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MULTISECTORAL CHECKLIST FOR SCHOOL RE-OPENINGS AND SCHOOL-BASED NUTRITION IN THE CONTEXT OF COVID-19

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Introduction

The closure of schools due to the COVID-19 pandemic has meant that large numbers of vulnerable children have been unable to access formal learning, school meals and selected nutrition and health services for extended periods. School meals provided at school contribute vital nutrients to the children's diets, while acting as a motivation for school attendance particularly for the most marginalised and needy children. Equally important is the access to basic preventive and promotive health and nutrition services, such as the delivery of iron supplements, de-worming, and oral health and nutrition checks that are provided via the school platform. Nutrition literacy and a school environment that supports healthy eating are critical for supporting children to have a nutritionally diverse diet and avoid over-consumption of fat, sugar and salt. The COVID-19 pandemic has, however, disrupted all these nutrition-related measures delivered through schools. In addition, the nutrition and health status of many school children will have suffered during the pandemic as diets at the household have been compromised due to loss of income, lack of availability of some foods and changing dietary practices due to lock-down and other containment measures. Therefore, there is an urgency for **putting multi-sectoral measures in place to build back better and protect and enhance the nutrition and health outcomes of school children as they return to school.**

The agenda to **re-open better schools** under the “**building back better theme**” presents an opportunity to position a menu of considerations or a checklist, for improved school nutrition, health, child protection and WASH initiatives within the Ministry of Education, Ministry of Water and Ministry of Health plans.

Based on the Framework for Reopening of Schools,¹ this document, therefore, provides a non-exhaustive list of recommended multi-sectoral actions for Government, UNICEF, WFP and other partners to consider as part of their short and longer-term planning for and implementation of school reopening. The document highlights the importance of multi-sectoral considerations for nutrition, child protection, education, WASH and health services through the school platform to provide children with improved outcomes.

Part one of this document is focused on key nutrition actions, with **part two** focusing on child protection, WASH, education and health actions. The actions are divided into those that should be put in place prior to schools re-opening, and after schools have opened.

It is also acknowledged that the implementation of the proposed measures in this document will require additional resources. Where required or requested, UNICEF and WFP will provide technical support to member states in the prioritization of the activities, as well as advocate for and support efforts to raise resources to implement the proposed actions.

The document builds upon existing guidance materials and aims to provide direction for implementers on improving the provision of key school public health and nutrition services in the context of COVID-19.

¹ <https://www.unicef.org/sites/default/files/2020-06/Framework-for-reopening-schools-2020.pdf>

Part 1. Nutrition considerations for the re-opening of Schools

The actions presented below aim to support healthy diets and good nutrition for children while at school and will require cross-sectoral cooperation between the education and health sectors to be effective. Further these considerations should be complemented by other sector toolkits when preparing for the reopening of schools (see part 2). The actions are divided into four main nutrition-related areas:

- (1) School meals
- (2) School nutrition services
- (3) School nutrition education
- (4) School food environment

1.1 School Meals

Resuming school meals services that meet nutritional standards will be critical as an incentive to encourage children to return to school and to enhance education outcomes and ensure good nutrition. A comprehensive situation analysis should be conducted to determine the modality of the school meals provision (on-site, take-home, cash / voucher) prior to the re-opening of the schools.

<p>PRIOR TO OPENING</p>	<ul style="list-style-type: none"> • Assess school kitchens, storage facilities canteens and eating areas, and mobilize resources to address existing gaps including joint assessments with WASH that relate to hygiene, sanitation and related infrastructure. <i>Considerations include:</i> <ul style="list-style-type: none"> ○ Upgrading water, hygiene and sanitation infrastructure including facilities for regular handwashing with safe water and soap; ○ Supplying cleaning and disinfection materials including, personal protective equipment (PPE) where appropriate, e.g. masks and gloves; ○ Revising existing school health and food safety protocols and guidance in line with recommendations for preventing the spread of COVID-19. • Develop a plan for delivery of school meals that are cost-effective and meet national nutrition standards. Advocate for the use of fortified staples within the menu and seek opportunities to link school meals to local agricultural production where possible. Ideally, a school meal should include: <ul style="list-style-type: none"> ○ At least 30 percent of total energy and protein requirements and if possible, 50 percent of key micronutrients (e.g. iron, vitamin A, zinc) for children; ○ Micronutrient-rich foods (milk, animal-source foods such as eggs, dried fish) and fortified commodities (e.g. vitamin A-enriched oil, iodized salt, fortified flour or rice); ○ Regular offerings of fruit and vegetables; ○ No food or drink high in fat, salt and added sugar. • Assess the potential for expanding school meal coverage as a safety net. This will provide an indirect income transfer to households and communities to buffer the negative
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	<p>economic and food security consequences of COVID-19. Where feasible, consider the provision of take-home rations beyond the school child (to include other vulnerable members of the family such as adolescents).</p> <ul style="list-style-type: none"> ● Establish quality control measures and standards. In instances where food is donated from the community or partners for the programme. ● Develop contingency plans to adapt modalities based on school opening / closure. Given the evolving situation, school feeding authorities at different levels (national and school level) should create contingency plans to continue the provision of food to children should schools have to close on short notice.
AFTER OPENING	<p><i>The below considerations are focused on the provision of on-site school meals:</i></p> <ul style="list-style-type: none"> ● Provision of personal protective equipment and material. Ensure food handlers have access to cleaning and disinfection supplies and material and monitor proper execution. ● Conduct education sessions with food handlers on proper hygiene and food safety practices in line with the modality for delivery that has been selected. This should cover mandatory regular handwashing, cleaning and disinfecting of surfaces and physical distancing in school kitchens, canteens and eating areas. Where possible display information materials reinforcing the above messages. ● Enforce compliance of proper hygiene and food safety practices by food handlers and children. This could be led by the school feeding committees and can include all activities related to the storage, preparation, distribution and consumption of food and regular handwashing. ● Implement approaches that reduce congestion. Staggered school breaks and no sharing of utensils. Maintain a safe distance between children as they queue for and eat food through the possibility of a staggered eating times.

1.2 Nutrition Services

<p>As health services remain closed or are dealing with a backlog of cases as a result of the pandemic, schools provide an essential platform for delivering nutrition-related services. This includes helping to identify cases of malnutrition (undernutrition, micronutrient deficiencies and overweight). Strong coordination between education, health and social protection services is required so that children found to be malnourished can be referred for appropriate support.</p>	
PRIOR TO OPENING	<ul style="list-style-type: none"> ● Conduct a joint assessment and develop plans with the health sector for the delivery of essential health and nutrition services through schools. <i>Considerations include:</i> <ul style="list-style-type: none"> ○ Planning and procuring iron supplements for boys and girls where anaemia levels are high. ○ Planning and procuring de-worming treatment for boys and girls where worm infection levels are high; ○ Resuming or introducing nutrition and oral health screening as part of regular health screening to identify and refer children at nutritional and dental risk.

AFTER OPENING	<ul style="list-style-type: none"> ● Provide iron supplements for school age children as recommended by WHO^{2 3 4} and national guidelines if available. Supplementation of all boys and girls aged 5-12 years, and all girls aged 13-18 years with 30-60mg elemental iron daily for three months of the year, in settings where anaemia levels are high (≥40% prevalence), or intermittent weekly supplementation where prevalence of anaemia is ≥20%. ● Provide deworming treatment for school age children as recommended by WHO.⁵ Treatment of all boys and girls aged 5-12 years of age with single-dose albendazole (400 mg) or mebendazole (500 mg) either annually or biannually where soil-transmitted infection levels are high (≥20% prevalence). ● Encourage nutrition and oral health checks as part of regular health screening. Including weight and height checks and dental examination which will help to identify malnourished (wasted or overweight) children and/or those with serious dental problems for referral to health and dental services, and social protection services if appropriate. ● Ensure an operational referral system to healthcare experts and facilities is in place. ● Social and behaviour change communication delivery using various media platforms and the school environment to promote drinking of safe water, healthy eating and active living
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1.3 Nutrition Education

The COVID-19 pandemic will also likely negatively impact the quality of diets and dietary practices of the most vulnerable. This will result as inequities will intensify which will then affect overall access to adequate diversified foods. Therefore there is a need to scale up the availability and access to quality nutrition education providing guidance and influence dietary behaviours towards consumption of affordable food and drinks low in fat, sugar and salt. Ensuring that the school curriculum and educational activities facilitate children to develop nutrition literacy and have healthy diets is especially important in the context of COVID-19.

PRIOR TO OPENING	<ul style="list-style-type: none"> ● Support the Ministry of Education to undertake a rapid review of nutrition education curriculum or content and learning plans. The focus should be on active living and healthy eating behaviours and on enhancing the home diet.
AFTER OPENING	<ul style="list-style-type: none"> ● Update if required and reinforce curriculum content, messages and learning plans on healthy diets and good nutrition. These need to be age appropriate and inspire school children to choose healthier lifestyle options and avoid unhealthy foods and beverages. ● Ensure that materials and messages on healthy diets and good nutrition also reach parents. ● Promote physical activity and include physical education in the education curriculum

² WHO. Guideline daily iron supplementation in infants and children. 2016.

³ WHO Guideline daily iron supplementation in adult women and adolescent girls. 2016.

⁴ WHO Guideline Intermittent iron and folic acid supplementation in menstruating women 2011

⁵ WHO Preventive chemotherapy to control soil-transmitted helminth infections in at-risk population groups. 2017.


1.4 School Food Environment

School food environments are highly influential on the eating habits and diets of schoolchildren. Ensuring that the school environment is facilitating children to have a healthy diet is especially important in the context of COVID-19.

PRIOR TO OPENING	<ul style="list-style-type: none"> ● Assess the school food environment⁶ and mobilize resources to address existing gaps. <i>Considerations include:</i> <ul style="list-style-type: none"> ○ Revising or introducing policies/guidelines to regulate the school food environment; ○ Ensuring all food and drink sold or provided on school premises meets national nutrition standards (e.g. dietary guidelines), ○ Ensure that foods high in fat, salt and sugar, including sweetened beverages, are not sold or distributed in schools. ○ Ensuring that children have free access to safe drinking water throughout school premises; ○ Encouraging food vendors near schools to sell nutritious foods and avoid the sale of poor-quality foods and those high in fat, sugar and salt. In addition, ensure that all vendors practice appropriate hygiene and safety including for COVID prevention. ○ Ensuring that children have access to safe spaces for physical exercise at school.
AFTER OPENING	<ul style="list-style-type: none"> ● Update, monitor and enforce compliance with policies/guidelines to regulate the school food environment. This should cover all food and drink sold or provided in and around school premises, as well as the marketing of unhealthy food in and around schools and sponsorship by unhealthy food manufacturers in schools. Monitoring and enforcement systems may need to be reviewed and updated.

Part 2. Cross-Sectorial Checklist for the Reopening of Schools

2.1 Health

	For Ministries	For Schools
	<ol style="list-style-type: none"> 1. Develop/adapt a standard checklist for use in schools at the district level based on the national policies for COVID-19 2. Put in place an alert notification mechanism to report any public health events in schools (linking schools to the existing one via the 	<ol style="list-style-type: none"> 1. Co-opt local health office (health inspector or environmental health officers) in conducting the school health assessment 2. Put in place an alert notification mechanism linked to district health office (share contact lists, assign focal points – a good one would be the school health master)
PRIOR TO		

⁶ The school food environment refers to all the spaces, infrastructure and conditions inside and around the school premises where food is available, obtained, purchased and/or consumed (for example tuck shops, kiosks, canteens, food vendors, vending machines); also taking into account the nutritional content of these foods. The environment also includes all of the information available, promotion (marketing, advertisements, branding, food labels, packages, promotions, etc.) and the pricing of foods and food products.

FAO. [Healthy food environment and school food](#)

OPENING	<p>emergency operations centre - EOC)</p> <ol style="list-style-type: none"> 3. Identify a focal point to link with MoH/EOC (to follow up information on COVID-19 among school age children, alerts and investigation, guidance) if not already the case 4. Conduct in depth review of the epidemiology of COVID-19 to the district level, including factors including transport, disease trend (disaggregated by age/sex/profession where possible), capacity to rapidly track, test and treat cases, treatment facilities, etc 5. Develop a standard criterion for assessing at risk school staff and children (age group, underlying conditions) if not already available 	<ol style="list-style-type: none"> 3. Agree on/develop protocols for management of suspected cases among staff/children (including referral) 4. Put in place measures for adequate physical distancing (desks, mixing of classes, staggering break times, physical education) 5. Conduct a rapid assessment of staff and children at risk of severe disease (by age, underlying condition) based on agreed criteria/parameters 6. Confirm which schools were used as quarantine centres, assess and disinfect as needed. 7. Develop package and orient staff (teachers & support staff) on prevention, control and early treatment seeking 8. Develop package and orient school children on prevention, control and early treatment seeking
AFTER OPENING	<ol style="list-style-type: none"> 1. Work with MoE to ensure monitoring is conducted as per agreed frequency, 2. Track time between reporting, investigation and response to any events to ensure a rapid response 3. Share updated in-depth review with MoE as often as produced 	<ol style="list-style-type: none"> 1. Periodic School health assessment/inspections should be conducted (designated school health master and Env health inspector or officers) 2. Monitoring of the time between reporting, investigation and response to any events to ensure a rapid response 3. Monitoring and feedback on: <ul style="list-style-type: none"> ○ Functionality of the protocol (for COVID-19 – but easily replicable for other disease outbreaks) ○ Measures for physical distancing ○ Staff and children at risk of severe disease

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