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Framework for reopening schools

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Global school closures in response to the COVID-19 pandemic present an unprecedented risk to children's education, protection and wellbeing. The United Nations Secretary-General António Guterres recently called on governments and donors to prioritize education for all children, including the most marginalized, and the Global Education Coalition was established to support governments in strengthening distance learning and facilitating the reopening of schools.

While we do not yet have enough evidence to measure the effect of school closures on the risk of disease transmission, the adverse effects of school closures on children's safety, wellbeing and learning are well documented. Interrupting education services also has serious, long-term consequences for economies and societies such as increased inequality, poorer health outcomes, and reduced social cohesion. In many countries, data on virus prevalence is incomplete and decision makers will need to make their best assessments in a context of incomplete information and uncertainty. National governments and partners must simultaneously work to promote and safeguard every child's right to education, health and safety, as set out in the Convention on the Rights of the Child. The best interest of the child must be paramount.

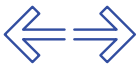
Across countries leaders are grappling with difficult and uncertain trade-offs as they consider easing lockdowns. This framework serves to inform the decision-making process on when to reopen schools, support national preparations and guide the implementation process, as part of the overall public health and education planning processes. Contextualization and continuous adaptation are necessary in order to respond to local conditions and meet each child's learning, health and safety needs.

Why reopen schools?

Disruptions to instructional time in the classroom can have a severe impact on a child's ability to learn. The longer marginalized children are out of school, the less likely they are to return. Children from the poorest households are already almost five times more likely to be out of primary school than those from the richest. Being out of school also increases the risk of teenage pregnancy, sexual exploitation, child marriage, violence and other threats. Further, prolonged closures disrupt essential school-based services such as immunization, school feeding, and mental health and psychosocial support, and can cause stress and anxiety due to the loss of peer interaction and disrupted routines. These negative impacts will be significantly higher for marginalized children, such as those living in countries affected by conflict and other protracted crises, migrants, refugees and the forcibly displaced, minorities, children living with disabilities, and children in institutions. School reopenings must be safe and consistent with each country's overall COVID-19 health response, with all reasonable measures taken to protect students, staff, teachers and their families.

When, where and which schools to reopen?

The timing of school reopenings should be guided by the best interest of the child and overall public health considerations, based on an assessment of the associated benefits and risks and informed by cross-sectoral and context-specific evidence, including education, public health and socio-economic factors. This analysis will also help to prioritize risk mitigation measures. Decision-making should be done together with subnational stakeholders so that actions are based on an analysis of each local context.



Decisions on reopening will require countries to quickly gather critical information on how schools, teachers, students and communities are coping with closures and the pandemic. Rapid response surveys of school and local leaders, teachers, students and parents can help provide this information. Decision makers must then assess **how learning and wellbeing can best be supported in each context**, with special consideration of the benefits of classroom-based instruction vis-à-vis remote learning, against **risk factors related to reopening of schools**, noting the inconclusive evidence around the infection risks related to school attendance.

- How essential is classroom instruction to achieve the respective learning outcomes (foundational, transferable, digital, job-specific), recognizing issues such as the importance of direct interaction with teachers for play-based learning with younger children and developing foundational skills?
- How available and accessible is high-quality remote learning (for respective learning outcomes, age groups and for marginalized groups)?
- How long can the current remote learning approach be sustained, including learning achievements, and social-emotional wellbeing, given domestic pressure on caregivers and other context-specific factors?
- Do caregivers have the necessary tools to protect children from online harassment and online gender-based violence, while they are learning through online platforms?
- How are the 'high stakes' key transition points on the learning journey (readiness for school; primary completion and transition; secondary completion and transition to tertiary) affected by the pandemic and responses to it?
- How ready and able are teachers and educational authorities to adapt to different administrative and learning approaches? Are they able and ready to implement infection prevention and control measures?
- Are there protection-related risks related to children not attending school, such as increased risk of domestic violence, child labour, or sexual exploitation against girls and boys?
- Do school closures compromise other support services provided by schools, such as school health and nutrition activities?
- What are the social, economic and well-being related implications of children not attending school?



- What is the capacity of the school to maintain safe school operations to mitigate risks, such as social distancing (i.e. size of classroom compared to number of students); and water, sanitation and hygiene facilities and practices?
- What is the level of exposure between the school population and higher-risk groups, such as the elderly and those with underlying medical conditions? If exposure is high, can sufficient mitigation efforts be taken?
- How does the school population travel to and from school?
- What are the community-related risk factors considering epidemiological factors, public health and health-care capacities, population density and adherence to social distancing and good hygiene practices?

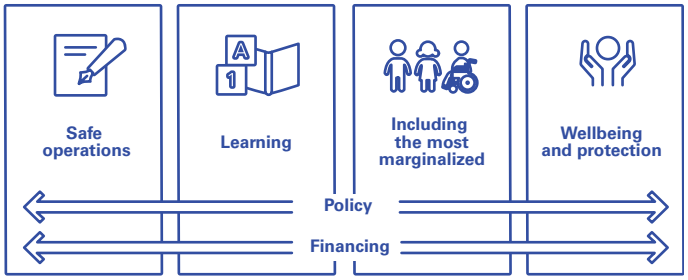


Analyzing the context-specific benefits and risks enables prioritization of schools (or components of schools) for reopening; prioritization of risk mitigation measures within schools and communities; and areas of focus for remote learning.

How to reopen schools

When select schools have been identified for reopening, six key dimensions should be used to assess their states of readiness and inform planning: policy, financing, safe operations, learning, reaching the most marginalized and wellbeing/protection. Policy considerations and financial requirements together create the enabling environment needed to support each of the other dimensions.

Contextualization and adaptation will be critical to respond to local needs and conditions, particularly in contexts where there are multiple deprivations (such as densely populated areas, low water settings, conflict, etc.) Analysis must be done against pre-pandemic conditions, with an acknowledgement of both existing limitations in low-resource contexts, and current goals



to improve operational and learning conditions. The response should serve as a catalyst to improve learning outcomes, increase equitable access to education and strengthen the protection, health and safety of children.

	Prior to reopening	Part of reopening process	With schools reopened
	Prepare with critical policies, procedures and financing plans needed to improve schooling, with a focus on safe operations, including strengthening remote learning practices.	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.	Actively monitor health indicators, expanding focus on wellbeing and protection. Strengthen pedagogy, adapt remote education for blended teaching and learning, including knowledge on infection transmission and prevention.
Safe operations [See IASC Guidance on COVID-19 Prevention and Control in Schools for detailed advice.]	Provide clear national guidance on parameters for decision making on school openings. They may need to be progressive, beginning in areas with the lowest rates of transmission and lowest localized risk. School openings can also be staged – for example, they could initially be limited to a few days of the week, or only apply to certain grades or levels. National policies should provide clear guidance for sub-national assessment and decision making.	Education authorities should strengthen communication and coordination mechanisms that promote local dialogue and engagement with communities, parents, and children on education matters. Monitoring of school re-opening to ensure that staggered or phased approaches have an equity lens and do not deprioritise refugee or other marginalized populations.	Develop a decision model for reclosing and reopening schools as needed due to resurgence of community transmission.
	Develop clear and easy-to-understand protocols on physical distancing measures, including prohibiting activities that require large gatherings, staggering the start and close of the school day, staggering feeding times, moving classes to temporary spaces or outdoors, and having school in shifts to reduce class size.	Work toward ensuring all schools have access to adequate safe water, handwashing stations, cleaning supplies and, wherever possible, establish or expand sex segregated toilets or latrines including provisions for menstrual hygiene management.	
	Develop detailed protocols on hygiene measures, including handwashing, respiratory etiquette, use of protective equipment, cleaning procedures for facilities and safe food preparation practices.	Train administrative staff and teachers on implementing physical distancing and school hygiene practices and increase staff at schools as needed. Cleaning staff should also be trained on disinfection and be equipped with personal protection equipment to the extent possible.	Emphasize behavior change to increase both the intensity and frequency of cleaning and disinfection activities and improve waste management practices.
	Revise personnel and attendance policies with teacher unions to accommodate health-related absences and support remote and blended teaching. Policies should protect staff, teachers and students who are at high risk due to age or underlying medical conditions, with plans to cover absent teachers and continue remote education to support students unable to attend school, accommodating individual circumstances to the extent possible.	Provide school leaders with clear guidance to establish procedures if students or staff become unwell. Guidance should include monitoring student and staff health, maintaining regular contact with local health authorities, and updating emergency plans and contact lists. Schools should also ensure there is space to temporarily separate sick students and staff without creating stigma. Share procedures with staff, parents and students, including advising all sick students and staff to remain home.	

	Prior to reopening	Part of reopening process	With schools reopened
	Identify response and recovery financing for immediate investments in school water, sanitation and hygiene. Prioritize costs of supplies and services to thoroughly clean and disinfect schools and for contingency plans and stocks.	Promote hygienic practices at all levels and for all staff of the school system, with an emphasis on handwashing and respiratory etiquette.	Encourage the use of hand sanitizer, and where recommended by national authorities, emphasize the importance of proper use of cloth masks. Information on hygiene should be widely available and accessible, including in minority languages or braille, and in child-friendly language.
	Utilize the COVID-19 response as an opportunity to review policies on use of school facilities during emergencies (as shelters, health facilities, quarantine locations, etc.)		
Focus on learning	Provide teachers and school leaders with support and training on remote learning and ways to support their students while schools are closed. This could include creating peer groups on mobile platforms or providing phone credits to contact parents. Ensure refugees and the most vulnerable children have access to the remote learning support provided including minority language instruction.	Revise admissions policies and requirements to align with the goals of universal education by eliminating barriers and reducing requirements to entry. Establish or update equivalency standards and official recognition for alternative learning pathways.	Increase investments in remote learning (1) to prepare for future rounds of school closings, (2) to strengthen teaching and learning where closures remain in effect and (3) to supplement instructional hours with a blended model where schools may be operating on partial or otherwise adapted schedules. Include increased funding for teacher capacity-building and training.
	Develop alternative academic calendars based on different public health scenarios and taking into consideration modalities to be used for remote learning.	Equip teachers to deal with both learning recovery and students' mental health and psychosocial (MHPSS) needs. Training efforts should explicitly improve teachers' ability to meet students' basic literacy/numeracy and social-emotional needs, particularly in schools with a high proportion of at-risk students. Teachers should be trained to identify age-related behavioral and cognitive changes and provide age-appropriate learning support.	Consider waiving less important examinations, such as those used for promotion decisions, in order to focus resources on ensuring that critically important examinations (such as those used for secondary school graduation or university entrance) are carried out in a valid, reliable, and equitable way, with due consideration to physical distancing and other health requirements. Consider universal promotion wherever possible and assess students' levels of learning following school closures to inform remedial efforts.
	Assess impacts on the private education sector and consider possible responses, including expanding public supply, public financing of private supply, or other responses as appropriate.	Implement large-scale remedial programs to mitigate learning loss and prevent exacerbation of learning inequality after school closures, with a focus on literacy and numeracy for primary-age children and accessibility accommodations for children with disabilities. Accelerated education models can be implemented in parallel to integrate previously out-of-school or over-age children.	Implement innovative teacher support methods, such as online professional development, coaching, or use of tutors to help bring capacity development efforts to scale more rapidly. This training and skills building can also be integrated into formal pre- and in-service teacher trainings.
Wellbeing & protection		Increase provision of mental health and psychosocial support services that address stigmatization/discrimination and support children and their families in coping with the continued uncertainties of the pandemic.	Share clear, concise and accurate information about COVID-19, normalize messages about fear and anxiety and promote self-care strategies not only for students and their families but also teachers and other school staff.
	Ensure continuous and timely payment of teachers' salaries, with attention to those on precarious contracts, to mitigate against teacher attrition and promote wellbeing.	Conduct a risk assessment for teachers and other staff (considering age, chronic conditions and other risk factors), then implement a staggered approach for returning to school.	Review and strengthen referral systems, particularly for severe cases. Ensure any providers are aware of other care services, including referral to services for GBV/PSEA and sexual and reproductive health (SRH) services.
		Re-establish regular and safe delivery of essential services. This includes, but is not limited to, critical nutrition, WASH and health services such as school feeding, vaccination campaigns, protection referrals (MHPSS, gender-based violence, abuse, etc.) and specialized services for children with disabilities.	Where services are not available at school, strengthen referral systems, including for SHR services that are youth-friendly and fully accessible.

	Prior to reopening	Part of reopening process	With schools reopened
Reaching the most marginalized	Direct education funding to schools hit hardest by the crisis, for example through formula-based funding that prioritizes the most marginalized. In terms of mechanisms, consider school block grants and cash transfers (conditional or unconditional) to students.	Waive school fees and other costs (school uniforms, etc.) wherever possible and eliminate other barriers to entry to maximize re-enrolment rates.	Prioritize financing to support new recovery needs, especially for disadvantaged students. One approach is to suspend or temporarily revise performance-based elements in per-capita funding, which can ensure continued financing and prevent reductions due to lack of achievement or compliance.
	Adapt school opening policies and practices to expand access to marginalized groups such as previously out-of-school children, displaced/migrant children and minorities. Diversify critical communications and outreach by making them available in relevant languages, accessible formats and tailoring them to populations of concern. Take specific measures to mitigate protection risks while girls and other marginalized groups are out of school through increased community engagement and improved referrals.	Take specific measures to support girls' return to school through increased community engagement.	Ensure learning materials/platforms, information, services and facilities are accessible to people with disabilities. Public health information and communication should be available in multiple, accessible formats, including for those with auditory or visual impairments. Ensure adequate water, hygiene and sanitation services are accessible. Plan for continuity of assistive services if schools are reclosed.

Related Guidance

Several supplementary resources and tools are available or in development to underpin this framework. This list will be updated regularly.

WFP, FAO, UNICEF, Mitigating the effects of the COVID-19 pandemic on food and nutrition of schoolchildren https://www.wfp.org/publications/mitigating-effects-covid-19-pandemic-food-and-nutrition-schoolchildren

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