEL-302	60	90	30	180
MMEL-303	60	90	30	180
Total	180 Hrs	180 Hrs	180 Hrs	540 Hrs

Time Distribution of Spells

There will be 2 spells of 6 days duration having rotational posting of two days in each of the three departments.

Department-wise Time Distribution of Practical Activity at Programme Study Centre

Course	1 st Spell	2 nd Spell	Total Days
MMEL-301	2 days	2 days	4 days
MMEL-302	2 days	2 days	4 days
MMEL-303	2 days	2 days	4 days
Total	6 days	6 days	12 days

Sample Training Plan

A) MMEL-301: Preventive MCH Practical

I. Online class for Theory Component

About 10-20 hours of theory sessions could be planned through online class. These sessions basically aim at clearing the conceptual doubts of the students on the topics. Experts could decide the topics according to their experience in class room teaching. However, attention should be given to cover all major areas(*at least 2 hours per Block*) of the theory material. Some topics are suggested below:

1. Levels of prevention in MCH
2. Standard Precaution and Health Care Waste Management
3. Organisational Set up for MCH Care
4. MCH Related Schemes and Programmes
5. National Immunisation Programme
6. NRHM
7. Basics of Epidemiology
8. Indicators of RCH
9. Communication Process
10. Adolescent health Issues
11. Concepts and Principles of Management
12. Inventory Management

II. Online class for Strengthening Practical Component

Practical related topics as categorized below are to be covered by Online class. About 15 topics have been identified under 6 major heads. Some sessions like basics of research, Immunization schedule, orientation on PHC etc. could be planned before 1st spell so that spell activity could be linked and physical participation in practical sessions would be maximized. All the leftover topics should be covered before 2nd spell so that interbnal evaluation oon all activities could be planned properly.

1. Project Planning and Follow up

- Basics of Research including study design and research question
- Introduction, Aims and Objective, Review of Literature
- Methodology and Repost Writing

2. Socio-Clinical Case Study

- Maternal care
- Paediatric care-Link with IMNCI

3. Adolescent Health

- Planning Community Intervention
- Job Aid

4. Immunisation

- Immunisation schedule
- Cold Chain
- Injection Safety

5. Epidemiological Exercise

- Vaccine Requirement
- Rates/Ratio

6. Health Care Organisation- Orientation

- PHC/CHC
- Sub centre/HW Centre
- MCH Centre and anganwadi

III. Posting Schedule for MMEL-301

A maximum of 10 students are allowed to be in a group during posting under MMEL-301. So, the 10 students posted to Community Medicine could remain as one group. **The posting schedule of 10 students is mentioned below.** Each student should be attached to a counselor who would guide the student for his/her project so that the student can discuss telephonically the issues faced during data collection, analysis or report writing.

Spell	0900-1100 hrs.	11.00-13.00 hrs.	14.30-16.30 hrs.
1st Spell (day 1)	Medical College <ul style="list-style-type: none">• Immunisation Clinic• Cold chain	Medical College <ul style="list-style-type: none">• Health Care Waste Management	Department/Community <ul style="list-style-type: none">• Group Discussion• Resource Mapping
1st Spell (day 2)	Department <ul style="list-style-type: none">• Project Allocation and Discussion	Department <ul style="list-style-type: none">• Project Allocation and Discussion	Department <ul style="list-style-type: none">• Epidemiological Exercises
2 nd Spell (day 1)	Department/Community <ul style="list-style-type: none">• Socio-clinical Case Presentation	Department/Community <ul style="list-style-type: none">• Socio-clinical Case Presentation	Department <ul style="list-style-type: none">• Job Aid Presentation• Report on Community Intervention for Adolescents
2 nd Spell (day 2)	Department <ul style="list-style-type: none">• Project Report Presentation	Department Project Report Presentation	Department Project Report Presentation

Minimum 3 presentations should be targeted for socio-clinical case study to cover antenatal, postnatal and under five issues. All students should present their project findings.

B) MMEL-302: Reproductive Health Practical

I. Online class for Theory Component

About 10-20 hours of theory sessions could be planned through online class. These sessions basically aim at clearing the conceptual doubts of the students on the topics. Experts could decide the topics according to their experience in class room teaching. However, attention should be given to cover all major areas(*about 2 hours per Block*) of the theory material. Some topics are suggested below:

1. ANC history Taking
2. Normal and Abnormal Labour
3. Complications of Early Pregnancy
4. Preeclampsia/ Severe preeclampsia
5. PROM
6. Twin Pregnancy
7. Abnormal Puerperium
8. Menstrual disorders
9. Primary and secondary amenorrhoea
10. RTI, STI
11. Abnormal Uterine Bleeding
12. Fibroid
13. Emergency Referral
14. Hormonal Contraception
15. IUCD
16. Permanent method of sterilisation

II. Online class for Strengthening Practical Component

Practical related topics are to be covered by Online class. Case discussion and case presentation, seminar topics etc are to be covered through this. Some of the identified topics are:

1. Medical complications in Pregnancy
 - Severe Anaemia
2. High Risk Pregnancy
 - APH
 - PIH
 - CPD
 - Rh. Incompatibility
3. Puerperium and its Management
 - Normal puerperium
 - Puerperial Sepsis
 - PPH

4. Abnormal Presentation
 - Transverse Lie
 - Face /Brow
 - Cord Prolapse
 - Prolonged/Obstructed Labour
5. Acute abdominal pain in early and late pregnancy
6. Adolescent Pregnancy
7. Unsafe Abortion

III. Posting Schedule for MMEL-302

A maximum of 5 students are allowed to be in a group attached to one counsellor. So, the 10 students posted to Obst.& Gynae department will be divided into two sub-groups (Sub-group A1 and Sub-group A2) of 5 each. **The posting schedule of 5 students is mentioned below.** So, in every spell, while Group A1 will be posted to Day 1 activity, the Group A2 will be posted to Day 2 activity.

Spell	0900-1100 hrs.	11.00-13.00 hrs.	14.30-16.30 hrs.
1st Spell (day 1)	ANC OPD <ul style="list-style-type: none"> • History Taking • Antenatal Examination • Diagnosis of early pregnancy (Vaginal examination) 	Seminar Room Presentation with dummy and doll <ul style="list-style-type: none"> • Normal labour • Breech presentation 	Casualty Management of Obstetric emergency <ul style="list-style-type: none"> • APH • Eclampsia • Ectopic Pregnancy
1st Spell (day 2)	Labour Room <ul style="list-style-type: none"> • Pelvic assessment • Normal Labour • Partogram • Episiotomy 	Labour Room <ul style="list-style-type: none"> • Third Stage management including PPH • Forceps/Vacuum Delivery 	Labour Room Abnormal Cases and abnormal delivery <ul style="list-style-type: none"> • Previous CS • APH • Twin • Hydramniotic
2nd Spell (day 1)	Gynae. OPD <ul style="list-style-type: none"> • Clinical examination • PS/PV examination • Lab procedures 	Gynae Ward Case Discussion <ul style="list-style-type: none"> • Prolapse • DUB • Vaginal Discharge 	Casualty Management of Obstetric emergency <ul style="list-style-type: none"> • Septic Abortion • Inevitable Abortion • PPH
2nd Spell (day 2)	F. P. OPD <ul style="list-style-type: none"> • FP counseling • PS/PV examination • Lab procedures 	Minor OT/ F.P. OT Demonstration <ul style="list-style-type: none"> • MTP with Cu-T insertion • S&E/ MVA • D&E • Vasectomy/Tubectomy 	Internal Evaluation

Though five students are grouped together in the sample posting shown above, PSCs could further divide the group of 5 students and make appropriate posting schedule (OPD/Post Partum Centre/Labour Room/Ward/OT) so that each student actually gets a scope to handle patients independently. The counsellors also could take the students in their ward round if it is feasible for them. Interested students could request the counsellors to put them in emergency/Labour room duties even after 1700 hours.

C) MMEL-303: Child Health Practical

I. Online class for Theory Component

About 10-20 hours of theory sessions could be planned through online class. These sessions basically aim at clearing the conceptual doubts of the students on the topics. Experts could decide the topics according to their experience in class room teaching. However, attention should be given to cover all major areas(*about 2 hours per Block*) of the theory material. Some topics are suggested below:

1. Emergency, Triage, Assessment and Treatment (Under 5 child)
2. Essential Newborn Care including breast feeding
3. Management of Low Birth Weight
4. Neonatal Growth, Growth Assessment and monitoring
5. Emergency Care of Newborn
6. Outpatient Care of Newborn /Young Infant including what is IMNCI (Assessment & Classification)
7. Outpatient care of Newborn/ Young infant Identify treatment and treatment
8. Outpatient Care of Newborn/ Young Infant: Referral process
9. Outpatient Care of Child 2 month & beyond -Assessment and Classification
10. Outpatient Care of Child 2 month & beyond -Identify treatment & Treat the child
11. Outpatient Care of Child 2 month & beyond -Immunization and AEFI in children
12. Hospital management of Sick Young Infant at FRU level
13. Emergency Care of a sick child including shock
14. Inpatient management of child with cough or difficulty breathing and diarrhea
15. Inpatient management of child with febrile illness, unconsciousness and seizure
16. Child with congenital heart disease and principles of CHF Management.
17. Child with Medical jaundice and how to pick up surgical jaundice
18. Child with sore throat and ear infection and childhood tuberculosis

II. E-IMNCI Package

A digital e-IMNCI package is available that includes 27 units (3 introductory, 12 for Young Infant and 12 for Sick child). The video component of the package is about 9 hours. However, students have to do all the check your progress quiz to have a grasp on the content. **Students are required to go through this package before the start of 1st contact spell.**

Though there will be some online sessions to explain concepts in IMNCI, proper understanding of IMNCI will be possible only by going the digital package.

III. Posting Schedule for MMEL-303

A maximum of 5 students are allowed to be in a group attached to one counsellor. So, the 10 students posted to Paediatric department will be divided into two sub-groups (Sub-group A1 and Sub-group A2) of 5 each. The posting schedule of 5 students is mentioned below:

Spell	0900-1100 hrs.	11.00-13.00 hrs.	14.30-16.30 hrs.
1st Spell (day 1)	Nursery <ul style="list-style-type: none"> Assess, Classify, identify treatment and treat the young infant Role Play on Counselling 	Nursery <ul style="list-style-type: none"> IMNCI-Young Infant Complete Case 	Ward <ul style="list-style-type: none"> Assess, Classify, identify treatment and treat the Sick Child
1st Spell (day 2)	Ward <ul style="list-style-type: none"> IMNCI-Sick Child Complete Case 	Nursery <ul style="list-style-type: none"> Gestational assessment Equipment: Photo-therapy, Radiant warmer Neonatal Resuscitation 	Ward/Nursery <ul style="list-style-type: none"> Feeding Techniques: -Nasogastric, Oro-gastric, Cup and spoon X Rays Instruments
2nd Spell (day 1)	Ward <ul style="list-style-type: none"> History taking and examination of a Non-IMNCI Case 	Ward <ul style="list-style-type: none"> Oxygen Administration Technique Nebuliser Spacer for Asthma I/V Access 	Seminar Room <ul style="list-style-type: none"> Anthropometry Weighing Balance Growth Monitoring
2nd Spell (day 2)	Ward <ul style="list-style-type: none"> Case Discussion (Childhood morbidity) 	Ward <ul style="list-style-type: none"> Triage and Emergency Treatment 	Ward <ul style="list-style-type: none"> Case Discussion (Childhood morbidity)

The design of contact session is made in such a manner that the first contact spell will focus on IMNCI component and the second contact spell will focus on non-IMNCI component. Students should try to see as many varieties of non-IMNCI cases as possible during their 2nd contact spell.

In the case discussion, Attempt should be made to include following Non-IMNCI cases during case discussion sessions:

- Acute Flaccid Paralysis (AFP)
- Tubercular Meningitis
- Congenital Heart Disease
- Rheumatic Heart Disease
- Hepatosplenomegaly
- Lymphadenopathy
- Protein Energy Malnutrition (PEM)
- Chronic Respiratory Diseases

Monitoring Proforma for PSC Counsellors (MMEL-301)

Name of PSC _____

Name of the Student _____ Enrollment No. _____

Sl. No	Name of the Skill	Skills training completed*		Max. Marks (300)	Marks Scored	Signature with Date
		1 st Spell	2 nd Spell			
1.	Immunisation • Cold Chain • Injection Safety			10		
2.	Health Education • Resource Mapping • Group Discussion			15		
3.	Epidemiological and Statistical Exercises • Epidemiological Exercises • Problem based Exercises • Management Exercises			30		
4.	Socio-Clinical Case Study • Presentation • Summary Report			40		
5.	Field Visit • CHC/PHC • Sub-centre • Anganwadi Centre • Urban MCH Centre • Baby Friendly Hospital • Health Care Waste Management			10 10 10 5 5 5		
6.	Project Work • Write up • Presentation			100 40		
7.	Adolescent Health • Write up Report on Community Intervention for Adolescents • Job Aid Discussion			20		
Total Marks Scored						

*Put a tick mark in respective column for the skills completed in respective spells.

Monitoring Proforma for PSC Counsellors (MMEL-302)

Name of PSC _____

Name of the Student _____ Enrollment No. _____

Sl. No	Name of the Skill	Skills training completed*		Max. Marks (300)	Marks Scored	Signature with Date
		1 st Spell	2 nd Spell			
1.	Antenatal care			20		
	• History (Communicating with patients)					
	• Diagnosis of normal, early and late Pregnancy					
	• Vaginal examination					
2.	Intranatal and Postnatal Care			30		
	• Pelvic assessment					
	• Normal labour					
	• Partogram					
	• Delivery					
	• Normal puerperium					
3.	Obstetrical Operation			15		
	• Episiotomy					
	• Forceps/Vacuum application					
	• Catheterisation of bladder					
4.	Case Management/Obstetrical Emergency			15		
	• PPH management					
	• Diagnosis and Management of High Risk Pregnancy					
	• Diagnosis of Gynae.cases (Examination)					
5.	Case Presentation			30		
6.	Family Planning Counselling/Procedure			20		
	• Counselling for Condom					
	• Counselling for OCP					
	• Counselling for Cu-T					
	• Counselling for Vasectomy/Tubectomy					
	• Insertion of Copper-T					
7.	Evacuation of Uterus During Early Pregnancy			10		
	• MVA					
	• Suction and evacuation					
	• Infection Prevention Measures					
8.	Lab Procedures			10		
	• PAP Smear					
	• Wet Smear					
	• Fern Test					
	• Post Coital Test					
	• Urine Examination					
	• Hb%					
Total Marks Scored						

*Put a tick mark in respective column for the skills completed in respective spells.

Monitoring Proforma for PSC Counsellors (MMEL-303)

Name of PSC _____

Name of the Student _____ Enrollment No. _____

Sl. No	Name of the Skill	Skills training completed*		Max. Marks (300)	Marks Scored	Signature with Date
		1 st Spell	2 nd Spell			
1.	IMCI Skills (2 months to 5 yr child) • Assessment of Sick Child			40		
	<i>Filling up of IMCI Proforma</i> (Respiratory Problem/Diarrhoea/Fever/Malnutrition)					
2.	IMCI Skills (Young Infant) • Assessment of Sick Young Infant			30		
	<i>Filling up of IMCI Proforma</i> (Sick New born/Fever/Breastfeeding Problem)					
	• Examination of Normal Newborn					
	• Identification of High Risk Babies					
	• Temperature Recording					
	• Techniques to keep the baby Warm					
	• Feeding of Newborn					
	• Administration of drug—Oral, I/V, I/M					
	• Communication Skills/Counselling					
	• Transport of a Sick Child—Stabilisation and writing referral Slip					
• How to read Drug Table						
3.	Hand Washing Techniques			5		
4.	Neonatal Resuscitation			10		
5.	Gestational Assessment			5		
6.	Anthropometry			10		
	Use of Growth Chart/monitoring					
7.	Case Presentation			40		
	Identification of murmur					
	Interpret X-rays and Investigations Emergency and Triage					
8.	Use of Equipment			10		
	• Nebuliser					
	• Spacer for Asthma					
	• NG Tube					
	• Phototherapy					
	• Radiant warmer • Oxygen Administration Technique					
9.	Investigations/Lab Procedures#			—		
	• Capillary Blood Sampling					
	• Peripheral Smear					
	• Blood Film for Malarial Parasite					
	• Urine for Albumin, Sugar, Microscopy					
	• Examination of Stool for Parasites					
	• Monteaux Test					
	• CSF examination and Interpretation • Transportation of Body-fluid Samples					
Total Marks Scored						

* Put a tick mark in respective column for the skills completed in respective spells. # Procedures to be demonstrated wherever feasible.

Monitoring Proforma for SDC Counsellors (MMEL-302)

Name of SDC _____

Name of the Student _____ Enrollment No. _____

Sl. No.	Name of the Skill	Activities Completed by Student (Put only a tick mark)#	Max. Marks (150)	Marks Scored	Signature with Date																				
1.	Antenatal care*	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td></tr> </table>																					20		
	• History (Communicating with patients)																								
• Diagnosis of normal, early and late Pregnancy																									
2.	Labour *	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td></tr> </table>																					30		
	• Pelvic assessment																								
• Partogram																									
3.	Obstetrical Operation	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td></tr> </table>																					20		
	• Episiotomy																								
• Forceps/Vacuum application																									
4.	Case Management/Obstetrical Emergency	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td></tr> </table>																					20		
	• PPH management																								
• Diagnosis and Management of High Risk Pregnancy																									
5.	Family Planning Counselling/Procedure	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td></tr> </table>																					10		
	• Counselling for Condom																								
	• Counselling for OCP																								
• Counselling for Cu-T																									
6.	Insertion of Copper-T	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td></tr> </table>																					20		
• Suction and evacuation																									
7.	Evacuation of Uterus During Early Pregnancy	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td></tr> </table>																					15		
• MVA																									
8.	Lab Procedures	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td></tr> </table>																					15		
	• PAP Smear																								
	• Wet Smear																								
	• Fern Test																								
	• Post Coital Test																								
• Urine Examination																									
Total Marks Scored																									

* All the three skills to be performed in each patient.

Put a tick mark in respective column for each time a skill is performed at SDC.

Monitoring Proforma for SDC Counsellors (MMEL-303)

Name of SDC _____

Name of the Student _____ Enrollment No. _____

Sl. No.	Name of the Skill	Activities Completed by Student (Put only a tick mark)#	Max. Marks (150)	Marks Scored	Signature with Date
1.	IMNCI Skills (2 months to 5 year child)		10		
	• Respiratory Problem				
	• Diarrhoea				
	• Fever				
	• Ear Problem				
2.	IMNCI Skills (Young Infant)		10		
	• Possible Bacterial Infection				
	• Diarrhoeal diseases				
	• Feeding Problem				
3.	Administration of drug— I/V, I/M		5		
	Hand Washing Techniques				
5.	Gestational Assessment		5		
6.	Anthropometry*		10		
	Use of Growth Chart/monitoring				
7.	Childhood Diseases		30		
	• Heart Disease				
	• Chronic Respiratory Disorder				
	• Neurological Disorder				
	• Renal Disorder				
	• Growth Disorders				
8.	Use of Equipment		10		
	• Nebuliser				
	• Spacer for Asthma				
	• NG Tube				
	• Phototherapy				
	• Radiant warmer				
9.	Investigations/Lab Procedures\$		—		
	• Capillary Blood Sampling				
	• Peripheral Smear				
	• Blood Film for Malarial Parasite				
	• Urine for Albumin, Sugar, Microscopy				
	• Examination of Stool for Parasites				
	• Monteaux Test				
• CSF examination and Interpretation					
Total Marks Scored					

* All the three skills to be performed in each patient.

Put a tick mark in respective column for each time a skill is performed at SDC.

\$ Procedures to be demonstrated to students/performed by students in relevant cases wherever feasible.

Indira Gandhi National Open University

PGDMCH Programme

CERTIFICATE OF COMPLETION OF PRACTICAL SKILLS AT SDC

This is to certify that Dr. _____ has attended to all the practical skills listed in the practical manuals for the following courses as planned for SDC.

MMEL-302 (Reproductive Health Practical)

Signature of the Counsellor at SDC

Name of Counsellor _____

Address _____

MMEL-303 (Child Health Practical)

Signature of the Counsellor at SDC

Name of Counsellor _____

Address _____

This is to certify that the above information is true to the best of my knowledge. If any information is found to be wrong at a later date, my results could be held invalid.

Place _____

Date _____

Signature of the Student _____

Name _____

Roll No. _____

Pattern of Term-end Evaluation

I. Evaluation Pattern for MMEL-301

1. Family Work Up/Long Case

The long case will be of one-hour duration carrying **25** marks. The assessment components will include presentation style of student, identification of problems in the allotted family, information on availability and accessibility of health services and the student's ability to manage the problems. The problem/exercise will aim at studying the allotted family in reference to quality of services and the quality of care.

Type of the problems expected to be worked up by the students in the allotted family:

- Protein-energy malnutrition
- At Risk mother/child
- Infant
- Postnatal mother
- Antenatal mother
- Adolescent, specially knowledge on personal hygiene, STD/AIDS, Family Planning, adoption practices, etc.
- Child caring practices
- Immunisation status and feeding practices
- Vaccine Preventable Disease (VPD)

2. Planning and Management Exercise

There will be two exercises of half an hour each—one on management related problem carrying **7** marks and the other on statistical problem or an exercise carrying **8** marks.

The Management related problem could be from either of the following patterns:

- Vaccine Requirement of a PHC/SC/health set up
- Exercise on Material Management—ORS, Vaccine, Drug, Family Planning Devices, etc.
- Vaccine and Drug Logistics
- Report on a Baby Friendly set up
- Health Care Waste Management
- Budget preparation for subcentre

The Exercise/statistical problem could be from either of the following patterns:

- Epidemiological Problem solving exercise
- Demographic Exercise
- Calculation of various Rates related to MCH care

N.B: Places where students could not be allotted a physical set up to work up the administrative problems, similar problems could be framed and given to the students to write answers.

3. Spots/Exercises

There will be five spots of 2 marks each carrying a total of **10** marks. Each spot will be of 2 minutes duration. The five spots should include one each out the subject areas mentioned below:

- Vaccine/cold chain
- Family Planning devices
- Health education material—Flipchart, Poster, etc.
- Nutrition Supplement and Food
- Growth Chart comments

4. Viva-Voce

The duration of viva-voce will be of 10 minutes for each student carrying **20** marks. The focus will be on the understanding of the students on the application of the concepts covered in MMEL-301.

II. Evaluation Pattern for MMEL-302

1. Long Case (on Maternity)

The long case will be of one-hour duration carrying **25** marks. The assessment components will include history taking and presentation style of student, Physical examination, Diagnosis and Investigation, Management and Discussion. The question will ideally aim at providing quality of care in a peripheral set up. The pattern of allotted cases could be either of the following:

- Normal Antenatal Case of more than 32 weeks
- Bad obstetric history—Habitual abortion/Recurrent foetal loss
- Pregnancy with Antepartum Haemorrhage (APH)
- Pregnancy with Anaemia
- Pregnancy Induced Hypertension (PIH)
- Preterm Labour
- Intra-uterine Growth Retardation (IUGR)
- Pregnancy with previous Caesarean Section
- Multiple Pregnancy
- Hydramnios
- Intra-uterine Death
- First Trimester Bleeding
- Normal puerperium
- Puerperal Pyrexia

2. Short Case (on Contraception)

There will be one short case of half-hour duration carrying **15** marks. The assessment components will include relevant short history, advice on contraception and its justification. Pattern of allotted cases could be either of the following:

- Puerperal Case for Temporary/Permanent method of contraception
- Woman with heart disease
- Woman with Diabetes mellitus
- Woman with anaemia
- Newly married woman
- Woman with one child for spacing method of contraception
- Woman with two or more children for spacing method of contraception
- Post abortal woman
- Post MTP
- Post Caesarean section
- Woman with vaginal discharge
- Woman with prolapse

3. Spots/Exercises

There will be five spots of three marks each carrying a total of **15** marks. Each spot will be of 3 minutes duration. The five spots should include one each from the following patterns:

- STI/RTI Problem Oriented—Vaginal discharge
- Clinical Problem oriented / Infertility
- X-ray/Drug
- Partogram
- Instrument

4. Viva-Voce

The duration of viva-voce will be of 10 minutes for each student carrying **15** marks. During the Viva, the examiner will focus in the following areas:

- Normal Delivery
- Family Planning Counselling and Procedures
- Instruments
- Dummy Doll and Fetal Skull

III. Evaluation Pattern for MMEL-303

1. Case Presentation

There will be **three case work up** carrying equal marks. Two cases will be evaluated in the IMNCI pattern and one case in the conventional pattern as mentioned below:

i) Young Infant

One case of the young infant group will be given for evaluation purpose. Time allotted will be 15 minutes and it will carry **10** marks. The assessment component will include proper assessment and classification of the child as per MCI guidelines, Identification of the treatment plan, providing proper treatment, counselling, referral and follow up as applicable to the case. Filling up the proforma properly is also a part of the exercise. Use of IMNCI Chart Book during examination is allowed.

ii) Older Child (2 months to 5 years)

One older child between 2 months to 5 years will be given for this purpose. Time allotted will be 15 minutes and it will carry **10** marks. The assessment component will include proper assessment and classification of the child as per MCI guidelines, identification of the treatment plan, providing proper treatment, counselling, referral and follow up as applicable to the case. Filling up the proforma properly is also a part of the exercise. Use of IMNCI Chart Book during examination is allowed.

iii) Non-IMNCI Case

One case will be given to assess the diseases not covered in the IMNCI component. Time allotted will be half an hour and it will carry **20** marks. The assessment components will include relevant short history, physical examination, diagnosis, management and discussion. The focus during evaluation should be on diagnosis and management. The pattern of allotted cases could be either of the following:

- Rheumatic/Congenital heart disease
- Anaemia
- Fever
- Acute Flaccid Paralysis (AFP)
- Protein energy malnutrition
- Assessment of milestones
- Nutritional disorders
- Gestational age assessment
- Lymphadenopathy
- Hepato-splenomegaly, etc.

2. Spots/Exercises

There will be five spots of 2 marks each carrying a total of **10** marks. Each spot will be of 2 minutes duration. The five spots should include one each from the following patterns:

- Case scenario—Emergency/routine
- X-ray [Cardiomegaly, Lung (military TB, pneumonia patch, pleural effusion), Skeletal (rickets/scurvy/hypothyroidism), Abdomen (multiple fluid level, gas under diaphragm)]
- Drugs
- Equipments (Spacer, NG Tube, Nasal Spray, I/V Canula, etc.)
- Photographs

3. Objective Structured Clinical Examination (OSCE)

There will be one supervisory station to evaluate students in OSCE format. It will be of 2-5 minutes and carry **10** marks. The station would include either of the following:

- Observe process of resuscitation
- Feeding counselling of a <2 yr child whose case history is provided

4. Viva-Voce

The duration of viva-voce will be of 10 minutes for each student carrying **10** marks. The focus will be on the understanding of the students on the application of the concepts covered in MMEL-303.

List of LSCs for PGDMCH Programme-2024

Sl. No.	Address of PSC	Name of PIC	Centre Code	Regional Centre
1.	Guwahati Medical College Kamrup, Assam-781 032	Dr. Jutika Ojah Department of community Medicine jutikaojah@gmail.com	04197	Guwahati rcguwahati@ignou.ac.in
2.	Patna Medical College Patna , Bihar-800 004	Dr. Bhupendra Narayan Department of Paediatrics bnarain@gmail.com	0519	Patna rcpatna@ignou.ac.in
3.	Lady Hardinge Medical College New Delhi-110 001	Dr. Anju Seth Department of Paediatrics hodpaedsksch@gmail.com	0725	Delhi 2 rcdelhi2@ignou.ac.in
4.	S.C.B. Medical College Cuttack, Orissa-753007	Dr. Manoj Kumar Dehury Deptt of Anatomy dr.mkdehury@gmail.com	21237	Bhubaneswar rcbhubaneswar@ignou.ac.in
5.	Sher - i - Kashmir Institute of Medical Sciences, Soura-190011	Dr. Dr. G.H. Hassan Yattoo Deptt of Hospital Administration yattoo800@gmail.com	30040	Srinagar rcsrinagar@ignou.ac.in
6.	Mahatma Gandhi Institute of Medical Sciences, Wardha, Maharashtra-442102	Dr. Dr.Chetna Hiralal Maliye Department of community Medicine chetnamaliye@mgims.ac.in	36061	Nagpur rcnagpur@ignou.ac.in

Guidelines for Selection of PSC, SDC and Counsellors

Guideline for Selection of PSC

The Programme Study Centre will be a medical college having the disciplines of Preventive and Social Medicine, Obstetrics and Gynaecology and Paediatrics Department. Each department should have at least 2 faculty members having teaching experience of at least five years.

Guideline for Selection of SDC

The institution being selected for Skill Development Centre for PGDMCH Programme should fulfil the following criteria:

- At least 25 beds be available each in Obstetrics & Gynaecology and Paediatrics;
- Presence of one specialist each in the above two disciplines of Obstetrics & Gynaecology and Paediatrics fulfilling the criteria to become the SDC counsellor.

For a batch of 30 students, a minimum of 6 SDCs need to be identified by the regional centre so that no SDC counsellor will have more than 5 students. But, if situation demands, even for a single student, a separate SDC may be required to be identified.


In addition to the above identified SDC, if a student could identify a suitable SDC as per the laid down guidelines, then the student could be allowed to use that place in lieu of the allotted SDC. Regional Director with the help of the regional consultant will take steps to activate the new SDC.

Norm for Selection of Counsellor

To become a counsellor at the Programme Study Centre, one should have a master degree (MD/MS) in the respective discipline with a *minimum of five years post MD/MS teaching experience*.

To become a counsellor at the Skill Development Centre, one should have a master degree with three years of experience/Diploma with at least five years of experience in the respective discipline. Teaching experience is not essential. Preference will be given to the degree holder (MD/MS).

LINKS TO VARIOUS FORMS

1.	REVISED FEE FOR OTHER SERVICES http://ignou.ac.in/userfiles/ANNEXURE-II_othercharges.doc	
2.	APPLICATION FORM FOR CHANGE/CORRECTION OF ADDRESS http://www.ignou.ac.in/upload/address_change_name_correction.pdf	
4.	FORM FOR OBTAINING DUPLICATE COPY OF CERTIFICATE http://www.ignou.ac.in/userfiles/Duplicate%20Degree,Diploma%20and%20Certificate%20Form.pdf	
5.	FORM FOR OBTAINING DUPLICATE COPY OF THE GRADE CARD OR MARK SHEET http://www.ignou.ac.in/userfiles/Duplicate%20mark%20sheet%20form.pdf	
6.	FORM FOR ISSUE OF OFFICIAL TRANSCRIPT http://www.ignou.ac.in/userfiles/Official%20Transcript%20form.pdf	
8.	EARLY DECLARATION OF TERM END EXAMINATION RESULT http://www.ignou.ac.in/userfiles/Early%20declaration%20of%20results%20form.pdf	
9.	NOTIFICATION FOR OBTAINING PHOTOCOPY OF ANSWER SCRIPTS http://www.ignou.ac.in/upload/noti.photocopy.asn.sctps..doc - to be applied online	
10.	OBTAINING PHOTOCOPY OF ANSWER SCRIPT http://www.ignou.ac.in/upload/form-photocopy%20of%20ans.scrpt.doc - to be applied online	
11.	RE EVALUATION OF ANSWER SCRIPTS http://www.ignou.ac.in/userfiles/Application%20form%20for%20Reevaluation%20of%20Answer%20Scripts.pdf - to be applied online	
13.	RESULT RELATED LINK FOR <ul style="list-style-type: none"> • Hall ticket/admit card • Result of term end • Grade card http://www.ignou.ac.in/ignou/studentzone/results/1	

CONTACT FOR EVALUATION RELATED ISSUES

	Type of Issue	Contact No.	Controlling Officer	E-mail ID
1.	Issue of Degree/ Diploma Certificate/Despatch of returned Degrees/Verification of Degrees/Convocation	011-29572213 011-29535438	Asstt. Registrar 011-29572224	convocation@ignou.ac.in
2.	Issue of Hall Ticket/ Correction in the hall ticket for handicapped student s/Non-receipt of hall tickets for term-end examination & Entrance Test/ Entrance, Test Results/Queries related to dispatch of attendance, list of examinees etc./ writer	011-29572209 011-29572202	Asstt. Director Section Officer 011-29535064	bhavana@ignou.ac.in examii@ignou.ac.in jitenderkr@ignou.ac.in
3.	Declaration of results of Masters & Bachelors degree level programme/Issue of grade card and provisional certificate of Masters and Bachelors degree level prog./ Practical marks of all programmes	011-29572212	Section Officer 011-29536103	mdresult@ignou.ac.in bdresult@ignou.ac.in practicalsed@ignou.ac.in
4.	Declaration of results of Masters, Bachelor and Diploma programme/Issue of gradecard and provisional certificate of Masters, Bachelor and Diploma level programme	011-29572211	Section Officer 011-29536743	bdresult@ignou.ac.in dresult@ignou.ac.in bdpresult@ignou.ac.in
5.	Declaration of results of DPE and Certificate programme/ Issue of grade card and provisional certificate of DPE & Certificate level programme	011-29572208	Section Officer 011-29536405	cpresult@ignou.ac.in
6.	Verification of genuineness of provisional certificate and grade card/ Issue of Transcript	011-29572210	Section Officer 011-29536405	gverification@ignou.ac.in
7.	Queries related to UFM cases	011-29572208	Section Officer	ufmgroup@ignou.ac.in
8.	Status of Project Report of all Programmes/ Dissertation and Viva marks	011-29571324 011-29571321	Asstt.Registrar 011-29532294	projects@ignou.ac.in
9.	Queries related to Assignment Marks	011-29571325 011-29571319	Section Officer	011-29571319
10.	Students general enquiries and grievances/ Issue of duplicate mark sheet	011-29572218 011-29571313	Asstt. Registrar (Exam-III)	registrarsed@ignou.ac.in
11.	Discrepancy in grade card, non updation of grade/marks programmeswise in the grade card etc	011-29572206 011-29572215 011-29572219	Dy. Registrar /Asstt.Registrar (Exam-III)	mdresult@ignou.ac.in bdresult@ignou.ac.in bdpresult@ignou.ac.in dresult@ignou.ac.in cpresult@ignou.ac.in

Medical Council of India through its letter No.MCI-23(1)/2019-Med./144826dt.05/09/19 has permitted IGNOU to run Continuing Medical Education through Open and Distance Learning(ODL)

Post Graduate Diploma in Maternal and Child Health (PGDMCH) of IGNOU has been designed in the pattern of Continuing Medical Education so that the learners will enhance their competency and update their knowledge in the field of MCH.

Important Contact Details

Contact Person	Telephone No.	E-mail ID
Student Support Services centre	011-29572514	ssc@ignou.ac.in
General enquiries and Student grievances	011-29572218 011-29571313	sedgrievance@ignou.ac.in
Result of Diploma Programmes	011-29572208	dpresult@ignou.ac.in
Issue of Certificate/ convocation	011-29572513 011-29535438	convocation@ignou.ac.in
Student Registration Division(SRD)	011-29571302 011-29532741	registrarsrd@ignou.ac.in
MPDD	011-29572001 011-29572002	registrarmpdd@ignou.ac.in
Programme Coordinator	011-29572849	tkjena@ignou.ac.in
Director, SOHS	011-/29533078	directorsohs@ignou.ac.in
VC Office	011-29571811	vco@ignou.ac.in

IGNOU Telephone Exchange: 011-29571000

IGNOU Website
www.ignou.ac.in