Last update: 23 April

**Purpose**

This guidance note aims to harmonize Education Cluster members’ response to the Covid-19 situation and schools’ closure in NWS to ensure students safety, psychosocial wellbeing and continuity of learning. This note will be updated on the basis of the evolving security and health situation to ensure that education activities and coordination remain relevant, in particular in view of potential reopening of schools (preparedness measures).

**Background on Covid-19: symptoms, how does it spread, who is most at risk**

COVID-19 is a disease caused by a new strain of coronavirus. ‘CO’ stands for corona, ‘VI’ for virus, and ‘D’ for disease. The COVID-19 virus is a new virus linked to the same family of viruses as Severe Acute Respiratory Syndrome (SARS) and some types of common cold.

Symptoms can include fever, cough and shortness of breath. In more severe cases, infection can cause pneumonia or breathing difficulties. More rarely, the disease can be fatal. These symptoms are similar to the flu (influenza) or the common cold, which are a lot more common than COVID-19. Some persons can also be infected with COVID-19, do not develop symptoms but can nevertheless transmit the virus to other persons. This is why testing is required to confirm if someone has COVID-19.

The virus is transmitted through direct contact with respiratory droplets of an infected person (generated through coughing and sneezing). Individuals can also be infected from and touching surfaces contaminated with the virus and touching their face (e.g., eyes, nose, mouth). The COVID-19 virus may survive on surfaces for several hours, but simple disinfectants can kill it.

We are learning more about how COVID-19 affects people every day. Older people, and people with chronic medical conditions, such as diabetes and heart disease, appear to be more at risk of developing severe symptoms. As this is a new virus, we are still learning about how it affects children. We know it is possible for people of any age to be infected with the virus, but so far there are relatively few cases of COVID-19 reported among children. This is a new virus and we need to learn more about how it affects children. The virus can be fatal in rare cases, so far mainly among older people with pre-existing medical conditions.

**How can the spread of COVID-19 be slowed down or prevented?**

As with other respiratory infections like the flu or the common cold, public health measures are critical to slow the spread of illnesses. Public health measures are everyday preventive actions that include:

✓ staying home when sick;

✓ self-isolation of the family when one member is infected;

✓ covering mouth and nose with flexed elbow or tissue when coughing or sneezing. Dispose of used tissue immediately;

✓ washing hands often with soap and water; and

✓ cleaning frequently touched surfaces and objects.

As we learn more about COVID-19 public health officials may recommend additional actions.

**Key sectoral issues and vulnerabilities**

• Following the renewed intense fighting that started early December in northwest Syria, there has been a very large increase in the number of displaced people, which are estimated to include 398,000 school-age children (5 to 17 years old).

• As a result of the fighting and displacement hundreds of school buildings have been closed, either due to destruction, insecurity, or because schools have been converted to temporary shelters. The latest figures available indicate that 285 schools are occupied by displaced people.

• Even though there are no confirmed cases of Covid-19 in northwest Syria to date, education authorities covering the different areas of influence have decided to close all schools as a protective measure. The schools have been closed since 14 March 2020 in the Idleb and Northern Aleppo area with an unknown timeline and 16 March 2020 in Euphrates shield area and Afrin, Tel Abiad, Rais al-Han till end of April and with possible extension if the situation continues as of now.

• If schools do re-open, the importance of having adequate WASH facilities in schools will increase (functioning handwashing facilities with soap and water, clean latrines) more temporary learning spaces will need to be established to keep distance between the children, hygiene protocols to keep facilities disinfected and clean will have to be enforced, together with continuing hygiene promotion and hygiene awareness campaign with teachers, education personnel and children.

**Impact of school closure on the community, children and caregivers**

• Lack of awareness of children, parents and families about Covid-19 symptoms, risks and preventive actions to slow down the spread of the disease: schools provide a place for children to learn good health behaviors, such as covering coughs and sneezes with the elbow, washing hands, and social distancing.

• Interrupted access to in-school safety: because they are not engaged with structured learning in safe spaces, children and youth are at greater risk of joining armed groups, and/or to enter child labour, and/or to be facing child, early and forced marriage and sexual exploitation including transactional sex.

• Negative psychological and physical impacts: Schools are often safe space from children where they can seek support, therefore school closures means that children will miss out the social contacts and access to support networks (peers, teachers, psychosocial support) which are essential to learning and development; additional stress linked to loss of jobs and income by the parents, confinement and limitation of movement.

• Interrupted learning: children and youth are deprived of in-school, face-to-face learning opportunities, and are less likely to return to learning once schools re-open, resulting in increased dropout rates and lost opportunities to develop holistically.

• Closed schools will likely add to the responsibilities on women as the main caregivers of children remaining at home. Experience in crisis settings show that adolescent girls are less likely than boys to return after a prolonged absence. Closure of schools can also heighten their protection risks with no supervision during the day which can lead to GBV including sexual abuse and exploitation, child, early and forced marriage, and risk of engaging in high risk sexual activity potentially leading to STIs and early pregnancy.

• Potential loss of teachers should stipends be cut out and teachers look for other occupations.

• Increased education related expenses related to distance learning.

**What** **Education Cluster members are already doing**

* Creation of WhatsApp and Telegram groups to maintain communication between teachers and children
* Implementation of digital school modality
* Training and learning circles using online platforms (GoToMeeting) and WhatsApp.
* Purchasing self-learning materials, stationeries, sanitizing materials, guidance for parents, exercises sheets, and awareness printings.

**Recommendations from the Education Cluster on key activities in response to Covid-19**

The following interventions on **life-saving messages and practices** are for now and should start immediately:

* Provision of age-appropriate information on prevention, symptoms and treatment of Covid-19 through radio (if possible), printed materials and social media platforms, using [agreed WHO-UNICEF messages](https://www.dropbox.com/sh/tm0vb0jtvqvs3jm/AABB-kFn1FFhkR9ajFyOvI6ja?dl=0).
* Train teachers on essential psychosocial care principles, psychological first aid, PSEA and how to make referrals when needed. Sensitize them and relevant community members on increased risk of GBV and SEA. Ensure that all teachers, formal or informal, sign a Code of Conduct.
* Support adults/caregivers with activities for children during home isolation. Activities should explain the virus but also keep children active when they are not at school, for example:

▪ Hand washing games with rhymes

▪ Imaginary stories about the virus exploring the body

▪ Make cleaning and disinfecting the house into a fun game

▪ Draw pictures of virus/microbes’ that to be coloured by children

▪ Explain person protective equipment (PPE) to children so that they are not scared.

Because remote learning needs to be made available quickly and because not all children have access to the Internet and digital platforms, simple solutions need to be implemented for the children who used to be enrolled in schools supported by Education partners. In particular, the following potential challenges should be noted: parents and teachers may not have smartphones to use WhatsApp or other social media; in case they have, they may not have enough devices in relation to the number of school-aged children, families may not have financial means to access the Internet.

**Therefore, a mix of distance learning through physical packages and social media** should be implemented in the short- to medium term by:

* Making sure that students, parents and teachers have access to affordable connectivity and devices to use social media (WhatsApp recommended) for sharing instructions and doing monitoring of learning. If not, consider paper based individual home learning assignments.
* Defining teachers’ and parents’ roles (potentially based on different education levels and availability for this last group)
* Online meetings and consultation with school governance bodies (PTAs, SMCs) on the proposed approach.
* Obtaining the contacts of the parents/caregivers of the students and create groups in WhatsApp to provide instructions and check in on children’s progress.
* Continuation of implementation of curriculum B and other teaching & learning sources that has been already used through existing printed materials (textbooks, exercise books, supplementary resources) combined with instructions and monitoring shared through WhatsApp.
* Awareness raising of parents and children on the importance of home-based learning
* Providing parents/caregivers with clear guidance on how to best support
* Childcare arrangements for children whose parents are healthcare workers (in coordination with CP)
* Defining the relevance, purpose and modalities of visits by teachers to check children are engaging and learning, to check assignments on children’s progress. If this is agreed, provision of safety instructions, gloves and masks and social & physical distance for teachers to use during home visits.
* In contexts with digital distance learning, consider the gender digital divide and ensure girls are trained with the necessary digital skills and knowledge.
* Provide information for children and parents on “red flags” for online exploitation, and general tips for safe internet use for children (for example, only using computers, tablets, etc. in common areas of the home).
* If new online learning materials are being developed, consider including - for both boys and girls, as appropriate - messaging and information on sexual and reproductive health, menstrual hygiene management, gender and GBV risks.

Education personnel are a critical resource and all efforts should be made to ensure continuity of incentives and retention. This will avoid slowing down the reopening of education services due to the need to rehire and retrain personnel and not further disrupt children by having inconsistency in their teachers and facilitators and other Education personnel. Consider special needs of female education personnel as their workload at home will likely be increased and require special support for them to continue on working. It is essential to maintain female education personnel for girls to continue on education.

Caregivers should also be supported and encouraged to engage in at-home learning and older siblings to help younger siblings to learn. There are many practices that parents and caregivers can employ to encourage and support at-home learning that do not require caregivers to be familiar with learning content, or even literate. Promote these practices through public messaging, for example using voice messages and/or short videos, including how to create a protective at-home learning environment. Discuss with parents and caregivers that problems they are facing helping their children learn and how they think these problems can be resolved.

**Should schools remain closed beyond six-eight weeks, Education Cluster members should consider expanding the activities listed above and look into solutions for school children who cannot be reached by teachers**:

* Select and print additional content from textbooks and exercise books to share with families
* Safe distribution (based on WHO guidelines) of these additional content and stationery to children and families
* Agree on a common set of additional content from textbooks and exercise books to share with families - standard content being shared by grade level.
* Identify additional solutions for 1) isolated families in coordination with the Protection cluster, 2) children who are at risk of drop out in coordination with the Child Protection sub cluster.
* Identification of one digital learning solution for some groups of learners (*what are the benefits of digital learning for a small group taking into account equity issues*).

**In the long term, it is expected that schools will reopen. However, this doesn’t run contrary to a possible continuation of the epidemics. To prevent this, it is important that schools and learning centres are better prepared to protect children from possible threats. Some suggested activities are:**

* Before the reopening of schools: physical re-planning of school infrastructures, esp. in camps, taking into consideration adequate social distancing and to prevent large gathering of children.
* Planning of modalities of education services (classes etc.) planned in light of these measures to prevent large gatherings.
* Regular cleaning and disinfection of schools
* If possible, continue and expand efforts to make schools safer for children. Repairs and investments in school buildings and WASH facilities including latrines, water points and availability of clean water should continue and expand.
* Provision of hygiene supplies to support prevention of COVID-19 infection: soap and water, hydroalcoholic gel, tissues. In case girls cannot access menstrual hygiene materials due to restriction of movement, reallocation of household resources to other hygiene items, consider the provision of menstrual hygiene materials to further support the return of girls to schools.
* Improve or establish adequate separate WASH facilities for boys and girls, incl. regular cleaning and disinfection: water points, latrines, waste bins.
* Establish clear referral networks between learning facilities, health centers, Child Protection and GBV actors to refer children in need to the necessary services. Inform the Cluster team if there are no accessible health centers for a learning facility to make referrals to.
* Provide relevant and accurate information related to coronavirus and promote good health and hygiene practices for students, teachers and school personnel on an ongoing basis and provide learning supplies needed for interactive age appropriate learning.
* Train teachers and school personnel on related topics and systems and enable them to convey information in an age-sensitive manner.
* Capture lessons learned and good practices to ensure a more effective and efficient response in the future, e.g., scope and sequence referral in a shared folder.
* Ensure there is enough physical space for children to keep their distance from other children; establishment of more TLS.

**Gender issues**

Education plays a critical role to transform gender role at society. As much as possible, Cluster members should strive to promote equal participation of girls and boys in distance education. One key element to achieve this is advocacy for equal sharing of domestic chores and care duties amongst male and female siblings/household members, so each has time to participate in alternative education initiatives. If utilizing technology alternatives to classroom teaching, consider the potential tech-access differential between girls and boys or for female-headed households. Also consider special needs of female teachers as their workload at home is likely increased. Digital education also provides an opportunity for girls and boys to learn sensitive issues such as sexual and reproductive health, menstrual hygiene management and GBV.

**Inter-sectoral Coordination**

* Coordination with Health Cluster on last updates, referral mechanism, possible usage of learning spaces as quarantine and ensure the learning spaces will return in good condition
* Coordinate with the Child Protection AoR and GBV AoR for awareness raising on the rise of violence in times of confinement, training of safe/ethical referral and to reach and support isolated families’ children
* Coordinate with PSEA network or a PSEA focal point in organizations for a training, complain and feedback mechanisms and any other issues related to PSEA.
* Discuss with relevant authorities issues related to ensuring continuity of learning and related in school services and supplies.

**Resources on Covid-19 prevention**

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|  | **Title** | **By:** | **Content:** |
| **For education organizations** | [*Key Messages and Actions for COVID-19 Prevention and Control in Schools*](https://educationcluster.box.com/s/193tltacs33lhz1kopeff0sucmwjfze7) | UNICEF, WHO, IFRC | Key messages and actions for education personnel, children and parents, to keep them safe and to ensure continuity of education. Includes recommendations on health education. In Arabic and English. |
|  | [Agreed UNICEF-WHO messages on COVID-19 prevention](https://www.dropbox.com/sh/tm0vb0jtvqvs3jm/AABB-kFn1FFhkR9ajFyOvI6ja?dl=0) | UNICEF-WHO | Banners, posters and videos in Arabic and English |
|  | *[RCCE Action Plan Guidance - COVID-19](https://educationcluster.box.com/s/193tltacs33lhz1kopeff0sucmwjfze7)*  *[preparedness](https://educationcluster.box.com/s/193tltacs33lhz1kopeff0sucmwjfze7)*  *[& response](https://educationcluster.box.com/s/193tltacs33lhz1kopeff0sucmwjfze7)* | IFRC, UNICEF, WHO | Planning tool to support risk communication, and to develop, implement and monitor activities for communicating with the public. Incl. assessment tool. |
|  | [*Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak*](https://educationcluster.box.com/s/193tltacs33lhz1kopeff0sucmwjfze7) | IASC | Key mental health and psychosocial support considerations, incl. considerations on school closures, use of schools for mental health interventions, support to adults/caregivers. |
|  | Distance learning solutions | INEE | <https://inee.org/collections/coronavirus-covid-19/distance-learning> |
|  | Distance learning solutions | UNESCO | <https://en.unesco.org/covid19/educationresponse/solutions> |
|  | Early childhood focused COVID-19 resources | Early childhood development action network | <https://mailchi.mp/ecdan/covid19> |
|  | *[Identifying & Mitigating](https://gbvguidelines.org/wp/wp-content/uploads/2020/04/Interagency-GBV-risk-mitigation-and-Covid-tipsheet.pdf)*  *[GBV Risks within the](https://gbvguidelines.org/wp/wp-content/uploads/2020/04/Interagency-GBV-risk-mitigation-and-Covid-tipsheet.pdf)*  *[COVID-19 Response](https://gbvguidelines.org/wp/wp-content/uploads/2020/04/Interagency-GBV-risk-mitigation-and-Covid-tipsheet.pdf)* | GBV Reference Group | This document is intended to support non-GBV specialist humanitarian actors to identify COVID-19,  GBV-specific risks in their sectors, and take actions to mitigate those risks. |
|  | [IASC GBV guidelines’ website COVID-19 resource](https://gbvguidelines.org/en/) | GBV guidelines reference group | This website has lots of resources and example of GBV risk mitigation in Education and other sectors. |
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| **For children and parents** | [*Child-friendly explanation of coronavirus*](https://educationcluster.box.com/s/scbjxrohau6dj7ob57v113jocbb07e1y) | Mindheart / SCI | Communication resource. Arabic and English. For children only. |
|  | [*Coronavirus posters*](https://educationcluster.box.com/s/scbjxrohau6dj7ob57v113jocbb07e1y) | WHO | Communication resource. Arabic. For children and adults. |
|  | [*COVID-19 - Coronavirus disease*](https://educationcluster.box.com/s/scbjxrohau6dj7ob57v113jocbb07e1y) | UNICEF | Communication resource. Arabic. For children and adults. Stickers and leaflets to come. |
|  | *Coronavirus disease: What parents should know* | UNICEF | Available in English and Arabic: <https://inee.org/resources/coronavirus-disease-covid-19-what-parents-should-know> |
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| **For education personnel** | [*Key Messages and Actions for COVID-19 Prevention and Control in Schools*](https://educationcluster.box.com/s/193tltacs33lhz1kopeff0sucmwjfze7) | UNICEF, WHO, IFRC | Key messages and actions for education personnel, children and parents, to keep them safe and to ensure continuity of education. Includes recommendations on health education. In Arabic and English. |
|  | [*Coronavirus posters*](https://educationcluster.box.com/s/scbjxrohau6dj7ob57v113jocbb07e1y) | WHO | Communication resource. Arabic. For children and adults |
|  | [*COVID-19 - Coronavirus disease*](https://educationcluster.box.com/s/scbjxrohau6dj7ob57v113jocbb07e1y) | UNICEF | Communication resource. Arabic. For children and adults. Stickers and leaflets to come. |