

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, 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 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.	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.	Increase the share of schools with 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.	

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