

# UNESCO Covid-19 Educational Response

## Education Sector Issue Notes

### Issue Note N° 1.1

Developed by the UNESCO Section of Health and Education &  
UNESCO Institute for Information Technologies in Education

## Health & nutrition during home learning

### Introduction

*Evidence tells us that a range of health and protection risks arise from a global pandemic, school closures and attempted distancing measures. Issues vary across settings, reflecting the nature of the pandemic, other crisis situations present, resourcing, extent of enforced isolation measures, and family or household structure.*

*Families and learners can be supported to take a range of evidence-informed solutions, within their ability, to promote good health and wellbeing, as well as enable a strong transition back to schools when they reopen. The ability of parents/caregivers to provide time and resources to facilitate formal learning at home varies hugely and this must be a key consideration when designing interventions.*

*While this is a crisis situation, it can also be seen as a window for providing critical health education, and promoting the health and wellbeing of families and learners now and in the future.*

### Defining the topic and related key issues

**Spread of COVID-19:** *One of the primary health concerns is preventing the spread of COVID-19. Families, particularly in low resource settings, may lack clear information about prevention measures or face challenges providing an environment in which family members can maintain good hygiene and apply distancing measures when necessary (e.g. hand washing facilities, cleaning supplies, multiple rooms within a dwelling etc.). If family members test positive for COVID-19 without displaying any symptoms, or display symptoms related to COVID-19, implementing measures to prevent further spread of infection may also be challenging. Access to health care for sick family members may also be limited in some settings, meaning family members including children become primary care providers. The suspension of or overburden on health services are likely to impact access to broader healthcare needs (child vaccinations, maternal and infant care, treatment of pre-existing health conditions etc.). These challenges impede efforts to create an environment conducive to home learning.*

**Health information pandemic:** *A challenge for families is the need to help children and young people understand emerging health risks so that they appreciate the importance of practicing good hygiene and distancing measures, without causing stress and anxiety. The current epidemic is characterised with an overload of health information and advice (sometimes conflicting or misleading) which may cause families to be taking misinformed measures or to be feeling overwhelmed and confused.*

**Disrupted access to food and nutrition:** School closure due to COVID-19 is having an impact on the nutrition of many learners. It is estimated that globally, over 365 million primary school children are missing out on school meals<sup>i</sup>. For poor households, the loss of school meals means a negative impact on income and food security. These children are at risk of hunger and will lose the protection of key vitamins and micronutrients they receive in the school meals, with negative impacts on brain development and learning. Moreover, loss of food support in schools may compound loss of income due to the crisis, and families may resort to negative coping mechanisms to meet their needs, including child labour or reducing the number and quality of meals at a time when staying healthy and keeping a strong immune system is particularly important.

**Physical inactivity:** Physical exercise can support parents' and learners' immune system and mental health. However, in the context of confinement during the current pandemic, physical exercise may be ignored, due to disrupted routines, restricted access to outdoor spaces, limited indoor open spaces, increased screen time, and in some cases stress and anxiety associated with COVID-19.

**Stress, anxiety and mental health issues:** During infectious disease outbreaks there are increased levels of anxiety and worry among the population as well as increased rates of diagnosable mental illnesses<sup>ii, iii</sup>. This can be due to the fear of infection, inability to get treatment, death of loved ones due to COVID-19, as well as the wider consequences of restrictions on movement, school closures and lack of interaction with peers. For learners at key stages of their education (e.g. national exams), the stress of falling behind, or not graduating may be significant. For adults, fear of job and income loss or of not being able to access essential goods and food, may be significant. Stress and anxiety may also be experienced by parents/caregivers maintaining full-time work in the home, while caring for small, or multiple children. Home learning may itself be a source of stress for families and learners, with pressure to take on new responsibilities, sometimes with limited time or resources. Parents/caregivers who do not have the same level of education, or do not speak the major language of instruction in the country, or who have children with special educational needs face compounded challenge.

**Time spent online:** In the context of isolation and where the technology is accessible, learners will spend more time online. This can be productive time spent (e.g. allowing healthy social interactions with friends), but on the flipside, the risks to children online will increase. Increased engagement with online content in some contexts may make children more susceptible to, online violence, abuse and harassment (including peer-peer cyberbullying), digital dependency and 'screen addiction'<sup>iv</sup>.

**New and disrupted roles and responsibilities for children and young people:** In the context of the epidemic, there may be an increase in child-headed households or households with limited parent/caregiver supervision. Children may be taking on caregiver and other domestic responsibilities. Past experience tells us that these new roles are often gendered, with girls taking on the majority of domestic tasks. Continued education of girls may be seen as less valuable than that of boys, both within the context of home based learning and returning to school.

**Other health and protection issues:** In some regions, past experience tells us that when schools close for more than a few weeks, and in the absence of supervision (e.g. due to parents engaged in income generating activities), rates of early and forced marriage and early pregnancy increase, and child labor rises<sup>v,vi</sup>. This is a particular concern for learners who already live in vulnerable or disadvantaged households, crisis affected areas and in places where there is limited supervision of children or control of people's movement, despite school closures.

In the current COVID-19 situation, data is emerging showing an increase in **domestic violence**<sup>vii, viii</sup>. Forced confinement and high-stress home environments are a driver of domestic violence and/or child abuse that learners either experience or observe. Those experiencing domestic violence face barriers in escaping from their household and the ability to seek external help. Increased tension

within households poses particular risk to women and children, and will create barriers to a conducive home learning environment.

Extended school closures that require learners to remain at home or move about unsupervised by adults can lead to increased **unplanned or forced sexual activity** in adolescents and young people. Where there is also disrupted supply chain for contraception, this can lead to unintended pregnancy and increased rates of sexually transmitted infections (STIs), including HIV<sup>ix,x</sup>. Like other health risks, patterns of vulnerability are gendered. Girls particularly face increased risk of **sexual violence**<sup>xi</sup>.

## Lessons learnt in past practices and current crisis

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**Provide families with clear and simple health information** including age-appropriate resources that can assist families to educate children about simple health and hygiene measures. This includes guidance for maintaining a healthy environment for home learning. Efforts to alert caregivers' and learners to the existence of 'fake news' and directions to reputable resources is also helpful. Existing resources can be found via sources such as WHO, UNICEF as well as Centres for Disease Control, and other national health and educational authorities and civil society organizations. Such resources have double value if they promote literacy (e.g. children's books explaining COVID-19 - see resources below).

**Provide families with learning materials and activities that include health promotion messages.** Some education systems have mobilised to support home-based learning through, for example, virtual classrooms, educational TV/radio programs. Families may also benefit from simple and accessible health and well-being education resources (many online resources already exist). Resources may encourage physical exercise and good nutrition; promote coping strategies or gender equality; or help to challenge myths that lead to COVID-related stigma and discrimination.

**Manage expectations on families and help them maintain normal routine.** Evidence points to the value of families establishing and maintaining a healthy routine. Families can be supported to establish a daily routine that includes time to get up, eat, sleep, play or exercise, work, study and read; and, where technology is available time-limited screen time (inc. limitations on social media). Expectations on families to support learning should be managed within the context of resources available. Overly high expectations may increase stress and anxiety. Part of maintaining health and wellbeing may be a prerogative to relax our expectations about formal home learning and emphasize how children can learn through routine day-to-day activities, including play-based activities (cooking together, games etc.). This is a key consideration in ensuring that families are able to cope.

**Promote healthy lifestyles and diet** to ensure all bodily functions to work well and boost the immune system. Promoting physical activity, healthy diet, no smoking, limiting alcohol intake (for adults), and enough sleep are key components of a healthy lifestyle and children's ability to learn and cope. In the absence of school feeding programmes, government and partners can look for ways in which families can continue to receive their food and nutritional requirements and enhance their capacity to deal with a potential loss of income during the crisis. Possible alternatives to school feeding programmes include providing take-home rations in lieu of meals, home delivery of food and provision of cash/vouchers.

**Link families to external support (where available):** With the reality of increased health and protection issues, families may need to access formal support services. Access to health and social services will differ across contexts but in many countries, there are functioning helplines and other services providing support. Often, schools can be the entry point to identifying mental health problems and providing appropriate referrals. In the absence of schools, families may need support to understand their children's mental health needs, provide appropriate support and reach out to external services. Such information can be packaged for parents within the context of learning resources.

**Purposely promote adolescent and youth sexual and reproductive health/gender equality:** From the education sector perspective, there may be a limit to interventions to respond to emerging SRH and gender issues (e.g. preventing early pregnancy, gender-based violence). However, it is crucial these health and social issues are recognized as impacting education and to connect with partners to address cross-cutting health, social and education issues. This may include discussions about adolescent access to accessible support services (e.g. online counselling, hotlines). From an education perspective, efforts can be made to promote SRH, respect, equality and service literacy via resources to support home-based learning. In the likely absence of any school-based sexuality education, families can be directed to a range of existing comprehensive online resources (e.g. Amaze.org).

## Key messages and practical tips for designing policy & programmatic interventions

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**Know your local epidemic situation and understand emerging related health issues** – *The nature of the pandemic varies across contexts and continues to evolve. Health and nutrition-related needs and priorities will vary significantly within and between countries. Making an effort to ‘know your epidemic’, including identifying most vulnerable groups, and the age and gendered nature of impacts will assist you to prioritise interventions where needed most.*

**Recognise the link between health and learning and use home learning as an opportunity to promote health** – *Families require simple, factual information which helps them establish a sense of certainty and control. In the context of a health epidemic, it makes sense to provide home-based learning materials that can assist caregivers and learners with basic health, nutrition and service information, whilst also meeting other education goals such as literacy and numeracy.*

**Coordinate across sectors and convene partnerships to support to families and learners** – *Different stakeholders (e.g. government, UNESCO, other UN agencies, NGOs) who have a role supporting families have a responsibility to work together and avoid overwhelming beneficiaries with multiple sources of information/duplicated interventions. Linking the health and education sectors to design and rollout interventions that address education and health together is essential.*

**Gather reliable and useful resources together (e.g. through a “clearinghouse”)** – *It may be useful to compile relevant and factual information at a national level to make available to partners. This can be used to inform broader health and education messaging and to develop family-friendly information and resources.*

## Key references

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### Basic hygiene

Everything you need to know about washing your hands to protect against COVID-19 (UNICEF) <https://www.unicef.org/coronavirus/everything-you-need-know-about-washing-your-hands-protect-against-coronavirus-covid-19>

### General tips for parents

Parenting in the time of COVID-19 (WHO) <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/healthy-parenting>

Tips for parenting during the coronavirus (COVID-19) outbreak (UNICEF) <https://www.unicef.org/coronavirus/covid-19-parenting-tips>

Children and Coronavirus Disease 2019 (COVID-19): Tips to keep children healthy while school's out (CDC) <https://www.cdc.gov/coronavirus/2019-ncov/prepare/children.html>

### **Mental health**

Helping children cope with Stress during the 2019-nCoV outbreak (WHO) [https://www.who.int/docs/default-source/coronaviruse/helping-children-cope-with-stress-print.pdf?sfvrsn=f3a063ff\\_2](https://www.who.int/docs/default-source/coronaviruse/helping-children-cope-with-stress-print.pdf?sfvrsn=f3a063ff_2)

How teenagers can protect their mental health during COVID-19 (UNICEF) <https://www.unicef.org/coronavirus/how-teenagers-can-protect-their-mental-health-during-coronavirus-covid-19>

The psychological impact of quarantine and how to reduce it: rapid review of the evidence (Lancet) [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30460-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30460-8/fulltext)

### **Child-friendly health information**

Child-friendly resources (Interagency Network for Education in Emergencies) <https://inee.org/collections/coronavirus-covid-19/child-friendly>

### **Managing pre-existing health conditions**

What People Living with HIV need to know about COVID-19 (UNAIDS) [https://www.unaids.org/en/20200317\\_covid19\\_hiv](https://www.unaids.org/en/20200317_covid19_hiv)

### **Staying physically active:**

Stay physically active during self-quarantine (WHO) <http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/novel-coronavirus-2019-ncov-technical-guidance/stay-physically-active-during-self-quarantine>

### **Gender-based violence**

GBV Case Management and the COVID-19 Pandemic (GBV AoR Helpdesk) <https://gbvguidelines.org/wp/wp-content/uploads/2020/03/guidance-on-gbv-case-management-in-the-face-of-covid-19-outbreak-final-draft.pdf>

### **Child protection**

Technical Note: Protection of Children during the Coronavirus Pandemic (The Alliance for Child Protection in Humanitarian Action) <https://www.end-violence.org/sites/default/files/paragraphs/download/The%20Alliance%20COVID%2019%20Brief%20Version%201%20%28006%29.pdf>

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<sup>i</sup> World Food Program, 2020. [https://cdn.wfp.org/2020/school-feeding-map/?\\_ga=2.175892834.1147572844.1585583851-1305129353.1538135627](https://cdn.wfp.org/2020/school-feeding-map/?_ga=2.175892834.1147572844.1585583851-1305129353.1538135627) (accessed 25 March 2020)

<sup>ii</sup> Brooks et al. 2020, The psychological impact of quarantine and how to reduce it: rapid review of the evidence, *The Lancet*, Vol. 395, No. 10227, pp. 912-920, [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30460-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30460-8/fulltext) (accessed 25 March 2020)

<sup>iii</sup> Rubin and Wessely, 2020. Coronavirus: The psychological effects of quarantining a city, *BMJ Opinion*, <https://blogs.bmj.com/bmj/2020/01/24/coronavirus-the-psychological-effects-of-quarantining-a-city/> (accessed 25 March 2020)

<sup>iv</sup> Broadband Commission, 2019. Child Online Safety: Minimizing the Risk of Violence, Abuse and Exploitation Online, [https://broadbandcommission.org/Documents/working-groups/ChildOnlineSafety\\_Report.pdf](https://broadbandcommission.org/Documents/working-groups/ChildOnlineSafety_Report.pdf) (accessed 26 March 2020)

<sup>v</sup> UNDP, 2015. Assessing Sexual and Gender Based Violence during the Ebola Crisis in Sierra Leone, [https://www.sl.undp.org/content/sierraleone/en/home/library/crisis\\_prevention\\_and\\_recovery/assessing-sexual-and-gender-based-violence-during-the-ebola-crisis.html](https://www.sl.undp.org/content/sierraleone/en/home/library/crisis_prevention_and_recovery/assessing-sexual-and-gender-based-violence-during-the-ebola-crisis.html) (accessed 26 March 2020)

<sup>vi</sup> Risso-Gill, I. & Finnegan, L., 2015. Children's Ebola Recovery Assessment, Save the Children, World Vision International and Plan International and UNICEF <https://www.savethechildren.org/content/dam/global/reports/emergency-humanitarian-response/ebola-rec-sierraleone.pdf> (accessed 26 March 2020)

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vii GBV AoR Helpdesk, 2020. <https://gbvguidelines.org/wp/wp-content/uploads/2020/03/guidance-on-gbv-case-management-in-the-face-of-covid-19-outbreak-final-draft.pdf> (accessed 31 March 2020)

viii VAWG Helpdesk Research Report, 2020. <https://gbvguidelines.org/wp/wp-content/uploads/2020/03/vawg-helpdesk-284-covid-19-and-vawg.pdf> (accessed 31 March 2020)

ix United Nations Foundation, 2020. Addressing Sexual and Reproductive Health and Rights in the COVID-19 Pandemic, <https://unfoundation.org/blog/post/addressing-sexual-and-reproductive-health-and-rights-in-the-covid-19-pandemic/> (accessed 27 March 2020)

x Purdy, C., 2020. <https://www.devex.com/news/opinion-how-will-covid-19-affect-global-access-to-contraceptives-and-what-can-we-do-about-it-96745> (accessed 27 March 2020)

xi UNFPA, 2017. Recovering from the Ebola Virus Disease: Rapid assessment of pregnant adolescent girls in Sierra Leone, <https://sierraleone.unfpa.org/sites/default/files/pub-pdf/Rapid%20Assessment%20of%20Pregnant%20Adolescent%20Girls.pdf> (accessed 26 March 2020)