

## A scientific school health programme

Education will always be a powerful force in shaping future generations. The current COVID-19 pandemic represents a teachable moment that can reformulate societies.

While India is grappling with colossal challenges as COVID-19 has re-calibrated our lifestyles, we must prepare to attempt to restore normalcy. Since children cannot be expected to adhere to social distancing guidelines, they are especially vulnerable to be infected transmitters and asymptomatic carriers. Studies have shown that children contracted and spread the virus when schools were reopened in the United States and South Korea. Additionally, researchers have confirmed that it is possible to get COVID-19 a second time after a few months when the immune system has lost the ability to resist the virus.

## A critical juncture

It is therefore crucial that, under our current circumstances as well as in a post-COVID-19 India, children must be protected. One approach is to emphasise educating the child and her family through school health programmes about hygiene and lifestyle changes that can prevent infection and simultaneously, boost health. This unprecedented crisis can become an inflection point in history as the trigger of a quantum leap in health through our education system. School-based health

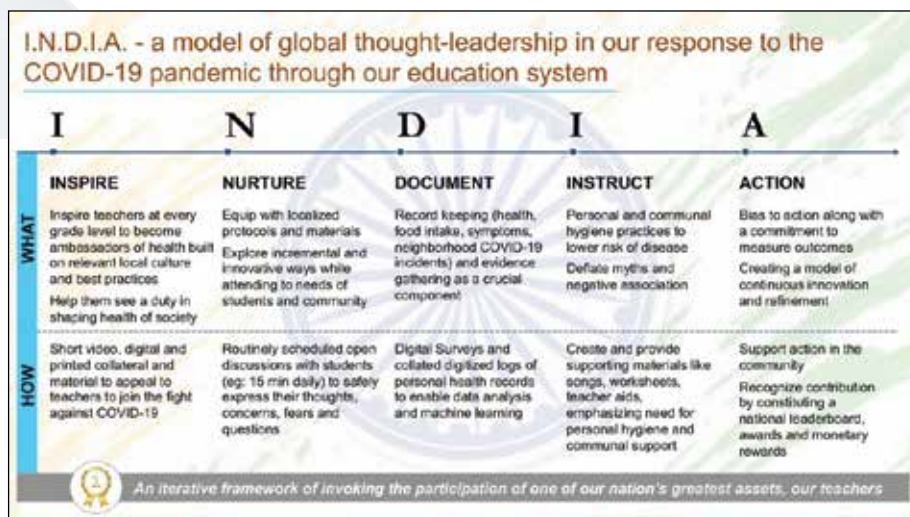
education programmes can become a lever of force multiplication by engaging parents and caregivers. An evidence-based scalable model, which can even help bridge health inequity, could be our response.

Schools can play a major role in inculcating healthful habits by teaching children and engaging parents through a scientific co-curriculum. Immediate attention on the cleanliness of the classroom and school environment can reinforce health habits that could be extendable to homes. Habit formation in terms of improved personal hygiene, such as cutting nails, washing hands and mindfulness around physical contact will prevent transmission of the virus.

Through holistic educational approaches, teachers could encourage children to embrace nutrient-rich diets, comprising of seasonal grain, fruits and vegetables. Simultaneously, children must be taught to refrain from consuming processed food and immune-suppressing sugar-loaded beverages. Breathing exercises and physical activities will add another dimension towards inducing individual and herd immunity.

## An acronym for action

The following is a five-step model of strategies and tactics – I N D I A – to respond to COVID-19 across the country.



## I-inspire

The first step would be aimed at inspiring teachers at every grade level, who must willingly accept the additional responsibility for the health of children in their class. Given that teachers themselves are often overburdened and this is a challenge compounded by the vast shortage of teachers across the country, it is imperative that, in response to this unprecedented pandemic, teachers are recruited towards a mission of health.

Historically, in India, the role of the teacher in the life of students is treated as supremely important, not to forget the teacher's extended role in shaping society. This message must be translated into a responsibility for teachers to be restored to an exalted place in our society's response to this pandemic. It is, therefore, important to get teachers themselves to willingly add to their repertoire of tasks, the responsibility of the health of the children, as their self-motivated participation will make all the difference in the outcomes.

It is important to recognise that teachers should be given the freedom to offer their suggestions in the spirit of co-creation of an actionable solution to help them develop a sense of ownership of outcomes, as they gain a place to emerge as frontline defenders in our response to this pandemic.

### *Suggested approach*

School teachers can record short audio/video messages to help recruit their colleagues or even have in-person teacher seminars or workshops to appeal to teachers to join the fight against COVID-19. A short video or ad can be developed as digital collateral and material.

## N-nurture

The second step is to equip teachers with protocols and material that are evidence-based and scientifically-backed while taking local practices and customs into account.

If there is one thing to acknowledge the global COVID-19 response, it is that there is no one-size-fits-all solution for the entire human population. Social distancing, hand-sanitising and hand-washing may not be practical in parts of our country and for large segments of our populations. We may, however, explore incremental locally and culturally relevant ways to improve hygiene, which teachers can play a role in choosing for their students. A wide spectrum of solutions is, therefore, necessary through a digital repository of best practices. Children are in need

of additional attention and nurturing during this pandemic.

### *Suggested approach*

- a) Teachers can facilitate a daily 10-15-minute circle time to encourage an open discussion among the students in their class, for the children to safely express their thoughts, concerns, fears and questions about COVID-19. This process may elevate children to become ambassadors of good hygiene and habits, and they can emerge as change agents in their homes.
- b) Teachers can then, spend extra time with the child who appears to have any issues that may surface during these discussions and if required, involve the family of the child too to resolve it.

## D-document

The need for keeping records and gathering evidence is a crucial component of scientific inquiry and practice. Simple tools, such as logs or health records of the class will help trace the occurrence and transmission of the coronavirus. Teachers can be required to record attendance and reason for any absenteeism. Children can be asked to create a daily diary, which can then, be used to assess their health risk factors, to record and to document the following activities in their homes:

- Food intake and servings
- Personal symptoms of illness
- Immediate family members and caregiver health-related symptoms
- Neighbourhood incidents of COVID-19

### *Suggested approach*

- a) Record keeping in digital and non-digital, low-technology ways easily available to teachers must be encouraged.
- b) Validated physical or digital surveys: logs can be developed by teachers to provide simple age-appropriate record-keeping instruments which are in the local language and understood by the child. It is a considered opinion to recommend the avoidance of a paper-based documentation process because of the practical challenges of dealing with a large volume of physical records. Also, having a digital format can lend itself to easier data analysis.
- c) Technology tools and analytics can ensure scalable and data-driven best practices, to ensure efficient ways to minimise the burden on teachers.

### I-instruct

As a way of lowering the risk of the virus, teachers can talk about personal and communal hygiene practices, such as not spitting in public, cutting nails, limiting physical contact with surfaces, personal space where possible, washing hands when possible, natural cleansers, use of disinfectants and hazards of such chemicals, learning how to cover one's nose and mouth while sneezing and raising levels of sanitation. Children can be made aware of India's traditional hygiene practices, such as washing hands, face and feet before entering the house, which are slowly being lost. These culturally relevant traditions can connect to ancient heritage and practices and re-discover established working practices from already existing cultural norms.

It is imperative that teachers and teaching materials emphasise the need for communal support to counteract the bias and social stigma that may develop if children and their families get infected with COVID-19. It is important to stress that those who contract this illness may have an elevated risk of infection and require a sympathetic and empathetic response.

Children and their families must be taught that COVID-19 is likely to persist for the foreseeable future. This is particularly important in India, as several precautionary prevention measures of social distancing and hygiene are likely to conjure the ugly remnants of untouchability. Care must be taken to ensure that this social evil does not raise its head; that COVID-19 does not unwittingly undo the progress in societal integration achieved over decades.

#### *Suggested approach*

- a) Wherever possible, teaching tools and language-agnostic digital content depicting cartoon-style characters can be developed for use during instruction by the teacher.
- b) A central repository of materials can be used by the teacher to help them communicate habits effectively based on location, to ensure searchable content for a region (village, neighbourhood, municipality, district, state, region, etc).
- c) Songs can be created by teachers and children to allow them to sing along, as they become familiar with the lyrics to even sing with actions to reinforce the practices.
- d) Teachers can help children create art, such as drawings, paintings, postcards or video messages for their classmates to express their solidarity

and unified support for them through 'get well' messages. This exercise will also raise a generation of children who are empathetic to the dangers of those around them.

- e) Role-playing and theatre workshops can have children experience the complexities, as well as the nuances of the pandemic through the narrative.

### A-action

The ultimate success of this response will be measurable only through the metrics of translating these thoughts into actions. The current pandemic and the sheer scope and scale of the threat that it presents requires us to deliberate in far greater depth about a focus on real-world outcomes. This focus on action, along with a commitment to measure outcomes and readjust based on evidence, creates a model of continuous innovation and refinement. It also establishes a pathway to a science-based observational framework, through which various aspects can be researched by data scientists.

It is easy to see how this important component of the model may be at great risk of being neglected during this pandemic. However, the significance of it cannot be overstated, as it establishes a robust system of invoking the greatest societal pillar of our education system through evidence-based practice.

#### *Suggested approach*

- a) Teachers can be recognised as change agents in their society for their actions.
- b) Measurable metrics can be:
  - i) Number of completed records from the children.
  - ii) Ratio of the number of children impacted by the teacher and the total number of children in the class.
- c) Another important factor is whether the teacher operated and served a population which had a high incidence and risk of COVID-19.
- d) Every district and region could have a role model teacher and a system of recognition every month.

### A final word

In conclusion, I N D I A is a blueprint for a model of thinking about our response through our education system and is intended to serve as an iterative framework of invoking the participation of one of our nation's greatest assets, our teachers. The I N D I A model strives to offer a spectrum of low cost and actionable tools through a holistic model of response.

In the longer term, this innovation technology-enabled framework can offer a new scientific blueprint of adaptable localised solutions for the world and, where possible, this innovation can be

codified into a platform of scalable technologies that will leverage our rapidly expanding digital transformation as a nation.



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The effort has been to keep the number of participants similar to that in a face-to-face programme, unless the approach is to have webinars, wherein speakers put forth their thoughts on a focus topic, with questions or comments invited periodically from the audience. While webinars are useful in the sense that they enable reach to a large group of people, their purpose is to inform or orient, as opposed to help them engage with something in a more focused manner.

*Nimrat Khandpur, Online Professional Development Programmes  
- Reflections, p 72.*