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YEAR 12 *Trial Exam Paper*

2018

HEALTH AND HUMAN DEVELOPMENT

Written examination

Sample responses

This book presents:

☐ high-level sample responses
☐ mark allocations
☐ tips on how to approach the exam.

Question 1a.

Sample response

Spiritual health and wellbeing is not material in nature, but relates to ideas, beliefs, values and ethics that arise in the minds and conscience of human beings. It includes the concepts of hope, peace, a guiding sense of meaning or value, and reflection on one's place in the world. Spiritual health and wellbeing can be highly individualised; for example, in some spiritual traditions health may relate to organised religion, a higher power and prayer. In other practices it can relate to morals, values, a sense of purpose in life, connection or belonging.

Mark allocation: 2 marks

- 1 mark each for any two of the following key terms: ideas or beliefs; values or ethics; sense of purpose in life; connection or belonging (up to 2 marks)

Tip

- *You will not be asked to define the dimensions of health and wellbeing but must be able to describe them using key words.*

Question 1b.

Sample response

The interrelationship between the dimensions of health and wellbeing can be seen in the example of a student who breaks their leg. The student would not be able to function effectively, which would have a detrimental effect on their physical health and wellbeing. Not being able to do daily activities, such as getting from one class to another, may cause them to get upset over things they wouldn't normally; for example, having to wait in a queue (perhaps causing pain and distress, which reduces emotional health and wellbeing). Knowing they are frustrated and upset about things that they would normally find easy may negatively impact their mental health and wellbeing, due to decreased confidence in dealing with school. This could mean not attending school, which could reduce the strength of their relationships with peers (negatively impacting social health). This lack of relationships at school may decrease the feeling of connectedness with school (negatively impacting spiritual health). As a result, once they are ready to return to school (confident on crutches) they may experience some anxiety about how people will treat them (negatively impacting mental health).

Mark allocation: 5 marks

- 4–5 marks for a response that demonstrates how multiple or all dimensions of health and wellbeing impact each other
- 2–3 marks for an explanation of more than one dimension of health and wellbeing and how these impact each other
- 1 mark for an explanation of one dimension of health and wellbeing

Note: Responses can discuss positive or negative impacts or a mix of both.

Tip

- *You must be able to show the interrelationships between dimensions; this must include clear links on how one dimension affects another.*

Question 1c.

Sample response

Possible responses are outlined in the table below.

Individual	National	Global
• work productively • gain an education • earn an income • exercise • effectively run a household (e.g. shopping, cleaning, caring for children) • spend time with friends • work towards a purpose in life • increase leisure time • live independently • sleep well • maintain positive thought patterns	• economic benefits • increased productivity, less absenteeism from work • higher average incomes • fewer people relying on social security • health system savings, more money spent on education • social benefits • increased social participation • reduced stress and anxiety in the community • longer, healthier lives and increased life expectancy	• promotes social development • promotes economic development • assists in promoting peace and stability • promotes sustainability • reduces risk of disease transmission between countries

Mark allocation: 3 marks

- • 1 mark for outlining one way that optimal health and wellbeing can act as a resource at an individual level
- • 1 mark for outlining one way that optimal health and wellbeing can act as a resource at a national level
- • 1 mark for outlining one way that optimal health and wellbeing can act as a resource at a global level

Question 2a.

Sample response

Possible trends are listed below.

- Loss of healthy life years (in percentage of total disability-adjusted life year (DALY)) for non-communicable diseases increased (approximately 42%–54%) in the period 1990 to 2010, while for communicable diseases, maternal, neonatal and nutritional disorders it decreased (approximately 48%–35%).

- Deaths related to non-communicable diseases (as a percentage of total deaths) increased in the period 2000 to 2011 for upper middle- (e.g. approximately 75%–80%), lower middle- and low-income countries, as well as for the world.

Mark allocation: 1 mark

- 1 mark for either trend outlined above

Note: You must use data to support your answer in order to receive the mark.

Tip

- *Use the graph titles and units when discussing data and trends.*

Question 2b.

Sample response

Similarity: All three brackets (low-income, lower middle-income and upper middle-income countries) have experienced an increased percentage in deaths related to non-communicable diseases. This means a greater incidence of such diseases and a greater burden of disease.

Difference: Low-income countries have the lowest percentage of deaths related to non-communicable diseases (approximately 38%) compared to lower middle-income and upper middle-income countries. This suggests that communicable diseases still have a significant impact on health status and burden of disease in low-income countries compared to lower middle-income and upper middle-income countries.

Mark allocation: 2 marks

- 1 mark for discussing a similarity
- 1 mark for discussing a difference

Note: You must show at least one link to health status and one link to burden of disease.

Tip

- *As the question asks about health status and burden of disease, you should clearly link back to this.*

Question 2c.

Sample response

The global distribution and marketing of tobacco, alcohol and processed foods has increased in the period 1990 to 2011. In all countries, this has increased the numbers of people who smoke, drink and eat foods high in saturated fats, particularly in low-income to middle-income countries. This has meant an increase in the number of people suffering from non-communicable diseases such as lung cancer, liver cancer and obesity.

Note: If the trend identified in part a. was a decrease in communicable diseases, you could discuss the improvement of safe water and sanitation as potential factors.

Mark allocation: 2 marks

- • 1 mark for outlining a factor that contributes to the trend
- • 1 mark for linking the factor to an increase in non-communicable diseases or a decrease in communicable diseases

Question 3

Sample response

Digital technology has enabled many medical advancements and has therefore had some positive impact on global health and wellbeing (e.g. technology allowing earlier detection and treatment of illness and disease). Increased knowledge sharing through digital technology has also assisted in the prevention of many diseases, especially in developing countries. This has led to an increase in global life expectancy.

However, its impact globally on health and wellbeing is also causing harm, as we see an increase in the incidence and prevalence of lifestyle diseases. These diseases, such as obesity and type 2 diabetes, contribute significantly to the global burden of disease, particularly years lost to disease (YLD). Increased access to digital technology is encouraging a more sedentary lifestyle, increasing the risk of obesity and decreasing physical health and wellbeing. It is also linked to a lack of sleep and increased anxiety, decreasing mental health and wellbeing.

While the initial impact was positive and there will continue to be some beneficial effects on global health and wellbeing, the use of digital technology is causing significant harm and may end up causing more harm than good if we do not change our use of it globally.

Mark allocation: 6 marks

- 6 marks for a response that demonstrates an understanding of digital technology and includes a statement about the extent of agreement. The response includes two to three valid arguments to support the statement, and shows an understanding of both sides of the argument. A clear link between digital technology and global health and wellbeing is also included
- 4–5 marks for a response that demonstrates an understanding of digital technology and includes a statement about the extent of agreement. The response includes at least two valid arguments to support the statement. A clear link shown between digital technology and global health and wellbeing is also included
- 2–3 marks for a response that demonstrates an understanding of digital technology and includes a statement about the extent of agreement. The response includes at least one valid argument to support statement
- 1 mark for a response that demonstrates an understanding of digital technology or that includes a statement about the extent of agreement

Tip

- *When asked 'to what extent do you agree?' a judgement must be made, with supporting arguments.*

Question 4a.

Sample response

Life expectancy is an indication of how long a person can expect to live, if death rates do not change.

Mark allocation: 1 mark

- 1 mark for an accurate definition

Tip

- *You need to be able to define health status indicators.*

Question 4b.

Sample response

The new public health system, which focuses on prevention, has had improved life expectancy, as this has increased for both males and females in recent times (e.g. for females, life expectancy increased from 75 years of age in 1980 to 85 years of age in 2015).

Mark allocation: 1 mark

- 1 mark for outlining a conclusion about the positive impact on life expectancy

Tip

- *While you do not need to explain why it has had the impact identified, you should show an understanding that the new public health system focuses on prevention.*

Question 4c.

Sample response

Environmental: Males are more likely to work in dangerous work environments (e.g. with machinery) compared to females. This can increase their risk of having accidents at work, which may lead to premature death and a decreased life expectancy.

Biological: Females have higher levels of oestrogen compared to males, which can be protective against cardiovascular disease (CVD). Therefore, females are less likely to suffer, and therefore die prematurely, from CVD, increasing their life expectancy when compared to males.

Mark allocation: 4 marks

- 1 mark for outlining an environmental factor
- 1 mark for outlining a biological factor
- 1 mark for providing a link between the environmental factor and differences in life expectancy
- 1 mark for providing a link between the biological factor and differences in life expectancy

Tip

- *You should know at least three examples of each type of factor. This ensures that you can pick the best response for the question.*

Question 4d.

Sample response

Access to health information: As the access to information increases and there is a greater focus on males accessing health information, more males may use preventative measures and seek help earlier. This could result in fewer males dying prematurely, thereby increasing their life expectancy and moving closer to that of females.

Mark allocation: 2 marks

- 1 mark for outlining a sociocultural factor
- 1 mark for showing a link between the factor and the decreasing gap between life expectancy

Question 5a.

Sample response

Because a majority (97%) of Aboriginal and Torres Strait Islanders have inadequate intake of fruit and vegetables, it is likely that they are lacking fibre. A lack of fibre in your diet can lead to an increased risk of obesity, as fibre provides a feeling of satiety. Without this, one may choose to snack on energy-dense foods, which can increase the risk of obesity. Increased rates of obesity can lead to increased morbidity and mortality from obesity-related conditions (e.g. CVD), negatively impacting the health status of Aboriginal and Torres Strait Islanders.

Mark allocation: 3 marks

- 1 mark for linking a lack of fruit and vegetables to a nutrient
- 1 mark for an explanation of the nutrient's function
- 1 mark for providing a link back to Aboriginal and Torres Strait Islanders' health status

Tip

- *Make sure you link your answer back to the question being asked. In this instance you need to link back to the impact on health status of Aboriginal and Torres Strait Islanders.*

Question 5b.

Sample response

Lack of skills and knowledge: While the Australian Guide to Healthy Eating (AGHE) is a visual representation of ingredients, Aboriginal and Torres Strait Islanders may lack the knowledge of how to prepare a meal with such ingredients, meaning that they choose prepared meals that lack the appropriate balance of nutrients suggested in the AGHE.

Other possible responses include: socioeconomic status, cultural traditions and food security.

Mark allocation: 1 mark

- 1 mark for outlining a limitation of food models, which clearly links back to the dietary habits of Aboriginal and Torres Strait Islanders

Question 6a.

Sample response

Private health insurance is optional and covers some of the cost of additional healthcare that an individual pays for. It can include coverage for services such as physiotherapy.

Mark allocation: 1 mark

- 1 mark for the above description (key terms: optional, additional, healthcare coverage)

Question 6b.

Sample response

Private health insurance premiums have increased to account for the increased costs of healthcare. These increased costs are due to an ageing population and an increase in lifestyle diseases.

Mark allocation: 1 mark

- 1 mark for any valid reason (e.g. ageing population, lifestyle diseases, increased cost of living, increased demand for healthcare)

Question 6c.

Sample response

The Australian Government wants more people to take out private health insurance as this will decrease the burden on the public health system. They do this by offering incentives for taking out private health insurance. One incentive is the Medicare levy surcharge. This is where individuals who earn over a certain threshold (higher-income earners) must pay an additional levy (means tested) if they do not have private health insurance.

Other possible incentives that could be discussed are listed below.

- The private health insurance rebate subsidises private health insurance premiums.

- The Lifetime Health Cover loading encourages people to take out hospital insurance by the age of 30 and maintain it.

Mark allocation: 3 marks

- 1 mark for explaining why the Australian Government wants people to take out Private Health insurance
- 1 mark for correctly identifying an Australian Government incentive
- 1 mark for explaining the incentive program

Question 7

**Sample
response**

The Human Development Index (HDI) uses three dimensions and four indicators to measure human development. It measures:

- education through the mean and expected years of schooling

- health through life expectancy

- living standards through gross national income (GNI).

These measurements provide some insight into the human development of a country.

For example, Australia is likely to have high mean and expected years of schooling, contributing to a high HDI, which would suggest a high level of skills and knowledge.

Papua New Guinea is likely to have a low GNI, contributing to a low HDI, which may suggest a lower standard of living.

The HDI provides a good indication of a country's human development. However, not all aspects are measured, as some, such as 'leading creative and productive lives', are very hard to measure. It also fails to measure 'participating in the life of their community and decisions affecting their lives'.

So while it can be used to measure and compare countries on some aspects of development, it cannot compare all aspects.

Mark allocation: 6 marks

- 6 marks for a detailed evaluation (including positives and negatives) of the HDI in measuring and comparing countries' human development, with effective use of data
- 4–5 marks for a response that demonstrates an understanding of how HDI (including dimensions and indicators) aims to measure human development
- 2–3 marks for a response that demonstrates an understanding of human development and HDI (including dimensions and indicators)
- 1 mark for a response that demonstrates a very basic understanding of human development or HDI

Tip

- *When evaluating positives and negatives, you should refer to strengths and weaknesses and make a judgement.*

Question 8a.

Sample response

United Nations (UN)

Mark allocation: 1 mark

- 1 mark for the correct answer

Question 8b.

Sample response

The objectives include:

- ending extreme poverty
- fighting inequality and injustice
- addressing climate change.

Mark allocation: 3 marks

- 1 mark for each objective listed (up to 3 marks)

Question 8c.

Sample response

SDGs 3 and 1: Achieving SDG 3 is important in achieving SDG 1 because if people are in good health they can attend school and go to work to develop skills and earn an income. This can help prevent the poverty cycle. By ending poverty more people globally will have access to safe water, sanitation and housing, which may decrease the risk of waterborne diseases and increase global life expectancy.

By achieving SDG 3 and being healthy enough to work and go to school and avoid poverty, more people worldwide may be able to develop skills and capacities in order to achieve a decent standard of living, thereby increasing human development.

SDGs 3 and 4: If we can achieve greater quality of education globally, more people will be aware of important health messages and prevention strategies (e.g. the importance of contraception). This may help decrease the under-five mortality rate (U5MR) and maternal mortality rate globally.

By increasing the quality of education globally, more people may be able to gain a well-paid job. This may assist them in having a decent standard of living, allowing them to lead creative and productive lives in jobs they choose, thereby increasing human development.

Mark allocation: 6 marks

SDGs 3 and 1

- 1 mark for showing an understanding of the relationship between the SDGs (good health and wellbeing and no poverty)
- 1 mark for linking these SDGs to global health and wellbeing
- 1 mark for linking these SDGs to global human development

SDGs 3 and 4

- 1 mark for showing an understanding of the relationship between the SDGs (good health and wellbeing and quality education)
- 1 mark for linking these SDGs to global health and wellbeing
- 1 mark for linking these SDGs to global human development

Question 9

**Sample
response**

Intersectoral collaboration: This is when the government, private sector and health sector all work together towards a goal. An example of this in the program is VicHealth, SuperFriend and WorkSafe Victoria all working together to improve mental wellbeing in the workplace.

Empower individuals and the community: The aim is to provide individuals and the community with the resources and skill base they need to address the factors that influence their health and enable them to participate in decisions about their health. The program ensures that information, resources and tools for positive mental wellbeing are provided, empowering them to improve their own mental health.

Other possible answers include: addresses the broader determinants of health (must specify social, economic and environmental factors in explanation); and increases access to healthcare.

Mark allocation: 4 marks

- 1 mark each for two principles correctly stated and explained using key terms (up to 2 marks)
- 1 mark each for two correct examples from the case study (up to 2 marks)

Tip

- *You must state and show an understanding of the principle as well as provide an example.*

Question 10a.

Sample response

By subsidising general practitioner (GP) visits, doctors are more accessible to more people. This may mean that more diseases and illnesses (e.g. CVD) are diagnosed and treated earlier, which can increase physical health and wellbeing.

Mark allocation: 2 marks

- 1 mark for showing an understanding of Medicare
- 1 mark for clear link to physical health and wellbeing

Question 10b.

Sample response

Through subsidising vital medications, more illnesses and diseases (e.g. type 2 diabetes) can be managed. This could mean less time spent in poor health, decreasing morbidity and increasing health status.

Mark allocation: 2 marks

- 1 mark for showing an understanding of the Pharmaceutical Benefits Scheme
- 1 mark for clear link to health status

Question 10c.

Sample response

The National Disability Insurance Scheme (NDIS) provides support and equipment (e.g. modifications to homes so they can live on their own) for those with disabilities so that they can live a more independent life. This can increase their resilience and emotional health and wellbeing.

Mark allocation: 2 marks

- 1 mark for showing an understanding of the NDIS
- 1 mark for clear link to emotional health and wellbeing

Question 11a.

Sample response

Possible health promotion programs to discuss are listed below.

Smoking: The Quit program has worked hard to phase out tobacco advertising on television and radio. It has made changes to laws in areas such as plain packaging and non-smoking areas. There is also a Quitline that offers support and advice for those trying to give up smoking.

Skin cancer: The SunSmart program encourages schools to have policies like 'no hat, no play'. They also advocate shade when planning new outdoor spaces. They have an app that informs people of the ultraviolet (UV) levels for the day. The SunSmart program has a catchy slogan 'slip, slop, slap, seek and slide', which encourages people to slip on a shirt, slop on some sunscreen, slap on a hat, seek shade and slide on sunglasses.

Road safety: The Transport Accident Commission (TAC) Driver Reviver program includes setting up to 220 Driver Reviver sites, which are open each holiday season. These are along popular routes and offer a place to stop and refresh (e.g. free tea, coffee and snacks, toilet stops). It involves Victorian State Emergency Service (SES) volunteers, volunteer fire services (e.g. CFA) and the Lions Club. The program also offers 'holiday motoring tips' on their website (e.g. education regarding the dangers of driving when fatigued).

Mark allocation: 3 marks

- 1 mark for describing each characteristic of the program (up to 3 marks)

Tip

- *Use different and specific characteristics of the program to avoid duplicating content.*

Question 11b.

Sample response

Possible action areas to discuss are listed below.

Smoking: The Quit program reflects the action area of building healthy public policy. This involves implementing rules and laws with good health in mind. This is reflected in the changes to laws made about increasing the number of non-smoking areas.

It also reflects the action area of creating supportive environments. This is where making the healthy choice is the easy choice. This is also achieved by having more non-smoking areas, and by having a Quit helpline for support.

Skin cancer: The SunSmart program reflects the action area of building healthy public policy. This involves implementing rules and laws with good health in mind. This is reflected in the development of policies like the 'no hat, no play' policy in schools.

It also reflects the action area of creating supportive environments. This is where making the healthy choice is the easy choice. This is also achieved by ensuring all new outdoor play areas have shade.

Road safety: The TAC Driver Reviver program reflects the action area of strengthening community action. This includes people working together to achieve positive health outcomes. This is achieved through the SES volunteers, CFA and Lions Club working with the TAC.

It also reflects development of personal skills as it involves education. This is also achieved through the 'holiday motoring tips' provided on their website.

Mark allocation: 4 marks

- 1 mark for showing an understanding of each Ottawa Charter action area (up to 2 marks)
- 1 mark for explaining how the program reflects each action area (up to 2 marks)

Question 12

Sample response

While it is aimed at workplaces, which may only target some Indigenous people, the *Yarning it Up* program has a great capacity to improve Indigenous health and wellbeing.

The program is very accessible, as it is offered in workplaces and communities in a culturally appropriate way. This enables greater understanding by more people, which may result in more Indigenous people giving up smoking.

Because the program involves ongoing support, including a referral process and education, it is possible that more Indigenous people may give up smoking. This can decrease the number of people smoking now, but also in future generations. It could mean that future generations are exposed less to smoking and that fewer take it up.

By making the information of the *Yarning it Up* program accessible and sustainable, more Indigenous people may choose not to smoke, decreasing their risk of respiratory diseases and lung cancer and thus improving their physical health and wellbeing.

Mark allocation: 4 marks

- 4 marks for a response that evaluates the capacity of the program to improve Indigenous health and wellbeing, with at least two valid reasons that link it to access and sustainability. The response also clearly links back to Indigenous health and wellbeing
- 2–3 marks for a response that evaluates the capacity of the program to improve Indigenous health and wellbeing, with at least two valid reasons that link it to access or sustainability
- 1 mark for a response that evaluates the capacity of the program to improve Indigenous health and wellbeing

Tip

- *To evaluate the capacity of a program, you should consider if it:*
  - ☐ *is accessible*
  - ☐ *is sustainable*
  - ☐ *is equitable*
  - ☐ *addresses the action areas of the Ottawa Charter.*

Question 13

Sample response

The Australian Government uses the Australian Dietary Guidelines and the Australian Guide to Healthy Eating (AGHE) to help change and improve the dietary habits of Australians.

The Dietary Guidelines include five guidelines for overall dietary habits. Guidelines 2 and 3 make some suggestions about nutrient amounts in the daily diet. For example, Guideline 3 suggests to limit intake of foods containing saturated fat, added salt, added sugar and alcohol.

The AGHE provides a visual representation of the Dietary Guidelines, and includes examples of foods and proportions that should be eaten.

While both initiatives provide information to help Australians make healthy choices, they rely heavily on the education and skills of the consumers. For example, if you don't know which foods are high in added salt, how can you limit them? Although the AGHE has pictures of the foods (containing nutrients), they are shown mainly as individual foods. So where does a pizza fit in? Without some knowledge and skills, this dietary guidance is likely to go unheeded.

Both initiatives also suggest a high intake of fresh fruit and vegetables. This can be heavily dependent on food security and access. Due to geographical location, housing and socioeconomic status, it may not be feasible for people to access sufficient fresh fruit and vegetables, which could inhibit their ability to follow the guidelines.

While both initiatives provide important information in a variety of ways, without further support of education and access to food, they have limited capacity to cause significant change in the dietary habits of Australians.

Mark allocation: 6 marks

- 6 marks for listing and evaluating the two initiatives and their limitations.
  The response must also evaluate the capacity of the programs to cause change
- 4–5 marks for listing and evaluating the two initiatives and their limitations
- 2–3 marks for listing and evaluating the two initiatives
- 1 mark for listing one or two Australian Government initiatives

Tip

- *Use specific examples from the initiatives to show a greater depth of understanding.*

Question 14a.

Sample response

Poverty: People in low- to middle-income countries are less likely than those in upper-income countries (e.g. Australia) to afford contraception or high-quality education, which can help prevent unprotected sex and reduce the risk of contracting HIV.

Inequality and discrimination: Often in low- to middle-income countries (less so in upper-income countries such as Australia), there are cultural traditions that result in decreased rights and less education for women, which can result in unprotected sexual intercourse. This can, in turn, increase the risk of contracting HIV.

Mark allocation: 4 marks

- 1 mark for explanation of each factor (up to 2 marks)
- 1 mark linking the factors to the differences between Australia and low- to middle-income countries (up to 2 marks)

Question 14b.

Sample response

multilateral aid

Mark allocation: 1 mark

- 1 mark for stating 'multilateral aid'

Question 14c.

Sample response

The program is likely to be somewhat effective as it addresses some features effectively; for example, it is socially sustainable. This means being able to empower people to take control of their lives, while respecting their values and traditions. This is evident as it works with the locals to help deliver the program.

The program is also economically sustainable. It invests in education to improve the skills and knowledge of health workers and communities. This can have positive impacts on employment opportunities.

The program does not address environmental sustainability.

Mark allocation: 4 marks

- 4 marks for stating the effectiveness and demonstrating an understanding of at least two features of an effective program (social, economic or environmental sustainability)
- 2–3 marks for stating the effectiveness with reference to the features of an effective program (social, economic or environmental sustainability)
- 1 mark for stating the effectiveness with a valid reason

Question 14d.

Sample response

The World Health Organization's (WHO's) priority of addressing the social, economic and environmental determinants includes looking at inequality in health between countries and aiming to reduce this.

This could be used to address HIV by promoting policy-making and promoting healthy practices, such as safe sex and needle use, in the countries with the highest incidence of HIV.

Mark allocation: 2 marks

- 1 mark for demonstrating an understanding of WHO's priority of addressing the social, economic and environmental determinants
- 1 mark for clearly linking this understanding to a decreased risk of contracting HIV

Question 14e.

Sample response

Possible social actions that could be listed are provided below.

Direct social action: volunteering for programs; writing letters to government; joining protests.

Indirect social action: donating money or supplies; encouraging others to donate; participating in an event whereby entry fee goes towards a charity; raising awareness through social media.

Mark allocation: 2 marks

- 1 mark for each example of social action provided (up to 2 marks)

Question 15a.

Sample response

WaterAid aims to provide safe water and sanitation as well as hygiene education to the world's poorest people.

It addresses SDG 6: Clean water and sanitation.

The purpose of the program is to improve the lives of the poorest and most marginalised people by improving access to safe water, sanitation and hygiene, as poverty cannot be eradicated without these things.

WaterAid relies on partnerships with communities and the local governments to help build clean toilets and provide education to the community.

Mark allocation: 3 marks

- 1 mark for correctly naming a program and the SDG addressed
- 1 mark for correctly outlining the purpose of the program
- 1 mark for outlining the partnerships involved in the program

Tip

- *You should be able to describe at least one NGO program that addresses the SDGs.*

Question 15b.

**Sample
response**

By providing education about hygiene, WaterAid can help increase the skills and knowledge of communities. WaterAid also helps build toilets and safe sanitation, which increases the standard of living of communities. By providing safe water, the risk of contracting a waterborne disease can be decreased. This means that people within the communities are more likely to be able to go to work or school, as they are not sick. This can help them to get an education, which may allow them to develop to their full potential and lead creative and productive lives (e.g. gain well-paid jobs).

Mark allocation: 3 marks

- 1 mark awarded for each clear link between the program and an aspect of human development (up to 3 marks)

Tip

- *You must show an understanding of human development and not just list terms. This includes using relevant examples and, where necessary, expanding beyond the key terms.*

END OF SAMPLE RESPONSES