



HEALTH

ELEMENTARY LESSON PACKAGE

AN INITIATIVE OF



■ RATIONALE

Health is rooted in everyday life. When a community has health resources to prevent or overcome disease, families can find the stability to grow and prosper. Simple, preventative health measures, like vaccinations for newborns and check-ups and vitamins for expecting mothers, could save millions of lives, and yet in so many regions around the world, families go without even the most basic health care.

Free The Children's WE Villages is an international development model that provides access to Pillars of Impact—Education, Water, Health, Food, and Opportunity—to empower a community with the means to forever lift itself from poverty. Why these pillars? Because together they can achieve a greater impact. All the pillars of the WE Villages model are owned and maintained by the community, and designed to be self-sustaining after the initial project implementation.

Since initiating the Health Pillar, tens of thousands of rural community members have been empowered with the knowledge to prevent disease, seek medical attention and improve their families' well-being through healthy habits.

In this lesson package, students will be introduced to the Health Pillar, explore global health issues, discuss health care as a human right and investigate whether access to health care can serve as a tool for change. The lessons are grounded in the WE Learning Framework ensuring students develop the core skill sets that can help them achieve the learning goals and outcomes that contribute to becoming a global citizen.

Core Skill Sets

Look for these icons at the top of each lesson. The icons identify the most relevant core skills being developed. Learn more about the WE Learning Framework at www.weday.com/weschools.



■ DETAILS

Level: Elementary

Themes: WE Villages, global action, global issues, health, human rights, international development, reflection

Estimated time: 280 minutes

Learning goals:

Students will:

- Participate in active group work, hands-on projects and class discussions about health
- Reflect on their own accessibility to health resources
- Explore causes of global health issues
- Examine global and local barriers that prevent access to health care around the world
- Learn the benefits of health education
- Engage in a fundraising initiative to support the WE Villages Health Pillar

Course connections: Language, Health and Physical Education, Social Studies, The Arts

Resources required:

- Front board
- Paper and writing utensils
- Computers with Internet access

Blackline master:

- Stories of Health

Assessment:

- Appendix 1: Assessment Rubric

■ INTRODUCTORY LESSON: ACCESS TO HEALTH INITIATIVES



Purpose: Students will develop an appreciation for the health initiatives they have access to, from simple at-home treatments to the help of health care professionals. They will also explore the factors that cause global health issues to spread as they learn about global health inequities throughout the world. Through this lesson, students will begin to understand the difficulties faced by children when access to health care is not available.

Instructional method(s): Individual work, group work, discussion, brainstorming

Differentiated instruction:

- Create a community map as a class

Course connections: Language, Health and Physical Education, Social Studies, Geography

Estimated time: 60 minutes

Steps:

1. Hold a brief class discussion by asking students to describe the life of a person considered to be in "good health." Discuss ideas as a large group, then incorporate students' suggestions into a formal definition of good health on the board (e.g., good health is...)
2. Distribute chart paper to small groups of two to three students. Have students make lists of actions that have contributed to their good health. Students will divide their chart paper into four sections to organize their thoughts including:
 - a. **Actions that were taken before they were born.** (E.g., prenatal vitamins, doctor visits, tests, etc.)
 - b. **Actions taken when they were babies and younger children.** (E.g., doctor visits, immunizations, breastfed or formula fed as a baby, sleep, nutritious food, etc.)
 - c. **Actions taken when they have a health problem now.** (E.g., home remedies, visit a pharmacy for medicine, visit a clinic or doctor's office, etc.)
 - d. **Actions incorporated into their school life.** (E.g., regular physical activity, physical education classes, health and science classes to learn about the body function and nutrition, etc.)
3. Ask one representative from each group to share their responses with the rest of the class.
4. Through class discussion, ask students to respond to the following. Make a list of responses on the board or on chart paper as you go.
 - In your community, where can you learn about health issues, nutrition, personal hygiene, safety (e.g., home, schools, community centres, clinics)?
 - In your community, where can you get access to health resources such as medical supplies or professional advice when you are sick (e.g., clinics, hospitals, pharmacies)?
5. Distribute one blank sheet of paper to each student and tell them they will be creating a community map. Explain that while most maps detail roads, transit routes, highways and waterways, their community map will instead outline the accessibility to health initiatives in their community. The map must include:
 - Places where students have access to learn about health, nutrition and personal hygiene safety.
 - Places where students have access to health resources such as medical supplies or professional advice.
6. When students have completed their maps, begin taking items off the list on the board. As you scratch items off the list, students must also do the same on their community map.
7. As you take each item away, ask students to express the implications this would have on their health. Continue this process until all of the resources in their community have been taken away.
8. Prompt a discussion using the following suggested questions and compile a list of responses on the front board:
 - How can the lack of health resources in your community affect your livelihood?
 - How can health education such as personal hygiene, nutrition and disease prevention go beyond simply increasing the knowledge of individuals?
 - How might the lack of health education and resources affect the well-being of a child in a developing community?
9. Share with students that globally 6.3 million children under the age of five die every year from illnesses that can be prevented or treated. Below are three examples of preventable/treatable health issues that affect the lives of children in developing countries. Write the terms and definitions on the board.
 - a. **Malnutrition**—the lack of proper nutrition, caused by not having enough to eat or not eating enough of the right foods.
 - b. **Malaria**—A parasite transmitted to humans via the bites of infected mosquitos. In the human body, the parasites multiply in the liver, and then infect red blood cells. Symptoms of malaria include fever, headache and vomiting.

- c. **Unsafe drinking water**—Unsafe drinking water is plagued with harmful bacteria and contaminants that can cause serious illnesses to a person who consumes it or uses it for cooking.

Source: Definitions are provided by Oxford Dictionary and the World Health Organization.

10. For the next activity students will need a partner. Encourage students to work with a classmate they do not usually work with.
11. Instruct each pair to choose a health issue from the list above and research prevention measures or treatments that can be taken to combat the health issue. For example, prevention measures may include immunization or doctor attention, and treatment may include prescribed medication.
12. Once groups have gathered enough sources, have students come up with an argument as to why access to health initiatives/medical care is important to address global health issues. Finally, have each group present their findings to the rest of the class.

Educator's Note: Students can be given 20 to 30 minutes of in-class time to complete the research component to this activity or students can complete the research for homework, having one student in charge of investigating prevention measures and the other investigating treatments.

■ CORE LESSON:

HEALTH AND HUMAN RIGHTS



Purpose: Students will discuss health care as a human right and explore the global and local barriers that prevent access to health care around the world.

Instructional method(s): Discussion, reflection, group work, T-chart

Differentiated instruction:

- Provide students with copies of Article 25 of the Universal Declaration of Human Rights
- List global and local barriers as a class

Course connections: Language, Health and Physical Education, Social Studies, Geography

Estimated time: 60 minutes

Steps:

1. To begin, ask students:
 - What are human rights?
 - What human rights do you have?
 - What do you think are some basic human rights?
 - What do you think are the most basic human rights?
 - Do you think all people in the world are equal and have the same rights? Why?
2. Introduce students to the Universal Declaration of Human Rights. Tell students that the UDHR is an internationally agreed-upon document that states basic rights and fundamental freedoms to which all human beings are entitled. Show students the following video to give them a better understanding of the UDHR:

The Story of Human Rights (10 minutes):
www.humanrights.com/#/what-are-human-rights.
3. Hold a brief class discussion using the questions below:
 - From the information you've gathered watching the video, what are some basic human rights? Is health care a basic human right?
 - If health care is a basic human right does that mean that everyone has access to health care? Explain.
 - Is the UDHR legally binding? How might that affect the right to health?
 - What implications may arise if a country denies some of these rights to their citizens? How can that affect their lives?
4. Read to students Article 25 of the Universal Declaration of Human Rights.
 - (1) *Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.*
 - (2) *Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection.*
5. Write down "Declaration of Alma-Ata" on the board.

Explain to students that in 1978 an international conference took place in Almaty (formerly known as Alma-Ata), Kazakhstan to discuss primary health care. The conference called for action to develop and implement primary health care throughout the world, particularly in developing countries. The Declaration of Alma-Ata was a document created during this conference that expresses the need for urgent action by all governments, all health and development workers, and the world community to protect and promote health of all people. The declaration, however, is not binding.
6. Write the first section of the declaration on the board and read it to the class (I): *The Conference strongly reaffirms that health, which is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector.*
7. As a class, underline words that students do not know within this section of the declaration. In partners, students will look these words up in a dictionary and write them down on a chart paper. After defining all of these words, students will then re-write this section of the declaration in their own words.
8. Then ask students:
 - How does the first section of the declaration define health? Do you agree or disagree with the definition? What would you add to this section?
 - Based on your knowledge of current world events do you think every citizen around the world has access to primary health care? Explain your answer.
 - What social and economic sectors can help a country achieve the highest possible level of health (e.g., education sector, financial sector, etc.)?
9. Have students create their own definition of health in partners. Write this definition in the middle of a piece of paper. Students will then draw pictures that help describe their definition. When they are finished, have students present their definitions.

10. As a class, brainstorm the barriers that students believe prevent people in different parts of the world from practising their right to health and well-being. For example, lack of funding for health care or medical attention, lack of medications available, etc.
11. Ask students to brainstorm in their groups:
- Global barriers that prevent children from other parts of the world from having access to quality health care.
 - Local barriers that prevent children in your community from having access to quality health care.
12. On the board create a T-chart to separate these barriers into the following two categories: Global Barriers and Local Barriers.

Global Barriers	Local Barriers
<i>Lack of funding for health care</i>	<i>Unable to afford medication</i>

13. On the board create a master list of the barriers gathered from each group. Instruct students to write down the complete list of barriers in their notebooks in preparation for their next task.
14. Have students think about how these barriers can affect the overall livelihood of a person (e.g., not having health care can affect your right to education because if you are not healthy you may not be able to attend school, which can affect your future career path). Have students choose one of the local or global barriers from the master list. They will perform a public service announcement to the class about their chosen barrier. The following guidelines will help students write a script for their presentation:
- Their announcement should be no longer than three minutes.
 - Every group member should speak.
 - Students should consider the audience that would watch their public service announcement.
 - It will describe their chosen barrier.
 - It will describe how their barrier can affect a person's livelihood.
 - It explains what can be done to help eliminate their chosen barrier.
15. Have students present their public service announcement to the class. After the presentations are over, have a class discussion on what was presented. Ask the following questions to begin the discussion:
- What was one thing you learned from listening to the presentations?
 - What is something you still want to know?
 - What was something you found interesting from the presentations?

■ CONCLUSION LESSON: HEALTH CARE AND SUSTAINABILITY



Purpose: In this lesson students will be introduced to the WE Villages model and learn about the Health Pillar. Students will also discover how health care can serve as a tool to improve the livelihood of someone living in a developing community.

Instructional method(s): Discussion, brainstorming, think-pair-share

Differentiated instruction:

- Have students design their hospitals in pairs or small groups
- Use an online tool to make a blueprint of students hospital designs

Course connections: Language, Health and Physical Education, Social Studies, Geography

Estimated time: 75 minutes

Steps:

1. Have students form small groups of two to three and think about how many hospitals there are in their community, town, city, etc., and how far the hospitals are located from one another. Then, have groups discuss the following questions:
 - What thoughts come to mind when you think about hospitals?
 - How many hospitals are there in our community?
 - What role do these hospitals play in our community?
 - Is it important to have these hospitals close by? If so, why?
2. Next, provide each group with a sheet of chart paper. Ask students to list on their chart papers the different departments that are found within a hospital (e.g., emergency unit, maternity department, general surgery, etc.)
3. After each group has generated a list of departments, have them choose one department to answer the following questions:
 - Why is this department important?
 - What patients would likely be treated in this department?
 - Is there specific equipment that this department requires? If so, what is it?
 - What would happen if this department did not exist?
4. Explain to students that people in developing communities often do not have access to proper health resources that are necessary to remain healthy. Discuss what methods could be used in order to ensure that people in these communities receive the health care that they need (e.g., building hospitals, providing medications, etc.)
5. Once the proper health care system is implemented, it is important that people are educated about their health in order to sustain a healthy lifestyle. Have students discuss in small groups how people in developing countries can receive proper health education (e.g., brochures, having supportive health care staff that they can speak to, etc.).
6. Inform students that WE Villages is a holistic development model designed to eliminate the obstacles preventing children from accessing health care and break the cycle of poverty. WE Villages has Pillars of Impact that provide the crucial support an entire community needs for long-term sustainability and development. The Pillars of Impact are:
 - i. Education
 - ii. Water
 - iii. Health
 - iv. Food
 - v. Opportunity
7. Post a map of the world for all students to see. Point out and place a sticky note on top of each of the following countries. Tell students that these are the eight countries WE Villages currently works in:
 - Kenya ○ Sierra Leone ○ Ecuador ○ Haiti
 - India ○ Nicaragua ○ Rural China ○ Tanzania
8. Show students the WE Villages Health Pillar video in order to demonstrate the importance of providing developing communities with health information and health care: <https://player.vimeo.com/video/77165437>
9. Provide students with one of the stories provided in Blackline Master: Stories of Health, and have students read the story in small groups. Have students think about the following questions while reading:
 - How did WE Villages have an impact on that person's life?
 - How did providing that person with health care affect that person's life?
 - How did the person's life change after gaining access to health care?
 - How would their life have been different if they did not have access to health care?
10. Have each group present their story. Have a discussion on the impact that WE Villages had on these people's lives by building a hospital in their community.

11. Have students design their own hospital, including things that they think are important in order to keep a community healthy and to keep people educated about their health. Have students recall the health video shown and the different rooms located within that hospital (e.g., emergency room, pharmacy, children's centre, etc.).

For younger students:

Distribute one 8.5" by 11" sheet of blank paper to each student. Ask students to place their sheets of paper in a landscape position on their desks and to draw a vertical line in the middle of the page. Tell them to draw on one side of their page a picture(s) that represents a world where everyone has access to health care and on the other side draw a picture(s) that represent a world where health education is not accessible for all. Encourage students to tell a story with their pictures. Allow time for presentations.

12. In a short paragraph, have students explain their hospital and its benefits for a developing community.
13. Have a few students present their hospital to the class, explaining why they designed it the way they did and how it would benefit a developing community.
14. Discuss how being provided with health care and health information can create opportunities for families in developing communities (e.g., parents can work to support their families if their children are healthy, teaching children how to stop the spread of illness can improve hygiene and create healthy habits, etc.).

Connect with your WE School sCoordinator or contact weschools@we.org for fundraising posters and more information on the Health Pillar.

For younger students:

The following is an alternate activity to learn more about WE Villages.

Divide students into eight groups and assign one WE Villages country to each group. Tell students that they have been chosen to be ambassadors for the respective WE Villages country. As a WE Villages ambassador students will provide the class with the following:

- Why did WE Villages begin working in your country?
- What are WE Villages objectives in your country?
- What does the WE Villages program look like in your country?

Students can find all of the information they need for their presentations at:

www.freethechildren.com/what-we-do/where-we-work/.

Let us know what you think. We are always working to make our educational resources better for teachers and students. Answer the short survey and help shape the educational content we offer.

Health:

www.surveygizmo.com/s3/2482383/H.

■ ADDITIONAL RESOURCES

In addition to the lesson plans, share these resources with your students:

- Free The Children's WE Villages story: www.freethechildren.com/what-we-do/adopt-a-village/
- WE Villages Health Pillar: www.freethechildren.com/what-we-do/adopt-a-village/health/
- Global Health Data Exchange: <http://ghdx.healthdata.org/>
- Global Health Observatory: World Health Statistics: www.who.int/gho/publications/world_health_statistics/en/
- NationMaster: Health: www.nationmaster.com/country-info/stats/Health
- The World Bank: Health: <http://data.worldbank.org/topic/health>
- World Health Organization: www.who.int/en/

■ Appendix 1

ASSESSMENT RUBRIC

This assessment rubric is based on Bloom's taxonomy, a multi-tiered model to classify cognitive levels of complexity to evaluate students' comprehension of issues and participation with the lessons.

	Level 1: 50-59%	Level 2: 60-69%	Level 3: 70-79%	Level 4: 80-100%
KNOWLEDGE AND COMPREHENSION	Demonstrates limited knowledge and understanding of the relationships among facts, ideas and concepts	Demonstrates some knowledge and understanding of the relationships among facts, ideas and concepts	Demonstrates considerable knowledge and understanding of the relationships among facts, ideas and concepts	Demonstrates thorough knowledge and understanding of the relationships among facts, ideas and concepts
APPLICATION AND ANALYSIS	Uses critical and creative thinking processes and develops examples with limited effectiveness	Uses critical and creative thinking processes and develops examples with some effectiveness	Uses critical and creative thinking processes and develops examples with considerable effectiveness	Uses critical and creative thinking processes and develops examples with a high degree of effectiveness
SYNTHESIS AND EVALUATION	Demonstrates knowledge and makes connections with limited effectiveness	Demonstrates knowledge and makes connections with some effectiveness	Demonstrates knowledge and makes connections with considerable effectiveness	Demonstrates knowledge and makes connections with a high degree of effectiveness
ORGANIZATION AND COMMUNICATION	Expresses and organizes information while using appropriate language for different audiences and purposes with limited effectiveness	Expresses and organizes information while using appropriate language for different audiences and purposes with some effectiveness	Expresses and organizes information while using appropriate language for different audiences and purposes with considerable effectiveness	Expresses and organizes information while using appropriate language for different audiences and purposes with a high degree of effectiveness

BLACKLINE MASTER

Stories of Health

Healthy moms make healthy babies: Joyce's story

Joyce cradles her newborn as cheery sunshine floods through the window of her room in the Baraka Health Clinic maternity wing. Nurses and doctors check in on her regularly.

Before Baraka, the women of Joyce's community in Narok South in rural Kenya gave birth at home; some died there, too, from complications of difficult, unattended births.

Joyce gave birth in one of Baraka's delivery rooms.

"I appreciate the high quality of care being offered at the maternity," she says, grinning. "This ensures safe delivery and well-being of both the mother and the newborn."

Joyce's care started early in pregnancy. She had four clinic visits, receiving education about pregnancy and potential complications, along with tetanus vaccinations, iron supplements, ultrasounds of her baby and routine health monitoring. The care continues after birth. At two weeks and six weeks after, mother and baby return to Baraka for a checkup and advice on hygiene, nutrition, and breastfeeding.

As the baby grows older, Baraka provides a child welfare clinic program to provide immunizations, assess developmental milestones, and monitor nutrition and growth.

Joyce is deeply grateful that her baby is on track to grow up healthy and strong.

Baraka Health Clinic: Helping children lead healthy lives

Alice is a bright and hard-working student, but earlier this year, she started to feel sick, and her studies began to suffer. Over the course of several months, Alice's family took her to four different clinics, but they didn't see any improvement, and Alice struggled to keep up with her classes. Finally, her parents managed to travel the three hours to the Baraka Health Clinic, where Alice was correctly diagnosed with peptic ulcer disease and treated with the proper medication. Since then, she has not had to visit any other hospitals. Alice's studies are now back on track and she is excited to once again concentrate on learning.

Alice is one of the many patients that have accessed Baraka's services since it opened in 2010.

Arap Sagem's Story

Seventy-six-year-old Arap is a hard-working farmer from Enelerai. With four wives and 30 children, he does his best to keep the whole family healthy, happy and prosperous.

Unfortunately, for several years now, Arap has been suffering from hypertension, or very high blood pressure. If untreated, this condition can be life-threatening, but patients benefit greatly from early detection and regular medication. Until recently, Arap was seeking medical attention from various health facilities, all quite far from his home. Because of this distance, Arap faced a lot of inevitable communication challenges, making it hard to keep track of and treat his condition.

About three years ago, one of Arap's sons suffered a serious burn on his leg. He was kept at home and given nothing but herbal medication. After about a month, his leg got worse and he was taken by the family to a hospital far from the home. Sadly, because he was not able to reach a hospital earlier, his leg did not respond to medication and had to be amputated. Arap wishes Baraka was there at the time for his son. If the clinic was open, his leg would have been examined in time and he would not have had to have it amputated.

Since the Baraka Health Clinic opened near his home, Arap has not missed any medication or treatment. His condition has improved greatly and he and his family are more than happy with the excellent service provided by Baraka staff.

Now that Arap's family has a health clinic close to their home, no matter what happens, they are receiving quality curative and preventative health care, on time.

Alice's Story

Alice Cheborgei says that, thanks to Baraka Health Clinic, health care in her community has undergone a vast improvement. For the first time, families like Alice's now have access to immediate and inexpensive medical services. It's a much-appreciated change from the way health care used to be. As the 35-year-old housewife and mother of six explains, locals used to have to travel to Longisa Hospital to see a doctor and receive medical treatment. It was a journey she made twice, once when she had malaria and again when her eldest child did. But for most of her neighbours, the trip was prohibitively long. As Alice explains, the sick would usually just "stay home" because of the distance.

This situation took quite a toll on the community. And not just on its health. "Without good health I am not able to do anything in my farm and even my business," says Alice, adding that, without available medical services in the community, "the economy will go down because when people are sick they cannot produce."

With its fast and easily available treatment and an ambulance to cut down on travel time, Baraka is keeping people healthy and allowing them to focus on their work. It's even helped to decrease the number of cases of illness in the area through preventative health training for local mamas. Through the clinic, Alice and the other women in her community group have learned to stave off disease with simple household measures such as boiling water before drinking it.

For Alice, the Baraka Health Clinic's presence in the community has been an empowering one, not only ensuring the well-being of community members, but giving women the knowledge and confidence to keep their families healthy, as well. As Alice says, describing her gratitude for the clinic and its founders, "Free The Children to me means development and positive change."

New Vision at Kishon Health Clinic

There was a hush in the examination room as they removed the bandage from the patient's eye. The Maasai mama sitting in front of the doctor had been the first to undergo cataract surgery at Kishon Health Clinic. Now, 24 hours after the operation, she would find out if it was successful.

The mama blinked, smiled and declared, "*Ushooo!*" ("Wow!" in Maa). She couldn't contain her excitement. Outside the clinic, she pointed to the sights that had seemed blurry and almost imperceptible to her the day before. "*Hiyo ni mlango!, Hiyo ni mti!*" she shouted. "That is the gate! And that is a tree!" Before she left she was already asking when she could schedule the same operation for her other eye. This mama was one of the seven patients who participated in Kishon's first run of cataract surgeries. All seven patients, after suffering through years of deteriorating, blurry vision, can once again see clearly.

"How humbling it was as each of the seven patients expressed satisfaction and happiness for being able to see clearly again," said the clinic staff the day the bandages came off.