

## Summary of Evaluation Results

<b>I. Outline of the Project</b>	
<b>Country:</b> Nepal	
<b>Project Title:</b> School Health and Nutrition Project (SHNP)	
<b>Issue/Sector:</b> Health/Basic Education	
<b>Cooperation Scheme:</b> Technical cooperation	
<b>Division in Charge:</b> Health Division 4, Health Group 2, Human Development Department, JICA	
<b>Total cost:</b> 261 million yen at the time of the Terminal Evaluation	
<b>Period of Cooperation</b>	<p>June 2008 - May 2012 (four years)</p> <p><b>Record of Discussion (R/D):</b> April 3, 2008</p>
<b>Partner Country's Implementing Organization:</b>	
<p>Department of Health and Services (DOHS), Ministry of Health and Population (MOHP); Department of Education (DOE), Ministry of Education (MOE); District Health Office (DHO) in Sindhupalchowk district and Syangja district; District Education Office (DEO) in Sindhupalchowk district and Syangja district</p>	
<b>Related Cooperation:</b> "School and Community Health Project" (His Majesty's Government of Nepal/Japan Medication Association/JICA, 1992–2004), and "Support for Improvement of Primary School Management Project" (Government of Nepal (GON)/JICA, 2008–2011)	
<b>1. Background of the Project</b>	
<p>The nutritional deficiencies as well as other diseases related to public health are very serious in Nepal. Investigations into the health status of school-aged children have revealed a high prevalence of anemia, sub-clinical iodine deficiency, helminthes infestations, vitamin A deficiency and night blindness. Such health conditions of children in Nepal have negative effects on their attendance and academic achievement in school. It is the consequences of less nutritious meal, inappropriate disposal of waste, lack of sanitation practice and knowledge, and smoke nuisance due to cooking in house without a window. Therefore, activities involving schools, government offices, and communities are needed to improve children's health.</p> <p>The MOHP, the MOE, and the GON jointly prepared and endorsed the "National School Health and Nutrition (NSHN) Strategy" in June 2006. The NSHN Strategy focuses on improvement in the health and nutrition status of school-aged children and communities by utilizing schools as the places to implement health activities. However, significant results were yet to be obtained because of lack of establishment of implementation system to promote the NSHN Strategy. The GON requested that the Government of Japan carry out a technical cooperation project to implement the NSHN Strategy.</p>	
<b>2. Project Overview</b>	
<p>The Project has been undertaken to improve health-related behavior and habits of school children in Sindhupalchowk and Syangja district, and to strengthen the implementation system of the NSHN Strategy in the MOHP and the MOE so that school health activities based on the NSHN Strategy will be sustained and disseminated after the termination of the Project.</p> <p><b>(1) Overall Goal:</b> Health and nutrition status of school-aged children is improved in the target districts.</p> <p><b>(2) Project Purpose:</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 MOHP and the MOE.</li> </ul>	

### (3) Outputs

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.

### (5) Inputs

#### Japanese Side:

##### Expert:

Four (4) long-term experts (The total number of man-months was 79.6 at the time of the Terminal Evaluation.)

Fourteen (14) short-term experts (The total number of man-months was 15.5 at the time of the Terminal Evaluation)

**Equipment:** 12.49 million yen for vehicles, bikes, printers, computers, digital cameras, office desks and other equipment

##### Number of Trainees Received:

48 people (27 people for training in Japan, 21 people including 2 project staff members for training in third-countries)

**Cost of the Operation in Nepal:** 74.15 million yen for the four-year project activities

#### Nepalese Side:

**Main Counterparts:** 19 people (33 people in total including personnel transfer and retirement)

##### Cost Borne by the Nepalese Side:

604.4 million NPRs for SHN-related programs allocated for the two target districts. (NPR 1= 0.932 yen in January 2012 ) It included de-worming, first aid kit box distribution, School Health and Nutrition (SHN) week activities, and monitoring and orientation. It also included mid-day meal, physical support such as classroom construction and rehabilitation, and toilet construction, which are not in the scope of the work of the Project.

**Land and Facilities:** Office space in the DOHS and the DOE

## II. Evaluation Team

<b>Members of Evaluation Team</b>	Dr. Kyo HANADA	Team Leader	Senior Advisor (Health), JICA
	Mr. Yoshitaka INAGAKI	Cooperation Planning	Officer, Health Division 4, Health Group 2, Human Development Department, JICA
	Ms. Toshiko SHIMADA	Social Inclusion	Consultant, IC Net Limited
<b>Eval. Period</b>	January 11, 2012 – February 2, 2012		<b>Type of Evaluation:</b> Terminal Evaluation

## III. Results of Evaluation

### 3-1 Confirmation of Results

#### (1)Output

**Output 1:** Most of the indicators of the Output 1 have been achieved. The SHN Basic Program (Package) Implementation Guideline (hereinafter referred to as SHN Basic Guideline) was developed and revised through a series of discussions among the project stakeholders and based on the feedback from the field experiences. The second-edition one was approved by the DOE and the DOHS in July 2011, and was being revised again at the time of

the Terminal Evaluation. A total of 54 training sessions was conducted in which 9,583 people participated. Regarding keeping records of each activity of physical check-up, de-worming program, and distribution of first aid kit box, most of the schools did properly, but there was still room for improvement in some of the recently-intervened schools.

**Output 2:** The Output 2 has yet to be achieved. As child club mobilization was promoted at most of the schools, behavior and habit changes were observed among the children. They included toilet cleaning, washing hands before eating and after defecation, and cutting nails. The daily, weekly and monthly SHN checklists were introduced to evaluate the progress of SHN activities at schools. Although the progress of SHN was observed at schools and reported by teachers, the two indicators of the Output 2 related to the proportion of children who have knowledge on worm infestation and make their nails clean fell short of the target. The proportion of schools that kept a record of the monthly SHN checklist properly also did not reach the target value.

**Output 3:** The Output 3 has been almost achieved. The District School Health and Nutrition Coordination Committee (DSHNCC) established in the two target districts as per the NSHN Strategy held meetings to discuss SHN activities. The activities of the SHN week was organized once a year in each district. The School Health and Nutrition Committee (SHNC) established at each school held meetings to promote SHN activities. The SHNC was encouraged to coordinate with the School Management Committee to include SHN components in the School Improvement Plan (SIP). Due to the training provided by the Project, most of the schools incorporated SHN components into their SIP. Monitoring of the SHN Basic Package Program was more or less conducted by Resource Persons and School Supervisors in the existing school monitoring system. The data of de-worming and physical check-up was reported from schools and the DEO and the DHO.

**Output 4:** The Output 4 has yet to be achieved. The joint action plan was drafted by the DOHS and the DOE and will be finalized by the end of the Project. Although the NSHN Strategy was reviewed by the short-term expert of the Project, it has yet to be fully discussed and revised by the National School Health and Nutrition Advisory Committee (NSHNAC). Also, the practical model of the SHN was yet to be developed since its concept was not clarified by the project stakeholders.

**Project Purpose:** One of the Project Purposes, i.e., “utilization of school health services is increased among school-aged children in the target districts,” has been almost achieved since the prevalence of helminthiasis among the school-aged children significantly decreased from 25.1% in the baseline survey of 2008 to 2.9% in the end-line survey of 2011. However, the other Project Purpose, i.e., “implementation system of the NSHN Strategy is strengthened in the MOHP and the MOE,” has yet to be achieved. That is because little progress was made in the two indicators related to approval of the practical model as well as compiling monitoring and supervision sheets in the MOHP and the MOE.

**Overall Goal:** It is hard to say that the Overall Goal would be achieved at the time of the Terminal Evaluation, although the unexpected positive impact was already observed. The correlation between the two indicators of the Overall Goal and the project intervention was not determined since many other factors might have contributed to decreasing the level of malnutrition (weight-for-age) of school children (between 5 to 10 years old) and the status of student attendance in the two districts. Also, the data of these two indicators illustrated the situation of the school children, but did not reveal the status of school-aged children who might not go to school.

### **3-2 Summary of Evaluation Results**

#### **(1) Relevance: High**

The Project aims to integrate education and health services by implementing the NSHN Strategy (2006) at the central, district, and school levels, which was considered an effective approach to achieve the twin goals of “Education for All” and “Health for All.” Thus the project components match the needs and priorities identified by the NSHN Strategy. According to Rolling Plan for Nepal (2010), poverty alleviation in rural regions is one of the three priority areas for

assistance. This policy highlights the need for assistance for the people's health improvement program including improvement of health status of children. Thus, the Project is consistent with the Japanese aid policies. The Project focused on the process of implementing the comprehensive SHN activities in the two target districts in line with the Nepalese government's existing system. This approach that enabled the counterparts to be directly involved in project activities and gain know-how of the SHN program was noted as the strength of the Japanese technical cooperation. With regard to the appropriateness of planning, the original Project Design Matrix (PDM) had several drawbacks such as lack of linkage between activities and indicators in it. For example, the original PDM did not include provision of tiffin in activities whereas it set the proportion of school children who take tiffin at school as one of the indicators of behavior changes of children. This has caused a dispute if the support to the mid-day meal program is included or not. However, it is fair to say that the Project as a whole has a high degree of relevance for technical cooperation.

### **(2) Effectiveness: Moderately High**

The Project focused on the processes in which the counterparts were directly involved in development of the SHN Basic Guideline, provision of cascade training at the central, district and resource center levels, and revision of the SHN Basic Guideline based on the experiences of SHN activities at schools. Such learning-by-doing approach has brought about the following positive outcomes: (1) increased awareness of the need of the SHN program among the stakeholders; (2) development of a comprehensive and practical SHN Basic Guideline; and (3) promotion of coordination between the MOE and the MOHP. The Project has also led to a few positive changes of behaviors and habits among the children. They included cutting nails, washing hands before meals and after defecation, brushing teeth and other hygiene practices. Also, the prevalence of helminthiasis among the school children significantly decreased from 25.1% to 2.9% over the past three years in the two target districts. The improvement of behavior and health status has contributed to the overall effectiveness of the Project. However, there are some variations in the level of achievement of Outputs. Improvement of children's knowledge, behaviors and habits (Output 2) and development of the practical model of SHN aiming for further expansion (Output 4) have yet to be achieved by the time of the Terminal Evaluation, and are unlikely to be achieved by the end of the Project. One of the Project Purposes, i.e., strengthening of implementation system of the NSHN Strategy, is also unlikely to be achieved during the remaining period of the Project. This is because of the inadequate management and monitoring based on the PDM, and the inappropriate indicators and aggressive targets. The effectiveness of the Project can be assessed as moderately high at the time of the Terminal Evaluation.

### **(3) Efficiency: Medium**

Most of the inputs from the Japanese side and the Nepalese side were provided as scheduled, and the project activities were smoothly conducted. In the first half of the project period, the two long-term Japanese experts whose professional fields were child health and health promotion were dispatched and set up a project office in the DOHS while one project staff member was assigned in the DOE. This helped the Project develop the SHN Basic Guideline, and organize various training intensively. In the second half of the project period, the two long-term Japanese experts whose professional fields were basic education replaced them as a chief advisor and a project coordinator. They moved their office from the DOHS to the DOE in the fourth year of the Project and continued to assign one project staff member in the DOHS. This enabled the Project to coordinate efficiently and work closely with the DOE and the NCED, and to discuss the integration of SHN components in the teachers' training program, i.e., the so-called Teacher Professional Development (TPD) Model. The institutional arrangement of the Project contributed to enhancing the efficiency of the Project. On the other hand, the drawbacks of the original PDM affected the efficiency of the Project, particularly in the first half of the Project. It took time for the Project to finalize its support to the mid-day meal program, and to revise the

original PDM. In addition, the inadequate management and monitoring based on the PDM prevented the efficient implementation of the Project and thus the achievement of Outputs and the Project Purpose. Therefore, the Project's efficiency as a whole is medium.

#### **(4) Impact: High**

It is hard to say that the Overall Goal would be achieved due to the intervention and the effects of the Project at the time of the Terminal Evaluation, as previously mentioned. However, the following unexpected positive impacts have been observed: 1) community mobilization and support for the SHN program; 2) institutionalization of a de-worming program, first aid kit box, and the integration of de-worming data into the Health Management Information System in the DOHS; 3) institutionalization of a daily attendance register, and the integration of de-worming data and child clubs into the Education Management Information System in the DOE; 4) close coordination with the District Development Committee (DDC) and Village Development Committee (VDC) in the DSHNCC in Syangja district; 5) establishment of the SHN Network; and 6) dissemination of the effects of the Project. Therefore, the degree of the impact of the Project is likely to be high.

#### **(5) Sustainability: Medium**

The NSHN Strategy is likely to be the guiding document for all the related SHN activities after the completion of the Project. The VDC/DDC Block Grant Guidelines 2067 (2011) that stipulate at least 10% of the DDC and VDC block grant is earmarked for development activities and programs benefiting children are also likely to continue. In the meantime, the SHN program is not fully included in the School Sector Reform Plan (SSRP) (2009-2015), a national strategic plan for basic and secondary education in Nepal. Moreover, Education Act, 2028 (1971) and Education Regulations, 2059 (2002) have no provision focusing on SHN. Since the policy environment to mainstream the SHN program was not sufficiently ensured at the time of the Terminal Evaluation, it is fair to say that the sustainability of the policy aspect is likely to be medium.

The DOHS has already allocated the budget for de-worming program, SHN week celebration, first aid kit distribution partially and some training on SHN. The DOE has also allocated the SHN-related programs including mid-day meal program, construction of classrooms and monitoring and orientation. However, in the fiscal year 2011/2012, the budgets for monitoring and orientation were not allocated. In order to expand the effects of the Project and the SHN program to other districts, more budgets must be allocated, particularly for orientation and training for teachers, and monitoring. Thus the sustainability in the financial aspect is likely to be medium.

The NSHNAC and the director-level NSHNAC are likely to be sustained with the support of the SHN Network. The DSHNCC and the SHNC, which were established as per the NSHN Strategy, are also likely to continue to function since their members are serious about supporting the SHN activities and both held several meetings. The SHN activities is likely to be sustained in the two districts because it has been designed in the light of sustainability and implemented in line with the government system.. The monitoring of the SHN activities at school undertaken by Resource Persons and School Supervisors will be sustained since it took place in line with the existing school monitoring system. However, insufficient monitoring of schools in the remote areas will remain an issue. The MOE and the DOE recognized that they should take the lead in implementing the SHN program, but they have yet to reach a consensus on establishment of a new section that is responsible for the overall SHN program in the DOE. Given these assessments above, the sustainability of the institutional and organizational aspect is medium.

In the technical aspect, most of the counterparts, and the head teachers and the focal teachers of the early-intervened schools have acquired sufficient practical skills and knowledge of the SHN activities to keep applying them. However, the results of the end-line survey illustrated that record keeping of physical check-up, first aid kit box and monthly

checklists needs improvement in the recently-intervened schools. In order to expand the effects of the Project and the SHN program, it is imperative to integrate SHN components into the TPD Model, i.e., teacher training program. At the time of the Terminal Evaluation, the stakeholders of the MOE have yet to agree on how to integrate SHN components in the existing TPD Model. Considering the above, the sustainability in the technical aspect can be assessed as medium.

### **3-3 Factors Promoting Sustainability and Impact**

#### **(1) Factors Concerning Planning**

The training for counterparts in Japan, Thailand and the Laos helped the counterparts acquire the practical expertise on the SHN program implemented in each country, and develop the SHN Basic Guideline that suits the conditions of Nepal. This contributed to the achievement of the Outputs 1 and 4, and the effectiveness of the Project. As the implementation system of the NSHN Strategy in the MOHP and the MOE was designed as the Project Purpose, most of the counterparts have raised awareness of how to sustain the SHN program as the government's regular program from the beginning of the Project. An example of this is the joint action plan that was mainly drafted by the participants of the Country-Focused Training in 2008 in Japan and revised by both the MOHP and the MOE counterparts under the Project. This joint action plan has served as the basis for promoting the SHN program, which contributed to generating impacts such as institutionalization of several SHN activities and enhancing the sustainability in the financial and technical aspects.

#### **(2) Factors Concerning the Implementation Process**

This is the first technical corporation with the support of JICA involving two counterparts, namely the MOHP and the MOE in Nepal. To ensure close coordination and smooth communication between the Japanese experts and the counterparts, the Project set up its office in the DOHS in the first year and shifted it to the DOE in the fourth year. Also, the project staff members were allocated in the DOHS and the DOE respectively. The Project did not contract out main activities such as development of the SHN Basic Guideline and provision of training to NGOs; instead, it encouraged the counterparts to be directly involved in these activities. The counterparts, in close cooperation with the Japanese experts, have implemented the project activities on a pilot basis in the existing health and education system and incorporated the experiences and lessons into the revised SHN Basic Guideline and training. Such learning-by-doing approach enabled them to recognize the need for SHN, to improve their capacities, and to engage in promoting the SHN program with a strong sense of ownership and responsibility. Accordingly, it greatly contributed to enhancing the relevance, effectiveness, efficiency, impact, and sustainability of the Project.

### **3-4 Factors Inhibiting Sustainability and Impact**

#### **(1) Factors Concerning Planning**

The original PDM was developed based on the NSHN Strategy that includes the mixed ideas of improvement of the health of school-aged children at schools and improvement of community health based on schools, and had several drawbacks such as lack of linkage between indicators and activities. A prominent example of this is the provision of tiffin. It was not included in project activities, but was set as part of the indicators of the PDM. This has risen among the stakeholders conflicting expectations on the Project's support to the mid-day meal program. It took considerable time to resolve this issue under the Project. Apart from this, less feasible indicators and aggressive or inappropriate targets have been left unchanged although the PDM was revised once through a series of discussions among the project stakeholders. This essentially prevented the Project from achieving Outputs and the Project Purpose to some extent.

## **(2) Factors Concerning the Implementation Process**

The major inhibiting factor was the inadequate monitoring and feedback system of the Project. Since the PDM was not sufficiently utilized as a management and monitoring tool in the Project, the drawbacks of the PDM seemed to be left unchanged. Also, the scope of the work of the Project was expanded after the Mid-Term Review to respond to important but difficult institutional issues such as development of the legal framework of the SHN program, which the GON rather than the Project should have tackled. This affected the progress of the priority issues such as strengthening of the monitoring system and identification of a practical model of SHN.

## **3-5 Conclusion**

The Project helped the MOHP and the MOE take joint initiative in implementing the comprehensive SHN program. It was the first time to put the NSHN Strategy into practice in the GON's existing system based on the learning-by-doing approach in which the counterparts actively engaged in project activities. Such an approach contributed significantly to bringing about the following outcomes: (1) increased awareness of the need of the SHN program among various stakeholders; (2) development of the practical SHN Basic Guideline, reflecting the experiences and lessons from the public schools in the two target districts; and (3) promotion of coordination between the MOE and the MOHP. The SHN activity was carried out in all 1,113 public schools of the two target districts, which resulted in the positive changes of behaviors and hygiene habits among the children such as cutting nails and washing hands. It also led to significant reduction in the prevalence of helminthiasis among the school children. With the strength of the Japanese technical cooperation, the Project highlighted the implementation processes in which the counterparts and the teachers were directly involved, which helped enhance the overall relevance, effectiveness, efficiency, impact and sustainability of the Project. The training for the counterparts in Japan and third countries that was directly linked to project activities was one of the promoting factors for the effective and efficient implementation of the Project. It contributed to increasing a sense of ownership and capacities of the counterparts and accelerating the process of institutionalization of the SHN program such as nationwide de-worming program, expansion of provision of first aid kit box, and introduction of the daily attendance register in all 75 districts. In other words, it helped generate positive impacts and increase the sustainability in the financial and institutional aspects.

On the other hand, the drawbacks of the original PDM and the inadequate management and monitoring based on the PDM indicators were major hindering factors for the achievement of the Outputs and the Project Purpose. The expanded scope of the work of the Project after the Mid-Term Review also affected the smooth implementation of the Project as well as the relevance of planning, the efficiency and the effectiveness. It is imperative to endeavor to enhance the overall sustainability in the policy, financial, institutional, organization and technical aspects in order to expand and mainstream the SHN program.

The Project has almost achieved the intended objectives. Thus it will be completed by the end of May 2012 as scheduled.

## **3-6 Recommendations**

### **I. Recommendations to Be Implemented during the Project Period**

#### **(1) Incorporating SHN Components into the Existing Monitoring Formats**

In order to strengthen the monitoring of the SHN activities at school, the SHN components should be integrated into the existing monitoring formats used by Resource Persons and School Supervisors of the DEO. It is recommended that the Project discuss this with the district- and central-level stakeholders as soon as possible and reflect the results of discussions on the revision of the SHN Guideline.

## **(2) Incorporating Different Modalities of Monitoring of SHN Program into the Revision of the SHN Basic Guideline**

At the time of the Terminal Evaluation, the SHN Basic Guideline, particularly the Monitoring and Supervision part, was being revised by the Project. The community-based monitoring recommended by the Mid-Term Review and joint monitoring involving the DSHNCC members should be incorporated into the revision on the SHN Basic Guideline in order to complement the existing monitoring system of schools.

## **(3) Clarifying the Practical Model of SHN**

There was no consensus on the definition of the practical model referred to in the Output 4 and the Project Purpose of the PDM among the project stakeholders. Some noted that the good practice of SHN program at schools in the two districts would be the practical model, while others opined that setting minimum indicators describing a model SHN school would be better. Therefore, the Project needs to discuss and clarify the practical model among its stakeholders as soon as possible.

## **(4) Developing an Exit Strategy of the Project**

Most of the project stakeholders were concerned about what they should do exactly after the termination of the Project. The extent of the intervention and progress of the Project differed from the early-intervened 15 VDCs in each district to the rest of the recently-intervened VDCs. Since the SSRP (2009-2015) in which the SHN program was not fully included has come into force for full-fledged implementation in the education sector, the MOE is likely to face the resource gap from the phase-out of the Project to the next planning phase of the basic and secondary education sector strategy. Alternative means must be sought to overcome this. Thus it is strongly recommended that the Project develop an exit strategy in consultation with the stakeholders of all levels to sustain its own effects and scale up the SHN program based on the joint action plan.

## **(5) Finalizing the Joint Action Plan**

The joint action plan was being revised at the time of the Terminal Evaluation. Since it will serve as the basis for implementation, monitoring and evaluation of SHN programs after the completion of the Project, the joint action plan should be finalized based on the discussions among the district- and central-level stakeholders by the end of the Project.

## **(6) Finalizing the Institutional Arrangements for the SHN Program in the DOE**

As per the recommendations by the Mid-Term Review and other agencies such as the World Food Program, the need for establishing a new section in charge of SHN has been gradually discussed among the stakeholders of the DOE. Some of them suggested that the Terms of Reference (TOR) of the Education Material Management Section in the Administration Division be revised, and SHN components be added to their revised TOR. However, they have yet to reach a consensus on this issue. Therefore, it is recommended that the Project facilitate the DOE to discuss the issue with the stakeholders concerned and to finalize the institutional arrangements for the SHN program.

## **(7) Sharing Findings and Lessons Learned from the Training of Trainers (TOT)**

The Project in collaboration with the NCED will conduct the TOT integrating SHN components into the TPD Model. In order to institutionalize the training on SHN for teachers into the TPD Model, it is recommended that the Project organize a meeting to share experiences and lessons learned from the TOT and facilitate discussions on how to integrate the SHN components into the TPD Model after the completion of the Project.



### **(8) Disseminating Experiences and Lessons Learned from the SHN Basic Package Program of the Target Schools**

The stakeholders of Sindhupalchowk and Syangja districts had limited opportunities to share their experiences. Several stakeholders at the district and school levels from both districts opined during the interview of the Terminal Evaluation that they would like to take a field visit and learn how the SHN Basic Package Program have been implemented at schools in their counterpart district. Thus, it is recommended that the Project organize at least one dissemination seminar on the Project to discuss the experiences and lessons learned from each district and among the project stakeholders.

### **(9) Follow-Up on and Confirming the Progress of Issues Concerned**

The following issues were under discussion or pending approval at the time of the Terminal Evaluation: (1) development of Standard Growth Curve for 5-19 years old; (2) review of the NSHN Strategy; and (3) development of the legal framework for SHN. The Project needs to confirm and describe the progress of these issues in its Final Report.

## **II. Recommendations to Be Implemented After the Termination of the Project**

### **(1) Implementation, Monitoring and Evaluation of the Joint Action Plan**

The MOE and the MOHP should implement, monitor and evaluate SHN programs as per the joint action plan. For the purpose of ex-post evaluation, this joint action plan is expected to serve as the basis by providing the following essential information: (1) the extent of sustainability of the Project; (2) the extent of expansion of SHN programs from the two districts to other districts; and (3) the extent of institutionalization of SHN programs in the GON. Thus the joint action plan should be reviewed annually to discuss the progress of activities and the necessary SHN components to be additionally implemented, and if necessary revised by the stakeholders.

### **(2) Review of the NSHN Strategy and its Implementation Guideline**

Although the Project drafted the review of the NSHN Strategy and its Implementation Guideline, it was yet to be fully discussed and approved at the time of the Terminal Evaluation. The MOE and the MOHP need to facilitate discussions with the NSHNAC based on the draft of the review of the NSHN Strategy in order to get its approval.

### **(3) Incorporating SHN Components into the TPD Model**

The TOT integrating SHN components into the TPD Model is likely to be conducted for trainers from the 41 districts with the support of the Project. Thus, the MOE, the DOE, and the NCED in collaboration with the MOHP and other stakeholders such as the Curriculum Development Center should discuss how to incorporate SHN components into the TPD Model based on the findings and lessons learned from the TOT.

### **(4) Incorporating the SHN Program into the Education Sector Framework**

The SHN program was not fully included in the SSRP. Thus it is recommended that the MOE incorporate the SHN program into the education sector framework after the SSRP in order to institutionalize the SHN program in the MOE.

### **(5) Incorporating SHN Components into the Education Act and the Education Regulations**

The stakeholders of the MOE have yet to reach a consensus on the integration of the SHN components into the Education Act and the Education Regulations. Thus the MOE should continue to discuss this issue in order to mainstream the SHN program in the long term.

**(6) Involving the Ministry of Local Development (MOLD), DDC and VDC/Municipality and Other Relevant Agencies in the SHN Program**

It is imperative for the DEO and the DHO to coordinate with DDCs, VDCs, Municipalities, and other relevant agencies in order to promote the SHN program including utilization of block grant effectively and efficiently. However, the SHN program has yet to be fully recognized by the MOLD. The MOE and MOHP should encourage the MOLD, DDC and VDC/Municipality to recognize the need of SHN, and to be involved in the SHN program.

**(7) Collaborating with the Multi-Sectoral Nutrition Plan**

The Multi-Sectoral Nutrition Plan was being developed by the National Planning Committee (NPC) at the time of the Terminal Evaluation. Thus, the MOE and the MOHP in close collaboration with the NPC should consider possibilities of the integration of SHN components into the plan.

**3-7 Lessons Learned**

**(1) The indicators of each Output need to be linked with the activities in a PDM.**

Although the provision of tiffin was not included in activities, the proportion of school children who take tiffin at school was one of the indicators in the original PDM. This caused conflicting expectations on the support to the mid-day meal program from the Project among the stakeholders from the beginning of the Project. It took so much time for the Project to resolve this issue. Indicators of each Output that are linked with activities should be carefully set when a PDM is developed.

**(2) PDM needs to be utilized as a management and monitoring tool.**

The original PDM was revised once through a series of discussions among the stakeholders in the Project. However, it was not sufficiently utilized to monitor the progress of activities. Thus, inappropriate indicators and aggressive targets have been left unchanged by the time of the Terminal Evaluation. This adversely affected the achievement of the Output 2, Output 4 and Project Purpose. The overall monitoring should be conducted with PDM indicators. If necessary, some modifications should be made as early as possible to avoid a situation whereby the achievement of the Output and the Project Purpose was not sufficiently confirmed at the time of the Terminal Evaluation.

**(3) A baseline survey needs to be conducted to provide a basis for evaluation.**

The baseline survey was undertaken by local consultants in the first year of the Project for the situation analysis of SHN rather than collecting the data for PDM indicators and evaluation. Thus only a bit of the data was utilized for the baseline data of PDM indicators. In addition, not all the baseline data by district was available in the report although the Project targeted the two districts. A baseline survey should be carefully designed with reference to a PDM to measure effects of the Project sufficiently.

**(4) Setting up a project office in each counterpart organization is effective in coordination.**

The Project is the first JICA technical corporation project in Nepal in which two ministries, i.e., the MOHP and the MOE, are jointly involved as counterpart organizations. In the first half of the project period, the Project set up its office in the DOHS and assigned one project coordinator in the DOE. In the fourth year, the project office was moved to the DOE while one project coordinator remained in the DOHS. Setting up a project office in each counterpart organization and assigning project staff members in respective organizations is effective to ensure smooth communication and close coordination with both counterpart organizations.

**(5) Assigning a focal person among counterparts is effective in implementation of activities and coordination.**

Among the district-level counterparts, the focal person was assigned by the Project in the DEO and the DHO respectively in the two target districts. These focal persons have played a leading and coordinating role in implementing the SHN Program with a sense of responsibility and improved their capacities. Thus this Project shows that assigning a focal person among counterparts is effective in implementation of activities and coordination with stakeholders.