

HEALTH AND HUMAN DEVELOPMENT

VCE Units 3 & 4 Trial examination 2019

Suggested Responses



Please note

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Question 1 (4 marks)**a. Describe how emotional and mental health and wellbeing differ.****2 marks**

Note: Students are NOT required to define terms. They need to demonstrate that they understand the meaning of terms in this study.

Emotional health relates to the ability to express feelings in a positive way. Emotional health is about the positive management and expression of emotional actions and reactions as well as the ability to display resilience. Emotional health is the degree to which you feel emotionally secure and relaxed in everyday life. Mental health is the current state of well-being relating to the mind or brain and it relates to the ability to think and process information. A mentally healthy brain enables an individual to positively form opinions, make decisions and use logic. Mental health is about the wellness of the mind rather than illness. Mental health is associated with low levels of stress and anxiety, positive self-esteem, as well as a sense of confidence and optimism.

So, emotional health and wellbeing is about feelings, whereas mental health and wellbeing is about thinking. The mental dimension of health is not concerned with emotions, but rather with intellect and cognition and the wellness of the mind.

b. Explain why the concept of health and wellbeing is considered to be subjective.**2 marks**

Health and wellbeing is subjective in nature because it is based on or influenced by personal attitudes, beliefs, feelings or opinions, rather than based on facts. It can be viewed as the way an individual perceives their health and wellbeing. Influences on our perception of health and wellbeing can come from age, gender, culture, and personal experiences.

Question 2 (8 marks)**a. Explain the meaning of optimal health and wellbeing.****1 mark**

Note: Students are NOT required to define terms. They need to demonstrate that they understand the meaning of terms in this study.

Optimal health refers to the highest level of health an individual can achieve given their potential, including a balance between all of the five dimensions. It refers to the best level of health an individual can realistically attain.

b. Explain the individual importance of optimal health and wellbeing as a resource.**3 marks**

A healthy individual is more able to meet their needs, goals and aspirations, is better able to care for family members, develop and maintain friendships and contribute to the community.

Examples of the individual importance of optimal health and wellbeing as a resource that students may use in their response include:

- *Individuals have the physical capacity to engage in daily tasks and activities.*
- *It reduces the risk of illness, injury, disability and premature death and increases life expectancy.*
- *Reduces the pain and suffering associated with chronic diseases.*
- *Increases the ability to participate in health-promoting activities and behaviours, such as physical activity and leisure pursuits.*
- *Improves quality of life.*
- *Decreases the healthcare costs to individuals, such as financial expenses related to healthcare services, consultations and pharmaceuticals.*
- *Supports individuals in developing and supporting meaningful and satisfying relationships with others through positive social interactions.*
- *Individuals are better able to manage or adapt appropriately to different social situations.*
- *Provides individuals with opportunities to function as contributing members of, and meaningfully engage with, the community.*
- *Increases the likelihood of feeling a sense of belonging.*
- *Increasing self-esteem, positive self-image and decreasing stress and anxiety.*

- c. **Explain the meaning of social action and justify ways that individuals could take social action to promote health and wellbeing.** **4 marks**

Social action refers to organised activity that seeks to bring about positive action and change. For full marks, students need to both explain the meaning of social action and justify ways that individuals could take social action to promote health and wellbeing.

Question 3 (2 marks)

Explain the link between equity and improved health outcomes.

According to VCAA, in relation to health and wellbeing, equity refers to addressing the causes of inequality and provides strategies to ensure fairness. Equity isn't about treating everyone equally but rather providing what individuals or groups require for health and wellbeing. Equity promotes health and wellbeing by ensuring access to education, employment, human rights and resources such as healthcare. These are all necessary for health and wellbeing.

Question 4 (8 marks)

- a. **Outline how life expectancy differs from health-adjusted life expectancy.** **2 marks**

Life expectancy is an indication of how long a person can be expected to live, depending on the age they have already reached. Technically, it is the number of years left to a person at a particular age if death rates do not change. Health-adjusted life expectancy (HALE) is the average number of years that a person at a specific age can expect to live in full health; that is, taking into account years lived in full health due to the health consequences of disease and/or injury.

- b. **Using the data from the figure above, identify two similarities and/or differences between males and females across the remoteness areas.**

2 x 2 = 4 marks

Students must accurately identify two similarities and/or differences between males and females across the remoteness areas.

NOTE: For full marks, students must use data from the figure. However, for each of the four sets of bars in the bar graph (remoteness area, males and females), students will only be able to estimate the numbers. It is appropriate for students to do this as well as using terms such as 'greater' or 'less'. For example:

- *Life expectancy at birth (for both males and females) in 2011 was highest in major cities and declined with increasing remoteness. Males and females in the less remote areas (e.g. major cities, inner regional, outer regional) expected a greater percentage of their remaining life expectancy to be in full health compared with their counterparts in the more remote areas (remote & very remote).*
- *Life expectancy and HALE at age 65 were shorter in remote and very remote areas for males and females compared with other areas. Males in remote and very remote areas expected approximately 2.8 fewer years remaining in full health compared with males in major cities; for females aged 65, this gap is about 4.4 years.*

- c. **Identify one sociocultural factor and explain how it could contribute to the differences identified in part b.** **2 marks**

*Sociocultural factors include: socioeconomic status, stress, early life experiences, social exclusion, work, unemployment, social support, addiction, food, transport, education, cultural traditions, attitudes and beliefs, and access to health care. In relation to this question, students need to explain **how** one relevant sociocultural factor could contribute to the differences (between males and females) identified in part b.*

For two marks, the sociocultural factor chosen must relate to the information provided in the figure.

Question 5 (8 marks)

- a. **Choose one of the population groups from the table above. Explain the role of two of these factors in relation to differences in the rates of coronary heart disease (CHD).**

2 x 2 = 4 marks

Students could choose 'indigenous/non-indigenous', 'remote and very remote/major cities' and 'lowest/highest socioeconomic status areas' and then explain the role of two of the factors listed (smoking, alcohol, high body mass index and dietary risks) in relation to differences in the rates of coronary heart disease (CHD). It is important that, in their responses, students make a clear link between the characteristics of the population groups and the relevant risk factors for CHD.

- b. Choose one of the population groups from part a. and explain why there might be challenges in bringing about dietary change.** **4 marks**

Students could choose 'indigenous/non-indigenous', 'remote and very remote/major cities' and 'lowest/highest socioeconomic status areas'.

There are challenges to bringing about dietary change. For example:

- *Behavioural influences include: our personal preferences, likes and dislikes; self-control and willpower; meal patterns; time constraints and convenience.*
- *Biological influences include: age; and health and wellbeing factors e.g. specific nutritional requirements, stress.*
- *Environmental influences include: access and equity in relation to food availability and food security.*
- *Sociocultural influences include: the cost of food; individual/family income; attitudes and beliefs; family and peers; cultural and religious factors; education, knowledge and skills; information, food marketing, advertising and the media; and the food preparation setting (home, workplace, school, restaurants).*

*For full marks, students need to draw on this knowledge and explain the challenges faced by organisations that are focused on bringing about dietary change in the **population group** chosen. So, they need to modify these challenges accordingly.*

Question 6 (8 marks)

- a. What is meant by the 'old' public health?**

2 marks

The period of the 'old' public health spans a lengthy period of time from the late 1800s to the mid-1980s. The 'old' public health focused on the physical environment and its impact on morbidity and mortality.

Some of the major issues in Australia in the 1900s that provide the context include: poor housing and inadequate environmental conditions; lack of safe water and sanitation; poor air quality due to the rise of factories; inadequate food storage and preparation. These factors led to infectious diseases such as smallpox, whooping cough, diphtheria, tuberculosis, pneumonia and diarrhoea. Without universal health cover (Medicare), healthcare was expensive, and many diseases were left untreated.

The era refers to government actions that focused on changing the physical environment to prevent the spread of disease such as providing safe water, sanitation and sewerage disposal, improved nutrition, improved housing and better working conditions.

- b. Explain the strengths of the biomedical model of health in bringing about improvements in Australia's health status.**

4 marks

Strengths of the biomedical model of health include:

- *many conditions, diseases and injuries can be diagnosed quickly and effectively diagnosed and treated*
- *treating and curing disease leads to reduced burden of disease and mortality and increased life expectancy*
- *creates advances in research and technology*
- *investing in research leads to improved knowledge of disease and can lead to better/improved treatments*
- *the community has an expectation that medical help to cure illness will be available when required and the biomedical system meets this community expectation*
- *when ill, knowledge of the disease increases and can contribute to the body of knowledge of the medical profession but also the individual to adopt better health behaviours once cured.*

- c. Explain the relationship between the social model of health and the Ottawa Charter for Health Promotion.**

2 marks

Sample response: The social model of health is a conceptual framework within which improvements in health and wellbeing are achieved by directing effort towards addressing the social, economic and environmental determinants of health. The model is based on the understanding that in order for health gains to occur, social, economic and environmental determinants must be addressed. The Ottawa Charter for Health Promotion was developed from the social model of health – it defines health promotion as the process of enabling people to increase control over, and to improve, their health. It is based on the idea that there are prerequisites for health and has key action areas, which support the concepts of the social model of health.

Question 7 (4 marks)

Analyse how the Pharmaceutical Benefits Scheme (PBS) promotes health and wellbeing in Australia in relation to access and equity. **2 x2 = 4 marks**

Access means that people are able to make use of healthcare services without barriers such as location, cost, time or knowledge.

- *The PBS provides timely access to medications at a reduced cost; medications can be accessed from local pharmacies (they don't have to travel to get them) quickly.*
- *Because the PBS aims to make medications affordable, this helps to make them more financially accessible.*
- *When people have access to the medications they need, they are more likely to spend less time in ill health.*

Equity is linked to fairness and social justice; it is different to equality – people have the same opportunities as everyone else. The PBS promotes equity in a number of ways.

Equity:

- *The PBS is available to all Australian citizens; it does not discriminate on the basis of income, location, health status, age, gender or race. This means that it is equitable because it provides essential medicines to people who need them*
- *The PBS Safety Net is a protection for people: with large families; with chronic conditions; who require many medications or expensive medications; or have concession cards.*

Question 8 (8 marks)

Using the information from the sources provided to support your response, analyse the NDIS's contribution to optimal health and wellbeing as a resource both individually and nationally.

According to VCAA, the examination will consist have short-answer and extended-answer questions, including questions with multiple parts. At least one question, or one part of one question, will be worth 8–10 marks. This is an example of an extended-answer question worth 8 marks.

Student responses should be scored on the interplay between the following:

- *How the responses are structured.*
- *How well the stimulus material is understood, connected and synthesised.*
- *How the stimulus material (Sources 1, 2 and 3) is used to support the analysis of the how the NDIS can promote health and wellbeing.*
- *Discussion of how health and wellbeing is a resource individually and nationally.*

Question 9 (2 marks)

Identify one action area of the Ottawa Charter for Health Promotion and explain how it is reflected in the Learn Earn Legend! program.

The relevant action areas of the Ottawa Charter for Health Promotion are:

Create supportive environments

Strengthen community action

Develop personal skills

For full marks, students need to demonstrate their understanding of a selected action area and clearly show how it is reflected in the 'Learn Earn Legend!' program.

Example:

Key action area of the Ottawa Charter for Health Promotion – Strengthen community action.

- *The program focuses on building links between individuals and the community, centres around the community working together to achieve a common goal e.g. encouraging and supporting young Indigenous Australians to stay at school so they can get a job and be a 'legend' for themselves, their family and their community. There is a range of organisations, community leaders, sports stars and local legends involved.*
- *Health promotion works through concrete and effective community action in setting priorities, making decisions and planning and implementing strategies to achieve better health.*
- *Involves community empowerment – community ownership and control.*

Question 10 (14 marks)

a. Using data from the table above, justify which of the three countries is a low-income country.

2 marks

Sample response: Country X is an example of a low-income country. Country X has a low human development index of 0.419 (HDI rank of 184), suggesting low level of knowledge, income (GNI) and the likelihood of a long and healthy life. Life expectancy at birth is 52.2 years, the U5MR is 113.5 per 1000 live births and maternal mortality rate is high (1360 per 1000 live births). Compared to Australia, 84.9 % of the urban population has access to an improved water source, which is also characteristic of low-income countries.

b. Describe an example of a social characteristic and an economic characteristic that would be different between Australia and a low-income country identified in part a.

4 marks

Students need to describe an example of a social characteristic and an economic characteristic that would be different between Australia and low-income country identified in part a.

Examples of social characteristics are: access to technology; birth and population rates; education and employment levels; gender equity; health systems; history of colonisation; and political and legal systems. For two marks, students need to select a characteristic and explain how it would be different. For example:

Suggested response: Australia has a public health system in which the population can access basic health care (Medicare); whereas, low-income countries often have less access to suitable healthcare and this impacts on health and wellbeing.

Examples of economic characteristics are: levels of poverty, average incomes, the range of industries, and opportunities for global trade. For two marks, students need to select a characteristic and explain how it would be different. For example:

Suggested response: High-income countries are more likely to have high average incomes. Low-income countries often have a large proportion of their population living in poverty compared to high-income countries. Lower incomes impact on access to education, healthcare, food, clean water and housing and, therefore health status and quality of life.

c.

i. Including reference to the indicators used in its calculation, describe what is meant by the Human Development Index (HDI). 2 marks

The Human Development Index (HDI) is a tool developed by the United Nations to measure and rank countries' levels of social and economic development. It provides a single statistic based on three dimensions – long and healthy life; knowledge; and a decent standard of living., and four indicators – life expectancy at birth, mean years of schooling, expected years of schooling and gross national income per capita.

ii. Evaluate the usefulness of the Human Development Index (HDI) in measuring human development. 2 marks

The concept of 'human development' is another way of examining the similarities and differences between countries. It can provide us with a more accurate picture of wellbeing of people in countries throughout the world. In this context, human development is about creating an environment in which people can develop their full potential and lead productive, creative lives in accordance with their needs and interests. It is about expanding people's choices and capabilities (the range of things that people can be and do), having access to knowledge, health and a decent standard of living, and participating in the life of the community and decisions affecting their lives.

Some examples of the advantages and limitations of the HDI as a measure of human development that students can refer to when evaluating the usefulness of the HDI are listed below.

Advantages:

- *It is a single, composite statistic that makes it easier to compare countries and changes over time.*
- *The HDI provides a broad perspective of viewing human progress and the complex relationship between income and wellbeing.*
- *It acknowledges and addresses the broad socioeconomic factors that impact on human development.*
- *The HDI is in widespread use, which makes it easier to compare levels of development between countries.*
- *It is useful to observe global patterns over time e.g. for individual countries and between countries.*
- *The HDI takes into account other ways of measuring human development, not just economic development.*

- *By taking into account more than just income, the HDI provides a more comprehensive representation of the level of human development.*
- *By knowing average income, this provides an indication of people being able to access resources for a decent standard of living.*

Limitations:

- *The HDI is not a complete measure of human development because it doesn't include important indicators such as gender, income inequality, respect for human rights and political freedoms, some of which are hard to measure.*
- *The single statistic is based on three dimensions – health, education and living standards, and four indicators – life expectancy at birth, mean years of schooling, expected years of schooling and gross national income per capita. There may be other ways to measure health and education (e.g. qualitative).*
- *The single statistic between 0 and 1 doesn't tell us anything about the individual dimensions.*
- *No survey data is collected, such as people's feelings about their lives and the issues that they face.*
- *The HDI is based on averages; this doesn't show inequalities within countries e.g. income levels.*
- *The HDI provides an indication of long-term changes and may not reflect short-term changes.*
- *Key aspects of human development include freedom, choices and capabilities; HDI does not measure these.*

d.

i. Identify the Sustainable Development Goal (SDG) relevant to this indicator.

1 mark

The Sustainable Development Goal (SDG) relevant to this indicator is SDG Goal 6 'Ensure availability and sustainable management of water and sanitation for all (Clean water and sanitation).

ii. Explain how actions taken to achieve this SDG could assist countries in achieving SDG 3 – 'Ensure healthy lives and promote wellbeing for all at all ages.'

3 marks

There are a number of actions taken to achieve SDG 6 that could assist countries in achieving SDG 3 – 'Ensure healthy lives and promote wellbeing for all at all ages.'

Students could choose from among the following in their responses:

- *Lack of access to safe water and sanitation contributes to deaths from diarrhoeal diseases and undernutrition, particularly in children.*
- *Infectious diseases are key determinants of wasting and stunting of growth in children.*
- *Water, sanitation and hygiene as associated with a range of other diseases.*
- *The global burden of disease can be reduced by increasing access to safe drinking water, improving sanitation and hygiene and improving water management to reduce risks of water-borne diseases; these factors interact to improve overall health.*
- *As well as saving lives, other benefits include greater economic productivity, more education and savings in healthcare.*
- *Safe water and effective sanitation means more children, especially girls, attend school and learn better; when children are ill, they are away from school.*
- *Illness takes adults away from earning an income; poor farmers and wage earners are less productive.*

Question 11 (4 marks)

Explain the meaning of social sustainability and its importance in the promotion of health and wellbeing in a global context.

Social sustainability is about creating an equitable society that meets the needs of all citizens now and in the future.

A number of factors/conditions need to be available in order for social sustainability to occur:

- *Peace and security.*
- *Investing in education systems that ensure equal access.*
- *Healthcare systems that are affordable to all people regardless of their ability to pay or where they live.*
- *Legal and political systems.*
- *Social support systems.*
- *Gender equality.*

- *Increasing access to technology.*
- *Controlled population growth – sustainable birth rates.*
- *Participation and empowerment.*
- *Improving living standards.*

The information above represents the understandings that students need to have. However, the focus of the second part of the question is the role of social sustainability in the promotion of health and wellbeing. For example, if a student referred to 'social support systems', their answer would need to acknowledge that these need to be designed to assist the most vulnerable, including the elderly, disabled, unemployed and those unable to work due to illness.

Question 12 (4 marks)

Explain the implications of the role of digital technologies that enable increased knowledge sharing for health and wellbeing.

For four marks, students need to explain the implications of the role of digital technologies that enable increased knowledge sharing for health and wellbeing.

Digital technologies refer to electronic tools, systems, devices and resources that generate, store or process data. These include the Internet, social media, online games, apps, multimedia, productivity applications, clouds, mobile devices.

Some examples of the points that students could use in their responses are:

- *Real-time data is available for decision-making.*
- *Digital technologies are changing the way health data and knowledge are collected and shared.*
- *Social media, such as Facebook, Twitter and YouTube are valuable platforms for individuals, communities and organisations to share and discuss health knowledge and issues, promote innovations and possible solutions.*
- *Sharing knowledge through digital technologies assists global health organisations such as the World Health Organization (WHO).*
- *The availability of the Internet to billions of people throughout the world has many positive benefits to individual's e.g. connecting people, having greater ability for people to increase their own health knowledge, the opportunity to share health promotion messages.*
- *There has been an increase in digital learning including eHealth (electronic health) and mHealth (mobile health).*
- *Telehealth (medicine at a distance) allows a health care provider and their patient to interaction despite physical distance between them.*
- *Increasing the number of skilled health care workers through information/knowledge sharing.*
- *Digital technologies will play an even greater role in training medical practitioners and in advances in medicine.*

Question 13 (8 marks)

a. Explain the link between the priorities and work of the WHO and SDG 3.

4 marks

Some information about the priorities and work of the WHO is provided on page 20.

In 2019, students must refer to the current WHO priorities – achieving universal health coverage; addressing health emergencies; and promote healthier communities.

For four marks, students need to draw on their understanding of these priorities and work of the WHO to link with SDG 3 'Ensure healthy lives and promote wellbeing for all at all ages'.

- b. Choose one of the priorities and explain how the work of the WHO contributes to promotion of global health and wellbeing.** **4 marks**

Example:

WHO priority: addressing health emergencies

The WHO aims to ensure that 1 billion people are better protected from health emergencies by:

- *Building and sustaining resilient national, regional and global capacities required to keep the world safe from epidemics and other health emergencies.*
- *Ensuring that populations affected by acute and protracted emergencies have rapid access to essential life-saving health services including health promotion and disease prevention.*

Students need to provide examples of the work of the WHO.

Question 14 (4 marks)

There are a range of factors that contribute to similarities and differences in health status and the burden of disease. Explain the implications of global marketing of alcohol on health and wellbeing in low- and middle-income countries.

*The focus of this question is on the implications of the global marketing of **alcohol** on health and wellbeing in **low- and middle-income countries**. Examples of points students could include in their responses are:*

- *The harmful use of alcohol is a global problem, affecting individuals and communities; alcohol is a significant health concern in Australia and in many low- and middle-income countries.*
- *Marketing of alcohol often occurs through sophisticated techniques.*
- *Alcohol manufacturers have been increasingly marketing their products in low- and middle-income countries, which are seen as new marketing opportunities. This has seen an increase in alcohol consumption.*
- *Alcohol is a major risk factor for the burden of disease.*
- *An excessive consumption (or misuse): leads to weight gain (overweight and obesity); and contributes to diseases/conditions such as cancer, cardiovascular disease, cirrhosis of the liver, injuries, traffic accidents, mental illness and premature death.*
- *People in low- and middle-income countries are particularly vulnerable to the social consequences of alcohol such as poverty, undernutrition and violence; when money is spent on alcohol, less is available for essentials such as food, shelter and clothing.*
- *Reducing the impact of global marketing of alcohol is complex.*
- *In Australia, we have a range of policies, strategies and programs to help address the issue, even though it is a significant health and social issue. Accessibility of health care in Australia may help towards reducing the impact of alcohol misuse.*
- *In low- and middle-income countries, fewer resources are available to educate the population about alcohol and control consumption; there is poorer accessibility of health care in these countries to help towards reducing the impact of alcohol misuse.*

Question 15 (4 marks)

Identify one non-government organisation (NGO) and explain its role in promoting health and wellbeing and human development.

A range of programs is implemented by international and Australian government and non-government organisations in promoting health and wellbeing and human development. Students are to identify one non-government organisation (NGO) explain its role in promoting health and wellbeing and human development.

Sample response: Médecins Sans Frontières (MSF) is an independent organisation for medical humanitarian aid. Their field staffs include doctors, nurses, administrators, epidemiologists, laboratory technicians, mental health professionals, logistics and water and sanitation experts. MSF: provides relief after natural disasters such as floods or earthquakes; helps victims of conflict; runs emergency feeding programs during nutritional crises; tackles diseases such as malaria, HIV/AIDS, tuberculosis and kala azar; organises mass vaccination programs to prevent epidemics spreading and is involved in health projects that train local medical staff and put in place safe drinking water and sanitation facilities.

Question 16 (10 marks)**a. Identify one priority of Australia's overseas aid program evident in the case study.****1 mark***The priorities of the Australian Government's aid programs are:*

- *infrastructure, trade facilitation and international competitiveness*
- *agriculture, fisheries and water*
- *effective governance: policies, institutions and functioning economies*
- *education and health*
- *building resilience: humanitarian assistance, disaster risk reduction and social protection*
- *gender equity and empowering women and girls.*

*The most relevant priority evident in this case study is 'gender equity and empowering women and girls'.***b. Describe how this initiative reflects the features of Australia's aid program.****3 marks***For three marks, students need to describe how this initiative reflects the features of Australia's aid program.***c. Describe and justify the type of aid from the case study.****2 marks***For full marks, students need to describe and justify one of the types of aid reflected in the case study.**The Australian government supports the work of the Adventist Development and Relief Agency (ADRA) through the Australian NGO Cooperation Program – the type of aid, therefore, is non-government organisation (NGO) aid.**Some understandings that students could draw upon in their responses to justify NGO aid are:*

- *NGOs can be powerful agents for change.*
- *The emergence of an informed and engaged civil society is an important development outcome in its own right; it enables communities to play an active role in the development process – from helping shape policy and partnerships to ensuring that programs are inclusive, relevant and effective for the community.*
- *NGOs can bring valuable connections to communities, a comprehensive understanding of poverty in local contexts, and development expertise to Australia's development efforts.*
- *NGOs are key to achieving DFAT's objectives of enhanced engagement of the private sector across all areas of the aid program.*

*For two marks, students would need to give examples from the case study in their responses. For example, they could refer to the understanding by ADRA of the local context in Malawi or how, in this case, Florence is empowering others in her community through her teaching and providing employment opportunities.***d. Evaluate the effectiveness of the aid program in the case study in promoting health and wellbeing and human development in Malawi.****4 marks***The main purpose of implementing an aid program is to make a difference and lasting impact on addressing poverty, reducing inequality, and promoting health and wellbeing and human development.**The following points are examples of the elements of effective aid.*

- *Those receiving the aid must be involved in deciding the type of aid that best meets their needs.*
- *The aid program needs to fit in with its longer-term needs.*
- *Local communities need to have input into the design, implementation and evaluation of a program.*
- *Aid programs need to consider the sociocultural and political aspects of the community and that implementation occurs in a culturally sensitive way.*
- *An effective program relies on participation of partners/stakeholders.*
- *Partnerships could include the government of the donor country, the government of the recipient country, a multilateral aid agency (e.g. the World Bank, United Nations (UN) or World Health Organization (WHO)), a non-government organisation (NGO), civil society and those representing the local community.*

- *Partnerships are important because each can bring particular strengths, make more efficient use of resources and avoid duplication. An effective aid program is one that is sustainable; it continues to have a positive impact on the community once the aid workers leave.*
- *When local communities are involved, it also builds the capacity of the local community. For example, locals can be trained which develops their knowledge and skills, which are important for the sustainability of the program (once the assistance is finished).*
- *An important aspect of this is to involve and educate women.*
- *Gender inequality continues to be an issue in many low- and middle-income countries – women often have low social status, low levels of education, less opportunities for well-paid employment and less access to health care services.*
- *However, women are responsible for most of the domestic and agricultural work and taking care of children.*
- *When women are educated and empowered, they are in a better position to care for their children, secure employment or opportunities for developing business to provide a regular income.*
- *These outcomes help reduce the level of poverty and promote the health and wellbeing of all community members.*
- *Programs should also be transparent and accountable.*

*For full marks, students should draw on information from the Malawi program to support their points. They need to **evaluate** the effectiveness of the Malawi Towards a Brighter Future project in promoting health and wellbeing and human development. For example, a student could choose one or more of the above points and relate it to the case study. A sample response that focuses on one of these points is:*

- *An important element of effective aid is involving and educating women. In the case study, Florence learnt techniques about growing drought-resistant crops, improving irrigation, water management and food shortage. She also passed on this knowledge to other farmers and provided employment in her community.*