

# Medicine Collection and Distribution (Part 2)

November/December 2008

The aim of this project was to organize free medical check-ups for low income families surrounding the school, and to distribute the prescribed medicines to them free of cost. This project was executed in two parts. The first part involved students collecting medicines from donor families and government organizations. In the second part of the project, students engaged in studying some of the most threatening diseases (Malaria, Hepatitis, and Diarrhea) that are prevalent in their community with the aim of educating some targeted families in the neighborhood regarding the symptoms, causes and preventions of the diseases. Further, the students invited these families to avail of a free medical check-up and consultation with a renowned local doctor who pledged his services free of charge for one day at the school premises. Based on the doctor's diagnosis and prescription the patients then received free medication from the pool of medicines that was collected by students earlier.

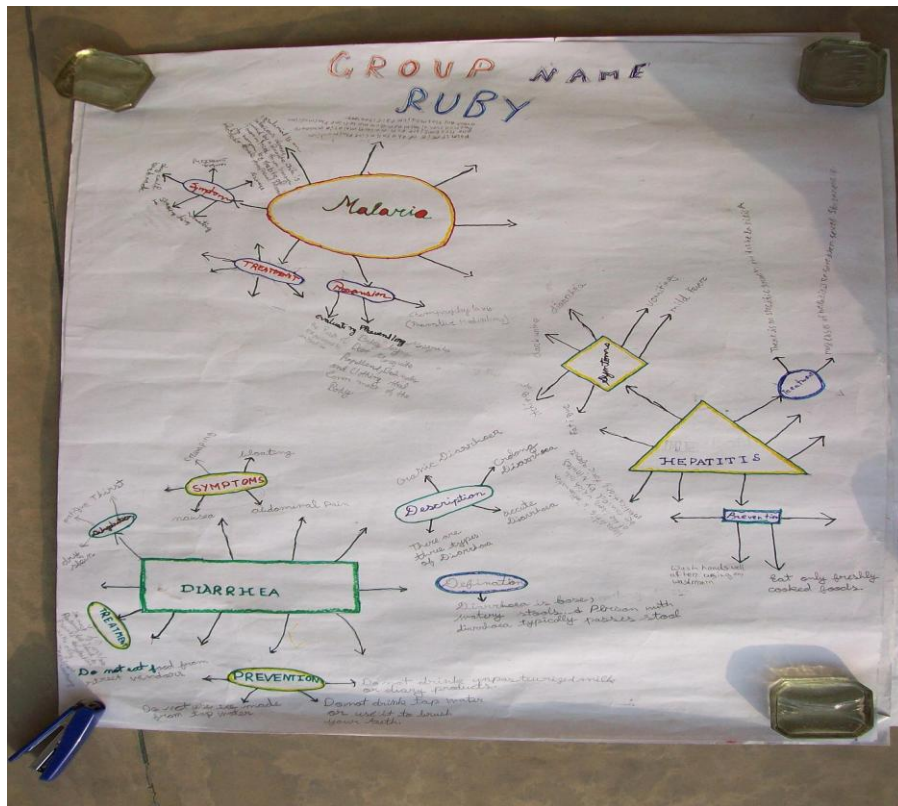
The villages surrounding our school are populated by low income families - daily laborers, saw mill workers and rickshaw pullers. With their nominal earnings, these villagers find it very difficult to take proper medical care of themselves and their families. This project was aimed at helping such families. The project was decided upon and planned in consultation with students, teachers and the program coordinator.

## Educating the community on prevalent diseases, inviting them for a free health check-up, and distributing free medicines

### **Research**

Students began with studying the symptoms, causes, preventative measures and cures for Malaria, Hepatitis and Diarrhea. Their research efforts were assisted by teachers, experts in the field of medicine, and volunteer parents.

To begin with, students were provided with fact sheets for the three diseases (Malaria, Hepatitis and Diarrhea). Students were then asked to find additional information about these diseases from their parents and neighboring adults. In the classroom, students engaged in Read Alouds, pair study, critical questioning exercises, and group discussions based on the topic of study. Further, the children maintained family journals in order to involve parents in their learning process. Also, students wrote essays summarizing their learning on these three diseases from the various exercises and sources mentioned. The groups were then asked to share the learning they had gained through the weeks with the help of concept webs.



Students then began making presentation drafts, in preparation for sharing information on the three diseases with the local families. They also worked on making visual aids to enhance their presentations this time.



After the students prepared their visual aids, volunteer parents were invited to see the final presentation. Necessary changes were made considering the parents' suggestions.

Students were then asked to work in groups and come up with a list of questions to ask the medical expert who was scheduled to visit their class. Dr. Tapas Datta, a renowned doctor in South Tripura district who is also expert in tropical diseases visited the school and met the students in a large group. Dr. Datta interacted with the students and answered any queries that they had on Malaria, Hepatitis and Diarrhea.



## Planning

### *Forming Groups*

As usual, students divided themselves into groups of 5 or 6 each. As always, each group consisted of new members, and each member was delegated a responsibility that they had not previously taken.

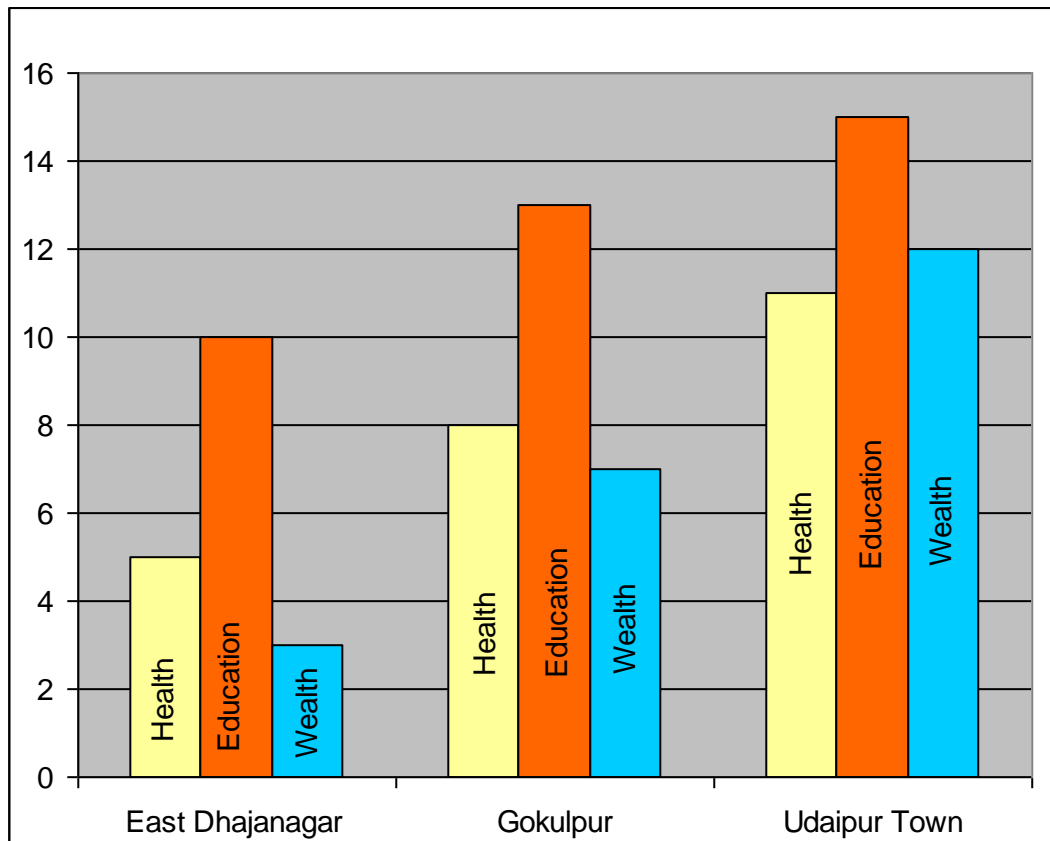


During this exercise, an interesting situation was documented in the grade 3 class, testifying to the growing emotional/social maturity of the students. One group was arguing over who their group leader should be. This group was divided into two pairs of students voting over a different leader, while one student stayed neutral. Finally, both pairs turned to the neutral child and asked him to choose between the two candidates. The boy replied, *“I think D should get a chance to lead this time. Everyone in the class tries to shut him out because he shouts loudly and disturbs others during study. But, if we do the same and do not give him a chance to be responsible how he will he ever learn?”*

### *Identifying localities to serve*

In order to help students identify high-need localities to serve, a simple exercise was conducted. Each class studied a graph that compared the earnings and health related issues of residents in different localities in Udaipur. Based on the estimated data, students then made inferences on which area most needed their service project. Below is a sample of the graph used for grade 3:





### Action

Students, in their small groups, visited the targeted families around the school to invite them for a free health check-up taking place at the school on the same day.



As the invited villagers arrived at school they were escorted to a waiting room before meeting with the doctor. While the families were seated in the waiting room, the students made their presentations on Malaria, Hepatitis and Diarrhea.



After the presentations, the families were taken to the doctor for their free health check-up. Some families received prescriptions from the doctor; they were then escorted to the medicine room where students (with the help of a volunteer pharmacist) read the prescriptions and provided the medicines for free (from the pool of medicines collected earlier).



### **Reflection**

To begin with, students revisited their initial artistic representations of the project and edited it based on what they had actually experienced during the action phase. They then went on to evaluate their work in terms of the successes they achieved and areas where there was room for further improvement.

Successes (in the students' words):

1. *We did not shout in the village.*
2. *We did not run inside the village.*
3. *We did not interrupt our team mates while they were making the presentation to the villagers.*
4. *We knocked on the doors of families before entering to their homes.*
5. *We cooperated with the villagers.*
6. *We have learned to talk in turns.*
7. *We gave equal opportunities to our team mates.*
8. *We learned about diseases like Malaria, Hepatitis and Diarrhea*
9. *We managed to get a large number of villagers to attend the free health check-up*

Areas for improvement:

1. *We should better prepare our presentations, we missed some points this time*
2. *We should maintain eye contact with the audience during presentations*
3. *We should remember to thank the villagers after we make our presentations*
4. *We should be punctual on our day of service*

The following is an excerpt from one of the participating teacher's reflection journal:  
*"I can see that the students are gaining more confidence from each project... their power of understanding and expression/communication is improving. During this project they also practiced several spiritual virtues that were being taught in the class".*

The volunteer medical expert, Dr. Tapas Datta, was impressed with our project's approach:

*"...students learned how to interact with adults and society... the project helped to make them more responsible towards their community. Students should be engaged in such projects on a regular basis".*

### **Project at a Glance**

|   |            |
|---|------------|
| Number of student participants:                             | <b>87</b>  |
| Number of groups made:                                      | <b>16</b>  |
| Number of teachers involved:                                | <b>10</b>  |
| Number of families visited:                                 | <b>45</b>  |
| Number of parents volunteered:                              | <b>21</b>  |
| Number of individuals that received a free health check-up: | <b>143</b> |

### **Cross curricular benefits of the project**

Science: Students learned the names of different diseases and their symptoms, causes, preventions and cures.

Social Studies: Students learned about the various agencies that provide health care and the different sources that one might acquire medicines from.

Mathematics: Students engaged in sorting exercises where they classified and sorted medicines according to their use. They applied counting, multiplication, division, addition, subtraction concepts while planning on how many communities to reach out to and how to reach them most efficiently. Further, they were introduced to reading graphs and making inferences from them.

Literacy: Students enhanced their written and oral communication skills through the process of writing and delivering presentations. Their vocabulary increased while learning the names of diseases, medicines, etc.

Arts: Students prepared artistic visual aids to assist them in their presentations. Also, they made artistic representations of the project during the planning and reflection phases.

Spiritual development: Students practiced being polite, courteous, cooperative, patient, and humble throughout the project. Further, they better understood their responsibility to serve the community and experienced the joy that comes with it.

Social/emotional skills: Students learned how to work effectively in groups, and they developed an attitude of cooperation. They also increased their self-confidence and skills of communication by interacting with adults and children.

### **Conclusion**

In addition to all that is stated above, the project helped to bring parents, teachers, students, and the local community together in acknowledging and working towards an issue that affects them all. The students not only reinforced their classroom study of various subjects but also learned about the benefits of working cooperatively and systematically in general. More importantly, the community and students were both equally benefitted by the project.