



Sightsavers' Guidance on Relaunching Inclusive Education & School-based screening programmes after Covid-19 Pandemic Closures

September 2020

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Introduction

Ministries of Education in low and lower-middle income countries are now starting to reopen schools that were closed resulting from the Covid-19 pandemic.

Most national governments have already issued country-specific guidance for education stakeholders. International organisations have also produced more general guidance (see Appendix 1).

This document identifies the various issues that need to be addressed for children with disabilities and for children participating on our school-based vision screening programmes. It should be emphasised that this document is not intended to replace government advice, but to complement government advice. It is also important to stress that this document is not comprehensive – it does not cover all children in all circumstances. The document may also be revised in forthcoming months as the situation changes.

Country offices can use this advice:

1. When revising or developing implementation plans and budgets;
2. When advising Ministries of Education and other in-country stakeholders;
3. When working directly with schools and communities.

It is important that Country Offices ensure relevant education (and eye health where relevant) GTLs are involved in the above processes and provide sign off for relevant documents. It is also important that Country Offices engage as fully as possible with relevant in-country stakeholders, including organisations of people with disabilities, education officials, community leaders and head teachers and their staff. **Most importantly of all, children with disabilities and their families need to be consulted.** Without this engagement, plans and proposals may be inappropriate, infeasible, and lacking local support. Sightsavers' approaches should be aligned with existing government guidance as closely as possible.¹

The relevant education GTL for WARO (except Nigeria) is Laurène Leclercq, for ECSA Ronnie Stapleton, and for South Asia and Nigeria Liesbeth Roolvink. If any of the above are unavailable, you should contact Guy Le Fanu. Sumrana Yasmin is the Senior GTL for Refractive Error and should be consulted for school-based vision screening. It may also be necessary to engage with other teams at Sightsavers when formulating appropriate responses – for instance, Monitoring, Evaluation and Learning (MEL) and Policy and Global Advocacy (PGA).

The relevant Regional Director should be copied into all communications. When programmes are funded through restricted funding, the relevant member/s of the Institutional Funding Team (IFT) should be copied into communications and included in discussions.

¹ If existing government guidance is considered inappropriate, this should be discussed with the relevant GTL.

Reopening Schools

Various issues need to be taken account when re-enrolling children with disabilities in schools. These are discussed below.

1. Different models of reopening

Federal Ministry of Education in Nigeria has identified different models of reopening.² Some of these models may be particularly beneficial for children with disabilities in other countries.

- **Phased reopening.** It may be particularly valuable for children with disabilities to be allowed to return to school before the other children so they can receive necessary reorientation to schools, individualised support, and guidance and counselling.
- **Outdoor learning.** This can limit transmission and allow for safe distancing between learners and teachers. The use of shelter outdoors is necessary for the protection and safety of learners and teachers. In addition, safety in all weathers and security measures are required for each location. Outdoor learning is unlikely to be an appropriate option for children with albinism and other children with photophobia, given their sensitivity to bright light, without provision of appropriate adaptations (e.g. sunglasses). There may also be issues for children facing mobility challenges. If outdoor environments are noisy, this will negatively impact on learning of children with hearing difficulties.
- **Staggered attendance.** Learners may arrive and depart at different times to avoid overcrowding and/or schools may reopen gradually (e.g. starting with particular grade levels).
- **Alternate attendance.** Schools may have alternate attendance days per week, with learners at the secondary level (or equivalent) and above having fewer in-person classes as these learners can better manage independent learning (e.g., junior secondary school learners attend on Tuesdays and Thursdays while primary school learners attend classes on Mondays, Wednesdays, and Fridays).
- **Shift system.** Classes may be divided into morning and afternoon shifts.
- **Fixed locations:** Learners may remain in one location with teachers coming to them. This may be particularly beneficial for children who face mobility challenges. It may also be particularly appropriate for children who like stability and fixed routines.

2. Facilitating reenrolment

It will be necessary for relevant stakeholders (teachers, social workers, and, in some cases, Sightsavers staff and DPOs) to engage with children with disabilities and their parents/guardians, other family members, and community stakeholders to ensure the safe and incident-free reenrolment of children with disabilities. This engagement is especially necessary because some parents of children with disabilities may be reluctant to re-enrol

² Federal Ministry of Education, 2020. Guidelines for Schools and Learning Facilities Re-opening After the Covid-19 Pandemic Closures: Taking Responsibility for Safe Schools and Quality Learning. Federal Ministry of Education, Abuja.

their children in school after the pandemic – because they are over-protective of their children, because they prioritise the education of other children in the family, or for other reasons. Particular attention should be paid to girls with disabilities, as they may be even more excluded than boys in some of the contexts in which we operate. The children themselves may be reluctant to return to school. Some children with disabilities will also require access to necessary support in order to travel to and from school – for instance, access to a particular form of transport, a sighted guide, or simply a travelling companion.

While it is important that children with disabilities re-enrol when appropriate and feasible, it should be recognised that re-enrolment may not always be the best option for them – for instance, if they are at higher risk of severe illness, if schools are not adequately prepared for their reenrollment, or if there is social/political instability in the locality. In such circumstances, home based educational support may be the most appropriate form of provision. It is important that the concerns of children with disabilities and their parents are respected.

Finally, it is important to recognize that this is not an ‘either/or’ issue – children with disabilities may attend school part-time while simultaneously receiving distance education/home-based education. UNESCO term this ‘hybrid learning’.

3. Reducing overcrowding

Several of the models of reopening outlined above can reduce the risk of overcrowding in classrooms (e.g. phased reopening, shift systems, alternate attendance). Schools can also ensure children only sit at every other desk to maintain social distance. Corridors and other social spaces will also need to be carefully monitored to prevent over-crowding.

4. Catch-up support

Children with disabilities should access necessary catch-up support.

Excluded from school and confined to the home, children with disabilities will lose academic skills and knowledge. They will also lose non-academic skills due to lack of opportunities to use these skills and lack of access to the necessary training/tuition. Examples of these skills are social and communication skills, sign language skills for deaf children or orientation and mobility skills for children with visual impairments. These children will therefore require access to supplementary tuition and training/coaching when they return to school.

Schools can consider prioritising children with disabilities by allowing them to come back to schools before the other children (but only when it is safe for them to come back). They can also organize remediation courses in groups after class time or during school holidays, or additional home-based learning by inclusion champions if the model exists.

5. Guidance & counselling

Children with disabilities should access necessary guidance and counselling.

Returning to school, many children will require the above as they will have suffered various forms of trauma during the pandemic. Guidance and counselling services need to be aware of the types of challenges children with disabilities are particularly likely to experience during the pandemic, so these services can respond appropriately once these children return to

school. It is also important that children with disabilities have maximum possible opportunities to socialize with other children – for instance, through participation in student clubs.

6. Assistive technology

Children with disabilities should have access to necessary assistive technology. Where appropriate, Sightsavers staff should support parents/guardians and schools to identify the needs of children with disabilities and guide them towards accessing additional support.

Assistive technology (for instance, low vision aids for children with low vision, and hearing aids for deaf children) may have been lost, damaged or stolen when the children with disabilities were confined to the home. Service-providers therefore need to ensure these assistive devices are repaired/replaced as soon as possible when these children return to school.

Specialized learning equipment (for instance, reading stands, adapted pens/chairs, recorder, Braille equipment) may have been lost or damaged. It is necessary to ensure that each child will resume school with their usual learning equipment.

7. Medical services and nutrition

Children with disabilities should access necessary medical services and nutrition.

Children with disabilities often have specific health needs. These needs may have become severe during the pandemic – for instance, due to lack of access to medical services and adequate nutrition. These children will therefore need to access medical services and receive adequate nutrition when they return to school. Some children will need a new health assessment or review by a medical specialist.

8. Sanitation and WASH facilities

Sanitation and WASH facilities should be in place and accessible for all children with disabilities, including children with physical disabilities and children with visual impairments. Some children with disabilities will require coaching, repeated practice, supervision, and encouragement to develop handwashing and virus prevention skills and put these skills in practice.

9. Access to information

Children with disabilities and their parents/guardians need to have access to necessary information about what is happening and why. It is highly desirable that education stakeholders personally explain the situation to children with disabilities and their families, either orally or through a more appropriate medium of communication (e.g. sign language).

It is also desirable for this information to be available in other accessible forms. These can include:

- ✓ Braille and large print for people who are blind or have low vision;
- ✓ Easy-to-read version for people who have intellectual disabilities;

- ✓ Written formats or video with text captioning and/ or sign language for people with hearing impairment.

It is important that public messaging is respectful and free of bias, avoiding the potential for stigma against any student or part of the population based on disability.

10. Special schools

All of the recommendations above also apply to special schools. However, special schools raise a new set of challenges, especially if they are residential. Special schools need to ensure the necessary supervision is in place at all time – at night as well as during the day – to ensure students with disabilities are adequately supervised, protected and supported.

Plans need to be in place for a continued provision of support and assistance for children with disabilities where caregivers and service providers may not be able to take care due to hospitalization, quarantine or isolation. Adequate levels of social distancing need to be maintained in all places, including dormitories and hostels.

11. School-based risk assessments and action plans

It is recommended that education providers carry out school-based risk assessments for children with disabilities which address the issues raised in this document. Based on these assessments, they can develop associated action plans.

12. Ongoing monitoring

Re-enrolment of children with disabilities in schools should be continually monitored and revised in the light of programme learning. As part of the monitoring process, children with disabilities and their parents/guardians must be provided with the opportunity to express their views and concerns. Disability disaggregated data should be compared with data from previous years, to identify potential gaps and needs and to inform future support.

Distance Education Programmes

In some countries, schools are not due to reopen in the immediate future. In some cases, as discussed, distance education may be more appropriate/feasible for some children with disabilities. In order to be disability inclusive, distance education programmes should provide children with disabilities with access to:

- 1. Appropriate learning materials.** For instance, these materials should be produced in a variety of formats (braille, large print, audio, images), written in accessible language, attractively and accessibly presented, readily available, and free of charge.
- 2. Accessible learning platforms.** If radio transmission is used as the broadcasting medium, families of children with disabilities need to be provided with radios if they lack them. Mechanisms need to be put in place to ensure children who are deaf or hard of hearing can access the same educational content. If television is used as broadcasting medium, we need (for instance) to ensure that programmes have subtitles/signing and thus are accessible for children with hearing impairments. We also need to ensure programme content is not delivered excessively visually and is therefore accessible for children with visual impairments.

3. **Inclusive teaching and learning approaches.** Distance education programmes need to employ teaching and learning approaches that are inclusive for children experiencing difficulties with learning – for instance, through building on existing knowledge, providing specific examples to illustrate points, reinforcing understanding, providing relevant content, and using simple, clear language and illustrations to communicate information.
4. **Educational resources.** Children will require access to the resources that will enable their education to continue – for instance, radios so they can listen to radio programmes, stationery, textbooks, and assistive technology.
5. **Home-based care and educational support**
 - Parents, guardians, and other family members need to be provided with information about how to protect and care for children with disabilities during the Covid-19 pandemic – e.g. hand-washing strategies, ways of including them in family activities, and the need not to let other people into the family-home. WhatsApp can be an effective medium for delivering such messages. When designing and delivering WASH messages, we can draw upon the expertise of Sightsavers' NTD team and of local partners.
 - Children with disabilities and their families can be provided with necessary resources – for instance, soap for handwashing.
 - Parents, guardians, and other family-members need to be provided with basic information will dispel myths about the causes and effects of Covid-19.
 - They also need to be provided with information which will enable them to promote home-based learning – for instance, strategies for supporting the braille literacy of children with visual impairments.
 - Children with disabilities need to access appropriate medical support – for instance, children with epilepsy will require access to medication. These children need to continue to access such support during the pandemic as much as possible.
 - Relevant personnel (teachers, social workers etc.) need to monitor the well-being of children with disabilities and their families on a regular basis. WhatsApp messaging and mobile phone calls are good ways of doing this.

Vision Screening Considerations for School-based Screening Programmes

As schools reopen during the Covid-19 pandemic, school health programme' practices need to be redesigned to prevent the spread of the virus among children, teachers, support staff and ultimately the communities. Vision screening is one of many health interventions that meet critical needs of children by addressing the challenge of poor vision and eye health problems as a barrier to participation and academic success.

This section suggests considerations for modifying vision and eye health screening procedures during the Covid-19 pandemic. The considerations suggested in this section are aligned with the World Health Organization and UNICEF's advice and guidelines. The clinical standards remain aligned with the School Health Integrated Programme (SHIP) guidelines.

This guidance is meant to be used in Sightsavers supported SHIP projects but not limited to it, as partners can adopt/adapt it for the use in their programmes. Sightsavers country offices are responsible for complying with national and local laws including any applicable standards of practice related to Covid-19 prevention.

Considerations

The suggested considerations should be embedded in the programme design and implementation processes following the discussion and agreement with Ministries of Education and Health, and other relevant partners.

Training of teachers

- Ensure the training venue is well ventilated per guidelines from the WHO and/or local government. Increase free circulation of outdoor air by opening windows and doors.
- Limit the number of teachers to 15- 20 person per session or depending on national guideline on acceptable number of people during public gatherings.
- All participants must wash their hands with the provided soap and water before entering the training venue.
- It is preferable to have a venue with entrance and exit doors.
- Seating arrangements should be made to allow for 2-meter distancing between each participant.
- All participants must wear a cloth facemask. In areas with reported community transmission, training should be postponed and rescheduled.
- Check the temperature of all participants before entering the venue. Anyone with temperature of $>38^{\circ}\text{C}$ should be replaced and the individual asked to seek medical attention.
- All participants who present with symptoms or who have a sick family member at home with Covid-19 should be asked to return home and to seek medical attention.
- Advise participants to limit interaction between themselves.

- All training materials should be distributed by the trainers and materials should not be exchanged among participants. Consider sharing electronic version of training material in advance, if possible.
- During practical sessions, ensure physical contacts are reduced at barest level.
- Training should include a session on health and safety protocols related to Covid-19.

Planning

- Some Ministries of Education and relevant departments are banning individuals who are not school employees into buildings during the pandemic. Investigate the school's policy on visiting eye health professionals and support staff before developing a screening plan.
- Confirm that the screening site assigned is a well-lit room where the ventilation is working properly per guidelines from the WHO and/or local government.
- It is preferable to have a room assigned with entrance and exit doors.
- Ensure that the assigned room is deep-cleaned and sanitized prior to use.
- Conduct a simulated dry run of the traffic flow, timing, spacing needs, supplies, and screening procedures with adults who are informed of, and participating in, safety procedures.
- Confirm availability of assigned monitors for children traveling to and from the screening room.
- Every effort should be made to locate the vision screening room near sinks and running water for handwashing.
- Schools may have alternating days of in-person attendance, in which different cohort groups of students attend on set schedules. Screenings need to plan the schedule around cohorts.

Hand Hygiene

- Children must wash hands for 20 seconds before and after screening.
- Teachers trained as screeners must wash hands before screening, after any child contact, and at regular intervals throughout the day.
- If soap and water are unavailable, hand sanitizer that contains at least 60% alcohol can be used.
- Encourage to dry hands with paper towels or air drying.

Face Coverings (Masks)

- Teachers trained as screeners and children should wear face coverings (Masks) during screening. Screeners should not conduct vision screening if they cannot wear a mask for a medical reason.
- If children do not have a mask, disposable masks should be provided and should be put on by the child prior to entering the screening area.

- Consider not performing a vision screening on any child who cannot wear a mask. Masks are not required for:
 - children who have trouble breathing
 - children who are unable to comply with wearing a mask due to physical or mental health limitations or developmental delay
- Screeners should wear masks that fit snugly and cover the mouth and nose. They may wear goggles that cover the sides of the eyes and/or a face shield with a mask.
- To put children at ease, screener's may wear a name badge or a sign with a smiling photo of their face.

Cleaning and Disinfection

- Confirm the room assigned for screening was deep-cleaned and sanitized prior to entry.
- Clean and disinfect frequently touched surfaces often.
- Cleaning products used by screener must be secured out of reach from children.
- Vision screening charts should be wiped clean with disinfecting wipes before and after each screening day.
- Vision screening instruments should be cleaned and disinfected at the beginning and end of each screening day.
- Do not allow food and beverages in the screening room.

Screening

- Consider limiting screening personnel to three adults:
 - Screener (can be teacher, ophthalmic assistant etc)
 - Facility employee to clean chairs and monitor distancing
 - Staff to accompany children traveling to and from classroom and monitor handwashing before and after screening.
- Mark floors to provide a visual guide for maintaining distancing between the teacher, the child, and between adults.
- Ideally there should be one-way screening flow with separate entrance and exit doors, if possible.
- Sanitize chairs used during vision screening between children's use. Screener should wash hands after sanitizing objects.
- Children should stand 6 feet apart while waiting outside the screening room. Mark floors where children should stand.
- Do not call the entire class to the screening area and limit the number of children waiting based on the space available for waiting.

- Re-examination and testing for children who failed screening should be conducted in a well-ventilated room.
- Children who failed vision screening should wear surgical facemask during further evaluation and testing by Optometrist / Optometric Technicians / or relevant eye care personnel.
- Children with difficulty in breathing, physical or mental health limitations are exempted from wearing facemasks. However, the eye care personnel are recommended to be fully kitted including wearing of goggles before examining these children.
- Eye care personnel must wear face shield in addition to facemasks during examining the children who failed screening.
- Eye care personnel should wear disposable gloves which should be changed after each child is provided with full eye examination.

Parent and Caregiver Education

Vision screening is an important component of pediatric preventative health care and should continue during the Covid-19 pandemic subject to Ministries of Health's advice and approval.

School eye health programmes need to educate and encourage parents and guardians to observe and listen to a child for signs of a possible vision disorder. Close-up work required by online and remote learning can exacerbate a previously unknown vision problem. Therefore, parents and guardians need to be cautious and an appointment with an eye care provider should be made if there is any concern about a possible vision problem.

Appendix 1: International Guidelines

UNESCO, UNICEF, The World Bank, World Food Programme, 2020. Framework for Reopening Schools.

This document identifies issues to be considered when reopening schools. It also identifies ways of reopening schools that promote:

- Safe operations
- Learning
- Including the most marginalised
- Well-being and protection

Downloaded from: https://docs.wfp.org/api/documents/WFP-0000115123/download/?_ga=2.136325943.604676243.1598616729-1494593412.1598616729

UNESCO/Global Education Coalition. COVID-19 response toolkit. UNESCO, Paris.

This provides guidance in the following areas:

- Remote learning
- Re-enrollment
- Remediation
- Hybrid learning
- Organizing for the response

Downloaded from: <https://www.sdg4education2030.org/index.php/covid-19-response-toolkit-unesco-global-education-coalition-2020>

Global Education Cluster, 2020. Safe Back to School, A Practitioner's Guide.

Key points :

- An integrated approach: health (assistive devices, medication), education (learning material, specialized equipment), social benefit (equity cards, scholarships), etc.
- Child participation and psychological support: take time to listen to the child trauma (fear, discrimination, loneliness) or experience during the period, individually and in group (School Health Group or child club)
- Gender, Inclusion & Accessibility: assess specific boys and girls with disabilities needs before and when coming back to school, to ensure their needs are answered and the school is accessible.
- Whole school community: awareness raising, engage all stakeholders and ensure they are convinced and actors of reintegration of children with disabilities in school.
- Build back resilience (and use the opportunity of Covid-19): better prepare children and reduce risks of future crises related to health, natural, and everyday hazards, violence and conflict. Debate disease, disability, discrimination.

Before school reopen / After school reopen activities:

- Health, nutrition and WASH
- Education
- Child protection
- Data checking & monitoring

Downloaded from: <http://www.education2030-africa.org/index.php/fr/ressources/1299-safe-back-to-school-a-practitioner-s-guide>

Education 2030, 2020. Supporting Teachers in Back-to-School Efforts.

Key messages:

- As schools reopen, the safety and health of teachers, learners and education support staff is of paramount importance. Each school must apply internationally recognized health and safety measures and hygiene protocols to the greatest extent possible, according to their school infrastructure, budget, staffing, resources and supplies.
- Social dialogue with teachers, staff and their representative organizations is essential in developing and implementing safety and health measures and all other school-related pandemic policies.
- Back-to-school responses to COVID-19 must anticipate the psychological and social-emotional impact of the pandemic on all learners, teachers and education support staff, and ensure that resources and support services are accessible and available to any members of the school community.
- It is vital that teachers and school support staff receive adequate professional training and preparation to facilitate the back-to-school effort. This should take into account health and sanitation protocols and guidelines, the requirements for teaching and learning in reconfigured schools and classrooms, the challenges of reduced classroom sizes and instructional time, and the demands on teachers who conduct both face-to-face and remote instruction.
- Education systems need to ensure adequate qualified staff are mobilized, scheduling is updated and teachers' rights and working conditions are protected during back-to-school efforts. Considerations should include: recruiting additional teachers; staggered or part-time schedules; teachers' own family obligations and personal risk factors; and the capacity to ensure minimum hours of instructional time during the school day.
- Despite pressures on financial resources, investing in education responses is critical to address teachers' and students' needs and concerns.

Downloaded from: <https://teachertaskforce.org/sites/default/files/2020-05/Guidelines%20Note%20FINAL.pdf>

WHO, UNICEF, International Federation of Red Cross and Red Crescent [IFRC], 2020. Key Messages and Actions for COVID-19 Prevention and Control in Schools. WHO: Geneva.

This short, practical document:

- Provides basic common-sense guidelines for schools
- Provides a check-list for school administrators, teachers and staff, parents and children
- Provides age-specific advice
- Asks schools to consider the ‘specific needs’ of children with disabilities – but does not provide further advice

Downloaded from: https://www.who.int/docs/default-source/coronaviruse/key-messages-and-actions-for-covid-19-prevention-and-control-in-schools-march-2020.pdf?sfvrsn=ba81d52_4

USAID, 2020. Covid-19 and Education: Initial Insights for Preparedness, Planning and Response. USAID: Washington.

- Identifies potential impact of Covid-19 on students, their families, communities, schools, and education systems
- Identifies strategies that can be used in schools to minimize risks. However, some of the strategies may be difficult or impossible to implement in some of the contexts in which we work – e.g. improve ventilation, reduce crowding in classrooms
- Provides advice on school closures – when and how they should be implemented
- Identifies mitigation factors for school closures – e.g. promote distance learning when possible
- Stresses that students and teachers stay away from school if infected
- Doesn’t mention disability – just says “support vulnerable populations” (page 6)

Downloaded from: <https://www.edu-links.org/sites/default/files/media/file/COVID-19%20%26%20Ed-%20Initial%20Insights%20for%20Preparedness%20Planning%20and%20Response%20%202020.03.12.pdf>

Global Partnership for Education, 2020. Education in the Time of COVID-19. GPE: Washington DC.

A short but useful document advocating a threefold approach based on learning from the Ebola crisis:

1. Emergency provision of education until schools reopen
2. Safe reopening of schools
3. Sustaining healthy schools and communities

Downloaded from: <https://www.globalpartnership.org/blog/education-time-covid-19>

International Disability Alliance, 2020. Toward a Disability-Inclusive COVID19 Response: 10 recommendations from the International Disability Alliance. IDA: Geneva.

1. Persons with disabilities must receive information about infection mitigating tips, public restriction plans, and the services offered, in a diversity of accessible formats with use of accessible technologies.
2. Additional protective measures must be taken for people with certain types of impairment.
3. Rapid awareness raising and training of personnel involved in the response are essential
4. All preparedness and response plans must be inclusive of and accessible to women with disabilities
5. No disability-based institutionalization and abandonment is acceptable
6. During quarantine, support services, personal assistance, physical and communication accessibility must be ensured
7. Measures of public restrictions must consider persons with disabilities on an equal basis with others
8. Persons with disabilities in need of health services due to COVID19 cannot be deprioritized on the ground of their disability
9. OPDs can and should play a key role in raising awareness of persons with disabilities and their families.
10. OPDs can and should play a key role in advocating for disability-inclusive response to the COVID19 crisis

Downloaded from:

http://www.internationaldisabilityalliance.org/sites/default/files/ida_recommendations_for_disability-inclusive_covid19_response_final.pdf

World Health Organization - Considerations for school-related public health measures in the context of COVID-19

<https://www.who.int/publications/i/item/considerations-for-school-related-public-health-measures-in-the-context-of-covid-19%20%E2%BB%BF>

<https://www.who.int/news-room/q-a-detail/q-a-schools-and-covid-19>

We work with partners in low and middle income countries to eliminate avoidable blindness and promote equal opportunities for people with disabilities.

www.sightsavers.org