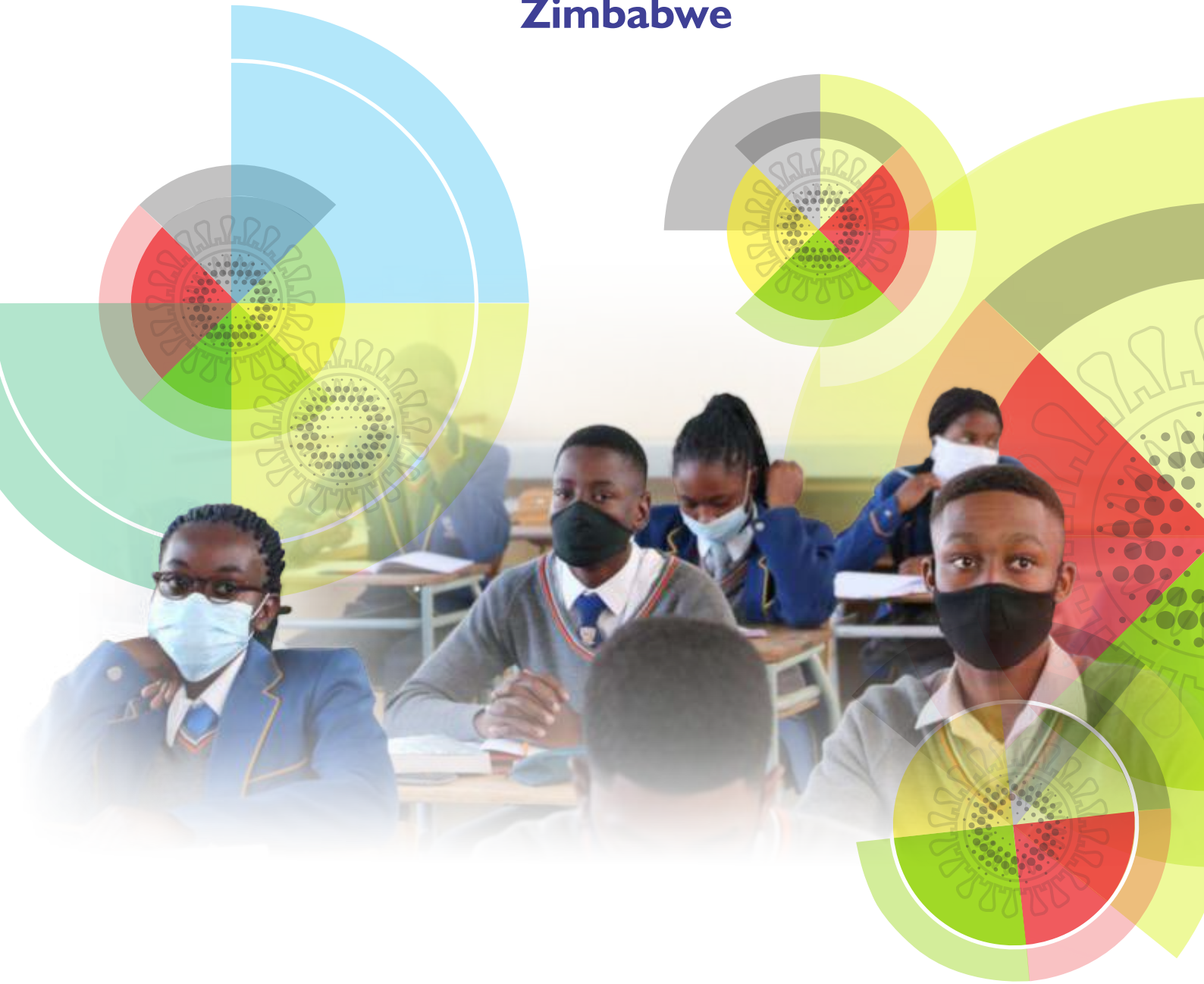




GOVERNMENT OF ZIMBABWE

Standard Guidelines For the Coordinated Prevention and Management of the COVID-19 pandemic at all Learning Institutions of Zimbabwe



Preface

This document is supplementary to the Government of Zimbabwe COVID-19 response guidelines and seeks to strengthen support for learning institutions and health authorities, in the safe operation of learning in the context of the COVID-19 pandemic. These guidelines apply to all learning institutions from early childhood development to university level.

The guidelines contained in this document serve as the standard reference for the harmonization of COVID-19 response protocols among the different sectors involved. These guidelines will enable the relevant Ministries to work hand-in hand in ensuring a safe operating environment for the learners and staff. This will ultimately enhance the effectiveness and efficiency of the prevention and management of COVID-19 outbreaks in learning institutions

These guidelines were developed through a consultative process among the Ministry of Primary and Secondary Education (MoPSE) Ministry of Health and Child Care (MoHCC), and Ministry of Higher and Tertiary Education, Innovation, Science and Technology Development (MHTEISTD) with support from World Health Organization (WHO), UNICEF, UNFPA and UNESCO.

In contribution to the national fight against COVID-19 pandemic in the learning institutions in Zimbabwe, we, the undersigned hereby pledge our commitment the full operationalization of these guidelines.



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Acknowledgements

The Ministries of Primary and Secondary Education, Higher and Tertiary Education, Innovation, Science and Technology Development and Health and Child Care jointly acknowledge the work done by their Chief Directors, Directors, other Head Office Staff, the National Associations of Primary and Secondary School Heads and representatives of Local authorities in the development of the guidelines for the coordinated COVID-19 prevention and management in learning institutions.

The input from the Provincial Education Directors, Provincial Medical Directors and District Schools Inspectors is also appreciated together with contributions from the Ministries of Women Affairs, Community and Small and Medium Enterprises Development and Public Service, Labour and Social Welfare. The effort and commitment demonstrated by the Drafting Committee in the refinement of the final document is also noted with gratitude.

The Government of Zimbabwe strongly appreciates the technical and financial support from World Health Organization (WHO), UNICEF, UNFPA and UNESCO that enabled the timely development of these guidelines.

Abbreviations

CHP	Community Health Promoter
DMO	District Medical Officer
ECD	Early Childhood Development
IEC	Information Education and Communication
IPC	Infection Prevention and Control
KAP	Knowledge, Attitude and Practices
LIHCC	Learning Institution Health Coordination Committee
MOHCC	Ministry of Health and Child Care
MHPSS	Mental Health and Psychosocial Support
MHTEISTD	Ministry of Higher and Tertiary Education, Innovation, Science and Technology Development
MOPSE	Ministry of Primary and Secondary Education
PED	Provincial Education Director
PHSM	Public Health and Social Measures
PMD	Provincial Medical Director
PPE	Personal Protective Equipment
RCCE	Risk Communication and Community Engagement
RRT	Rapid Response Team
SARS-CoV-2	Severe Acute Respiratory Syndrome Corona Virus 2
SDC	School Development Committee
SOP	Standard Operating Procedures
SRHR	Sexual Reproductive Health Rights
VHW	Village Health Worker
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

Definition of terms

Asymptomatic is when a person is infected with the COVID-19 virus but does not show any symptoms of the disease.

Contact is a person or anyone within one metre radius of a probable or confirmed Covid-19 case for more than 15 minutes or direct physical contact with a probable or confirmed Covid-19 case or providing direct care for patients with Covid-19 disease without using recommended PPE

Holding bay, a separate area where ill persons are kept whilst waiting for medical care

Isolation: Separating sick people with disease that can spread to other from people who are not sick.

Isolation room special room that keeps a patient with an infectious disease separate from other people whilst receiving medical care

Learning institution - is a place where individuals of different ages gather for learning and teaching purposes and these includes nursery schools, primary, secondary, colleges, polytechnics, vocational training centers and universities

Medical mask defined as surgical or procedure masks that are flat or pleated; they are affixed to the head with straps that go around the ears or head or both.

Non-medical (also referred to as “fabric” in this document) masks are made from a variety of woven and non-woven fabrics, such as polypropylene.

Quarantine is separating and restricting the movement of people who were exposed to a contagious disease to ascertain their status.

Surveillance is an ongoing systematic collection, analysis and interpretation of health-related data essential to the planning, implementation and evaluation of public health practice



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Introduction

In the context of the global COVID-19 pandemic, learning institutions have been identified among the potential social gatherings through which infections can quickly spread. As the COVID-19 crisis becomes more protracted, there is a growing need to ensure that concerned stakeholders have a well-coordinated response mechanisms and relevant capabilities to cope with their evolving local situations. Accordingly, the Ministry of Primary and Secondary Education, Ministry of Health and Child Care, and Ministry of Higher and Tertiary Education, Innovation, Science and Technology Development jointly developed these guidelines.

The guidelines apply to educational settings for learners from the level of Early Childhood Development to university education.

This document has been developed in order to strengthen the coordination of the prevention and management of the COVID-19 response in all learning institutions in Zimbabwe. It brings together the provisions of the Public Health Act, relevant sections of the Education Amendment Act of 2020, the Children's Act, the Manpower Planning and Development Act as well as the National Disaster Preparedness Plan in addressing this pandemic.

While emphasis is on prevention, these guidelines also provide for timely responsiveness to any suspected or confirmed COVID-19 outbreak in any learning institution.

In line with the Zimbabwe School Health Policy, the roles of other sectors besides education and health are included under the component of School/Learning Institution-Health-Community Linkages.

In the event of the closure of learning institutions under COVID-19 preventive strategies, these guidelines provide for the continuation of essential learning institution-based services such as school feeding and nutrition programmes, immunization, and Mental Health and Psychosocial Support (MHPSS)

These guidelines serve as a framework for coordinated resource mobilization as well as monitoring and evaluation of the government of Zimbabwe's COVID-19 response to the needs of learning institutions.

Targeted Users

- National and subnational Task-Forces on COVID-19
- Health care workers
- Heads of learning institutions
- Teaching and non-teaching staff
- Learners from ECD to university education
- Parents and Guardians
- Visitors to the learning institution



General Principles

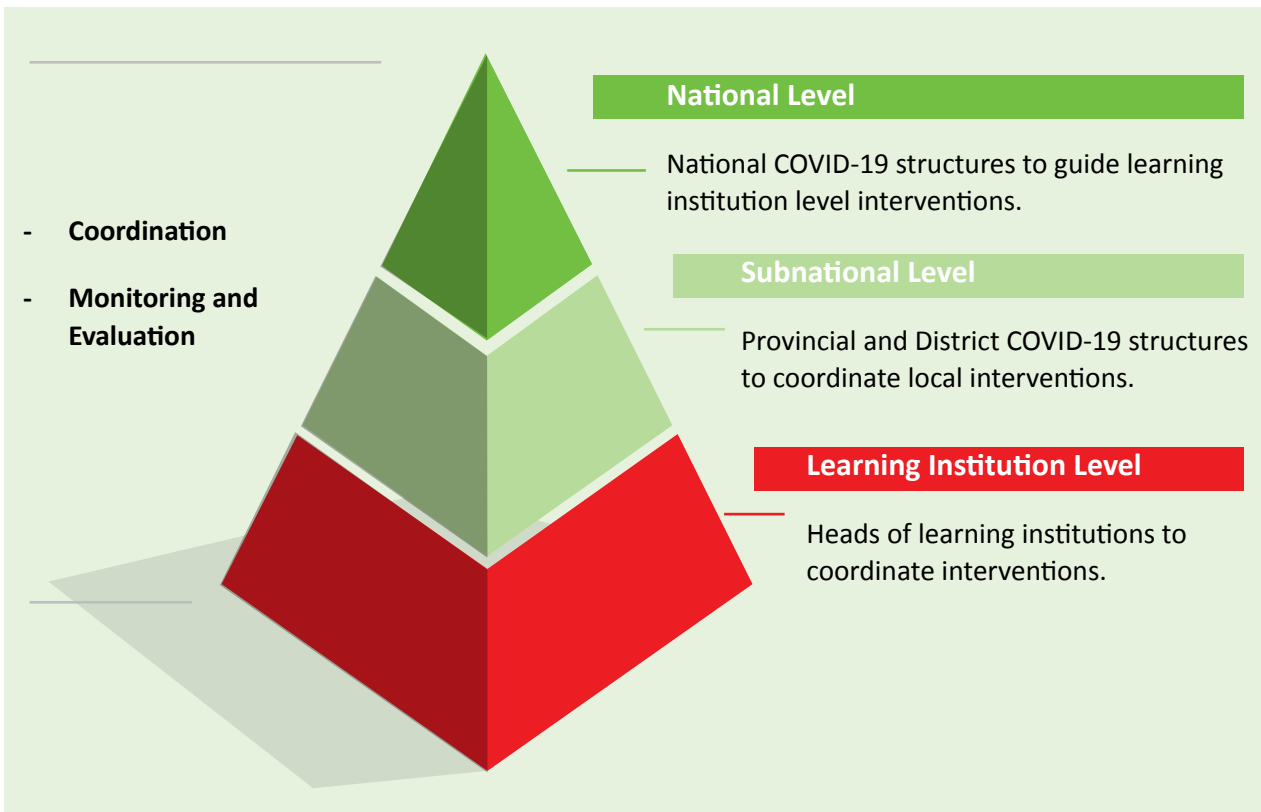
The guiding principles for public health measures to prevent and minimize SARS-CoV-2 transmission in learning institution settings are as follows:

- Ensuring continuity of safe, adequate and appropriate educational and social learning and development of learners and the protection of staff.
- Minimizing the risk of SARS-CoV-2 transmission within learning institution and learning institution-associated settings among learners, teachers, lecturers and other institution staff.
- Guarding against the potential for schools and other learning institutions to act as amplifiers for transmission of SARS-COV-2 within communities.
- Ensuring learning institution-related Public Health and Social Measures (PHSM) are integrated into and support the wider measures implemented at the community level.

Coordination of the COVID-19 response in learning institutions

Coordination Structure

Figure 1: Multi-Level coordination for school responses to COVID-19



• MoHCC • MoPSE • MHTEISTD

National level

All health interventions at the sub-national and learning institutions level are the responsibility of each of the signatories to this document who report to the Working Party of the Ad-hoc Inter-Ministerial Taskforce on COVID-19.

Subnational level

- The implementation of these guidelines at Provincial and district levels shall be coordinated through existing provincial and district COVID-19 Taskforce respectively.

Learning institution level

In order to ensure the safety of members of staff and learners, Heads of Learning Institutions shall:

- i. appoint a Learning Institution Health Coordinator and a Learning Institution Health Coordination Committee (LIHCC) that shall be coordinated by the Learning Institution Health Coordinator
 - a. In primary and secondary learning institutions, the School Health Coordination Committee shall be composed of teachers, administration and School Development Committee members and led by the School Health Coordinator. Mechanisms for the active participation and representation of learners should be ensured.
 - b. In higher and tertiary institutions, the composition of the LIHCC shall include the Nurse in Charge of the facility clinic, learners' representatives, lecturers, administration staff and a representative from the management board.
 - ii. ensure the implementation of the COVID-19 guidelines in schools/colleges/universities and full compliance with the Ministry-specific COVID-19 Standard Operating Procedures, with the full involvement of the learners and parents/guardians.

The Learning Institution Health Coordinator shall:

- i. assume the responsibility for examining and overseeing the practice of COVID-19 prevention and control measures in their respective areas, and promptly report to the School Health Coordination Committee/LIHCC
- ii. lead the learning institution response to COVID-19.
- iii. Contribute regular COVID-19 health updates at the institution level on for the leadership to ensure full compliance with guidelines and SOPs for the prevention of the transmission of COVID-19
- iv. alert the School Health Coordination Committee/LIHCC when there is suspicion that a student or member of staff who may exhibit symptoms of COVID-19.
- v. The responsibilities of the School Health Coordination Committee/LIHCC shall be the implementation of the institutional COVID-19 prevention and control measures under the coordination of the School /Learning Institution Health Coordinator.

Supervision, Monitoring and Evaluation

As COVID-19 preventive and control measures are being applied, it is important to strengthen internal supervision and monitoring with periodic external monitoring and evaluation through collaboration with learning institutions. Linkages among learning institutions, health services and communities are important for evidence-based surveillance programmes that enhance the local effectiveness of epidemiological response strategies. Accordingly, the supervision, monitoring and evaluation should promote innovative risk mitigation activities that bring together local leadership, responsible authorities and other stakeholders in containing COVID-19 within and around learning institutions. Therefore, the focus of supervision, monitoring and evaluation shall be on the following:

- Implementation and compliance of the COVID-19 guidelines and SOPs in learning institutions
- Effectiveness of symptoms-reporting, monitoring, rapid testing and tracing of suspected cases
- Progress and implementation of learning institution health programs

- Measures on health and well-being of children, siblings, staff, parents other family members as well as the surrounding community
- Demand and supply logistics on essential PPE and commodities

Capacity building

The education cluster shall conduct periodic needs assessment exercises and coordinate the relevant evidence-based capacity building of decentralized health service delivery systems and the learning institution implementation of the COVID-19 prevention and control measures.

Logistics and supplies

All learning institutions are to have adequate stocks of PPE and commodities that conform to government standards with measures to prevent stock outs. The rapid response teams shall be adequately capacitated and equipped to respond. A contingency supply plan shall be in place in all provinces and their respective districts.

Standard considerations on decisions regarding the opening and closure of learning institution during the COVID-19 pandemic

Decisions on the opening, closure and operations of learning institutions shall be informed by the transmission levels of SARS-CoV-2 as summarized in Table 1 below.

Table 1: Status of SARS-COV-2 transmission level and consideration for learning institution operations. (WHO 2020)

Transmission level	General considerations
No active cases	All learning institutions open and implement COVID-19 prevention and control measures.
Imported/ sporadic cases	All learning institutions open and implement COVID-19 prevention and control measures.
Clusters of cases	Most learning institutions open and implement COVID-19 prevention and control measures. Authorities may consider closing learning institutions as part of broader PHSM in the areas experiencing an expansion in the number of clusters that includes learning institutions.
Community transmission Level 1 Level 2 Level 3 Level 4	Risk-based approach for the operation of learning institution and other community-wide PHSM with aim of ensuring the continuity of children’s education. It is likely that broad PHSM including learning institution closure will be in place in areas with increasing trends of COVID-19 cases, hospitalizations for COVID-19 and COVID-19 deaths; any learning institutions remaining open should strictly adhere to COVID-19 guidelines.

Considerations for the re-opening of learning institutions after COVID-19 preventive closure

Guided by Whole of Government COVID-19 regulations and practical local provisions, decisions on reopening learning institutions shall prioritize the safety of learners, staff and the community.

- i. The reopening following closure is both complex and sensitive; and it shall be driven by data and the safety measures in place, as well as by the concerns of students, parents, caregivers and teachers/lecturers.
- ii. Additional measures shall be taken to enhance institutional compliance with SOPs should be in place before its reopening.

- iii. When making a recommendation of the reopening of learning institutions, the Provincial Medical Directorate, in consultation with the education cluster leadership, shall consider: policy; financing; public health safety operations; well-being; and protection and continuity of learning
- iv. All plans and measures to reopen learning institutions safely shall aim to reduce inequalities and improve educational conditions and health outcomes for the vulnerable and reaching the most marginalized.
- v. Decisions on reopening any learning institution shall also consider the needs of staff and teachers/lecturers, including those with disabilities or medical comorbidities that place them at higher risk of severe disease if infected by SARS-CoV-2.

Consideration for the reopening of a learning institution following its closure due to a COVID-19 outbreak

- i. The Provincial Medical Director in consultation with the Provincial cluster on education and the Provincial COVID-19 Task Force, shall declare the end of a COVID-19 outbreak and recommend the reopening of a learning institution.

Standards for determining readiness and capacity of learning institutions to implement and maintain COVID-19 prevention and control measures

Taking note of the different age groups and circumstances of learning institutions from the early childhood development level to post graduate level, and the importance of full compliance with the detailed SOPs for each educational subsector, the generic standards are outlined below.

Infection Prevention Control measures /Water, Sanitation and Hygiene

Screening point

- Every learner, staff and visitor entering the institution premises shall be screened for Covid19 signs and symptoms and the screening shall be done at all designated entry points by trained personnel.
- There is need to broaden the focus on COVID-19 and other Influenza like diseases.
- Persons with temperature reading of 37,3 degrees Celsius and above shall be directed to the temporary isolation room/ holding -bay to wait for further management by MOHCC
- The institution should have a “no mask no entry” policy and shall be displayed at all designated entry points.
- Footbaths are not recommended for the management of COVID-19.

Hand hygiene

- Hand hygiene facilities should strategically be placed at all entry points.
- Regular handwashing with soap and running water is the first line of hygienic defense; therefore, every school should have running water available for hand washing.
- Hand hygiene shall be performed using water and soap or alcohol-based hand rub.
- Hands should be washed frequently with soap under running water for 40- 60 seconds. Apply alcohol-based hand rub (60-70%) for 20-30 seconds.
- Basic water, sanitation and hygiene requirements should be met in the school building so that comprehensive Infection Prevention Control (IPC) measures can be implemented, linked to specific age-appropriate educational activities
- Liquid soap should always be available at the hand washing stations and practical measures should be taken to avoid wastage

Respiratory hygiene and cough etiquette

- Cover your mouth and nose with a tissue when you cough or sneeze, or cough or sneeze into your sleeve/elbow.

- Place the used tissues immediately in a waste bin with a lid and wash your hands immediately with soap and water for at least 40-60 seconds or use hand sanitiser for 20-30 seconds.

PPE use in institutions

Use of face mask:

- The use of masks is mandatory in Zimbabwe and everyone should wear a mask when in public spaces.
- Every learner, staff and visitor entering the institutional premises shall wear a face mask properly. (*See guidelines for use of masks by the general Public in Zimbabwe and relevant SOPs*)
- Mask should fit snugly but comfortably against the side of the face and cover the nose and mouth and should rest on the bridge of the nose and be molded onto the face and side of the face and should be disposed of correctly. (*See guidelines for use of masks by the general Public in Zimbabwe*)
- There are two types of face masks: medical mask and non-medical mask (also known as fabric mask)

Who should wear a medical mask?

- Anyone with symptoms suggestive of COVID-19, People who take care of confirmed and suspected COVID-19 patients at the school; People aged ≥ 60 years; People with underlying comorbidities, such as cardiovascular disease or diabetes mellitus, chronic lung disease, cancer, cerebrovascular disease, immunosuppression are encouraged to put on medical mask.

Who should wear a non-medical mask?

- Healthy people in the general public

Who is not encouraged to wear a mask?

- Mask use is not recommended in children below 5 years of age due to compliance challenges, childhood developmental milestones and autonomy required to use a mask properly.
- Parents, family members, teachers and educators have a critical role in ensuring that messages on mask use are consistently conveyed to children.

Use of gloves

- The use of gloves in the general community setting for purposes other than health care delivery is strongly discouraged
- Gloves are to be used in high risk activities such as waste management, chemical handling, cleaning of excrement, or large spills of blood and other body fluids
- Used gloves should be disposed of immediately after use.
- Refer to the Zimbabwe Personal Protective Equipment (PPE) policy for the use of gloves



Use of personal protective gowns

- The personal protective gowns are used for health care delivery only-See Zimbabwe PPE policy or PPE SOPs

Cleaning and disinfection:

- The institution should develop routine cleaning schedules and cleaning checklists.
- High touch surfaces must be cleaned more frequently depending on amount of activity in the area, amount of soiling or number of people in the area.
- The institution should designate trained cleaning team of adults to maintain the expected standards of cleanliness. The designated cleaners must put on appropriate PPE for the cleaning task and have cleaning implements at hand.
- Chlorine 0.1% shall be used for disinfection of general surfaces. Chlorine 0.5% is recommended for blood and body fluids. (*For preparation for the strengths of the solutions- refer to the Cleaning and disinfection guidelines*)
- **Note:** Chlorine is corrosive, once used on metal surfaces wipe down with water using a cloth
- In indoor spaces, routine application of disinfectants to environmental surfaces by spraying or fogging (also known as fumigation or misting) is not recommended for COVID-19 as it can result in risks to the eyes, respiratory or skin irritation and the resulting health effects.

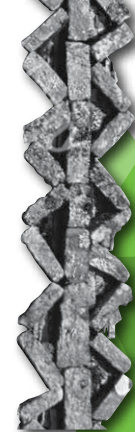
Spraying individuals or fumigation of outdoor spaces to kill the COVID-19 virus or other pathogens is strongly discouraged. (*Refer to WHO guidelines on cleaning and disinfection*)

Waste management

- The institution should develop a management plan for waste disposal to ensure safe handling from point of generation to final disposal during an outbreak.
- Minimize amount of waste generation by having carefully planned activities and responsibilities.
- Segregate waste at the point of generation using colour coded or labelled bags
- Waste generated directly in the care of COVID-19 patients is regarded as infectious waste and should be disposed carefully.
- Each building should have a foot operated covered bin or suitable alternative from health advisors.
- Waste handlers must be provided with appropriate and adequate PPE- see Zimbabwe PPE policy

Physical distancing

- Learners and staff are encouraged to always maintain a physical distance of at least 1 meter from each other.
- There should be one learner at each desk, or the desks should be demarcated to allow at least 1-meter physical distancing.



- The standard classroom (64m²) should not accommodate more than 35 learners.
- Physical distancing should also be practiced at assembly, meal times, and playgrounds and in boarding hostels.
- The use of bunk beds in hostels is prohibited.
- Over boarding in hostels is strictly prohibited
- Tea and lunch breaks shall be staggered to conform to the allowed maximum size of gatherings.
- For continuous service delivery remote communication is encouraged.
- For strategic gatherings and meetings that require face-to-face presence, COVID-19 protective measures of physical distancing, wearing masks, hand hygiene and respiratory etiquette should be strictly observed.

Isolation rooms/temporary isolation holding bays

- Every institution shall have a designated well-ventilated temporary isolation room / temporary isolation holding bay for learners and/or staff members who suddenly feel unwell with symptoms suggestive of COVID-19, to rest whilst waiting for further management. If possible, the space should have access to its own designated toilet and handwashing facilities.
- Temporary isolation holding bays should be disinfected using 0.1% chlorine after every single use. The contact details for health care facility linked to the school or Rapid Response Team (RRT) should be available and visibly displayed.

Ventilation

- All learning spaces shall meet stipulated ventilation standards.
- The use of poorly ventilated spaces is strongly discouraged as they promote the spread of COVID-19.
- Where possible outdoor learning activities should be increased
- Therefore, learning institutions should open windows before learners arrive to allow outdoor air into a building or a room.
- Air conditioning or electric ventilation with enclosed vents and built-in filters should be turned off to prevent possible aerosolized particles from circulating in the air vents that may remain there when air becomes static after being turned off.

Visitor restriction

- Visitors to the school should be kept at the absolute minimum.
- Learning institutions shall minimize visitors through having electronic payments and other online communication platforms.
- Boarding schools to suspend visiting days until the COVID-19 pandemic is over.

- All approved visitors to any learning institution should comply with the entry requirements.
- The details (name, organization, phone number, person visited) of all the approved visitors at the learning institution shall be registered

Transportation of learners and staff

When using public transport

- Learning institutions should educate learners and staff on importance of always wearing face mask properly, hand hygiene and respiratory etiquette.
- Any member of staff or learner exposed to possible infection during travel to and from learning institutions to immediately report.

When using learning institutions vehicles

- Clean the vehicle in use with soap and water every day
- Disinfect the frequently touched surfaces such as door handles with 70% alcohol or 0.1% chlorine
- Do not use spray bottles for cleaning/disinfecting agents; use a squeeze bottle to apply agents to disposable cloths or paper towels. For agents to be applied by hand, use mechanical action for cleaning.
- Always have alcohol-based hand rub in a vehicle
- Windows on school buses should be kept open for maximum ventilation
- Air conditioners are strongly discouraged and should be turned off

Note: Chlorine is corrosive, once used on metal surfaces wipe down with water using a cloth.

Screening and management of unwell learners, teaching and non-teaching staff

Intensified surveillance

- Temperature checks for learners and staff shall be religiously taken daily.
- Enforce the policy of “staying at home if unwell” for students, teachers or school staff with potential COVID-19 infection and connect them with local healthcare providers for assessment, testing and care.
- All contacts of confirmed COVID-19 cases shall be tested for COVID-19
- In the event that learning institutions are made aware of a positive diagnosis of COVID-19 for staff or learners, it is essential that key information pertaining to staff and learners be available upon request by the local health authority for the purposes of contact tracing.
- Learning institution authorities are expected to establish a surveillance information system with their local health authority to ensure that these records are immediately accessible both during and outside of learning institution hours.

The surveillance system should contain the following information:

- attendance records
- class lists and seating arrangements
- transportation lists and seating arrangements
- up to date contact information for parents, staff and learners
- special assignments and programs
- records of essential visitors
- line list of all infected learners or staff
- Learning institutions should establish a list of vulnerable learners and staff members including those with underlying conditions or special needs and have records of additional support provided. Stigma and discrimination against such individuals should be avoided at all cost.
- The local health facility should regularly assess and advise on additional protective measures to address any identified COVID-19 or other public health infection risks to any learner or member of staff who has self-declared his/her underlying health condition that may predispose them to danger of disease complications.



- **Over-boarding** in hostel accommodation is strictly prohibited. The regulated space allocation per primary and secondary learner in a boarding hostel shall apply, in line with the Public Health Act as follows:-
 - i) Space per learner should be 3.5 square meters
 - ii) Toilet ratio for females should be 1:20
 - iii) Toilet ration for males, with a urinary should be 1:25
 - iv) Shower ratio should be 1:5
 - v) Any ratio exceeding the above constitutes over-boarding.

Management of ill individuals during learning institution premises

Isolation

- Any learner or staff who has symptoms suggestive of COVID-19 should be immediately separated from others and placed in an isolation room /holding bay while waiting for further management from MOHCC
- The learning institution authority should immediately notify the local health authority who shall immediately carry out investigations.
- Provide counselling before isolation
- In the event that learning institutions are made aware of a positive diagnosis of COVID-19 for staff or learners, it is essential that key information pertaining to staff and learners be available upon request by the local health authority for the purposes of contact tracing.
- In line with the principles of inclusion, appropriate safeguarding modifications to all the measures outlined in the standard operating procedures should be implemented at every learning institution, to adequately respond to the disability- related special needs of its members.
- Any individuals with a confirmed COVID-19 result should be isolated and discharged using the below criteria:
 - o **For symptomatic cases:** 10 days after symptom onset, plus at least 3 additional days without symptoms (including without fever and without respiratory symptoms)
 - o **For asymptomatic cases:** 10 days after positive test for SARS-CoV-2

Quarantine

- Any individual suspected to have been in contact with a confirmed COVID-19 infected person should be quarantined for 14 days, while being daily monitored for development of COVID-19 symptoms
- Anyone providing care to the individual shall maintain at least 1meter physical distance, put on proper PPE and perform hand hygiene frequently



Cohorting/Grouping

Residential and non-residential learning institutions

- To prevent the spread of COVID-19 in congregate living settings, residents shall be grouped based on their risk of infection or whether they have tested positive for COVID-19 during an outbreak
- Due consideration shall be given to the availability of space, feeding arrangements and hygienic requirements for the effective management of COVID-19 cohorts in an institution.
- Standby arrangements for off- site cohort management structures outside learning institutions should be organized by the Rapid Response Team (RRT).
- Community based health workers to be activated in the management of learning institutions- Health-community linkages for the off-site supervision of identified COVID-19 cohorts.

Invigilation of examinations for confirmed cases

- The Rapid Response Team (RRT) and invigilation team shall deliver the services in appropriate PPE- see the Zimbabwe PPE policy
- RRT to supervise the IPC measures during the examination process from the beginning to the handling of examination materials until marking and disposal

Risk Communication and Community Engagement

- Regular updating of school health content
- Promotion of behavior change e.g. masking up, handwashing, cough etiquette, social distancing.
- Display Information Education Communication (IEC) materials on Covid-19 at all strategic points around the school. This should also be in Braille, local languages including sign language
- Communication channels- multimedia communication platforms should be fully exploited.
- Knowledge Attitude Practice (KAP) surveys to be conducted in order to inform behavior change strategy.

Link between a learning institution, a health facility or rapid response team and community

- Every school/ learning institution should be linked to a health facility or a rapid response team and have well displayed contacts of the local rapid response team.
- A functional communication link should be activated between health coordinator and the rapid response team as well as the community-based health workers
- Local Child protection committee to be activated (e.g. Ministry of Women Affairs, Local Government, Social Welfare, and local leadership).
- Effective local communication networks should be in place to link all learning institutions to the health service delivery system.
- All schools should be linked through Social Media for each specified area or Ward.

School/Learning Institution- Health-Community Linkages

In recognition of the COVID-19 transmission pattern between communities, schools and other learning institutions and the fact that learners and staff reside within communities, these guidelines emphasise on the importance of IPC and Risk Communication and Community Engagement (RCCE) activities that target families, community structures and common amenities both during school terms/college semesters and during weekends and holidays. It therefore prioritises the role of community based health cadres in leading the multi-sectoral behavior-change promotion strategy with enhanced capacity within and other decentralized community development officers from the Ministries of Women Affairs Community Small and Medium Enterprises, Public Service Labour and Social Welfare and also Youth Sport Arts and Recreation.

Continuity of essential learning institution-based services

- The blended learning approach which minimize face to face contact, decongest learning space, staggered attendance cycles, hot seating, and open distance which should be supported by availing electronic gadgets and data bundles.
- Health education and support at ward level and support on PPE to disadvantaged learners and staff.
- Immunization

- Provision of medical care to infected learners and staff and ensure special treatment and referral services
- Provision of medical care for learners and staff with chronic conditions
- Psycho-social support to all learners and staff.
- Monitoring of hygiene and adherence to set COVID -19 guidelines in institutions by the Task Force.
- Menstrual health management support
- Monitoring sexual reproductive health and rights (SRHR) to learners and staff to raise awareness and curb rapid spread of COVID -19 and other communicable diseases.
- Physical exercise to maintain healthy learners.
- Well balanced nutrition services at institutions

Resource mobilisation for Covid-19 prevention and management

A dedicated resource mobilization strategy and plan to fund the Covid-19 prevention and management activities should be developed and implemented forthwith. The plan should ensure the presence of a stand-alone contingency arrangement for learning institutions, essential health supplies and food supplies for quarantine and isolation set-ups.

The education cluster should bring in WHO, UNESCO, UNFPA, UNICEF, CSOs and other development partners to strategize the funding of critical activities and material resources.

Areas that would require funding:

- Needs assessment exercise
- Capacity development exercise
- Covid-19 essentials and their replenishment especially PPE, disinfectants and medical supplies.
- Transport and travel related costs for mobile teams i.e. vehicles, vehicle service, fuel and allowances.
- Unmet health and support needs of staff
- IPC and Water and Sanitary Hygiene(WASH) gaps
- Additional human resources

There should be a standalone budget to cater for frontline staff and a dedicated contingency budget that shall ensure availability of contingency resources with no possibility of stock out.

Annex I

Workshop on strengthening of school health community linkages for improved covid-19 infection prevention and control in primary and secondary learning institutions. 28-29 December 2020, Rainbow Towers Hotel, Harare

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4.	Dakwa Trust	Acting Provincial Education Director – Mash West	Ministry of Primary and Secondary Education
5.	Danda Sydney	National Vector Control Officer	Ministry of Health and Child Care
6.	Dombojena Admire	District Health Promotion Officer	Harare City
7.	Gwamuri Isaac	Acting District Schools Inspector	Ministry of Primary and Secondary Education
8.	Jonga Janet	Emergency Preparedness Response Manager	Ministry of Health and Child Care
9.	Julias Richard	Acting District Schools Inspector – Mbare	Ministry of Primary and Secondary Education
10.	Kaira Olicah	Provincial Medical Director – Bulawayo	Ministry of Primary and Secondary Education
11.	Kanoerera Clara	Deputy Provincial Education Director – Manicaland	Ministry of Primary and Secondary Education
12.	Katoma Solomon	Acting District Schools Inspector	Ministry of Primary and Secondary Education
13.	Machimbira Jameson	Provincial Education Director - Midlands	Ministry of Primary and Secondary Education
14.	Madamombe Kudzai	PCC – Provincial Medical Director- Mash West	Ministry of Health and Child Care
15.	Maisiri Hannah	Director – Learner Welfare, Psychological Services and Special Needs Education	Ministry of Primary and Secondary Education (Workshop Secretariat)
16.	Mandigo Enerst	Accountant	Ministry of Primary and Secondary Education
17.	Mangeya Miriam	Infection Prevention and Control Coordinator – Head Office	Ministry of Health and Child Care
18.	Matimbe Rich T.	District Schools Inspector – Goromonzi	Ministry of Primary and Secondary Education
19.	Matutu Luke	District Schools Inspector	Ministry of Primary and Secondary Education
20.	Mavetera Varaidzo	District Environmental Health Officer	Ministry of Health and Child Care
21.	Mhike Shylatte	Deputy Provincial Education Director – Masvingo	Ministry of Primary and Secondary Education

No	Name	Designation	Organisation
22.	Mhishi Praise	Social Development Officer – Child Protection	Ministry of Public Services Labour and Social Welfare
23.	Moyo Special	Acting District Schools Inspector	Ministry of Primary and Secondary Education
24.	Mpose Jabulani A.	Provincial Education Director – Mat North	Ministry of Primary and Secondary Education
25.	Mtunzi Mathew	District Medical Officer	Ministry of Health and Child Care
26.	Muleya Mbofhololo	District Schools Inspector	Ministry of Primary and Secondary Education
27.	Murovi Kiyasi	Learner Welfare Officer – Learner Welfare, Psychological Services and Special Needs Education	Ministry of Primary and Secondary Education (Workshop Secretariat)
28.	Mutikani Honest	District Environmental Health Officer	Ministry of Health and Child Care
29.	Ncube Anatoria	Provincial Education Director Mashonaland East	Ministry of Primary and Secondary Education
30.	Ndebele Jane	District School Inspector - Khami	Ministry of Primary and Secondary Education
31.	Ndlovu Sipo	Deputy Provincial Education Director - Mat South	Ministry of Primary and Secondary Education
32.	Ngwenya Mkhokheli	National Professional Officer	World Health Organisation
33.	Njaya Ronniebia	Acting District Schools Inspector	Ministry of Primary and Secondary Education
34.	Nyanungo Kwadzanai R. L.	Chief Director – Learner Welfare, Psychological Services and Special Needs Education	Ministry of Primary and Secondary Education (Workshop Coordinator)
35.	Phiri Isaac	Deputy Director	Ministry of Health and Child Care
36.	Sibanda Mqaphelisi	Education Officer	UNICEF
37.	Sithole Shadreck	District Schools Inspector – Nyanga	Ministry of Primary and Secondary Education
38.	Sithole Zvanaka	National Professional Officer	WHO
39.	Tagara Learnson	Chief Director –Human Resources	Ministry of Primary and Secondary Education
40.	Tampiwa Andrew	Microbiologist	Ministry of Health and Child Care
41.	Tapesana Stanely	Provincial Epidemiology and Diseases Control Officer – Mash Central	Ministry of Health and Child Care
42.	Tichaona Fambirai	District Environmental Health Officer	Ministry of Health and Child Care
43.	Vere Michael	Medical Officer	Harare City

Annex II

Drafting Team: 3-9 January 2021, Kadoma Conference Hotel

	Surname	First name	Gender	Institution	Designation
1	Chabata	Israel	M	Ministry of Health and Child Care	Emergency Preparedness and Response Manager
2	Chinyowa	Enock	M	Ministry of Primary and Secondary Education	Deputy Director Strategic Policy Planning
3	Chinakidzwa	Paul	M	Ministry of Health and Child Care	Deputy Director
4	Danda	Sydney	M	Ministry of Health and Child Care	National Vector Control Officer
5	Dodzo	Lilian	F	Ministry of Health and Child Care	A/Director
6	Gumbo	Gilbert	M	Ministry of Primary and Secondary Education	Principal Accountant
7	Jonga	Janet	F	Ministry of Health and Child Care	Emergency Preparedness and Response Manager
8	Manangazira	Portia	F	Ministry of Health and Child Care	Director Epidemiology and Disease Control
9	Mangeya	Miriam	F	Ministry of Health and Child Care	Infection Prevention and Control
10	Mukanya	Rainos	M	Ministry of Primary and Secondary Education	Communication & Advocacy Officer
11	Mudzingwa	Christopher. W	M	Ministry of Higher and Tertiary Education Innovation Science Technology Development	A/Director Tertiary Education Programmes
12	Nyanungo	Kwadzanai .R .L	F	Ministry of Primary and Secondary Education	Chief Director Learner Welfare Psychological Services and Special Needs Education
13	Phiri	Isaac	M	Ministry of Health and Child Care	Deputy Director Communicable Diseases
14	Tagara	Learnson	M	Ministry of Primary and Secondary Education	Chief Director
15	Sithole	Zvanaka	F	WHO	National Professional Officer
16	Siwela	Tsitsi	F	WHO	Epidemiologist

