

## COALITION AGAINST COVID-19 (CACOVID) AND SCHOOL HEALTH COMMUNITY SERVICE BASIC EDUCATION CURRICULUM REFORMS

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### **Abstract**

*The COVID-19 pandemic has disrupted every aspect of life, including the education sector in 2020 and beyond. As schools closed their doors to curb the spread of the virus, the Coalition Against COVID-19 (CACOVID) emerged as a private sector-led initiative to support the government's efforts in containing the pandemic. One of the areas that CACOVID focused on was school health community services which played a critical role in ensuring a safe and healthy environment for students and teachers. This paper examines the challenges and strategies in integrating school health community services into the basic education curriculum reforms and dissemination strategies in CACOVID's intervention programme during the pandemic using a critical viewpoint of CACOVID's efforts. Drawing from literature and expert opinions, it was argued that while CACOVID made significant contributions to the education sector, there were critical areas where the initiative failed to address the needs of vulnerable groups, such as rural, low income communities and school health community services. To address these challenges, the paper recommends school health community service curriculum reforms in basic education and use dissemination strategies that prioritize community engagement, partnership building and equitable distribution of intervention resources. These strategies include incorporating health education into CACOVID intervention programmes by fostering multi-stakeholder collaborations, leveraging technology for remote learning and strengthening monitoring and evaluation mechanisms.*

**Keywords:** Coalition-Against-COVID-19 (CACOVID), school health community services, curriculum-reforms.

### **Introduction**

The historical origin of Coalition Against "COVID-19" is a private body initiated programme put in place in March 26, 2020 as a result of the Nigerian government's public outcry to fight against the deadly disease by collaborating with school community

healthcare delivery services to mitigate effects of the pandemic (Akuh, 2020). The COVID-19 pandemic was first noticed in a city of Wuhan, China in December, 2019 which rapidly spread to many nations of the world. By March 11, 2020, the World Health Organization has declared it a global pandemic. The

pandemic had a great negative impact on Nigerian's healthcare delivery systems and economy which made individuals and households experienced social, cultural and economic hardship due to lockdowns plus restrictions (Awuja & Samuel, 2021). Schools were also closed down and school community health services in basic education curriculum execution in Kogi state became extremely difficult to be disseminated due to restrictions and school closures. The Presidential Task Force (PTF) was then set up by Buhari administration to follow up social distancing, wearing of face mask, use of alcohol-based sanitizer to rub hands after washing hands with clean running water, cover mouth and nose using elbow or tissues, avoiding touching eyes and disinfecting surfaces often particularly those that can regularly be touched. Citizens were also cautioned to avoid "crowded close contact" (3Cs) while meeting and ensure to get up-to-date information from correct sources such as World Health Organization (WHO) or Nigeria Centre for Disease Control (NCDC) (WHO, 2020).

It is important to note that the first case of COVID-19 was reported on the 27th of February, 2020 and the federal government rose up by setting up a Presidential Task Force on COVID-19 to implement various measures designed to contain rapid spread of the Coronavirus. These measures included school closures, border closures, restricting public gatherings as well as imposing total lockdown. The federal government felt that she could not fight COVID-19 pandemic alone and therefore invited

support from public private partnership (PPP) and the healthcare delivery system to help mitigate the negative impact imposed upon the citizenry by the pandemic. CACOVID was the brain child of Central Bank of Nigeria (CBN) which invited Nigerian private sector to support her initiative. The coalition's basic objective is to assist the Nigerian government's effort to fight against the COVID-19 pandemic through provision of critical healthcare equipment, medical supplies and other relief materials. Many leading banks, telecommunications, companies, churches and corporations joined the coalition that donated a lot of money by its members. Some of the members of CACOVID include the Chairman of Dangote Group (Aliko Dangote), Access Bank, Mobile Telephone Network (MTN), Deeper Life Bible Church, Channels Television, Adron Homes and Arise News. MTN donated relief materials and it is significant to state that CACOVID donated the sum of twenty-three billion naira (₦23BN). Aliko Dangote explained that the coalition was set up to provide various interventions such as building isolation centers, medical equipment, ventilators, personal protective equipment (PPE), test kits, food items and relief materials to vulnerable persons across the federation. These equipment and supplies were supportive and crucial in containing quick spread of coronavirus which minimized the rate of mortality.

Not only these ways did the CACOVID helped the federal government, it equally increased awareness concerning COVID-19

pandemic as well as enhancing testing capacity within the entire public which had significant effect on citizenry's responses to the pandemic thereby mitigating its negative effect on the people (Adeyemo, 2023). Hence, the purpose of the relief fund initiated by CBN Governor (Mr. Godwin Emiefele) to support the federal government of Nigeria to curtail coronavirus, provide patients with needed healthcare, equip frontline workers with essential supplies to speed up efforts to give treatments after testing was not defeated. The pooled coronavirus fund was spent on temporary public health care, clinical care measures and with little amount of support to school health care delivery after the pandemic. Additionally, social determinants of health which include conditions where individual is born, grown, lived, worked and the age of wider non-medical factors influencing people's basic school community health services and healthy living (Brown & Livstrom, 2020). Social determinants of health care describe elementary elements sanitary wise capable of exposing individuals within a given community to sicknesses and diseases. The fundamental elements in the casual pathways to ill health and diseases is linked directly to poor sanitation which relate to public health crisis of novel severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection (WHO, 2019).

It may be difficult if not impossible to compare the severity of coronavirus cases and deaths across the nations around the world according World Health Organization (2021) because cases of occurrence may vary overtime

depending on the circumstances which include the country's healthcare system, population size, age groups, governmental responses and public private partnership. Nonetheless, based on reported data from 2020-2021, the following countries had a high number of COVID-19 cases and deaths in order of magnitude after the UK, South Africa, Brazil, Nigeria, India, Mexico, Peru, Russia, Italy, Colombia, Iran, France, Argentina and Germany (Our World in Data, 2021 and Awuja, & Samuel, 2021). Furthermore, this list is inexhaustive as the severity of COVID-19 cases and deaths may change in the future as the pandemic continues to evolve.

Unachukwu (2019) observed that inference of the COVID-19 pandemic no doubt had posed a lot of challenges on educational system in Nigeria. The United nation system in Nigeria in collaboration with the Federal Government of Nigeria to source for intervention resources to strengthen coronavirus response through a basket fund set up for the purpose. The COVID-19 pandemic exposed weaknesses in healthcare delivery systems around the world and showcase the need for collaboration among nations of the world to fight against global health crises. The interventions provided by CACOVID was specifically demonstrated to justify the goal of public-private-partnerships (PPP) in responding to public healthcare challenges to get positive result (Akanke, 2023). To adequately manage coronavirus, the federal government gave approval of US\$ 2.3 million as her fiscal stimulus package in April 2020 as well as approving ten billion (₦10BN) grants to Lagos State alone. It was also reported

that sixty-five-billion-naira emergency intervention fund was given to Nigeria Centre for Disease Control (NCDC) for COVID-19 purchase of critical equipment and personal protective equipment for medical personnel. (Chen, Tan & Pi, 2021)

School health community services (SHCS) is a combination of activities of school-community, health personnel and homes that requires contribution and cooperation of numerous individuals. Its goal is to protect, preserve, promote and maintain health of the school child via establishment of harmonious working relationships within the school personnel, health educators, parents, home as well as different communal representation (Alade, 2023 & Akuh, 2020). In other word, healthcare delivery system in school operates to enhance and maintain health of school children to provide a healthy beginning environment in life (Awuja & Samuel, 2021).

### **Challenges of CACOVID and School Health Community Services**

Attempt to curtail the spread of the coronavirus via non-medical protective measures like self-isolation, social distancing among teachers and students within classroom teaching-learning situation actually negatively hindered academic activities (Akuh, 2020). Indeed, the life-threatening nature coupled with speedy transmission of the COVID-19 pandemic around the world seriously truncated educational process. Instructional supervision of student-teachers in post-COVID-19 during teaching practice had become difficult as

a result of precautionary measures put in place to reduce rapid spread of coronavirus. Ordinarily, instructional supervision of student teacher is aimed at mastering of the subject matter, classroom management, proper lesson preparation, use of instructional materials as well as chalkboard management but the sudden outbreak of the COVID-19 pandemic has twisted the entire educational process in Nigeria and elsewhere.

### **Five Critical Viewpoints for Integrating CACOVID into School Health Education in Nigeria**

- ❖ The importance of integrating CACOVID into the basic health education curriculum is crucial particularly during the COVID-19 pandemic. This will in turn help to teach such topics as proper hand hygiene, social distancing, wearing masks and other preventive measures to help stop the rapid spread of the virus.
- ❖ The role of school in promoting community health services cannot be overemphasized because it helps in enhancing community health services. This includes not only teaching students on proper health practices but also working with parents, health educators, instructors and the broader community to promote a culture of health and wellness. Schools can serve as a hub for health information and resources for the school community health services.
- ❖ Another area of interest for ensuring student and staff safety is the

teaching mode utilizing proper ventilation, providing PPE and providing protocols for identifying and isolating students and staff who may be infected with COVID-19 (Adeyemo, 2023).

- ❖ The impact of COVID-19 pandemic on mental health has had a significant effect on school children and it is important to discuss strategies for supporting the mental health needs of students and staff, including giving counseling services and enhancing mental wellness.
- ❖ Finally, it is critical to teach the need for collaboration and coordination among all stakeholders involved in enhancing school community healthcare services. In this way, schools, parents, health personnel and community organizations working together to address the unique challenges posed by the pandemic and promote a safe and healthy learning environment for all (Akande, 2023).

### **Crucial Areas Where CACOVID Failed to Achieve School Health Services' Goals in Nigeria**

1. One of the crucial areas where CACOVID failed to achieve its set goals in school community health services in Nigeria is the inadequate provision of basic health facilities and resources. Many schools in Nigeria lack basic health facilities, such as well-equipped clinics, adequate clean water supply and important drugs, which are essential

for promoting good health practices and preventing the spread of infectious diseases within school community (Akinbo, 2023).

2. Another critical area where CACOVID has failed to attain its objectives in school community health services is inadequate funding for health programmes in schools. Without sufficient funding, schools cannot provide the necessary medical resources and personnel to promote good health practices and respond to health emergencies.
3. CACOVID has also failed to achieve its critical set objective because of limited access to health and safety education. It was expected that CACOVID could provide schools with adequate health education and information. Many students and teachers in Nigeria lack access to reliable health information that makes it difficult for them to take informed decisions about their health and wellbeing (Alausa, 2022).
4. Insufficient staffing and training was one of the criticisms leveled against CACOVID as it has failed to provide adequate staffing and training to support health services in school communities. These include providing trained health staff, such as nurses and medical doctors, laboratory technicians, dentists, opticians and many others who can provide basic healthcare services, as well as training instructors so that students of basic school community health can practice in case of emergency response.

5. CACOVID has been accused of failing to adequately monitor and evaluate its school community health service programmes to determine their effectiveness and make necessary improvements where applicable. Without proper monitoring and evaluation, it is practically difficult to assess the effect of health service programmes in schools and identify areas for improvement (Alausa, 2022 & Akinbo, 2023).

### **Curriculum Reform and Dissemination Strategies**

Under the pandemic situation such as COVID-19, it is increasingly becoming an urgent matter of public concern to figure out how to design courses which meet the requirements or strategic curriculum reform conducive to learners' intellectual development while providing them opportunities to cultivate key competencies to facilitate systematic better mode of knowledge construction. This is because, the novel coronavirus pneumonia (COVID-19) that broke out towards the end of 2019 led to dramatic sudden change around the world which affected every aspect of social life including educational sector (Alshamrani, 2019). This public health crisis affected methods of dissemination of knowledge from face-to-face to online without considering how school curriculum was packaged for implementation before the COVID-19 pandemic appeared as global health emergency. The Chinese Ministry of Education in 2020 launched an emergency policy called "suspension of

classes without suspending schooling (SCWSS)" for the spring semester of 2020 which let students begin online learning at home (Our World in Data, 2021 & Adebayo, 2022). The policy gave room for a new space online teaching and learning situation remotely. It provided flexible mode of learning for students to gain higher degree of freedom to learn online and better retention (Bao, 2020).

In Nigeria, there was a need for basic health education curriculum reform that can provide for future necessity and school health care emergency delivery to ensure no stoppage of curriculum dissemination in our educational system. Nigeria educational policy has come under fire in this regard to reduce tension and delima created by COVID-19 pandemic scenario. No doubt, engaging students' autonomous instructional schedule may prompt lack of motivation and supervision of students at home. Yet, CACOVID would have intervened in area of curriculum reform and dissemination strategies to provide sufficient interactive communication forum between teacher and learners to improve qualitative teaching methods and knowledge dissemination strategies (Alade, 2021). The coalition could have projected "education 2050 curriculum planning and development strategies that will envisage key competencies and creating new content values for future ready learners. The creation of new content values means cultivating creative thinking faculty of acquiring knowledge in wide range of disciplines and interdiscipline like health, education, medicine, mathematics, engineering, science, technology,

agriculture and law. They should be learning in progression as proposed by American Association for the Advancement of Science's project in 2061 (AAAS, 2005). To meet the complex demands of beyond CACOVID and provision for school community health services in basic education curriculum reforms and dissemination strategies, the reform should be focused more on creative thinking and act in a greater integrated problem-solving methods of instruction (Kola & Opeyemi, 2020).

### Conclusion

In conclusion, CACOVID played a significant role in supporting the government's efforts during the pandemic. There is a need for sustained and equitable intervention distributions to address the diverse needs of learners and communities in health education. This paper provides critical insights and recommendations for policymakers, educators and other stakeholders involved in the education sector to prioritize engagement of school health community service curriculum reform and dissemination strategies with government. Additionally, stakeholders should collaborate and cooperate with government to ensure successful CACOVID intervention delivery operations.

### Recommendations

It is hereby recommended that:

1. CACOVID should prioritize engagement of school health community service curriculum reform and dissemination strategies

with government, building partnership, and equitably distribute resources to achieve set goals.

2. CACOVID need to incorporate school health community services into its intervention programmes.
3. CACOVID should foster multi-stakeholder collaborations, leveraging technology for remote learning, and strengthening monitoring and evaluation mechanisms.
4. CACOVID needs to organize public awareness programme to sensitize rural dwellers and low income groups for the need to report cases of communicable diseases outbreak in order to help them combat the diseases.

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