

7.3 – Institutional Distinctiveness

7.3.1 – Provide the details of the performance of the institution in one area distinctive to its vision, priority and thrust in not more than 500 words

Adoption of Villages (Refer Metric 3.4.1)

a. Objectives

1. To make health care services available to all, irrespective of socio-economic status & urban-rural status of individuals
2. To equate maldistribution of medical resources
3. Campaigning about awareness regarding basic but neglected issues related to personal hygiene & habits, sanitation & nutrition and thus, foster healthy discussions between health care professionals & neglected communities

b. Operational Mechanism

One of the biggest challenges in India is Rural Health Care. With more than 70 percent population living in rural areas and dearth of health care facilities, mortality rates due to diseases are on a high.

Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity; that health is a fundamental human right; and that the attainment of the highest possible level of health is one of the most important social goal worldwide.

1. To provide health care services to adopted communities
2. To uplift the cleanliness standards of residents
3. To make students/interns empathize with difficulties faced by far-flung communities

Since 2015, Department of Public Health Dentistry initially adopted 3 villages viz. Suraburdi, Sangam, Bazaargaon in a periphery of thirty odd km, where free dental treatment is provided to the needy patients periodically.

The college has adopted cluster of villages (as against the statutory requirement of adoption of 3 villages), 8 in 2017-18 and 4 in 2018-19, in all a total of 15 villages till date, which is 5 times above the statutory requirement, to uplift the hygiene standards of the residents thereby, improving their general medical and dental health.

In-charge Staff, along with groups of interns/students, educate them on various aspects like hygiene, sanitation, nutrition, tooth-brushing techniques, myths in dentistry. Cost-effective preventive & therapeutic modalities are made available to them. Health talks, distribution of free medicines are also organized. Institute distributed even kitchen utensils to needy families.

Institute envisages students to pass out as competent professionals with a tag of responsible citizens.

Flow chart: Permission & approval for adoption from Sarpanch (Head) of respective village
→ III & IV BDS students and interns are divided into groups → One teacher-in-charge is

associated with each group → Monthly visit of each group, along with the teacher-in-charge, to respective village → Distribution of awareness pamphlets, oral screening, health talks, door-to-door awareness → referrals to Institute as & when required → Evaluation of previous visits

c. Outcome

1. Students emerge as compassionate souls with a zeal to work for social causes
2. Neglected communities show increasing enthusiasm & interest to learn about importance of preventing diseases & availing health care services
3. Increase in number of patients for availing sustainable treatment at an affordable cost
4. Improved awareness in masses about personal hygiene, sanitation, cleanliness and nutrition
5. Typical cases help in enhanced research activities

d. Optimization

1. Many villagers and maximum populations are educated regarding their overall health hygiene measures
2. The villagers have a 'feel at home' notion. This module has been copyrighted as a part of IPR