

## **Best Practice -1**

### **a) Title of the Practice – Weekly Training Class of self-defence for girls’ students**

**b) Goal -** To generate self-confidence and awareness among our girl student.

It is a reality that crime against women has gone up over the years. It’s high time that we have to initiate some new mechanism to help our girls to be more self-reliant. With this in view IQAC of our college has decided to implement a self-defence course for our girl students.

**c) The Context -** The context of this course can be summarized as below: -

- Self-defence is a set of awareness, assertiveness, safety strategies, and physical techniques that enable someone to successfully escape, resist, and survive violent attacks.
- A girl student’s decision to survive the best way she can must be respected. Self-defence classes will teach her how to do that effectively.
- Women do not ask for, cause, invite, or deserve to be assaulted or physically manhandled and if such a situation arises where verbal communication yields no result a woman in order to defend her dignity has to learn some martial art in whatever form she feels best suited. This is an option to save our girl students from all possible violence.

**d) The Practice -** There are many formats for such training. Here at our institution we have taken opinion from experts and lastly decided that we will give taekwondo training to our girl students once in a week. But before taking such training we did some statutory practices for example we have taken consent both from the girl students and also from her guardian. As a further precaution, we have also taken a fit certificate from the expert before one pursues the training.

**e) Evidences of Success -**The training has just started so the evidence of success cannot be judged right now but the enthusiasm with which girl students have enrolled for this course is heartening to see and perhaps indicate that success is not far away.

**f) Problems encountered and resources required -** Our instructor is a male, perhaps a female instructor may be an advantage particularly if she has similar experiences surviving as a woman. But on the other hand, the quality of a good instructor does not depend on gender rather on knowledge, philosophy and strength of the instructor. Some students are seen to be little reluctant having seen a male instructor although there are female support staff. But after few months of commencement of this course we realize that to create an environment so that feeling safe and building trust comes before learning is very important. And that, we understand, is a bigger challenge than to mere introduction of such a course.

## **Best Practice -2**

**a) Title of the Practice** – “SEVA” – A Mobile Medical Unit providing medical support to the poor in cheapest possible cost.

**b) Goal** – In a nation where the reach of the public health facilities is dismal and where private health care is truly expensive, the poorest of the poor faces enormous difficulty in accessing any kind of medical attention. In addition to this is the problem of near absence of medical facility in the remote corner of a village is hard reality. The goal of this program is to reach and serve this section of people with minimum medical support.

**c) The Context** - In the western part of our college there are villages which are inaccessible in regard to medical facilities and the villagers are deprived of minimum curative health. There poverty adds insult to injury. At this backdrop we watched the following facts:

- Distance of the villages from the public health units.
- Lack of medicine, equipment and manpower even for minimum health care support
- Lack of awareness and health consciousness in the community, particularly people who are socio-economically backward.

The context necessitates us to think about providing some medical facility to this section of the people. NSS unit consisting of 100 volunteers are consulted and it was decided we can start a mobile medical support system to these remote areas with a medical support staff and with some volunteers. At the beginning it was decided students with NSS coordinator and the support team would visit villages once in a month.

**d) The Practice** – To implement the whole idea we decided to hire a vehicle for this purpose and use a SEVA logo specially designed by one of our student volunteers. The vehicle will have team of doctor, para-medical staff and volunteers. The vehicle will carry some basic drug, medicine, first-aid box etc as suggested by doctor. The coordinator and few more volunteers follow the car on their two-wheelers. The mobile unit addressed three basic areas

- Curative part – in this part medical unit will work on early detection of TB, Malaria, Leprosy, Kala-Azar, and other locally endemic communicable diseases and non-communicable diseases such as hypertension, diabetes.
- Reproductive & Child Health Services: - Ante-natal check-up and related services e.g. injection - tetanus toxoid, iron and folic acid tablets, basic laboratory tests such as haemoglobin, urine for sugar and albumin and referral for other tests as required; Referral for complicated pregnancies; and Promotion of institutional delivery;
- Family Planning Services: Counselling for permanent method; Distribution of contraceptives, and to spread the consciousness of family planning.

**e) Evidences of Success** – Villagers were initially a bit curious to find a vehicle carrying health support and were reluctant to interact with us. We overcome this with our second, third visits. In the mean time we adopted a village for our NSS work. This has spread a message across many villages that Khalisani College is extending support in many forms to the villagers. It goes without saying that the program has generated huge positive response among villagers and more than mentioning about our success we talk about the blessings we received and continuously receiving from the poorest of the poor villagers is perhaps wealth for our life.

**f) Problems encountered and resources required** - The College does not have enough funds to extend this program further. Although Rotary Club has extended support free of cost but the purchase of medicine, the rent of vehicle and some obvious miscellaneous expanses has to be made. For each trip we scuffle for fund. We love to have our own vehicle for this purpose. We are having talks on this with various agencies including local public representatives, some assurances have poured in, we are hopeful that in near future this program of us would have a telling effect on local society as a whole.