

DATTA MEGHE INSTITUTE OF MEDICAL SCIENCES,
(DEEMED UNIVERSITY)
SAWANGI (MEGHE), WARDHA



Programme Project Report

of

MASTER OF PUBLIC HEALTH (MPH) PROGRAMME

Conducted By

Department of Community Medicine
Jawaharlal Nehru Medical College, DMIMS (Deemed University)
Sawangi, (Meghe), Wardha

For Application as 'Open and Distance Learning Mode'
Under University Grant Commission


Registrar
DMIMS (DU)
Sawangi (M) Wardha

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■ PREAMBLE:

In low income countries, despite the availability of effective interventions for many priority health problems and enhanced developmental assistance, progress towards the health Millennium Development Goals is impeded by the **shortage of trained, motivated and supported health workers.**

A clear understanding of the health workforce situation is critical to the development of effective policies to develop and manage a responsive workforce. Human resource shortages hinder scale up of health services and limit the capacity to absorb additional financial resources.

As India strives to achieve universal health coverage by 2020, and committed to Sustainable Development Goals (SDGs) improvement in healthcare delivery through the **availability of skilled and motivated health workers is essential.** India faces an **acute shortage of health personnel.** Currently the doctor population ratio in India is 1 to 1700, less than the recommendation by WHO. Furthermore, with inequalities in distribution of health workers and lack of skill mix among the public health professionals and doctors, this shortfall impedes progress towards achievement of the SDGs. **It is essential to produce public health workforce who will have social inclination and understand social responsibility and accountability to prefer to serve at underserved and unreached areas of the society with global acumen to become a public health leader.**

To contribute to fulfilling the need of health work force in India, **DMIMS (DU) started a 'Masters of Public Health' (MPH) Program** in year 2007 under the Faculty of Medicine (Department of Community Medicine). This course strives to develop *competent, confident* and *compassionate* health personnel suited for Govt. as well as private health sector, especially for serving rural and underserved area.


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MPH Programme – Goal, Objectives

■ GOAL:

The Goal of the DMIMS (DU) MPH program is to provide **training, research and service** activities that develop Public Health Professionals, Health Care Providers, Social Health Activist and Researchers to plan, develop, implement, monitor and evaluate population-based and authenticated individual approaches for quality health care.

■ PRIMARY OBJECTIVE :

To offer a globally competitive and practice based Masters of Public Health (MPH) program to prepare leaders in public health science and practice to address current and future public health challenges.

■ SECONDARY OBJECTIVES: (with specific focus on Public Health Practice) -

(i) To provide training in public health to qualified health professionals and to other individuals whose prior training or experience has made them capable of playing a leadership role in public health.

(ii) To develop human resource with expertise in the field of public health and epidemiology, who can ensure comprehensive health development of the community and better quality of life.

(iii) To promote the understanding of the need to integrate social and cultural factors and determinants.

(iv) To award the MPH degree to individuals who have acquired a particular depth of knowledge in public health sciences and who have demonstrated the following capacities to

- Understand the distribution of major determinants of health in populations relevant into the practice of public health,
- Effectively contribute to the management of health services,
- Analyze risks and devise strategies for a healthier environment, a safer workplace, and fewer injuries,
- Identify ways in which changes in behavior and social structures may affect the health of populations,

(v) To lead students to achieve these capacities in a setting that demands that the student query, learn, persuade, and communicate in active interchange with his or her peers, with faculty, and with practitioners outside.

The MPH degree is the most widely recognized professional credential for leadership in public health. The program emphasizes active, student-directed learning, problem solving, and the acquisition of skills essential to the practice of public health.

Relevance of the program with Institution's Mission and Goals

■ DMIMS (DU)- Vision and Mission:

Vision :

To emerge as the Global centre of excellence in the best evidence based higher education encompassing a quality centric, innovative and interdisciplinary approach, generating refutitive research and offering effective and affordable health care for the benefit of the mankind.

Mission :

DMIMS shall develop competent, confident, concerned, compassionate and globally relevant professionals by quality, learner, community and evidence centric 'competency based model' of higher education with value orientation, through all its constituent units. It shall foster a conducive milieu for interdisciplinary research practices generating consequential and meaningful outcomes for the nation in general and the region in particular. It shall deliver comprehensive quality health care services to the rural, needy, marginalized and underprivileged populace. This shall be achieved through appropriate collaborative linkages and a proactive, transparent and accountable decentralized governance system.

■ Department of Community Medicine

VISION : Improve population health for sustainable communities locally, nationally and globally.

MISSION:

- **Education** to prepare tomorrow's public health leaders through excellence and innovation in education and to promote translation of knowledge into policy and practice.
- **Research** to work in partnership to achieve excellence in public and global health, for addressing contemporary and future critical health challenges.
- **Service** to community with special focus on those with most in need, who would benefit most from improved health and reduced inequalities (the disadvantaged, underserved and vulnerable) locally Nationally and Globally.

Thus, MPH programme objectives are aligned with the DMIMS (DU) and Department of Community Medicine Vision and Mission. The MPH programme contributes in its achievement.

■ LEARNING OUTCOMES of MPH PROGRAM:

At the end of the program the MPH, student shall endeavor to be able to:

1. Recognize 'Health for all' as a national goal and health right of all citizens and by undergoing training for health profession, fulfill his / her social obligation toward realization of this goal.
2. Able to -
 - Understand the distribution of major determinants of health in populations relevant into the practice of public health and manage the same at different level of health care agencies,
 - Effectively contribute to the management of health services,
 - Analyze risks and devise strategies for a healthier environment, a safer workplace, and fewer injuries,
 - Identify ways in which changes in behavior and social structures may affect the health of populations.
3. Learn every aspect of National policies on health and devote himself /herself to its practical implementation.
4. Achieve competence in management of holistic approach for comprehensive health care.
5. Appreciate rationale for different social needs, therapeutic modalities; be familiar with the administration of the 'essential drugs' and amenities conducive to social structure.
6. Possess the attitude for continued self-learning and to seek further expertise or to pursue research in any chosen area of medicine.
7. Become exemplary citizen by observation of social and medical ethics and fulfilling social and professional obligations, so as to respond to national aspirations.
8. Explore Opportunities to facilitate collaboration, networking with international and national level institutes / organizations / foundations for promotion, advancement and sharing of academic and research knowledge and activities in medicine, health and allied sciences for human development.
9. Acquire basic management skills in the area of human resources, materials and resource management related to health care delivery.
10. Be able to work as a leading partner in health care teams and acquire proficiency in traditional and e-communication skills.
11. Have personal characteristics and attitudes required for professional life such as personal integrity, sense of responsibility and dependability and ability to relate to or show concern for other individuals.
12. To promote and provide

i. Instruction, knowledge, education, training and research facilities of high order in the areas of study relevant to medicine, health and allied Health sciences as per its current status and such other manner as may develop in future

ii Research relevant to current and emerging field of medicine, health and Allied Health sciences.

iii Opportunities for the integration of formal, newer learning technologies e.g. Problem Based Learning and non-formal learning with practical experiences in medical and health sciences with other areas of human development.

■ **NEED FOR ADOPTING ONLINE AND DISTANCE LEARNING MODE FOR RUNNING MASTER OF PUBLIC HEALTH PROGRAM**

The extent to which we are able to improve the health of the public depends, in large part, upon the quality and preparedness of the public health workforce, which is in turn dependent upon the relevance and quality of its education and training.

Public health education for long has been expected to find solutions for multitude of public health problems through building the capacity of public health workforce. In order to bridge the gap between the need and demand of Public Health workforce, it is vital to offer the public health education programs in distance learning mode to cater to the needs of variety of student population. Hence DMIMS (DU) is aiming to start distance education mode for students who wishes to pursue academics in Public Health but find it difficult for want of time devotion for regular learning mode.

INTER ALIA INFORMATION OF MPH COURSE

■ **ELIGIBILITY CRITERIA FOR ADMISSION: (Target group of learners)**

Bachelor's degree with 50% Marks in Biological, Clinical and Social Sciences. B.Sc. in Life sciences, Pharmacy, Pharmacology, Nutrition & dietetics, Medicine (MBBS, BAMS, BHMS), Dental, Nursing, Physiotherapy, Medical Social Work and Social sciences (Medical Sociology, Medico-social Psychology, social Anthropology), Biotechnology, Medical Microbiology Medical Biochemistry , Medical Physiology, B.Sc. DMLT, any other specialization with experience of at least one year in public health sector. The qualification must be recognized by Indian University or an equivalent qualification from foreign university recognized by University Grant Commission.

■ **DURATION OF COURSE** : Two years (Semester based= Four Semesters)

■ **INTAKE CAPACITY:** Maximum 20 candidates per year

■ **VALIDITY OF REGISTRATION** – Four years

■ CAREER OPPORTUNITIES:

The MPH Programme will provide career and employment opportunities for students as Programme manager, Community Health Officer, Project coordinator, Epidemiologist and Health manager etc in

- International organizations like WHO, UNICEF, UNFPA etc
- National and state Government Health Organizations,
- National Rural Health Mission
- Advocacy Groups ,Voluntary Health Organizations, Non-Governmental Organizations
- Research Institutions
- Academic Institutions
- Funding Agencies

- **CORE DEPARTMENT:** Community Medicine, Jawaharlal Nehru Medical College, DMIMS(DU), Wardha (Maharashtra)

INSTRUCTIONAL DESIGN

■ TEACHING- LEARNING& ASSESSMENT STRATEGIES:

The Teaching - Learning strategies for MPH course in open and distance learning mode will be mainly learner centered with blended mode of learning.

Onsite contact session:-

1. Lectures (Didactic),
2. Group activity,
3. Seminar presentations,
4. Critical appraisal of Journal Article
5. Demonstration
6. Laboratory Experiments
7. Directly observed Field skills (DOFS)
8. Mini Clinical Evaluation Exercise (Mini-CEX)

Distance learning

1. Webinar
2. Online group discussions (e- learning)
3. Community Based Project Work
4. Field Activities/Survey
5. Assignments (Protocol Development, Problem Based Exercises, Epidemiology, Biostatistics And Data Base Exercises)

■ **LOGBOOK FOR RECORD OF ALL ACTIVITIES : -**

Student will maintain a logbook of all activities conducted during the course and submit it at the end of semester. The log book shall consist of records of the various presentations, assignments, carried out by the student during the respective semester.

■ **COURSE STRUCTURE**

| COURSE CODE | COURSE/ SUBJECT NAME | TOTAL HOURS | CREDITS |
|----------------------------|--|------------------|-------------------|
| MPH- Semester I | | | |
| 101 | Ethics in Public Health | 60 | 2 |
| 102 | Basic epidemiology | 150 | 5 |
| 103 | Biostatistics | 120 | 4 |
| 104 | Research methodology | 150 | 5 |
| Subtotal | | 480 hours | 16 credits |
| MPH- Semester II | | | |
| 201 | Social / Behavioural Sciences and Health communication, Gender issues | 90 | 3 |
| 202 | Public Health Nutrition | 90 | 3 |
| 203 | Demography , Reproductive and child health | 150 | 5 |
| 204 | Communicable and Non Communicable Disease epidemiology | 150 | 5 |
| Subtotal | | 480 hours | 16 credits |
| MPH Semester III | | | |
| 301 | Health committee, Five year plans, Public Health planning and management | 120 | 4 |
| 302 | Health system, Policy & financing, Health equity | 120 | 4 |
| 303 | Implementation of field intervention projects | 150 | 5 |
| 304 | Monitoring and evaluation | 90 | 3 |
| Subtotal | | 480 hours | 16 credits |
| MPH Semester IV | | | |
| Dissertation work - | | | |
| 401 | Selection of topic, Literature search | 120 | 4 |
| 402 | Synopsis preparation, presentation and submission to IEC | 120 | 4 |
| 403 | Field work , Data collection, and data entry and Thesis review | 120 | 4 |
| 404 | Data analysis, Report writing, Report presentation and & submission | 120 | 4 |
| Subtotal | | 480 hours | 16 Credits |

Note – One credit equals to 30 TLE

■ **CONTACT THEORY AND PRACTICAL SESSIONS**

MPH Post Graduate Degree Course is of two years duration and semester based. There are two semesters each year. The contact sessions will be twice per semester. It will be mandatory for the candidate to attend the contact programmes. Ten credits under assessment head will be allotted for the same.

As per the UGC guidelines, each semester shall have 16 credits. One credit is equal to 30 study hours of study including face to face contact component.

| | MPH Programme with a total of 16 Credits per semester (16 credits x 30 hrs/credit=480 hours) | |
|------------------------------|---|--|
| Number of Assignments | Theory | Practical |
| Four per semester | 10 Credits for Theory=300 hrs | 6 credits for Practical=180 hrs |
| | Contact sessions Theory | Contact sessions-Practical |
| | 48 hours | 60 hours of guided experiments with support of internal supervisor per 2 credits |

ACADEMIC PLANNER (2018-19)

| Name of Activity | Semester I | | Semester II | | Particulars |
|--|-----------------------------------|----------------------------|-------------------------------|----------------------------|--|
| | From | To | From | To | |
| Admission process (Start of course) | 15 th June 2018 | 25 th June 2018 | ----- | ----- | |
| Semester term | 01 July 2018 | 31 December 2018 | 1 January 2019 | 30 June 2019 | 6 months/Semester |
| Duration (hrs) of contact sessions | Theory= 48 hrs | Practical=60 hrs | Theory= 48 hrs | Practical=60 hrs | |
| | 6 days (8 hrs/day) | 08 days (8 hrs/day) | 6 days (8 hrs/day) | 08 days (8 hrs/day) | |
| Contact session- I (Distribution of Study learning material) | 1 July 2018 to | 7 July 2018 | 1 st Jan 2019 | 7 th Jan 2019 | Theory = 3 days (8hrs /day) Practical = 4 days (8hrs/day) Total = 7 days |
| e- learning & online discussion | 15 July 2018 | 15 Sept 2018 | 15 Jan 2019 | 15 March 2019 | 8 weeks (One topic will be discussed in each week) |
| Contact session- II | 16 September 2018 | 22 September 2018 | 16 March 2019 | 22 March 2019 | Theory = 3 days (8hrs /day) Practical = 4 days (8hrs/day) Total = 7 days |
| e- learning & online discussion | 1 Oct 2018 | 15 Nov 2018 | 1 April 2019 | 15 May 2019 | 6 weeks (One topic will be discussed in each week) |
| Assignment submission | 16 Nov 2018 | 20 Nov 2018 | 16 May 2019 | 20 May 2019 | Submission of all four assignments |
| Exam form submission | 25 Nov 2018 | 30 Nov 2018 | 25 May 2019 | 30 May 2019 | |
| Examination | 5 th Dec 2018 | 15 th Dec 2018 | 5 th June 2019 | 15 th June 2019 | Term end Summative assessment |
| Declaration of result | By 31 st December 2018 | | By 30 th June 2019 | | On university website |

Note -

- i. Last date for University enrolment – 30th September 2018.
- ii. Academic planner for Semester III and IV will run in the year 2019-2020, on similar lines.
- iii. The dates given are tentative and may be subject to change.

ACADEMIC PLANNER (2019-20)

Semester III :

| Name of activity | Semester III | | Particulars |
|------------------------------------|-----------------------------------|---------------------------|--|
| | From | To | |
| Semester term | 01 July 2019 | 31 December 2019 | 6 months/Semester |
| Duration (hrs) of contact sessions | Theory= 48 hrs | Practical=60 hrs | |
| | 6 days (8 hrs/day) | 08 days (8 hrs/day) | |
| Contact session- I | 1 July 2019 to | 7 July 2019 | Theory = 3 days (8hrs /day) Practical = 4 days (8hrs/day) Total = 7 days |
| e- learning & online discussion | 15 July 2019 | 15 Sept 2019 | 8 weeks (One topic will be discussed in each week) |
| Contact session- II | 16 September 2019 | 22 September 2019 | Theory = 3 days (8hrs /day) Practical = 4 days (8hrs/day) Total = 7 days |
| e- learning & online discussion | 1 October 2019 | 15 November 2019 | 6 weeks (One topic will be discussed in each week) |
| Assignment submission | 16 Nov 2019 | 20 Nov 2019 | Submission of all four assignments |
| Exam form submission | 25 Nov 2019 | 30 Nov 2019 | |
| Examination | 5 th Dec 2019 | 15 th Dec 2019 | Term End Summative Assessment |
| Declaration of result | By 31 st December 2019 | | |

Semester IV :

| Name of activity | Semester IV | |
|--|-----------------------------|--------------------------|
| | From | To |
| Semester term | 1 January 2020 | 30 June 2020 |
| Contact session- I (Distribution of guidelines for Synopsis and Thesis preparation & submission) | 1 st Jan 2020 | 7 th Jan 2020 |
| Submission of synopsis for IEC approval (<i>online</i>) | 10 Feb 2020 | 15 Feb 2020 |
| Contact session- II (First Project Report presentation and Submission) | 16 March 2020 | 22 March 2020 |
| Second Project Report Submission (<i>online</i>) | 25 th April 2020 | 30 April 2020 |
| Submission of Thesis | 1 June 2020 | |
| Declaration of result | By 30 June 2020 | |

| Sessions | Duration | Action Plan |
|-----------------------|------------------------|--|
| Contact session-I | 7 days contact session | <ul style="list-style-type: none"> • Sensitization about the complete 2 year MPH course. • Distribution of Self learning material to candidates • Modules and scheme of examination will be explained. • Allotment of topics for presentation during II contact session • Session on e-learning and distribution of plan and topics for online discussion along with moderators and faculty allotment. • Topics to be covered (as per prescribed syllabus) |
| Online discussion | 8 weeks | <ul style="list-style-type: none"> • One topic will be discussed in each week. • Total 8 topics will be covered through e-learning during this period. |
| Contact session-II | 7 days contact session | <ul style="list-style-type: none"> • Topics to be covered (as per prescribed syllabus) • Each candidate will present two seminars • Distribution of plan and topics for online discussion along with moderators and faculty allotment. |
| Online discussion | 6 weeks | <ul style="list-style-type: none"> • One topic will be discussed in each week. • Total 6 topics will be covered through e-learning during this period. |
| Assignment submission | As per calendar | <ul style="list-style-type: none"> • Assignments will be four in number/semester • Questions will be mainly of higher order thinking skills. • eg. Problem Solving Exercises, Protocol Development , Report Writing, Case Scenario Based Learning Etc. |
| Examination | As per calendar | <ul style="list-style-type: none"> • Summative Assessment • Theory exams and viva voce |

■ FACULTY AND SUPPORT STAFF REQUIREMENT

Currently the Dept of Community medicine, J N Medical College, Wardha is running this course in Regular mode and Faculty Staff Of Department is actively involved in Teaching-Learning and Evaluation activities of the course. However, recruitment of separate staff shall be done for running the MPH program in ODL mode as per the UGC guidelines.

Staff at Headquarters:

1] Director- Dr Anjali Borle

2] At least two full time faculty member (per discipline or specialization or programme at Associate and Assistant Professor level.

1. Dr Sonali Chaudhari – Associate Professor
2. Dr Sarika Dakhode – Assistant Professor

3] Deputy Registrar: Mr Ashok Bramhankar

4] Assistant Registrar: Mr Anand Gujar

5] Section Officer: Mr Ajay Karande

6] Assistants: Mr . Alok Ujawne, Mr Sachin Kalaskar

7] Computer Operators: Mr Pravin Dhokne , Mr Ramakant Gode

8] Class IV: Mr. Santosh Firke, Manish Taksande

9] Librarian : Mr. Sandesh Nimbalkar

■ REFERENCE LEARNING RESOURCE MATERIAL:

BOOKS:

1. AFMC & WHO: Text book of Preventive & Social Medicine, WHO, 2007
2. PiyushGhai. Text book of Community Medicine, 2nded, CBS publication, New Delhi
3. K Park, Text book of Preventive & Social Medicine, 22nded, Banarsidas Bhanot, Jabalpur.
4. Laharia, Handbook of Preventive & Social Medicine, JP brothers, New Delhi
5. J Kishor, National Health Programs, New Delhi,
6. Oxford , Text book of Public health
7. Govt. of India, Ministry of Health & Family welfare ,Immunization Handbook for Medical Officers. Nirman Bhawan, Maulana Azad Road, New Delhi, 2008.
8. Govt. of India, Ministry of Health & Family welfare ,NRHM modules. Nirman Bhawan, Maulana Azad Road, New Delhi,
9. Govt. of India, Ministry of Health & Family welfare ,IPHS modules. Nirman Bhawan, Maulana Azad Road, New Delhi,
10. Maxy- Rousunue, Text book of public health
11. Donna J. Petersen and Greg R. Alexander. Needs Assessment in Public Health, A Practical Guide for Students and Professionals. Kluwer Academic/Plenum Publishers, New York. 2002
12. R. Bonita, R. Beaglehole, T. Kjellström. Basic Epidemiology, 2nd edition World Health Organization. 2006
13. Mahajan B K , text book of biostatistics, sixth ed.J P Brothers.
14. A. K. Jain, Anatomy & Physiology for nurses, Arya Publications, New Delhi.
15. CM Francis, Hospital Administration, Jaypee brothers, Medical Publishers, New Delhi.
16. Dr. A. G. Chandorkar, Hospital Administration and Planning, Paras Medical Publisher, Hyderabad.
17. Hospital Administration Manual, Vol. – I, Govt. of Maharashtra.
18. Hospital Administration Manual, Vol. – II, Govt. of Maharashtra.
19. World Health Organization. Developing Health Management Information Systems. A Practical Guide for Developing Countries. WHO. 2004.
20. World Health Organization. Improving Data Quality. A Guide for Developing Countries. WHO. 2003
21. Bhusan & Gupta, Text book of sociology.

JOURNALS

1. Indian Journal of Community Medicine
2. Indian Journal of Public Health
3. Indian Journal of Community Health
4. Journal of Communicable Diseases
5. Indian Journal of Medical and Child Health
6. Indian Journal of Preventive and Social Medicine
7. Indian Journal of Occupational Health and Industrial Medicine
8. Indian Journal of Medical Research
9. National Medical Journal of India
10. Indian Journal of Malariology renamed Journal of vector borne disease
11. Indian Journal of Environmental Health
12. Indian Journal of Medical Education
13. Journal of Indian Medical Association
14. Journals of Medicine, Paediatrics, OBG, Skin & STD, Leprosy, Tuberculosis & Chest Diseases (For Reference)
15. Indian pediatrics
16. Journal of food science and nutrition, NIN

International Journals

1. WHO Publications – All
2. Journal of Epidemiology & Community Health
3. Tropical Diseases Bulletin

4. Vaccine
5. American Journal of Public Health
6. Lancet
7. New England Journal of Medicine.
8. Journal of travel medicine
9. International journal of epidemiology
10. Population reports
11. American journal of clinical nutrition

ADDITIONAL READING:-

1. National Health Policy, Ministry. of Health & Family Welfare, Nirman Bhawan, New Delhi, 1983.
2. Santosh Kumar, The elements of Research, writing and editing 1994, Dept. of Urology, JIPMER, Pondicherry
3. Indian Council of Medical Research, "Policy Statement of Ethical considerations involved in Research on Human Subject", 1982, I.C.M.R., New Delhi.
4. Code of Medical Ethics framed under section 33 of the Indian Medical Council Act, 1956. Medical Council of India, Kotla Road, New Delhi.
5. Francis C M, Medical Ethics, J P Publications, Bangalore, 1993.
6. Kirkwood B R, Essential of Medical Statistics for Medical students, 1st Ed. Oxford: Blackwell Scientific Publications 1988.
7. Mahajan B K, Methods in Bio statistics for medical students, 5th Ed. New Delhi Jaypee Brothers Medical Publishers, 1989
8. Raveendran B Gitanjali, A Practical Approach to PG dissertation, New Delhi, J P Publication, 1998
9. WHO (1986) Geneva, **Early detection of Occupational Disease**
10. **Hunter's Diseases of Occupations**, Edited by P.A.B. Raffle, P. H. Adams, P.J. Baxter and W.R. Lee Edward Arnold Publishers (1994), Great Britain
11. International health regulations 2007, WHO

Committee reports

1. Bhole Committee Report (1946) Health Survey and Development Committee, Govt. of India, Delhi.
2. Mudaliar Committee Report (1961) Health Survey and Planning Committee, Govt. of India, Delhi
3. Shrivastav Report (1974), Health Services and Medical Education – A programme for immediate action, Group on Medical Education and Support Manpower, Ministry of Health and Family Welfare, Govt. of India,
4. ICSSR/JCMR (1981), Health for All- An alternative strategy – Report of a Joint study group of ICSSR/ICMR, Indian Institute of Education, Pune.
5. National Health Policy, (1982) Ministry of Health and Family Welfare, Government of India, New Delhi.
6. Compendium of Recommendations of various committees on Health and Development (1943-1975), Central Bureau of Health Intelligence (1985) Directorate General of Health Services, Ministry of Health and Family Planning, New Delhi.
7. Bajaj, J.S. et al (1990) Draft National Education Policy for Health Sciences, I.J.M.E. Vol.29, No.1 & 2 (Jan-August 1990)

Websites:

www.icmr.nic.in
www.mohfw.nic.in
www.nacoonline.org
www.npsindia.org
www.tbcindia.org
www.iapsm.org.in
www.iphaonline.org
www.who.int
www.whoindia.org
www.cdc.gov
www.censusindia.gov.in
www.nrh.gov.in
www.maha-arogya.gov.in

■ **PROCEDURE FOR ADMISSIONS, CURRICULUM TRANSACTION AND EVALUATION INCLUDING STUDENT ASSESSMENT TOOLS, SCHEME OF EXAMINATION & BLUEPRINT OF THEORY QUESTION PAPER:**

- **Minimum eligibility for MPH course**– mentioned as above
- **MPH programme delivery**– For admission to MPH course, applications are invited for each academic year. The notification is issued by Registrar of the DMIMS (DU). The notification, along with application form & brochure is uploaded on website for easy access.
- **Fee structure : As Mentioned in the table below**

| Name Of The Programme | MPH - MASTER OF PUBLIC HEALTH | FEES IN SEMSTER I | FEES IN SEMSTER II | FEES IN SEMSTER III | FEES IN SEMSTER IV |
|-----------------------------------|-------------------------------|-------------------|--------------------|---------------------|--------------------|
| Degree | POST GRADUATE | | | | |
| Admission Fee (One Time) | 1,000 | ✓ | - | | |
| Course Fee Per Semester | 10,000 | ✓ | ✓ | ✓ | ✓ |
| University Fee (One Time) | 5,000 | ✓ | | | |
| Exam Fee Per Semester | 2,000 | ✓ | ✓ | ✓ | ✓ |
| Convocation Fee (One Time) | 2,000 | ✓ | | | |
| Total Fees For Complete Programme | 56,000* | 20,000 | 12,000 | 12,000 | 12,000 |

- **Curriculum transaction**

As mentioned in the above section of instructional design, the total hours of the Teaching-Learning and assessment per semester will be 480 hours (16 credits).

The unit in each semester is given weightage. The curriculum will be delivered using the set of applicable teaching learning methods with major focus on learning of desired competency in each unit. Similarly assessment of the student will be done by using varied assessment tools to determine the achievement of the required competency.

- **Evaluation of learner progress along with methods and tools-** Cumulative Grade Point Average (CGPA) System is adopted for student assessment.

The evaluation includes two types of assessments **Continuous or Formative assessment** and **Summative assessment**. The components of Formative assessment are *home assignment, students' response sheets* and *contact programmes*. The summative assessment is in the form of '*semester end Examination*'.

The weightage for 'Formative assessment' is 30% and that of Summative assessment Semester end examination is 70%. Marks or grades obtained in all these heads including the score in Summative examination are shown separately in the grade card.

Mode of evaluation for the MPH program

| Sr. No. | Modality | Weighatge |
|---------|----------------------|-----------|
| 1 | Assignments | 10% |
| 2 | Practicals | 10% |
| 3 | Project | 10% |
| 4 | Term end examination | 70% |

Assessment tools:

1. Written examination- Short answer question, Long answer question with component of higher order cognitive domain.
2. Objective Structured Practical Examination (OSPE)
3. Viva voce
4. Log book
5. Directly Observed Procedural Skills (DOPS)
6. Mini Clinical Evaluation Exercise (Mini-CEX)


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- **Scheme of examination: A total of 200 Credits is given for the each semester of MPH programme**

Break up of total 200 credits for student assessment in each semester

| Sr No. | ASSESSMENT | % WEIGHTAGE | CREDITS ALLOTTED | Time to conduct |
|---|---------------------------------------|-------------|------------------|-----------------------------|
| Formative assessment (30%) 60 credits | | | | |
| 01 | Assignments | 10% | 20 credits | During semester |
| 02 | Practicals | 10% | 20 credits | |
| 03 | Project/Theory (Part completion test) | 10% | 20 credits | |
| Summative assessment (70%) 140 credits | | | | |
| 03 | Theory Examination | 30% | 60 credits | At the end of each semester |
| 04 | Practical Examination | 40% | 80 credits | |
| | TOTAL | 100% | 200 credits | |

- **Formative Assessment : 30% - 60 credits out of 200**

| Formative assessment | Credits Allotted (A) | Credits obtained (B) | % secured by student (C) | Grade score (D) | Earned Grade Points E= Ax D |
|---------------------------------------|----------------------|----------------------|--------------------------|-----------------|-----------------------------|
| Assignments | 20 | | | | |
| Practicals | 20 | | | | |
| Project/Theory (Part completion test) | 20 | | | | |
| Total | 60 credits | | | | |

- **Summative assessment : 70% - 140 credits out of 200**

I) THEORY Examination: 30% = 60 credits

- There will be two papers of 100 marks for 3 hours duration.
- The questions will be short answer questions (SAQ) and long answer questions (LAQ)

II) PRACTICAL : 40% = 80 Credits

| Summative assessment | Credits Allotted (A) | Credits obtained (B) | % secured by student (C) | Grade score (D) | Earned Grade Points E= Ax D |
|-----------------------|----------------------|----------------------|--------------------------|-----------------|-----------------------------|
| Theory Examination | | | | | |
| Paper I | 30 | | | | |
| Paper II | 30 | | | | |
| Practical Examination | 80 | | | | |
| Total | 140 credits | | | | |

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- **CALCULATION OF GRADES:-**

- **'Grade'** is an assessment of a student's performance in an examination/paper/course.
- Commonly expressed by letter on a scale of **A-F**.
- The **marks** obtained will be converted into **grades** as shown below:

| Percentage secured by student | Grade | Grades on 9 Point Score |
|-------------------------------|-------|-------------------------|
| 90 - 100 | A+ | 9.0 |
| 80 - 89 | A | 8.0 |
| 70 - 79 | B+ | 7.0 |
| 60 - 69 | B | 6.0 |
| 50 - 59 | C+ | 5.0 |
| 40 - 49 | C | 4.0 |
| 30 - 39 | D+ | 3.0 |
| 20 - 29 | D | 2.0 |
| 10 - 19 | E | 1.0 |
| Less than 10 | F | 00 |

Note – Minimum cutoff for passing is 50% for each assessment head.

- **Earned grade points** = Credits allotted x Grade score
- **GPA** = Total earned grade points in one assessment head divided by the total allotted credits.
- Final grading will be awarded based on 'grades' of all 'assessment heads' taken together.
- The assessment of the overall performance of the student will be obtained by calculating **Cumulative Grade Point Average (CGPA)**.
- PCT, Elective , Theory, Practical & Research project viva.
- **CGPA** = GPA (PCT)+GPA (Elective)+ GPA (Theory) + GPA (Practical) + GPA (Research project viva)/5
- The 'Final Grade' earned will be as per following table.

| CGPA | Grade |
|----------|-------|
| 8.0-10.0 | A+ |
| 7.0-7.9 | A |
| 6.0- 6.9 | B+ |
| 5.0 -5.9 | B |

- The candidate will be declared as successful if she/he scores the CGPA score of "B" or more.


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■ **Blueprint of question paper of Summative Theory Examination**

• **Template**

Time : 3 hours

Marks : 100

| Question Number | Type of Question | No of questions | Marks | Total Marks |
|--------------------|------------------------------------|-----------------|------------------|------------------|
| SECTION – A | | | | |
| 1. | S.A.Q. Short Answer Question | 6 | 10marks each | 6 x 10marks = 60 |
| SECTION – B | | | | |
| 2. | L.A.Q. Long Answer Question | 2 | 20 marks each | 2 x 10marks =40 |
| | | | | 100 marks |

■ **REQUIREMENT OF THE LABORATORY SUPPORT AND LIBRARY RESOURCES:**

A well-established public health laboratory is available in the dept. of Community Medicine for carrying out the public health experiments. Besides this, for field work, adopted villages are available. For online learning, the practical can be conducted and performed by applying virtual reality methods.


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■ **COST ESTIMATE OF THE PROGRAMME AND THE PROVISIONS:**

Calculation of cost of MPH Course fee 18-19

| Sr. No. | Nature of Expenses | No. of Staff | Per Month | Annual Expenses (Rs.)-I year | Annual Expenses (Rs.)-II year | Total Expenses |
|---------|---|--------------|-----------|------------------------------|-------------------------------|-----------------|
| 1 | Salary & Allowances | | | | | |
| | Teaching Staff | | | | | |
| | Director | 1 | 80000 | 960000 | 1056000 | 2016000 |
| | Associate Professor | 2 | 61221 | 1469304 | 1616234 | 3085538 |
| | Asst. Professor | 3 | 41600 | 1497600 | 1647360 | 3144960 |
| | Non-teaching staff | | | | | |
| | Dy. Registrar | 1 | 20000 | 240000 | 264000 | 504000 |
| | Asst. Registrar | 1 | 15000 | 180000 | 198000 | 378000 |
| | Section Officer | 1 | 10000 | 120000 | 132000 | 252000 |
| | Office Asst. | 2 | 8500 | 204000 | 224400 | 428400 |
| 2 | Contingencies | | 50000 | 600000 | 660000 | 1260000 |
| 3 | Printing & Stationary | | 50000 | 600000 | 660000 | 1260000 |
| | (15000 Sq. ft.@2000/-) 3 crore | | | | | |
| | Grand Total Expenses A | | | 5870904 | 6457994 | 12328898 |
| | Total INTAKE Capacity | I | II | | | |
| | MPH | 50 | 50 | | | |
| | MHA | 20 | 20 | | | |
| | Sub Total | 70 | 70 | | | |
| | Total Divisor Factor B | | | | | 140 |
| | Cost of per student per / Course = (A/B) | | | | | 88064 |

The expenses towards development and sustenance of the distance education programs shall be met by fees incurred from the enrolled students. Any additional expenses shall be borne by the University.

■ **QUALITY ASSURANCE MECHANISM AND EXPECTED PROGRAMME OUTCOMES:**

For this, the curriculum of the course is revised time to time, based on the need of the learners as well as taking into consideration local and global health scenario. There is a separate Board of studies for the MPH course, which looks into the updating and revision of the curriculum, scheme of examination.

For monitoring the effectiveness of the programme- evaluation of the curriculum is done every 3 to 5 years. Feedback from alumni and peer, faculty and community stakeholders is also taken.

Centre for Internal Quality Assurance" (CIQA), established by the DMIMS (DU) shall ensure the quality of MPH programme offered by it through internal quality monitoring mechanism in accordance with the guidelines.

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■ Annexure : - Detailed curriculum of MPH course

COURSE CONTENT OF MPH PROGRAM

■ **COURSE CONTENT OF MPH PROGRAM**

| Course code | MPH 101 : Ethics in Public Health and Concept of Health & Disease | Hours | Credits awarded |
|-------------|--|-------|-----------------|
| Unit No. | Course description | | |
| 1 | Ethics in Public health <ul style="list-style-type: none"> Ethical Basis of the Practice of Public Health Justice and Resource Allocation Ethics and Health Disparities Individual and Social Responsibility for Health | 30 | 1 |
| 2 | Concept of health and disease: <ul style="list-style-type: none"> Concept of Health & Public Health. Public health in developed and developing countries. Determinants, dimensions, spectrum of health Concept of diseases, natural history of diseases, Iceberg phenomena Health promotion, protection, prevention and control of diseases Measuring Health & disease – Measuring tools, Health indicators Contemporary issues in public health Assignments : sstudying families and understanding dimensions and determinants on health and presentation in class. | 30 | 1 |

| Unit No | MPH - 102: EPIDEMIOLOGY Course description | Hours | Credits awarded |
|---------|---|-------|-----------------|
| 1 | Epidemiology basics <ul style="list-style-type: none"> Introduction to Epidemiology/Science of Public Health , Basic Terminology, Historical Aspects , definition , aims and uses. History of health programs and strategies Measurement of morbidity and mortality: Incidence, Prevalence, Age-adjustment and survival analysis, Characteristic of health indicators / SMART indicator approach Introduction to public health monitoring Epidemics and outbreak investigation Assignments: Data base exercises (Example of database (NFHS, DLHS, IDSP etc) - Give case studies in disease control program (for example changes in stunting over time, diarrheal disease epidemic, changing pattern of disease etc) and critique it and present it in class. | 60 | 2 |
| 2 | Epidemiological Methods / Approaches <ul style="list-style-type: none"> Classification of epidemiological methods Ethical issues related to epidemiological studies Descriptive studies Analytical - Case-control Studies& Cohort studies Intervention designs Clinical trials – History, types, phases, Recruitment and retention of participants, Standard Operating Procedures (SOP's) etc. <ul style="list-style-type: none"> Bias, confounding and effect modification Association & Causation Risk assessment in epidemiology – relative risk, odds ratio, attributable risk, population attributable risk, hazards ratio Screening in health & diseases Survival analysis Disease surveillance (approaches/ types / sampling methodologies) and Integrated Diseases Surveillance Program Data reduction methodologies – etc principal component analysis Systematic review and meta analysis | 90 | 3 |

| | | | |
|--|---|--|--|
| | Assignments: <ul style="list-style-type: none"> • Interpretation of country public health profiles • Health disparities within countries and districts • Protocol development using various epidemiological approaches and critical assessment through practice • Exercises on risk assessment • Exercises on diagnostic tests / screening tests • Journal article critical review | | |
|--|---|--|--|

| MPH - 103: BIOSTATISTICS : | | Hours | Credits awarded |
|----------------------------|---|-------|-----------------|
| Unit No. | Course description | | |
| 1 | Census and mapping <ul style="list-style-type: none"> • Use of maps and census in field intervention trials / public health practice • Preparation for census – planning, pretesting, recruitment and training of staff, mapping • Enumeration – organization, definition of dwelling units, de facto and de jure population, ensuring completeness, numbering individuals, household or individual forms or checks, coding relationships, Names , address, ages and other identifying information • Data processing • Post enumeration checks and data control • Vital registration | 30 | 1 |
| 2. | <ul style="list-style-type: none"> • The Role of Biostatistics • What is data , types of data • Descriptive statistics <ul style="list-style-type: none"> ○ summarization/ presentation of data ○ Measures of central tendencies and dispersion • Inferential data analysis • Survival analysis | 30 | 1 |
| 3 | <ul style="list-style-type: none"> • Concept of Probability and confidence Interval Population Distributions , normal distribution and curve, Distribution variation (skewed curves) • Hypothesis : definition, types and Testing • Sampling Methods, Variability and Sampling Distributions , • Random errors / sampling errors • Study size / sample size – criteria for determining study size, size to give adequate precision, size to give adequate power, determining study size for complex design, other factors influencing study size, consequences of studies that are too small. • Systematic review and Meta-Analysis | 60 | 2 |
| | Assignments on biostatistics <ul style="list-style-type: none"> • Exercises on Normal distribution, sampling, calculation of sample size • Soft skills SPSS – analyzing data sets, data driven exercises • Visual display of quantitative information • Facility based and population based statistics • Descriptive and inferential analysis of data sets Critically assessing (on spot) the health registers (AWW / ANM / IDSP etc) and vital statistics registers • Critically analyzing health registers (AWW / ANM / IDSP etc) and vital statistics registers and presentation in class • Journal article – critically review • Use of various software for analysis (SPSS. Epi. Info etc.) | | |


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| MPH - 104: RESEARCH METHODOLOGY | | Hours | Credits Awarded |
|---------------------------------|--|-------|-----------------|
| Unit No. | Course description | | |
| 1. | <ul style="list-style-type: none"> • Definition, Types & Methods of Research in Health • Literature search strategy • Using reference manager/ endnote • Research/study design options • Survey Techniques & Data collection methods • Design of survey and data collection instruments – relevance to study objectives; development and types of questions; length order, layout and coding of survey instrument • Instrument adaptation and validation • Introduction to data quality assessment • Data triangulation • Double method of data collection and management • Data base manipulations • Facility based Vs population based health statistics • Statistical Methods in Research | 60 | 2 |
| 2 | <ul style="list-style-type: none"> • Qualitative research methods • Approaches, main qualitative methods (unstructured observation, structured observation, unstructured and semi-structured interviewing, systematic interviewing, multiple informant interviewing (FGD, PRA etc) • Representativeness, reliability and validity • Qualitative methods for community health need assessment - Community health needs assessment in the context of population-based methods, • Management and analysis of qualitative data <p>Assignments –</p> <ul style="list-style-type: none"> • Exercises on selection of research question, framing RQ, objectives & hypothesis • Designing a research protocol including logic model, Gantt chart , budgeting • Developing the survey questionnaire • Conducting FGD, IDI and other qualitative methods • Using reference manager/ endnote • Development of research Proposal • Writing a research writing / manuscript writing • Utilizing health and demographic database for community need assessment. | 60 | 2 |
| 3 | <ul style="list-style-type: none"> • Ethics in Research (Nuremberg code, Helsinki declaration, ICMR guidelines), accepted ethical principles concerning research on human subjects, informed consent, confidentiality, obtaining communal consent for field trials • Online research ethics certification course • Report writing, • Citation ,referencing and bibliography • Data driven management / program implementation | 30 | 1 |


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| | MPH - 201: Social and Behavioral Science In Public Health and Communications In Public Health Practice | Hours | Credits awarded |
|-----------------|--|--------------|------------------------|
| Unit No. | Course description | | |
| 1 | Society, culture and Public Health Practice | | |
| | <ul style="list-style-type: none"> • Social structure, family cycle, family circle, and functions • Social stratification (class, caste, gender), and Socioeconomic classification • Social control system, culture, acculturation • Social and cultural determinants of health and disease • Social and cultural factors influencing health seeking behavior (beliefs, susceptibility, seriousness, benefits and barriers) • Inequity, poverty & health. • Social Security measures in India • Equity in service access <p>Assignments:</p> <ul style="list-style-type: none"> • Principal component analysis, data exercise • Exploration of social and cultural factors affecting health and health seeking behavior using qualitative methods • Social and cultural assessment of family and its influence on health seeking behavior • Assessment of Social Security measures available for the family/society | 60 | 2 |
| 2 | Health communication <ul style="list-style-type: none"> • Principles of health communication • Information, Education, Communication (IEC) • Behavioural change communication – models and theories • Advocacy • Modes of health communication – advantages and limitation of various modes /mediums of communication • Role of social media in health communication • Social marketing • Monitoring and evaluation of health communication program • Impact assessment of the communication program/campaign <p>Assignments:</p> <ul style="list-style-type: none"> • Development and field testing of IEC material • Conducting IEC for various groups • Critical review of any social marketing campaign | 30 | 1 |

| | MPH – 202: Public Health Nutrition | Hours | Credits awarded |
|-----------------|--|--------------|------------------------|
| Unit No. | Course description | | |
| 1 | Public Health Nutrition <ul style="list-style-type: none"> • Introductory lectures on Basic proximate principles (Macro & Micronutrient), balanced diet, food pyramid etc • Common nutritional problems of public health importance such as malnutrition (stunting, acute malnutrition etc) & its prevention and control. • Diet planning for ANC, PNC, Infants & children and elderly) • Dietary assessment & Nutritional surveillance • Genetically modified food <p>Assignments Visit to VCDC, Anganwadi centers, public health department etc Analysis of nutrition data of Anganwadi identify nutritional problems and present in the class.</p> | 90 | 3 |


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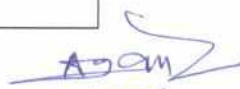
| MPH – 203: REPRODUCTIVE & CHILD HEALTH (RCH) AND DEMOGRAPHY | | Hours | Credits awarded |
|---|---|-------|-----------------|
| Unit No. | Course description | | |
| 1. | <p>Reproductive and Child Health</p> <ul style="list-style-type: none"> History and evolution of Reproductive and Child Health (RCH) and Family Welfare services in India including programmes and policies related to Reproductive & child health and development Components and services of Reproductive and child health Essential Obstetrical Care (ANC, INC, PNC) Emergency Obstetrical Care Care of children (newborn, under five) including Immunization, IMNCI, Family Welfare Evaluation of RCH & FP Services <p>Assignments: Critical review of RCH program and other topics related to RCH, Data base exercises and participation in field activities along with Health System (such as Quality assurance visits etc)</p> | 60 | 2 |
| 2 | <p>Gender Issues</p> <ul style="list-style-type: none"> Concept of sex and gender Gender identity, gender discrimination and its impact on health and health care Violence against women / domestic violence Global issues related to gender <p>Assignments:</p> <ul style="list-style-type: none"> Gender base analysis of data sets / HMIS and interpretation and presentation | 30 | 1 |
| 3. | <p>Demography</p> <ul style="list-style-type: none"> Demography – Definition & scope, demographic Cycle Sex ratio and age pyramid Demographic transition - demographic trends in India& globally and its impact on disease pattern and public health problems Key demography related indicators Population explosion <p>Assignments Data base exercises Group discussion on declining sex ratio in India</p> | 60 | 2 |

| MPH - 204: Infectious and Non communicable disease epidemiology | | Hours | Credits awarded |
|---|---|-------|-----------------|
| Unit No. | Course description | | |
| 1. | <p>Epidemiology of Infectious Diseases</p> <ul style="list-style-type: none"> Introduction, natural history of disease, DALYs Disease transmission and determinants influencing disease transmission May-Anderson equation Epidemiological transition of communicable diseases Principles of prevention & control of communicable diseases Emerging & re-emerging infectious diseases Introduction to vaccine preventable diseases <p>Assignments:</p> <ul style="list-style-type: none"> Data base exercise – epidemiological disease transmission (communicable), presentation in class Critical review of global burden of disease report. | 90 | 3 |
| 2. | <p>Epidemiology of Non-communicable Diseases</p> <ul style="list-style-type: none"> Non-communicable Diseases of Public Health Importance | 60 | 2 |

| | | | |
|--|--|--|--|
| | <ul style="list-style-type: none"> Emerging non communicable diseases due to changing life styles Modifiable and non-modifiable risk factors for non-communicable disease, changing trends of risk factors Trends and current status key NCDs globally and in India - cardiovascular diseases, diabetes, blindness, accidents, cancers, Stress <p>Assignments:</p> <ul style="list-style-type: none"> Data base exercise – epidemiological transition of NCD, presentation in class Critical review of global burden of disease report | | |
|--|--|--|--|

| | MPH – 301: Health committee, Five year plans, Public Health planning and management | Hours | Credits Awarded |
|-----------------|--|--------------|------------------------|
| Unit No. | Course description | | |
| 1 | Health committee, Five year plans Definition of administration & management, Concept , principles & theories of management Management Process & Methods in management (qualitative & quantitative) Strategic project management and Logical Framework Analysis SWOT analysis Human resource management Organizational behavior and development Material management / logistic and supply chain management Quality management and continuous quality improvement in health sector Communication in organizations, networking and advocacy Assignments: Conduct SWOT analysis of PHC/SC/Anganwadi or hospital departments and write a report and present in class Assessment of quality of health services | 120 | 4 credits |

| | MPH – 302: HEALTH SYSTEM, POLICY AND FINANCING AND PUBLIC HEALTH MANAGEMENT , HEALTH EQUITY | Hours | Credits awarded |
|-----------------|--|--------------|------------------------|
| Unit No. | Course description | | |
| 1 | Health system & health care delivery Health Systems: <ul style="list-style-type: none"> Definition, Evolution, system approach Health system performance, Determinants of health system, Health system in India (Public, private, voluntary, others). Primary health care & Millennium Development Goals Evidence based public health Health care utilization: <ul style="list-style-type: none"> Concept, determinants , barriers Health care utilization indicators Program planning Health sector reform : <ul style="list-style-type: none"> Definition, areas , types and approaches Public Private Partnership (Concept & Definition, Need for PPP, Models of PPP, Potential areas of collaboration Assignments <ul style="list-style-type: none"> Access health care delivery system in rural area (challenges, barriers determinants) Data base exercises – using database to study the factors affecting the utilization of health services Critical review of any one existing public private partnership scheme of central or state government | 60 | 2 |


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|----|---|----|---|
| 2. | <p>Policy and financing</p> <ul style="list-style-type: none"> • Five year plans and health committees • Introduction to key concept of health financing • Health policy – stakeholder analysis, national health policy and population policy, main policy analysis framework (Walt and Gilson (1994) policy analysis triangle) • Health care financing, user fee , resource mobilization and utilization • Methods in Health Economics - Cost accounting, Cost benefit analysis, cost effective analysis, cost utilization analysis • Costing , budgeting and auditing • Health Care Insurance/ Cross subsidizing • National and district health accounts <p>Assignments</p> <ul style="list-style-type: none"> • Critical review of conditional cash transfer scheme of India • Critical review of health policy using Walt and Gilson (1994) policy analysis framework • Critical review of national health account | 60 | 2 |
|----|---|----|---|

| | MPH – 303: IMPLEMENTATION FIELD INTERVENTION PROJECTS | Hours | Credits awarded |
|-----------------|--|--------------|------------------------|
| Unit No. | Course description | | |
| 1 | <p>Community involvement in field trials</p> <ul style="list-style-type: none"> • Preliminary investigations • Seeking approvals from national and regional administration, community leaders, health care providers, community / potential participants • The information to convey • Ensuring sustained involvement | 15 | 0.5 |
| 2 | <p>Randomization and coding</p> <ul style="list-style-type: none"> • Unrestricted randomization, restricted randomization (small block sizes, large block sizes), stratified randomization, randomization with a matched paired design • Blind design: coding system (individual allocation, group allocation), breaking code. | 15 | 0.5 |
| 3 | <p>Outcome measures and case definition</p> <ul style="list-style-type: none"> • Types of outcome measures – Clinical diagnosis, standardized criteria for defining cases, deaths and verbal post-mortems, behavioural changes, transmission reduction, adverse reaction • Factors influencing the outcome measures – relevance, feasibility, acceptability • Variability and quality control of outcome measures –Reproducibility, sensitivity and specificity, bias and confounding, quality control issues. | 15 | 0.5 |
| 4 | <p>Qualitative research in field trials</p> <ul style="list-style-type: none"> • Designing a study • Developing an interventions • Studies initiated during a field trials • Use in analysis and interpretation of trials results | 15 | 0.5 |


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|----|--|----|---|
| 5. | Field organizations: <ul style="list-style-type: none"> • Manual of field operation and study diary • Legal / administrative and ethical clearance • Personnel issues • Physical location and facilities • Equipment, supplies and other resources • Field activity, transportation / travel • Data collection and storage • Time table for field trials, Gantt chart • Logic model • Other points – emergencies, data safety and backup, communication, insurance and care for staff, photographic equipment's, recording instrument etc | 30 | 1 |
| 6 | Field laboratory methods: <ul style="list-style-type: none"> • Sample collection – type of specimens, handling specimens, blood collection, sputum and urine collection, sputum collection • Labelling and storage - • Documentation of laboratory procedures – supplies, equipment and maintenance, procedure and staff duties, unusual events • Quality control – reproducibility of test results, internal and external quality control • Links with other laboratory • Coding and linkage of results • Laboratory safety | 30 | 1 |
| 7 | Data Processing and analysis of field trial data <ul style="list-style-type: none"> • Computing requirement including software • Planning and data processing system • Data recording in field • Coding • Data entry • Preparing data for analysis – recoding variables, computing new variables, combining data from several files • Basis of statistical inference; analysis of proportions, means and rates; controlling confounding (<i>to be covered under biostatistics course module</i>) | 30 | 1 |

| MPH – 304: MONITORING AND EVALUATION | | Hours | Credits awarded |
|--------------------------------------|---|-------|-----------------|
| Unit No. | Course description | | |
| 1. | Monitoring <ul style="list-style-type: none"> • Definition of monitoring • Purpose / aim of monitoring • Definition of monitoring and evaluation • Difference between monitoring and evaluation | 30 | 1 |
| 2 | Evaluation <ul style="list-style-type: none"> • Why program evaluation? Purpose of evaluation • Myths about evaluation • When should evaluation be planned • Who should be involved in program evaluation? • Program logic theory / logic model framework • Stakeholder analysis • Levels of evaluation • Types of evaluation – formative, process, outcome and impact evaluation. • Evaluation designs • Indicators | 60 | 2 |

| | | |
|--|--|--|
| <ul style="list-style-type: none"> • Methods of evaluation – qualitative and quantitative • Theory based evaluation • Impact assessment • Advantages and limitations of some commonly used qualitative methods for evaluation • Analyzing, interpreting and dissemination of evaluation findings • Assignment – Prepare action plan and protocol for evaluation of National Health Program | | |
|--|--|--|

| MPH – 401to 404: Research Project work | | Hours | Credits awarded |
|--|---|-------|-----------------|
| Unit No. | Course description | | |
| 401 | Selection of topic, Literature search | 120 | 4 |
| 402 | Synopsis preparation, presentation and submission to IEC | 120 | 4 |
| 403 | Field work , Data collection, and data entry and Thesis review | 120 | 4 |
| 404 | Data analysis, Report writing, Report presentation and submission | 120 | 4 |


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