



# ♥ Health ♥

Primary Lesson Package for Scotland



# Health: Primary Lesson Package for Scotland

## ■ Background

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. Yet in so many regions around the world, families go without even the most basic healthcare.

Free The Children's WE Villages is an international development model that provides access to five key Pillars of Impact—Education, Water, Health, Food, and Opportunity—to empower communities with the means to forever lift themselves from poverty. Why these five Pillars of Impact? Because together they can create powerful change. All five Pillars of Impact 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, pupils will be introduced to the Health Pillar, explore global health issues, discuss healthcare as a human right and investigate whether access to healthcare can serve as a tool for change. The lessons are grounded in the WE Schools Learning Framework ensuring pupils develop the core skill sets that help them achieve the learning goals that contribute to the outcomes of creating a global citizen.

This lesson package has been designed to meet the Experiences and Outcomes set out in Curriculum for Excellence. It follows the principles of "Getting it Right for Every Child" (GIRFEC) by developing the promotion and support of the eight Well-being Indicators. Where possible, Scottish resources and references have been used to ensure it is relevant to young people in Scotland today. Each lesson in the package is organised into starters, main activities and plenaries, with suggestions for differentiation. Clear learning objectives and success criteria following Bloom's Taxonomy of Learning ensure progression within each lesson and the package as a whole.

These lessons develop many aspects of character education, with a holistic and tangible approach, encompassing local and global social awareness and action, and empowering young people to make positive changes in the world around them.

### 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 Schools Learning Framework at [WE.org/weschools](http://WE.org/weschools).



Critical Thinking



Research and Writing



Information Literacy



Argument Formation



Leadership Skills



Organisation



Action Planning



Reflection

## ■ Details

**Suitable for:** P4-P7, and Second Level.

**Themes:** Community mapping, global action, global issues, health, human rights, international development, poverty, social action, and values.

**Curriculum links:** Please see individual lesson plans for links to Curriculum for Excellence.

**UNCRC:** Each lesson is linked to the United Nations Convention on the Rights of a Child articles, and can be used as evidence for schools working towards UNICEF's Rights Respecting Schools Award.

## ■ Introductory Lesson:

# Access to Health Initiatives



**Learning objective:** To explore global health inequalities throughout the world.

### Success criteria:

- I can **infer** how someone's health might be affected if they do not have access to health resources.
- I can **research** health issues that affect the lives of children in developing countries.
- I can **justify** why health resources are important using evidence I have found.

### Differentiation:

- Support less able pupils by providing them with a research format to scaffold their learning.
- Encourage more able pupils to take on opposing roles in the plenary debate, challenging them to justify an opposing point of view.

**Resources required:** Large pieces of paper, and computers with access to the Internet.

**Duration:** 60 minutes

### Starter:

1. Ask the pupils to think about what is meant by the phrase "in good health" and discuss it as a class.
2. Distribute large pieces of paper to small groups of two or three pupils and ask them to divide the paper into four sections. Pupils will make a list of the actions that have contributed to their good health under the following headings:
  - **Actions that were taken before they were born** (e.g., prenatal vitamins, doctor visits, tests, etc.)
  - **Actions taken when they were babies and young children** (e.g., doctor visits, immunisations, sleep, nutritious food, etc.)
  - **Actions taken when they have a health problem now** (e.g., home medicines, pharmacies, GPs, etc.)
  - **Actions incorporated into their school life** (e.g., regular physical activity, PE lessons, health and science lessons, etc.)

3. Ask a volunteer from each group to share their responses with the rest of the class.
4. Using the following questions to guide the discussion, create a community map on the board. While most maps detail roads, buildings and rivers, their community map will instead outline the accessibility to health resources in their community.
  - In your community, where can you learn about health issues, nutrition, personal hygiene and safety? (e.g., home, schools, community centres, clinics, etc.)
  - In your community, where can you get access to health resources such as medical supplies or professional advice when you are ill? (e.g., clinics, hospitals, pharmacies, etc.)
5. Now, slowly remove items from the map, asking pupils to describe what would happen to their health if they no longer had access to each health resource. Continue this process until all of the resources in the community have been taken away.

### Main:

6. Prompt a discussion using the following suggested questions:
  - 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?
7. Share with pupils that globally every year 6.3 million children under the age of five die 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. Display the terms and definitions on the board.
  - **Malnutrition:** The lack of proper nutrition, caused by not having enough to eat or not eating enough of the right foods.
  - **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.
  - **Unsafe drinking water:** Unsafe drinking water is plagued with bacteria and contaminants that can cause serious illnesses to a person who consumes it or uses it for cooking.



8. Organise the class into pairs, and ask them to choose a health issue from the list. They will research prevention measures or treatments that can be taken to combat the health issue. For example, prevention measures may include immunisation or doctor attention, and treatment may include prescribed medication. Give pupils at least 15 minutes to carry out their research.

**Plenary:**

9. Facilitate an in depth discussion with the class, asking them to present arguments as to why access to health initiatives/medical care is important, based on the evidence they have found.
10. Offer opposing opinions to prompt debate in the class.

**Links to the UNCRC:**

Article 3  
Article 12  
Article 13  
Article 24  
Article 29

**Experiences and outcomes covered:**

RME 2-05b  
HWB 2-09a, HWB 2-15a, HWB 2-16a  
TCH 2-03b, TCH 2-04a  
SOC 2-14a, SOC 2-15a, SOC 2-16a, SOC 2-16b, SOC 2-16c,  
SOC 2-19a  
SCN 2-12a

## ■ Core Lesson:

# Health and Human Rights



**Learning objective:** To understand the local and global barriers that prevent access to healthcare across the world.

### Success criteria:

- I can **give some explanation** of the local and global barriers affecting healthcare access across the world.
- I can **examine** a barrier to healthcare access in depth, and summarise it for the reference of others.
- I can **critically consider** the consequences of poor access to healthcare.

### Differentiation:

- Support less able pupils by allowing them to create visual elements to their presentation.
- Encourage more able pupils to provide real world examples and case studies of people affected by poor access to healthcare.

**Resources required:** Human Rights Questions (Appendix 1), reference books, and computers.

**Duration:** 60 minutes

### Starter:

1. Distribute **Human Rights Questions (Appendix 1)** and explain to pupils that they will be watching a ten minute video introducing them to the Universal Declaration of Human Rights ([goo.gl/8oh0UC](http://goo.gl/8oh0UC)), during which they should answer the questions on their handout.

**Teacher's note:** The Universal Declaration of Human Rights is an internationally agreed upon document that states basic rights and fundamental freedoms to which all human beings are entitled.

2. Hold a brief class discussion about what they found out from the video.

3. Explain to pupils how the Universal Declaration of Human Rights has been developed to create the United Nations Convention on the Rights of a Child. Share article 24 with the class:
  - Every child has the right to the best possible health. Governments must provide good quality healthcare, clean water, nutritious food and a clean environment so that children can stay healthy. Richer countries must help poorer countries achieve this.
4. Ask pupils:
  - Based on your knowledge of current world events, do you think every citizen around the world has access to primary healthcare? 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.)

### Main:

5. Write two columns on the board, labelled "local barriers" and "global barriers," and as a class, discuss the barriers that prevent children in developing countries accessing quality healthcare, and consider the consequences of these barriers being present (e.g. a lack of healthcare would affect your education, and therefore your future).
6. Organise the class into groups of around four or five and ask them to choose a barrier from the class list. They will plan and perform a short public service announcement (PSA) about their chosen barrier. The following guidelines will help pupils write a script for their presentation.
  - Their PSA should be no longer than three minutes.
  - Every group member should speak.
  - Pupils should consider the audience that would watch their PSA.
  - It will describe their chosen barrier.
  - It will describe how their barrier can impact a person's livelihood.
  - It explains what can be done to help eliminate their chosen barrier.
7. Provide pupils with reference books and computers to aid their research. Give the groups at least 15 minutes to plan their PSA.



**Plenary:**

8. Have each group present their PSA to the rest of the class.
  
9. After each presentation, ask the pupils to find a partner from a different group and discuss which barriers have the greatest effect on health, and should therefore be tackled first. Encourage pupils to give clear reasons for their opinions based on their research.

**Links to the UNCRC:**

Article 3  
Article 12  
Article 13  
Article 24  
Article 29

**Experiences and outcomes covered:**

EXA 2-01a, EXA 2-12a, EXA 2-13a, EXA 2-14a  
RME 2-05b, RME 2-08a  
HWB 2-09a, HWB 2-12a, HWB 2-13a, HWB 2-15a, HWB 2-16a  
TCH 2-03b, TCH 2-04a  
SOC 2-15a, SOC 2-16a, SOC 2-16b, SOC 2-16c  
LIT 2-06a, LIT 2-09a, LIT 2-10a, LIT 2-28a, LIT 2-29a  
SCN 2-12a

## ■ Conclusion Lesson:

# Healthcare and Sustainability



**Learning objective:** To understand how healthcare can serve as a tool to improve the livelihood of someone living in a developing community.

### Success criteria:

- I can **compare** access to healthcare in my local community and developing communities.
- I can **examine** resources to **find** how access to healthcare improves the lives of people living in developing communities.
- I can **devise** a creative way of **combining** information I have researched.

### Differentiation:

- Support less able pupils by allowing them to present their research in ways other than written, such as drama or art.
- Encourage more able pupils to consider actions they could take to help raise awareness of healthcare issues.

**Resources required:** Stories of Health (Appendix 2), and computers with access to the Internet.

**Duration:** 60 minutes

### Starter:

1. Use an Internet search engine to show a map of how many hospitals are in your local area. Discuss the different departments and services available to members of the community.
2. Repeat the process to show how many hospitals are in a country in which WE Villages is implemented in:
  - Kenya
  - India
  - Sierra Leone
  - Nicaragua
  - Ecuador
  - Rural China
  - Haiti
  - Tanzania
  - Ethiopia

3. Compare the amount of hospitals in your local area to the chosen WE Villages country. Discuss the following questions:
  - What role do hospitals play in the community?
  - Is it important to have hospitals close by? Why?
  - What effect would poor access to healthcare have on someone's life?
4. Inform pupils that WE Villages is a holistic development model designed to eliminate the obstacles preventing people from accessing healthcare and break the cycle of poverty. WE Villages has five core Pillars of Impact that provide the crucial support an entire community needs for long-term sustainability and development. The five core Pillars of Impact are:
  - Education
  - Water
  - Health
  - Food
  - Opportunity

### Main:

5. Organise the pupils into groups of two or three.
6. Distribute **Stories of Health (Appendix 2)** and allow access to a computer. Explain to pupils that they will research how access to healthcare positively impacts the lives of people in developing communities.
7. Pupils can record their findings in any way they choose (e.g., drama, poetry, videos, newspapers, etc.). Encourage pupils to think creatively about how they record their ideas. These can be shared with the rest of the class or the rest of the school at a time of your choosing.

**Teacher's note:** Pupils could record their ideas on 2D or 3D printed bricks, displaying them altogether to create a physical pillar. This could then be developed to explore the remaining WE Villages Pillars of Impact, to create a larger classroom display.

**Plenary:**

8. Ask the pupils to sit comfortably in their seats and close their eyes. Use the following points to carry out a guided mindfulness activity.
  - o Sit in a comfortable position. Allow both soles of your feet to connect to the floor.
  - o Rest your hands on your thighs and let your shoulders drop.
  - o Gently close your eyes or look for a reference point somewhere on the floor where you can return your eyes when they get distracted.
  - o Let your spine grow tall and noble like the trunk of a tall tree.
  - o Take a moment to notice how your body feels as you bring your attention to the flow of your breath. You don't need to breathe in a special way. Your body knows how to breathe.
  - o Simply notice each breath coming into the body with an in-breath, and leaving the body with an out-breath.
  - o If you notice your mind is caught up in thoughts, concerns, emotions or bodily sensations, know that this is normal.
  - o Notice what is distracting you and gently let it go without judgment, by redirecting your attention back to the breath.
  - o Keep directing your attention back to the experience of breathing.
  - o When you are ready, slowly bring your attention back to your surroundings and let how you feel now guide you.

Source: [Mindful Teachers](#)

9. Ask the pupils to reflect on the following questions using the think-pair-share format:
  - o Why is healthcare important?
  - o What difference can we make?

**Links to the UNCRC:**

Article 12  
Article 24  
Article 29

**Experiences and outcomes covered:**

EXA 2-01a, EXA 2-12a, EXA 2-13a, EXA 2-14a  
RME 2-05b  
HWB 2-09a, HWB 2-12a, HWB 2-13a  
TCH 2-03b, TCH 2-04a  
SOC 2-14a, SOC 2-15a, SOC 2-16a, SOC 2-16b, SOC 2016c,  
SOC 2-19a  
LIT 2-06a, LIT 2-09a, LIT 2-10a, LIT 2-28a, LIT 2-29a SCN 2-12a



■ Appendix 1:

## Human Rights Questions

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?	
From the information you've gathered watching the video, what are some basic human rights? Is healthcare a basic human right?	
If healthcare is a basic human right does that mean that everyone has access to healthcare? Explain.	
Is the declaration of human rights 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?	

## ■ Appendix 2:

# Stories of Health

### Healthy Mums Make Healthy Babies—Joyce's Story

Joyce cradles her newborn as cheery sunshine floods through the window of her room in 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 clinic," 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 check-up and advice on hygiene, nutrition, and breastfeeding.

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

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



### 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 and benefits greatly from early detection and regular medication. Until recently, Arap was seeking medical attention from various health facilities, all 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 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 very happy with the excellent service provided by 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 healthcare, on time.

### Baraka Health Clinic—Helping Children Lead Healthy Lives

Alice is a bright and hard-working student, but earlier this year, she started to feel ill, 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 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 three years ago.





### Alice's Story

Alice Cheborgei says that thanks to Baraka Health Clinic, healthcare 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 healthcare 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 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, 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's WE Villages 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.

## ■ Additional Resources

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

- Free The Children's WE Villages story: [WE.org/gb/we-villages/our-development-model](https://www.we.org/gb/we-villages/our-development-model)
- WE Villages' Health Pillar: [WE.org/health](https://www.we.org/health)
- Global Health Data Exchange: [ghdx.healthdata.org](https://ghdx.healthdata.org)
- Global Health Observatory: World health statistics: [www.who.int/gho/publications/world\\_health\\_statistics/en](https://www.who.int/gho/publications/world_health_statistics/en)
- NationMaster: Health: [www.nationmaster.com/country-info/stats/Health](https://www.nationmaster.com/country-info/stats/Health)
- The World Bank: Health: [data.worldbank.org/topic/health](https://data.worldbank.org/topic/health)
- World Health Organization: [www.who.int/en](https://www.who.int/en)