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COVID-19 EPISODE AND BASIC SCHOOL COMMUNITY HEALTH SERVICES CURRICULUM DELIVERY IN DELTA NORTH SENATORIAL DISTRICT: ISSUES AND CHALLENGES

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Abstract

The paper is concerned with the catastrophic incident of COVID-19 on Basic school Health Community Services Curriculum delivery between April and August 2020. The disruption of the schooling system introduced anxiety, fear, stress, horror, "abnormal realities ", hunger, historic sit-at-home order by governments of many nations of the world, new normal of wearing face masks, social distancing, washing of hands with clean running water, travelling restrictions, death, isolation of victims, unprecedented swift shifting from face to face classroom-teaching to a remote and unstructured online basic school community health services curriculum delivery in Nigeria (UNESCO 2020 & Awuja, 2021). Challenges of the rapid spread of the COVID-19 pandemic quickly changed the rhythm of international relations from the perspective of a single country or multilateral levels to test that led to economic recession, poverty and all forms of calamity thereby hindering Basic School Community Health Services Curriculum delivery. Basic school Community Health Services is a cooperative and contributory activity of the school, home and community to protect, promote, maintain, and establish an understanding working relationship among various stakeholders inside and outside school environment. It is sad to note that COVID-19 challenges disrupted teacher-pupils interrelationship and normal face-to-face teaching, especially at basic education levels. The paper observed that the COVID-19 pandemic took WHO experts, medical specialists, scientific researchers and health educators unaware due to preparedness. Lessons learnt from the COVID-19 pandemic include humility; the need to go back to personal hygiene, cleanliness and research on how to combat such virus-like COVID-19 in the nearest future. Hence, it recommends

that parents, teachers, health personnel nurses/ doctors and Basic School managers need to constantly attend seminars, conferences and so on to acquaint themselves with COVID-19 preventive measures since it has no cure yet.

Key words: COVID-19, Pandemic. School, Community, Health Services, Curriculum Delivery.

Introduction

The recent catastrophic incident of the COVID-19 pandemic generated a wide range of disruptions to schooling around the world which pushed entire educational systems to remote and online curriculum delivery (UNESCO, 2020). Coronavirus pandemic introduced social distancing, wearing of face mask, washing of hands with clean running water, using alcohol-based sanitiser to rub hands, avoiding touching of eyes, nose/mouth, covering mouth/nose with bent elbow or tissue when you cough or sneeze, clean and disinfect surfaces frequently, especially those which are regularly touched remained rules and regulations for COVID-19 Pandemic. The presidential tax force set up by the Buhari administration to monitor these regulations also advised the citizenry to avoid 3C's that are crowded or avoid close contact as well as meeting people outside and keep up to date latest information from trusted sources like WHO or Nigeria Centre for Disease Control (NCDC).

COVID-19 pandemic outbreak no doubt degenerated and distressed prior social relationships which have been existing among school children, teachers, ministry of education officials and other stakeholders like politicians, contractors, foreign national, traders, businessmen and women to mention but a few as travels from one place to another and transactions were put on hold by the World Health Organization. Schools were negatively affected because parents could not pay monthly visits to their children's schools to check academic progress without being forced to wear a face masks. No more morning assembly due to COVID-19 pandemic restrictions emanating from nationwide lockdown (Awuja, 2021). Hence, Basic school community Health services curriculum delivery in Delta North Senatorial District became difficult.

Basic School

Basic School describes the education given to children aged 6-11+, (FRN 2014). The rest of the education system is built upon it which determines success or

Failure. Acceptably, it is the major tool for promoting socio-economic, political and cultural developments in any nation. Historically, basic or primary education is older than the arrival of the colonial masters as it was the early missionaries who introduced it to evangelize and engage themselves in different administrative works (Awuja, 2015).

School Community Health Services

School is an institution for educating children especially primary and secondary while community refers to people living together in one place, district or country who share common-interest (Awuja and Samuel, 2021). School Community Health Services (SCHS) relates to cooperative activities of the home, school and the community which require the cooperation and contribution of many individuals. (Udoh, Fawole, Ajala, Okafor and Nwana, 1987). The focus of school community Health is to protect, promote and maintain the health of the school child optimally by the establishment of understanding and working relationships among the teachers, school personnel, parents and various agencies in the community. It connotes a healthcare delivery system that is operational within a school or College targeted at promoting and maintaining the health of school children to give them a good start in life (Awuja, 2015). Indeed, all the health activities, services and measures carried out within the school community compound to protect, facilitate, preserve and maintain the health of students as well as personnel refer to school Health Services. Accordingly, the components of a school health programme include a healthful school living environment, School Health Services, Health Education, and School Community relationships.

Concept of Health

“Health is Wealth” is a popular adage as it is the condition of being well and free from diseases. The overall condition of an individual's body and mind is referred to as health. The World Health Organization (WHO) defines health as a complete state of physical, mental, social, and emotional wellbeing and not merely the absence of disease and infirmity. Consequently, the determinants of a healthy individual include freedom from illness, injury and other general conditions of the body that extends to happiness, peace and feeling good about oneself. One's health is basically determined by the background, lifestyle, economic factors, social conditions and spirituality. Ordinarily, the determinants of health of any individual are heredity, nutrition, environment, lifestyles, health services, education, sports, income, social status, industrialization, employment

and working conditions (Udoh, Fawole, Ajala, Okafor and Nwana, 1987). However, the focus of this work is on “Basic School Community Health Services Curriculum Delivery (BSCHSD). School health is a joint responsibility of health personnel appointed by the ministries of Education and Health, Sanitation, Hygienic conditions, maintenance of facilities, health specialists and those employed to take part in curriculum delivery.

Basic Principles of School Health Services

Some of the basic principles of the school health services include:

- (a) Ultimate objective of school health is to promote healthful school living for the school-age child and staff,
- (b) Take responsibility for the health of the school community,
- (c) Determines issues of pupils' complex health variables via heredity, environment and explains human ecological health,
- (d) Life style
- (e) Direct school health instructions to pupils' natural interests,
- (f) Health educators to consciously influence pupils' behaviour in their daily health practices,
- (g) Engage in periodic testing of the strengths, weaknesses and improvements needed,
- (h) Coordinate, cooperates, communicate and network school health services personnel/pupils.

Scope of School Health Services

School Health Services is “a component of school health programme given by physicians, nurses, dentists, health educators, other allied health personnel, social workers, teachers and others to appraise, protect and promote the health of students/pupils as well as school personnel (Udoh, Fawole, Okafor & Nwana, 1987). Hence, school health services help to protect and improve the health of children thus aiding their growth and development to enable them to benefit fully from school experiences. For example, the scope of school health services includes health appraisal, health counselling and interpretation, emergency care for injury and sudden illness and finally, communicable disease prevention/control. Suffice to note that this paper may not give a detailed analysis of each aspect. An appraisal of health is an evaluation of the current

health status of a school child to protect and improve his/her health. It seeks to determine the total health status of a pupil by mean of:

- (a) Parent, teacher and nurses observations,
- (b) Screening tests for visual and auditory acuity,
- (c) Physical fitness tests,
- (d) Study pupils' health history,
- (e) Medical and dental examinations.

A medical examination needs to be supplemented by mental, emotional/ social evaluations respectively. Screening tests are preliminary assessments of the state of development plus functionality of various body organs carried out by teachers, nurses, technicians or trained volunteers (parents) within the school to screen out children who need diagnostic examinations.

- (i) Health counselling procedures are conducted by doctors, nurses, counsellors, teachers or other qualified personnel to interpret to pupils such information about their health status as revealed via health procedures;
- (ii) Interpreting to parents the significance of health problems and encouraging them to obtain needed care;
- (iii) Motivating pupils so that they would accept needed treatment/care.
- (iv) Encouraging and promoting each pupil's acceptance of responsibility for his own health in keeping with his maturity level;
- (v) Contributing to health education of pupils and parents through individual conferences concerning health problems;
- (vi) Gaining an understanding of attitudes, problems and needs of pupils which may be dealt with in groups or through changes in the environment;

Health Challenges

School children's health problems are many which range from minor to major discomforts to those that can endanger life. And so, they may need counselling for the following reasons; diagnostic examination, medical and dental treatment, improving homecare, assisting to make social and emotional adjustments. School children who suddenly become sick or injured at school or during a school-sponsored activity like a field trip may require emergency care because it is the responsibility of the school and an integral part of the school health services. Where necessary, the school takes immediate responsibility to care in case of accident or sudden illness and notify parents to come

and get their child/children back home. From the discussion above, one can see the fundamental roles of basic school community health services on pupils when schools are in full session. Could basic school health services curriculum be delivered during a global catastrophic incident of the COVID-19 Pandemic? Was education free during school closures as it is written in the national policy on education?

Challenges of COVID-19 Pandemic during School Closure

Between April and August 2020, Human Rights Watch conducted 57 remote interviews with teachers, pupils/students, parents and education officials across some African countries which were Nigeria, Burkina-Faso, Cameroon, Kenya, Madagascar, Morocco, South Africa, Zambia and the Democratic Republic of Congo to learn about challenges of COVID-19 Pandemic on children's education during school closures. Already, children who were most at risk of being excluded from quality education have been most challenged (Gore, 2020). Challenges of implementing e-learning in the Nigerian educational system in the COVID-19 pandemic era according to Obododike and Okekeosis (2020) was a swift shift from face-to-face classroom instructions to a remote and online due to unpreparedness of institutions, lack of infrastructures, paucity of funds, policies and issues in the educational sector. The necessity of e-learning challenges, and opportunities vis-à-vis school health community services curriculum delivery impacts in Delta State in particular and Nigeria, in general, cannot be overemphasized.

Children at Lower Basic Education Received No Teaching

It has been reported that many children received no education after schools were closed down across the continent of Africa between April and August 2020, (UNESCO, 2020). Basic school children no longer learn under a teacher's guidance and they could not access or operate e-learning. Parents were not happy because their children were no longer going to school to study resulting in sudden global school closures and restrictions to stop the widespread Covid-19. Obviously, a lot of children in lower basic education received no teaching, feedback or interactions from their teachers because there were no face-to-face classroom experiences. Some schools offered no materials or guidance during closure (Awuja, 2021). Radio and television lesson broadcasts cannot replace teachers' direct instructions within the classroom. No free education during school closures. Education was not free as many parents were burdened by the costs associated with battling to continue educating their children

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during school closures to settle bills negotiated with private teachers who visit homes with face masks to teach (Awuja, 2021).

By right, basic education is supposed to be free in Nigeria but the revision is the case during the coronavirus pandemic lockdown. You can imagine how every family member stayed at home from morning to evening for weeks and months due to the COVID-19 Pandemic lockdown. Gore (2020) believed that school closures due to COVID-19 had brought significant disruptions to education across Europe. Emerging evidence from certain regions' highest-income countries indicated that the pandemic gave rise to learning losses and increases educational inequality. On the flipside, some tertiary institutions benefited somehow from the lockdown educationally.

Prospect of COVID-19 on Tertiary Student's Achievement

The World Health Organization March 2020 declared the COVID-19 outbreak as a worldwide pandemic and this situation had prompted employees from various companies including the educational sector to direct their workers to work from home. Nigeria and Delta State in particular were not an exception. Delta State Ministry of Higher Education introduced online teaching for both secondary and tertiary institutions. Lecturers, tutors and students keyed into this development whereby online instructional technological methods of utilizing WhatsApp audio messages to students, zoom join meeting, Google classroom, YouTube and Facebook applications. These instructional modes made the learners to complete their assignments as given by their lecturers or teachers on schedule.

Baker (2020) claimed that students from Australia had increased learning outcomes in reading comprehension and mathematics, especially undergraduate University students despite COVID 19 serious disruption of "schooling as usual". Also, teachers reported due to the large volume of online instructional assignments contributed to their learning from home achievement and led to positive growth. Teachers spent much more time on mathematics and reading comprehension than other subjects during school closures. Similarly, Henebery, (2020) stated that even well-informed speculation on the potential negative effects of COVID-19 on students learning by commentators had predicted very little of this commentary without empirical evidence. According to him, results provided a counter-narrative to widespread speculation about the alarming level of "learning loss". To this effect, many students and lecturers globally can now adapt to

profitable online/ e-learning instead of traditional classroom face-to-face teacher students interactions.

Conclusion

The covid-19 outbreak was first reported in Wuhan China in late December 2019 and linked to the sea Market which gradually spread to several countries of the World including Nigeria. WHO without wasting time declared it as a Public Health emergency on the 30th January 2020 of international concern, The first case of COVID-19 was confirmed on 27th February 2020 in Lagos-Nigeria and as of 17th December 2020, NCDC reported 76, 207 cases across 36 states plus Abuja. As a result, curriculum delivery of Basic School Community Health Services in Delta North Senatorial District during lockdown between April and August 2020 thereby paralyzing all academic activities. COVID-19 introduced anxiety, fear, stress, hunger, wearing of face mask, social distancing, washing of hands with clean running water, rubbing your hands with alcohol based sanitiser, travelling restrictions and a swift shifting from normal face-to-face classroom interactions between the teacher and pupils to a remote and unstructured online curriculum delivery in Nigeria (UNESCO, 2020; Awuja, 2021). This method of curriculum delivery proved to be difficult because young children in lower classes of basic education could not operate facilities designed for it. Besides, school managers, as well as the government, were unprepared. Poor parents could not afford to buy data required for the lessons which made pupils to receive no teaching.

Actually, Basic School Community Health Services curriculum delivery is aimed at protecting, promoting and maintaining the health of pupils inside or outside school premises via cooperative and contributory activities of the school, home and community. The negative effects of the COVID-19 pandemic cannot easily be forgotten as basic school pupils received no direct instructions, no classroom- interactions and they could not access online lessons due to lack of facilities, finance or unpreparedness on the part of both parents and government.

Recommendations

In life and living, challenges must come; to this end, governments at all levels must be prepared by training and retraining of teachers as well as medical personnel like doctors, nurses and the rest of them to face the challenges.

1. Use of ICT should be made compulsory right from the basic education level for both teachers and pupils.

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2. There should be continuous monitoring of COVID-19 Pandemic protocols in Nigerian-school systems to combat further widespread of the virus or 3rd wave.
3. Issues relating to basic school community health services should be taken seriously by the school management, parents, community and health personnel as it has to do with cooperative and contributory activities to ensure the safety, protection, promotion and maintenance of pupils' health.
4. There is a need for further study to determine the extent of effects in many more states of the federation.

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