The closure of schools due to the COVID-19 pandemic has meant that children have been unable to access school meals and nutrition services for extended periods. Snacks and/or meals provided at school contribute vital nutrients to the children’s diets while acting as a motivation for school attendance particularly for the most marginalized children. School nutrition services include the delivery of iron supplements, de-worming, and oral health and nutrition checks. Nutrition literacy and a school environment that supports healthy diets are critical for helping children to have a nutritionally diverse diet and avoid over-consumption of fat, sugar and salt. The COVID-19 pandemic has disrupted all these nutrition-related measures delivered through schools. In addition, the nutrition of many school children will have suffered during the pandemic as diets have been compromised due to loss of income, lack of availability of some foods and changing dietary practices due to lock-down. There is an urgency for putting measures in place to protect and enhance the nutrition of school children as they return to school.

The agenda to re-open better schools presents an opportunity to position a menu of considerations for improved or new school nutrition initiatives within Ministry of Education and Ministry of Health policies and plans. These considerations may have a longer-term horizon but may be included on the agenda of re-opening better schools and promoted for uptake in the longer term.

Based on the Framework for Reopening of Schools, this checklist provides a non-exhaustive list of suggested actions for Government and UNICEF to consider as part of their short and longer term planning for and implementation of school reopening that will support healthy diets and good nutrition in children. Actions will require cross-sectoral cooperation between the education and health sectors. The actions are divided into those that should be put in place prior to schools re-opening and after schools have opened. Each section covers actions to address four main nutrition-related areas:

(1) School meals
(2) School nutrition services
(3) School nutrition education
(4) School food environment

(1) School meals

Resuming school meals services that meet nutritional standards will be critical both to encourage school attendance and ensure good nutrition. Although it is unlikely that the virus is transmitted through food, it is imperative to ensure food safety standards and practices in preparation, serving and consumption of meals.

| PRIOR | • Conduct an assessment of school kitchens, canteens and eating areas, and mobilize resources to address existing gaps. Considerations include:
|       |   - Upgrading water, hygiene and sanitation infrastructure including facilities for regular handwashing with safe water and soap;
|       |   - Supplying cleaning and disinfection materials including, where appropriate, masks and gloves;
|       |   - Revising existing school health and food safety protocols and guidance in line with recommendations for preventing the spread of COVID-19.
|       | • Develop a plan for delivery of school meals that meet national nutrition standards. Ideally, a school meal should include:
|       |   - At least 30 percent of total energy and protein requirements and if possible, 50 percent of key micronutrients (e.g. iron, vitamin A, zinc) for children: |
- Micronutrient-rich foods (milk, animal-source foods such as eggs, dried fish) and fortified commodities (e.g. vitamin A-enriched oil, iodized salt, fortified flour or rice);
- Regular offerings of fruit and vegetables;
- No food or drink high in fat, salt and added sugar.

- **Assess the potential for expanding school meal coverage as a safety net.** This will provide an indirect income transfer to households and communities to buffer the negative economic and food security consequences of COVID-19. Where on-site distribution of school meals is not feasible, consider providing or increasing take-home rations.
- **Consider linking school meals to local agricultural production.** This includes maintaining a budget to support production of vegetables, fruit and other fresh ingredients by local farmers or school gardens.

**AFTER**

- **Conduct education sessions with food handlers on proper hygiene and food safety practices.** This should cover mandatory regular handwashing, cleaning and disinfecting and physical distancing in school kitchens, canteens and eating areas.
- **Enforce compliance of proper hygiene and food safety practices by food handlers and children.** This should include all activities related to the storage, preparation, distribution and consumption of food, regular handwashing and maintaining safe distance between children as they queue for, and consume food.

### (2) Nutrition services

As health services remain closed or are dealing with a backlog of cases as a result of the pandemic, schools provide an essential platform for delivering nutrition-related services. This includes helping to identify cases of malnutrition (undernutrition, micronutrient deficiencies and overweight). Strong coordination between education, health and social protection services are required so that children found to be malnourished can be referred for appropriate support.

**PRIOR**

- **Conduct a joint assessment and develop plans with the health sector for delivery of essential nutrition services through schools.** Considerations include:
  - Planning and procuring iron supplements for boys and girls where anaemia levels are high;
  - Planning and procuring de-worming treatment for boys and girls where worm infection levels are high;
  - Resuming or introducing nutrition and oral health screening as part of regular health screening to identify and refer children at nutritional and dental risk.

**AFTER**

- **Provide iron supplements for school age children as recommended by WHO** and national guidelines if available. Supplementation of all boys and girls aged 5-12 years, and all girls aged 13-18 years with 30-60mg elemental iron daily for three months of the year, in settings where anaemia levels are high (≥40% prevalence), or intermittent weekly supplementation where prevalence of anaemia is ≥20%.

- **Provide deworming treatment for school age children as recommended by WHO.** Treatment of all boys and girls aged 5-12 years of age with single-dose albendazole (400 mg) or mebendazole (500 mg) either annually or biannually where soil-transmitted infection levels are high (≥20% prevalence).

- **Encourage nutrition and oral health checks as part of regular health screening.** Including weight and height checks and dental examination which will help to identify malnourished (wasted or overweight) children and/or those with serious dental problems for referral to health and dental services, and social protection services if appropriate.

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2. WHO. Guideline daily iron supplementation in adult women and adolescent girls. 2016.
3. WHO Guideline Intermittent iron and folic acid supplementation in menstruating women 2011
(3) Nutrition education

The impact of COVID-19 may have been beneficial or damaging for diets and dietary practices. It is possible that it may have intensified inequities as the poorest struggle to obtain food and are forced to consume cheaper, poor quality foods while the better off have been able to preserve their health and immunity by consuming a greater diversity of foods high in essential nutrients and low in nutrients such as fat, sugar and salt. Ensuring that the school curriculum and educational activities facilitate children to develop nutrition literacy and have healthy diets is especially important in the context of COVID-19.

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<tr>
<th>PRIOR</th>
<th>• Undertake a rapid review of nutrition education curriculum or content and learning plans. The focus should be on healthy eating behaviours and on enhancing the home diet.</th>
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| AFTER | • Update if required and reinforce curriculum content, messages and learning plans on healthy diets and good nutrition. These need to be age appropriate and inspire school children to choose healthier lifestyle options and avoid unhealthy foods and beverages.  
• Ensure that materials and messages on healthy diets and good nutrition also reach parents. |

(4) School food environment

School food environments are highly influential on the eating habits and diets of schoolchildren. Ensuring that the school environment is facilitating children to have a healthy diet is especially important in the context of COVID-19.

| PRIOR | • Conduct an assessment of the school food environment and mobilize resources to address existing gaps. Considerations include:  
- Revising or introducing policies/guidelines to regulate the school food environment;  
- Ensuring all food and drink sold or provided on school premises meets national nutrition standards (e.g. dietary guidelines);  
- Ensure that foods high in fat, salt and sugar, including sweetened beverages, are not sold or distributed in schools.  
- Ensuring that children have free access to safe drinking water throughout school premises;  
- Encouraging food vendors near schools to sell nutritious foods and avoid the sale of poor quality foods and those high in fat, sugar and salt. In addition, ensure that all vendors practice appropriate hygiene and safety including for COVID prevention.  
- Ensuring that children have access to safe spaces for physical exercise at school. |
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<td>AFTER</td>
<td>• Update, monitor and enforce compliance with policies/guidelines to regulate the school food environment. This should cover all food and drink sold or provided in and around school premises, as well as the marketing of unhealthy food in and around schools and sponsorship by unhealthy food manufacturers in schools. Monitoring and enforcement systems may need to be reviewed and updated.</td>
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Additional resources on food and nutrition for school children:
Mitigating the Effects of Covid-19 on Food and Nutrition of School Children (WFP, FAO, UNICEF)
Safe Back to School: A Practitioner’s Guide (Global Education Cluster)

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The school food environment refers to all the spaces, infrastructure and conditions inside and around the school premises where food is available, obtained, purchased and/or consumed (for example tuck shops, kiosks, canteens, food vendors, vending machines); also taking into account the nutritional content of these foods. The environment also includes all of the information available, promotion (marketing, advertisements, branding, food labels, packages, promotions, etc.) and the pricing of foods and food products.

FAO. Healthy food environment and school food