

MedRangers

Sustainable Development Goals that the project addresses:

Goal 3: Good Health & Well-Being; Goal 4: Quality Education; Goal 5: Gender Equality; Goal 10: Reduced Inequality; Goal 17: Partnerships to achieve the goals

Aim of the Project

Good health and well-being for all: Make medical assistance available, accessible, and affordable in 5 villages in the Mulshi/Kolvan Valley.

A human-centered, self-sustaining project model: A human-centered approach (by using design-thinking techniques, being inclusive of the stakeholders during the solution creating, testing, getting feedback, improving and implementing processes of the project) will be used to create a self-sustaining project model (the aim is that it will eventually operate independently of us)

Disease-prevention workshops: By running Disease-workshops, we intend to raise awareness on the causes, symptoms and preventative measures of diseases that are rampant in the valley (eg. Dengue: many villagers do not know that Dengue-carrying mosquitoes breed and lay eggs in containers of clean water).

First Aid Training and Practice: Provide villages with first aid training and practicing first aid drills in order to better enable people in the valley to provide medical aid to one another during times of need and emergencies (when medical facilities such as ambulance and field workers get delayed).

Improving menstrual hygiene in the valley: Use different mediums (workshops, street plays, etc.) to educate people in the Mulshi-Kolvan valley about menstrual health. Provide pads at subsidized rates to improve menstrual hygiene in the valley.

Enabling access to existing Government resources: Find and align relevant existing government schemes relating to health with our project in order to further our aims, mobilise more people and raise more funds.

Highlights from your experiences so far: We conducted 6 off-campus sessions (20-45 children or women in each session + 2 teachers). Under Doctor Evelina's and Sandhya's guidance, we actively engaged with two primary schools and the Sadhana self-help group frequently to raise awareness about topics such as heart health, nutrition, oral health, and first aid for anemia based fatigue. We are really happy to say that our workshops reached around 250+ people. We overcame the language barrier via theatre, dance and creating workshop takeaways such as a Marathi .We visited a hospital in Paud and asked the doctors questions about the availability and quality of medical facilities in the Mulshi-Kolvan valley. I created a pledge in English and got it translated. We also conducted surveys wherever and whenever we could to learn more about the health scenario in our local community. Through one of our surveys, we discovered that first aid boxes are in really poor condition in the government schools with expired medication and necessary materials missing.. Next year arrange for a more intense first-aid training course training one that allows future members to train others as early as possible next year in September for MedSoc members. We visited Saathi NGO and met with Dr.Arun Gadre, a gynecologist, and an activist against medical malpractice and medical negligence. He told us about the instances of medical malpractice and status of the healthcare system in India. We hypothesised different reasons why doctors resort to medical malpractice. For example, one major reason is that it is exorbitantly expensive for a student to become a doctor.Hence, when the student actually does become a doctor, he/she resorts to medical malpractice in order to recover that money.We visited the Prayas NGO and clinic to get to know more about HIV awareness and treatment in India.Dr.Shirish, a senior researcher working there, told us about the lack of sex education, as well as steps to take in order to maintain mental health.We talked about various topics such as consent and counseling as well.We visited a hospital in Paud and asked the doctors questions about the availability and quality of medical facilities in the Mulshi-Kolvan valley.

Funds/in-kind donations: Transportation to the locations was covered by our school, printing facilities were provided by the school, language support (Translators) were provided by our school, equipment to conduct first-aid sessions and distribute kits.

The outcomes and impacts of the project: We conducted 6 off-campus sessions (20-45 children or women in each session + 2 teachers) We actively engaged with two primary schools and the Sadhana self-help group frequently to raise awareness about topics such as heart health, nutrition, oral health, and first aid for anemia based fatigue. We are really happy to say that our workshops reached around 250+ people.

Successes: We successfully conducted education sessions, for which we received positive feedback from the attendees. We also collected information about medical malpractice, medical negligence, and patient's rights. We also learnt about methods of improving the healthcare system in India. This information can be used for further sessions. In addition, we collected first hand information from doctors in the local Paud hospital about trends and ambulance services in the area. Moreover, we collected second hand information about HIV awareness, sex education, gender sensitivity, and consent in India. A proof of our education sessions was seen when we witnessed the staff of our school (some of our stakeholders) wear masks and gloves after the announcement of the COVID-19 Pandemic. We successfully delivered first aid training for the Sadhana self-help group, who would like to teach first aid to their friends and family members as well. These practices will help sustain our project. Finally, we overcame the language barrier in our group by using theatre and arts as means of spreading knowledge.

Failures: Although we collected enough information for our future educational sessions, we couldn't deliver them because of the COVID-19 pandemic. However, we are looking for ways to connect with the stakeholders of our project digitally.

The knowledge/ learning we gained through the project : We learned about the various forms of medical negligence and medical malpractice that goes unnoticed in day to day lives. We also learned about the needs of the stakeholders We learned how to work effectively and collaborate as a team. We learned about the importance of public healthcare in rural areas

The skills gained through the project: create PowerPoint using images only in order to teach audiences about nutrition, effectively communicate with stakeholders, basics of the human-centred design approach

