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A-LEVEL

# Geography

GEO4BR Geographical Issue Evaluation

Mark scheme

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2030  
June 2015

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Version 1.0: Final

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Mark schemes are prepared by the Lead Assessment Writer and considered, together with the relevant questions, by a panel of subject teachers. This mark scheme includes any amendments made at the standardisation events which all associates participate in and is the scheme which was used by them in this examination. The standardisation process ensures that the mark scheme covers the students' responses to questions and that every associate understands and applies it in the same correct way. As preparation for standardisation each associate analyses a number of students' scripts: alternative answers not already covered by the mark scheme are discussed and legislated for. If, after the standardisation process, associates encounter unusual answers which have not been raised they are required to refer these to the Lead Assessment Writer.

It must be stressed that a mark scheme is a working document, in many cases further developed and expanded on the basis of students' reactions to a particular paper. Assumptions about future mark schemes on the basis of one year's document should be avoided; whilst the guiding principles of assessment remain constant, details will change, depending on the content of a particular examination paper.

Further copies of this Mark Scheme are available from [aqa.org.uk](http://aqa.org.uk)

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## General Guidance for GCE Geography Assistant Examiners

The mark scheme for this unit includes an overall assessment of quality of written communication. There are no discrete marks for the assessment of written communication but where questions are 'Levels' marked, written communication will be assessed as one of the criteria within each level.

**Level 1:** Language is basic, descriptions and explanations are over simplified and lack clarity.

**Level 2:** Generally accurate use of language; descriptions and explanations can be easily followed, but are not clearly expressed throughout.

**Level 3:** Accurate and appropriate use of language; descriptions and explanations are expressed with clarity throughout.

### Marking – the philosophy

Marking is positive and not negative.

### Mark schemes – layout and style

The mark scheme for each question will have the following format:

- a) Notes for answers (nfa) – exemplars of the material that might be offered by candidates
- b) Mark scheme containing advice on the awarding of credit and levels indicators.

### Point marking and Levels marking

- a) Questions with a mark range of 1-4 marks will be point marked.
- b) Levels will be used for all questions with a tariff of 5 marks and over.
- c) Two levels only for questions with a tariff of 5 to 8 marks.
- d) Three levels to be used for questions of 9 to 15 marks.

### Levels Marking – General Criteria

Everyone involved in the levels marking process (examiners, teachers, students) should understand the criteria for moving from one level to the next – the 'triggers'. The following general criteria are designed to assist all involved in determining into which band the quality of response should be placed. It is anticipated that candidates' performances under the various elements will be broadly inter-related. Further development of these principles will be discussed during the standardisation process. In broad terms the levels will operate as follows:

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**Level 1: attempts the question to some extent (basic)**

An answer at this level is likely to:

- display a basic understanding of the topic
- make one or two points without support of appropriate exemplification or application of principle
- give a basic list of characteristics, reasons and attitudes
- provide a basic account of a case study, or provide no case study evidence
- give a response to one command of a question where two (or more) commands are stated e.g. “describe and suggest reasons”
- demonstrate a simplistic style of writing perhaps lacking close relation to the terms of the question and unlikely to communicate complexity of subject matter
- lack organisation, relevance and specialist vocabulary
- demonstrate deficiencies in legibility, spelling, grammar and punctuation which detract from the clarity of meaning.

**Level 2: answers the question (well/clearly)**

An answer at this level is likely to:

- display a clear understanding of the topic
- make one or two points with support of appropriate exemplification and/or application of principle
- give a number of characteristics, reasons, attitudes
- provide clear use of case studies
- give responses to more than one command e.g. “describe and explain..”
- demonstrate a style of writing which matches the requirements of the question and acknowledges the potential complexity of the subject matter
- demonstrate relevance and coherence with appropriate use of specialist vocabulary
- demonstrate legibility of text, and qualities of spelling, grammar and punctuation which do not detract from the clarity of meaning.

**Level 3: answers the question very well (detailed)**

An answer at this level is likely to:

- display a detailed understanding of the topic
- make several points with support of appropriate exemplification and/or application of principle
- give a wide range of characteristics, reasons, attitudes
- provide detailed accounts of a range of case studies
- respond well to more than one command
- demonstrate evidence of discussion, evaluation, assessment and synthesis depending on the requirements of the assessment
- demonstrate a sophisticated style of writing incorporating measured and qualified explanation and comment as required by the question and reflecting awareness of the complexity of subject matter and incompleteness/ tentativeness of explanation
- demonstrate a clear sense of purpose so that the responses are seen to closely relate to the requirements of the question with confident use of specialist vocabulary
- demonstrate legibility of text, and qualities of spelling, grammar and punctuation which contribute to complete clarity of meaning.

### **Mechanics of marking**

- All errors and contradictions should be underlined.
- Various codes may be used such as: 'rep' (repeated material), 'va' (vague), 'NAQ' (not answering question), 'seen', etc.
- Use a wavy line to indicate weak dubious material (avoiding crossing out).
- Unless indicated otherwise, always mark text before marking maps and diagrams. Do not give double credit for the same point in text and diagrams.

### **Annotation of Scripts**

It is most important that examiners mark clearly, according to the procedures set out below.

- The right hand margin should be used for marks only.
- Where an answer is marked using a levels response scheme, the examiner should annotate the scripts with 'L1', 'L2', or 'L3' at the point where that level has been reached in the left hand margin. At each point where the answer reaches that level, the appropriate levels indicator should be given. In addition, examiners may want to indicate strong material by annotating the script as 'Good Level...'. Further commentary may also be given at the end of the answer. Where an answer fails to achieve Level 1, zero marks should be given.
- Where answers do not require levels of response marking, the script should be annotated to show that one tick equals one mark. The tick should be positioned in the part of the answer which is thought to be creditworthy. For point marked question where no creditworthy points are made, zero marks should be given.

1	<p><b>Notes for answers:</b></p> <p>A large majority of Kenya's population lies in the south of the country. The north and north-east are almost all very sparsely populated.</p> <p>The main areas of dense population are:</p> <ul style="list-style-type: none"> <li>• on the south coast, around the port towns such as Mombasa</li> <li>• in the south-west, along the shores of Lake Victoria, spreading east from the lake and becoming less dense</li> <li>• around Nairobi, spreading north from there in the uplands leading towards Mt Kenya and also spreading south-east towards Mombasa</li> <li>• an area of moderately dense population, which forms a 'bridge' between the two denser areas described above.</li> </ul> <p>This pattern follows almost exactly the pattern of precipitation distribution. The two main areas with precipitation over 1200mm coincide very closely with the two areas of densest population around Lake Victoria and Nairobi, whilst the other two areas of dense population around Mombasa and in the 'bridge' area between the Lake Victoria area and the Nairobi area both have precipitation over 800mm.</p> <p>The link can even be seen on a very local scale, where small areas of moderately sparse population, as at Marsabit and on the coast near the Somali border, coincide with localised areas of heavier precipitation.</p> <p>The main areas of dense population also coincide with high land. There are several possible reasons for this link:</p> <ul style="list-style-type: none"> <li>• the high land causes rainfall totals to be higher than the surrounding lowlands</li> <li>• temperatures are cooler because of the height</li> <li>• the highlands often are of volcanic origin and so the soils there are more fertile</li> </ul> <p>However, the sparsest population does not seem to be particularly associated with the lowest land but rather with the driest.</p> <p>Unsurprisingly the distribution of cropland also correlates very closely with the areas of higher precipitation. Virtually all cropland lies in areas with over 600 mm per year. However, not all land with over 600mm has cropland. It appears that the land also needs to be higher than 1000 m <b>or</b> to be on the coastal strip <b>in addition to</b> having &gt;600 mm rainfall.</p> <p>Having noted those relationships it is clear that the areas of cropland also coincide very closely with the areas of dense population.</p> <p>Note that the National Parks are not shaded to show density of population or cropland. In theory both cropland and settlement are very strictly controlled in these areas, so they do not fit the general patterns of links between altitude, precipitation and population.</p>	[10 marks]
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	<p><b>Mark scheme</b></p> <p><b>Level 1 (1-4 marks) Basic answer (mid point 3)</b>  Population distribution and/or rainfall distribution and/or patterns of relief and/or patterns of cropland are described but links between any of them are basic.</p> <p>Isolated points are made.  Answers are often characterised by description of the map patterns, lifted from the maps, but not developed using the candidate's own ideas.</p> <p>The geographical spread of coverage is very limited.</p> <p><b>Level 2 (5-8 marks) Clear answer (mid point 7)</b>  Clear links are made between one or more aspects of population distribution and one or more aspects of one of the other distributions.</p> <p>The answer moves into and up Level 2 as:</p> <ul style="list-style-type: none"> <li>• Links and inter-relationships are developed</li> <li>• anomalies are mentioned and start to be discussed</li> <li>• the geographical spread of coverage starts to become wider</li> <li>• there is some consideration of "to what extent..."</li> <li>• ...and this consideration may go beyond reference to the maps to discuss underlying causes of the patterns.</li> </ul> <p><b>Level 3 (9-10 marks) Detailed answer (mid point 10)</b>  Links between population density and physical geography are developed in depth and detail. Good understanding is shown.</p> <p>The inter-relationships between the various distributions and patterns of population density are considered in detail.</p> <p>The country is considered as a whole.</p> <p>"To what extent..." is considered well in the light of relevant evidence</p>	
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2	<p><b>Notes for answers:</b></p> <p>Major issues:</p> <ul style="list-style-type: none"> <li>• shortage of resources</li> <li>• shortage of healthcare professionals</li> <li>• disparity of access in rural and urban areas</li> <li>• lack of IT facilities</li> <li>• logistics problems, delivering supplies and accessing remote areas</li> </ul> <p>Comments:</p> <ul style="list-style-type: none"> <li>• Kenya is a poor, less developed country with a rapidly growing population and a need to invest in education, healthcare and economic development.</li> <li>• Doctors and nurses are expensive to train and there is always a danger that they can be attracted abroad, to more developed countries, once trained. Perhaps it is more relevant and efficient to train more paramedic healthcare workers rather than to concentrate on the more expensive and fully trained doctors and nurses.</li> <li>• 70% of the population live in rural areas but there is always a temptation to concentrate resources in urban areas. This includes modern hospitals and other structures and hardware. This is also a more economically (and socially) attractive environment for most highly trained medical staff.</li> <li>• There is an issue over how to spend limited resources, but IT might be a way of overcoming a shortage of staff, with diagnosis and support from central facilities linked to out-lying centres by IT.</li> <li>• There is a shortage of roads, especially all-weather, metalled roads. This is especially true in rural areas. The cost of fuel, etc. has risen rapidly over recent years. Other infrastructure, such as parts, servicing and repairs systems, are also poorly developed.</li> <li>• There is always a possibility of modes of transport to the rural areas breaking down with the difficult road conditions and lack of trained technicians. This is where the links with Riders for Health come in to consideration.</li> </ul> <p>Relevant detail from candidates' own knowledge and research must also be given credit.</p>	<b>[10 marks]</b>
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	<p><b>Mark scheme</b></p> <p><b>Level 1 (1-4 marks) Basic answer (mid point 3)</b>          At the bottom of the level one relevant issue is commented on, but the comment is basic and not developed.          To reach the top of the level, at least 2 issues must be commented on, but comments are still only basic.          Level 1 answers are often characterised by heavy reliance on the AIB and limited development of the candidate's own ideas.</p> <p><b>Level 2 (5-8 marks) Clear answer (mid point 7)</b>          To reach the bottom of the level at least one issue must be commented on clearly, showing some understanding of the geographical significance of the issue.          To reach the top of the level, at least 2 issues must be commented on clearly, showing understanding of the geographical significance of both issues.          The AIB is used selectively and the candidate adds clear comment from his/her own knowledge and understanding.</p> <p>'Geographical significance' can be demonstrated by reference to:</p> <ul style="list-style-type: none"> <li>• spatial aspects of the issue, particularly rural/ urban differentiation</li> <li>• environmental aspects</li> <li>• population structure and change aspects</li> <li>• other socio-economic or political aspects of the issue</li> <li>• physical geography aspects, probably linked to infrastructure and accessibility</li> <li>• etc.</li> </ul> <p><b>Level 3 (9-10 marks) Detailed answer (mid point 10)</b>          At least two issues are commented on in a detailed way with clear understanding.</p> <p>There is detailed development of comments showing the candidate's own knowledge and understanding well applied to the question.</p> <p>The candidate thinks like a geographer.</p>	
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3	<p><b>Notes for answers:</b></p> <p>Riders is a small organisation so their work can only make a small contribution to Kenya's health and development. However, it has great flexibility and can set its own targets without having to be involved with huge bureaucracy.</p> <p>Despite its small size (8 staff, 77 vehicles managed - <i>in the AIB but more up-to-date figures may be available</i>) it has had a considerable effect on a number of aspects of Kenya's healthcare provision – organisation, transport, driver training, vehicle maintenance, journey planning etc. Each health worker can now cover a radius of up to 80km rather than the previous 20km. The average number of patients reached has increased x7.5(60 – 450 people) with the Riders' help. Potentially they can now reach an extra 20 000 people.</p> <p>They have been particularly useful in allowing outreach to rural areas, which were previously poorly served. They have assisted in the provision of help for HIV/AIDS, the support of children and marginalised groups, improved sanitation and water supply, etc. These are all prioritised by the MDGs and so are clear needs in the country.</p> <p>They work in 2 main geographical areas – around Lake Victoria in an area centred on Kisumu, and in the area around Nairobi and the District to the south. It is logical to base the workshops in two of the biggest urban areas in Kenya as these are most accessible both to the wider world and to health workers from the biggest possible areas in Kenya. In 2014, the website map shows that the workshop in Nairobi has been closed and work has been concentrated in the southwest around Kisumu. Award credit for work based on this more up-to-date version.</p> <p>The area around Kisumu also coincides with the largest area of dense rural population in the country and the most concentrated area of poor people, so this is an obvious priority for provision and has been well chosen. The northern part of the area centred on Nairobi has similar features of dense population and concentrated poverty...although in this area the population may well be more concentrated and semi-urban, being close to the capital. On the other hand the district to the south does not have either a dense population or a big concentration of poverty. It might appear that the area to the east and north of the capital would be a better target area...but we do not know all the factors behind the choice.</p> <p>It would be useful to discuss areas where Riders might also operate if they were to expand in future. Areas around Nakuru and Mombasa might be considered. The issues involved with expansion into more remote and sparsely populated areas of the north and northeast might also be discussed.</p> <p>There is a lot of scope for comparison between Riders for Health and other aid projects and NGOs. Give credit for references to such organisations as long as they are used as comparisons with Riders for Health.</p>	[15 marks]
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	<p><b>Mark scheme</b></p> <p><b>Level 1 (1-6 marks) Basic answer (mid point 4)</b>  Some points are taken from the AIB but these are isolated points and no coherent, logical argument is developed.  There is little or no evidence of the candidate's own understanding or knowledge having been brought to bear on the topic so as to develop the material from the AIB in a personal way.  The work of Riders is described but not evaluated clearly.</p> <p><b>Level 2 (7-12 marks) Clear answer (mid point 10)</b>  The answer is developed in a way that shows clear and logical thought.  Level 2 answers are often characterised by clear discussion of:</p> <ul style="list-style-type: none"> <li>• Small scale</li> <li>• urgent needs</li> <li>• areas of greatest need</li> <li>• rural/urban differences</li> <li>• partner organisations</li> <li>• specific needs of dealing with HIV/Aids, malaria, vaccinations, etc.</li> <li>• areas that could/ should be extended into</li> <li>•</li> </ul> <p>The candidate brings his or her own knowledge and/or research and/or understanding to bear on the material from the AIB.  It is clear that the study is seen in a broader geographical context.  The work of Riders has been evaluated with some degree of success.</p> <p><b>Level 3 (13-15 marks) Detailed answer (mid point 14)</b>  The answer is detailed and thorough. Material from the AIB has been well integrated into a broad understanding of the specification as a whole, showing synoptic ability.</p> <p>The candidate thinks like a geographer.</p> <p>The work of Riders has been evaluated thoroughly and critically.</p> <p>There is an assessment of the degree of success of Riders.</p>	
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4 (a)	<p><b>Notes for answers:</b></p> <p><i>(Note that candidates must be given credit for knowledge and understanding whether it is fully up to date for June 2015 or based on sources that are a few years out of date.)</i></p> <p>Although all 8 MDGs are mentioned in the AIB it is likely that most students will have concentrated their attention on the health related Goals. The most directly related are 4, 5 and 6 but Goals 3, 1 and 2 are also closely linked to improved health, and even 7 and 8 have some links.</p> <p>The best and most recent summary of Kenya's situation is on the WHO website at:  <a href="http://www.who.int/gho/countries/ken.pdf?ua=1">http://www.who.int/gho/countries/ken.pdf?ua=1</a>  It would be useful to have this available when marking this question. Key points from that document include:</p> <ul style="list-style-type: none"> <li>• Life expectancy at birth (2014) = 63 (m = 61 f=64)</li> <li>• Life expectancy at age 60 (2012) = 18</li> <li>• Life expectancy for both sexes increased by 9 years from 2000-2012</li> <li>• Under 5 mortality rate (per thousand) 1990 = 99 2013 = 71</li> <li>• Maternal mortality (per thousand) 1990 = 4.9 2013 = 4.0</li> <li>• Deaths due to Aids (per thousand) 2000 = 3.8 2012 = 1.3</li> <li>• Deaths due to malaria (per thousand) 2000 = 3.7 2013 = 2.8</li> <li>• Deaths due to TB (per thousand) 2000 = 0.18 2013 = 0.20</li> <li>• /capita spending on health services 1995 = US\$ 42 2013 = 102</li> <li>• % pop with improved drinking water 1990 = 42% 2013 = 61%</li> <li>• (urban = 82% rural = 55%)</li> <li>• % pop with improved sanitation 1990 = 26% 2013 = 28%</li> <li>• (urban = 31% rural = 27%)</li> </ul> <p>Also:</p> <ul style="list-style-type: none"> <li>• BR per thousand (2014) = 28</li> <li>• DR per thousand (2014) = 7</li> </ul> <p>However, you must bear in mind that candidates have had to research into this topic and they will have used many and varied sources for their information. They will not have this in the AIB and will have to rely on memory for most of their data references. <b>You must accept any sensible and reasonable attempts to quantify progress towards the MDGs.</b></p> <p>Reference might also be made to problems that Kenya has faced in moving towards the goals. Factors that form barriers to development might include:</p> <ul style="list-style-type: none"> <li>• environmental factors, such as those referred to elsewhere in the Mark Scheme</li> <li>• general poverty and lack of development, leading to lack of resources for investment in infrastructure, training, etc.</li> <li>• chronic lack of trained teachers, medical personnel, engineers, etc. partly due to lack of training and partly to the emigration of trained</li> </ul>	<b>[10 marks]</b>
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	<p>people</p> <ul style="list-style-type: none"><li>• endemic diseases such as malaria, HIV/AIDS</li><li>• traditional culture, including subservient role of women</li><li>• poor governance and corruption</li><li>• legacy of colonialism, including expropriation of land from indigenous population</li><li>• neo-colonial direction of trade and poor terms of trade</li><li>• widespread tribal differences, at best reducing communication and at worst leading to civil conflicts</li><li>• rapid population growth</li><li>• terrorism and the need to divert spending towards army and police.</li></ul>	
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	<p><b>Mark scheme</b></p> <p><b>Level 1 (1-4 marks) Basic answer (mid point 3)</b>  The answer may make very general references to the development process without making specific reference to Kenya.  Points are made which show one or both of:</p> <ul style="list-style-type: none"> <li>• knowledge of the MDGs</li> <li>• knowledge of progress towards the goals in Kenya</li> </ul> <p>However, understanding is basic and there are few, if any links seen between these two. Any attempts to see the links are basic and not developed.  Answers rely on the AIB and make little use of research.  Any attempt to 'evaluate' are basic and show limited understanding.</p> <p>Answers can reach the top of Level 1, and into Level 2, even if they have only considered 1 of the MDGs.</p> <p><b>Level 2 (5-8 marks) Clear answer (mid point 7)</b>  Clear information is provided from the candidate's research. This research evidence is used to provide clear answers to the question set.  Relevant points are selected from the AIB.  Evidence is developed and linked in a clear way to develop ideas and clear arguments.</p> <p>Clear evidence of Level 2 standard is provided when</p> <ul style="list-style-type: none"> <li>• An attempt is made to evaluate, with some use of evidence to support views.</li> <li>• There is discussion of 'progress towards' as well as 'meeting' targets</li> <li>• Links between physical and human factors are considered.</li> <li>• Short term/long term developments are discussed clearly.</li> <li>• Spatial variations of need and provision are discussed clearly.</li> </ul> <p>Answers must have considered at least two of the MDGs to reach the mid-point of L2. However, the MDGs are all closely inter-related so answers may address some MDGs implicitly rather than explicitly and should be given credit for this.</p> <p><b>Level 3 (9-10 marks) Detailed answer (mid point 10)</b>  The answer is thorough and shows detailed understanding.  There is a detailed attempt to evaluate, making good references to evidence to support views.  Synoptic links are developed in detail.  There is good understanding and specific knowledge of the situation in Kenya.  The candidate is able to think like a geographer.</p>	
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<p><b>4 (b)</b></p>	<p><b>Notes for answers:</b></p> <p>The Kenya national plan is called Vision 2030. It can be found at:  <a href="http://www.vision2030.go.ke/index.php/pillars/index/social">http://www.vision2030.go.ke/index.php/pillars/index/social</a></p> <p>The Vision consists of three Pillars - Economic, Social and Political. Any candidate who refers to aspects of Vision 2030 must be given credit.</p> <p>However, equal credit must be given for answers which show well-argued and supported ideas from the candidate's own creative thinking about development.</p> <p>Answers may also make specific reference to the four statements at the end of Item 4. These refer to the division of public spending, on healthcare related projects, between:</p> <ul style="list-style-type: none"> <li>• Hiring and training personnel - teachers, health workers and agricultural extension workers</li> <li>• Provision of material resources for healthcare and teaching</li> <li>• Infrastructure - buildings, roads, etc.</li> </ul> <p>So, at the moment:</p> <ul style="list-style-type: none"> <li>• planning seems to be setting clear financial priorities...</li> <li>• ...starting with training personnel, of which there is a noted shortage...</li> <li>• ...especially of teachers and medical staff...</li> <li>• ...and then equipping those staff is important...</li> <li>• ...which might be seen as a priority elsewhere...</li> <li>• ...especially if rural/urban disparities are to be evened out</li> <li>• further investment in the economy – hopefully leading to growth of government revenue – is not a short term priority...</li> <li>• ...but in the medium term this becomes much more important...</li> <li>• ...and this might include money to improve rural infrastructure and equalise the geographical spread of services.</li> </ul> <p>Good answers may well be based on this analysis and then move forward from there. They may make use of ideas and information from Vision 2030 or they may make use of the candidate's own knowledge and understanding of the development process.</p> <p>Whichever approach is adopted examiners must look for clear, logical thinking and the use of evidence to support suggestions.</p>	<p><b>[15 marks]</b></p>
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	<p><b>Mark scheme</b></p> <p><b>Level 1 (1-6 marks) Basic answer (mid point 4)</b>  Points are stated in a basic way but they are not developed. Lifting from the AIB, without development of ideas might be predominant.  Ideas may be very general and non-specific.  Attempts to discuss are basic with limited development of ideas.</p> <p>Only basic support is provided for any suggested 'next steps', although these may be sensible.</p> <p>Sensible ideas may be drawn from comparisons with other countries' development strategies, but these have limited relevance to Kenya.</p> <p><b>Level 2 (7-12 marks) Clear answer (mid point 10)</b></p> <p>At least one practical suggestion is made and discussed. The answer moves up through the level as <b>either</b> more practical and supported suggestions are made <b>or</b> an increasingly convincing argument is provided to support one suggestion.  Points are developed clearly and written in a logical, connected way.  Suggestions are specific rather than generalised.  In reaching Level 2 answers might provide evidence of</p> <ul style="list-style-type: none"> <li>• Consideration of differences between different parts of the country.</li> <li>• Thinking about the time scales of their suggestions.</li> <li>• Considering different but valid points of view.</li> <li>• Thinking about alternative possible futures in Kenya.</li> <li>• Clear attempts to discuss.</li> <li>• drawing practical lessons from other case studies</li> </ul> <p>If only <b>one</b> of 'infrastructure, healthcare and education' is considered the answer cannot reach above 9 marks.</p> <p><b>Level 3 (13-15 marks Detailed answer (mid point 14)</b>  The answer is detailed and thorough.  The candidates shows evidence of his/her own research and shows explicit evidence of the ability to discuss the topic.</p> <p>If more than one of the points listed in Level 2 are developed well the answer should reach this level.</p> <p>The development of detailed synoptic links and/or showing an ability to think like a geographer should move the answer to this level.</p> <p>To reach Level 3 the answer must make some reference to each of 'infrastructure, healthcare and education'.</p> <p>Creative thinking based on sound geographical understanding and supported by clear and detailed evidence is particularly to be welcomed and rewarded.</p>	
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	<b>AO1</b>	<b>AO2</b>	<b>AO3</b>	<b>Total</b>
<b>1</b>	2	2	6	10
<b>2</b>	2	3	5	10
<b>3</b>	2	5	8	15
<b>4a</b>	2	5	3	10
<b>4b</b>	2	5	8	15
<b>Total</b>	10	20	30	<b>60</b>