



School Health & Nutrition Project Newsletter

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Ministry of Health
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School Health & Nutrition Project

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Joint Coording Committee (JCC) Meeting

The Second Joint Coordinating Committee Meeting was conducted on April 16, 2010 at NHEICC Meeting Hall at DOHS Compound, Teku, Kathmandu, with members from Department of Health Services, Department of Education, the Embassy of Japan and Japan International Cooperation Agency as well as representatives from concerned Ministries.

The meeting was chaired by Dr. Y. V. Pradhan, Director General, DOHS, MOHP; reviewed the overall progress and achievements of SHN Project, discussed azand got approval on revised Project Design Matrix (PDM) and alsø got approval for 2010 Annual Wazork Plan of the Project.

During the meeting, overall progress and achievements of the Project was presented by Dr. Ayako Tokunaga, Chief Advisor, which was given according to the Outputs of the PDM, as well as experiences of DOHS and DOE also were shared by Mr. Raj Kumar Pokharel (Project Manager / Health), Chief, Nutrition Section, CHD, DOHS and Ms. Rajya Laxmi Nakarmi (Project Manager / Education), Deputy Director, EMMS, DOE.

During the meeting, Dr. Tokunaga also presented the PDM which was revised after series of discussion, performing lots of exercises among the counterparts and stakeholders since last few months. Some revisions were made in the original PDM to make it more specific and practical as well as new indicators were set to verify the achievements of the Project. After the presentation, revised PDM was submitted to the chairperson for formal approval and was approved by the Committee during the meeting.

At the end of the meeting, brief presentation was given by Dr. Tokunaga regarding Annual Work Plan 2010 and Next Step of the Project. She shared the Work Plan of the Project according to the Outputs of the revised PDM, as well as detail activities were provided to the participants.

Finally, the meeting gave consensus to the Annual Work Plan 2010 for the implementation of the Project activities in the coming days.

Project Design Matrix (PDM)

Overall Goal

Original PDM

Health and nutrition status of school-aged children is improved in Nepal.

Revised PDM (Ver.2)

Health and nutrition status of school-aged children is improved in target districts.

Project Purpose

Health and nutrition status of school-aged children is improved in the target districts.

Utilization of school health services is increased among school-aged children in the target districts.

National School Health and Nutrition Strategy is practically institutionalized by the Ministry of Health and Population and the Ministry of Education and Sports.

Implementation system of the National School Health and Nutrition Strategy is strengthened in the Ministry of Health and Population and the Ministry of Education.

Outputs

Output 1: The teaching method on school health is improved with the use of a school health teaching package.

Output 2: The awareness and capacity of key stakeholders are improved for the implementation of school health activities.

Output 3: Health-service at school is improved.

Output 4: The health-related knowledge, behavior, and habits of school-aged children are improved through school health activities.

Output 5: Action plans based upon the National School Health and Nutrition Strategy (NSHNS) is executed and systematically promoted by the concerned officers at the district level in collaboration with school and community stakeholders.

Output 6: A practical model based on the National School Health and Nutrition Strategy is developed under the guidance of National School Health and Nutrition Advisory Committee (NSHAC) and the plan of expanding the model is developed at the central level.

Output 1: The provision of School Health Service Minimum Package is improved in target schools.

Output 2: The health-related knowledge, behavior and habits of school-aged children are improved through school health activities in target schools.

Output 3: School health activities are systematically and collaboratively executed and managed by concerned offices, committees and other stakeholders in the target districts.

Output 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.

Project Activities and Results from Internal Midterm Survey

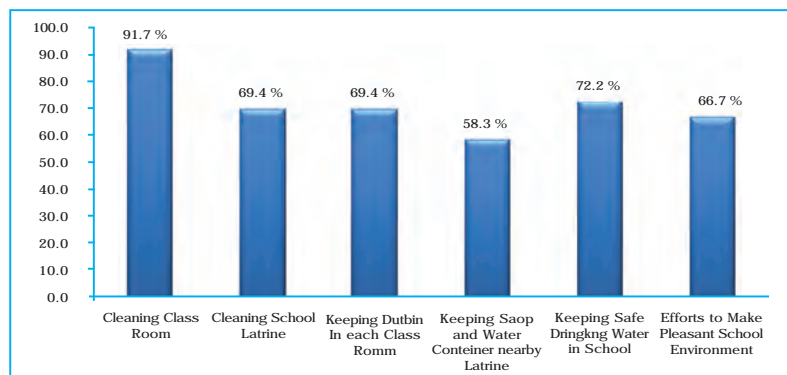
School Health and Nutrition Project has started in June 2008 to improve health and nutrition status of school- aged children in Nepal. As the Project period is of for 4 years and now 2 years going to be completed, the Internal Midterm Survey was carried out to know the progress of School Health and Nutrition activities.

The survey was carried out from January 25, 2010 to March 14, 2010, selected 36 schools randomly from 91 target schools and interviewed 1483 students to find out the progress and effectiveness of School Health and Nutrition activities conducted by the Project. Also, blood and stool test was done to know the prevalence of anemia and helminthes infection and effectiveness of De- worming Program at the Project Target Schools.

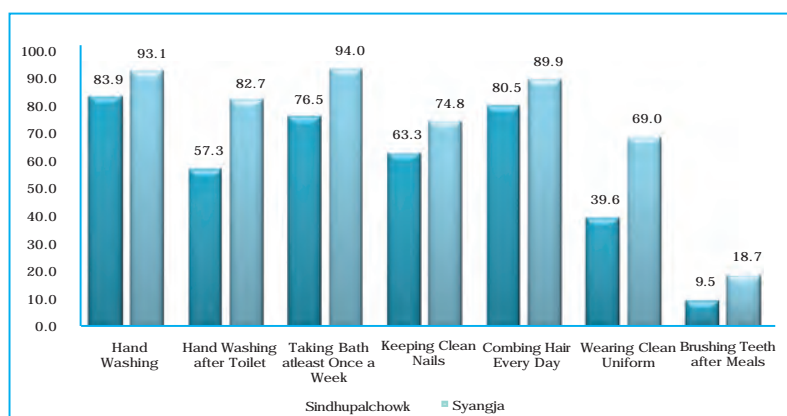
Number of Participants on SHN Training (April 2008 - March 2009)

Trainings	District Level		VDC Level	
	Sindhupalchowk	Syangja	Sindhupalchowk	Syangja
SHN Program Orientation	35	66	151	148
School Action Plan	-	-	224	188
De- worming Program	22	22	218	194
Physical Check- up	30	22	277	248
Utilization of First Aid Kit Box	27	41	173	185
School Check List	27	22	218	194
Child Club Mobilization	21	28	296	226
De- worming Program (Refresher)	-	-	212	272
School Check List (Refresher)	24	28	204	176
Monitoring and Supervision	34	41	-	-
SIP (School Improvement Plan)	29	36	241	231
TOTAL	249	306	2214	2062

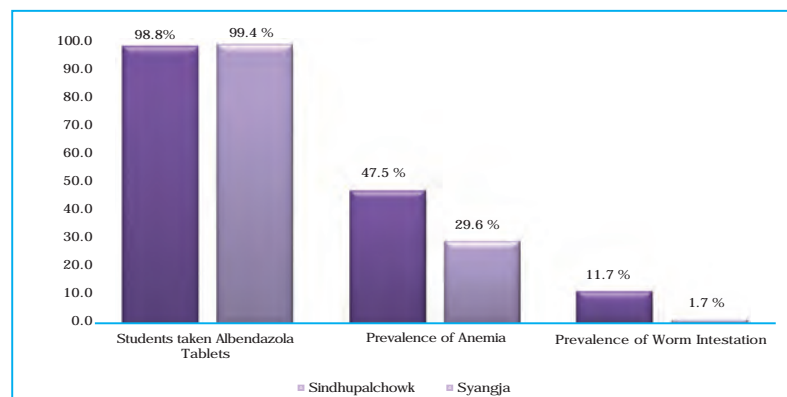
SHN Activities Conducted at Schools



Behaviors of Children in Sindhupalchowk and Syangja



Results from Blood and Stool Tests



Poem from School



Ms. Bishnu Gaihre
Mutubhanjyang Lower Secondary School
Class 5
Thumpokhara, Syangja

My Child Club

My Child Club teaches me to be good and better
 My Child Club teaches to be clean and healthy
 My Child Club teaches to clean
 my school and my home
 My Child Club teaches to take
 De- worming Tablets
 My Child Club teaches to study with teachers
 My Child Club teaches to
 work together with friends
 My Child Club teaches to love and care all

Welcome to all my friends to
 become members in Child Club!
 Let's become good and educated to
 serve our Motherland

Report from Training in Japan

Lessons Learnt and Challenges for Implementation and Commitment

School Health and Nutrition Project has been implemented in Syangja and Sindhupalchowk, a technical cooperation project between Nepal Government and JICA, under the National School Health and Nutrition Strategy.

I have got chance to participate in Training Program funded by JICA, which was a wonderful opportunity for me to observe current situation of School Health Programs in Japanese Schools and the School Health System in Japan. I would like to thank School Health and Nutrition Project, JICA for providing me such marvelous opportunity.

It was 21 days program in which I have learnt on roles of Ministry of Education and Health, the issues of Japanese Education and Health System, regarding Sanitation System and Garbage Management, how to keep clean drinking water under purification technology, rights and duties of Education Board, Life Support Program for Children, Management on School Tiffin Program, Teachers Development and Training Scheme, and so on. The training was interesting and effective as it was conducted in participatory concept.



Mr. Dipendra Dhakal
Under Secretary/Focal Person
DEO, Syangja



The following are the lessons learnt during the Training Program in Japan:

- ◇ The importance of School Health and Nutrition Program
- ◇ Posting of YOGO Teacher (Health Teacher) in every schools, who supports in management of School Health Programs
- ◇ Cooperative Policies of Local Government
- ◇ Preparation of "School Creative Super Plan" for implementation of Education Programs
- ◇ Production of School Tiffin in large quantity in a nearby school's kitchen with cost effective approach
- ◇ Enough Physical Facilities for Self Services and Self Evaluation Approach
- ◇ Child Friendly teaching and learning activities
- ◇ Maximum use of Teaching Materials with modern technology and equipments
- ◇ Continuous Assessment System
- ◇ Management and Psychological Counseling for Weak Students
- ◇ "In-house Supervision" (to visit students' houses by teachers to discuss issues with parents)
- ◇ Recording and Reporting System based on School Check List
- ◇ Punctuality and Sincerity

- ◆ Management of School Tiffin by giving orientation to guardians and encourage them to spend some amount for the Tiffin of their children and provide the food with Local Products
- ◆ Farm the Open Land of the School Compound as Kitchen Garden, make it greenly environment and even for income generation activities
- ◆ Encourage the local bodies for help to conduct the School Health and Nutrition program effectively
- ◆ Make stakeholders aware to keep the School Compound clean by ourselves
- ◆ Start "In-house Supervision" for proper feedback after action being evaluated
- ◆ Evaluate the activities based on School Check List effectively
- ◆ Make teachers, school staff and HealthPosts/ Sub-health Posts job description to be clear and empower them for effective implementation of Physical Check-up

It is not so easy to implement the knowledge and skills gained in the Training Program in the context of Nepal, as economic situation, geographical condition, level of awareness, human development index, facilities

and resources, many are dissimilar from Japan. However, if the stakeholders in Education Sector in Nepal show their united commitment, the following activities can be implemented immediately and we are almost prepared to do so.

I felt that we need to unite as soon as possible and give active commitment for effective planning and implementation of School Health and Nutrition Program, as I have learnt during my training.

I would like to request to all the stakeholders to support and help with good will for children's physical, mental, social and emotional aspects on School Health and Nutrition Program.

Project Progress in the 2nd Year

June- July, 2009: Training on Physical Check-up
Conducted Physical Check up Training to assess Nutritional Status of Children



June- July, 2009:
Training on De- worming



June- July, 2009:
Training on Check List



August, 2009:
Training on First Aid



August, 2009:
PDM Workshop



August, 2009: Project Review Meeting at Central and Districts
Conducted Central Level Review Meeting as well as District Level Review Meetings in Shidhupalchowk and Syangja



September- October, 2009: Training in Japan
9 Project Counterparts visited Japan for School Health Training



November, 2009
Training on Child Club



Project Progress in the 2nd Year

November, 2009
Study Tour (Central Level)



December, 2009
National SHN Workshop



December, 2009
SHN Week Celebration



January, 2010 : School Check List Observation

Visited Schools to observe School Health and Nutrition Activities under School Check List



January, 2010:
Study Tour (District Level)



February- March, 2010: Training on SIP
SIP Training was conducted by Technical Support from SISM Project (JICA)



February- March, 2010: Training on Monitoring
Monitoring and Supervision Training was conducted for DEO and DHO



April, 2010:
JCC Meeting



Effectiveness of SHNP: An Experience

Mr. Bharat Prasad Bagale
Resource Person (RP)
Tindobate, Syangja



School Health and Nutrition Program is a joint initiation of Government of Nepal and JICA.

Till date it has covered 6 VDCs in Syangja, among them Tindobate VDC lies under Shree Purnamrit Bhawani H. S. School Resource Centre. There are 6 community schools in Tindobate VDCs where the Project has been implemented since last 2 years. The major interventions to target groups are Physical Check-up, De-worming, Child Club Mobilization, School Check Lists, Monitoring & Supervision, etc. Recommendation for the solutions to problems on the basis of self evaluation with accountability is one of the major contributions of the Project.

Regarding the program implementation and effectiveness of the Project in Tindobate VDC, Sarba Shakti Primary School is found the best one, on the basis of comparative analysis. This school has been running ECD Centre and up to class 5 with 170 students and 6 staff members. As a result of good leadership and initiation of the Head Teacher; the Focal Teacher, other staff members and Child Club Members are very active and mobilized for daily school compound cleaning, utilization of drinking water and toilets, personal cleanness by children Annual Action Plan formation, and rewards for good students, etc. SHNC, SMC and PTA are also very active and contributing in fundraising and they apply broad participation and open discussions during decision making processes. Other activities in this school are First Aid Service, management of teaching materials, disposal pits, keeping child friendly school environments, and the unique strength is the availability of active and trained teachers, good physical infrastructures, involvement of all stakeholders with responsibilities and accountability. Community ownership is the major source of the success of this school.

As being a Resource Person, I have been monitoring all activities close by and providing regular suggestions and feedbacks to the school.

We all know that regular Monitoring & Supervision is essential for effective implementation of the Project activities and to enjoy the results. Though, due to lack of time, I feel the Monitoring & Supervision is still weak. A Resource Person has to monitor other schools in nearby VDCs too, therefore, for the betterment of school with timely support; few staff members/manpower need to be provided in RC and the capacity of RC should be strengthened. It would obviously improve in Monitoring & Supervision mechanism from the Resource Centre.

Next Step of SHNP

- ❖ District and RC level training on School Health Service Minimum Package (Phase I) is planned for both Districts in June to July
- ❖ De-worming Program will be conducted in June to July at Project Target Schools
- ❖ RP Meeting at DEO and Ilaka Meeting at DHO will be conducted in June to July to evaluate and discuss on Monitoring and Supervision of School Health and Nutrition Activities
- ❖ Project Review Meeting at District level are planned in August
- ❖ Japanese Short Term Expert on Health Education / Peer Education will be assigned from August to September
- ❖ Midterm Evaluation Team will be dispatched after July/August to evaluate the Project Progress and Activities

SHN Program and My responsibility

Mr. Bharat Nepal
Resource Person (RP)
Bansbari, Sindhupalchowk



Government of Nepal has implementing School Health and Nutrition Program with technical support from JICA since June 2008.

Bansbari VDC of Sindhupalchowk is also one of the Project VDCs, where there are total of 9 schools (8 schools from the beginning and 1 newly established in this year), with 973 students of class 1- 5, who are recognizing the effectiveness of the Project.

Although, the effectiveness of the School Health and Nutrition Program depends upon the activeness of School Health and Nutrition Committee (SHNC) active support and role of SHCPA, Parent Teacher Association (PTA), Child Club, Teachers and all parents are also very important. There are some challenges regarding the manner of "benefit to me and work others".

This program is going well though still not achieved as thought due to the customs of low creativeness, drive for monetary and political benefits. There have been some gaps like lack of human resources and physical facilities; however the program is very good for the school children and are very much appreciated by all concerned.

The leadership activities for children should be provided by District Education Office (DEO) and supporting agency is also responsible for it. SMC, PTA and teachers are key actors to provide leadership to school children and the regular supervision is required from School Supervisors, Resource Persons and supporting agency themselves. There will not be a problem of responsibility feeling, if the SHNC is aware and the capacity is strengthened. Instead, we should not focus only to particular person and position because ownership cannot be developed by a single person without any reward and encouragement as RP has to overlook a number of other little activities including the project activities for good performance.

If the SMC is inactive, other actors definitely have to take more responsibility with support from stakeholders, even though their role is not well specified.

SHN Program has initiated a number of reforms in learning activities including development of new enthusiasm, passion, environmental awareness, regular attendance of students, activeness in class work, development of discipline, increasing responsible feeling and empathy. In spite of added responsibilities, teachers are happy because of Government's support in School Tiffin Program and provision of health services at school level. It would be better when there are specific policies, directions, inclusion of SHN into school curriculum and expansion of SHN programs thought the country.

Tips of Weekly Check List

