

# PRACTICE-1



**Title of the Practice:** “BIKASHITA O MUKHARITA SHAISHAB” - **CHILD HEALTH AND HYGIENE**

## **Objectives of the Practice:**

The objective of child health and hygiene is to ensure the physical, mental, and emotional well-being of children through preventive measures and health promotion. It aims to reduce the incidence of diseases by promoting cleanliness, proper sanitation practices, and vaccinations. Additionally, it seeks to educate caregivers and communities about nutrition, safe drinking water, and hygienic practices that prevent infections. By prioritizing child health and hygiene, societies can foster healthy development, improve school attendance, and mitigate the impact of illnesses on children's growth and cognitive development. Ultimately, the goal is to create environments where children can thrive and reach their full potential.



## **The Context:**

Child health and hygiene encompass a broad spectrum of practices and initiatives aimed at safeguarding the well-being of children. It involves ensuring access to quality healthcare services that address both physical and mental health needs from infancy through adolescence. This includes regular check-ups, vaccinations, and timely medical interventions to prevent and treat illnesses.

Hygiene plays a critical role in this context by promoting cleanliness and sanitation practices that reduce the risk of infections and diseases. Teaching children and caregivers about hand washing, proper nutrition, safe water sources, and sanitation facilities are essential components of promoting hygiene. These practices not only protect children from illnesses but also contribute to their overall growth and development.

Furthermore, child health and hygiene initiatives often extend beyond individual practices to encompass community-wide education and advocacy efforts. These aim to create supportive environments where children can thrive and reach their full potential. By ensuring that children have the best possible start in life and laying the foundation for healthy adulthood.

# practice

## The Practice:

### 1. Preventive Healthcare:

- **Immunizations:** Ensuring children receive timely vaccinations to protect them from preventable diseases such as measles, polio, and tetanus.
- **Regular Check-ups:** Monitoring growth and development, screening for conditions like anemia or developmental delays, and providing early interventions when necessary.

### 2. Nutrition:

- Promoting breastfeeding for infants as it provides essential nutrients and antibodies.
- Encouraging a balanced diet rich in fruits, vegetables, whole grains, and protein to support growth and development.
- Addressing malnutrition through supplementary feeding programs and nutritional counseling for caregivers.

### 3. Hygiene Practices:

- **Hand washing:** Teaching children and caregivers the importance of hand hygiene to prevent the spread of infections.
- **Safe Water and Sanitation:** Ensuring access to clean drinking water and adequate sanitation facilities (toilets, hand washing stations) to reduce the risk of waterborne diseases.
- **Personal Hygiene:** Educating children about bathing, dental care, and proper toileting practices.

### 4. Health Education:

- Providing age-appropriate information on health and hygiene through schools, community health workers, and media campaigns.
- Empowering caregivers with knowledge about recognizing signs of illness, managing common childhood ailments, and seeking timely medical care.

## **5. Psychosocial Support:**

- Addressing the emotional and mental health needs of children through counseling services, peer support groups, and activities that promote resilience and well-being.
- Creating safe spaces where children can express themselves and receive support during challenging times such as illness or family disruptions.

## **6. Environmental Health:**

- Advocating for clean air and safe environments free from pollutants that can impact children's respiratory health.
- Promoting child-safe homes and communities that minimize hazards such as smoke exposure, lead contamination, or injury risks.

## **7. Monitoring and Evaluation:**

- Regularly assessing the impact of child health and hygiene interventions through health metrics such as immunization coverage rates, nutritional status, and disease prevalence.
- Using data to refine strategies, allocate resources effectively, and ensure that interventions are reaching the most vulnerable children.

## **8. Collaboration and Advocacy:**

- Partnering with government agencies, non-profit organizations, and community stakeholders to coordinate efforts and maximize impact.
- Advocating for policies that prioritize child health and hygiene, including funding allocations for healthcare services, sanitation infrastructure, and educational programs.

In conclusion, the practice of child health and hygiene is crucial for laying the foundation of a healthy, productive life. By focusing on preventive measures, education, and supportive environments, societies can empower children to thrive and reach their full potential. This holistic approach not only benefits individual children but also contributes to the overall well-being and prosperity of communities.

# success

## Evidence of Success:

1. **Reduction in Mortality and Morbidity:** Countries that have implemented robust child health programs, including vaccinations and nutrition interventions, have seen significant reductions in child mortality rates. Immunization campaigns, for instance, have effectively controlled or eliminated diseases like measles and polio.
2. **Improved Growth and Development:** Access to nutritious food, clean water, and sanitation facilities directly contributes to improved physical growth and cognitive development in children. Adequate nutrition, particularly during the critical early years, supports brain development and overall health.
3. **Disease Prevention:** Hygiene practices such as hand washing with soap and access to safe water sources significantly reduce the incidence of diarrheal diseases, respiratory infections, and parasitic infections among children. This leads to fewer missed school days and better overall health outcomes.
4. **Healthcare Utilization:** Communities with strong child health and hygiene initiatives tend to have higher rates of healthcare utilization for preventive services and early treatment of illnesses. This proactive approach reduces the severity of diseases and complications.
5. **Long-term Impact:** Investing in child health and hygiene yields long-term benefits, including higher educational attainment, increased economic productivity, and reduced healthcare costs over the lifespan.
6. **Community and Family Well-being:** By promoting health education and empowering caregivers, child health and hygiene initiatives foster healthier families and communities. This creates a ripple effect of improved well-being across society.



### **Problems Encountered and Resources Required:**

1. **Access to Healthcare:** Many communities lack access to quality healthcare services, including vaccinations, routine check-ups, and emergency care, due to geographical barriers, inadequate infrastructure, or financial constraints.
2. **Nutrition Insecurity:** Malnutrition remains a significant issue, with challenges such as food insecurity, poor dietary diversity, and lack of access to micronutrient-rich foods impacting child growth and development.
3. **Sanitation and Clean Water:** Limited access to safe water sources and sanitation facilities contributes to the spread of waterborne diseases and hygiene-related illnesses among children.
4. **Health Education:** Insufficient health literacy among caregivers and communities can hinder the adoption of healthy practices such as handwashing, proper nutrition, and timely healthcare-seeking behaviors.
5. **Financial and Human Resources:** Effective implementation of child health and hygiene programs requires adequate funding, trained healthcare workers, and community health educators.



# PRACTICE-2

## 1. Title of the Practice: “SUKANYA SAMMRIDDHI”-Women's Health Education and Empowerment

### Objectives of the Practice:

The objective of Women's Health Education and Empowerment is to provide women with the knowledge and resources necessary to make informed decisions about their health and well-being. This initiative aims to promote health literacy, ensuring women understand their rights, access to healthcare, and the importance of preventive measures. Empowering women through education helps to address health disparities, improve maternal and child health outcomes, and foster gender equality. By equipping women with the tools to advocate for themselves, they can lead healthier lives and contribute more effectively to their communities.



### The Context:

Women's health education and empowerment are vital components in promoting overall well-being and gender equality. Education provides women with essential knowledge about their bodies, reproductive health, and disease prevention, enabling them to make informed health decisions. Empowerment, through education, enhances women's confidence and autonomy, allowing them to advocate for their health needs and access healthcare services. Furthermore, educated women are more likely to engage in healthier behaviours, seek medical care, and support the health and education of their families. This positive cycle

improves community health and economic stability. Programs focused on women's health education often address issues such as maternal health, family planning, nutrition, and the prevention of sexually transmitted infections. By investing in women's health education and empowerment, societies can reduce health disparities, enhance quality of life, and foster environments where women can thrive and contribute meaningfully to their communities.



### **The Practice:**

Women's health education and empowerment is a vital aspect of public health that seeks to enhance women's knowledge, skills, and confidence to take charge of their health and well-being. This practice encompasses a range of activities, from educational programs to policy advocacy, aimed at addressing the unique health needs and challenges faced by women.

### **Health Education:**

Health education for women involves providing information on a wide range of health issues, including reproductive health, maternal health, nutrition, mental health, and chronic diseases. Educational initiatives can take many forms, such as workshops, community meetings, school-based programs, and digital platforms. The goal is to equip women with accurate and comprehensive information to make informed decisions about their health.

One key area of focus is reproductive health education. This includes teaching women about contraceptive options, sexually transmitted infections (STIs), pregnancy, and childbirth. By understanding their reproductive health, women can better manage their fertility and reduce the risks associated with pregnancy and childbirth.

## Empowerment:

Empowerment in the context of women's health means giving women the tools and opportunities to have control over their own health decisions and actions. This involves not only providing education but also fostering environments where women can exercise their rights and access necessary health services.

Empowerment can be achieved through several strategies:

1. **Skill Development:** Teaching women practical skills, such as self-examination for breast cancer, first aid, and stress management techniques.
2. **Access to Resources:** Ensuring women have access to healthcare facilities, health insurance, and support networks. This includes making services affordable and culturally sensitive.
3. **Advocacy and Policy Change:** Engaging in advocacy to influence health policies that affect women. This can involve lobbying for maternity leave, gender-sensitive healthcare, and protection against gender-based violence.
4. **Community Support:** Building support networks where women can share experiences and strategies, enhancing their collective strength and resilience.

## Impact:

The impact of women's health education and empowerment is profound. Educated and empowered women are more likely to adopt healthy behaviors, seek medical care when needed, and participate in preventive health measures. This not only improves individual health outcomes but also has a ripple effect on families and communities. Healthy women are better able to care for their children, contribute to their communities, and participate in the workforce.

Moreover, empowering women in health leads to greater gender equality. When women have control over their health, they are more likely to challenge societal norms that restrict their rights and opportunities. This can lead to broader social and economic improvements, as gender equality is closely linked to economic development and social stability.

## Conclusion:

Women's health education and empowerment is a crucial component of global health efforts. By providing women with the knowledge, skills, and opportunities to take charge of their health, we can foster healthier, more equitable societies. This requires a multi-faceted approach that includes education, access to resources, skill development, and policy advocacy. Through these efforts, we can ensure that women everywhere have the ability to live healthy and fulfilling lives.





### **Evidence of success:**

The success of women's health education and empowerment initiatives is evident in various measurable outcomes globally. Programs focusing on reproductive health education have significantly reduced maternal and infant mortality rates. For instance, in Bangladesh, community-based health education and empowerment programs have led to a notable decline in maternal mortality from 322 per 100,000 live births in 2001 to 173 per 100,000 in 2017.

In sub-Saharan Africa, initiatives like the "No Woman, No Cry" campaign, which provides education and resources on maternal health, have improved prenatal care attendance by over 50%. Additionally, the widespread use of mobile health (mHealth) solutions in countries like India has empowered rural women with essential health information, resulting in a 35% increase in the use of contraceptives and a corresponding decrease in unintended pregnancies.

Economic empowerment through health education has also shown success. In Kenya, programs integrating health education with microfinance have improved women's economic status, leading to better health outcomes. Women who participated in these programs reported a 20% increase in health service utilization and a significant decrease in gender-based violence.

Overall, these examples demonstrate that comprehensive health education and empowerment programs can lead to substantial improvements in women's health outcomes and overall well-being.




### Problems Encountered and Resources Required:

1. **Cultural Barriers:** In many regions, cultural norms and gender roles restrict women's access to education and healthcare, limiting the effectiveness of empowerment programs.
2. **Lack of Infrastructure:** Poor healthcare infrastructure in rural and underserved areas hinders the delivery of health education and services.
3. **Funding Constraints:** Insufficient funding and resources limit the scope and sustainability of health education initiatives.
4. **Political Resistance:** Political instability and resistance to gender-focused policies can impede the implementation of empowerment programs.

### Resources Required:

1. **Financial Support:** Sustained funding from governments, NGOs, and international organizations to ensure comprehensive program implementation.
2. **Training and Capacity Building:** Training healthcare workers and educators to deliver effective, culturally sensitive health education.
3. **Infrastructure Development:** Building and improving healthcare facilities and ensuring access to essential health services, especially in rural areas.
4. **Community Engagement:** Involving community leaders and stakeholders to foster supportive environments and reduce cultural resistance.
5. **Technology Utilization:** Leveraging digital platforms and mobile health technologies to reach wider audiences and provide continuous education.

## BEST PRACTICE-1

 **SIDDHINATH MAHAVIDYALAYA**  
(Govt. Aided)  
Estd - 2013  
SHYAMSUNDARPUR PATNA • PANSKURA • PURBA MEDINIPUR • PIN - 721119 • Phone - 03228-255030  
email - siddhinathmahavidyalaya@gmail.com

Ref. No. \_\_\_\_\_  
From:-Principal/President/Vice-President

Date: 21.09.2019

**NOTICE**

It is hereby notified all the NSS volunteers of Siddhinath Mahavidyalaya that an awareness campaign on BMI, Yoga, Health and Personal Hygiene in collaboration with our NSS Unit-1 and IQAC at Sri Ramakrishna Vidyamandir on 24.09.2019. All are advised to attend the said campaign positively. Attendance is mandatory.

Uma Blesb  
Principal 21.9.19  
Siddhinath Mahavidyalaya

**Principal**  
**SIDDHINATH MAHAVIDYALAYA**  
5.5.Patna, Purba Medinipur

B. B. B. B. 21.09.19  
NSS Programme Officer  
Siddhinath Mahavidyalaya

Programme Officer  
NSS Unit - 1  
Siddhinath Mahavidyalaya

M  
21/9/19

Asst. Dir. B. B. B. B. 21/09/2019

21/09/19

21/9/19

21/09/19

[illegible]



Date...01/03/2020

It is hereby notified all the NSS volunteers of Siddhinath Mahavidyalaya that an awareness campaign on BMI, Yoga, Health and Personal Hygiene in collaboration with our NSS Unit-1 and IQAC at Sri Ramakrishna Vidyamandir on 04.03.2020.All are advised to attend the said campaign positively. Attendance is mandatory.

**Programme Officer  
N S S Unit - 1  
Siddhinath Mahavidyalaya**

01/03/2020

Date- 04-03-2020

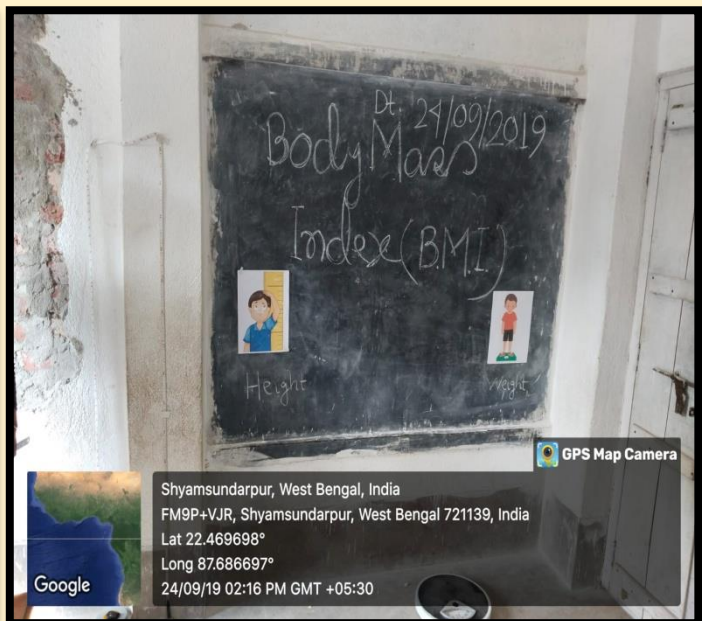
Date- 01-03-2020		Date- 01-03-2020	
Sl.no	Student's Name	Semester	Subject
01	Pujan Das	2 <sup>nd</sup>	Philosophy
02	Kanya Bar	6 <sup>th</sup>	Philosophy
03	Lina Ray	4 <sup>th</sup>	Philosophy
04	Aspita Das	2 <sup>nd</sup>	Schwarz
05	Jayal adak	2 <sup>nd</sup>	Schwarz
06	monidipa Mondal	4 <sup>th</sup>	Sanskrit
07	Asif ekbal Khan	2 <sup>nd</sup>	English
08	Aspita Sore	4 <sup>th</sup>	Sanskrit
09	Debjani Das	2 <sup>nd</sup>	English
10	Riya Barua	4 <sup>th</sup>	Kanuri







## BMI



## YOGA





## HEALTH & HYGENE





## BEST PRACTICE-2



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 email - siddhinathmahavidyalaya@gmail.com

Ref. No. \_\_\_\_\_ Date \_\_\_\_\_

From:- Principal/President/Vice-President

**NOTICE**

It is hereby notified all the NSS volunteers of Siddhinath Mahavidyalaya that an awareness campaign "Beti Bachao Beti Padhao" on Women empowerment will be held on 08.09.2022. All are advised to attend the said campaign positively. Attendance is mandatory.

Uma Bhagat  
Principal  
Siddhinath Mahavidyalaya  
S.S. Patna, Purba Medinipur

Principal  
SIDDHINATH MAHAVIDYALAYA  
S.S. Patna, Purba Medinipur

NSS Programme Officer  
Siddhinath Mahavidyalaya  
Programme Officer  
NSS Unit - 1  
Siddhinath Mahavidyalaya

SIDDHINATH MAHAVIDYALAYA				
An Awareness Campaign				
On				
BETI BACHAO BETI PARAO				
Organized by				
NSS Unit-I, Women Cell & IQAC				
Student Attendance sheet				
Date- 08.09.2022				
Sl.no	Student's Name	Semester	Subject	Student Signature
1	Milan Ch. Jana	1st	Bengali	Milan Ch. Jana
2	Manti Bhunia	1st	Bengali	Manti Bhunia
3	Pallabi Palai	1st	Bengali	Pallabi Palai
4	Megha Chanda	3rd	Bengali	Megha Chanda
5	Banarsi Bera	5th	Bengali	Banarsi Bera
6	Puja Sae	1st	Sanskrit	Puja Sae
7	Rita Adak	1st	Sanskrit	Rita Adak
8	Anura Dalai	1st	English	Anura Dalai
9	Ranjit Bar	1st	English	Ranjit Bar
10	Shanti Dolai	1st	English	Shanti Dolai
11	Katani Bhunia	3rd	Philosophy	Katani Bhunia
12	Kuheli Paul	3rd	Philosophy	Kuheli Paul
13	Maitika Paul	5th	Philosophy	Maitika Paul
14	Asim Sing	1st	Education	Asim Sing
15	Milan Saren	1st	Education	Milan Saren
16	Anamika Maiti	3rd	Education	Anamika Maiti
17	Chandan Kishore	1st	H/Story	Chandan Kishore
18	Nayan Saren	3rd	H/Story	Nayan Saren
19	Puja Sing	2nd	H/Story	Puja Sing
20	Asish Dolai	1st	Geo	Asish Dolai
21	Binay Ram	1st	Geo	Binay Ram
22	Mamita Maiti	1st	Geo	Mamita Maiti
23	Priiti Maji	3rd	Geo	Priiti Maji





Sl.No	Student's Name	Semester	Subject	Student Signature
1	Bipak Maji	2nd	Gen(B.Sc)	Bipak Maji
2	Bipak Maji	2nd	Gen(B.Sc)	Bipak Maji
3	Pranav Maji	6th	Gen(B.O)	Pranav Maji
4	Rajib Singh	6th	Gen(B.O)	Rajib Singh
5	Ayan Bisoi	6th	Gen(B.O)	Ayan Bisoi
6	Sanjib Gogoi	4th	Gen(B.O)	Sanjib Gogoi
7	Debabrata Kalson	2nd	Gen(B.O)	Debabrata Kalson
8	Sumita Das	6th	Geo(B.T)	Sumita Das
9	Ankita Das	6th	Geo	Ankita Das
10	Shilpa Das	6th	Geo	Shilpa Das
11	Pratik Aditya	2nd	Math	Pratik Aditya
12	Gousi Das	2nd	Math	Gousi Das
13	Sumita Das	6th	H'story	Sumita Das
14	Kulke's Aditya	6th	H'story	Kulke's Aditya
15	Uma Jena	4th	H'story	Uma Jena
16	Nayan Sahoo	4th	H'story	Nayan Sahoo
17	Pravati Ghosh	6th	Edi	Pravati Ghosh
18	Fasha Yamin	6th	Edi	Fasha Yamin
19	Payel Mondal	2nd	Edi	Payel Mondal
20	Rajshree Mondal	2nd	Edi	Rajshree Mondal
21	Asim Singh	2nd	Edi	Asim Singh
22	Aparna Das	6th	Philosophy	Aparna Das
23	Sumanta Maji	4th	Philosophy	Sumanta Maji
24	Shubli Barua	2nd	Philosophy	Shubli Barua







# WOMEN EMPOWERMENT IN OUR INSTITUTION

## SELF DEFENCE



### INSTITUTIONAL AWARD RECIPIENTS





## CULTURAL ACTIVITIES

### Agamoni Utsav



## College Foundation Day Celebration





## **PARTICIPATION IN UNIVERSITY EVENTS**

