

CONTENTS

Page No.

1. Why this Programme?	5
2. What is this Programme?	5
2.1 Programme Package	5
2.2 Programme Structure	5
2.3 Scheme of Study	6
3. How to Study?	6
3.1 Theory Component	6
3.2 Practical Component	7
3.3 Log-book Maintenance	8
3.4 Audio-video Component	8
3.5 Student Information System	8
3.6 Student Responsibility	9
3.7 IGNOU Website	10
4. How will the Programme Run?	11
4.1 Infrastructure for Implementation	11
4.2 Allotment of PSC and SDC	12
4.3 Role of Programme Study Centre	13
4.4 Role of Skill Development Centre	14
4.5 Grouping of Students	14
4.6 Programme Schedules	15
4.7 Arrangement of Contact Sessions	16
5. How will You be Evaluated?	17
5.1 Distribution of Marks	17
5.2 Method of Evaluation of Theory Courses	17
5.3 Method of Evaluation of Practical Courses	18
5.4 Result and Certification	19
6. May I Help You?	20
6.1 Change of Address	20
6.2 Study Material	20
6.3 Assignments	20
6.4 Term-end Theory Examination	21
6.5 Term-end Practical Examination	21
6.6 Re-admission	22
6.7 Channel of Communications and Addresses	23
7. Know Syllabi of Your Courses	24
7.1 Course-wise List of Blocks	24
7.2 Block-wise Details of Each Course	24
8. Appendices	
<i>Appendix I</i> : List of Practical Skills	28
<i>Appendix II</i> : Time Frame for Practical Training	30

<i>Appendix III</i>	:	Sample Spell Posting Schedule	31
<i>Appendix IV</i>	:	Monitoring Proforma for PSC and SDC Counsellors	34
<i>Appendix V</i>	:	Proforma for Certification of Completion of Practical Skills	39
<i>Appendix VI</i>	:	Form for Term-end Practical Examination	40
<i>Appendix VII</i>	:	Pattern of Term-end Practical Evaluation	41
<i>Appendix VIII</i>	:	Details of Regional Centres having PGDMCH Programme	44
<i>Appendix IX</i>	:	List of PSCs for PGDMCH Programme	46
<i>Appendix X</i>	:	Guidelines for Selection of PSC, SDC and Counsellors	47
<i>Appendix XI</i>	:	Form for Change/ Correction of Address	48
<i>Appendix XII</i>	:	Form for Non-receipt of Study Material/Assignments	49
Appendix XIII	:	Form for Early Declaration of Result of Term-end Examination	50
<i>Appendix XIV</i>	:	Form for Issue of Duplicate Statement of Marks/Grade Card	52
<i>Appendix XV</i>	:	Form for Issue of Provisional Certificate	53
<i>Appendix XVI</i>	:	Form for Issue of Official Transcript	54
<i>Appendix XVII</i>	:	Recognition of IGNOU Degree/Diploma	55
<i>Appendix XVIII</i>	:	Form for Obtaining Photocopy of the Answer Script	56
<i>Appendix XIX</i>	:	Form for Re-admission	58
<i>Appendix XX</i>	:	Feedback Proforma for the Learners of the PGDMCH Programme	59

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
SDC	:	Skill Development Centre
WP	:	Work Place
RHSAC	:	Regional Health Sciences Advisory Committee
PIC	:	Programme-in-charge

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.

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 in distance education mode is developed with the help of available technology commonly known as multi-media package. The package for this programme consists of print material in the form of booklets called blocks and the audio video materials in the form of cassettes. Besides these, there is arrangement for teleconferences and contact sessions at programme study centre and skill development centre level as discussed below.

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, 1 Programme Guide and 9 Assignments (bound together). 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.

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 five spells. The 1st spell is of 4 days and the other 4 spells are of 6 days duration each. The 1st spell will be clubbed with the induction meeting. Though there is no separate provision for clearing doubts related to theory component, you are free to clear all your doubts during the practical 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 ON THE UNIT.

The last section of each unit under the heading 'Let Us Sum Up' summarises 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 PSC. You can also informally clear your doubts whenever you come in contact with your counsellors at PSC/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 PSC 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 PSC, 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 PSC. 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 PSC and start activities at your work place.

Training in PSC is planned in 5 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 PSC, 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 Manual 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 PSC, 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 PSC/SDC training. The cases recorded by you at the PSC/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. If a particular activity is not duly signed by the counsellors, then it would not be considered for internal assessment and hence will fetch you low score. 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 cassettes 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 (<http://egyankosh.ac.in/handle/123456789/18>) 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. On this occasion you are informed to come to the PSC or to the 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 make your own arrangement to get information in time. One method could be to establish telephonic link amongst the batch mates. Two to three of you having easy access to PIC or Regional Centre could collect updated information regarding the schedules of various activities like spells, teleconferencing, any special event etc. These students in turn could pass information to another set of students staying nearby (say, each take responsibility for 2 students). These students pass information to another set of students. Thus, in a short duration, the information could reach to every student without much burden on anyone.

Information by PIC

The Programme In-charge (PIC) is provided information on different activities either by Regional Centre or by the School from time to time. The PIC 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 head quarters. You could also communicate directly to these divisions. Addresses of important divisions and the School are given in the Section 6.7. However, in case of any problem, you could inform to the Regional Centre/PIC 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 through Teleconference

Some of the important announcements like the schedule of next teleconference are made during teleconferences. However, this information is available in website. You could attend the teleconference at any of the places linked by Gyandarshan (GD-2) channel or at your residence if you have DTH (direct to home) connection.

Information through Gyan Vani

Gyan vani is an educational FM radio channel operating through several FM radio stations each covering a radius of about 70 km. You can interact during the live broadcast through toll free number. Please contact your regional centre for details.

Information from Website

All the latest information is provided in the website of IGNOU (<http://www.ignou.ac.in>). You can access it as and when required. See section 3.7 for more details.

Information from Student Support Service centre

Any type of unsolved problems could be sent to the student support service centre (ssc@ignou.ac.in). Please refer Section 6.7 for further details.

3.6 Student Responsibility

Providing Correct Contact details

You will be communicated by IGNOU about various activities and guidelines from time to time. So, You should ensure that your e-mail, mobile number and postal address is correctly recorded with IGNOU. You can verify this in IGNOU website by clicking the student support and then registration status. (<http://admission.ignou.ac.in/changeadmdata/admissionstatusnew.asp>)

You should also provide you enrollment number and Study centre 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 PSC and SDC including *travel during field visits* and evaluation. Hence, cost towards your stay and travel in relation to the programme during the practical spells, examination, teleconference etc. has to be born by you. So, you could pool your money and take help of the PIC/Regional Centre in arranging the vehicles, stay etc. as and when required.

Log-book Maintenance

You will maintain the log-books for practical courses. Each of the records maintained at PSC/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 3 years (i.e. till registration period remains valid). The **attendance for all spells is compulsory and you have to attend them in a sequence**. If you miss any spell, you may not be allowed to join the next spell. So, you should inform in advance to the Programme Coordinator and your Programme In-charge (PIC) regarding your inability to attend the spell so that you will be given an option to attend that spell (organized on zonal basis) at some other place so that you could again join your group in the PSC for the next spell. If you are not able to attend the spell at alternate arrangement venue, you have to wait for that spell for the next year with the next batch.

Certificate of Completion for Skill Training

You will have to attach the certificate of completion of practical activities performed at PSC and SDC while applying for the term-end practical examination. You could retain a xerox copy of these certificates for future use.

Timely Submission of Assignments

The submission dates are mentioned in the assignment. You should submit your assignments before taking the term-end theory examination.

Filling of Term-end Examination Form

You will have to fill up *theory and practical term-end examination form* separately . The theory form is submitted online for which the required fee per course has to be paid as per guidelines. The last date for submitting the theory examination form *is April 30/October 31 for the June/December examination*. You have the option to submit at a later date with payment of late fee. See the section 6.4 for details. For practical term-end examination the form is to be submitted to the PIC for which no separate fee to be paid.

Invalid Registration

Even after completing the programme, your registration could be declared as invalid at the time of announcing the result. The reason could be one or more of the following:

- You have appeared in the examination without registration.
- Your registration period has expired.
- Your registration details are not forwarded from the concerned Regional Centre to the SR&E division.
- You were not eligible for registration for the particular programme/course.

Hence, you should first check the details from the respective Regional Centre before approaching to the head quarters.

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.

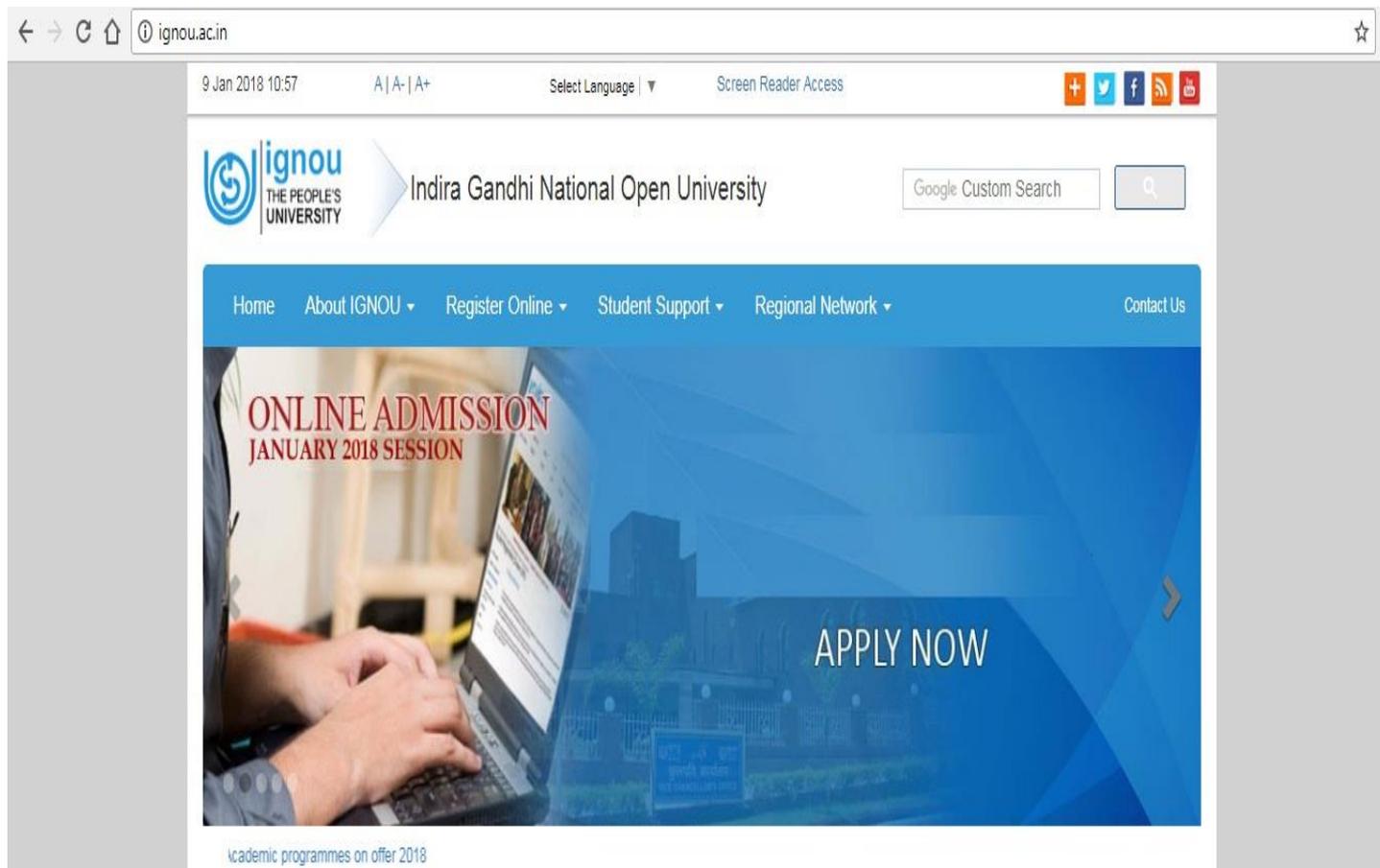


Fig. 1 : Web page of IGNOU Website

The screen of the homepage is mentioned in Fig.1. Please click the respective icons about which you want further information. For example, if you want information 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**. If you want information on Gyan Darshan Down linking Centres, click on **Electronic Media production Centre(EMPC)** after clicking About IGNOU and then Institutes/centres/cells/Units.

As a student 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 Head quarters 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 student leaning process in clubbed together which could be accessed by clicking on the word **Students Support**. Once you click on this word, you will be automatically guided for subsequent search.

You may also notice some information rolling on the screen of the home page. These 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 matters to know more details.

On line Submission of Theory Term-end Forms

You can fill up the theory term-end form online by clicking on the word **Register online** in the home page and the 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.

Information on Term-end Theory Examination Date Sheet

The term-end theory examination date sheet gets displayed by the month of February/August for June/December examination respectively. Usually the paper I (MME-301) is scheduled for the first working day of June and December. The paper II (MME-302) and the paper III (MME-303) are scheduled with a gap of one working day each.

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 56 Regional Centres (RC) which are directly responsible for the programme-related activities of that region. The Appendix VIII mentions the jurisdiction of each of the regional centres. The head quarters 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 it will be monitoring the programme to ensure the quality training. The student Registration Division (SRD) is responsible for admission of students and the Student Evaluation Division (SED) for examination (both concurrent and end-assessment) and certification. Computer division possesses the student 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 and takes care of the financial aspects of running the programme.

The contact sessions will be conducted through the counsellors identified at Programme Study Centre (PSC) and Skill Development Centre (SDC). The PSC and SDC are the Medical Colleges and District Level Hospitals identified by IGNOU for this programme. At PSC, you will be demonstrated practical skills and given opportunity to clear their doubts where as you would practice the skills at allotted SDCs for gaining competence. You will be able to do more and more practice of skills at your own work place. The list of the PSCs is mentioned in Appendix IX. 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 guideline mentioned in Appendix X. The SDC will be identified by the Regional Centre and allotted to the students in such a way that no SDC will be attached to more than five students and all the students be attached to the nearest possible centre. If

a student finds the allotted SDC to be very far from his work place, then he could identify a set up fulfilling the criteria laid down for SDC and approach to the Regional Director for the same. Once that SDC is formally approved, it could be allotted in lieu of the previous one.

Programme-in-charge is the link between the IGNOU and the health set up used for the PGDMCH programme. He is stationed at the PSC and will for all practical purposes manage the day-to-day problems and ensure smooth running of the programme. The counsellors identified at PSC and SDC will help to provide skill training to you.

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.

For state level monitoring of the programme, Regional Health Sciences Advisory Committee (RHSAC) is formed in each region wherever a Regional Centre is located. The members of the committee include Director, Health Services (DHS) and Director, Medical Education (DME) of respective states, programme-in-charge of all Programme Study Centres (PSC), Director, School of Health Sciences (SOHS), Regional Consultant and the Regional Director of IGNOU. Regional Consultant also participates in the meeting. This committee will help to identify and solve the implementation problems of the region, monitor the programme for quality assurance and help towards recognition of the programme by the state.

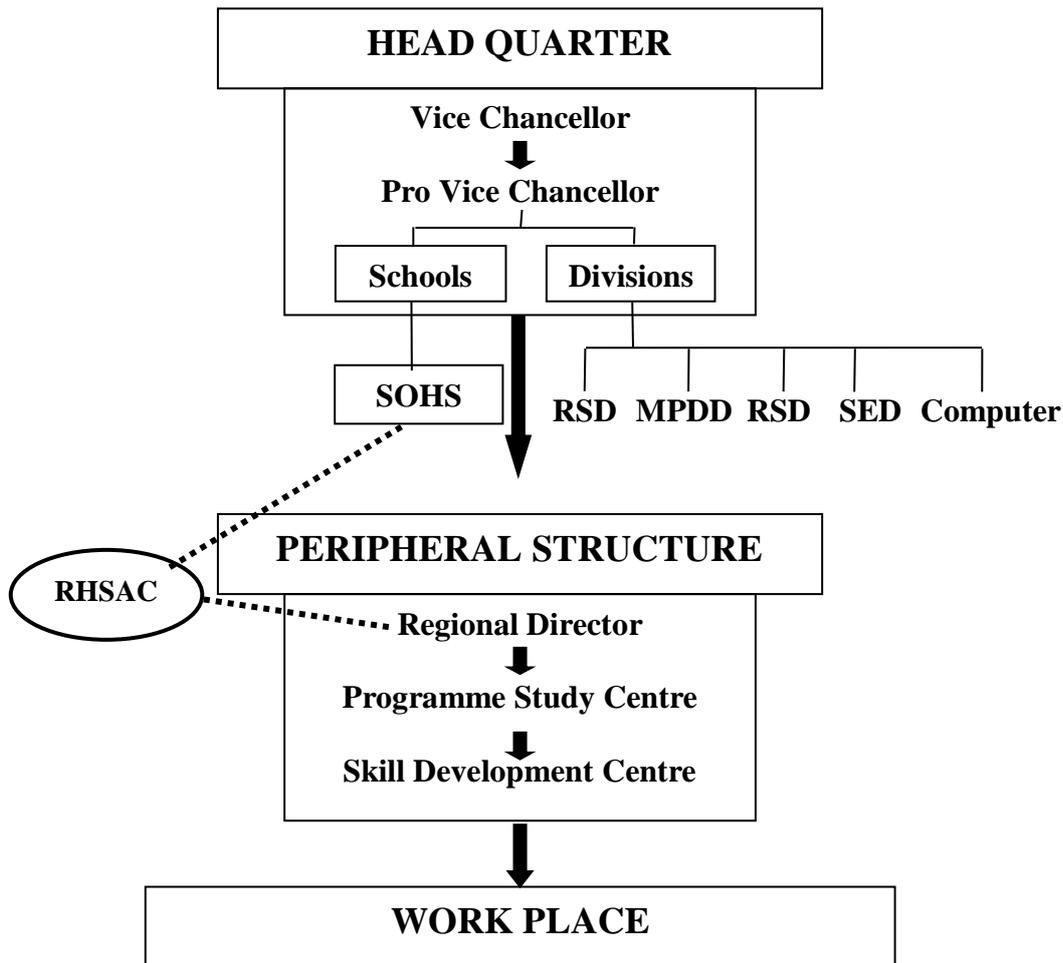


Fig. 2: Administrative set up for PGDMCH Programme

4.2 Allotment of PSC and SDC

Allotment of PSC

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

In no situation a programme study centre will have more than 30 students in a batch. Hence, change of Programme Study Centre will be permitted subject to availability of a seat in the PSC to which transfer is opted. For transfer of PSC, 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 Regional Consultant, wherever present. *It is usually done during the induction meeting.* If the allotment is not done by the 2nd spell, 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 students to be attached per SDC counsellor.
- Students to be provided opportunity for *independent handling of patients.*
- Travel time to SDC should be the minimum so that a student is not required to take leave to perform the SDC activity.
- SDC activity has to be performed in mutually convenient time of the student and the counsellor.

The allotment of SDC is made on the basis of the identified SDCs in a state. But, if some suitable SDC could be identified at a convenient distance from the residence of a student, the matter should be brought to the notice of the Regional Consultant/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 student.*

Similarly, if a student gets transferred to another state, his SDC allotment could be changed to the nearest available SDC in that state. In this situation, the student will inform the Regional Director (where PSC is located) about his transfer marking a copy to the Regional Director of the opted state (where he/she wants to do SDC activity). The Regional Director of the opted state will take necessary steps to allot an SDC out of the list of activated SDCs or activate a new SDC as per the necessity.

4.3 Role of Programme Study Centre

The list of the Programme Study Centres identified for implementation of the PGDMCH programme is provided in the appendix. Each PSC will have the following major functions:

Counselling

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

How can the counsellors help you at PSC?

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

Evaluation of Assignment

You will be given assignments having long, short and problem based questions. The counsellors at your programme study 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 programme study centre.

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

Interaction with Fellow Students

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

Teleconference

In some of the programme study centres teleconference facility is provided which is linked with the head quarter. At other places you will be attached to the nearest centre having this facility.

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 PSC 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.

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.

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 programme In-charge 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.

4.5 Grouping of Students

In the 1st spell, grouping of students not required as all sessions will be organized for the whole batch of students together. In 2nd to 5th spells, 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	PSM		O&G		Paediatrics	
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)

Please note that the *grouping will be done separately for the batch depending upon the number of students turn up on the 1st spell*. You must report to the PIC on the 1st day of each spell. When there are less number of students in a batch, the groupings will be made on the similar line. Examples for 10, 20 and 25 students are mentioned below:

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)

For 25 students

Days of Spell	PSM		O&G		Paediatrics	
Day 1 & 2	A1 (1-5)	A2 (6-10)	B1 (11-15)	B2 (16-20)	C1 (21-25)	—
Day 3 & 4	C1 (21-25)	—	A1 (1-5)	A2 (6-10)	B1 (11-15)	B2 (16-20)
Day 5 & 6	B1 (11-15)	B2 (16-20)	C1 (21-25)	—	A1 (1-5)	A2 (6-10)

The programme-in-charge along with the counsellors of the above 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. Though 5 students are attached to a counsellor at a time, these *5 students could be further divided into smaller groups and posted to different places* like OPD, Ward, OT, Labour Room, Neonatal ward, Emergency etc. The sample posting schedule is mentioned in Appendix III.

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 programme-in-charge who will also inform you about grouping and rotational posting in different departments. There will be 5 practical spells in a year. A tentative time frame of the spells is mentioned above. Each spell will be of 6 days duration except the 1st spell which will be 4 days duration.

1st spell	March-April
2nd spell	June-July
3rd spell	August-September
4th spell	September-October
5th spell	November-December

Please note that **all the spells are compulsory**. If you are not able to attend any spell in the dates fixed by your PSC, you should inform about it in advance to your PIC and to the Programme Coordinator so that you could be informed about the alternate arrangement being made (usually on a zonal basis) in advance to enable you to attend it. If the alternate arrangement is also not suitable, then you can attend the activity only with the next batch at your allotted PSC. This process will be applicable to all the five spells.

4.7 Arrangement of Contact Sessions

4.7.1 Theory Counselling

There will be no separate contact session for theory counseling. All the doubts related to theory material could be clarified during the practical spells.

4.7.2 Practical Activity

i) *At Programme Study Centre*

The practical demonstration at the PSC would be done in five spells as mentioned above. 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 PSC so that your training becomes more meaningful.

It may be noted that the time allotted for PSC will be used for **demonstration of skills and limited practice of that skill** by students depending upon the availability of the patient. It is expected that PSC 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 a spell, you could try the same in next spells. 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. The arrangement of transport to the field will be taken care by the PSC.

At the end of the last spell, the PSC **counsellor will sign on the completion certificate** (Appendix-V) that is essential to make you eligible to appear in the term-end examination.

ii) *At Skill Development Centre*

After attending the first spell at PSC, 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 PSC or while interacting with the SDC counsellor. Thus, the PSC 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 PSC in a particular spell before going again to the PSC for learning the additional new skills in the next spell.**

The schedule of activities at SDC will vary from student to student 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** at appropriate places to make you eligible to appear in the term-end examination.

Please note that **attending all the spells are compulsory** i.e. you will be allowed to appear in the examination only after completion of training in all the skills that are planned in five spells.

4.7.3 Teleconferencing

It is a two-way audio and one-way video system where you can see the teachers over television screen and interact with them by using the telephone/Fax. The teleconferencing sessions will be planned as per feasibility and attempts will be made to link them during the practical sessions so as to have more participation. Even if the sessions and the teleconference sessions are not linked, you can visit to your nearest study centre of IGNOU having this facility and attend to the teleconference sessions of PGDMCH programme. You may **contact your Regional Director to know more about this facility**. You can also participate in the teleconference if you have direct to home (DTH) facility. The Gyandarshan (GD-2) channel transmits this facility.

In these sessions, subject experts will be invited to deal with various subject areas as planned for that session. While dealing with the theory component, principles/concepts dealt in different units will be highlighted and the questions arose by you will be answered with the help of examples so that you will be able to practice those principles and link them to practical activities.

In the practical component, attempts will be made to deal with rare patients and where possible, show them live or get video clips of five to ten minutes and generate discussion. Attempts will also be made to simulate question answer sessions/seminars in a planned way. As the teleconferences are being linked with the practical sessions, a good amount of participation is expected. Hence, model case presentation, case discussion, panel discussion and important clinical examination procedures will be dealt with. The important sessions of the teleconference that are recorded and placed in U-tube can be seen by you.

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 six 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 above. 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 registration period of 3 years. 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. However, if you are not able to complete in 3 years of registration, you can get some more time by undertaking readmission.

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 assignment/(s) in which he has scored less than pass mark. The last date of submission of assignments is mentioned in section 6.4.

All the assignments have to be hand written. Submission of assignments is a pre-requisite for appearing in theory examination. If some one 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.

5.2.2 Term-end Examination

Term-end examination for theory 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 **fulfil two requisites, i.e. filling up the form in time** (refer section 6.4) **and timely submission of assignments** related to that theory paper or the papers that you want to appear.

To make you eligible, you will have to fill up and submit the term-end examination form in time. You have to fill the form online and pay **examination fee per paper as applicable for the year**. The examination schedule commonly known as **Date Sheet** gets displayed in the website.

Every year theory examination is conducted in about 800 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.

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 PSC 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 PSC/SDC counsellors in a proforma provided for the respective courses (Appendix IV). This proforma will be handed over by the respective SDC/PSC counsellors to the Programme In-charge as soon as you complete all the requisite activities under them.

In PSC, 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 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, the internal evaluation will be carried out at both the PSC and SDC by the respective counsellors bearing a weightage of 15% each. However, for MMEL-301 where there is no SDC Counsellor, the PSC 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 PIC 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 PSC counsellor
	15%	Evaluation of Project
MMEL-302	15%	Evaluation by PSC 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. If a student fails to

secure pass marks, he/she will have to **repeat** all the practical activities (at PSC and SDC) of related courses **after paying the required fees**. The fee will be same as that applicable for readmission to practical Courses.

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 programme study centre and the external examiners will be the counsellors from IGNOU programme study centres (for PGDMCH Programme) of other states. Their names will be finalized in consultation with the School. An observer from IGNOU may also be present. The practical term-end examination is usually held *once a year* i.e. in the months of November-December. However, if students apply for June session, examination could be planned for those students at 1-2 selected centres across the country.

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 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 any of the three practical courses to pass successfully. Otherwise, he/she will have to repeat the respective course.

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 10, then students of neighboring PSCs would be clubbed together. For making you eligible for appearing in the examination, you will have to fill up the form mentioned in **Appendix-VI** of the Programme Guide. Please note that this *practical form will be deposited with your programme in-charge*. 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 Programme in-charge will inform you about the schedule of your practical examination.

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) alongwith a provisional pass certificate is sent to the students**. There is a provision of issuing duplicate grade card on receipt of request application alongwith a demand draft for the required fee in favour of IGNOU and payable at New Delhi (Appendix-XIV). Form for provisional certificate is given in Appendix-XV.

There is a provision of informing you about the term-end theory result after each time you appear in an examination. You can see the result also in the website. The result for June examination is usually declared by August 15th and that of the December examination by February 15th. If you are unsuccessful in a theory paper, you should apply for next examination in the prescribed form as mentioned in 5.2.2. Please note that even if the result is delayed, *you can fill-up the examination form in time without waiting the result of the previous examination*.

5.4.2 Re-evaluation of Answer Scripts

When you are not satisfied with the term-end theory mark, you have an option to approach IGNOU for re-evaluation of answer script. You should apply for that within a month of declaration of result in website. The application has to be made online.

5.4.3 Convocation

The final degree certificate in PGDMCH will be offered by the university after the convocation ceremony. Usually every year this is organized in the month of February-March. So, the students passing by the June examination of the previous academic year are given degree on this occasion. The **successful students are routinely informed about the convocation in the month of November/December by postal communication**. The interested students need to reply to SR&E division in this regard. The students who are not able to attend the convocation are sent the degree by post later on.

Gold Medal

There is a provision of gold medal for the student passing the PGDMCH Programme in one chance and securing the highest mark (but not less than 75%) amongst all students of that session. The student is required to attend the convocation personally to receive the gold medal.

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 xerox and fill up the form mentioned in Appendix-XI of this guide. This form needs to be submitted to your Regional Director who will make necessary corrections in the database and transmit the corrected data to the SRD. You can also download the form from 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 in your correspondence address. If it does not reach you within a month of confirming admission, please write in the form mentioned in Appendix-XIV. Please xerox this appendix, fill and send to MPDD. You can check the status of the material dispatch (<https://gradecard.ignou.ac.in/mpddstatus/Jul19/StudentMaterialStatus.aspx>) from the website also. In addition, you could contact your programme-in-charge 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	—
MMEL-302	Practical Manual, Check List Manual, Log-book	—
MMEL-303	Practical Manual, IMNCI Chart booklet, Log-book	—

6.3 Assignments

You can download the assignment from IGNOU website (<https://webservices.ignou.ac.in/assignments/>). Some of the commonly faced problems related to assignment are discussed below. If you still find some other problem, please contact the programme In-charge (Appendix-IX) or Programme coordinator.

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 could write his comments there.

Submission schedule

You must submit your assignments according to the schedule indicated in the assignment itself. The University/Programme In-charge has the right to reject the assignments received after the due date. You are, therefore, advised to submit the assignments before the due date.

Repeating assignment

Each assignment is valid only for one year. The students who are not able to clear the assignments in the first academic year, will have to **download new assignments from website**. The students of previous batches working on new assignments could submit it on any early date.

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 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 every year.

Defaulters

If you have not been able to submit all the assignments within the one-year time frame of your admission, then ask for fresh assignments in the proforma enclosed in Appendix-XV. **You can also download new assignments from website. Submit your assignments to your programme-in-charge** as and when you complete them.

Non-entry/wrong entry of marks

The entry of assignment marks is initiated at the level of regional centre which is forwarded to SR&E Division. So, in case of non-entry of assignment marks, report to the regional centre or to PIC in writing regarding the problem. The PIC will forward a copy of assignment marks in a prescribed format to regional centre if necessary.

6.4 Term-end Theory Examination

Some of the commonly faced problems related to term-end theory examination is discussed below. If you still find some additional problem, please contact the programme In-charge (Appendix-IX) or Programme coordinator.

Theory Date sheet

Examination date sheet (schedule which indicates the date and time of examination for each course) is sent to all the regional centre in July for the December examinations and in January for the June examinations. You can see it also in website of IGNOU.

Availability of Theory form

You have to fill the form in time which is now done only by online process.

Filling up form

You could appear in all or any one of the three theory papers at a time.

Fees for theory form

There is a separate fee of Rs. 150/- for each theory paper that you apply for taking examinations. If you submit the form late then late fee of Rs.500/- or Rs.1000/- will be charged for which you should contact the regional centre.

Last date of submission

The last date for submission of examination forms without late fee is 30th October for examinations to be held in December and 30th April for examinations to be held in June. Examination forms received at the Headquarters after the last date shall strictly be rejected.

Admit Card(Hall ticket)

University will upload admit card to you before the commencement of examinations at least 15 days in advance. You have to download it from website.

Non-receipt of Admit Card

If you do not receive the admit card 15 days before the commencement of examinations, you may contact your Regional Centre/SR&E Division at Headquarters.

Centre for Examination

The centre for theory examination will be decided by SRE 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. This is intimated to you in the admit card.

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.

6.5 Term-end Practical Examination

Eligibility Criteria

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

- Attend all the **five practical spells** at PSC (related to the courses you want to appear) and complete all the activities (related to the courses you want to appear) at SDC. The **completion certificate** signed by respective counsellors is to be submitted as a proof.

- **Fill up** the practical term-end form in time and submit to the programme in-charge (Appendix-VI)
- **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 programme In-charge. It is usually held in the last week of November or in December after the theory examination.

Availability of Practical form

Copies of the examination forms are available only in the programme guide in the Appendix-VI.

Filling up form

You could appear in all or any one of the three courses at a time. Only one form is to be submitted for all the courses that you want to appear in a term-end examination.

Fees for theory examination form

There is no separate fee for PGDMCH practical examination.

Where to deposit the form

The filled-in practical examination form is to be submitted to your Programme In-charge.

Intimation Slip

There is so intimation slip. Programme In-charge informs you about the date.

Centre for examination

Your programme Study Centre is the Centre for practical examination. If sufficient number of students are not taking exam, the centre will be decided by Head quarter and your PIC will be informed about.

6.6 Re-admission

If a student is not able to pass in all the courses within the registration period of 3 years, then one can take readmission by depositing the required fee and clear rest of the courses in next 1 year. Common issues related to readmission is mentioned below.

When to Apply

Before the end of 3yr registration period.

How to Apply

If a student apprehends that he/she may require readmission, then the student should fill up the readmission form (Appendix-XIX). The form and details can be seen in website (<http://www.ignou.ac.in/ignou/studentzone/downloads/3>). After the Student Registration Division(SRD) receives the request with required fee, the readmission letter is dispatched to the students.

How many courses to be applied for re-admission

The Courses that are not cleared during the registration period of 3 years.

How is the period of Re-admission counted?

The 1-year re-admission period is counted from the date when registration period ends. Thus, effectively one gets a total 4 years from the date of original admission.

Is the Internal mark of Re-admission Course allowed to be Carried Forward?

The students will be allowed to carry forward the internal marks, both in theory and practical, if they have cleared that component.

What about late applications for Re-admission?

Even if one applies for re-admission at a later date, the period will be counted from the date of completion of 3-years of registration

Fee amount

The amount to be deposited towards the readmission varies from time to time and is decided according to the admission fee of the same academic year as applicable for fresh batch of students i.e. the running cost of the programme. The readmission fee structure is displayed in website.

How to Send the Fee

In form of draft in the name of **IGNOU** payable **at New Delhi**

How to be confirmed that Re-admission is done

When a letter is received from Student Registration Division is received confirming the re-admission.

6.7 Channel of Communications and Addresses

Student Support Service Centre

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.

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. It remains open on all the week days except Sunday and Gazetted holidays.

Marketing Cell (MPDD)

All the IGNOU materials can be purchased through the marketing cell located at IGNOU head quarters. A request application should be made to A.R. (marketing cell), MPDD, IGNOU, New Delhi-110068 mentioning the Course Code, No. of Copies of material required. The Marketing Cell calculates the cost of material and the cost of Postal charge and writes you back.

On receipt of the amount of money in form of Demand draft in favour of IGNOU, payable at New Delhi, the books are sent by registered parcel. Please note that books can also be purchased by paying cash amount at the marketing cell.

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 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 Hydramnious
- 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

Unit 10 : Emergency Triage, Assessment and Treatment

Block 2: IMNCI Chart Booklet**Block 3: Log-book**

Appendix I

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

1st spell will be 4 days duration. All the students of a batch will be grouped together for contact sessions.

2nd to 5th spells will be 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	2 nd Spell	3 rd Spell	4 th Spell	5 th Spell	Total Days
MMEL-301	2 days	2 days	2 days	2 days	8 days
MMEL-302	2 days	2 days	2 days	2 days	8 days
MMEL-303	2 days	2 days	2 days	2 days	8 days
Total	6 days	6 days	6 days	6 days	24 days

Sample Spell Posting Schedule

I. Schedule for 1st Spell

All the 30 students will form one group for the posting in 1st spell. Please note that the training in adolescent health component will be planned in a workshop method and counselors from community medicine, Obst. & gynae and Paediatrics will participate in this.

Planning of 1st Spell

Days	Session-I	Session-II	Session-III
Day-1	Project Discussion	Project Discussion	Briefing on Emergency Obstetrics
Day-2	Adolescent Health	Adolescent Health	Adolescent Health
Day-3	Adolescent Health	Adolescent Health	Adolescent Health (Job aid)
Day-4	IMNCI Briefing	IMNCI Briefing	IMNCI Briefing

II. Posting Schedule for MMEL-301

Spell	Day 1 (0800-1300 hrs.)	Day 1 (1400-1700 hrs.)	Day 2 (0800-1300 hrs.)	Day 2 (1400-1700 hrs.)
2nd Spell	Department <ul style="list-style-type: none"> Briefing for Socio-Clinical Case Study 	Department <ul style="list-style-type: none"> Finalisation of Project Topic 	Field Visit* <ul style="list-style-type: none"> Sub-centre PHC/CHC 	Department <ul style="list-style-type: none"> Epidemiological Exercises
3rd Spell	Medical College <ul style="list-style-type: none"> Injection Safety Cold Chain 	Department/Community <ul style="list-style-type: none"> Group Discussion Resource Mapping 	Field Visit* <ul style="list-style-type: none"> Anganwadi Centre Urban MCH Centre 	Department <ul style="list-style-type: none"> Project work Progress
4th Spell	Department <ul style="list-style-type: none"> Report on Community Intervention for Adolescents 	Department <ul style="list-style-type: none"> Job Aid Presentation 	Medical College * <ul style="list-style-type: none"> Baby Friendly Hospital Health Care Waste Management 	Department <ul style="list-style-type: none"> Project work Data Discussion
5th Spell	Department <ul style="list-style-type: none"> Project Report Presentation 	Department <ul style="list-style-type: none"> Project Report Presentation 	Department <ul style="list-style-type: none"> Socio-Clinical Case Presentation 	Department <ul style="list-style-type: none"> Socio-Clinical Case Presentation

* Though in each spell, only five students will be attached with one counsellor, all the 10 students posted to the departments (under both the counsellors) will be clubbed together for the purpose of field visits.

During discussion of report on community intervention for adolescents and during job aid discussion, the counselors from all three departments oriented in adolescent health could be invited for participation. Both these activities could be planned for a maximum of 1-day.

There should be minimum two slots for family presentation so that every student gets adequate time for family presentation. Similarly, there should be 2 slots for project report presentation in the last spell so that every student gets adequate time for it. Signature of the logbooks should be done after respective activity in the same spell.

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 O&G department will be divided into two sub-groups (Sub-group A and Sub-group B) of 5 each. The posting schedule of 5 students is mentioned below. On the first day of 1st Spell, Sub-group A will be posted for Day-1 activity and Sub-group B will be posted for Day-2 activities. On the second day of 1st Spell, the posting will be rotated i.e. Sub-group B will be posted for Day-1 activity and Sub-group A will be posted for Day-2 activities. Similar rotation will be followed in all the spells.

Spell	Day-1				Day-2	
	0900-1100 hrs.	1100-1300 hrs.	1400-1600 hrs.	1600-1700 hrs.	0900-1600 hrs.	1600-1700 hrs.
2nd Spell	ANC OPD • History Taking • Antenatal Examination • Diagnosis of early pregnancy (Vaginal examination)	Minor OT/ F.P. OT Bleeding in early pregnancy • S&E • D&E • MVA	Ward/Seminar Room Case Discussion • Medical complications in Pregnancy	Gynae. Casualty Management of Obstetric emergency • APH • Eclampsia • Ectopic Pregnancy	Labour Room • Pelvic assessment • Normal Labour • Partogram • Episiotomy	Ward/Seminar Room • Case presentation
3rd Spell	F. P. OPD • FP counseling • PS/PV examination • Lab procedures	Minor OT/ F.P. OT Demonstration • MTP with Cu-T insertion • Tubectomy • Vasectomy	Seminar Room Presentation with dummy and doll • Normal labour • Breech presentation	Ward/Seminar Room Case Discussion • High Risk pregnancy (PIH, APH)	Labour Room • Third Stage management including PPH • Forceps/Vacuum Delivery	Ward/Seminar Room • Case presentation
4th Spell	Gynae. OPD • Clinical examination • PS/PV examination • Lab procedures	Gynae Ward Case Discussion • Prolapse • DUB • Vaginal Discharge • Cancer	Ward Case Discussion • Normal Puerperium and its management	Casualty Management of Obstetric emergency • Septic Abortion • Inevitable Abortion • PPH	Labour Room Abnormal Cases and abnormal delivery • Previous CS • APH • Twin • Hydramnious	Ward/Seminar Room • Case presentation
5th Spell	Gynae. OPD • Clinical Examination • P/S and P/V examination • Lab procedures	Seminar Room Abnormal Presentation • Transverse Lie • Face /Brow • Cord Prolapse	Ward Case Discussion • Acute abdominal pain in early and late pregnancy	Ward/Seminar Room Case Discussion • High Risk pregnancy (CPD, RH Incompatibility)	Internal Evaluation	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.

Case discussion should include the following cases:

- Case of PIH (Eclampsia)
- Case of Unsafe Abortion
- Case of APH
- Case of PPH
- Case of Severe Anaemia
- Case of Acute Abdomen
- Case of Prolonged/Obstructed Labour
- Case of Normal Puerperium
- Case of Puerperial Sepsis
- Case of Adolescent Pregnancy

IV. 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. The principle is to keep the first 3 spells independent of each other (i.e one spell each is devoted to IMNCI-older Child (2 months-5 years), IMNCI-Young Infant and the non-IMNCI component) and the last spell to be for rest of non-IMNCI component and internal assessment. Unlike non-IMNCI component, both the subgroups (A1 and A2) will undergo similar posting during the spells covering IMNCI training. But ensure that only 5 students are attached to one counsellor so that IMNCI method of teaching i.e. case demonstration followed by case work up and bedside discussion is possible for all the syndromic groups.

Spell	Day-1				Day-2			
	9.00-10.30	10.30-12.00	12.00-13.30	14.30-17.00	9.00-10.30	10.30-13.30	14.30-15.30	15.30-17.00
2nd Spell	Nursery # <input type="checkbox"/> Assess and Classify <ul style="list-style-type: none"> • Possible Illness <input type="checkbox"/> Temperature Recording <input type="checkbox"/> Hand Washing Technique		DTU# Assess and Classify <ul style="list-style-type: none"> • Diarrhoea 	Nursery # Assess and Classify <ul style="list-style-type: none"> • Feeding Problem and Malnutrition • Immunisation • Other Problems 	Seminar Room * Briefing on <ul style="list-style-type: none"> • Identify treatment • Read the drug table • Treat the young infant 	Nursery\$ Assess, Classify, Identify treatment and treat the young infant (3 patients each student to see)	Seminar Room Discussion on <ul style="list-style-type: none"> • Administration of Drugs • Referral • Role Play on Counselling 	Nursery <input type="checkbox"/> Gestational assessment <input type="checkbox"/> Equipment <ul style="list-style-type: none"> • Photo-therapy • Radiant warmer
3rd Spell	Ward# Assess and Classify <ul style="list-style-type: none"> • General Danger Signs • Cough 	DTU# Assess and Classify <ul style="list-style-type: none"> • Diarrhoea 	Ward# Assess and Classify <ul style="list-style-type: none"> • Fever 	Ward# Assess and Classify <ul style="list-style-type: none"> • Ear Problems • Malnutrition • Anaemia • Immunisation • Other problems 	Seminar Room * Briefing on Identify treatment and Treat the child	OPD\$ Assess, Classify, Identify treatment and treat the child (3 patients each student to see)	Seminar Room Discussion on <ul style="list-style-type: none"> • Treat the child • Counselling • Referral 	Ward\$ Assess, Classify, Identify treatment and treat the Child
4th Spell	Ward <ul style="list-style-type: none"> • Case Discussion (Childhood morbidity) 		Ward/Nursery Feeding technique <ul style="list-style-type: none"> • Nasogastric • Oro-gastric • Cup and spoon 	Ward <ul style="list-style-type: none"> • Oxygen administration Technique • Nebuliser • Spacer for Asthma • I/V Access 	Ward <ul style="list-style-type: none"> • Case Discussion (Childhood morbidity) 		Ward <ul style="list-style-type: none"> • Triage and Emergency Treatment 	Seminar Room <ul style="list-style-type: none"> • X-rays and Instruments
5th Spell	Seminar Room <ul style="list-style-type: none"> • Resuscitation • Anthropometry • Weighing Balance • Growth Monitoring 		Seminar Room <ul style="list-style-type: none"> • Case Discussion 		Internal Evaluation (IMNCI)		Internal Evaluation (Case Presentation)	

1 case to be demonstrated and 1 case to be worked up by students for each activity.

*Practice on white note sheets of log-book on the basis of the cases seen on previous day.

\$ See one case from each of the 3 category for young Infant (Possible Illness/ Diarrhoea/ Feeding Problem and Malnutrition) and 4 category for older Child (Respiratory Problem/Diarrhoea/Fever/Malnutrition).

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/Ward/Neonatology/Labour Room) 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 17:00 hours.

Case discussion should include the following cases:

- 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 (Put only a tick mark)*				Max. Marks (300)	Marks Scored	Signature with Date
		2nd Spell	3rd Spell	4th Spell	5th Spell			
1.	Immunisation • Cold Chain • Injection Safety					10		
2.	Health Education • Resource Mapping					15		
	• Group Discussion							
3.	Epidemiological and Statistical Exercises • Epidemiological Exercises					30		
	• Problem based Exercises							
	• Management Exercises							
4.	Socio-Clinical Case Study • Presentation					40		
	• Summary Report							
5.	Field Visit • CHC/PHC					10		
	• Sub-centre					10		
	• Anganwadi Centre					10		
	• Urban MCH Centre					5		
	• Baby Friendly Hospital					5		
	• Health Care Waste Management					5		
6.	Project Work • Write up					100		
	• Presentation					40		
7.	Adolescent Health • Write up Report on Community Intervention for Adolescents					20		
	• Job Aid Discussion							
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 (Put only a tick mark)*				Max. Marks (150)	Marks Scored	Signature with Date
		2nd Spell	3rd Spell	4th Spell	5th Spell			
1.	Antenatal care					20		
	• History (Communicating with patients)							
	• Diagnosis of normal, early and late Pregnancy							
2.	Intranatal and Postnatal Care					30		
	• Pelvic assessment							
	• Normal labour							
	• Partogram							
	• Delivery							
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							
5.	Case Presentation					30		
	• Diagnosis of Gynae.cases (Examination)							
6.	Family Planning Counselling/Procedure					20		
	• Counselling for Condom							
	• Counselling for OCP							
	• Counselling for Cu-T							
	• Counselling for Vasectomy/Tubectomy							
7.	Evacuation of Uterus During Early Pregnancy					10		
	• MVA							
	• Suction and evacuation							
8.	Lab Procedures					10		
	• PAP Smear							
	• Wet Smear							
	• Fern Test							
	• Post Coital Test							
	• Urine Examination							
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 (Put only a tick mark)*				Max. Marks (150)	Marks Scored	Signature with Date
		2nd Spell	3rd Spell	4th Spell	5th Spell			
1.	IMCI Skills (2 months to 5 yr child) • Assessment of Sick Child					40		
	Filling up of IMCI Proforma (Respiratory Problem/Diarrhoea/Fever/Malnutrition)							
2.	IMCI Skills (Young Infant) • Assessment of Sick Young Infant					30		
	Filling up of IMCI Proforma (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							
3.	Hand Washing Techniques					5		
	Neonatal Resuscitation					10		
4.	Gestational Assessment					5		
6.	Anthropometry					10		
	Use of Growth Chart/monitoring							
7.	Case Presentation					40		
	Identification of murmur							
	Interpret X-rays and Investigations							
8.	Emergency and Triage					10		
	Use of Equipment							
	• Nebuliser							
	• Spacer for Asthma							
	• NG Tube							
	• Phototherapy							
• Radiant warmer								
9.	• Oxygen Administration Technique					—		
	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 to students/performed by students in relevant cases 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%; height: 20px;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></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%; height: 20px;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></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%; height: 20px;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></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%; height: 20px;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></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%; height: 20px;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></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%; height: 20px;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																	20																																																																		
• MVA																																																																																																					
7.	Evacuation of Uterus During Early Pregnancy	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 5%; height: 20px;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																	15																																																																		
• Suction and evacuation																																																																																																					
8.	Lab Procedures	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 5%; height: 20px;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td></tr> <tr><td style="height: 20px;"></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></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														
	4.	Hand Washing Techniques					5										
		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																
• Transportation of Body-fluid Samples																	
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

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 PSC/SDC.

MMEL-301 (Preventive MCH Practical)

Signature of the Counsellor at PSC

Name of Counsellor _____

Address _____

MMEL-302 (Reproductive Health Practical)

Signature of the Counsellor at PSC

Name of Counsellor _____

Address _____

Signature of the Counsellor at SDC

Name of Counsellor _____

Address _____

MMEL-303 (Child Health Practical)

Signature of the Counsellor at PSC

Name of Counsellor _____

Address _____

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. _____

Please read the instructions in programme guide before filling up this

Date for submission of Examination Form

- October 31 for December Examination
- April 31 for June Examination

INDIRA GANDHI NATIONAL OPEN UNIVERSITY, NEW DELHI

TERM-END EXAMINATION (Practical Only) JUNE/DECEMBER 20.....

CONTROL No. (For Office Use Only)

Programme Study Centre Code

--	--	--	--	--

--

Enrolment No.

--	--	--	--	--	--	--	--	--	--

Write in **BLOCK CAPITAL LETTERS** only.

NAME : Mr./Mrs./Dr.	
---------------------	--

Please tick (✓) against appropriate group of courses in which you intend to take the examination. The Course(s) which you have already passed should not be mentioned.

Sl.No.	Course Title	Course Code	Intend to Take Examination (put ✓ mark)
1.	Preventive MCH (Practical)	MMEL-301	
2.	Reproductive Health (Practical)	MMEL-302	
3.	Child Health (Practical)	MMEL-303	

I hereby solemnly affirm that I have submitted the required number of Log-books/Project Report and have completed all the skills planned under the above course(s). The certificate of completion in support of the skills is attached.

I am aware that completion of all the skills at Skill Development Centre and Programme Study Centre and passing in the internal assessment (practical) is a prerequisite for taking Term-end (Practical) Examination. In case my above statement regarding submission is found to be untrue, the University may cancel the result of my above mentioned Term-end Examination and I undertake that I shall have no claim whatsoever in this regard. I also undertake that I shall abide by the decision, rules and regulations of the University. I have signed this undertaking on this _____ day of _____ 20_____.

Name _____ Signature of Student _____.

Complete _____

Address for _____

Correspondence _____

I have verified that the student has submitted all the Log-books/Project Report and certificate of completion of skills related to the above courses in time.

Place _____

(Signature of Programme-in-charge with Stamp)

Date _____

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.

Details of Regional Centres having PGDMCH Programme

Sl. No.	Regional Centre	Address of the Regional Centre	Operational Area	Region Code
1.	Ahmedabad	Regional Director, IGNOU Regional Centre Opp. Nirma Institute, Sarkhej-Gandhinagar Highway Chharodi, Ahmedabad-382 481 (O) (02717)-242975/242976/241579 Fax: (02717)-241580 E-mail: rcahmedabad@ignou.ac.in	Gujarat, Daman, Diu, Dadra and Nagar Haveli	09
2.	Bangalore	Regional Director, IGNOU Regional Centre N.S.S.S. Kalyana Kendra, No.293, 39th Cross, Jayanagar, 8th Block, Bangalore-560 082 (O) 080-26654747/26657376/26639711 Fax: 080-26644848 E-mail: rcbangalore@ignou.ac.in	State of Karnataka except districts of Hubli, Dharwad, Ulitara Karnataka Belgaum,	13
3.	Bhubaneswar	Regional Director , IGNOU Regional Centre C-1, Institutional Area, Bhubaneswar, Orissa-751013 (O) 0674-2301348/2301250/2301352/2300310 Fax: 2300349 E-mail: rcbhubaneswar@ignou.ac.in	State of Orissa except districts under RC Koraput	21
4.	Delhi-1	Regional Director , IGNOU Regional Centre plot no j-2-1 block- b 1, mohan cooperative industrial estate, mathura road, New delhi - 110 044 ph.off : 011-26990082/ 26990083 Fax : 011-26990084 e-mail : rcdelhi1@ignou.ac.in	Delhi (South & West), Faridabad district	07
5.	Delhi-2	Regional Director , IGNOU Regional Centre Gandhi Smriti & Darshan Samiti, Rajghat, New Delhi-110 002 (O) 011-23392376/23392377/23392374 Fax: 011-23392375 E-mail: rcdelhi2@ignou.ac.in	Delhi (North-east, East, North and Central)	29
6.	Guwahati	Regional Director, IGNOU Regional Centre House no 71, GMCH Road, Christian basti Guwahati-781005 Assam (O) : 0361-2343771/2343785-86 Fax : 0361-2343784 e-mail : rcguwahati@ignou.ac.in	State of Assam	04
7.	Hyderabad	Regional Director, IGNOU Regional Centre Plot No.207,Kavuri Hills Phase-II Near Madhapur Police Station, P.O Jubilee Hills, Hyderabad-500033 (O) 040-23221261/23221254/23221255 Fax: 040-23221260 E-mail: rchyderabad@ignou.ac.in	State of Andhra Pradesh except districts covered under RC Vijaynagaram	01
8.	Jodhpur	Regional Director, IGNOU Regional Centre plot no. 439, opp. Pal link road, Kamla Nagar Hospital, jodhpur-342008 ; Rajasthan (O) : 0291-2012987 e-mail : rcjodhpur@ignou.ac.in	State of Rajasthan	23

Sl. No.	Regional Centre	Address of the Regional Centre	Operational Area	Region Code
9.	Khanna	Regional Director , IGNOU Regional Centre ITI Building, Bulepur, Khanna Distt. Ludhiana, Punjab-141 401 (O) 01628-229993/229994/237361/238284 Fax: 238632 E-mail: rckhanna@ignou.ac.in	State of Punjab and Union territory of Chandigarh	22
10.	Kolkata	Regional Director, IGNOU Regional Centre Bikash Bhawan, 4th Floor, North Block, Bidhan Nagar, Salt Lake, Kolkata-700 091 (O) 033-23349850/23592719 Fax: 23347576/23589323 E-mail: rckolkata@ignou.ac.in	State of West Bengal	28
11.	Lucknow	Regional Director, IGNOU Regional Centre 5-C/INS-1, Sector -5 Vrindavan Yojna, Telibagh Lucknow-226 029 (O) 0522-2442382/ E-mail: rlucknow@ignou.ac.in	State of Uttar Pradesh except districts under RC Varanasi, RC Aligarh and RC Noida	27
12.	Nagpur	Regional Director, IGNOU Regional Centre Gyan Vatika 14, Hindustan Colony Amaravati Road, Nagpur- 440033 Maharashtra (O): 0712-2536999/2537999/2022000 Fax : 0712-2538999 e-mail : rcnagpur@ignou.ac.in		
13.	Patna	Regional Director, IGNOU Regional Centre, Institutional Area, Mithapur Patna-800 001 (O) 0612-2219539/2219541 Fax: 0612-2219538 E-mail: rcpatna@ignou.ac.in	State of Bihar except districts under RC Darbhanga	05
14.	Pune	Regional Director, IGNOU Regional Centre 1st Floor, MSFC Building, 270, Senapati Bapat Road, Pune-411 016 (O) 020-25671867/25651124 Fax: 020-25671864 E-mail: rcpune@ignou.ac.in	Districts of Maharashtra (Nandurbar, Dhule, Jalgaon, Aurangabad, Nasik, Ahmadnagar, Jalna, Osmanabad, Pune Solapur, Sangli, Bid., Satara, Kolhapur	16
15.	Srinagar	Regional Director, IGNOU Regional Centre Near Lawrence Vidhya Bhawan Kursu Raj bagh, Srinagar - 190 008 Jammu & Kashmir (O): 0194-2311251/2311258 Fax : 0194-2311259 E-mail: rcsrinagar@ignou.ac.in	Jammu and Kashmir (Srinagar and Ladakh Region)	30
16.	Trivandrum	Regional Director, IGNOU Regional Centre Rajadhani Complex Opposite PRS Hospital, Killi Palam Karamana P.O. Thiruvananthapuram -695002 Kerala (O): 0471-2344113/2344120 Fax : 0471-2344121 E-mail: rcrivandrum@ignou.ac.in	Districts of Tamil Nadu (Kanyakumari, Tirunelveli, Tuticorin) & Districts of Kerala (Thiruvananthapuram, Kolla & Pathanamthitta)	40

List of PSCs for PGDMCH Programme

Sl. No.	Address of PSC	Name of PIC	Centre Code
1.	Gandhi Medical College Basheerbagh, Hyderabad Andhra Pradesh-500 024	Dr. Vimala Thomas Department of Community Medicine Ph: (O) 040-27505560	0112(P)
2.	Patna Medical College Patna , Bihar-800 004	Dr. Neelam Verma Department of Paediatrics Ph: (O) 0612-2300343	0519(P)
3.	Lady Hardinge Medical College New Delhi-110 001	Dr. Jagdish Chandra Department of Paediatrics Ph: (O) 011-23365792	0725(P)
4.	VMMC and Safdarjang Hospital New Delhi-110 029	Dr. Harish Chellani Department of Paediatrics Ph: (O) 011-26198106	0724(P)
6.	Kempegowda Institute of Medical Sciences Banashankari 2nd stage Bangalore, Karnataka-560 070	Dr. D.H. Aswatha Narayan Department of Community Medicine Ph: (O) 080-26679560	1313(P)
7.	Government Medical College Thiruvananthapuram Kerala-695 011	Dr. Sobha Kumar Department of Paediatrics Ph: (O) 0471-2444270	1421(P)
8.	B.J. Medical College Pune, Maharashtra-411 004	Dr. Ramesh Bhosale Department of Obst. & Gynae. Ph: (O) 020-26051291	1616(P)
11.	S.C.B. Medical College Cuttack, Orissa-753007	Dr. Maya Padhi Department of Obst. & Gynae. Ph: (O) 0671-2615083	2116(P)
12.	Dr. S.N. Medical College Jodhpur, Rajasthan-342 003	Dr. Suman Bhansali Deptt. of Community Medicine Ph: (O) 0291-2434374 ext.220	2313(P)
13.	Chhatrapati Sahu ji Maharaj University Lucknow, Uttar Pradesh-226 003	Dr. Rashmi Kumar Department of Paediatrics Ph: (O) 0522-2255190	2735(P)
15.	Government Medical College Srinagar-190 010	Dr. Muzafar Jan Department of Paediatrics Ph: (O) 0194-2451522	1244 (P)
16.	Mahatma Gandhi Institute of Medical Sciences, Wardha, Maharastra-442102	Dr. B.S.Garg Dr. Sushila Nayar School of Public Health	36041(P)
17.	Institute of Medical Sciences BHU, Varanasi, Uttar Pradesh-221 005	Department of Paediatrics Ph: (O) 0542-2368169	2734(P)
18.	Gandhi Medical College Bhopal, Madhya Pradesh-462 001	Department of Community Medicine Ph: (O) 0755-2548151	1524(P)
19.	Government Medical College Jammu-180 001	Dr. Dinesh Kumar Department of Community Medicine Ph: (O) 0191-2584290	1205 (P)

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 post MD 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).

Form for Change/Correction of Address

Application for Change/Correction of Address

Date: _____

To

Registrar, SRD
IGNOU, Maidan Garhi
New Delhi-110 068.

THROUGH CONCERNED REGIONAL DIRECTOR

Enrolment No.

Programme

Name (in caps).....

DETAILS FOR CHANGE/CORRECTION OF MAILING ADDRESS

New Address

Old Address

.....
.....
.....
.....
.....

CityPin

City Pin

State.....

State.....

Signature of Student

Form for Non-receipt of Study Material/Assignments

Concerned Regional Centre

Sub: Non-receipt of Study Material/ Assignments

Enrolment No.

--	--	--	--	--	--	--	--	--	--

Programme

 Medium of Study

I have not received the Study Materials/Assignments in respect of the following:

Sl.No.	Course Code	Blocks	Assignments

I have remitted all the dues towards the course fee and there is NO CHANGE in my address, given as follows:

Name and Address	Signature
.....	Date
.....	
.....	

For Official Use

Date of dispatch of study material/assignments to students

(You are advised to use the photocopy of this proforma)



**INDIRA GANDHI NATIONAL OPEN UNIVERSITY
STUDENT EVALUATION DIVISION**

APPLICATION FORM FOR EARLY DECLARATION OF RESULT OF TERM-END EXAMINATION

(Rules & Regulations are mentioned on the reverse side of this form. Please go through them carefully before filling up the form.)

Prescribed dates for submission of form:- 1st to 30th April for June Term-end Examination
1st to 31st October for December Term-end Examination

1. Name :

2. Programme Enrolment No

3. Address

.....

..... PIN

4. Reason for early declaration of result: _____

(Enclose a copy of the documentary evidence specifying the reason for early declaration)

5. Courses(s) detail for early evaluation:-

S. No.	Course Code	Date of Examination
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

6. Exam. Centre details, from where you have to appear/appeared at Term-end Examination:-

Exam. Centre Code: _____ Address of Exam. Centre: _____

7. Fee detail:-

(The fee for early declaration of result is Rs. 750/- per course, which is to be paid through demand draft drawn in favour of 'IGNOU' & payable at 'New Delhi')

No. of Course(s): × Rs. 750/- = Total Amount:

Demand Draft No.: Date:

Issuing Bank:

Date:

(Signature of the student)

RULES & REGULATIONS FOR EARLY DECLARATION OF RESULTS

1. Request for early declaration of results will be entertained for final semester/year or maximum of 4 backlog courses only, subject to the following conditions:-
 - i) The student has been selected for higher study/employment and statement of marks/grade card is required to be produced to the institute by a particular date, which is before the prescribed dates of declaration of the University's results.
 - ii) The student has completed all the other prescribed components except the term-end examination of the courses, for which early evaluation has been sought.
2. Application for early declaration, for the reasons such as to apply for recruitment/higher study/post and promotion purpose etc. will not be entertained.
3. Application without enclosing documentary evidence specifying the reason for early declaration will not be entertained.
4. Application form must reach at the following address before the date of the examination for the course (s) for which early evaluation is sought:-

**The Registrar
Student Evaluation Division
Indira Gandhi National Open University
Maidan Garhi
New Delhi-110068.**



Indira Gandhi National Open University
STUDENT EVALUATION DIVISION

APPLICATION FORM FOR ISSUE OF DUPLICATE STATEMENT OF MARKS/GRADE CARD

1. Name :

2. Programme Enrolment No

3. Address

.....

..... PIN

5. Fee Detail :

(The fee for duplicate grade card is Rs. 250/-, which is to be paid through demand draft drawn in favour of 'IGNOU' & payable at 'NEW DELHI')

Demand Draft No. Date

Issuing Bank

Date:

(Signature of the student)

The filled in form with the requisite fee is to be sent to:

The Registrar
Student Evaluation Division
Indira Gandhi National Open University
Maidan Garhi,
New Delhi-110 068



Indira Gandhi National Open University
STUDENT EVALUATION DIVISION

APPLICATION FORM FOR ISSUE OF PROVISIONAL CERTIFICATE

Enrolment No.

--	--	--	--	--	--	--	--	--	--

Programme Title :

Regional Centre

Name :

Father's Name :

Month and year of last examination in which you have completed the Programme :

Mailing Address:
.....
.....
.....

PIN:

--	--	--	--	--	--

(Please enclose a copy of your complete grade card).

The filled in form with the requisite fee is to be sent to:

The Registrar
Student Evaluation Division
Indira Gandhi National Open University
Maidan Garhi,
New Delhi-110 068

Date:

.....
(Signature of the student)



**INDIRA GANDHI NATIONAL OPEN UNIVERSITY
STUDENT EVALUATION DIVISION**

APPLICATION FORM FOR ISSUE OF OFFICIAL TRANSCRIPT

1. Name :
2. Programme Enrolment No
3. Address
- PIN
4. Purpose for which transcript is required :
-
5. Fee detail:-
Fee for the official transcript:-
Rs. 200/- per transcript, if to be sent to the student/institute in India.
Rs. 400/- per transcript, if required to be sent to the Institute outside India by the University.
(The requisite fee is required to be paid through demand draft drawn in favour of 'IGNOU' & payable at 'New Delhi')
- No. of transcript(s): × Rs. 200/ Rs. 400/- = Total Amount: Rs.....
Required
- Demand Draft No.: Date:
- Issuing Bank:
6. Whether the transcripts to be mailed by the University: Yes/No (please tick)
7. Name & Address of the University/Institute/Employer (In capital letters) to whom transcript is required to be sent (attached a separate list, if required)
-
-
-

Date:

(Signature of the student)

The filled in form with the requisite fee is to be sent to:-

**The Registrar,
Student Evaluation Division,
Indira Gandhi National Open University,
Maidan Garhi,
New Delhi-110068.**

Note:- The students are required to enclose same number of legible photocopies of both sides of the statement of marks/grade card issued to them, as the number of transcripts required.

Recognition of IGNOU Degree/Diploma

University Grants Commission
Bahadur Shah Zafar Marg
New Delhi-110 002

No.F.1-8/92 (CPP)

February, 1992

The Vice-Chancellor/Directors
of all the Indian Universities/
Deemed Universities/Institutions
of National importance

.....
Sub: Recognition of Degrees/Diplomas awarded by Indira Gandhi National Open University, New Delhi.

I am directed to say that Indira Gandhi National Open University, New Delhi has been established by Sub-section (2) of Section (1) of the IGNOU Act, 1985 (50 of 1985) vide Notification No. F. 13-12/85 Desk(U) dated 19.09.1985 issued by the Govt. of India, Ministry of Human Resource Development, (Department of Education), New Delhi and is competent to award its own degrees/diplomas. The Certificate, Diplomas and Degrees awarded by Indira Gandhi National Open University are to be treated equivalent to the corresponding awards of the Universities in the country.

Yours faithfully,

Sd/-
(GURCHARAN SINGH)
Under Secretary

It may be noted that the PGDMCH Diploma is a valid University PG Diploma and hence can be mentioned in one's bio-data. However, it is yet to be recognized by the Medical Council of India.



INDIRA GANDHI NATIONAL OPEN UNIVERSITY STUDENT EVALUATION DIVISION

APPLICATION FORM FOR OBTAINING PHOTOCOPY OF THE ANSWER SCRIPT

(Rules & Regulations are mentioned on the reverse side of this form. Please go through them carefully before filling up the form.)

Prescribed dates for submission of form:- 1st March to 14th April for June Term-end Examination
1st September to 15th October for December Term-end Examination

1. Name :

2. Programme Enrolment No

3. Address

..... PIN

4. Details of the Course(s) for which photocopy of the answer script(s) is/are required:

a) Term-end Examination: June/December

b) Examination Centre Code

c) Exam. Centre Address

.....

d) Course(s):

5. Fee details:-

(The fee for obtaining photocopy of the answer script is Rs. 100/- per course, which is to be paid through demand draft drawn in favour of 'IGNOU' & payable at 'New Delhi')

No. of Course(s): × Rs. 100/- = Total Amount:

Demand Draft No.: Date:

Issuing Bank:

6. Self attested photocopy of the Identity Card: Attached/Not attached
issued by the University

UNDERTAKING

I hereby undertake that the answer script(s), for which photocopy(ies), applied for, belongs to me. For this purpose, I am enclosing self attested photocopy of my Identity Card issued by the University. In case, my statement is found false, the University may take action against me as deemed fit.

Date: Signature:

Place: Name:

RULES & REGULATIONS FOR OBTAINING PHOTOCOPY OF THE ANSWER SCRIPT

1. Photocopy(ies) of the answer script(s) shall be provided to the students from December-2008 term-end examination (TEE), onwards.
2. The fee for photocopy of the answer script shall be Rs. 100/- (Rupees One Hundred Only) per course. Fee shall be paid in the form of a Demand Draft drawn in favour of IGNOU and payable at New Delhi.
3. Application form without self attested photocopy of the Identity Card of the student will not be entertained.
4. Student's application form for photocopy(ies) of the answer script(s) shall reach the Concerned Authority (as mentioned below in the last para) alongwith the prescribed fee within 45 days from the date of declaration of results. The date of receipt of application for June term-end examination shall be by 15th October and for December term-end examination by 15th April or within 45 days from the date of declaration of result on the University's website, whichever your later.
5. The students, who find that any portion of the answer was not evaluated or any totaling error is noticed, may point out the same and submit their representation alongwith a copy of the answer script supplied to them within 15 days. No other query regarding evaluation of answer script shall be entertained.
6. The students, who intend to apply for photocopy(ies) of the answer script(s) may simultaneously apply for re-evaluation, if they so desire. The last date for submission of application for re-evaluation will not be extended to facilitate them to point out discrepancy in the evaluation.
7. Application form must reach within the prescribed dates at the following address except the answer scripts of CPE & DPE programmes:-

**The Registrar,
Student Evaluation Division,
Indira Gandhi National Open University,
Maidan Garhi,
New Delhi-110068.**

8. For the photocopy(ies) of the answer script(s) of CPE & DPE programmes, the application form may be sent to the Regional Centre concerned.

The objective of this proforma is to get a direct feedback from the learners to know the problems they face while pursuing the programme and the possible solutions suggested by them. This will go a long way in ensuring quality medical education through the distance mode of training. This end session feedback could be mailed after you complete the programme i.e. after taking the term-end examination. **Please put a tick mark (✓) against the correct response.**

Feedback Proforma for the Learners of PGDMCH Programme

(End Session Feedback)

Enrolment No. _____

Name & Address _____

Age at completion of Programme: _____ Years

Employment: Govt. Job/Private Job/Self employed

1. What should be the minimum duration for the programme?
1 year/2 years/3 years
2. Did you attend the induction meeting? Yes/No
If Yes,
Do you recommend it to remain as an essential component of the programme? Yes/No
3. When did you get the study material?
Starting of session/Within 3 months/After 3 months
4. When was the SDC allotted to you?
Beginning of session/Within 3 months/After 3 months
5. Could you submit your assignments in time? Yes/No
If No,
Please mention the reason

6. What was the time lag between your submission of assignments and getting the response?
<1 month/1-2 months/>2 months
7. How much extra expenditure did you incur for completion of the programme besides the admission fee?
<Rs.5000/Rs.5000-10,000/Rs.10,000-15,000/>Rs.15,000/-
8. Did the programme help in identifying new areas of intervention in MCH care in your set up? Yes/No
If Yes,
Please mention the area of your future intervention

9. Can you suggest an alternative way of providing SDC level of training to students? (add extra page if required)

10. Whom did you find as the most useful support in your learning process? (Tick only one)

PIC/Regional Consultant/Regional Centre/School

11. How do you score the usefulness of the following in your learning process in PGDMCH programme? Please tick against the most appropriate one. (3= Very useful, 2= Useful, 1= Not useful)

- | | | | | |
|-------------------------------------|---|-----|-----|-----|
| a) Programme In-charge (PIC) | : | [3] | [2] | [1] |
| b) PSC Counsellors | : | [3] | [2] | [1] |
| c) SDC Counsellors | : | [3] | [2] | [1] |
| d) Regional Consultant | : | [3] | [2] | [1] |
| e) Regional Centre | : | [3] | [2] | [1] |
| f) School of Health Sciences | : | [3] | [2] | [1] |
| g) Interaction with PGDMCH students | : | [3] | [2] | [1] |
| h) Assignment Feedback | : | [3] | [2] | [1] |
| i) Teleconferencing | : | [3] | [2] | [1] |
| j) Family support | : | [3] | [2] | [1] |

12. Please tick the appropriate score mentioned against the following statements?

(3=highest score, 1=lowest score)

- | | | | | |
|--|---|-----|-----|-----|
| a) Relevance of the programme in solving the MCH problem of your state | : | [3] | [2] | [1] |
| b) Contribution of the programme in strengthening your knowledge in MCH care | : | [3] | [2] | [1] |
| c) Contribution of the programme in strengthening your skills in MCH care | : | [3] | [2] | [1] |

Please mail this Proforma to: The Programme Co-ordinator, PGDMCH Programme, School of Health Sciences, Maidan Garhi, New Delhi-110 068.

Mentioning of name and enrolment number is desirable, though not compulsory. This will help the people monitoring the programme to take remedial measures.