Hello, my name is Robert Jenkins and I’m UNICEF’s Global Director of Education.
Joint UN Regional
South & South East
Asia Webinar Series

Safe School Reopening –
The Latest Evidence & Guidance

Thursday 2 September 2021
11:00-13:00 (GMT+5.5) India time
Impact of school closures on learning, health and well-being

Jim Ackers
Regional Education Adviser
UNICEF South Asia Regional Office
Overview of presentation

1. Situation up-dates – impact of COVID on school closures
2. Situation up-date – the new game changers
3. Socio-economic impact and impact on gender and equity
4. Learning loss projections and responses
5. Remote learning as a substitute for in-person learning and the Essential Learning package to address continuous disruption
6. Impact of school closures on health, WASH and nutrition
7. Impact on parents, care-givers and teachers
8. Planning for continuous service provision in the near term.
Situation up-date: Status of school opening globally
Situation Update: Status of school reopening in South Asia

AFGHANISTAN
- MARCH 17th
- MAY 30th

BANGLADESH
- MARCH 17th

BHUTAN
- MARCH 19th
- MARCH 27th

INDIA
- MARCH 17th
- MAY 25th

MALDIVES
- MARCH 17th

NEPAL
- MARCH 16th
- MARCH 19th

PAKISTAN
- MARCH 13th
- JUNE 3rd

SRI LANKA
- MARCH 13th
- APRIL 27th
Situation Update: Status of school reopening in East Asia & Pacific

<table>
<thead>
<tr>
<th>Country</th>
<th>Feb 1, 20</th>
<th>Apr 1, 20</th>
<th>Jun 1, 20</th>
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**Key game changers since March 2021**

**Vaccination** – Low population coverage in many countries; teachers and students? But with exceptions, e.g. Maldives and Bhutan in South Asia

**New waves and variants** – COVID more difficult to control due to new variants, and variable spread.

**Compliance** to public and school protocols and standards variable; weak real time data
Projected impact on poverty and employment

The World Bank predicts that the impact of COVID-19 will increase the number of extremely poor people (those existing on $1.90 per day) by 88 million to 115 million depending on the evolution of the pandemic:

“Most of the new poor at the extreme poverty line, as well as the higher poverty lines, live in South Asia”

The COVID-19 crisis has severely affected labour markets.

Globally, youth employment fell by 8.7 per cent in 2020 compared with 3.7 per cent for adults. Based on available country-level data, the fall in employment has been much more pronounced in middle-income countries.

The share of young people not in employment, education or training (the NEET rate) has risen in many countries and has not yet returned to pre-crisis levels.

Source: World Bank Data Blog
Updated estimates of the impact of COVID-19 on global poverty: The effect of new data (worldbank.org)
How does COVID-19 impact on children and their learning?

The longer schools are closed, the greater the risk of:

- long term health issues and developmental challenges especially for youngest
- harm to vulnerable children especially children with disabilities and girls
- children dropping out and not re-enrolling
- increased mental health and wellbeing incidences
- irreversible learning loss.

Good communications with parents and teachers are essential: so that they understand the level of risk involved in opening schools and in keeping them closed.

Did you know?

- Learning losses due to school closures could continue to accumulate even after children return.
- Every uncompensated 3 months of schooling lost, can reduce long-term learning by up to one year.
- Short-term remediation could reduce that loss by half.
- Long-term system improvements could surpass pre-COVID-19 learning trajectories by “building back better”.

Source: Brooking Institute in Modelling the Long-Run Learning Impact of the COVID-19 Learning Shock: Actions to (More Than) Mitigate Loss | RISE Programme
Situation up-date 3: Key findings from South Asia Rapid SITAN

What can be done to mitigate long term learning loss?

Immediate actions
1. Formative assessment
2. Curriculum prioritisation
3. Set goals for progression

Long term actions
4. Adapt plans and expectations to learners’ levels
5. Give time to learners to revise, catch up and consolidate
6. Empower teachers to adapt their planning
7. Communicate learning goals and expectations to parents and learners
8. Develop blended learning solutions
9. Support school-based peer support groups for teachers

Source: Brooking Institute in Modeling the Long-Run Learning Impact of the COVID-19 Learning Shock: Actions to (More Than) Mitigate Loss
Reach and Effectiveness of Distance Learning

- Household access to tech for learning
  - > 90% mobile phone, >70% TV, ?? smartphone

- Use tech for learning
  - 66% India

- Regular teacher support
  - 44% India

- Effective learning
  - 24% of sampled adolescent perceived learning at least as much as before school closures

Example for India (6 states*, not nation-wide)
(UNICEF phone survey, adolescents)

*Assam, Bihar, Gujarat, Kerala, MP and UP
**Essential Learning Package (ELP)**

**Learners** meet learning targets during disruption period and psycho-social support needs are addressed.

- **Teachers trained**
- **Parents, caregivers, volunteers supported**
- **Diagnostic & formative assessment**
- **Schools/others provide key supplies**
- **Curriculum + Timetable adapted (incl. MHPSS)**
- **Schools/teachers effectively monitor learning**

**Communications**
Focus on building consensus of all key actors on delivery of ELP and safe return to school.

**Integrated Self-learning + Teacher Guided**

- **Self-learning**
  - Learning kits, reading/textbooks *(printed)*
  - Broadcast Programmes *(TV & Radio)*
- **Teacher guided**
  - Calls, SMS *(any mobile phone)*
  - Messaging Apps & Digital Platforms *(smartphone, etc.); Internet if available*

**Assign (T) -> Submit (L) -> Correct / Assess (T) -> Follow-up (T & L)**

**Teachers (T), Learners (L):** Free phone credit, online access *(Gov / MNOs)*

**ELPs address issues of language, inclusion and gender.**
# Challenges and responses in Health

## Challenges

1. School health often not prioritised pre COVID, although all countries have school health policies they were poorly funded, lacked staff and training and poor M&E
2. Children’s health & well being directly affected.
3. Weak screening for health and disability, although India has RBSK programme for 0-19 year olds
4. Little access to MHPSS before and after closure
5. Disruption in routine vaccination programmes, although recovering in many countries.
6. Increased household poverty undermines health
7. Sexuality education undermined by school closure.
8. Increased VAC and SRGBV due to COVID

## Responses (actual and potential)

1+2: Re-prioritisation school health going forward, including improved information systems

3. Home based follow ups
4. Remote MHPSS services (e.g. Bhutan)
5. Continued use of schools when open or closed
6. Expand cash transfers; school feeding
7. Sexuality education thro remote learning materials?
8. Home learning materials; guidance to parents and other key actors and referral re. VAC and SRGBV
## Challenges and responses in WASH

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Responses (actual and potential)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Lack of access to handwashing facilities and supplies (water and soap) in approx. 50% of schools in region</td>
<td>1-3: Include Wash in School in Build Back Better, justify investment re. impact on attendance, learning and health and girls’ education; specific budget lines for WASH in national education and school budgets; focus on cost-effective, pragmatic approaches in short term</td>
</tr>
<tr>
<td>2. Lack of school sanitation continues to impact girls in terms of MHM / school closures lead to lack of access to MHM material and education</td>
<td>4. Enhanced communication around protocols through schools, parents’ associations and inspectorates.</td>
</tr>
<tr>
<td>3. Cost of installing/maintaining handwashing facilities and supplies in countries during economic downturns</td>
<td>5. WASH included in rapid assessments of schools as prepare for re-open and after re-opening; also in monitoring by inspectorate.</td>
</tr>
<tr>
<td>4. Lack of adherence to handwashing and hygiene protocols at the school level</td>
<td>6. Awareness campaigns at school and community level; use of apps, etc, inclusion in mainstream life skills curricula building on guidance already developed in response to COVID</td>
</tr>
<tr>
<td>5. Need improve monitoring data for availability and use of handwashing at national and sub-national levels</td>
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<tr>
<td>6. Lack awareness of importance of handwashing in terms of disease control</td>
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### Challenges and responses in Nutrition and Feeding

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Responses (actual and potential)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• <strong>School Feeding:</strong> 129 million students in Asia and Pacific missing nutritious school-based health and nutrition interventions.</td>
<td>• Enhance THR as substitute for SF during future closures</td>
</tr>
<tr>
<td>• Take-home rations reduce food insecurity but not substitute for nutritionally-balanced hot meals.</td>
<td>• Ensure school nutrition is prioritized in curricula and teacher training</td>
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<tr>
<td>• Limited evidence on micro-nutrient supplements and deworming</td>
<td>• Advocacy for attention on the importance of school-age nutrition and call for further commitment and investment for this age group.</td>
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<td>• Advocacy for an integrated school health and nutrition programme</td>
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<td>• Establish contingency/emergency preparedness action for school nutrition as part of School meals</td>
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</tbody>
</table>

**Achievements:** In 10 countries (Afghanistan, Bangladesh, Cambodia, Kyrgyz Republic, Laos, Myanmar, Nepal, Sri Lanka, Tajikistan and Timor Leste), **WFP rapidly switched from on-site feeding to provide 1.2 million children and their families in 2020 and an estimated 750,000 in 2021 with take-home rations, cash or vouchers.**
# Challenges and responses for Parents, Caregivers & Teachers

<table>
<thead>
<tr>
<th>Challenges</th>
<th>Responses (actual and potential)</th>
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<tr>
<td>1. Many parents unable to work due to frequent lockdowns.</td>
<td>1. Many parents enjoyed the experience of being more engaged with their children’s learning.</td>
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<td>2. Some parents had limited capacity to support school work due to their own lack of education.</td>
<td>2. Community support systems developed in some countries; also older siblings</td>
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<td>3. Limited support available to parents from education authorities in terms of materials or training.</td>
<td>3. Parental training provided through mobile phones and TV and radio in some countries</td>
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<tr>
<td>4. Parents overwhelmed balancing home-schooling and their work; women often over-burdened with child-care and domestic chores.</td>
<td>4. Guidance provided to encourage men to engage in some countries through mobile phone, TV and radio.</td>
</tr>
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</table>

Much enhanced engagement of parents with their children’s education noted in Sri Lanka Situation Analysis report.
Planning for a safe return and continuous future service disruption

Key takeaways

We must:

- Ensure a safe return to school asap
- Remediate learning loss
- Provide a mix of no, low and high tech depending on context when schools are closed to ensure continuity of learning.
- Provide flexible pathways that address equity, gender and vulnerability and disability across learning and health
- Ensure continued provision of other services in school that affect learning and health outcomes
- Enhance the focus on school health, including MHPSS
- Train teachers so they can lead on Build Back Better
- Motivate key support actors – parents and caregivers, volunteers, CSOs and the private sector.
Joint UN Regional South & Southeast Asia Webinar Series

THANK YOU
COVID-19 Pandemic
Reopening of schools: Public Health actions

Dr Rajesh Mehta MD
Regional Adviser
WHO South-East Asia Regional Office

WHO-UNICEF-UNESCO-UNFPA-WFP
Safe School Reopening –
The Latest Evidence & Guidance
Outline

• Pandemic situation
• Common concerns regarding school reopening
• COVID-19 among children
• Vaccination and public health measures
• Preparations for safe reopening of schools
• Building forward
**COVID-19 Pandemic**

**Confirmed cases:** Global: > 216 million

**Unfortunate deaths:** Global: > 4.5 million

- Future course is not predictable with any accuracy

“18 Months - Learn to live with the virus with new ways of working”
Common concerns regarding school operations during the pandemic:

• Anxiety of parents and families:
  • Children will catch infection and bring it to home – to grandparents
  • Children with underlying diseases will suffer: Overweight and obesity: 7% adolescents; undernutrition is more common (20% are underweight)

• Adequacy of public health and social measures in schools:
  • Additional resources needed: Infection prevention, screening…
  • Local contexts: Schools with inadequate space, number of staff/teachers, high number of students
  • Compliance to protective behaviours: Masks, physical distancing, hand-hygiene, ventilation

• Vaccination of teachers, staff and students:
  • Breakthrough infections possible
  • Countries are following their vaccination plans
COVID-19 among children and adolescents

• **Children less affected** by COVID-19 infection compared to other populations: 8% of cases globally (while the child population is around 30%)

• **The severity is less** among children

• Regional Data – incomplete but quite similar to global observations

  • **India**: About 12% cases among 0-18 years, marginal increase during the big wave in April 2021 (Delta variant); Severe disease much rare and low mortality

  • **Indonesia**: Observed increased case fatality in infants in eastern provinces last year - detailed analysis not available

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1 Systematic review of COVID-19 in children shows milder cases and a better prognosis than adults
2 Multisystem inflammatory syndrome in children and adolescents with COVID-19
Transmission in schools: As much as community

- In school outbreaks, it was more likely that virus was introduced by adult personnel: Staff-staff transmission was most common; staff-students was less; and student-to-student spread rare

- Studies to date show minimal spread among children under ten years

- Infection occurs more often in teenagers than in younger children

- Closing schools reduced community transmission less than other social distancing interventions

Transmission of SARS-CoV-2 by children and young people in households and schools – Summary - Unpublished Systematic Review (Russell Viner et al)

- Household transmission of SARS-CoV-2: No evidence for higher transmissibility, despite higher social mixing rates. Children play a role, like adults only

- Schools: School prevalence reflects the background community transmission
  - Very much lower pooled secondary attack rate compared with HH studies.
  - Marked age differences in school prevalence: Secondary school >> primary or early years. Older children appear to be more susceptible to infection and to transmit more often than younger children
## Vaccination roadmap: SAGE (Global advisory Group)

### Vaccination Strategy

Initial focus on direct reduction of morbidity and mortality and maintenance of most critical essential services. Expand to reduction in transmission to further reduce disruption of social and economic functions.

<table>
<thead>
<tr>
<th>Stage I (1-10%)</th>
<th>Stage II (11-20%)</th>
<th>Stage III (21-50%)</th>
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<tbody>
<tr>
<td>Stage Ia (initial launch)</td>
<td>- Older adults not covered in Stage I</td>
<td>- Remaining teachers and school staff</td>
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<tr>
<td>- Health workers at <strong>high to very high risk</strong> of acquiring and transmitting infection</td>
<td>- Individuals with comorbidities or health states determined to be at <strong>significantly higher risk</strong> of severe disease or death</td>
<td>- Other essential workers outside health and education sectors</td>
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<td><strong>Stage Ib</strong></td>
<td>- Pregnant Women</td>
<td>- Health workers at <strong>low to moderate risk</strong> of acquiring and transmitting infection</td>
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<td>- Older adults defined by age-based risk specific to country/region</td>
<td>- Children and adolescents with co-morbidities</td>
<td>- Personnel needed for vaccine production and other high-risk laboratory staff</td>
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<td>- Seafarers and air crews</td>
<td>- Social/employment groups at <strong>elevated risk</strong> of acquiring and transmitting infection</td>
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<td>- Sociodemographic groups at <strong>significantly higher risk</strong> of severe disease or death</td>
<td>because they are unable to effectively physically distance</td>
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<td>- Health workers engaged in immunization delivery</td>
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<td>- <strong>High priority teachers and school staff</strong></td>
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Vaccine coverage in SEAR Countries

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<thead>
<tr>
<th>Country</th>
<th>Total Population</th>
<th>Total doses administered</th>
<th>Individuals vaccinated with one dose</th>
<th>Individuals fully vaccinated</th>
<th>First dose administered per 100 population</th>
<th>Fully vaccinated individuals per 100 population</th>
<th>Data as of</th>
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<tr>
<td>Bangladesh</td>
<td>172,809,384</td>
<td>25,258,519</td>
<td>17,828,302</td>
<td>7,430,217</td>
<td>10.32</td>
<td>4.30</td>
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<td>Bhutan</td>
<td>756,123</td>
<td>1,036,834</td>
<td>561,411</td>
<td>475,423</td>
<td>74.25</td>
<td>62.88</td>
<td>22-Aug-21</td>
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<td>India</td>
<td>1,420,972,759</td>
<td>612,208,542</td>
<td>472,838,773</td>
<td>139,369,769</td>
<td>33.28</td>
<td>9.81</td>
<td>26-Aug-21</td>
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<td>Indonesia</td>
<td>272,248,454</td>
<td>92,784,284</td>
<td>59,426,937</td>
<td>33,357,347</td>
<td>21.83</td>
<td>12.25</td>
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<td>Maldives</td>
<td>546,399</td>
<td>681,050</td>
<td>380,379</td>
<td>300,671</td>
<td>69.62</td>
<td>55.03</td>
<td>25-Aug-21</td>
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<td>Myanmar</td>
<td>55,008,057</td>
<td>4,542,363</td>
<td>2,744,813</td>
<td>1,797,550</td>
<td>4.99</td>
<td>3.27</td>
<td>25-Aug-21</td>
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<td>Nepal</td>
<td>30,201,100</td>
<td>8,866,396</td>
<td>4,956,455</td>
<td>3,909,941</td>
<td>16.41</td>
<td>12.95</td>
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<td>Sri Lanka</td>
<td>22,036,689</td>
<td>18,719,417</td>
<td>12,255,121</td>
<td>6,464,296</td>
<td>55.61</td>
<td>29.33</td>
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<td>Thailand</td>
<td>66,186,727</td>
<td>27,061,184</td>
<td>20,830,673</td>
<td>6,230,511</td>
<td>31.47</td>
<td>9.41</td>
<td>23-Aug-21</td>
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<td>Timor-Leste</td>
<td>1,317,780</td>
<td>576,042</td>
<td>384,155</td>
<td>191,887</td>
<td>29.15</td>
<td>14.56</td>
<td>26-Aug-21</td>
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<td><strong>Total</strong></td>
<td><strong>2,042,083,472</strong></td>
<td><strong>791,734,631</strong></td>
<td><strong>592,207,019</strong></td>
<td><strong>199,527,612</strong></td>
<td><strong>29.00</strong></td>
<td><strong>9.77</strong></td>
<td><strong>26-Aug-21</strong></td>
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- **Bhutan, India, Indonesia, Maldives, Timor-Leste have prioritized 18+ population** – Teachers, parents and grandparents covered
- **Indonesia and Nepal have prioritized teachers**
- **Vaccine for 12+**: Pfizer in all countries and ZyCov-D has EUA in India only; **Indonesia** had started 12+
Implications for school public health policy

• **COVID-19 appears to have less effect on children’s health than for adults:** In contrast, school closures can adversely affect children’s health, education and development.

• **Children and schools are unlikely to be the main drivers of COVID-19 transmission,** when community transmission is low - with appropriate PH measures and a plan for outbreak prevention and management before resuming classes.

• **More caution is necessary regarding older students compared to primary/elementary**

• **Adult personnel may be at risk of acquiring and transmitting the infection:** Staff need to stay vigilant for exposure outside the school and get into isolation or quarantine when necessary.

• **Community transmission is reflected in the school setting:** Public health measures in the community are essential to protect schools from amplifying transmission.

• **COVID Vaccination: Coverage is progressively catching up**
  - Breakthrough infections are well known
  - Public health social measures remain important

  **Don’t want to wait for all teachers and students to get vaccinated before opening schools!**
Dilemma of school closures

- Is imposing school closures justified, when it has little direct benefit to children - as the risk of infection and transmission among them is low?

- While indirect effects of school closure are enormous:
  - Loss of education, future professional chances and future employability
  - Worsening nutrition
  - Mental health issues
  - Exposure to poverty, abuse, violence, child marriage

  **Risk vs. Benefit**

- Closure of schools should be considered only if there is no other alternative

  **UN position:** Schools should be the last to close and first to open – With adequate preparation:
  - Rigorous preventive measures: Mask, Distance, Hand wash, Ventilation
  - Outbreak management plans should be ready before resuming classes

- More caution needed in secondary/high schools and older students compared to primary/elementary schools
Consideration for school operations


SARS-COV-2 transmission level

- **Situational Level 0**: No known transmission of SARS-CoV-2 in the preceding 28 days. The health system and public health authorities are ready to respond.

- **Situational Level 1**: Basic measures are in place to prevent transmission; or if cases are already present, the epidemic is being controlled.

- **Situational Level 2**: Low community incidence or a risk of community transmission beyond clusters.

- **Situational Level 3**: Community transmission with limited additional capacity to respond and a risk of health services becoming overwhelmed.

- **Situational Level 4**: An uncontrolled epidemic with limited or no additional health system response capacity available.

Decision taken as per local transmission

At the forefront of all considerations and decisions should be the continuity of education for children for their overall well-being, health and safety

**Levels 0 – 2**

- Educational settings to remain open with IPC measures in place

**Level 3**

- Limit in-person university teaching and institute e-learning
- Childcare services, primary and secondary schools should remain open with adequate safety and surveillance measures in place as long as local context allows.

**Level 4**

- Consider all options for continuity of learning while limiting in-person contact. This may include in person teaching or blended or remote learning strategies which strictly limit the number of people physically on site (e.g. children of essential workers and their teachers).
- The closure of educational facilities should only be considered when there are no other alternatives.

Don’t wait to reopen schools until the cases are at zero level
Safe reopening

Multi-layered approach to help prevent introduction & spread of SARS-CoV-2 in schools

**Communications with parents, students, teachers & staff**

- Intense collaboration between the school and the community is key
- Ensure frequent communications and messaging to reassure parents, students and teachers
- Post signs in visible locations that promote everyday protective measures
- Address and counter rumours, misinformation and stigma
- Ask for cooperation of parents to report any cases of COVID-19 in the household
- If someone in the household is suspected of having COVID-19, all members of the household should stay home and the school should be informed

**Public Health and Social Measures**

**Community**
- Early detection and isolation of cases; contact tracing and quarantine
- Swift public health response to halt spread:
  - Physical distancing, hand-washing and age-appropriate wearing of masks
  - Safe public transportation, protection of vulnerable groups and other measures

**School & classrooms**
- All community measures, plus:
  - Symptom screening by parents and teachers
  - Maintaining a clean and healthy environment
  - Ensuring adequate and appropriate ventilation

**Individuals at high risk**
- Enhanced protection of students and teachers with underlying health conditions
- Address vulnerable children’s needs (mental health and psychosocial support, rehabilitation, nutrition, etc.)

---

1. Contact tracing in the context of COVID-19
2. Criteria for releasing COVID-19 patients from isolation
Additional measures for schools

**School-based activities/services – Sustain safe operations**
- Extra-curricular activities – *playground*
- Accommodation / *hostel* facilities
- School *transport*: Walking, cycling
- School *meals* – alternate mechanisms
- School *health services, Immunization*
- Mental health and *psycho-social support* for students, teachers and staff

**Monitoring of school operations**
- Monitor the key activities of learning and other services
- Monitor availability and use of protective resources – WASH etc
- Monitoring of new cases and transmission in school, and community
- Establish surveillance programmes to monitor the impact of school measures and re-openings (preparedness)

**Multi-sectoral actions**: Education and health, WASH, Social sector, Transport sector, Private sector, and Community at large

**Technical resources on school readiness for reopening**
Two inter-related objectives of schools: Education & Health
Now and in future

1. **Continuity of learning**: Ensuring safe, adequate and appropriate educational and social learning, and development of children (In-person learning ASAP)
   - **System readiness**: Staff, infrastructure, resources and capacity to resume functions
   - **System resilience**: Preparedness of the education system to anticipate, respond to and mitigate the effects of current and future crises

2. **Health and wellbeing of the institutional population**
   - Minimizing the risk of SARS-CoV-2 transmission
   - School-related public health and social measures are integral to the wider community measures

- Keep universality and equity in mind – include all types of schools; marginalized communities and students with special needs
- **Multi-sectoral collaboration and Partnership** with all stakeholders
- Re-prioritize School Health Programmes and strengthen infrastructure
**Build back better: Strengthen role of schools**

**Health Promoting Schools: Global standards and guidelines**

**Table 1. Overview of the global standards and standard statements**

<table>
<thead>
<tr>
<th>1. Government policies and resources</th>
<th>2. School policies and resources</th>
<th>3. School governance and leadership</th>
<th>4. School and community partnerships</th>
</tr>
</thead>
<tbody>
<tr>
<td>The whole of government is committed to and invests in making every school a health-promoting school.</td>
<td>The school is committed to and invests in a whole-school approach to being a health-promoting school.</td>
<td>A whole-school model of school governance and leadership supports a health-promoting school.</td>
<td>The school is engaged and collaborates with the local community for health-promoting school.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>The school curriculum supports physical, social-emotional and psychological aspects of student health and well-being.</td>
<td>The school has a safe, supportive social-emotional environment.</td>
<td>The school has a healthy, safe, secure, inclusive physical environment.</td>
<td>All students have access to comprehensive school-based or school-linked health services that meet their physical, emotional, psychosocial and educational health-care needs.</td>
</tr>
</tbody>
</table>

Ministerial Meeting on HPS planned in October 2021
Joint UN Regional South & South East Asia Webinar Series
Safe School Reopening – The Latest Evidence & Guidance

THANK YOU

World Health Organization
UNFPA
WFP
UNESCO
UNICEF
for every child
Safe school reopening and operations: Latest tools and guidance

Jenelle Babb
Regional Advisor, Education for Health & Wellbeing
UNESCO Bangkok Office, Asia and the Pacific Regional Bureau for Education
School Reopening: where are we coming from?

Actions across 6 reinforcing dimensions

Prior to reopening
- Prepare with critical policies, procedures, and financing plans focused on safe operations and reforms needed to strengthen systems, including remote learning practices.

Part of reopening process
- Adopt proactive approaches to reintegrate marginalized and out of school children.
- Invest in water, sanitation and hygiene to mitigate risks and focus on remedial education to compensate for lost instructional time.

With schools reopened
- Actively monitor health indicators, expanding focus on wellbeing and protection.
- Strengthen pedagogy, adapt remote education for blended teaching and learning, including knowledge on disease transmission and prevention.

Delivered through a phased approach

Framework for Reopening Schools (June 2020)
Supplement to Framework for reopening schools: emerging lessons from country experiences in managing the process of reopening schools (September 2020)
Framework for Reopening Schools Supplement - From Reopening to Recovery, Key Resources (March 2021)
School Reopening: where are we coming from?

**Indonesia case study. Key features:**
- Contextualizing global guidelines
- Prioritizing participatory and inclusive consultations
- Providing a cross-sectoral response
- Phasing school reopening
- Localizing school reopening

Source: UNICEF EAPRO
Practical tools: School Reopening Checklists

Checklist to support schools reopening…. (WHO)

• lists 38 essential actions to be considered by different stakeholders as they work together to agree on school reopening plans

• supports the different levels of decision-making (national, local, and the schools themselves)

• focuses on protective measures

• one set of actions to prepare to reopen schools and another to prepare schools for COVID-19 resurgences.

## Practical tools: School Reopening Checklists

### 3.3 Actions at school level (21 actions)

Actions should be implemented by school administrations through co-design and participatory approaches. The suggested actions should be implemented on the basis of feasibility and should be adapted to the specific contexts at the individual school level.

<table>
<thead>
<tr>
<th>Phases</th>
<th>Essential actions</th>
</tr>
</thead>
</table>
| REOPENING | 1. Set up a school support team (SST) appropriate to the local context — e.g., it may be composed of teachers, school administrators, students and parents/caregivers — to assess the feasibility of implementing protective measures before school reopening based on the recommendations of national and subnational/local authorities. Measures could include, for instance:  
  - assessing school premises for the capacity to maintain a distance of at least 1 metre: a) outside classrooms for both students (all age groups) and staff; and b) inside classrooms, based on age considerations and local COVID-19 transmission intensity;  
  - assessing the availability and appropriateness of existing handwashing facilities, taking account of social, economic and cultural contexts;  
  - assessing the needs of students living with health conditions and special needs;  
  - developing options: a) to prevent the mingling of students from different age groups and classes; and b) to reduce the risk of transmission by limiting the number of students and staff in contact with each other to those within respective groups/year. Options might include:  
    - expanding timetables, with some students and teachers attending in the morning and others in the afternoon or evening;  
    - staggered lunch breaks;  
  - setting up different entrances for different classes. For detailed recommendations, consult: WHO Considerations for school-related public health measures during the COVID-19 pandemic. |  |
| | 2. The SST to review personnel and attendance policies: a) to take account of health-related absences and persons with pre-existing health conditions; and b) to support remote and blended teaching approaches. |  |
| | 3. The SST: a) to review the feasibility of implementing physical distancing in and outside classrooms; and b) to identify areas where the measures cannot be implemented (e.g., in certain classrooms and/or with certain student grades/year). Ensure strict wearing of masks if the use of these places cannot be avoided. |  |
| | 4. The SST to promote adherence to hand hygiene and respiratory etiquette. This includes identifying points at which to place hand hygiene equipment at school and classroom entrances, on all floors, and in toilet and cafeteria facilities, and creating schedules for frequent hand hygiene. Install supplementary handwashing facilities where possible to close existing gaps. |  |
| | 5. The SST to promote the wearing of masks among students, teachers and school staff, in accordance with national and local guidelines for mask use, including by age and especially where physical distancing cannot be achieved. This should include use of non-medical facial masks, and medical masks under certain conditions (e.g. for immunocompromised children or those with other diseases, in consultation with the child’s medical provider). Mask use should adhere to national and local policies on wearing masks and should be in accordance with WHO/UNICEF recommendations (see WHO advice on the use of masks for children in the community in the context of COVID-19). Students should be educated on the proper use of masks and the disposal of masks after use. Note that teachers and school staff may be required to wear masks if they cannot guarantee the 1 metre distance if they are in areas experiencing established community transmission. |  |
| | 7. The SST to develop and disseminate guidance on protection measures through communication materials such as posters, flyers, social media. |  |
| | 8. The SST to instruct maintenance staff to sanitize the school layout, including classrooms, to enable physical distancing and hygiene measures based on the guidance, including cleaning and disinfecting the school environment at least once a day (including cafeterias, gym and sports facilities). Particular attention should be paid to water and sanitation facilities and to surfaces that are frequently touched (e.g. railings, doors, lunch tables, sports equipment, doors, window handles, light switches, toys, teaching and learning materials, play equipment). |  |
| | 9. The SST to ensure adequate and sufficient supplies of soap, hand sanitizer and masks and to avoid potential stockouts. |  |
| | 10. The SST to conduct daily checks to ensure compliance with measures. |  |
| | 11. Teachers to conduct regular health education and pedagogical sessions to promote healthy and protective behaviours, and to address and counter rumours and false and misleading information, as well as COVID-19-related stigma. |  |
| | 12. School administration to engage with students, parents and staff to ensure acceptance of the school’s protective measures, including regular follow-up, and picking up children from schools within and outside the school premises. |  |
| | 13. Raise awareness among staff and students of the importance of self-reporting any symptoms. The most common symptoms are fever, dry cough and fatigue; however, refer to https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-list-for-the-public for a comprehensive list of symptoms. The rules for quarantine and self-isolation, as decided by national or local health authorities. More information can be found at https://www.who.int/publications/iem/who-2020-nCoV-Schools_transmission-3020L. |  |
| | 14. A policy of staying at home if unwell is enforced for students, teachers and school staff with symptoms and school sick leave policies are revisited accordingly. |  |
| | 15. School health staff to keep a record of students’ health status and development, including immunization checks to prevent outbreaks of vaccine-preventable diseases (e.g. measles) and report to the school administration. |  |
Practical tools: School Reopening Checklists

Checklist to support schools reopening… (WHO)

- WHO shared the guidance to all countries in South-East Asia as soon as it was launched within the context of ongoing health promotion work.
- Engaged in close discussions about the school reopening checklist with Indonesia and Bhutan.
- In Thailand, shared the checklist to national emergency operation center to provide guidance to school closure and reopening based on geographical distributions of confirmed cases and recovery rates.
Practical tools: Planning and Monitoring School Reopening

Opening Up Better Schools Toolkit (UNICEF ROSA)

Contents (click to go to each section)

1) Checklist to Open Up Better Schools
   - Before Schools Reopen - Ministerial/Provincial Decision-making and preparations
   - Before Schools Reopen - School-level Decisions and preparations
   - After Schools Reopen - Ministerial/Provincial Action
   - After Schools Reopen - School-level Action

2) Technical guidance on detailed activities at the school-level
   - WASH in Schools (including disinfection and cleaning of schools)
   - Physical distancing measures (Managing Foot Traffic)
   - Gender Considerations
   - Guidance for Teachers and School Administrators

Click and Go!
Items in Table of Contents are linked to each excel tab, allowing for easy navigation. Navigation pane also available in each tab.

READ ME!
Section on "How to Use this Toolkit" and "Checklists" available to help users navigate and adapt the toolkit as needed.

User-friendly and Adaptable
- Excel-based toolkit for easy editing and navigation
- Presets also allow for easy conversion to PDF and for printing, so it can be easily distributed and used in low-resource settings as well

Source: https://www.corecommitments.unicef.org/kp/opening-up-better-schools-toolkit_16-september-2020.xlsx
### Practical tools: Planning and Monitoring School Reopening

#### Recommended Checklist to Open Up Better Schools

Below is a list of recommended actions that can be undertaken by the school and school cluster level to check if schools are operating safely. The list is divided into 5 main areas that should be addressed for safe school operations. The items under each area may vary by stage of school reopening and intended user of the checklist.

#### List of items to consider for school reopening

<table>
<thead>
<tr>
<th>Stage of school reopening, &amp; Intended user of the checklist</th>
<th>List of items to consider for school reopening</th>
<th>Status</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>After Schools Reopen - Monitoring and Assessment at the School-level</td>
<td>Ensure safe school operations</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. Ensure safe personal hygiene measures are communicated and practiced</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.1. Is positive hygiene behavior being promoted and demonstrated?</td>
<td>Yes</td>
<td>Pending</td>
</tr>
<tr>
<td></td>
<td>a. Demonstration of handwashing, respiratory etiquette and other positive hygiene behavior is conducted regularly</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Signs, posters and nudges encouraging positive hygiene practices are posted throughout the school and shared with teachers, students and families</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Ensure safe physical distancing measures are communicated and practiced</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.1. Is physical distancing on the commute to and from school being practiced and enforced?</td>
<td>Yes</td>
<td>Pending</td>
</tr>
<tr>
<td></td>
<td>2.2. Are physical distancing measures on school premises being practiced and enforced?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.3. Are signs and posters encouraging physical distancing practices posted through with teachers, students and families?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. WASH in schools</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3.1. Are handwashing facilities available?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. With adequate supply of safe water</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. With soap</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Key Dimensions to Address

- Closely aligned to the Framework for Reopening Schools
- Same structure applies to all checklists:
  - Safe school reopening/operations
  - Focus on Learning
  - Wellbeing and Protection

"** Considerations for the most marginalized are mainstreamed into the above areas
- Policy and financing considerations, advocacy also included as key dimensions in each checklist

#### Sector-specific Preparations/Activities

- Adapted from sector-specific guidance documents

#### Detailed activities/preparations/considerations

- Pick and choose those that apply to each context
- Recognize that these can be phased and ongoing activities
- Can also be adapted and used as a monitoring tool

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**Opening Up Better Schools Toolkit**

Practical tools: Planning and Monitoring School Reopening

Opening Up Better Schools Toolkit: Experience of Bhutan

- The toolkit adapted for monitoring of school compliance with measures (hygiene, distancing, online safety).

- Strong linkages to existing system (EMIS).

- Innovative solutions for continuity of learning are in the checklists, EiE COVID-19 Response Plan (Adapted/Prioritized curriculum, learning gaps support, restorative programme).

Practical tools: Planning and Monitoring School Reopening


Source: https://unesdoc.unesco.org/ark:/48223/pf0000377780
**Practical tools: Planning and Monitoring School Reopening**

**COVID-19 Response Toolkit: Health, Safety and Resurgence Protocols**

2 **Define triggers and decisions for school operation scenarios**

<table>
<thead>
<tr>
<th>Action</th>
<th>Design and Decide</th>
</tr>
</thead>
<tbody>
<tr>
<td>2A</td>
<td>Decide which regions and/or grades to prioritize for in-person learning</td>
</tr>
<tr>
<td></td>
<td>Identify and agree on priority groups for in-person learning</td>
</tr>
<tr>
<td></td>
<td>Outline plans to phase in more students over time as epidemiological conditions improve</td>
</tr>
<tr>
<td>2B</td>
<td>Design the standards for school reopening</td>
</tr>
<tr>
<td></td>
<td>Physical distancing standards/guidance within schools</td>
</tr>
<tr>
<td></td>
<td>Decision on use of masks in school settings and procedures to support the continuity of learning if masks are mandatory</td>
</tr>
<tr>
<td></td>
<td>Outline minimum hygiene and cleaning practices in schools (frequency, cleaning protocols and steps)</td>
</tr>
<tr>
<td></td>
<td>Screening and management of positive and suspected cases</td>
</tr>
<tr>
<td>2C</td>
<td>Map triggers to different scenarios of school re-opening and re-closure and determine the decision-making criteria and procedures</td>
</tr>
<tr>
<td></td>
<td>Identify and agree on the key risk triggers</td>
</tr>
<tr>
<td></td>
<td>Identify and agree on the key capacity triggers</td>
</tr>
<tr>
<td></td>
<td>Identify possible school opening and closing scenarios</td>
</tr>
<tr>
<td></td>
<td>Identify possible options for hybrid learning</td>
</tr>
<tr>
<td></td>
<td>Agree on the criteria for selecting each scenario</td>
</tr>
<tr>
<td></td>
<td>Agree on the decision-making protocol as well as roles and responsibilities of each unit</td>
</tr>
</tbody>
</table>

**Responsible**

**Focal point**

**Time frame**
# Practical tools: Planning and Monitoring School Reopening

## COVID-19 Response Toolkit: Experience of Singapore

<table>
<thead>
<tr>
<th>1</th>
<th>Understand and Envision: Assess the needs and capabilities</th>
</tr>
</thead>
</table>
| 1A | Prior to reopening, Singapore authorities identified **key guiding principles** for reopening, i.e. **WHY reopen?**
  - **Schools are essential** and in-person classroom education is critical for socio-emotional development and to support high needs students. |
| 1B | They assess the **overall health situation** in the country and decided that reopening was possible, because:
  - Pandemic somewhat under control. Fewer new cases of infection in the community. |
| 1C | Attention paid to **general public sentiment**, including parents and teachers. |

<table>
<thead>
<tr>
<th>2</th>
<th>Decide and Design: Determine the reopening model</th>
</tr>
</thead>
<tbody>
<tr>
<td>2A</td>
<td>They decided on phased reopening approach, prioritising graduating cohorts to come back to school first. And piloted alternate in-person and HBL prior to full reopening to test staggered arrival, recess, and departure times as well as other health and sanitary measures.</td>
</tr>
<tr>
<td>2B</td>
<td>Ringfencing strategies put into place to limit interactions between groups/classes and reduce the risk/impact in case of a confirmed case.</td>
</tr>
<tr>
<td>2C</td>
<td>Risk-based and phased approach to assess the types and format of student activities that could progressively resume to reintroduce elements of school life.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3</th>
<th>Enable and Execute: Prepare for and implement the safe learning continuation plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>3A</td>
<td>Singapore’s reopening plans were guided by Whole-of-Government approach to COVID-19 response coordinated centrally, enabled by tight relationships and quick turnaround</td>
</tr>
<tr>
<td>3B</td>
<td>As well as <strong>strong resurgance planning</strong> integrated into reopening at the onset through clear and risk-based ring-fencing and quarantine measures</td>
</tr>
<tr>
<td>3C</td>
<td>Consultation, coordination, and communication with the key stakeholders prior to and during school reopening (e.g. schools, parents, teachers, staff, and other Ministries like health, national development etc.) were conducted regularly.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4</th>
<th>Monitor and adjust: evaluate safe reopening experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>4A</td>
<td>Set up mechanisms to monitor key indicators of safe reopening processes and outcomes</td>
</tr>
<tr>
<td>4B</td>
<td>Set up an <strong>adjustment mechanism</strong> to continuously adapt reopening measures to emerging needs</td>
</tr>
<tr>
<td>4C</td>
<td>Effectively and regularly communicate at each key step with stakeholders</td>
</tr>
</tbody>
</table>
Other Recent Guidance: Technical Tools and Data Reports

In-person schooling and COVID-19 transmission: A review of the evidence

WHAT’S NEXT?
Lessons on Education Recovery: Findings from a Survey of Ministries of Education amid the COVID-19 Pandemic

FORWARD TO SCHOOL
Guidance, Considerations and Resources for and from Education Unions to Inform Decision-Making in Times of Covid-19

Gender-responsive Education in the Context of COVID19
Framework and Progressive Standards for South Asia

Available at:
https://www.unicef.org/osa/covid19
https://apa.sdg4education2030.org/covid19
School reopening: where are we heading …..

The mission

Three priorities

Mission objective
To enable all children to return to school safely and to learn in a supportive environment, which also addresses their health and psychosocial well-being and other needs.

Timeframe
By end 2021.

Scope
All countries should reopen schools for complete or partial in-person instruction and keep them open. The Partners will join forces to support countries to take all actions possible to plan, prioritize, and ensure that all learners are back in school; that schools take all measures to reopen safely; that students receive effective remedial learning and comprehensive services to help recover learning losses and improve overall welfare, and their teachers are prepared and supported to meet their learning needs.

1. All children and youth are back in school and receive the tailored services needed to meet their learning, health, psychosocial well-being, and other needs.

2. All children receive support to catch up on lost learning.

3. All teachers are prepared and supported to address learning losses among their students and to incorporate digital technology into their teaching.

Source: https://www.unicef.org/media/98861/file/Mission%20:%20Recovering%20Education%20in%202021.pdf
Joint UN Regional South & South East Asia Webinar Series

Safe School Reopening – The Latest Evidence & Guidance

THANK YOU