

## Project Design Matrix (PDM)

Project Title : School Health and Nutrition Project Version : PDM 2  
 Target Region : 2 Districts (Sindhupalchowk and Syangja districts) Drafted : April 2010  
 Project Duration : 4 yrs from June 2008  
 Main Beneficiary Group : School aged children (attending formal or alternative school) at primary education level with social inclusion and gender considerations

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p><b><u>Overall Goal:</u></b></p> <p>Health and nutrition status of school-aged children is improved in the target districts.</p>	<ul style="list-style-type: none"> <li>• Decrease in moderate and severe level of malnutrition (weight-for-age) of school-aged children (between 5 to 10 years old) from 29.7% in 2008 to 26.7% in 2015 in the target districts.</li> <li>• Increase in attendance rate of school-aged children from 72.7% in 2008 to 79.7% in 2015 in the target districts.</li> </ul>	<ul style="list-style-type: none"> <li>• Project Baseline Survey</li> <li>• NDHS</li> <li>• Compiled Data of Physical Check-up at MOHP and MOE</li> <li>• Education Statistics by MOE</li> <li>• MOE's Flash Report</li> </ul>	<ul style="list-style-type: none"> <li>• Government of Nepal ensures the continuous implementation of the NSHN Strategy with the allocation of budget.</li> </ul>
<p><b><u>Project Purpose:</u></b></p> <ul style="list-style-type: none"> <li>• Utilization of school health services is increased among school-aged children in the target districts.</li> <li>• Implementation system of the National School Health and Nutrition Strategy is strengthened in the Ministry of Health and Population and the Ministry of Education.</li> </ul>	<ul style="list-style-type: none"> <li>• A practical model recognized by the National School Health and Nutrition Advisory Committee (NSHNAC).</li> <li>• Approved Guidelines and Manuals for School Health Service Minimum Package by MOHP and MOE.</li> <li>• Compiled Monitoring and Supervision Sheet on SHN activities at MOHP and MOE according to Monitoring and Supervision Guideline.</li> <li>• Compiled School Health related data (Physical Check-up and De-worming) at MOHP and MOE according to Physical Check-up and De-worming Guidelines.</li> <li>• Decrease in worm infestation of school-aged children from 25.1% in 2008 to 15.1% in 2012.</li> <li>• At least one SHN activity is conducted by Child Clubs at each target school in a school year.</li> </ul>	<ul style="list-style-type: none"> <li>• Record of NSHNAC</li> <li>• Developed Guidelines and Manuals</li> <li>• Approval Letters</li> <li>• Compiled Monitoring and Supervision Sheet at MOHP and MOE</li> <li>• Compiled Data of Physical Check-up and De-worming at MOHP and MOE</li> <li>• Project Baseline Survey/Endline Survey</li> <li>• Record of Child Clubs</li> <li>• Meeting minutes of Child Clubs</li> </ul>	<ul style="list-style-type: none"> <li>• Security condition in the target area does not worsen.</li> <li>• Government of Nepal ensure the budget allocation and personnel input to implement NSHN Strategy even if there are political and/or economic turmoil.</li> </ul>

<b>Outputs:</b>  1. The provision of School Health Service Minimum Package is improved in target schools.	1-1	Developed Guidelines and Manuals for School Health Service Minimum Package	<ul style="list-style-type: none"> <li>• Project Records</li> <li>• Developed Guidelines and Manuals</li> </ul>	<ul style="list-style-type: none"> <li>• Security condition in the target area does not worsen</li> <li>• Government of Nepal ensure the budget allocation and personnel input to implement NSHN Strategy even if there are political and/or economic turmoil</li> <li>• Project Counterparts remain same, no frequent turnover during the Project Period</li> </ul>
	1-2	The total number of participants who received training on School Health Service Minimum Package from 0 to more than 7,500.	<ul style="list-style-type: none"> <li>• Project Records</li> </ul>	
	1-3	Increase in schools conducting physical check-up once a year with proper record keeping from 0 to 70 %.	<ul style="list-style-type: none"> <li>• Physical Check-up Records at target Schools</li> </ul>	
	1-4	Increase in schools conducting de-worming program twice a school year with proper record keeping from 0 to 70.0%.	<ul style="list-style-type: none"> <li>• De-worming Records at target schools</li> </ul>	
	1-5	Increase in schools keeping First Aid Kit Box with proper record keeping from 0 to 60.0%.	<ul style="list-style-type: none"> <li>• First Aid Service Records at target schools</li> </ul>	
2. The health-related knowledge, behavior and habits of school-aged children are improved through school health activities in target schools.	2-1	Increase in school children who are keeping clean nails from 49.8% to 70.0% in target schools.	<ul style="list-style-type: none"> <li>• Baseline/Endline Survey</li> <li>• School Check List Records at target schools</li> </ul>	
	2-2	Increase in schools which promote school cleaning (Toilet Cleaning in those schools having toilets) practice every day from 33.3% to 50.0%.	<ul style="list-style-type: none"> <li>• Baseline/Endline Survey</li> <li>• School Check List Records at target schools</li> </ul>	
	2-3	Increase in knowledge of children on de-worming from 11.0 % to 60.0% in target schools.	<ul style="list-style-type: none"> <li>• Baseline/Endline Survey</li> </ul>	
	2-4	Increase in schools keeping School Check List records from 0 to 60.0%.	<ul style="list-style-type: none"> <li>• School Check List Records at target schools</li> </ul>	
	2-5	Existing Child Clubs in each target school.	<ul style="list-style-type: none"> <li>• Child Club Records at target schools</li> </ul>	
3. School health activities are systematically and collaboratively executed and managed by concerned offices, committees and other stakeholders in the target districts.	3-1	At least one health promotion campaign is jointly implemented by teachers, school children, health staff, local community people and SHNC in a school year.	<ul style="list-style-type: none"> <li>• SHNC Records at target schools</li> <li>• School Records at target schools</li> </ul>	
	3-2	Increase in schools receiving Monitoring and Supervision on School Health by Resource Person at least 3 times a school year from 0 to 60.0%.	<ul style="list-style-type: none"> <li>• Monitoring &amp; Supervision Sheet at DEO</li> </ul>	
	3-3	Increase in SHNC having regular meetings at least 4 times a school year from 0 to 60.0%.	<ul style="list-style-type: none"> <li>• SHNC Records</li> <li>• Meeting minutes of SHNC</li> </ul>	
	3-4	DSHNCC have regular meetings at least 4 times a year.	<ul style="list-style-type: none"> <li>• DSHNCC Records</li> <li>• Meeting minutes of DSHNCC</li> </ul>	
	3-5	Increase in schools incorporating SHN components into SIP (School Improvement Plan) from 0 to 60.0%.	<ul style="list-style-type: none"> <li>• SIP at target schools</li> </ul>	
	3-6	Compiled School Health related data (Physical Check-up and De-worming) at DHO and DEO according to Physical Check-up and De-worming Guidelines.	<ul style="list-style-type: none"> <li>• SHN related data at DHO</li> <li>• SHN related data at DEO</li> </ul>	

<p>4. A practical model is developed by the experience of the Project and the plan of expanding the model in accordance with the National School Health and Nutrition Strategy is developed at the central level.</p>	<p>4-1 Reviewed NSHN Strategy and its guideline recognized by NSHNAC.</p> <p>4-2 Developed action plan by the central ministries to expand the model to other districts.</p>	<ul style="list-style-type: none"> <li>• Record of NSHNAC</li> <li>• NSHN Strategy</li> <li>• SHN Guideline</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Record of MOHP and MOE</li> </ul>	
<p><b><u>Activities:</u></b></p> <p>0-1 To set up the following committees:</p> <ul style="list-style-type: none"> <li>- District School Health and Nutrition Committee(DSHNC)</li> <li>- School Health and Nutrition Committee(SHNC)</li> </ul> <p>0-2 To assign focal persons at the District Health Office, and District Education Office, DDC, VDC and schools.</p> <p>1-1 To prepare a School Health Service Minimum Package for schools.</p> <p>1-2 To develop training &amp; implementation guideline/manuals for School Health Service Minimum Package.</p> <p>1-3 To conduct cascade training for School Health Service Minimum Package.</p> <p>1-4 To support target schools to conduct school health services.</p> <p>1-5 To support target schools to compile SHN related data.</p> <p>1-6 To review and revise guideline/manuals of School Health Service Minimum Package.</p> <p>1-7 To finalize guideline/manuals of School Health Service Minimum Package and get approval from MOHP and MOE.</p> <p>2-1 To review the currently available teaching materials on health and nutrition in Nepal.</p> <p>2-2 To review current TOT guidelines/ manuals for health and nutrition education, make recommendations and revise as necessary.</p>	<p><b><u>Inputs:</u></b></p> <p><b>【Japanese Side】</b>  Japanese Experts  Provision of Equipment and materials  Training of Nepalese personnel in Japan</p> <p><b>【Nepalese Side】</b>  Counterpart personnel  Provision of Equipment and materials  Running expenses  Office space</p>		<p><b><u>Preconditions:</u></b></p> <ul style="list-style-type: none"> <li>• National School Health and Nutrition Advisory Committee (NSHNAC) is established</li> <li>• Security condition in the target area does not worsen</li> </ul>

<p>2-3 To develop IEC material on health and nutrition education as necessary.</p> <p>2-4 To support MOE to conduct a cascade training for teachers on health and nutrition education.</p> <p>2-5 To support teachers to conduct health and nutrition related classes based on the materials.</p> <p>2-6 To develop School Check List guideline to help improve sanitary environment at school and personal hygiene of children.</p> <p>2-7 To conduct cascade training on School Check List.</p> <p>2-8 To support target schools to utilize School Check List.</p> <p>2-9 To develop guideline for Child Clubs.</p> <p>2-10 To conduct cascade training on Child Clubs.</p> <p>2-11 To support target schools to promote the activities of Child Clubs.</p> <p>2-12 To develop guideline for alternative schools, making use of the school health activities.</p> <p>3-1 To select target schools in the target districts:  Group A: Schools where a model will be developed  Group B: Schools where the model will be disseminated  Group C: Alternative schools not covered by formal schools</p> <p>3-2 To conduct a base-line survey in order to identify constraints and potentials in implementing school health.</p> <p>3-3 To develop monitoring tools on school health.</p> <p>3-4 To conduct a cascade training on monitoring.</p> <p>3-5 To support stakeholders at each level to monitor school health activities.</p> <p>3-6 To support DEO and DHO to compile and analyze the data on School Health Service Minimum Package.</p>		
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<p>3-7 To support to incorporate SHN components into SIP.</p> <p>3-8 To support DSHNCC to make District Action Plans for the implementation of SHN activities.</p> <p>3-9 To support SHNC to develop Action Plans at the school level.</p> <p>3-10 To support DSHNCC and SHNC to plan and implement school health promotion campaigns such as SHN week for children and community people.</p> <p>4-1 To review partners' good practices in SHN to feedback to the project's school health activities.</p> <p>4-2 To review current SHN Guideline and NSHNS based on the practical experiences gained through the school health activities and suggest revisions as necessary.</p> <p>4-3 To document a practical model and manuals based on the reviews conducted.</p> <p>4-4 To support to prepare an Action Plan of expanding the practical model to other districts at the central level.</p> <p>4-5 To disseminate the NSHNS and the outcome of the school health activities to other districts as well as other relevant partners.</p> <p>4-6 To provide technical support for regional and district offices for the nationwide dissemination as necessary.</p>		
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