

The impact of COVID-19 on children is likely to be long-term and complex: it goes much further than infection by the virus, which is arguably less severe among children but affects the determinants of their health and wellbeing. These determinants include nutrition, mental health, social isolation, and lack of access to schooling and healthcare.ⁱ A study published in *The Lancet* estimates that, as of July 2021, an estimated 120,000 children have been orphaned by the pandemic.ⁱⁱ But even for most children, who probably have not suffered such heart-breaking loss, the measures to contain the spread of the infection, such as lockdowns and closure of schools have been immensely disruptive. Two major casualties have been: children's nutritional statusⁱⁱⁱ and their mental health.^{iv} It is in this context that the current debates over the reopening of schools need to be framed, keeping the health and wellbeing of our children at the core of all such decisions. Given that this situation is completely outside anyone's lived experience, this is likely to be a steep learning curve. But the better we prepare ourselves – and this includes all those involved in the process: the students, teachers, parents, and the system as a whole – the more likely that the transition will be smooth and, overall, positive.

Health and nutrition impacts: the evidence

Anxieties regarding the opening of schools and the possible health risks for the returning children stem from the following multiple sources:

- a. While the vaccination of 18-year-olds was authorised and started on June 21, 2021, school-age children are currently not eligible for vaccines, even though vaccine trials are in the planning stage. Vaccines for 12–17-year-olds are likely to be available sooner than for those in the younger age groups.
- b. Given that the vaccination programme has picked up and overall, cases are declining, yet, with the numbers surging in some parts of the country, such as in Kerala, and the uneven vaccination coverage, there are predictions that a third wave is inevitable and perhaps the country will again be caught under-prepared.^v
- c. Even if children can weather the storm and remain relatively unscathed, they are likely to carry the virus home to parents and elderly grandparents, who continue to be vulnerable, particularly to the highly contagious Delta variant that is capable of infecting (albeit less seriously) even those who have had both doses of the vaccine. Evidence shows that children could remain largely asymptomatic and yet be capable of transmitting infection quite effectively.^{vi}
- d. Zamrani et al (2021) have looked at global data and show that the pandemic has had significant impacts on children's nutritional status. In low-income countries, such as India, loss of livelihoods and income of parents, combined with the loss of food support such as school feeding programmes, has led to a serious crisis of undernutrition (in some high-income countries, greater consumption of junk food and sedentary lifestyles have led to obesity). The tragic images of migrant workers and their families walking great distances back to their homes from cities will stay with us for a long time. The impact of this displacement on adult and child nutrition is yet to be measured, but the evidence from groups, such as the Stranded Workers Action Network (SWAN),^{vii} and many others providing food and other aid to migrant workers indicates a dire shortage of basic food staples, not to mention nutritional inputs, such as fruit and vegetables.
- e. Inevitably, students from poorer, more marginalised backgrounds will have additional challenges in integrating back into schools. The *State of Working India 2021 Report* by the Azim Premji University shows that an estimated 230 million additional Indians have been pushed into poverty due to the pandemic.^{viii} The resulting 'Grief, fear, uncertainty, social isolation, increased screen time, and parental fatigue have negatively affected the mental health of children.'^{ix} Here again, there is yet no hard data in India, but studies have shown that such disasters and emergencies can trigger mood

and behaviour disorders, substance abuse and suicidal tendencies.^x This has led to an upsurge of voluntary organisations and people's groups stepping up to provide assistance, but this is not a long-term answer to the problem. It requires a sustained, coordinated, and systemic response from those who are tasked with promoting the public good – the government.

Actions to build an effective response

Being prepared for the inevitable opening up of schools with the necessary protocols and arrangements in place to ensure the safe return of students is critical. Schools need to tackle the challenge at three levels (see UNICEF guidelines, pg 5):^{xi}

First, students are integrating back into regular school after a long hiatus – this would be a challenge for many of them. Enforcing the standard protocols, while they are now familiar – masking-up, hand-washing and maintaining distance – will be difficult. Yet, these need to be enforced, keeping in mind that these are young children, and their instinct is to interact and play. Detailed guidelines have been developed by the government for the safe opening of schools and are available.^{xii}

These guidelines provide advice on various aspects pertaining to making adequate arrangements to preserve the health and safety of children going back to school, including ensuring that the school infrastructure is in working order (water supply and sanitation particularly); putting in place plans for arrangement of classroom furniture; scheduling of regular monitoring of children's health status including screening for symptoms (fever, cough) and testing of children for COVID-19; assigning responsibility in case of emergencies (for example, students testing positive); enforcing rules governing celebrations and congregation of students; and so on. A one-day awareness programme on this or a similar set of guidelines should be undertaken for all school personnel to ensure that knowledge, attitude and practice of COVID-19-safety are uniformly understood and internalised.

Second, even pre-pandemic, India already fared poorly on nutritional indicators, ranking 94th out of 107 countries in the Global Hunger Index 2020. Even worse, data emerging from the National Family Health Survey Round 5 (2019-20) showed that many states had a declining trend in key nutrition indicators, such as underweight (low weight for age)^{xiii} and stunting (low height for age). Malnutrition is the underlying and invisible factor

that contributes to more than 50 percent of the almost 750,000 deaths of under-5-years children in India every year. Although it was largely to mitigate the short- and long-term impacts of undernutrition that the Government expanded the Mid-Day Meal Scheme (MDMS) nationwide in 2001. Now included under the National Food Security Act, the MDMS is the largest school feeding programme in the world and is estimated to cover about 120 million school children in primary and upper-primary classes in government schools across the country.

Schools need to ensure that the MDMS is fully implemented from the first day of school. Other important measures also need to be instituted, such as:

- a. Conducting a systematic anthropometric measurement of all children. This would mean measuring the height and weight of all children and mapping them with WHO 2017 growth charts. This will help to immediately identify the children most at risk and requiring urgent attention. Children who are at a critical level would require immediate referral to the nearest Primary Health Centre.
- b. Using available MDMS resources to provide affordable, protein-rich food, and as far as possible, access to fruit and vegetables. For children from the most vulnerable households, access to staples such as rice or wheat has perhaps been close to adequate during the lockdowns. Supplementation of other food groups is critical – proteins with the addition of peanuts (*chikki*, for example), green gram sprouts or local millets (*ragi* or jowar); fruits, such as bananas, guavas, papaya or whatever is seasonally and cheaply available; and vegetables, again whatever is locally and cheaply available. Schools may consider maintaining a kitchen garden which could have multiple benefits – giving students a chance to learn about plants and how they grow, while also adding diversity to their daily diet.
- c. Planning to bring in all out-of-school children, particularly girls, back into the fold. Due to loss of livelihood and other socio-economic pressures, many older children are engaged in income-generating activities or in domestic duties that preclude their return to school. School personnel will need to undertake active outreach and counselling to encourage families to send such children back, and, in this regard, having a strong MDMS in place can be an incentive.

Finally, arrangements need to be made for the sensitive reception of children back into school. Many children across the board and perhaps particularly those from marginalised households have experienced a range of stresses, as mentioned above. The UNICEF has adapted guidelines for addressing the mental health needs of children with simple actions that can be taken both at home and in schools.^{xiv} Briefly, key actions include:

- a. Communicating simply, honestly and in a calm manner with the children, allaying their fears and anxieties of infection or death of a loved one.
- b. Busting myths and misinformation that have been multiplying throughout the pandemic, for example, the hot weather does not kill the virus nor does the virus seek only the elderly and spare the young.
- c. Being sensitive to children who might have either been victims of, or have witnessed domestic abuse and violence. Such children may be withdrawn or sad or otherwise display unusual behaviour. Building a relationship of trust with them is critical, and if necessary, reaching out for professional help by calling Childline 1098

(helpline) or even the police (100).

- d. Teaching children how to remain safe online. Being online has become a way of life for all of us and for children too. Teach children the 5 golden rules of staying safe online (#StaySafeOnline).^{xv}
- e. Addressing the stigma associated with COVID-19 infection or death in the family by using facts and data and encouraging students to be empathetic and compassionate to one another.

To reiterate, the experience of the pandemic has been unprecedented for us all, as has been the response. The effort to revert to some sort of normalcy, particularly for children who have been deprived of any semblance of a normal childhood for a year-and-a-half, is bound to be faced with many false starts and revisions. However, we are now in a better position to face the prospect, thanks to increasing vaccination and greater awareness of COVID-19-appropriate behaviour. By applying some simple guidelines that have emerged from our collective global understanding of the situation, we should substantially increase our chances of being successful in bringing our children back to school, safe and healthy.

Endnotes

- i Zemrani, B., Gehri, M., Masserey, E. et al. A hidden side of the COVID-19 pandemic in children: the double burden of undernutrition and overnutrition. *Int J Equity Health* 20, 44 (2021). <https://doi.org/10.1186/s12939-021-01390-w>.
- ii [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)01253-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01253-8/fulltext).
- iii <https://www.newscientist.com/article/2251523-covid-19-lockdown-means-115-million-indian-children-risk-malnutrition/>.
- iv Kumar A, Nayar KR, Bhat LD. Debate: COVID-19 and children in India. *Child Adolescent Health*. 2020;25(3):165-166. doi:10.1111/camh.12398.
- v <https://www.rfi.fr/en/international/20210812-how-prepared-is-india-to-tackle-a-third-wave-of-covid-19>.
- vi <https://www.ecdc.europa.eu/en/covid-19/questions-answers/questions-answers-school-transmission>.
- vii https://www.thehindu.com/news/resources/article31442220.ece/binary/Lockdown-and-Distress_Report-by-Stranded-Workers-Action-Network.pdf.
- viii https://cse.azimpremjiuniversity.edu.in/wp-content/uploads/2021/05/State_of_Working_India_2021-One_year_of_Covid-19.pdf.
- ix <https://www.unicef.org/india/impact-covid-19-childrens-mental-health>
- x Danese, A., Smith, P., Chitsabesan, P., & Dubicka, B. (2020). Child and Adolescent mental health amidst emergencies and disasters. *The British journal of psychiatry: the journal of mental science*, 216, 159–162.
- xi https://www.unicef-irc.org/publications/pdf/COVID-19_Missing_More_Than_a_Classroom_The_impact_of_school_closures_on_childrens_nutrition.pdf.
- xii https://www.education.gov.in/sites/upload_files/mhrd/files/SOP_Guidelines_for_reopening_schools.pdf.
- xiii <https://www.weforum.org/agenda/2021/06/covid-19-pandemic-hunger-catastrophe-india-poverty-food-insecurity-relief/>.
- xiv This is an excellent resource, including many activities and suggestions for children of different age groups. School personnel might want to integrate some of this into their regular classroom interactions. <https://www.unicef.org/india/media/3401/file/PSS-COVID19-Manual-ChildLine.pdf>
- xv <https://www.britishcouncil.in/about/what/child-protection>



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