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Between waiting and urgency: remote educational proposals for children with Congenital Zika Virus Syndrome during the COVID-19 pandemic*

Entre a espera e a urgência: propostas educacionais remotas para crianças com Síndrome Congênita do Zika Vírus durante a pandemia da COVID-19

Entre la espera y la urgencia: propuestas educativas a distancia para niños con Síndrome Congénito del Virus del Zika durante la pandemia de COVID-19

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Abstract: The pandemic caused by COVID-19 also known as the "new coronavirus" (SARS-CoV-2), was declared by the World Health Organization on March 11, 2020. Since then, the social, economic, health, political and scientific impacts have challenged scientists around the world. Especially in contexts of economic, social and school inequalities, the effects have been devastating. At the same time, alternatives created during this process need to be analyzed and understood. In this context, this article discusses the pedagogical practices proposed for children with Congenital Zika Virus Syndrome during the period of social distancing caused by the Coronavirus pandemic. The research is qualitative and is based on the analysis of local documents on remote education and semi-structured interviews carried out with five Education

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professionals from a teaching network in Baixada Fluminense, Rio de Janeiro, Brazil, who participated in a Pilot Continuing Education Program to act with children with Congenital Zika Virus Syndrome. For the analysis, the data were organized in thematic axes, showing, among other aspects, the teaching effort to develop online actions that promote interaction and participation of children in the proposed activities, in partnership with the mothers. They also show how the pandemic affected the relationship of the school with the family and the teachers' persistence/resilience in the face of the numerous challenges posed by the pandemic in their teaching performance.
Keywords: Congenital Zika Virus Syndrome. Remote teaching. Pedagogical practices.

Resumo: A pandemia provocada pela COVID- 19, o nomeado "novo coronavírus" (SARS-CoV-2), foi declarada pela Organização Mundial da Saúde em 11 de março de 2020. Desde então, os impactos sociais, econômicos, sanitários, políticos e científicos têm desafiado os cientistas no mundo todo. Especialmente em contextos de desigualdades econômicas, sociais e escolares, os efeitos têm sido devastadores. Ao mesmo tempo, as alternativas criadas ao longo desse processo precisam ser analisadas e compreendidas. Nesse contexto, este artigo discute as práticas pedagógicas propostas para crianças com a Síndrome Congênita do Zika Vírus, durante o período de distanciamento social causado pela pandemia do Coronavírus. A pesquisa é qualitativa e baseia-se em análise de documentos locais sobre o ensino remoto e na realização de entrevistas semiestruturadas com cinco profissionais da Educação de uma rede de ensino da Baixada Fluminense, Rio de Janeiro, que participaram de um Programa Piloto de Formação Continuada para atuar com crianças com a Síndrome Congênita do Zika Vírus. Para a análise, os dados foram organizados em eixos temáticos, evidenciando, entre outros aspectos, o empenho docente para desenvolver ações *online* que promovessem a interação e a participação das crianças nas atividades propostas, em parceria com as mães. Igualmente, mostram como a pandemia afetou a relação da escola com a família e a persistência/resiliência das professoras frente aos inúmeros desafios colocados pela pandemia em sua atuação no magistério.
Palavras-chave: Síndrome Congênita do Zika Vírus. Ensino remoto. Práticas pedagógicas.

Resumen: La pandemia provocada por el COVID-19, llamado "nuevo coronavirus" (SARS-CoV-2), fue declarada por la Organización Mundial de la Salud el 11 de marzo de 2020. Desde entonces, los impactos sociales, económicos, sanitarios, políticos y científicos han desafiado a los científicos de todo el mundo. Especialmente en contextos de desigualdad económica, social y escolar, los efectos han sido devastadores. Al mismo tiempo, las alternativas creadas a lo largo de este proceso necesitan ser analizadas y comprendidas. En este contexto, este artículo discute las prácticas pedagógicas propuestas para niños con Síndrome Congénito del Virus del Zika, durante el período de aislamiento social provocado por la pandemia del coronavirus. La investigación es cualitativa y se basa en el análisis de documentos locales sobre educación remota y en la realización de entrevistas semiestructuradas con cinco profesionales de la Educación de una red docente en la Baixada Fluminense, Rio de Janeiro, Brasil, quienes participaron en un Programa Piloto de Educación Continua para trabajar con niños con Síndrome Congénito del Virus del Zika. Para el análisis, los datos se organizaron en ejes temáticos, mostrando, entre otros aspectos, el esfuerzo docente para desarrollar acciones en línea que promuevan la interacción y participación de los niños en las actividades propuestas, en alianza con las madres. Igualmente, muestran cómo la pandemia afectó la relación de la escuela con la familia y la persistencia/resiliencia de los docentes ante los numerosos desafíos planteados por la pandemia en su actuación en el magisterio.
Palabras clave: Síndrome Congénito del Virus del Zika. Enseñanza remota. Prácticas pedagógicas.

Introduction

> *It has never been more crucial to make education a universal right, and a reality for all. Our rapidly-changing world faces constant major challenges – from technological disruption to climate change, conflict, the forced movement of people, intolerance, and hate – which further widen inequalities and exert an impact for decades to come. The COVID-19 pandemic has further exposed and deepened these inequalities and the fragility of our societies. More than ever, we have a collective responsibility to support the most vulnerable and disadvantaged, helping to reduce long-lasting societal breaches that threaten our shared humanity. (…). To rise to the challenges of our time, a move towards a more inclusive education is non-negotiable – failure to act is not an option.*
>
> Audrey Azoulay[1]
> Director-General of UNESCO

On March 11, 2020, the World Health Organization (WHO) declared the state of pandemic caused by COVID-19, the "new coronavirus" (SARS-CoV-2). Since then, more than 46 million people have been infected worldwide, and of these, more than one million people have died from the virus. In Brazil, there are already more than 5 million cases and more than 160,000 deaths. Since then, social, economic, health, political and scientific impacts have challenged scientists and policymakers around the world. Countless countries have closed their borders, decreed social distancing, and closed commercial establishments, schools and universities. Some European countries have even adopted more stringent isolation measures, such as lockdowns. The pandemic has generated a crisis unprecedented in human history and, according to analysts, could be worse than the Great Depression of 1929 (Azmitia, 2020). In Latin America, according to the same author, the number of poor people will rise from 162 million to 216 million post-pandemic. All of this becomes even more disastrous when national governments adopt ineffective measures in managing the crisis, as is the case, among others, in the United States and Brazil.

In Brazil, about 52,898,349 students were affected by the closure of schools (UNESCO, 2020b). Many education networks have adopted remote activities or online teaching actions. However, data collected by UNESCO reveal that people with disabilities were the most affected because they were most vulnerable. Among the problems faced by students, we highlight the inaccessibility of information and communication, especially for the deaf, blind and intellectually disabled people, the non-accessibility to programs and digital platforms for the partitioning of this portion of the population in online classes, when offered. In addition, the pandemic also revealed, in a more systematic way, the lack of preparation of health systems to meet the specificities of these people.

In education, thousands of schools around the world have been closed for in-person activities, and many others still have no prospect of resuming them. According to the United Nations Educational, Scientific and Cultural Organization (UNESCO, 2020a), the COVID-19 pandemic has affected 1.6 billion students worldwide, reaching 90% in certain periods since the beginning of the pandemic. Research and indicators show that the pandemic will further widen economic, social and educational inequalities, especially in poorer countries or in so-called developing countries, such as Brazil. In education, for example, data from the *Global education monitoring report, 2020: Inclusion and education: all means all* (UNESCO, 2020b) show that around 40% of low and middle-income countries have taken no action to support students at risk of exclusion during the pandemic, mainly girls and people with disabilities, immigrants and ethnic minorities. Not only is the student's educational process affected by the pandemic, but it increases the lack of

[1] Excerpt from the Foreword to the *Global education monitoring report, 2020: Inclusion and education: all means all* - (UNESCO, 2020b, p. iii).

access to food[2], the uneven use of online learning platforms (when they have access), as well as increasing dropout rates and school evasion.

In this direction, we can highlight two important aspects for the reflections that we will undertake in this text: the first one that we have argued is that the pandemic, following the perspective of Preciado (2020), intensifies a process of mutation that was already happening in society. The author brings important reflections on this process and, especially here, we are interested in highlighting that what will be at the center of the debate during and after this crisis will be the lives that we will be willing to save and those who will be sacrificed (Preciado, 2020, p. 173). This kind of hierarchy of lives directly affects individuals with disabilities. The second aspect, pointed out by Sato (2020), is that there is a fallacy about the democracy of the virus. Although contagion is universal, deaths are localized[3]. In the mapping of inequalities, Covid-19 kills mainly those who inhabit the geography of hunger (Sato, 2020, p. 10).

Taking this reality as a scenario, this paper discusses the educational process of children affected by the Zika virus epidemic during the COVID-19 pandemic. Our purpose is precisely to focus on the impacts of the epidemic, within the pandemic, especially on the educational process of these children. The Zika virus was first identified in 1947 in monkeys in a Ugandan forest. However, it gained international notoriety in Brazil in the years 2015 and 2016 with the birth of hundreds of children with the Congenital Zika Virus Syndrome, transmitted by the Aedes aegypti mosquito, which is an agent that spreads numerous diseases such as dengue and chikungunya, mainly in tropical countries like Brazil. Countless pregnant women were infected with the Zika virus and caused, among other developmental changes, microcephaly in babies[4] (Diniz, 2016; Fleischer & Lima, 2020; McNeil, 2016).

According to data from the Ministry of Health, between the years 2015 and 2019, 18,282 suspected cases of changes in growth and development, possibly related to the Zika virus infection, were reported. Of these, 3,474 cases (19%) were confirmed and mainly took into account the existence of microcephaly. According to the Epidemiological Bulletin of the Ministry of Health (2019), the Southeast region has 20% of the total cases, of which 43.7% are in Rio de Janeiro, mostly in *Baixada Fluminense*.

As stated by the WHO, children infected with the Zika virus may also have their central nervous system affected, presenting as epilepsy, hearing and visual impairment, impaired psychomotor development, as well as negative effects on bones and joints. In recent research published in Scientific Reports, Stevens Rehen (Jansen, 2020) warns of the underreporting of cases of children born with Zika virus and who did not have microcephaly. Still, according to him, the results of the study indicate that they have cognitive impairment or intellectual disability (Jansen, 2020).

Data on the implications of Congenital Zika Virus Syndrome for children's development, especially in language, were also verified in the research by Nielsen-Saines et al. (2019). This study shows that only a part of the children affected by the Zika virus were born with microcephaly and, as a result, have multiple disabilities. Likewise, the authors illustrate that the majority who

[2] Azmitia (2020) shows that, in Guatemala, for example, 49.8% of children suffer from malnutrition, reaching the sixth position in the world in child malnutrition.

[3] Maps on inequalities in death rates in São Paulo, Rio de Janeiro and also in the United States show this reality.

[4] It is worth mentioning that the correlation between the virus and microcephaly in babies was a discovery made by Brazilian scientists (Alencar, 2016).

apparently were born without the after effects, despite the mothers having had Zika virus during pregnancy, have intellectual disabilities or other impairments.

Another important data about the groups impacted by the Zika epidemic was made by Freitas et al. (2019). The authors analyzed social characteristics, such as income, occupation, race and ethnicity, gender and the conditions of the place of residence. Based on the data, Freitas et al. (2019) show that the most affected are single, brown or black and poor mothers, with little education, living in disadvantaged neighborhoods and with precarious living conditions. This implies socioeconomic consequences in the families of babies with Congenital Zika Virus Syndrome, such as unemployment and loss of family income due to the woman's exit from the labor market and also because of the high costs necessary to care for the child. In this sense, the reality faced by the families and, above all, by the mothers-women of these children are common to most mothers-women of children with some kind of disability in Brazil.

Still, in this direction, it is important to say that, for months, on the one hand, the media contributed to disseminating data on the epidemic and informing the population about its consequences. On the other hand, it also contributed to stigmatizing children using terms like the "lost generation" as a result of clinical prognosis about their living conditions. The focus was on the impossibilities of these children in relation to their future (Valim, 2020), a similar aspect faced by family members facing the birth of a child with a disability (Glat & Pletsch, 2004). It is important to understand that the social conditions of human existence are much more determinant in the lives of children than the biological characteristics of each one or their disability. The anthropological research of Valim (2020) contributes to our reflection by saying that: What effectively prevents and hinders the lives of children involved in the epidemic is not the disability, but the experience of disability and in a context of precarious life and extreme social inequality - which the epidemic did not create, but accentuated and highlighted (p. 74).

Four years have passed and, in February 2020, most children with Congenital Zika Virus Syndrome entered daycare centers or Early Childhood Schools. Therefore, this article discusses the implications of the arrival of these children at school considering the pandemic of COVID-19 with a focus on the conceptions and educational proposals developed with them through remote education, understood as a non-classroom teaching strategy that can be carried out in an online format by digital platforms or printed material.

In methodological terms, to achieve the proposed objective, we conducted a qualitative research with analysis of local documents from the education network, namely:

- Records of teachers' planning.
- Guiding document of the Education Department of the municipality researched on remote education.
- Official Letter with guidelines for activities to be carried out in remote education prepared by the Special Education Team.
- Ordinance published by the researched municipality on the mandatory remote teaching.
- Curriculum Proposal for Early Childhood Education from the Municipal Education Department of the researched municipality.

We also conducted semi-structured interviews with two teachers of Early Childhood Education, a teacher from the Specialized Educational Service, a Pedagogical Advisor who also works in Early Childhood Education and the Special Education manager of a teaching network in *Baixada Fluminense*, Rio de Janeiro, Brazil, who participated in a Pilot Continuing Education

Program to work with children with Congenital Zika Virus Syndrome, using in-person and online formats, from February 2020 to October 2020.

The Program integrates one of the phases of the multidisciplinary project that articulates researchers from different institutions (Federal Rural University of Rio de Janeiro - UFRRJ; the University of the State of Rio de Janeiro - UERJ; the Pontifical Catholic University of Rio de Janeiro - PUC-Rio; the University of the State of Santa Catarina - UDESC; Oswaldo Cruz Foundation - FIOCRUZ; National School of Public Health - ENSP; and Fernandes Figueira Institute - IFF) to develop studies and intersectoral actions between education, health and social assistance in promoting schooling and child development with Congenital Zika Virus Syndrome in *Baixada Fluminense* (Pletsch, 2019). The interviews[5] were conducted and recorded using the digital zoom platform and transcribed in full with the research in Google support. In Table 1 below, we systematize the information about the interviewees.

Table 1 - Information about the interviewees

Name[6]	Academic background	Area	Teaching time
Margarida	High School level teaching course, Pedagogy, Master's and Doctorate degrees in Education.	Specialist Teacher in Pedagogical Guidance and Early Childhood Education.	13 years
Rosa	Pedagogy, Specialization in Special Education in the Perspective of Inclusive Education, Professional Master's in Science Teaching in Basic Education in progress.	Special Education Manager.	15 years
Narciso	High School level teaching course.	Early Childhood Education.	19 years
Flora	High School level teaching course, Pedagogy and specialization in Psychopedagogy.	Early Childhood Education.	17 years
Azaléia	High School level teaching course, Language and Literature degree (Portuguese/English - UFRJ).	Specialized Educational Service.	21 years

Source: Elaborated by the authors.

In this paper, the data were organized and analyzed through the structuring of thematic axes, which were presented in dialogue with studies in the area: a) Educational guidelines for remote teaching in the period of social distancing prepared by the Municipal Education Department and the Special Education Team; b) Remote activities developed by teachers with children with Congenital Zika Virus Syndrome - in this area, we also present data on the role of the family during the pandemic.

The "waiting": educational guidelines for remote teaching in the period of social distancing

In line with Provisional Measure no. 934, of April 1, 2020, which establishes exceptional rules on the school year of Basic Education and Higher Education resulting from the measures to face the emergency of public health, the researched Municipal Education Network forwarded, on

[5] We thank the scientific initiation scholarship holders from the Observatory of School Practices (*Observatório de Práticas Escolares* - OPE) Caio de Amorim Costa Martins, Laura de Campos Pereira Durão and Renata Soares Sampaio dos Santos, who transcribed the interviews; and to the students of the Observatory of Special Education and Educational Inclusion (*Observatório de Educação Especial e Inclusão Educacional* - ObEE) Izadora Souza, Saionara Pussente, Julinete Vieira, Sheila Vieira and Patrícia Araújo, who participated in the interviews.

[6] Fictitious names.

April 17, 2020, educational guidelines for all school units through an Official letter, which should and are still being developed as a complement to learning. Such activities have been made available through virtual environments (Moodle or ClassRoom) or through printed material, with priority to the first to avoid people going to school. According to the document, school units may or may not join the development of remote activities and these will not be used as a substitute for in-person classes or to account for the school year.

Of the total of 178 school units belonging to the researched Municipal Network, initially nine did not adhere to remote activities; of these, five revised their position and, in the end, only four did not develop them. In October 2020, through the Ordinance issued by the Municipal Education Department of the researched education network, among other guidelines, the Municipal Education Department, considering the indications of the National Education Council, which dispensed the mandatory minimum number of school days provided that the minimum annual workload of 800 hours for Elementary School, indicated the use of activities carried out remotely. The validation of the workload will be the responsibility of the management team of the school units. This shows that the lack of federal guidelines or the late indication (almost at the end of the school year) about the procedures to be adopted by the education systems had a negative impact on the adoption of educational measures in the period of social distancing. What we experience, in Brazil, is that each State and Municipality organized its educational actions considering its reality and local political disputes.

In the educational field, we did not have a direction from the Federal Executive Branch. The sparse amount of manifestations came from the National Education Council, with no emergency plan on the part of the Ministry of Education, which gave prominence to the local managers, at the same time it opened and aggravated inequalities between the federal entities. Thus, at first, as we highlighted in the title of this paper, "waiting" was one of the marks of many school systems. The late response in the organization of educational processes differed a lot from what happened in some developed countries, such as the "Manifesto of the School that does not stop" (Raniere, Gagiollo & Borges, 2020, p. 4), in Italy, which stresses the important role of the school in welcoming and supporting the school community in this very unique time.

In relation to students with disabilities, practical activities of daily living were proposed, according to the document with the objective to maintain the school bond and the study routine, favoring their emotional, temporal and spatial organization, always according to the possibilities of family organization (Raniere, Gagiollo & Borges, 2020, p. 5). The document prepared by the Special Education Coordination team, linked to the Special Education Department, focused, in addition to the activities of daily living, on suggestions for teachers on the application of the functional curriculum and suggested models of alternative communication boards. The document also provides a set of guidelines and information for parents/guardians to develop activities at home.

The *possible curriculum* to be developed for these children involves the conditions of access to the internet and technological resources of children and Education professionals. Morgado, Souza and Pacheco (2020) draw attention to the risk we take in remote activities by focusing on a purely instrumental curriculum perspective. They also call attention to the concepts of *curriculum isolation and digitalization of the curriculum*, which contribute to weakening the interactive, social and personal dimensions of experiencing the school curriculum. In this sense, focusing on a functional remote curriculum with activities of daily living for Special Education students ends up excluding them from what Young (2010) calls "powerful knowledge".

In this regard, children with Congenital Zika Virus Syndrome, as well as other children with disabilities who demand more systematic interventions and mediations to appropriate school concepts, certainly with social distancing, were the most affected in regards to curricular access,

since the teaching and learning processes are a social practice that occurs in interaction mediated by the other (Mendes & Silva, 2014; Pletsch, Mendes, & Hostins, 2015; Pletsch, 2015; Rocha, 2014, 2018; Souza & Dainez, 2020). In addition, Dussel (2020), in pointing out the impacts of the domiciliation of what we call "school", that is, of the more specific characteristics of the school, highlights how the classroom environment managed to more effectively appease many of the inequalities of origin. Remote emergency teaching has brought social and economic inequalities into force in the school process, showing that such inequalities demarcate very strongly the conditions of technological access and the proposed online educational processes.

It is worth remembering that the National Education Guidelines and Framework Law - Law no. 9,394, of December 20, 1996, does not provide online education for Early Childhood Education, even in exceptional cases, as discussed by Coutinho and Côco (2020). The authors also presented a set of mobilizations that occur, above all, at the beginning of the pandemic against remote education at this educational level, considering, in their opinion, that it does not fully guarantee the Right to Education and the care of children. However, after 8 months of closure of school institutions (still no date to return in person in almost all education networks in Brazil), we ask ourselves: What possibilities can and have been developed through online remote education in Early Childhood Education, considering the lack of epidemiological security caused by COVID-19? Especially in the case of children with Congenital Zika Virus Syndrome and other disabilities, how do we equate "waiting" with the "urgency" of stimulating their development?

Next, we will present how the professionals understood and developed this process in Early Childhood Education with children with Congenital Zika Virus Syndrome and their families.

The "urgency": remote activities developed with children with Congenital Zika Virus Syndrome

The Municipal Education Network, a participant in the research, has 22 children with Congenital Zika Virus Syndrome enrolled in Early Childhood Education. According to the Special Education manager, it was very difficult to develop more systematic actions for these children, even with a guiding document, considering that many teachers did not even have contact with the children who had just been enrolled when we started social distancing. In their own words:

> Our document does not have a content character. The concern was to establish links with students and their families, guiding them through this new reality, because everything happened at the very beginning of the year. Many teachers had not even had contact with students who had new enrollments, as was the case with most children with Congenital Zika Virus Syndrome. Therefore, it was not possible to develop an individual personalized plan. Our guidance was focused on day-to-day practices. Many of our students were left without their therapeutic treatments, because assistance was also suspended. So we were very worried because without the assistance, they would be without medication, which, for most, is necessary, as children have seizures. (Special Education Manager, in an interview, October 29, 2020).

One of the aspects that draws attention in the interview concerns the cancellation of clinical appointments, which, for children with Congenital Zika Virus Syndrome, are essential, since a significant portion, especially those with microcephaly make use of controlled medications and present epileptic conditions and other symptoms that demand healthcare intervention. There is a need for intersectoral actions and policies, with a special focus on education, health and social assistance, in the comprehensive care of children, especially for those with chronic diseases associated with Congenital Zika Virus Syndrome (Sá et al., 2019a; Sá, Thomazinho, Ribeiro, & Molleri, 2019b).

Regarding the contents and knowledge worked in partnership with the family, the manager's assessment is that the children were harmed despite the efforts of teachers and their families:

> I believe that there was a great effort by the families to handle this process in partnership with the families. We talked a lot about this, this responsibility of the family, now, for the pedagogical part, inevitably happened in all families in Brazil and the world, I believe. We had many families engaged in this process, we receive videos from children, starting to study. So, you know, I think there was a very large involvement of the family, but, in terms of content, I think there was no appropriation of new school knowledge. (Special Education Manager, in an interview, October 29, 2020).

With regard to remote work with one of the children with Congenital Zika Virus Syndrome, 4 years old, Teacher Flora also reported the difficulties faced, but, unlike the manager, she signaled small advances in learning and in the development of her student. In an excerpt from her interview, she stated:

> At first, it was very difficult, because the contact I had with the mother changed, but, as soon as I got the phone number in late April, I called and we started the communication. We established a WhatsApp video call per week. It was not simple considering that she does not have motor problems or trunk support like most children with Congenital Zika Virus Syndrome in the network, but she has speech delay and very agitated with little concentration for online meetings. So, in partnership with the mother, we organized a strategy so that she could focus on the moments when we were doing these virtual meetings. As she had no teaching materials and resources at home, I went to school and organized an envelope with materials for the mother to get (notebook, crayons, pencils and other materials). With the material, I was able to carry out more systematic activities with her. I worked on more playful as well as other content from Early Childhood Education such as colors, recognition of body parts. She made the drawings and showed me. The mother told me that she was also very agitated because there was no clinical care due to the pandemic. But I realized that our meetings, even if only virtual, were important, she is now speaking, she's more at ease and participative. (Teacher Flora, in an interview, October 29, 2020).

As we can infer from Teacher Flora's statement, the activities initially focused on communication, an important aspect to develop language and structure the child's thinking as foreseen in the 2012 Curricular Proposals for Early Childhood Education of the Network. According to the document,

> from an early age children are engaged in a communication process in which they are encouraged to develop procedures that allow them to question the world and appropriate it. They gradually assimilate the rules of action and communication that emerge around them, putting them into practice in their activities and their speeches. (Curricular Proposals for Early Childhood Education in the researched school network, 2012, p. 28).

In this regard, we signal that pedagogical resources are fundamental. In another research with children with multiple disabilities that had speech delay, it was found that pedagogical and alternative communication resources, for example, contribute as instruments that favor student interaction and communication and, thus, enable new ways to reorganize the language that is fundamental to their learning of school knowledge (Rocha & Pletsch, 2018). This, in the historical-cultural perspective of Vygotsky (1997, 2001), favors the appropriation of the symbolic system necessary to structure language and thinking.

In Teacher Flora's statement, it is also evident that, from the most systematized activities, the child developed some knowledge on how to differentiate colors and parts of the human body. However, this does not guarantee the full development of the child, and the teachers are aware of this, as well as the Special Education manager and the Pedagogical Coordinator, who participated

in the interviews and stressed the importance of maintaining interlocutions and the bond with the children and their families. All interviews showed persistence and collective resilience, as discussed by Ebersohn (2020) about the global challenge posed by COVID-19 to think about the direction of a sustainable equitable education. Still, regarding the persistence of teachers and educational teams in maintaining contact with the families of their students, it is worth mentioning that the National Curricular Guidelines for Early Childhood Education 2009 - Resolution no. 5, of December 17, 2009 - already signaled the importance of the dialogue with families in Early Childhood Education. This aspect is also reinforced by Coutinho and Côco (2020) who advocate that the inadequacy of the Distance Education proposal in Early Childhood Education does not mean affirming the interruption of relationships, and demands careful planning and attending to the education and care of children, families and professionals (p. 7).

Another aspect that draws attention is the social condition of families that do not have access to basic school materials, which reinforces our argument that thinking about remote education activities for these children requires understanding the social inequalities in which they and their families are inserted (internet access, didactic-pedagogical resources, even access to technological resources such as tablets or computers). Recent research has shown that around 30% of the national population still do not have internet (Oliveira, 2020), and about 90% of students between 9 and 17 years old have access only through a cell phone (Regional Center for Studies for the Development of the Information Society [*Centro Regional de Estudos para o Desenvolvimento da Sociedade da Informação* - CETIC], 2019).

Teacher Narciso said that, despite the fact that the municipality is part of the metropolitan region of Rio de Janeiro, many places do not have access to the internet and, therefore, she calls these families. Teacher Flora, in turn, externalized, in her speech, the importance of public policies to expand access to the internet and technological resources to reduce inequalities between public and private education:

> There should be legislation, a public policy, that would oblige, during this pandemic period, that operators open the signal, so that people could communicate, interact and do school activities. Thus, thinking about education as a whole, how much of these effects would be mitigated, how many more people would have benefited from remote education. The lack of access widens the inequalities between those in public education and those in private education. It is evident that those who have their children in private schools had some type of education in that period and most of those who do not, who work for public schools or have their children enrolled in public schools, did not have the same type of education. (Teacher Flora, in an interview, October 29, 2020).

Still, on the work carried out by remote means, Teacher Narciso reported that, despite maintaining contact with the mother, she was unable to carry out activities with her 4-year-old student Ana Clara (fictitious name), who still could not walk properly due to the Congenital Zika Virus Syndrome. To illustrate this, we selected the following excerpt:

> The partnership with the mother was very easy last year, but this year, she got pregnant with her fourth child and was unable to give so much attention to Ana who is the third child and has Congenital Zika Virus Syndrome. When the proposal for remote classes came up, I talked to her and she said to me: "Teacher, I can't do it at home, if it was at the daycare center I would take her there, you know that I do not measure efforts to take Ana who is not walking properly yet. But, at home it doesn't work, first I have a very complicated pregnancy, my six-year-old son is a very naughty child and I still have Ana. So, for me to do activities with her at home, it is difficult" . Our daycare center adopted it as a way to keep in touch with children and do activities on Facebook with informative videos, but no content. Most of them are indications of games. For example: Who jumps higher, these kinds of things, even to work more with the contact. Activities got more difficult, but I keep in touch. The mother sends me pictures of what Ana is doing, but

> pedagogical activities have not been carried out. (Teacher Narciso, in an interview, October 29, 2020).

The statement shows that the teacher maintains contact with Ana's mother and that the mother has difficulties in carrying out activities with her daughter due to her family context. Scientific literature has shown that the birth of a child with a disability, whether intellectual or multiple, due to the implications of Congenital Zika Virus Syndrome, impacts on family routine and dynamics (Menezes, Alves, Gomes, & Pereira, 2019). According to the authors, significant changes occur in "family and social relationships with negative repercussions on the physical and psychological health of individuals" (Menezes et al., 2019, p. 40) and that mothers are overburdened with regard to the care demanded by the child with Congenital Zika Virus Syndrome. Staying at school would have reduced this burden on the mother, as evidenced by Garcia's research (2020) when talking about the importance of school in promoting the educational development of these children and the possibility of mothers having time to take care of themselves.

Garcia (2020) also illustrated the difficulties and lack of preparation of the school institution and government agencies in receiving a child with so many specificities in a regular class of Early Childhood Education, even with special food for the use of a gastric tube, used by several children with Congenital Zika Virus Syndrome. Despite these challenges, Garcia's research also showed the potential for joint work between the school and the child's mother, who produced a short video to show the school staff how to take care of their daughter's particularities. The potential of the family and its partnership with the school was also evidenced in the study conducted by Souza and Dainez (2020) when they portrayed the remote education promoted for a child with autism named José. The authors show the structure set up by José's parents so that he could feel at school even though he would be at home doing remote activities.

The role of the mother was also signaled by Teacher Flora when describing the remote activities carried out with her student Ana:

> The mother's role was fundamental and essential. She was always available so that I could make these calls with her daughter in the online format. This mother was always very dedicated and was a good partner, and in the pandemic it was no different. I created a group with all the parents. Some parents signaled to me what they were looking for individually and wanted suggestions for material to work with their children at home. I was responsible specifically for meeting the needs and requests of parents. Some wanted pedagogical and literacy suggestions. They asked for books with letters to cover, with numbers. They wanted to do activities with their children at home, but they had no information about the best material. (Teacher Flora, in an interview, October 29, 2020).

As we can see throughout this article, the social realities of families, particularly mothers, to carry out activities in partnership with teachers are very different from each other. In this sense, one of the concerns present in the statements of the teachers, who in Early Childhood Education are women, was to think about the return and how to minimize the loss caused by the pandemic in terms of access to school knowledge. The statement of the teacher and also a Pedagogical Advisor at a daycare center systematizes this concern:

> We will have to work hard when we return to in-person work, so that we can try to overcome this loss. We developed work through Facebook or WhatsApp, but most had access only through cell phones. Performing an activity on a computer screen is very different for the child to see and interact with the teacher, than that of a small cell phone screen. I know because I see my daughter here at home, when she does school activities, an activity being synchronous or asynchronous, when sent on the computer screen, her attention is different. Then, go figure a child with a disability, with a difficulty of abstraction, a child who has already lost in-person contact, has already lost this interaction and has yet to watch it on the small screen of the phone. I think of the children with

> Congenital Zika Virus Syndrome who often have visual loss, have considerable visual impairment and have to watch on that small cell phone screen. Besides that, in addition to partnerships and public policies, our network should have already invested, not only now. We were taken by surprise by this pandemic, but let there be a lesson, since this hybrid education may have to be established, that we need to have a policy, not only of internet, but also of distribution of equipment so that these families can be able to carry out activities with their children. Of course, we know that, even if it guarantees all this, it will not necessarily have great results. It depends on the family routine, on the structure, on many things that we already struggled with as a barrier to classroom teaching. Go figure now that we are not having this work on a daily basis and day-by-day with the child. But I think it would be a first step. Regarding the work we did with Ana Flor (fictitious name) with Congenital Zika Virus Syndrome during remote teaching, I can systematize that the main focus was to maintain the link with her. I know that development can happen in any space, but we, as a school, are a privileged space for it to occur based on intervention and pedagogical mediation. So, when we return to in-person work in Early Childhood Education, we will have to think about how to act to fill this gap that was lost in 2020. (Pedagogical Advisor, in an interview, October 29, 2020).

Precariousness, losses, urgencies, inequalities. The 2020 mark in the school processes of children with Congenital Zika Virus Syndrome is the same as that of different children in Brazil with or without disabilities. Perhaps in a very painful way, the reality pointed out by different international research with respect to intersectionality is the biggest lesson to be learned: the educational process is "infected" (to speak of a virus-wise pedagogy) by different aspects of children's identity, their families and their teachers. Artiles (2013, 2019) and Artiles, Dorn and Bal (2016) have shown in their research agenda how intersectionality needs to be understood in the processes of educational inclusion. It is this articulation that will make possible progress on issues of equity in education.

In the case discussed in this paper, the urgency demanded by the epidemic was forced to live with the "waiting" produced by the pandemic. In this difficult equation, past social and structural inequalities in Brazilian society had a major impact on the possible curriculum constructed by the teachers. In this context, the results show us some historical difficulties.

The first concerns non-existent or precarious intersectoral responses. The disarticulation between health and education, pointed out by the cancellation of assistance for children, shows us the urgency to overcome these difficulties and establish collective works of intersectoral teams that involve social assistance, health and education. In pandemic times, this path will be increasingly necessary. The second refers to the confrontation of gender inequalities verified in the situation of mothers of children with Congenital Zika Virus Syndrome. The pandemic, in fact, aggravated the patriarchal mark of Brazilian society, whose overcoming demands, among other actions, public policies aimed at this part of the population. Finally, the third refers to the technological inequalities that arise and are linked to other pre-existing inequalities, such as housing, food, security, etc.

Considering this reality, the possible pedagogical alternatives are not very efficient. In an emergency situation, waiting can be fatal. In this sense, as we move towards a world in which epidemics will exist within pandemics[7], our educational responses will have to have another dimension and seek other alternatives, including considering the necessary resilience. Among the urgencies, studies like this show us that our research needs, among other aspects, to create intersectoral and intersectional dialogues, so that we can together think about the possible and necessary school. The defense of science, life and a truly inclusive education, which recognizes cognitive and cultural plurality as a value, requires an agenda in defense of public education for all.

[7] Studies point, for example, to a change in the Brazilian epidemiological profile (Guimarães, 2020).

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