

Country Name	School Health and Nutrition Project
Federal Democratic Republic of Nepal	

I. Project Outline

Background	<p>The nutritional deficiencies as well as other diseases related to public health were very serious in Nepal. Such health conditions of children had negative effects on their attendance and academic achievement in school. Ministry of Health and Population (MOHP) (Currently, Ministry of Health: MOH), Ministry of Education (MOE), and the Government of Nepal (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.</p>						
Objectives of the Project	<p>By developing SHN Basic Guideline, conduct training on it and implementing SHN Basic Program (Package) in the target schools, establishing Child Club and promoting behavior change of children, and establishing organizational structure for implementing the SHN program/activities each at central, district and school level, the project aimed that utilization of school health services is increased among school-aged children in the target district (Project purpose 1 level), and implementation system of the National School Health and Nutrition Strategy is strengthened in the MOHP and the MOE.(Project purpose 2 level), and thereby health and nutrition status of school-aged children is improved in the target districts. (Overall goal level). The project objectives set forth are as follows:</p> <ol style="list-style-type: none"> Overall Goal: Health and nutrition status of school-aged children is improved in the target districts. Project Purpose: <ol style="list-style-type: none"> Utilization of school health services is increased among school-aged children in the target districts. Implementation system of the National School Health and Nutrition Strategy is strengthened in the Ministry of Health and Population and the Ministry of Education. 						
Activities of the project	<ol style="list-style-type: none"> Project site: Sindhupalchowk district and Syangja district (At the initial stage of the project implementation, the project targeted 15 villages each in two districts. However, Nepali side requested to include more villages as the number was too small in terms of model development. Therefore, though not in the project plan, the implementation of School Health and Nutrition (SHN) Basic Program (Package) was expanded to all public schools (1,113 schools) in all villages (79 villages in Sindhupalchowk and 69 villages in Syangja district). Activities: <ol style="list-style-type: none"> The project develops SHN basic guideline, conducts training on it and implement SHN basic program (package) in the target schools. (2) The project supports target schools to establish Child Clubs (CCs) and promotes behavior change of children. (3) The project supports establishing organizational structure for implementing the SHN program/activities each at central, district and school level. (4) The project develops a model and an action plan for disseminating SHN program/activities and reviews and revises the NSHN Strategy. Inputs (to carry out above activities) <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Japanese Side</p> <ol style="list-style-type: none"> Experts: 18 persons Training in Japan: 27 persons, Third Country Training: 21 persons Equipment: 12 million yen (vehicles, motorcycles, computers, etc.) Local cost: 74 million yen </td> <td style="width: 50%; vertical-align: top;"> <p>Nepali Side</p> <ol style="list-style-type: none"> Staff allocated: Approximately 30 persons Land and facility: Project offices Local cost: 604 million rupees for SHN-related programs allocated for the two target districts. It included de-worming, first aid kit box distribution, SHN week activities, and monitoring and orientation. It also included mid-day meal, physical support such as classroom construction and toilet construction, which are not in the scope of the work of the Project. </td> </tr> </table> 					<p>Japanese Side</p> <ol style="list-style-type: none"> Experts: 18 persons Training in Japan: 27 persons, Third Country Training: 21 persons Equipment: 12 million yen (vehicles, motorcycles, computers, etc.) Local cost: 74 million yen 	<p>Nepali Side</p> <ol style="list-style-type: none"> Staff allocated: Approximately 30 persons Land and facility: Project offices Local cost: 604 million rupees for SHN-related programs allocated for the two target districts. It included de-worming, first aid kit box distribution, SHN week activities, and monitoring and orientation. It also included mid-day meal, physical support such as classroom construction and toilet construction, which are not in the scope of the work of the Project.
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Ex-Ante Evaluation	2008	Project Period	June 2008-May 2012	Project Cost	(ex-ante) 370 million yen (ex-post) 275 million yen		
Implementing Agency	Department of Health and Services (DOHS), Ministry of Health and Population (MOHP, currently MOH); 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						
Cooperation Agency in Japan	-						

II. Result of the Evaluation

1 Relevance
<Consistency with the Development Policy of Nepal at the time of ex-ante evaluation and project completion>
The project was consistent with development policy of Nepal both at the time of ex-ante evaluation and project completion. At the time of ex-ante evaluation, MOHP, MOE, and the GON jointly prepared and endorsed the NSHN Strategy in June 2006 which 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. At the time of project completion, the project was consistent with NSHN Strategy 2006 which is effective to date.

<Consistency with the Development Needs of Nepal at the time of ex-ante evaluation and project completion >

The project was consistent with the needs for improvement in health and nutrition status of children in Nepal both at the time of ex-ante evaluation and project completion. At the time of ex-ante evaluation, education related indicators such as drop-out rate in Sindhupalchowk district¹ were worse than other districts in central mountain areas, and poverty prevailed in the district. Therefore, the selection of the target district was relevant. As to health issues, there was a high prevalence of anemia, sub-clinical iodine deficiency, helminthes infestations, and vitamin A deficiency nationally among children. At the time of project completion, those health and nutrition issues prevailed yet.

<Consistency with Japan's ODA Policy at the time of ex-ante evaluation>

The project was consistent with Japan's ODA policy. Priority areas under basic policy of ODA to Nepal included poverty reduction in rural areas which emphasize the importance of agriculture and rural development, basic education and health, according to ODA Country Databook 2008 (Ministry of Foreign Affairs).

<Evaluation Result>

In light of the above, the relevance of the project is high.

2 Effectiveness/Impact

<Status of Achievement for the Project Purpose at the time of Project Completion>

The project purpose was partially achieved by the time of project completion. Project purpose 1 was mostly achieved as decrease in worm infestation was observed (indicator 5), and Child Clubs (CCs) were established in the target districts and SHN activities were conducted (indicator 6). On the other hand, project purpose 2 was partially achieved. Although School Health Service Minimum Package Guideline was developed and approved by the DOE and DOHS in June 2010 (indicator 2), the model developed by the project to practice SHN itself was not approved by the National School Health and Nutrition Advisory Committee (NSHNAC)² (indicator 1) as it was not fully discussed. School health related data was compiled (indicator 4), however, monitoring and supervision sheet on SHN were not complied as the format was different from the existing monitoring sheets and therefore the persons in charge felt burdened (indicator 3).

<Continuation Status of Project Effects at the time of Ex-post Evaluation>

After the project was completed, school health activities have partially continued at the target districts. Although no data is available at the time of ex-post evaluation, DEOs, DHOs and target schools assume the worm infestation have decreased as the administration of de-worming tablets have continued. CCs have conduct wider variety of activities in school after the project completion. Cleaning school premises, toilets and class rooms, operating library, management of first aid kit box and health related activities i.e. checking personal health and hygiene (nail, teeth, dress etc.) are major activities of CCs in school. Application of new attendance register (although there is room for proper use of the register, as all required information related SHN are not maintained and utilized for planning), formation/reformation of CC, mid-day meal and helminthes control are some of the significant activities conducted particularly in 15 original project-implemented villages of Sindhupalchowk. After the project was completed, physical check-up, which was an important component of the project, and good cases of referral of students to hospitals after the check-up that were found during the project period, has not continued in the absence of supporting and constant monitoring. Weighting machines was broken and left unrepaired.

The model developed by the project has not been approved by NSHNAC, as NSHNAC meeting has not been convened. However, the model was endorsed by MOE and MOH in the form of "SHNP Training and Operational Manual 2071 (2014)". Monitoring and data compilation are yet to be fully developed.

<Status of Achievement for Overall Goal at the time of Ex-post Evaluation>

The overall goal was partially achieved. No data is available for malnutrition (indicator 1) as no health check-up is carried out after the project completion. Increasing trend is found in the attendance rate (indicator 2). De-worming program were the significant activity conducted in Syangja and Sindhupalchowk districts that increased nutrition status of school children and also had impact on attendance rate according to DEO and DHO of both the districts.

<Other Impacts at the time of Ex-post Evaluation>

Initiatives introduced by the project have expanded to other districts. De-worming program has continued nationwide (all districts) and first aid kit box has been expanded in 36 districts. Similarly, daily attendance register is used nationally.

No land acquisition and resettlement occurred under this project, and no negative impacts on natural environment were observed.

<Evaluation Result>

In light of the above, the project purpose and overall goal were partially achieved. Therefore, the effectiveness/impact of the project is fair.

Achievement of project t purpose and overall goal

Aim	Indicators	Results						
(Project Purpose 1) Utilization of school health services is increased among school-aged children in the target districts.	Indicator 5: Decrease in worm infestation of school-aged children from 25.1% in 2008 to 15.1% in 2012	Status of the achievement: achieved (partially continued) (Project Completion) According to the results of blood and stool samples of the selected children in the endline survey conducted by the project, the prevalence of helminthiasis among the school-aged children decreased. Helminthes prevalence among students						
		<table border="1"> <thead> <tr> <th></th> <th>Baseline (2008)</th> <th>Endline (2011)</th> </tr> </thead> <tbody> <tr> <td>Sindhupalchowk</td> <td>N=3,138 39.5%</td> <td>N=2,710 2.4%</td> </tr> </tbody> </table>		Baseline (2008)	Endline (2011)	Sindhupalchowk	N=3,138 39.5%	N=2,710 2.4%
	Baseline (2008)	Endline (2011)						
Sindhupalchowk	N=3,138 39.5%	N=2,710 2.4%						

¹ At the time of ex-ante evaluation, only Sindhupalchowk was selected as the project site. Syangja district was one of the candidates in terms of the health and education indicators.

² NSHNAC was established at the national level based on the NSHN Strategy.

		<table border="1"> <tr> <td>Syangja</td> <td>18.4%</td> <td>3.6%</td> </tr> <tr> <td>Total</td> <td>25.1%</td> <td>2.9%</td> </tr> </table> <p>(Ex-post Evaluation) No data is available because stool test was not implemented after the project. However, distribution of Albendazole among school have continued.</p>	Syangja	18.4%	3.6%	Total	25.1%	2.9%						
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	Indicator 6: At least one SHN activity is conducted by Child Clubs at each target school in a school year	<p>Status of the achievement: achieved (continued) (Project Completion) Child Club mobilization was introduced by the project. According to the endline survey, 84.8% of schools in Syangja district and 82.9% of schools in Sindhupalchowk district had Child Clubs. Major activities of Child Clubs include school cleaning, operating library, management of first aid kit box and organizing health related activities.</p> <table border="1"> <thead> <tr> <th></th> <th>Baseline (2008)</th> <th>Endline (2011)</th> </tr> </thead> <tbody> <tr> <td>Sindhupalchowk</td> <td>NA</td> <td>82.9%</td> </tr> <tr> <td>Syangja</td> <td>NA</td> <td>84.8%</td> </tr> <tr> <td>Total</td> <td>27.5%</td> <td>83.8%</td> </tr> </tbody> </table> <p>(Ex-post Evaluation) - Child Clubs are conducting wider variety of activities in school after the project completion. - Since 2012 no official record is available at the DEO. However, during consultations with DEO/DHO and Resource Persons of the target districts, it was claimed that all schools have formed and reformed the CCs in the beginning of each academic year. The ex-post evaluation team found the CCs existing in all schools visited.</p>		Baseline (2008)	Endline (2011)	Sindhupalchowk	NA	82.9%	Syangja	NA	84.8%	Total	27.5%	83.8%
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(Project Purpose 2) Implementation system of the National School Health and Nutrition Strategy is strengthened in the MOHP and the MOE.	<p>Indicator 1: A practical model* recognized by the National School Health and Nutrition Advisory Committee (NSHNAC)</p> <p>* Indicators of the model are: 1) Day meal available, 2) De-worming students, 3) Physical Check-up done, 4) Clean school environment, 5) First Aid Kit available, 6) Child Club functionalized, 7) Separate toilet for boys and girls available, and 8) School register/check list used</p>	<p>Status of the achievement: not achieved (partially continued) (Project Completion) A practical model based on SHN project indicators and Basic Package Guideline components was proposed by the project and approved by the 4th Joint Coordination Committee Meeting (JCC) in May 2012. However, it was yet to be fully discussed and approved by NSHNAC. (Ex-post Evaluation) partially achieved Since no NSHNAC meeting is convened after JCC meeting, the practical model is yet to be approved by NSHNAC. However, the model under the title 'SHNP Training and Operational Manual' which include some additional indicators from the original one has already been approved and published by DOE and DOHS (Third Edition- 2071 (2014))and endorsed by the MOE and MOH in January 2016. This version was developed on the basis of second version in order to implement the Joint Action Plan (JAP) prepared by MOE and MOHP.</p>												
	Indicator 2: Approved Guidelines and Manuals for School Health Service Minimum Package by MOHP and MOE	<p>Status of the achievement: achieved (partially continued) (Project Completion) School Health Service Minimum Package Guideline was developed and approved by the DOE and DOHS in June 2010. It was revised into the SHN Basic Guideline in April 2011 to incorporate the practical model and approved by DOE and DOHS in July 2011. (Ex-post Evaluation) As mentioned above, the third version of School Health Service Minimum Package Guideline under the title "SHNP Training and Operational Manual 2071" has been published and dispatched to all districts.</p>												
	Indicator 3: Compiled Monitoring and Supervision Sheet on SHN activities at MOHP and MOE according to Monitoring and Supervision Guideline	<p>Status of the achievement: not achieved (partially continued) (Project Completion) Monitoring and supervision sheets on SHN were neither fully used by the project stakeholders nor compiled by the MOHP and MOE. (Ex-post evaluation) MOE and MOH rather made several efforts to prepare and endorse the five-year "Joint Action Plan (JAP) of SHN programme 2071/72 to 2076/77". In January 2016, the Ministries developed and endorsed the JAP. The monitoring and supervision sheet of SHN activities will be compiled while implementing the JAP.</p>												
	Indicator 4: Compiled School Health related data (Physical Check-up and De-worming) at MOHP and MOE according to Physical Check-up and De-worming Guidelines	<p>Status of the achievement: partially achieved (partially continued) (Project Completion) The data on physical check-up and de-worming was reported from DEO to MOE, as well as from DHO to MOHP. Since the de-worming program introduced by MOHP in all 75 districts, the data on de-worming program was incorporated in Health Management Information System (HMIS). MOE plans to incorporate the data on de-worming program and Child Club program in Education Management Information System (EMIS) in 2012. (Ex-post evaluation)</p>												

		<ul style="list-style-type: none"> - Data of Physical check-up is not reported after project completion, as few schools has continued conducting physical check-up. - De-worming is continued and data are partially compiled and included in the Health Management Information System (HMIS). - Reporting system is yet to be automatized for regular feeding into HMIS and EMIS. 																
(Overall Goal) Health and nutrition status of school-aged children is improved in the target districts.	Indicator 1: Decrease in moderate and severe level of malnutrition (weight-for-age) of school-aged children (between 5 to 10 years old) from 29.7% in 2008 to 26.7% in 2015 in the target districts.	Status of Achievement: not achieved (Ex-post Evaluation) No data is available, as no health check-up is carried out after the project completion.																
	Indicator 2: Increase in attendance rate of school-aged children from 72.7% in 2008 to 79.7% in 2015 in the target districts.	Status of achievement: Partially achieved (Ex-post Evaluation) Average attendance rate of school-aged children (1st to 5th grade)																
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Source : JICA internal documents, questionnaires and interviews with DEO and DHO of Syangja and Sindhupalchowk, some target schools, and DOE and DOE.

3 Efficiency

Both the project cost and the project period were within the plan (ratio against the plan: 74%, 100%). Therefore, efficiency of the project is high.

4 Sustainability

<Policy Aspect>

The current policy framework secures the effects of the project to continue. MOE and MOH prepared and endorsed the five-year “Joint Action Plan (JAP) of SHN Program 2071/72 to 2076/77” which clearly mentions “Institutionalize SHN Program in MOE & MOH” as follows: (1) Add SHN Program related responsibilities in existing Terms of Reference of Policy Analysis and Program Section of MOE, (2) Initiate formal process to establish SHN section within DOE, (3) Develop separate School Health Education Package within Teacher Professional Development (TPD) Model, (4) Revise existing curriculum and textbook of Health Education, Nutrition to incorporate SHN components, (5) Ensure incorporation of SHN activities in Annual Strategic Implementation Plan (ASIP) and annual Work Plan and Budget (AWPB) under School Sector Reform Plan (SSRP), (6) Establish Secretariat of Steering Committee in MOE for effective co-ordination, and (7) Incorporate SHN basic package in legislation .

<Institutional Aspect>

DOE has proper organizational structure as a separate SHN section has been established after the project was completed. Focal Person who has the sole responsibility to facilitate SHN activities have been assigned at DEO. The number of staff is not sufficient, as the staff assigned to SHN section also look after his/her primary responsibility, and can hardly spare time to look after SHN activities. At the school level, a teacher with health background is assigned as a Focal Teacher to facilitate the SHN activities.

DOHS has also proper organizational structure, as the Nutrition Section Chief under Child Health Division is in charge of SHN activities. Focal Person have also been assigned at DHO. DOH also has the same problems of staff number as DOE.

Although NSHAC has continued, meetings were not held regularly after the project was completed. NSHAC has the role to monitor the implementation of planned activities, however, senior officials were tremendously engaged in series of policy level decision.

<Technical Aspect>

At national level, there are trained staff on SHN concept and package at DOE and DOHS. However, internal training system is not developed. At the target district level, there are also trained staff at DEO and DHO. In case of arrival of new and untrained staff (on SHN activities), orientation and training is a must. At school level, headmaster and teachers have basic knowledge to implement basic SHN activities in school based on the experiences gained during the project period. School Supervisors and Resource Persons³ and other visiting officers from DEO and DOE are providing feedback during the school visits. However, no orientation/training on SHN for schools have been provided by them after the project completion.

<Financial Aspect>

There is budget allocation for SHN activities from GON to DOE, however, most of the budget goes to mid-day meal, and the budget is not sufficient for the implementation of basic package of SHN Program, including physical check-up and constant monitoring of

³ School Supervisors (SSs) and Resource Person (RPs) at Resource Center (RC) are positions in DEO. SSs supervise 2-3 RCs and one RP supervise schools in several villages.

progress in remote schools. Budget of DOHS is also not sufficient. However, the budget for deworming program is allocated by DOHS which is combined with other budgets for bulk purchasing (for medical supplies) that includes Albendazole Tablets for SHNP. At district level, very little budget is allocated to districts. Some Village Development Committees (VDCs, responsible for village development under Ministry of Federal Affairs and Local Department) provide some budget to schools, however, the budget is not necessarily limited to SHN Program, but child development activities as a whole.

<Evaluation Result>

In light of the above, problems have been observed in terms of the institutional, technical and financial aspects. Therefore, the sustainability of the effectiveness through the project is fair.

5 Summary of the Evaluation

The project purpose was partially achieved. Decrease in worm infestation was observed and Child Clubs were established and conducted SHN activities. The guideline was developed and approved, but the model itself was not approved by the end of the project. After the project was completed, the model was endorsed by MOE and MOH, and SHN activities have partially continued. Overall goal was partially achieved. No data is available on malnutrition, however, attendance rate has improved. As for sustainability, there are some challenges in institutional, technical and financial aspects.

Considering all of the above points, this project is evaluated to be satisfactory.

III. Recommendations & Lessons Learned

Recommendations to Implementing Agency:

1. MOE and MOH should develop internal training system at national and district level and orientation for new and untrained staff for sustainability.
2. DOE and DOHS should include the roles in Job Descriptions of Focal Persons (FPs), School Supervisors (SS), Resource Persons (RPs), Focal Teachers (FTs)⁴ for constant monitoring and follow up of SHN activities including training to teachers, students and School Management Committee (SMC) representatives and issue a circular to DEO for proper use of attendance register by the end of current fiscal year.
3. Likewise, DOE, DOHS should accelerate process to institutionalize SHNP including allocation of required human and financial resources in accordance with JAP by the end of December 2016 and further strengthen SHN section to coordinate and facilitate for effective implementation and monitoring and reporting of the JAP.
4. As NSHNAC is almost nonfunctional and meeting has not been convened after the project, MOE and MOH in coordination with the local government (District Development Committee) should strengthen and make District School Health and Advisory Committee functional in the districts.

Lessons learned for JICA:

. As a result of advocacy and facilitation by the SHN project together with other SHN network members (i.e. UNICEF, Save the children and others), MOE and MOH established a separate SHN section and continued SHN network at central level that has been contributing to follow-up of finalization and endorsement of Joint Action Plan and printing and dissemination of guidelines after the termination of the JICA project. Thus, establishment of a section that is specifically in charge of the project related activities in an implementing agency would be effective for institutionalization and sustainability of the project outcomes.



Mr. Dil Bahadur Nepali, Health Post In-charge of Dhapuk Health Post, Syangja, maintains a sound recording and reporting system of de-worming, First Aid and other SHN activities. He is among the trained health personnel on SHN during the project period in Nepal and Japan.



Ganesh Primary School, Thulosirubari, Sindhupalchowk is regarded one of the model SHN Schools, continues all SHN activities to date. Mrs. Tara Rana, Head Teacher (Principal) at present and the then FT, facilitates the SHN activities mobilizing teachers, SMC, Parents Teachers Association (PTA) and Child Club.

⁴ During the SHNP project time, in addition to their regular job of planning, monitoring/supervision, training/teaching, following additional role were given to the different level counterparts:

Focal person (FP) at DHO and DEO office to coordinate all the SHN related activities including coordination for training

School Supervisor (SS) coordinate SHN activities with the District to cluster level in Education sector and conduct training and supervise.

Resource Person, (RP) coordinate SHN activities at the school / cluster, training teachers, meeting with Head Teachers and Focal Teacher.

Focal Teacher (FT) based in school to coordinate and implement SHN activities at school level and coordinate with Child Clubs and parents too.

