



POST COVID-19 EDUCATION RECOVERY
GUIDELINE FOR RE-OPENING OF SCHOOLS

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INTRODUCTION:

The COVID-19 pandemic has been affirmed as a Public Health Emergency of International Concern and the virus has now expanded to a number of countries and regions. While a lot is yet undetermined about the virus that caused COVID-19, we do know that it spreads through direct contact with respiratory droplets of an infected person (generated through coughing and sneezing). Anyone can be infected by touching surfaces fouled or contaminated with the virus droplets and touching their face (e.g., eyes, nose, mouth). While COVID-19 continues to expand it is vital that communities take action to avoid and preclude its further diffusion and reduce the impacts of the outbreak and reinforce controlling measures.

The protection of children and educational facilities is specifically important. Precautions are indispensable to avoid the impending spread of COVID-19 in school settings; however, care must also be taken to prevent stigmatizing students and staff who may have had an exposure to the virus. It is imperative to learn that COVID-19 does not discriminate between borders, ethnicities, disability status, age or gender.

Education settings should continue to be convivial, hospitable, courteous, inclusive, and supportive environments to all. Actions and procedures taken by schools can prevent the entry and spread of COVID-19 by students and staff who may have been exposed to the virus, while curtailing commotion and shielding students and staff from discrimination. Pakistan Alliance for Girls Education has prepared this briefing note to highlight the strategic action plan on re-opening of its 124 STAR Schools all across Pakistan and ensure the safety of its children.

SUMMARY:

What is COVID-19?

COVID-19 is a disease caused by the agitation of coronavirus. 'CO' stands for corona, 'VI' for virus, and 'D' for disease. Initially, this disease was referred to as '2019 novel coronavirus' or '2019-nCoV.' The COVID-19 virus is a new virus linked to the same family of viruses as Severe Acute Respiratory Syndrome and some types of common cold.

What are the symptoms of COVID-19?

Symptoms can include fever, cough and shortness of breath. In the acute cases, infection can cause pneumonia or breathing difficulties. In few cases the disease has proven to be fatal. The symptoms are similar to the flu or the common cold, which are a lot more common than COVID-19. This is why testing is required to confirm if someone has COVID-19.

How does COVID-19 spread?

The virus is transmitted through direct contact with respiratory droplets of an infected person (generated through coughing and sneezing). Individuals can also be infected by touching surfaces infected with the virus and touching their face (e.g., eyes, nose, mouth). The COVID-19 virus may survive on surfaces for few hours, but regular shelf disinfectants can kill it.

Who is most at risk?

Older people, and people with chronic medical conditions, such as diabetes and heart disease, seems to be more at the threat of progressive worse symptoms. As this is a new virus, its effects on children are still under clinical observations. We know it is possible for people of any age to be infected with the virus, but so far there are relatively few cases of COVID-19 reported among children. This is a new virus and a lot is needed to be learned about how it affects children.

What is the treatment for COVID-19?

Presently there is no vaccine for COVID-19. However, many of the symptoms can be treated by consulting a healthcare provider timely. Several clinical experiments that are being tested to evaluate potential medications for COVID-19.

How can the spread of COVID-19 be slowed down or prevented?

Like other respiratory infections like the flu or the common cold, public health measures are significant to dim the expanse of this illnesses. Public health measures are routine preventive actions that are:

- ✓ staying home when unwell;
- ✓ covering mouth and nose with arched elbow or use a tissue when coughing or sneezing.
- ✓ Throw used tissue instantly;
- ✓ washing hands often with soap and water; and cleaning frequently touched surfaces and objects.

ISSUE:

Today, children and young people are a global subject, influential agents of change and the upcoming generation of engineers, scientists, and doctors. Any crisis provides a prospect to support their wisdom, promote empathy and escalate strength while fostering a protective and more caring environment. Having evidence and facts about COVID-19 will help reduce students' fears and anxieties about the disease and boost their ability to survive with any secondary impacts in their lives. This brief provides key messages and considerations for engaging school administrators, teachers and staff, parents, as well as children themselves in promoting safe and healthy schools. The purpose of this document is to provide clear and actionable guidance for safe operations through the prevention, early detection and control of COVID-19 in schools. Education can encourage students to become advocates for disease prevention and control at home, in school, and in their community by talking to others about how to prevent the spread of viruses. Upholding safe school strategies or reopening schools after a closure requires many contemplations but, if done good, can foster good civic health environment.

This brief is prepared by Pakistan Alliance for Girls Education COVID-19 education policy officer, that provides an up-to-date information correlating various country's policy response and reopening plans, as they develop. The World Bank, the World Health Organization, UNESCO, UNICEF and the World Food Programme have published complete guidance on education policy responses to COVID-19 and planning frameworks for school reopening. This brief complements those resources. In regions where the exact evidence is limited, it highlights and point out the prominence of producing knowledge during this pandemic to enlighten policy revisions and alternations presently and in any future crises. This brief is complemented by an in-depth technical framework for students, teachers and school settings with details on the evidence supporting key findings and recommendations. There is still a huge scope to determine the impacts of each country's education policy response to COVID-19; it is too early to surmise on the value of different choices, or their potential in different contexts. We will be keeping our eye on the evidence as it transpires and, in the months ahead, we will develop more analyses of the latest evidence on promising practices and preparing for future emergencies. In the meantime, PAGE's COVID-19 education policy tracker has developed this brief to provide an up-to-date information on various country's policy choices and how Pakistan can adopt these choices in the school settings.

This brief also draws on exact evidence relevant to the COVID-19 emergency to devise recommendations for policymakers on three critical dimensions of school reopening and recovery:

GETTING CHILDREN BACK TO SCHOOL:

Students, teachers, and households are encountering several strains on their time, means and resources that will make re-enrolment taxing for some families as schools re-open. Governments should devise unanimous campaigns to persuade maximum enrolment and contemplate additional measures to

promote the transition back to school, comprising cash transfers, stipends to poor families or provision of one-time school meal aimed to the most stranded families. Policymakers will want to approach evidence to support their development, formation, decision making and to illustrate on appropriate experience from somewhere else. This brief encapsulates the existing rigorous evidence related to getting children back to school and categorize two suggested actions for policymakers based on that body of evidence.

ENCOURAGING RE-ENROLMENT:

An insignificant substantiation exists on student re-enrolment and school recovery post a crisis. This is an area where existing supervision could immensely influence to prospect knowledge. Existing evidence proposes that Governments can recognize and highlight students who are most likely to drop out by using existing data on risk factors, such as pre-crisis attendance rates and relative economic disadvantages. A planned involvement to offer safer spaces during a crisis will allow young girls to spend time away from men, constraining amateur pregnancies and supporting them to re-enroll in school post COVID-19 crisis. Adaptable methodologies may be needed to re-enroll students who have new requirement and needs on their time. There is also a substantial body of assessing evidence from non-emergency situations that provides understanding into how to use information campaigns and community involvement to intensify enrolment.

Evidence on supporting re-enrolment after a crisis elaborates the following facts:

- Community participation is the epicenter of disaster recovery and can support re-enrolment fortitudes. Efficient strategies include financing parent-teacher meetings, working with local community and school management groups, and developing opportunities for community supervision.
- Intensive communication with students and parents can also escalate enrolment and attendance. Verified interferences in this category include sending reminders and prods via text message, information campaigns to share the advantages of education, and working with role models to share education success stories.
- Administrative tactics to enhance flexibility, such as double-shifting, are common in crisis-affected perspectives, but their impacts are fundamentally unknown. Regardless of its recognition, there is no proper evidence on the effectiveness of double-shifting post crisis settings. Data from various low-income countries reveals that it can intensify access and enrolment – and that it may build opportunities for previously out-of-school-children to enroll once the schools re-open. Over the longer term, however, a decline in contact hours may lessen

learning, predominantly in the poorest schools. Other assuring changes to the school environment include improving school WASH water, sanitation, and hygiene measures, which is an evident factor towards increase enrolment and attendance number, particularly among girls.

- Underprivileged children who are not able to make a comeback to regular school environments will still need prospects to enroll and learn. Many children may be at huge risk and danger of infection during this current pandemic, so some families may not be able to send their children back to school. Households with affected children – or in which other family members are at significant risk – may choose to avoid schools even if they reopen.

OVERCOMING AUGMENTED COSTS OF SCHOOL ATTENDANCE:

Previous researches suggest that financial support to underprivileged households is critical to getting children back to school. Recovery struggles must aid families overcome new financial constraints and the opportunity costs of schooling. Strategies could include school-related fee reductions, subsidies, and household cash transfers. Income shocks to deprived households may provoke parents to take their children out of school and send them to work. When schools were closed during Sierra Leone's Ebola outbreak, many of the approximately 3 million children living in communities affected by the disease carried out petty trade or other forms of work to support the survival of their households. Once withdrawn from school due to parental unemployment or disasters, many children will not consequently re-enroll. While actions should be taken to decrease the need for children to work, it is likely that some students will need to continue working while they attend school, and this will demand adequate resolutions.

Providing support to households in overcoming the costs of schooling reveals that:

- Economic support, including cash transfers, can reduce the financial encumbrance and opportunity costs faced by families sending their children back to school. Intrusion outcomes in non-crisis settings suggest that financial transfers to poor households in far-flung regions offer the highest return, especially where labour market opportunities for children are likely to lure them away from school.
- School meals can encourage re-enrolment and attendance. Many governments, including some in collaboration with the World Food Programme, have arranged to continue offering school meals while the schools are shut. The shock correlated with the crisis could surge the numbers of those in need of such resources. Offering school meals and simple requirement kits could incentivize and make re-enrolment likely for some, especially the most underprivileged.

BUILDING A SAFE SCHOOL ENVIRONMENT:

Providing the health and safety of people and environments will be more imperative than ever before in the repercussions of the COVID-19 school closures. To make school environments safe, further health and hygiene measures should be instigated, and school based psychosocial and nutritional support should be drawn-out to students to increase their general health and well-being in the wake of this COVID-19 crisis. Policymakers will want to approach data to support their planning and decision-making and to draw on appropriate experience from elsewhere.

Health and safety concerns for education-focused struggles after the coronavirus pandemic should comprise guaranteeing that school infrastructure and facilities are safe, that rooms are clean and disease-free, and that staff are equipped to avoid the blowout of disease in the event of imminent outbreak. Data on the impacts of improving school-based health and safety measures remains low; it should be strengthened as schools around the world reopen. Presently researches points to the significance of making sure that schools are equipped with sufficient health and hygiene arrangement and supervising competences, that students and staff exercise regular handwashing, that schools have access to enough hand sanitizer, and that students and staff are constantly screened for COVID 19 symptoms.

Evidence on good school health and safety after a crisis shows that:

- Dissemination of alcohol-based hand sanitizer is likely to offer an effective, scalable solution for hand sanitization for the prevention of COVID-19 spread, especially where running water is inadequate. An extensive body of research data, mainly from wealthy countries, indicates that young children in particular are more likely to use waterless hand sanitizer constantly, when accessible, than they are to use soap and water. Programs that supply hand sanitizer for use in classrooms and day care centers have logged substantial reductions in diarrheal and respiratory illnesses. Alcohol-based hand sanitizer is highly effective against COVID-19 and recommended for use by the WHO. Compared with major WASH (water, sanitation, and hygiene) frame advancements, it is convenient to disseminate and implement.
- Despite a mixed evidence on water and sanitation interventions in schools, access to sanitation and cleaning supplies and handwashing promotion can help avert the transmission of common infectious agents. Worldwide school-based handwashing programs have varied in avoiding common childhood conditions, such as diarrhea, respiratory infections, and soil-transmitted ailments. WASH strategy happens to be more efficient when they are cautiously applied, and

they effectively focus on the sources of disease transmission, and when they chain supply-side measures with behavior modification methodologies.

- School-based temperature screening has been a part of containment for former epidemics, but its effectiveness against COVID-19 remains ambiguous. Following the Ebola-related closures of 2014–2015, school reopening rules and protocols included daily temperature checks at the school gate, but it is uncertain whether these measures reduced diffusion. During the SARS epidemic, Singapore distributed a thermometer to every student and instructed temperature checks to be done twice in a day. This improved and restored self-assurance among parents and students but did not lead to any identification of cases. School systems could reflect screening children and school staff for temperature and cough—the two most common COVID-19 symptoms, but such an approach would perhaps have low sensitivity and low specificity due to the occurrence of mild or asymptomatic coronavirus in children and the high baseline frequency of cough and fever among young children. Symptomatic transmissions should supplement rather than substitute for cleanliness and distancing measures.

CHILD PROTECTION AND WELL-BEING:

Crises and prolonged school closures can negatively impact the well-being of children and adolescents. Evidence suggests that armed conflict and environmental disasters have multiple negative impacts on children and their families, including the potential to increase children’s engagement in dangerous forms of work. Evidence from the Ebola crisis suggests that women and girls were at a disproportionate risk of sexual exploitation and early marriage as a result of prolonged school closures. Household shocks resulting from the pandemic may also lead to higher rates of child malnutrition and difficulty meeting basic needs.

The data on child protection and well-being after a crisis reveals:

- Psychosocial and emotional encouragement are often desirable in schools following crises. Data from studies of conflict, natural disasters, public health crises, and other humanitarian crises show that a child’s psychosocial well-being can be adversely impacted by distresses. A swift efficient analysis of the impact of social solitude recommends that children are likely to experience high rates of hopelessness and anxiety during social isolation and for several years after it finishes. Data from former humanitarian crises and settings of displacement reveals that teachers trained in programs that highlight wisdom and social-emotional well-being can help recover learning outcomes and student well-being following a crisis. The wider education staff, including community development officers and coaches, can encourage children as they make a comeback to schools.

- Differential support may be required conferring to gender and age. Subsequently the Ebola epidemic, data reveals that adolescent girls faced disparate menaces and abuse while the schools were shut. Interventions determined on the safety, welfare and well-being of girls may be needed as schools reopen.
- Schools should prepare for a spike in students with undernourishment. During the Ebola epidemic, 75.5% of children in Sierra Leone reported not having enough to eat; in the aftershocks, severe malnourishment spiked considerably. The World Food Programme alerts that the number of people at risk of severe hunger may double by the end of the year due to the coronavirus crisis. Surveys recommends that many families are already eating less and might rapidly consume their household supplies. Speedy and safe restoration of school nourishment programs is essential to help stem and reverse nutritional losses. Schools has a proposed 'Paratha a Day' plan in place to implement once the school resume.

IMPROVING THE LOSS OF LEARNING:

To address learning loss, policymakers should consider targeted programs for augmented revival and use of low-cost training and communication methods to support teachers and engage parents. Policymakers will want to approach data to support their planning and decision making and to lure on relevant experience from elsewhere.

Research shows that school closures are linked with learning loss, with more distinct consequences among low-income families. Accelerated learning programs are common mediations to support continued determinations; they help students cover core academic material in less time. Research suggests that accelerated learning interventions determined on the basics can have positive impacts on learning in developing countries, specifically among those who are extremely behind. As policymakers take steps to reverse learning loss after the recent crisis, they should keep in view the social and emotional prerequisites of children. Social isolation is destructive to the mental health of children. In addition to accelerated learning, researchers are urging governments to allow time for play and socialization as children return to schools.

The data on improving learning loss after a crisis reveals:

- Restructuring the designed curriculum to accelerate learning can support restoration when learning loss is likely to have happened for all cohorts. While not thoroughly assessed, Sierra Leone's experience with streamlining and accelerating a planned curriculum to cover two academic years in one following the Ebola pandemic proposes that accelerated learning can

help get students back on track. Alternatives of this methodology have shown positive results in other countries as well. The idea is not to do more with less time but relatively enable quality catch-up with a shortened curriculum of select core components to cover thoroughly in the time available.

- Targeted programs focused on basic literacy and numeracy can support accelerated learning, particularly for those furthest behind. Following school closures, students will return to school with unpredictable levels of learning loss, possibly due to previous skill levels, differential access to distance learning, or varying home support during the closures. A vigorous body of research denotes that instruction focused on foundational literacy and numeracy skills targeted at students' individual levels, even for one or two hours per day, can significantly improve learning. This sort of targeting can be based on a prompt performance evaluation as students return to schools.
- Teacher-led learning camps and curative coaching programs can encourage learning acceleration. Learning camps preceding to and between school terms can support student learning. Such camps deliver concentrated opportunities to accelerate the mastery of basic skills. Strategic programs using research-based training can be highly effective if students constantly attend. Positive impacts of high-quality remedial tutoring for underprivileged students who have missed prolonged periods of schooling due to conflict or displacement.

SUPPORTING TEACHERS AND PARENTS:

The former crises indicate that teachers need innovative skills and capacities as they support student transitions back to school, guarantee safe school environments, and provide remedial learning activities. Not only does providing support to teachers offer the budding of improved learning, such efforts have also been linked to the improved well-being of students. While there are many assuring practices to support teacher development over the long-term, we offer evidence on activities to support teachers and classrooms in the immediate-term after schools reopen. The COVID-19 pandemic has also forced the increased involvement of parents around the world in their children's education while schools are out of session. This delivers a unique opportunity for encouraging parents to remain engaged over the longer term even as the schools reopen.

Supporting teachers and parents after a crisis will help in:

- Systematic coaching can encourage teachers as they adapt to new demands. As schools reopen, teachers will face the overwhelming task of supporting students in covering disoriented ground. They will be operating in a modified environment and will likely be delivering an

unbalanced syllabus. All of this needs new skills and capacities. Formal retraining will take time and significant resources. On-the-job and virtual teacher training can help strengthen teaching practices quickly and effectively.

- Leveraging the teachers may support learning. Engaging other education professionals, volunteers, and peer-to-peer support as tutors, mentors, and additional help for teachers can strengthen learning outcomes as well as support vulnerable students, including girls, in returning to and staying in school.
- There are numerous low-tech and low-cost options to maintain high rates of parental engagement in the schooling of children. Direct interventions with parents via text messages or other channels have witnessed to intensify and support their involvement at home and at school, resulting in large learning gains for their children. Former interventions include notifying parents of their children’s learning levels, progress, and attendance. Where feasible, personalized messages may be more effective in strengthening parental engagement than standard messages.

RECOMMENDATIONS:

KEY MESSAGES & ACTIONS FOR SCHOOL OPENING POST COVID 19 CRISIS:



FOR SCHOOL TEACHERS AND STAFF:

Following basic principles can help keep students, teachers, and staff safe at school and help stop the spread of this disease. Recommendations for healthy schools are:

- Sick students, teachers and other staff should not come to school.
- Schools should enforce regular hand washing with safe water and soap, alcohol rub/hand sanitizer or chlorine solution and, at a minimum, daily disinfection and cleaning of school premises.
- Schools should provide water, sanitation and waste management facilities and follow environmental cleaning and decontamination procedures.
- Schools must promote social distancing

IDENTIFY THE LATEST FACTS:

Comprehend basic information about COVID-19 including its symptoms, complications, how it is spread and how to prevent transmission. Stay up-to-date about COVID-19 through reliable sources such as UNICEF, WHO and national health ministry advisories. Be aware of fake information/myths that may circulate by word-of-mouth or online.

ENSURE SAFE SCHOOL OPERATIONS:



Emphasize regular handwashing and cleanliness and obtain needed supplies. Maintain handwashing stations with soap and water, and if possible, place alcohol-based hand rub, hand sanitizers in each classroom, at entrances and exits, and near toilets. Clean and disinfect school premises, classrooms and especially water and sanitation facilities at least once a day, particularly surfaces that are touched by many people. Implement social distancing practices that may include:

- Staggering the beginning and end of the school day
- Cancelling assemblies, sports games and other events that create crowded conditions
- When possible, create space for children's desks to be at least one meter apart
- Teach and model creating space and avoiding unnecessary touching

Establish procedures if students or staff become unwell:

- Plan beforehand with local health authorities, school health staff and update emergency contact lists.
- Ensure a procedure for separating sick students and staff from those who are well without creating stigma and a process for informing parents and consulting with health care provider's/health authorities wherever possible.
- Students/staff may need to be indicated directly to a health facility, depending on the situation/context, or sent home. Share procedures with staff, parents and students ahead of time.

ADAPT SCHOOL POLICIES:

Develop flexible attendance and sick leave policies that encourage students and staff to stay home when sick or when caring for sick family members. Discourage the use of perfect attendance awards and incentives. Plan for possible academic calendar changes, particularly in relation to breaks and exams.

MONITOR SCHOOL ATTENDANCE:

Implement school absenteeism monitoring systems to track student and staff absence and compare against usual absenteeism patterns at the school. Alert local health authorities about large increases in student and staff absenteeism due to respiratory illnesses.

PLAN FOR CONTINUITY OF LEARNING:

In the case of absenteeism/sick leave or temporary school closures, support continued access to quality education. This can include:

- Assigning reading and exercises for home study
- Radio, podcast or television broadcasts of academic content
- Assigning teachers to conduct remote daily or weekly follow up with students

- Review/develop accelerated education strategies

ADDRESS MENTAL HEALTH/PSYCHOSOCIAL SUPPORT NEEDS:

Encourage children to discuss their questions and concerns. Explain it is normal that they may experience different reactions and encourage them to talk to teachers if they have any questions or concerns. Provide information in an honest, age-appropriate manner. Guide students on how to support their peers and prevent exclusion and bullying. Ensure teachers are aware of local resources for their own well-being. Work with school health workers/social workers to identify and support students and staff who exhibit signs of distress.

SUPPORT VULNERABLE POPULATIONS:

Work with social service systems to ensure continuity of acute services that may take place in schools such as health screenings, feeding programs or treatments for children with distinctive requirements. Consider the specific needs of children with disabilities, and how marginalized populations may be more extremely impacted by the illness or its resulting effects. Assess any specific repercussions for girls that may increase their risk, such as responsibility for taking care of the sick at home, or exploitation when out of school.

A GUIDE TO ENGAGE WITH CHILDREN:



- Focus on good health behaviors, such as covering coughs and sneezes with the elbow and washing hands frequently.
- Sing a song while washing hands to practice the recommended 20 second duration.
- Use puppets or dolls to demonstrate symptoms (sneezing, coughing, fever) and what to do if they feel sick (i.e. their head hurts, their stomach hurts, they feel hot or extra tired) and how to comfort someone who is sick cultivating empathy and safe caring behaviors.
- Have children sit further apart from one another, have them practice stretching their arms out or ‘flap their wings’, they should keep enough space to not touch their friends.
- Make sure to listen to children’s concerns and answer their questions in an age appropriate manner; don’t overwhelm them with too much information. Encourage them to express and communicate their feelings.
- Emphasize that children can do a lot to keep themselves and others safe.
- Introduce the notion of social distancing; standing further away from friends, avoiding large crowds, not touching people if you don’t need to, etc.
- Focus on good health behaviors, such as covering coughs and sneezes with the elbow and washing hands.
- Help children apprehend the essential concepts of disease prevention and control. Use exercises that demonstrate how germs can spread. For example, by putting colored water in a spray bottle and spraying over a piece of white paper. Spot how far the droplets travel.
- Determine why it is imperative to wash hands for 20 seconds with soap and water: put a small amount of glitter in students’ hands and have them wash them with just water, observe how much glitter remains, then have them wash for 20 seconds with soap and water.

CHECKLIST FOR SCHOOL ADMINISTRATORS, TEACHERS AND STAFF:

- Endorse and establish regular hand washing and positive hygiene behaviors and observe their uptake.
- Guarantee soap and safe water is available at hand washing stations.
- Encourage frequent and thorough washing (at least 20 seconds).
- Place hand sanitizers in classrooms.
- Clean and disinfect, classrooms and especially water and sanitation facilities at least once a day, particularly surfaces that are touched by many people.
- Escalate the flow of air and ventilation where weather allows; open windows.
- Post signs encouraging good hand and respiratory hygiene practices.
- Ensure trash is removed daily and disposed of safely.

PARENTS/CAREGIVERS AND COMMUNITY MEMBERS:



KEY MESSAGES AND ACTIONS:

COVID-19 is a new virus and we are still learning about how it affects children. It is possible for people of any age to be infected with the virus, but so far there have been relatively few cases of COVID-19 reported among children. The virus can be fatal in cases, so far mainly among older people with pre-existing medical conditions. Recognize the symptoms of COVID-19 (coughing, fever, shortness of breath) in your child. Get medical advice by first calling your health care provider and then take your child in, if counselled. Remember that symptoms of COVID-19 such as cough or fever can be similar to those of the flu, or the common cold, which are a lot more common. If your child is sick, keep them home from school and notify the school of your child's absence and symptoms.

KEEP CHILDREN IN SCHOOL WHEN HEALTHY:

If your child isn't showing any symptoms such as a fever or cough it's best to keep them in school - unless a public health advisory or other relevant warning or official advice has been issued affecting your child's school. Instead of keeping children out of school, teach them good hand and respiratory hygiene practices for school and elsewhere, like frequent handwashing covering a cough or sneeze with

a flexed elbow or tissue, then throwing away the tissue into a closed bin, and not touching their eyes, mouths or noses if they haven't properly washed their hands.

SUPPORT CHILDREN HANDLE WITH THE STRESS:

Children may respond to stress in unusual behaviors. Common responses include having difficulties sleeping, bedwetting, having pain in the stomach or head, and being anxious, withdrawn, angry, clingy or afraid to be left alone. Respond to children's reactions in a helpful way and explain to them that they are normal reactions to an abnormal situation. Listen to their concerns and take time to comfort them and give them affection, comfort them that they're safe and praise them frequently. If possible, create opportunities for children to play and relax. Keep regular routines and schedules as much as possible, especially before they go to sleep, or help create new ones in a new environment. Share information about what could happen in a reassuring way.

For example, if your child is not feeling well and staying at home or the hospital, you could say, "You have to stay at home/at the hospital because it is securer and safe for you and your friends. I understand it is difficult at times, but we need to obey the rules to keep ourselves and others safe. Situation will go back to usual soon."

CHECKLIST FOR PARENTS/CAREGIVERS & COMMUNITY MEMBERS:

- Observe your child's health and keep them home from school if they are ill.
- Teach and model good cleanliness exercises for your children
- Wash your hands with soap and safe water regularly. If soap and water are not available, use an alcohol-based hand sanitizer with alcohol.
- Guarantee that safe drinking water is available and toilets or latrines are clean and available at home.
- Guarantee waste is carefully gathered, collected and disposed of.
- Cough and sneeze into a tissue or your elbow and avoid touching your face, eyes, mouth, nose.
- Support your children to ask questions and express their feelings with you and their teachers. Remember that your child may have distinctive responses to stress; be enduring and sympathetic.
- Avoid humiliation by using facts and repeating students to be considerate of one another.
- Coordinate with the school to obtain information and ask how you can support school safety efforts.

CONCLUSION:

Schools should only be resumed when it is safe for students. Going back to school will likely look a little different from what the students were used to before. It's possible that schools may reopen for a period of time and then a resolution may be made to close them again temporarily, depending on the

situation. Because of the budding situation, authorities will need to be flexible and ready to adapt to ensure the safety of every child.

Most governments around the world have provisionally closed schools in an effort to comprehend the spread of the COVID-19 pandemic. Many have launched distance learning programs and are beginning to plan for recuperation and restoration, a phase that involves much more than reopening the gates and readmitting students. During the response, there may be opportunities for governments to improve practices and “build back better,” but decisions are being made under extreme uncertainty and SOPs are to be followed rigorously.

In this context, education policymaking is particularly challenging but will be strongest when it is:

- (1) informed by current exact evidence, data, numbers and facts;
- (2) managed with a long-term perception that prioritizes flexibility, communication, and trust; and
- (3) able to be modified based on fresh data and evidence gained from community engagement and monitoring.

The above brief highlights the action plan and measures to be followed by Schools in order to resume the learnings at the school premises and look forward to ensure a safe, healthy environment at schools in all cases.

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