Creating Healthy Communities

A classroom resource to promote healthy living locally and globally. This resource is a part of the WE Schools WE Give Health campaign.

Grades 4 to 6
American Edition
Dear Educator,

Welcome to the WE movement. We are so glad you’ve joined us in our mission to inspire, educate and empower students to find their place in the world. Throughout the last two decades, educators have stood by us. With over 16,000 schools thriving in WE Schools, we are delivering impressive results in academic engagement, like skills and civic engagement. Through experiential service-learning, students engage in collaborative learning and independent reflection. As a result, students become more engaged in local and global issues.

We know that being in good health is a vital part of families in developing communities pulling themselves out of poverty and it is a vital part of a young person’s ability to change the world. Good health is not just the absence of illness or disease, it is a careful balance of a personal capacity to function well physically, mentally, socially and spiritually in order to live in the full range of their potential.

Creating Healthy Communities is designed to help students learn how health is promoted, restored and maintained locally and globally. Students will examine aspects of health; resources, systems and infrastructure in their community; and the important role physical activity has in mental health.

This is an exciting time to be an educator. Together, we have the power to reignite the fundamental purpose of education: moving students to want to learn, and preparing them with the life skills to better the world and forge their own paths to success.

Thank you for having the passion to bring WE into your classroom. We are honored and encouraged to work with such a dedicated and enthusiastic group.

We are stronger together,

Craig and Marc Kielburger
Co-Founders, WE
Essential Question: What is experiential service-learning and how can I incorporate it into my classroom instruction with WE Schools curriculum resources?

WE Schools
WE Schools is a unique, step-by-step program that challenges young people to identify the local and global issues that spark their passion and empowers them with the tools to take action. Educators and students work together to learn about the world and to take action to create meaningful change. Delivered in 16,000 schools and groups across North America and the UK, the program provides educators and students with curriculum, educational resources and a full calendar of campaign ideas.

The Four Steps of WE Schools

1. **Investigate and Learn**
   Students explore topics related to a real-world challenge or opportunity.

2. **Action Plan**
   Students develop a plan to implement their service-learning project, including one local and one global action.

3. **Take Action**
   Students implement their action plan.

4. **Report and Celebrate**
   Students present the results of their service-learning initiatives.

What Is Experiential Learning?
Experiential service-learning is based on a structured academic foundation that goes beyond volunteering and community service. It’s a practice that engages teachers and students with their communities in a structured way and allows students to meet their learning objectives while addressing their community’s needs.

Setting Students Up For Success: In School, the Workplace and Life

WE Schools Introduction: WE.org/we-at-school/we-schools/

Living WE is about improving our lives and our world by reaching out to others. It involves focusing less on “me” and more on “we”—our communities, our country and our world.

Social Emotional Learning: The WE Learning Framework is grounded in social emotional learning principles, helping students develop the skills to manage their emotions, resolve conflicts and make responsible decisions.

Global Mindset: The ability to operate comfortably across borders, cultures and languages is invaluable. WE Schools programming promotes global mindedness and cultural competency amongst student populations during their formative years.

Active Citizenship: Students act on their growing knowledge by connecting with others in their communities, thereby generating interest, further research and engagement in local and national causes.

Reflection is a key component of our experiential service-learning model. Our reflection activities direct students’ attention to new interpretations of events and provide a lens through which service can be studied and interpreted.
Creating Healthy Communities Overview

More than half of early childhood deaths worldwide could be prevented with simple and affordable health care. Yet millions of families around the world don’t have access to health care. By taking part in the WE Schools WE Give Health campaign, students can help transform developing communities into healthy communities by exploring how health is promoted, restored and maintained in their lives, their communities and around the world in WE Villages communities.

Lessons are customized to suit developmental stages as well as align with curricular expectations for health and physical education. Each lesson is designed to empower students to make positive health decisions and apply their knowledge to help build healthy communities on a local and global scale. Students will have the opportunity to reflect on their health habits and explore the physical and mental health benefits of maintaining an active lifestyle. Students will examine the barriers to health locally and globally. The lessons are grounded in the WE Learning Framework, ensuring students develop the core skill sets that help them achieve learning goals and become global citizens.

Rationale

Walgreens is America’s most loved health and beauty retailer, focused on providing communities with superior customer service and championing everyone’s right to be happy and healthy. With a history that spans more than a hundred years, Walgreens’ focus has always been to understand and serve the many needs of their customers.

Walgreens has partnered with WE Charity on many initiatives, including this resource and the We Give Health campaign, to further their commitment to the communities they serve. Together, we’re helping young people grow up healthy and happy so that they can change the world.

Assessing the Learning

You know your students best—their learning styles and preferences, skill levels and knowledge. You are in the best position to anticipate the habits of mind that will make this lesson package successful. We are mindful that students may be at different reading levels, including English Language Learners (ELL), and may have learning differences. In response, the Educator Notes throughout the resource make suggestions for differentiation along with extension and enrichment ideas that can be used.

Teaching strategies include think-pair-share, mapping, graphic organizers, tableaus, carousel and class discussions.

Assessment strategies include exit and entry tickets, and reflection.

This classroom resource includes suggestions for a variety of books, videos and other resources designed to engage student interest and deepen understanding. Before beginning the resource, visit your Teacher-Librarian, local library or school district resource center to get access to the resources.

► Explore other resources and current campaign offerings at WE.org
Subject(s): Health and Physical Education

Recommended Grade Level: Grades 4 to 6

WE Learning Framework Skills:

Essential Questions:

► How is good health connected to good hygiene?
► How can health be restored in communities, locally and globally?
► How can good physical and mental health and well-being be maintained over time?

Word Bank

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Hygiene</td>
<td>Conditions or practices conducive to maintaining health and preventing disease, especially through cleanliness.</td>
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<tr>
<td>Maintain</td>
<td>Cause or enable a condition or situation to continue, keep at the same level.</td>
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<tr>
<td>Mental health</td>
<td>A person's condition with regard to their psychological and emotional well-being.</td>
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<tr>
<td>Promote</td>
<td>Support or further the progress of something.</td>
</tr>
<tr>
<td>Restore</td>
<td>Bring back or re-establish to a previous situation.</td>
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Sources for definitions:

• Oxford Dictionary
  www.en.oxforddictionaries.com

Materials And Resources

• Chart paper and markers
• Appendix 1: Classroom Observation Forms
• Blackline Master 1: Health Resources in My Community
• Blackline Master 2: Health in WE Villages Communities
Lesson 1:
Promoting Good Health

Suggested Time: 40 minutes

Learning Goals:
Students Will:
• Learn about the personal hygiene practices that promote good health
• Explore the role of hygiene in international health programs

Investigate and Learn

1. Write the following question on the front board or on a piece of chart paper: What can we do to stay healthy?

2. As a class, brainstorm what students can do to stay healthy. Suggestions might include: eating healthy food, getting enough sleep or going to the dentist or doctor.

3. Explain to students that one way to stay healthy is to have good hygiene.

4. Ask students if they were ever told to drink clean water and to not drink dirty water. How do you know if water is clean or dirty? Where do you access clean water? Where might you find dirty water?

5. Show students Miguel’s story to help students understand the effects of hygiene, “When tragedy struck, this dad knew what needed to change,” www.WE.org/stories/protecting-natural-resources-fight-for-clean-water-in-amazon-rainforest/ (2.12). Or have students read the same story as an article, “The parents that made pipe dreams come true,” www.WE.org/stories/parents-confront-tragedy-with-action-for-access-to-clean-water/.

6. Make sure students understand that Miguel and his family had little choice but to drink the contaminated water, even though it was unhygienic. Though we often think of hygiene as the personal behavior of washing and applying deodorant, hygiene is broader and includes conditions and practices favorable to maintaining good health and preventing disease. Good health is a general term that refers to each person’s ability to function well physically, mentally, socially and spiritually to live in the full range of their potential.

7. Recommended Assessment As Learning: Using think-pair-share, have students discuss the following questions using evidence from the video or article. Write the questions on the board, or project them for student reference.
   a. Why did Miguel’s family and other community members drink water from the Napo river? Did they understand the possible consequences of drinking untreated water?
   b. Why couldn’t Nelly be treated at the local clinic?
   c. What did Miguel and the community learn from the loss of Nelly?

8. Educator’s Note: Based on student responses, assess whether students understand that Miguel’s family and community lacked education on water sanitation as well as lacking access to clean water and adequate health care. Collect data on student understanding with the observation forms in Appendix 1.

9. Post the following questions—one on each piece of chart paper—around the room. Using the carousel technique, provide students with markers and ask them to circulate and respond to each question. If a similar response is already posted, add a checkmark in agreement. Encourage students to think broadly and specifically about the question before responding to get a diverse selection of thoughtful ideas.
   a. How have hygiene practices evolved over time?
   b. How is good health promoted? (Consider who promotes good health locally, nationally and internationally, in your life and in the lives of others.)
   c. What might prevent someone from practicing good hygiene? (Consider local and global barriers people may face.)
   d. What are the consequences of bad or a lack of hygiene?
   e. Why is the promotion of hygiene important to good health?

10. Once everyone is finished recording their responses, restate each question and summarize the responses. Does anything stand out or surprise students?

11. Recommended Assessment Of Learning: Ask students to fill in the following as an exit ticket: The promotion of hygiene is important because _______________. It can be promoted through _______________.

12. Recommended Assessment For Learning: On a sticky note or card, have each student record the first lesson they remember learning about good hygiene; for example, washing your hands after going to the restroom. Have students post completed notes on the front board. Read the notes aloud and group similar lessons to demonstrate common knowledge among students.

13. Educator’s Note: As an alternative to Miguel’s story, show Yadira’s story, a young woman’s perspective of not having access to clean water and the effects on her and her family, www.WE.org/stories/world-water-stories-clean-water-changes-teens-life.
Lesson 2:

Restoring Health

Suggested Time:
45 minutes

Learning Goals:
Students Will:

- Investigate practices that help restore health that has been compromised
- Examine resources available to help restore health locally and internationally in WE Villages communities
- Reflect on the resources available in their community and identify who is responsible for restorative health services

1. **Recommended Assessment For Learning:** As an entry slip, have students write what they do if they are sick. Responses may include who or where they go to for help, e.g., go to the doctor, clinic or pharmacy. Or what they might do, e.g., take medicine or stay in bed.

2. Review the notes for patterns, trends and outliers. Read a few responses to the class to demonstrate the many options for treatment that students have when they aren’t feeling well. Tell students that even with good hygiene, people get sick. While it depends on need, availability and accessibility, there are many people and places to go to when health needs to be restored.

3. In groups of two to three, have students investigate and create a basic map of the people, places and services in their community that support health restoration. Examples may include: hospitals, dentists, pharmacies or homeopathic clinics. Students may research by conducting a virtual community walk with using online mapping software and local online directories. The map may be hand-drawn or digital.

4. **Recommended Assessment As Learning:** After completing their maps, have groups reflect on the information they mapped using the following questions:
   a. What services are available in our community?
   b. What might be missing or lacking from our community?
   c. Are the services available to everyone? Who might they not be available to? (Consider physical accessibility—such as location, barriers such as stairs without ramps or elevators—and monetary accessibility.)
   d. Who is responsible for ensuring that all community members have access to restorative health services?
   e. If appropriate, what can we do to ensure better services and accessibility to restorative health services in our community?
   
   Provide each group with a copy of Blackline Master 1: Health Resources in My Community to document their work.

5. Once students have examined the resources available in their community, have students examine the services and needs of communities in developing countries. Using Blackline Master 2: Health in WE Villages Communities, assign groups a country. Instruct students to read through the country profile and highlight or underline the issues that may affect the health of people in those communities. In another color, instruct students to highlight or underline the aid or solution people are receiving to help restore health. For more general information visit the WE Villages Health Pillar page, www.WE.org/we-villages/health/, or by country, www.WE.org/we-villages/where-we-work/.

6. Based on the information found, ask students what are the similarities and the differences between their community and WE Villages communities. Allow students the option of creating a fictional community map of one of the countries WE Villages works in. The students may map the community before or after WE partnered with them. Ask students to discuss the possible problems for people living in an international developing community that lacks resources.

**Educator’s Note:** As noted, every community—locally and globally—has unique needs and resources that vary in availability and accessibility. There may be a need in your community for people and services to help restore health. The absence of these resources will play a key role in the discussion. Restoring health and restorative health services refers to returning health or re-establishing health to its previous situation.
Lesson 3: Maintaining Mental and Physical Health and Well-being

Suggested Time:
120 minutes (or 2 x 60 minutes)

Learning Goals:
Students Will:

• Recognize the importance of physical and mental health and well-being
• Develop strategies to maintain physical and mental health and well-being over time

1. On the front board or a piece of chart paper, list the following activities:
   • Running
   • Helping a friend
   • Reading
   • Playing video games
   • Playing basketball
   • Eating lunch
   • Taking a test

2. **Recommended Assessment For Learning:** As a class, or in pairs, ask students to brainstorm and list all the body parts they would need to use to do each activity. Students can add their ideas to the front board, write them on sticky notes or create an individual list. Remind students to consider their brain and nervous system, their heart and circulatory system and their digestive system.

3. Once students have had enough time to brainstorm, bring them back together and share students’ responses.

4. Pose the following question to students:
   • How would it impact you if one of your bones or muscles was not healthy or not working properly?
   • How would it impact you if your brain was not healthy or not working properly?

5. Explain to students that, just like other parts of our bodies, if our brains are not healthy or working properly, it can stop us from doing the things we want to do.

6. Explore one or more of the following books as a class to encourage discussion about the functions of the parts of the body and why it is important to keep our minds and bodies healthy:
   • *Human Body!* by DK, DK Children, 2017
   • *Your Fantastic Elastic Brain Stretch It, Shape It* by Joann Deak, Little Pickle Stories, 2010
   • *Listening to My Body* by Gabi Garcia, Skinned Knee Publishing, 2017

7. Divide students into small groups and provide each group with an image of the human body printed on legal size paper or larger. Challenge students to record all of the strategies they use to keep their mind and body healthy. Encourage students to think about the things they already do that give them energy and help them feel positive emotions (e.g., happiness, joy, curiosity, love). As an alternative, display an image of the human body on the front board and give each group a large piece of paper to create their own mind map.

8. **Recommended Assessment As Learning:** When all groups have finished, display each of the papers on the front board and, using different colored markers, ask students to summarize or categorize the responses. Ensure that students have identified strategies in all of the following categories:
   • Physical Activity (e.g., spend time outside get enough exercise, spend less time in front of screens)
   • Sleep (e.g., have a nighttime routine, sleep at least eight hours per night)
   • Nutrition (e.g., eat healthy foods like fruits and vegetables, drink lots of water)
   • Social Relationships (e.g., spend time with friends and family, help those around you)
   • Managing Stress (e.g., find an activity that helps you relax, take a break when you need to, talk to friends and family when you’re feeling strong emotions)

Sources:
*What Every Child Needs For Good Mental Health,* [www.mentalhealthamerica.net/every-child-needs](http://www.mentalhealthamerica.net/every-child-needs)
*www.healthychildren.org/English/Pages/default.aspx*
*Mental Health,* [www.aboutkidshealth.ca/MentalHealth](http://www.aboutkidshealth.ca/MentalHealth)
9. List the key strategies students identified on the front board or on a piece of chart paper.

10. Explain to students that they can use these strategies to make sure they keep their minds and bodies healthy. However, they can also help others stay healthy by sharing what they've learned.

11. As a class, choose one of the following options to give students an opportunity to demonstrate what they have learned and inform their school community about how to maintain their physical and mental health:

   • Design a poster collection: In small groups, have students create a series of posters highlighting each of the strategies from the list above.

   • Write a blog post or digital: In pairs or small groups, encourage each pair or group to create a blog of post or digital presentation showcasing one the strategies for maintaining physical and mental health.

   • Create a role play or presentation: As a class or in small groups, develop a role play or presentation to inform the audience about ways they can maintain their physical and mental health. This role play or presentation could also be filmed and shared as a video clip.

12. **Recommended Assessment Of Learning:** Provide students with time to develop their poster collection, big book, role play or an idea of their own. Arrange for students to present their work to other classes, at a school assembly or in another space within the school.
Lesson 4:

WE Give Health

Suggested Time:
40 minutes

Learning Goals:
Students Will:

• Explore ways to take action to raise awareness and funds for the WE Villages Health Pillar
• Understand the relationship between restoring and restorative health
• Understand the consequences to the health of a community if it is missing one or more of the services and people that promote, maintain and restore health

Action Plan

1. Show students a video of Baraka Hospital to help them understand the resources available to nearby communities in the Kenyan Maasai Mara with the support of WE Villages. www.WE.org/stories/not-your-average-music-video-celebrates-the-baraka-hospital-and-improved-health-care-in-kenya/.

2. Share with students WE Give Health, a WE Schools campaign that raises money the WE Villages Health Pillar, visit www.WE.org/wegivehealth.

3. Keeping in mind what they have learned from the lessons, ask students the following questions:
   a. What are the goals of this campaign?
   b. Why is this campaign important?
   c. How can we apply our learning of promoting, restoring and maintaining health to the campaign?
   d. How would participating in this campaign benefit our local community and communities around the world?

Take Action

4. Encourage students to sign up for the WE Give Health campaign by registering at www.WE.org/wegivehealth.

5. Before interacting on or using social media, review classroom and school guidelines. Before interacting with members of the wider community, review classroom guidelines on etiquette and respect.

6. Ensure students are actively participating and collecting data throughout the Take Action phase by recording observations on the forms in Appendix 1: Classroom Observation Forms

Report and Celebrate

7. Have students share their learning process and actions they took with other students or another class. Students may examine how the three aspects of health work together to create a healthy community. Challenge them to make healthy choices that promote, restore and maintain good health for them and others around the world.
## Appendix 1: Classroom Observation Forms

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<th>Classroom Observation Form 1</th>
<th>Lesson/Activity:</th>
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### Appendix 1: Classroom Observation Forms

#### Classroom Observation Form 2

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<tr>
<th>Student Names</th>
<th>Learning Outcomes</th>
<th>Lesson/Activity:</th>
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# Appendix 1: Classroom Observation Forms

## Classroom Observation Form 3

<table>
<thead>
<tr>
<th>Observation</th>
<th>Questions/Concerns</th>
<th>Next Steps</th>
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**Lesson/Activity:**
Blackline Master 1: Health Resources in My Community

Create lists of people, places and services that support health restoration in your community. To fill in the following lists, do some research. Talk to your parents or guardians, look through the Yellow Pages of the local phone book, or use an online directory, check out online mapping tools and go for a virtual community walk.

Create a list of the people in your community whose job it is to help make you and other community members feel better when you are sick. For example, your pediatrician or pharmacist.

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Create a list of places in your community where you or other community members can go to receive care when you are sick. For example, a walk-in clinic or the hospital.

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Create a list of services in your community that support health. For example, ambulance services.

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Blackline Master 2: Health in WE Villages Communities

Kenya

Kenya is a beautiful country of sweeping savannahs, dense forests, snow-capped highlands and palm-lined coasts. With its beauty and abundant wildlife comes booming tourism and, in some places, great wealth. But there is also great poverty.

The health infrastructure in rural Kenya is especially underfunded. WE Charity helps in our partner communities by providing:

- Mobile health clinics in communities underserved by hospitals
- Training programs that focus on the hygiene habits of a healthy home
- Running Baraka Hospital and Kishon Health Clinic
- Creating school health clubs

India

We are inspired by every country in which we work. But India, in particular, holds special meaning to the WE Charity and WE Villages teams, because our story starts here.

WE Charity began working in India in 1998. In 2008, India officially joined our list of WE Villages partner countries. WE Villages projects are based in communities in Udaipur and Rajsamand district in the northern desert of Rajasthan.

With a severe lack of hospitals, clean water and sanitation, and quality doctors or nurses, more than two million children die every year from preventable illnesses, according to UNICEF, and fewer than half of children are immunized. We help by providing:

- Health education and outreach
- Mobile health clinics
- Construction of anginwadis (local health resource centers)

Ecuador

Ecuador straddles the equator on South America's west coast. Its diverse landscape encompasses Amazon jungle, Andean highlands and the wildlife-rich Galápagos Islands.

Since WE Charity began working in Chimborazo in 1999, Ecuador has made huge strides in its health care system, and people here have a life expectancy of around 75 years, according to the CIA World Factbook. That said, as many as 23 percent of children under five are said to be malnourished—not having enough nutritious food to eat—and hospitals and clinics often lack supplies. We help in our communities by providing:

- Health education programs
- Playgrounds to promote exercise
Blackline Master 2: Health in WE Villages Communities

Sierra Leone

Sierra Leone is a small tropical country of savannas, farmland and rainforests on Africa’s west coast. Despite having abundant natural resources, it’s estimated that as many as 70 percent of people live in poverty, and life expectancy is among the lowest in the world.

Lack of clean water and sanitation contributed to the spread of diseases in Kono District, and malaria was one of the most common illnesses in the region.

- WE Charity began distributing bed nets to prevent the disease, and teachers are reporting a decrease in the incidence of malaria
- Students continue to receive health and sanitation workshops to promote healthy living practices

Haiti

Haiti was already labeled the poorest country in the western hemisphere before the massive 2010 earthquake that devastated the small Caribbean nation.

That 7.0-magnitude quake killed or displaced hundreds of thousands of people, and left the government and infrastructure in shambles.

It may take decades to rebuild Haiti, but with a focus on health and education, and by improving household and community livelihoods, we are determined to provide long-term, sustainable support.

WE Charity began work in Haiti in 2002, focusing our efforts on the Central Plateau region, which is the most rural and underdeveloped part in the country.

We work in four rural communities in the mountains outside of Port-au-Prince.

We help in our partner communities by providing:

- Delivery and distribution of medical equipment and supplies
- Health education and training
- Community radio program on health
- Playgrounds to promote exercise

Nicaragua

Nicaragua is the largest country in Central America, bordered by the Pacific Ocean on the west and the Caribbean Sea on the east. With lush valleys and rainforests, stunning mountains, lakes and volcanoes, picturesque beaches, and Spanish-colonial towns, Nicaragua is seeing a boom in tourism.

Despite this, Nicaragua is also the second-poorest country in the western hemisphere, after Haiti, and its population struggles with poor access to education, employment, clean water and health services.

WE Charity has a rich history in Nicaragua dating from the late 1990s. In response to the country’s continued need, WE Charity is now partnering with several communities in the Central Pacific Region.

Lack of clean water and nutritious food leave many low-income people in rural Nicaragua in chronically poor health. The country suffers from a high rate of malaria and other parasitic diseases, and malnutrition—not having enough nutritious food to eat. Lack of health services for the rural population, coupled with the cost of seeking medical treatment, is a huge barrier to health and well-being. We help by partnering to provide health workshops.

- Health education and outreach
- Mobile health clinics
Tanzania

This beautiful East African nation, bordered by the Indian Ocean to the east, Kenya to the north and Mozambique to the south, is home to Mount Kilimanjaro, Serengeti National Park and an incredible array of wildlife. With nearly 40 percent of the country’s territory established as reserves or national parks, Tanzania is a huge tourist draw.

Despite Tanzania’s booming tourism industry, as many as 70 percent of people live in remote rural communities, and almost half live on less than $1.25 a day. The country struggles to provide adequate access to education, water, health care, food security and employment for millions of people.

In rural Tanzania, malaria, respiratory illness and diarrhea are among the most common health issues. The country has an incredibly low physician-to-patient ratio of 0.03 per 1,000 people, which is often worse in rural areas.

Since WE Charity began to work in Tanzania in 2002, one of the most important aspects of our Health Pillar is the health education program in schools and the home. Promoting the importance of good health and hygiene is a key element in achieving the fullest health potential for community members.

Ethiopia

Located in the Horn of Africa, Ethiopia is a landlocked country bordering Djibouti, Eritrea, Sudan, South Sudan, Kenya and Somalia. Approximately the size of Texas and Montana combined, the country has a population of 100 million people—the second-largest in all of Africa, comprised of wildly varied communities defined by ethnicity and religion.

Although the economy is growing, Ethiopians still face a number of challenges. Thirty percent of the population lives on less than $1.25 per day, and 80 percent lives in rural areas where many children forego their schooling to help their families at home.

WE Charity works in Ethiopia in partnership with imagine1day, a Canadian-based charity and education-focused development organization that has been operating in Ethiopia since 2008.

To date, imagine1day operates in 10 districts and is partnered with every school within them. They have implemented programing which includes teacher training, leadership training and supporting the formation of school clubs.

Imagine1day has:

• Built 42 schools and 233 classrooms
• Implemented leadership and pedagogy programing in 487 schools