

## **BEST PRACTICES 2017-18**

The two best practices that we introduced in the last academic session is continued but there were certain pragmatic changes we adopted taking into consideration about experiences that we gathered in the last year. The Goal, context of these two practices remain the same but there are changes at the application level. Below we narrate these in some details:

### **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 –** In the practice part we brought certain changes in the practice hour, few new trainers were inducted from the set of good learners for the beginners. These brought certain changes also in the format of training. We are also thinking of introducing some tiffin to encourage our students we participate the training in the late afternoon after end of their classes. Moreover, we encourage the students to bring their guardian at the hour of training, in an effort to engage parents into our system so that their involvement with the institution increases.

**e) Evidences of Success -**The evidence of success is overwhelming and these are seen with more and more female students are enrolled in the training process. A sense of self conviction is seen among girl students, which was actually our goal.

**f) Problems encountered and resources required** – More than one year of introduction of this course we realize that to create an environment where our students feel safe comes from a building a trust among stakeholders of society and we understand, this is a bigger challenge than to mere commencement or even continuation of such a practice.

The best practice-2 as initiated by our institution remains the same with its title and goal intact but there were certain changes made at the level of application and we narrate those in nutshell reiterating the title, context and the goal of this mission:

### **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 initially decided to hire a vehicle and use a SEVA logo specially designed by one of our student volunteers. Later the idea of hiring the vehicle was dropped rather we initiated a campaign requested guardian having car to volunteer that for the purpose for some hours. This we felt would involve our parents into system. Also, this has reduced some of our expanses to run such a philanthropic mission. The vehicle was now decided to have para medical staff along with a formally trained doctor this also has helped

us a lot because para medical staffs are more easily available than a formally trained doctors. The mobile unit addressed three basic areas and these remain unchanged

- 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** – We have seen a positive response among villagers and more than mentioning about our success story surrounding the practice we rather mention the countless admirations and blessings we received and continuously receiving not only from the beneficiaries of the program but from people cutting across all section of the society.

**f) Problems encountered and resources required** – There are certain problems that we encounter to run such a mission which are mainly financial but to overcome this obstacle we are having talks with various agencies including local public representatives, some assurances have poured in, we are hopeful that in near future most of the problems would be solved.