Living with the Virus

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Introduction

We have been living with viruses for a hundred thousand years now. History records epidemics and pandemics and that is how we know that viral epidemics (outbreak of infectious diseases caused by viruses that spread quickly and affected many individuals at the same time in a community) began during the Neolithic period, around 12,000 years ago, when humans developed densely populated agricultural communities, allowing viruses to spread rapidly. Sometimes they spread over multiple countries or continents and were known as pandemics – the most recent example being the SARS-CoV-2 pandemic that has ravaged the world over the last two years.

As knowledge regarding these viruses increased, especially with the emergence and spread of pandemics in the recent past, caused by Ebola, SARS, MERS and Nipah viruses, the importance of precautionary behaviour like hand hygiene, food hygiene, mask-wearing and distancing was emphasised. However, the world was taken by surprise and was totally unprepared when the news of a new Coronavirus began to emerge from the Wuhan province in China. By the time the world woke up to understand the new virus, it was rapidly spreading and wreaking havoc.

School closure and its impact

As the pandemic progressed, restrictions were imposed for containment of the spread of COVID-19 and as one such measure, schools were closed down. A UNICEF report states that the closure of 15 lakh schools due to the coronavirus pandemic, and the resultant lockdowns in 2020, impacted 24.7 crore children enrolled in elementary and secondary schools in India. While we do not yet have enough evidence to measure the effect of school closure on the risk of disease transmission, the adverse effects of school closures on children's safety, wellbeing and learning are well-documented.

India is amongst the four or five countries across the world where schools have been closed for the longest time. The resulting disruptions have not only aggravated the already existing disparities within the education system, but also in other aspects of children's lives. School closures also carried high social and economic costs which impacted the most vulnerable and marginalised boys and girls and their families most severely in the following ways:

Interrupted learning

Disruptions to instructional time in the classroom have a severe impact on a child's ability to learn. When schools are closed, these opportunities are denied to children and youth, particularly under-privileged learners who have fewer educational opportunities beyond school.

Disruptions in essential school-based services like nutrition

Many children and youth rely completely on the meals provided at schools. When schools close, their nutrition is compromised. School meals have been shown to increase learning and cognitive abilities. The years a child spends in school coincide with the period when they are most vulnerable to the impacts of poor nutrition. This is exactly what happened due to the suspension of school meals programmes, which cover around 370 million children globally, with the largest number of beneficiaries (in million) in India (~100). During this crisis, there has been a 30 percent reduction in the coverage of essential nutrition services, such as school meal programmes, iron and folic acid supplementation, deworming and nutrition education.

School closures have also disrupted the normal distribution channels through which school meal programmes operate and attempts have been made to use take-home rations, top-up cash transfers or food vouchers. However, these are not long-term solutions. Globally, in 2020, an estimated 39 billion in-school meals have been missed during school closures by the 370 million children who were benefiting from school meals programmes pre-crisis. In India, missing the midday meal (provided under the government's Midday Meal Scheme) has

been shown to decrease calorie deficits in children by 30 percent.

Confusion and stress for teachers

With prolonged school closures, teachers have had problems in connecting with their students to support learning even in the most conducive contexts.

Pressure on parents

Parents have often been called upon to facilitate children's learning at home and most of them struggle to perform this task, especially those with limited education and resources. In the absence of alternatives, working parents often have to leave children alone and this is leading to an increased prevalence of risky behaviours, like substance abuse. In financially-distressed families, economic shocks have forced children to work and generate income. Sexual exploitation and abuse of girls and young women have increased, and early marriages, along with teenage pregnancies, have become more common. Some working parents have to miss work in order to take care of their children, which results in wage loss and has a negative impact on families.

Social isolation

Schools are hubs of social activity and human interaction. When schools closed, many children and youth missed social contact, which they had only in school. Studies around the world have revealed that prolonged social isolation has a detrimental effect on the mental health of children and can cause stress and anxiety due to the loss of peer interaction and disrupted routines.

Reopening schools

The prolonged period of living with the virus has made us realise that schools need to reopen safely and in line with the country's overall COVID-19 health response, with all reasonable measures taken to protect students, staff, teachers and their families. Parents have genuine concerns and to address these, there is a need to dispel misinformation and bring science into public discourses to facilitate evidence-informed, decision making. A range of stakeholders and experts in public health and education, as well as parents, need to join hands to enable the reopening of schools safely.

UNICEF, UNESCO, UNHCR, World Bank and World Food Programme have together developed a *Global Framework for Reopening Schools* which has been adapted to the Indian context by the Ministry of Education, Government of India. The Framework for Reopening Schools (June 2020) provides information for decision-making regarding when to reopen schools and support preparations and guidance for the implementation process. Each school needs to adapt this framework according to its context (particularly community transmission rates) and continuous adaptations are necessary in order to respond to changing local conditions. Obviously, school reopening should begin in areas with the lowest rates of transmission and the lowest localised risk of infection. School openings could be done in stages, for example, initially limited to a few days a week, or applicable only to certain grades or levels.

It is essential that parents, teachers and schools work and support each other in a coordinated, cohesive and complementary manner to plan, implement and monitor activities to ensure the safety of the children both inside and outside school. An important prerequisite is the strengthening of communication and coordination mechanisms that promote local dialogue and engagement with communities and parents.

Collective action prior to opening

- Detailed safety protocols to ensure stringent hygiene measures, including hand-washing, respiratory etiquette (covering mouth and nose while coughing/sneezing), use of masks and other protective equipment, cleaning procedures and safe food preparation practices wherever applicable. One of the most important precautionary behaviours is hand-washing. So as part of the opening process, a school needs to ensure access to adequate safe water, soap and hand-washing stations.
- Revise policies to protect staff, teachers and students who are at high risk due to age or underlying medical conditions. Detailed guidelines should be developed to prioritise and facilitate the process and vaccination of teachers and other staff.
- 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 mealtimes, moving classes to temporary spaces or outdoors, and having school in shifts to reduce class size.

  Since younger children are at the least risk, primary schools should probably open first,

followed by classes IX-XII. Both hand-washing and physical distancing need to be supervised closely, hence administrative staff and teachers need to be vigilant. Also, cleaning staff needs to be trained on disinfection and provided with personal protection equipment (PPE) to the extent possible.

- Establish clear guidelines for procedures to be followed if students or staff become unwell while attending school. This should include monitoring student and staff health, maintaining regular contact with local health authorities, updating lists of emergency contacts and mandating that all sick students and staff stay at home.
- Provide mental health and psychosocial support services to children and their families coping with the continued uncertainties of the pandemic and stigmatisation/discrimination.
- Re-establish regular and safe delivery of essential services, like school meals. All possible measures should be taken to safely reopen and restart school meal programmes. For safe school feeding, there is a need to improve the hygiene throughout the process (from food preparation to delivery), develop standard operational procedures, enforce physical distancing while serving, engage in capacity-building and training of all those involved in the process.

  This opportunity can also help in focusing on some neglected issues, such as the addition of micronutrient content of meals (incorporating iron-rich vegetables, eggs and fortified food), and investment in solutions that will help not only the present generation of school children, but also those that follow.

Collective action after schools reopen

- Well-defined decision algorithms for re-closing and reopening schools needed in case of a resurgence of community transmission.
- Sustained behaviour-change interventions to encourage proper use of masks, increase in both the intensity and frequency of cleaning and disinfection activities and improvement of waste management practices.
- Communication in child-friendly format for clear, concise and accurate information about COVID-19 along with messages to dispel fear and anxiety.

Vaccination of children

There has been a lot of debate around COVID-19 vaccination of children, particularly as a precondition for reopening schools. If we look at the world scenario, we find that by the end of June 2021, schools were operating – to a variable extent – in nearly 170 countries. However, vaccination of children younger than 12 years has not been initiated in any part of the world. The current global evidence suggests that vaccination of children should not be a prerequisite for opening schools.

In India, the push for child vaccinations is based upon hitherto unsubstantiated assumptions, such as since adults are being vaccinated, only unvaccinated children remain at risk of developing a severe form of the disease. Data from Indian states, including the latest national sero-survey, shows that children have been infected with COVID-19 at a similar, or even higher, rate than adults but were mostly asymptomatic and had far lower rates of severity of the disease. Children are at the lowest risk of severe disease and 60-80 percent of them (in India) have already developed antibodies.

Unlike adult vaccination, which aims at reducing the hospitalisation of severe cases and deaths, the purpose of vaccinating children is to reduce transmission. Awareness campaigns should be undertaken to address the common concerns of parents and families, dispelling rumours, and sharing scientific information on COVID-19 vaccination of children. As further evidence is consolidated, it may emerge that a vaccine with a proven role in the reduction of transmission or a single-dose vaccine would be recommended for high-risk children in the 6 months-17 years age group as and when available, but not for all children.

Towards a healthy future for children

The best way to prevent and slow down transmission is to be well-informed about the COVID-19 virus, the disease it causes and how it spreads. Unravelling the nature and spread of these viruses had not been an easy task but we now know that, like other viruses, this virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes, so it is important that students, teachers and staff follow appropriate precautionary behaviours, like wearing a mask properly, practising hand-washing and physical distancing both inside and outside the school premises.

Ample evidence points out that the opening of schools does not pose additional risk to our children. In our attempt to protect the health of our children, we should not end up depriving them of quality learning, which can happen only through in-person schooling. So, while we learn to live with the virus, the reopening of schools should be prioritised with appropriate precautionary measures based on the three principles of understanding, trust and the participation of all the stakeholders. This includes parents, teachers, school authorities, public health service providers and other relevant decision-makers. Schools need to be a safe setting where children can return for their optimum development towards a healthy future.

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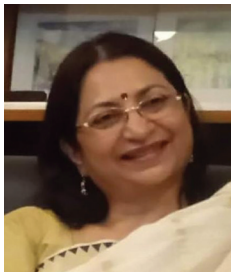

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