



GOOD HEALTH, GOOD EDUCATION
GOOD CHILDREN

School Health and Nutrition Project

Volume 3, Issue 2

May, 2012 (Jetha 2069)

Department of Health
Services, Teku, Kathmandu
Department of
Education
Santhimi, Bhaktapur
P.O.Box 450
Kathmandu, Nepal
Tel: 01-622745
01-4258026
Fax: 01-6636810
Email: admin@shnp.org.np
URL: www.shnp.org.np



Ministry of Health
and Population

Ministry of
Education



Japan International
Cooperation Agency

Inside

SHNP: An Overview

...

How to integrate
SHNP in TPD system?

...

Sharing Meetings

...

Events of the final quarter

...

Views from Stakeholders

...

Exit Plan

...

Four Success Stories

Including Media Coverage and Songs

...

Publisher's Note

SHNP: It Matters in Nepal



School Health and Nutrition, that was hardly taken as a programme under national health policy, is now a matter of concern of all, from ministry level to local level.

Initiated by the Ministry of Health and Population and Ministry of Education as a pilot project in only two out of 75 districts of Nepal, this project's contribution to national health programme can be the demonstration of models originated from continuous learning together with the policy makers to district level agencies and grassroots level communities, children, schools and health institutions. After working for four years in Syangja and Sindhupalchowk, SHNP has been successful in generating some valuable lessons, good practices, workable policies and processes. Nevertheless, it has been taken among the most important national agenda.

Before saying goodbye as the pilot project, this newsletter is an endeavour to document the major outputs of the project to share with you all.

Despite of lacking resources with the Government of Nepal to sufficiently allocate for School Health and Nutrition, SHN Project shows that it matters in Nepal with strong will power to working together for the better future addressing the issues related to the health and education of children in order to improve their status.

**School Health and Nutrition Project
(DOHS /DOE /JICA)**



by Arun Khanal,
National Project Coordinator, SHNP

School Health and Nutrition Project: An Overview

The objective of National Strategy for School Health and Nutrition jointly developed by Ministry of Health and Population (MOHP) and Ministry of Education (MOE) and approved in 2006 is to improve physical, mental, emotional and educational status of school children. In line with this, Government of Nepal piloted the School Health and Nutrition Project in 2008 in two districts, Syangja and Sindhupalchowk, with technical assistance from JICA to improve health and nutrition status of school-aged children in target districts. The Project has completed four years of its implementation in May 2012.

The Project covered 91 schools of 12 VDCs of these two districts during first two years followed by covering a total of 224 community schools and alternative schools during the third year. However, in the fourth year, the coverage reached to all 60 VDCs of Syangja and all 79 VDCs of Sindhupalchowk by implementing the project activities in 546 and 567 schools respectively. This has contributed to creation of a healthful school environment for 199,131 students.

Table 1: SHNP coverage by year, by district, by number of schools and students

District	I year 2008/09	II Year 2009/010	III Year 2010/011	IV Year 2011/012	Number of Schools	Number of Students
Syangja	3 VDCs	3+3 VDCs	6+9 VDCs	All (60) VDCs	546	87,701
S'palchowk	3 VDCs	3+3 VDCs	6+9 VDCs	All (79) VDCs	567	111,430

Basic SHNP package

The Project has developed a basic SHNP package imparting program orientation, de-worming, First Aid service, physical check up, mid-day meal, usage of attendance register together with verifying SHN check list, celebration of SHN week, child club mobilization, formulation of SHN work plan and program monitoring and supervision. Promotion of IEC Corner and use of visuals are also being used for behaviour change.

Supporting for Capacity Building

SHNP organized study tours and training programmes to Japan, Laos and Thailand for the representatives of concerned government stakeholder bodies in which 51 officers from national, district and community levels participated.

SHNP organized various training on Basic Package in both the SHNP pilot districts at district and Resource Center level. This helped developing a better understanding of the program and revitalization of the need to fulfil one's responsibility for the success of the program among district and local level actors.

Focal Persons from DHO and DEO, Resource Persons, School Supervisors and representatives of concerned Primary Health Care Center and Health Posts were the

SHNP Basic Package
SHN Services Programme <ul style="list-style-type: none"> De-worming Use of First Aid Kit Physical Check-up Mid-day meal
Behavior Change Programme <ul style="list-style-type: none"> SHN Check-list Celebration of SHN Week
Child Participation Programme <ul style="list-style-type: none"> Mobilization of Child Club
System Development Programme <ul style="list-style-type: none"> SHN Action Plan Monitoring and Supervision

participants at district level training. At Resource Center level, Head Teachers, Focal Teachers, teachers, representatives of SMC and PTA, In-charges of Sub-Health Posts including VDC secretaries of the concerned VDCs attended the training. A separate training was also organized to incorporate SHNP into SIP. The Project also conducted orientation programmes for the Supervisors of District Health Offices in both the pilot districts.

Table 2: Capacity Building of Government Officials

Training	2008		2009		2010		2011					2012			
	Health	Education	Health	Education	Health	Education	Health	Education	MO LD	NP C	SH NP	Health	Education	MO LD	SH NP
Training and Dialogue program in Japan	1		1	1	1	1	1	2				1	1		
Country-Focused Training Program in Japan	3	4	5	4	2	1									
SHN Training in Thailand							6	6			1				
SHN Study Visit Program to Laos							2	2	2	1	1				
Training on SHN in Southeast Asia, Thailand												2	2	1	1
Total	4	4	6	5	3	2	9	10	2	1	2	2	2	1	1

Table 3: Participation yearwise and districtwise in local level training

SN	District	2008	2009	2010	2011	2012	Total
1	Syangja	167	1,975	1,220	1,299	1,299	5,960
2	Sindhupalchowk	151	2,046	1,440	1,285	1,285	6,207
	Total	318	4021	2,660	2,584	2,584	12,167

Mid-Term Review and Terminal Evaluation

A joint review team of Government of Nepal and JICA conducted SHNP Mid-term Review from November 10 to December 2, 2010 and submitted a report that contains recommendations for improvement to bring about. The team had had several visits to national, district and communities to collect information. Relevance, effectiveness, efficiency, impact and sustainability were the basis for the mid-term review. The Review Team found that relevance, effectiveness, efficiency were scored high while impact level was measured satisfactory and sustainability was found fair since the period covered

was not right time to evaluate the project processes and impacts generated.

Another joint team comprising of representatives from concerned sectors of Government of Nepal and JICA conducted terminal evaluation from January 11 to February 2, 2012 on the bases of relevance, effectiveness, efficiency, impact and sustainability and submitted a report encompassing major achievements of the Project and recommendations. This team has found that the level of relevance, effectiveness and impact is high and level of efficiency and sustainability is medium.



Five Lessons Learned

1. Indicators of each output need to be linked with activities in a PDM
2. PDM needs to be utilized as a management and monitoring tool
3. A baseline survey needs to be conducted to provide a basis for evaluation
4. Setting up a project office in each counterpart organization is effective in coordination
5. Assigning a focal person among counterparts is effective in implementation of activities and coordination

Source: Joint Terminal Evaluation Report on Japanese Technical Cooperation for SHNP in Nepal, Feb. 2, 2012

Evaluation Team

Mid Term Review

Nepalese Side:

Mr. Hari Prasad Bashyal	Director, Administration Division, DOE
Ms. Sharada Pandey	Public Health Administrator, MOHP
Mr. Raj Kumar Pokharel	Chief, Nutrition Section, CHD, DOHS
Ms. Neera Shakya	Under Secretary, Monitoring and Evaluation Division, MOE

Japanese Side:

Dr. Kyo Hanada	Team Leader, JICA
Mr. Kunio Nishimura	Evaluation Analysis, JICA
Mr. Hisakazu Hiraoka	Cooperation Planning, JICA
Mr. Yoshitaka Inagaki	Evaluation Planning, JICA

Terminal Evaluation

Nepalese Side :

Dr. Roj Nath Pandey	Under Secretary, M&E Section, MOE
Mr. Rajendra Dhungana	Section Officer, PPICD, MOHP
Mr. Radhakrishna Pradhan	Programme Director, National Planning Commission
Mr. Tej Prasad Panthi	Planning Officer, National Planning Commission

Japanese Side:

Dr. Kyo Hanada	Team Leader, JICA
Ms. Toshiko Simada	Evaluation Analysis, JICA
Mr. Yoshitaka Inagaki	Cooperation Planning, JICA

Recommendation of SHNP Terminal Evaluation

After Termination

1. Implement, monitor and evaluate joint action plan
2. Review the NSHN strategy and its implementation guidelines
3. Incorporate SHN components into TPD model
4. Incorporate SHN Program into the education sector framework
5. Incorporate SHN components into the Education Act and the Education Regulation
6. Involve MOLD, DDC and VDC /Municipality and other relevant agencies
7. Collaborate with the Multi-Sectoral Nutrition plan

Japanese experts to SHNP

Altogether 14 Japanese experts provided their expertise during four years of SHNP implementation among which

four Japanese experts served as long-term experts to the project management.

S.N.	Experts from Japan	Service Period	Service Sector
Short-term Japanese Experts			
1	Prof. Jun Sakurada	9-20 Sept. 2008	SHN activity Analysis and Training
2	Prof. Jun Sakurada	1-14 March, 2009	Physical check-up in School
3	Dr. Chieri Yamada	4-22 March, 2008	Planning of SHN Training
4	Prof Yukiko Hasebe	6-29 March, 2009	School Mid-day Meal
5	Ms. Kimiyo Kikuchi	16 Aug- 1 Sept, 2009	Validity survey for PDM Indicators
6	Mr. Koichiro Watanabe	20 Nov- 29 Dec. 2009	Monitoring and Supervision Guidelines
7	Ms. Yukiko Tahira	30 Oct.2009 - 17 Jan. 2010	Project Coordination,SHN Checklist/Register
8	Mr. Hiroshi Kikuchi	27 Dec.2009 - 20 Feb. 2010	Educational Materials Development
9	Ms. Mayumi Honda	9 Aug - 18 Sept. 2010	Health Education/Peer Education
10	Dr. Tadatoshi Kuratsuji	4 Dec, 2010- 6 Jan. 2011	Physical Check-up Program
11	Dr. Kyo Hanada	19 Feb.- 19 Mach 2011	National Growth Standard Development
12	Ms. Mayumi Katsube	4 June- 8 July, 2011	Review for Monitoring system for SHN
13	Dr. Shohei Kokudo	9 August-4 Sept., 2011	SHN Legal Framework
14	Dr. Sachi Tomokawa	18 August-21 Sept., 2011	Review of National SHN Strategy and Guidelines
Long-term Japanese Experts			
15	Dr. Aayako Tokunaga	5 July 2008- 10 June, 2010	Chief Project Advisor
16	Naoko Ishii	1 June 2008- 31 May, 2011	Project Coordinator
17	Mr. Mitsukuni Sugimoto	13 Nov. 2010-31 May 2012	Chief Project Advisor
18	Masayo Otani	4 July 2011- 31 May 2012	Project Coordinator

SHNP Lunch-Box Programme

The Lunch-Box Programme is a community-based approach (of SHNP) supported by JICA. In this model, parents are sensitized towards the importance of providing their wards with nutritious meals or snacks to bring to school. JICA (SHNP) provides each child with an empty lunch box and a spoon which their parents are expected to fill each school day with nutritious food for children to consume at school. According to JICA, this model appears to be working well in areas where parents are economically better off and afford to send the children to school with packed lunches.

-Findings from the report of Joint Review Mission, Ministry of Education and World Food Programme, May 2011



*by Kul Prasad Khanal,
Technical Officer, NCED*

How to integrate SHNP in TPD system?

Teacher Professional Development (TPD) is conceived as a continuous process whereby teachers are supposed to go regularly on developing their pedagogical capabilities through continuous study backed up by critical thinking and reflection on their performance. TPD, in this sense, is conceived not only a one shot training aimed at developing certain skills but an integrated capacity development approach based on whole school support. The whole school support could be conceptualized as the joint effort exerted by parents, school management committee, administration and students with a focus on enhancing teacher's better performance in the classroom.

Current TPD is in the spirit of decentralized management of education directed towards the school based management. Teachers' immediate pedagogical needs are captured by teachers themselves through the training needs proposal

prepared by the schools. This training needs proposal is sent to the TPD hubs (lead/resource centers and Education Training Centers-ETCs) where the team of experts verifies the needs, clusters the needs and develops the 10-day module. Teachers are invited for training as per their needs clustered in a particular module. This is, in this way, an inclusive and democratic process to teacher development. In this line, the 10-day duration of TPD program has been segmented into three parts: 5-days face to face training workshop followed by a 3-day project based self learning exercise and 2-day instructional counselling activities. Thus second and third phase of TPD are fully school based and teachers are supposed to carryout various project based activities without being released from their daily work in the school.

Current TPD design is based on training contents demanded by the teacher. These demands are categorized as individual needs presented by the teachers, organizational needs as felt by the school and system needs as realized by the education system identified centrally. Therefore in order to integrate SHNP into the TPD system, it is necessary to establish SHNP content as teachers' pedagogical needs. There are several ways of doing this. Firstly, special training of at least 3 days could be delivered to trainers and teachers so that they can feel the need of SHNP content and practices; secondly, every year NCED through its ETCs develops and distributes some sample reference materials so that it would be easier for the trainer to develop training manual in the TPD hubs (training points) and also for teachers as reference materials for project work activities. Therefore, SHNP material could be developed and distributed to respective training hubs. This would help trainers and teachers realize the need of SHNP for teachers. Thirdly, SHNP content could be included in the regular Training of Trainers program of NCED; fourthly, SHNP content need to be incorporated as organization and system needs in designing TPD module in the TPD-hubs. Once these

couples of activities are carried out, it is easier for the teachers to internalize SHNP as their immediate pedagogical needs thereby leading to teacher's awareness on need of SHNP as essential demand not only of the individual teacher but also the demand of the organization (schools). This is how SHNP could be streamlined into the regular system of teachers' professional development.

Institutionalizing SHNP through imparting in teachers' training

TPD by process does not have a particular content shape as it is found in traditionally used supply based practice of training; it takes its definite shape once the teachers' immediate pedagogical needs are clustered as a training module. When most of the teachers demand SHNP as their pedagogical needs, there is also possibility of developing a single module on SHNP alone. It is only by means of intensive training for trainers and teaches in the beginning days that SHNP could be fully institutionalized. Unless teachers are aware of the importance of SHNP, they cannot raise their demands on this subject. Therefore, the special delivery of SHNP course along with the supply of related reference materials would provide strong foundation for institutionalizing it as a part of teachers' regular professional development. It is realized in the recently accomplished SHNP training conducted in different three venues of the country that SHNP is found more demanding. Moreover, almost all trainers are found enthusiastic about SHNP content and practices because it is solely related to day to day personal life styles. So, in order to establish SHNP as an integral part of teachers' professional development, an intensive training at least once on TPD format is a must. For this, SHNP needs to be established as a regular annual program of NCED. NCED is hopeful since the development of a training manual in this line has already been in progress which has also been kept in priority in the joint national action plan of SHNP.

Events of the final quarter

SHARING MEETINGS

Development of the Nepalese Growth Monitoring Standard for School Children:

Findings of study report for Development of the Nepalese Growth Monitoring Standard for School Children were shared among national level stakeholders at Hotel Himalaya, on May 8, 2012. The study was conducted by Public Health and Infectious Disease Research Center (PHIDReC) under the assignment of SHNP/JICA.

Mr. Chitra Kumar Gurung and Dr. Megh Raj Banjara, both from the research agency, jointly presented the methodology, process and the key findings and answered the questions raised during the event.

The meeting was chaired by Mr. Maha Shram Sharma, Director General of Department of Education. Speaking on the occasion, Dr. Mingmar Sherpa, Director General of Department of Health Services, hoped that the findings would be useful for development of Nepalese Growth Standard that needs further studies.

Dr. Shiva Kumar Rai, member of National Planning Commission with health portfolio, expressed his concerns over the development of Nepalese growth standard for children hoping that the process has begun for furthering the study which could contribute in developing national development plans. A total of 75 representatives of concerned government agencies including international development partners, NGOs, journalists, National SHN Network and Institute of Medicine provided the study team a number of feedbacks to make the report much workable as the foundation stone for development of Nepalese Growth Standard for School in Children.

Terminal Sharing in Syangja and Sindhupalchowk

SHNP organised separate terminal sharing meetings in Syangja and Sindhupalchowk districts. Representatives of political parties, Local Development Officers, District Education Officers, District Health Officers and Focal Persons, School Supervisors, Resource Persons, Head teachers, Focal Teachers, Child Club members, PHC/ Health Post in-charges and Journalists participated in both the meetings. Best Schools presented their best practices. Schools also presented their plans to sustain SHNP mainstreaming their future plans into School Improvement Plans (SIPs) and displayed their respective SHNP activities.



SHNP Project team also actively participated in the process.

In Syangja, Mr. Narahari Baral, LDO, emphasized on the need to consolidate the SHN activities and ensure sustainability of the program benefits for which District Development Committee would have to extend its support to the possible extent.

Mr. Tuka Raj Adhikari, Under Secretary of Department of Education and Mr. Shankar Acharya, Supervisor Officer of Nutrition Section, Child Health Division, Department of Health Services, presented their future plans for sustainability and institutionalization of SHNP. Mr. Mitsukuni Sugimoto, Chief Adviser of SHNP, hoped to consolidate, scaling up and replication of good practices nationwide under the leadership of Government of Nepal. Mr. Arun Khanal, National Project Coordinator highlighted the major achievements of the pilot project especially focusing on local actions and policy support to make the programme a success. Ms. Sangita Regmi, DEO, assured the schools for extending all possible supports to materialize the SIPs they have prepared. Prior to this, Mr. Dipendra Dhakal, Focal Person of DEO, had had a presentation on district SHN programme sharing major achievements and results during the programme implementation.

Similarly, terminal sharing was convened in Chautara, Sindhupalchowk highlighting the major achievements of the pilot project, best practices, challenges and future direction from May 15 to 16, 2012.

Joint Coordination Committee (JCC) Meeting:

The Fourth Joint Coordination Committee (JCC) Meeting, convened on May 17, 2012, reviewed the progress and shared the recommendations of Terminal Evaluation and End-line Survey. The meeting also discussed the practical model for SHN, presented the

draft SHN Joint Action Plan of MOHP and MOE together with sharing Exit Plan of SHN Project.

Chaired by Mr. Mahashram Sharma, Director General, Department of Education, the meeting participants were informed by a set of presentations. Mr. Mitsukuni Sugimoto, Chief Advisor to SHNP shared the achievements and exit plan while Dr. Roj Nath Pande, Under Secretary of MOE and member of Terminal Evaluation Team presented the findings of Terminal Evaluation and End-line Survey. Mr. Raj Kumar Pokharel, Chief, Nutrition Section, Child Health Division had shared the draft Joint Action Plan. The meeting endorsed progress and achievement of pilot project and principally agreed the activities implemented under the basic package of SHN as a practical model of SHNP. The meeting also agreed to initiate the process to approve the Joint Action Plan assuring to put forward the SHNP exit plan for its prompt implementation with mutual agreement between MOHP and MOE.

Central Level Terminal Sharing

SHNP organized a central level Terminal sharing meeting to inform progress, key achievements and future direction among central level stakeholders. Chaired by Mr. Kamal Pokhrel, Director of DOE, the meeting was convened at the Department of Health Services.

Mr. Mitsukuni Sugimoto, Chief Advisor to SHNP, presented progress, key achievements, and exit plan while Dr. Roj Nath Pandey, Under Secretary and member of Terminal Evaluation Team shared the findings and recommendations of Terminal Evaluation including the findings of End-line Survey. Dr. Megh Raj Banjara from PHIDReC presented the findings and results of a study on Development of Growth Standard

of Nepalese School Children that was carried out by SHNP. Prior to this, Mr. Raj Kumar Pokharel, Chief, Nutrition Section, CHD, had shared the objectives of meeting and his own experiences as the Project Manager from the period of inception of SHNP to date.

Mr. Tuka Raj Adhikary, Under Secretary of EMMS, DOE and Mr. Lila Bikram Thapa, Senior PHO, CHD, DOHS presented institutional roles and future SHN perspectives respectively.

The meeting participants were also informed about the progress and future plan of District level by participating in presentation sessions. Mr. Dipendra Dhakal, Under Secretary and Focal Person of DEO Syangja and Mr. Dinesh Ghimire, Under Secretary of DEO Sindhupalchowk presented the status of the project, progress and sustainability plans.

Mr. Mahashram Sharma, Director General of DOE highly appreciated the roles played by both the ministries including district line agencies, JICA and other supporting and collaborating organizations for the success of the pilot project. In the beginning, Dr. Shyam Raj Upreti had urged to continue the SHNP as a regular government programme and furthering the best coordinative efforts made by both the sectors. All the key speakers emphasized on the need to involve Ministry of Local Development to ensure mobilization of local bodies and resources for effective SHNP implementation.

Among the participants were from senior officers of Ministry of Education, Department of Health Services, Department of Education, NCED, NHTC, Japanese Embassy, JICA Nepal Office and both the DDCs, DEOs and DHOs including SHN Project team.



Exit Plan

(Based upon the Terminal Evaluation recommendations)

What to maintain and sustain:

- Further inputs to the pilot district:** DEO and DHO will continue administration of de-worming, supplementation of iron folic acid and maintain First Aid kit box. Ensure physical check up, mid-day meal, safe drinking water, toilets and capacitate school families on health and nutrition through training and orientation. Ensure use of SHN check list, attendance register, child club mobilization, maintenance of IEC corners and celebration of SHN week. Ensure DSHNCC meeting, formation of SHNC, exchange visits, and monitoring and supervision.
- Incorporate SHN components in to existing monitoring formats of health sector:** Ensure incorporation of SHN monitoring formats into HMIS and make the records/reports available and inventory record/reports twice a year, maintain first aid kit box in school. Ensure records and reports of physical check up available including system of joint monitoring.
- Incorporate SHN components in to existing monitoring and evaluation formats of education sector:** DOE, NCED and CDC identify SHN indicators and incorporate the SHN components in to M&E format. Ensure EMIS with reports with SHN results. Ensure Focal persons with sufficient knowledge in SHN monitoring, discussion on SHN agenda and identify appropriate solutions, ensure identification of SHN status through observation during regular training programs, form and activate joint monitoring team.
- Finalize institutional arrangements for the SHN program in DOE:** Admin division ensures review meetings at DOE, develops a common understanding, identifies and establishes

functional units, formulates programs and allocates budgets, human resources, capacitates key actors and sets up a follow up unit of JICA at DOE.

What to scale up?

- Incorporate SHN component into the Teacher Professional Development (TPD) model:** DOE/NCED makes arrangements for training of two trainers from each Lead Resource Centre and Over 1400 trainers from 29 ETCs including 60,000 teachers, resource materials developed and distributed to 1128 training hubs and 33000 public schools.
- Incorporate SHN program into the education sector framework:** MOE/DOE incorporates SHN component into respective plans, develops reviewed accredited forms, reviews monitoring forms for each level, includes SHNP in JQM and establishes a unit at DOE.
- Incorporate SHN component into Education Act and Regulation:** MOE/DOE incorporates SHNP legal framework, disseminates it and takes ownership over it and prepares for inclusion in the Education Act.
- Scale up of school based health services (de-worming, iron tablets, first aid kit and growth curve for physical check up):** Implementation plan with budget is in place, MOE/DOE develops training package, makes reporting forms available up to community level, approved Growth Monitoring standards ready for use.
- Collaboration with the Multi Sectoral Nutrition Plan:** Incorporated SHN in multi sectoral Nutrition Plan
- Involve relevant agencies in SHN:** MOE/DOE identifies domestic and foreign development partners to discuss and facilitates them to plan and implement SHN programs.

Indicators of SHN Ensured School

(Package based on National SHN Strategy and SHN indicators)

- Tiffin available
- De-wormed students
- Physical check up done
- Clean school environment
- First Aid Box available
- Child Club is functional
- Separate toilets for boys and girls
- School register /check list used
- IEC corner available

(As identified by the Terminal Evaluation Mission, February 2012)

District institutions directly related to SHNP

SN	Institutions	Syangja	Sindhupalchowk
Education sector			
1	Resource Centers	24	19
2	Schools	546	567
3	SHNP implemented schools	546	567
4	Child Clubs	546	567
Health Sector			
5	District hospital	1	1
6	Primary Health Center	3	3
7	Health Post	10	10
8	Sub Health Post	55	65

Views from central level stakeholders



**Dr. Shyam Raj Upreti, Director
Child Health Division, DOHS, MOHP**

The main achievement is development and endorsement of the national School Health and Nutrition Strategy which has been piloted in two districts of Nepal. This strategy can be implemented in incremental basis. We learned that inter-ministry and inter-departmental coordination is possible and education sector needs to take greater ownership over SHNP. However, school mid-day meal is still a matter challenging us. We need to explore the answer how we can manage school feeding program. Moreover, inclusion of SHNP in Multi-sector Nutrition Plan is a most significant achievement.



**Mr. Kamal Prasad Pokhrel,
Director, Department of
Education, MOE**

Piloting SHN is to prepare ground for SHN programme implementation by the Government. This phase generated several useful lessons, conducted research and studies and exercised institutionalization process that paved the way to forward. Based on the results of pilot project, Government of Nepal should replicate the best practices throughout the country by exploring resources of its own together with mobilizing local resources. Some key activities can be undertaken free of cost. It is evidenced that no cost activities can be implemented as the parents of Syangja and S'palchowk have demonstrated an example of mid-day meal they are

providing to their school children. MOE and MOHP need to ensure better coordination for institutionalization of SHN activity for sustainable intervention in the days to come.

**Mr. Raj Kumar Pokharel, Chief,
Nutrition Section, CHD, DOHS, MOHP**



The most beautiful parts of SHNP are preparation of joint action plan, involvement of community, teachers and health workers and participation in and increased ownership over the programme. We observed the advocacy part strong enough creating an environment conducive to make the program sustainable. Community perception is most admirable. This helps to continue the process and benefits. We should look at the points: what really worked, what need to scale up and what is there to further evaluate.

**Mr. Tuka Raj Adhikary, Under
Secretary, EMMS, DOE**



Based on the experiences gained from two pilot project districts, one can easily realize the fact that SHN is a continuous process to improve the status of health and education of school children. Now onwards, SHN needs to be included in the plans and programmes of DOE and implement the Joint Action Plan by MOE and MOHP which is yet to endorse. Moreover, SHN needs to be established as a mandatory programme by imparting it in the Education Act. Provision of Mid-day meal in each school should be ensured with the community participation that makes it cost effective and replicable.

A Woman Donates Money to SHNP

In the countries living in ill-economy, governments and common people expect money from INGOs, friendly governments and development partners. Nepal is also not an exception. But some people are there who are highly impressed with small works and donate money for co-funding the project activities.

A mother formerly from Tin Dobate VDC-1, Syangja district, but living in Bhairahawa city these days, Mrs Tulsi Kumari Shrestha, wife of late Krishna Bahadur Shrestha, handed over 50 thousand Nepali Rupees in memory of her husband as she found SHNP bringing about changes in the health and academic life of her village children.

According to Mr. Shyam Bhandari, Chairperson of Mahendra Darshan Secondary School Management Committee, the fund will be used by the school to implement its healthful school activities.

Contributed by Dipendra Dhakal, Under Secretary Focal Person, DEO Syangja



Views from district level stakeholders



Dr. Tara Nath Paudel, DHO, Syangja

SHN Project has contributed to achieve the Millennium Development Goals (MDGs) since it has addressed the major indicators of education and health sectors. This program can sustain positively impacting

to all other areas if furthered together with an effective coordination with the Ministry of Local Development. SHNP is urgent but requires an effective joint monitoring system for efficient management. I have always valued the Project higher.

Mr. Dipendra Dhakal, Focal Person, DEO Syangja

We have witnessed that the look of schools are drastically changed during four years of SHNP



implementation in Syangja. It was hard to imagine for such a change in the beginning but what we found, at the end, a small support can work a lot for transformation of a society like ours. We have proved that coordination among different sectors at different level is possible, and the result is incredible.

We should develop models: model schools, model documentation and model districts that can impact on a wider society. For example, one of our schools, Chandika Primary School of Tindobate VDC with a majority of students from deprived Dalit community has been changed into a model SHN ensured school where all students keep themselves clean, create their

school environment healthier and changing their village into a healthy place to live. They bring potable water together with homemade Tiffin in the project provided Tiffin-box saying no to the junk food available in the market.

This experience has changed me too, generated a feeling tirelessly working to make SHNP a success. Promisingly, I do admit, wherever I will be stationed, I will initiate to implement the SHN programme even with no cost.

Mr. Badri Prasad Paudel, Focal Person, DEO Sindhupalchowk

SHNP increased awareness among the actors in system. People understood that this falls under their job. This opened the curtain. This paved the way for those who want to work. SHNP became an integral part of school. With this realization, people started their work. This also helped enabling the management. This contributed to promote quality education. Prior, this was slow motioned; SHNP triggered the motion and helped in leaping forward.

Use of attendance register, for example, helped to learn designing SIP. SMCs, now onwards, will be cautious about school health and nutrition resulting in continue generation of the benefits by school students. DHO got excellent venue for providing services. It would be better if VDC is empowered to mobilizing educational and health institutions to make the SHNP much effective.

Mr. Krishna Bahadur Mijar, PHO, Sindhupalchowk



SHNP has helped to make the school students physically and mentally fit. This has helped developing a positive attitude among children to accomplish their job themselves. This has

emphasized on child participation and collaborative programs. Likewise, emphasis is equally given to environmental and personal hygiene. This program has helped to improving the status of nutrition by identifying their current nutritional status through using SHN indicators included in attendance register. SHNP provides the students, teachers and families with community health development and health education that ultimately helps in behavior change. Health education provided by the children is acceptable to their parents and communities.



Views from Community Level Health Worker

Mr. Bindu Koirala
In-charge, Chapakot Health Post,
Syangja

Young students often come to the Chapakot Health Post, Syangja, during their interval period complaining sickness mainly suffering from headache, stomachache, minor fever, cuts and injuries but with no referral slips from their school. Since they come with no slip from Focal Teachers, I ask the teachers to send the students with slip for promotion of a system to build among local health institutions and the school.

I often make telephone calls to make the teachers much more attentive towards students' health problems but with properly referring the students to health institutions. This has helped a lot for better coordination among schools and health post. However, I am yet to satisfy with the requests for refilling First Aid Kit box that I have found less proper.

Medicines of First Aid Kit box are being used, some less but some much. This needs to ensure proper use together with verifying expiry date on time and amount

of consumption. Many of the schools fail to fill up the form and make request on right time.

There are 6 types of medicines that Sub-Health Post can supply while Health Post can provide 7 items of medicines listed for First Aid Kit box. Good practice can produce better result, and thus, regular practice in sorting out the medicines with timely verification of expiry dates and submission of the form for replenishment is a must. This can also contribute to draw Health Institutions' attention towards the health issues prevailing among school children leading them to address the issues.

I have a good sense of my responsibility. Since I have participated in orientation and training programme, I have also conducted physical check up and health education classes in schools. I emphasize on practice for refilling medicines and referral slips.

SHN in TPD TOT Manual

A Training of Trainers Manual is designed to capacitate the trainers in school Health and Nutrition, who can then disseminate the knowledge and practice to a larger number of Teachers.

The manual presents a three-day course. Detailed lesson plans for 9 sessions are followed by resource materials that will enable the trainers to replicate the course in their own working areas as follows:

1. Session One : SHN National Strategy, introduction to the package and modality of integration into TPD
2. Session two : De-worming
3. Session three: Use of First Aid Kit Box
4. Session Four : Physical Check-up
5. Session Five : Mid Day Meal program
6. Session Six : SHN Checklist
7. Session Seven: Mobilization of Child Clubs
8. Session Eight : SHN Action Plan
9. Session Nine : SHN Monitoring and Supervision (System)

Reflections:

Ms. Maiko Takeuchi, Representative and Mr. Krishna Lamsal, Program Officer, JICA Nepal Office

The Joint Terminal Evaluation confirmed that SHNP has developed the SHN Guideline and implemented the SHN basic package program at public schools in the two districts in accordance with the National SHN Strategy. The SHN basic package program was implemented in the government's existing system in which the counterparts and schools teachers were directly involved in SHN activities based on the "learning by doing approach". Such approach is one of the factors for the smooth implementation of the project. It was also noted that the scope of the work of the project was expanded in respond to important but difficult institutional issues such as development of the legal framework of SHN program after the Mid-Term Review. Therefore, some activities are to be followed-up after the termination of SHNP.

In this context, JICA express its strong hope that the concerned Government authorities and other stakeholders will continuously work together and make follow-up on these issues towards the institutionalization of SHN Program. Effective implementation of the Joint Action Plan and scaling-up of the best practices or models of SHNP in the wider areas is also a matter of vital importance.

Mr. Mitsukuni Sugimoto, Chief Project Advisor, SHNP

Though the changes in geographic, natural, cultural conditions in Nepal have been changed in a slow pace, the social system including the educational and health status have been drastically improved. As I see, the Government of Nepal has put a special emphasis on improvement of the health and education status of the school children through the policy and program based on the budget allocation to the both sectors.

With this, I do hope, Nepali colleagues could continue and endeavour for the improvement of the health and education status through the School Health and Nutrition Program. As I have experienced while working with the SHNP, in the long run, I believe, a pile of a little, slight action causes a big change around schools in the future.

Mr. Parashu Ram Shrestha, Senior Public Health Administrator, IMCI Section, CHD, DOHS

Dental hygiene and hand washing are vital for nutrition. SHNP should encompass these components into the program and a practical manual for teachers should be developed and provided for practical action that I learned from participating in the training in Thailand. All primary health components need to be included in school health program. SHNP should be attached to family health.

Hunger should not be the barrier to education and education should not be the barrier to nutrition. Mental nutrition is thus vital. Therefore, morning meal and mid day meal with sufficient nutrients are urgent for which replicable models can be developed. School-based income generation can also be introduced. It is true that health education is emphasized but sensitization part is still poor. As bacteria formed with dental carries negatively contributes to absorbing nutrition, oral health should be properly addressed by forming appropriate policy.

Dr. Ramu Sharma Paudel, Senior Integrated Medical Officer, NHTC, MOHP

The most arresting part of SHNP is to establish functional relationships between the health and education sector institutions and increased level of understanding for working hand by hand. MOE and MOHP should develop strategy for working together by making a policy. Because, we have prepared a manual, for example, on training on Sexual and Reproductive Health for adolescent boys and girls and they are only found in the school premises. We must go to school, work with teachers and school management committee if we conduct training for



adolescents. If the policy is in hand, health workers can also feel ownership and duty to implement the activities.

Mr. Lila Bikram Thapa, Sr. Public Health Officer, Nutrition Section, CHD, DOHS

Since SHNP is a school-based child health programme, leadership of education in SHNP is vital for sustainability of school health and nutrition activities. This can be

carried out through TPD model. Information flow needs to be done through the resource centers. New jobs have also been created. For example, use of growth monitoring chart and measurement charts (height and weight). We need to confirm how, when and who can use these charts.

Mr. Shankar Acharya, Supervisor Officer, Nutrition Section, CHD

The most interesting part of SHNP Project is that SHNP has been streamed to the system. Hence, we must consolidate and confirm the effective monitoring, as the JICA assistance is over, through mainstreaming in the education sector. For this, resource persons need to be mobilized. Government's ownership over the programme needs to be internalized by government staff and need to realize that implementation of SHNP is their job. Regular supply of monitoring formats is a must for furthering the programme activities.



Song for SHN Check-list

by Kul Prasad Khanal
Technical Officer, NCED

SHNP SHNP our school and SHNP

What a check list means to us
It is to check by the school itself

Fill up all three check-lists carefully
Daily, weekly and the monthly

Who fills out all these checklists?
Teacher is there, helped by us.

Attendants, absentees and the sick
We should write down in these lists.

Teacher must check once a week
Among the children is a good trick

Let's tally what we have done
To see our job once in a month

We will keep in mind the check lists
We will keep in mind the strategies

It is to check ourselves
It is to check ourselves

SHNP SHNP our School and SHNP