

## 付 属 資 料

1. 評価グリッド（和文）
2. 協議議事録

実績の確認

評価項目	プロジェクトの要約	実績を確認するための指標	必要な情報・データ	情報源	調査方法
実績と目標達成の見込み(上位目標)	【上位目標】「対象郡において学齢児童の健康と栄養状態が改善する」の達成度と達成見込み	1.1 対象郡において中・重度の低体重(年齢相応の体重)をもつ学齢児童(5歳～10歳)の割合が29.7%(2008年)から26.7%(2015年)に減少する	・中・重度の低体重(年齢相応の体重)学齢児童の割合 ・C/Pと専門家の上位目標達成見込みに関する見解	・プロジェクト報告書 ・C/Pと日本人専門家	・報告書のレビュー ・C/Pと専門家に対する質問票 ・関係者へのインタビュー
		1.2 対象郡において学齢児童の出席率が72.7%(2008年)から79.7%(2015年)に増加する	・学齢児童の出席率 ・C/Pと専門家の上位目標(中期目標)達成見込みに関する見解	・プロジェクト報告書 ・Flash Report ・C/Pと日本人専門家	・報告書のレビュー ・C/Pと専門家に対する質問票 ・関係者へのインタビュー
実績(プロ目)	【プロジェクト目標】「対象郡において学齢児童による学校保健サービスの利用が増加する」と「保健人口省と教育省において『国家学校保健・栄養戦略』の実施体制が強化される」の達成度	3. 国家学校保健・栄養アドバイザー委員会(NSHNAC)によって、実践的な学校保健モデルが承認される	・「実践的な学校保健モデル」の定義 ・上記モデルの国家学校保健・栄養アドバイザー委員会による承認プロセスと現況	・プロジェクト報告書 ・C/Pと日本人専門家	・報告書のレビュー ・C/Pと専門家に対する質問票 ・関係者へのインタビュー
		4. 保健人口省と教育省によって、学校保健サービスミニマムパッケージのガイドラインとマニュアルが承認される	・学校保健サービスミニマムパッケージのガイドラインの両省による承認プロセスと現況	・プロジェクト報告書 ・C/Pと日本人専門家	・報告書のレビュー ・C/Pと専門家に対する質問票 ・関係者へのインタビュー
		5. 学校保健活動のモニタリング・スーパービジョン・シートが、モニタリング・スーパービジョンガイドラインに基づき保健人口省と教育省に集計される	・学校保健活動のモニタリング・スーパービジョンシートの利用状況と集計状況	・プロジェクト報告書 ・C/Pと日本人専門家	・報告書のレビュー ・C/Pと専門家に対する質問票 ・関係者へのインタビュー
		6. 学校保健関連データ(身体測定、駆虫薬の投与)が身体測定ガイドライン及び寄生虫対策プログラムガイドラインに基づき保健人口省と教育省に集計される	・身体測定、駆虫薬の投与に関するデータの集計状況	・プロジェクト報告書 ・C/Pと日本人専門家	・報告書のレビュー ・C/Pと専門家に対する質問票 ・関係者へのインタビュー
		7. 学齢児童の寄生虫罹患率が25.1%(2008年)から15.1%(2012年)に減少する	・学齢児童の寄生虫罹患率	・プロジェクト報告書 ・C/Pと日本人専門家 ・対象校	・報告書のレビュー ・C/Pと専門家に対する質問票 ・関係者へのインタビュー
		8. 各対象校において、子どもクラブによる学校保健活動が最低年1回実施される	・子どもクラブによる学校保健活動の実施状況	・プロジェクト報告書 ・C/Pと日本人専門家 ・対象校	・報告書のレビュー ・C/Pと専門家に対する質問票 ・関係者へのインタビュー

実績 (成果)	9	【成果1】「対象校において、学校保健サービスミニマムパッケージの提供が改善される」の達成度	1.1 学校保健サービスミニマムパッケージのためのガイドラインとマニュアルが開発される	・開発されたガイドライン、マニュアル	・プロジェクト報告書 ・C/Pと日本人専門家	・報告書のレビュー ・C/Pと専門家に対する質問票 ・関係者へのインタビュー
	10		1.2 学校保健サービスミニマムパッケージの研修への総参加者が0名から7,500名以上になる	・学校保健サービスミニマムパッケージ研修参加者数	・プロジェクト報告書 ・C/Pと日本人専門家	・報告書のレビュー ・C/Pと専門家に対する質問票 ・関係者へのインタビュー
	11		1.3 身体測定を年1回実施し、適切に記録する学校が0%から70.0%に増加する	・身体測定実施校数と記録を適切に保持している学校の割合	・プロジェクト報告書 ・C/Pと日本人専門家 ・対象校	・報告書のレビュー ・C/Pと専門家に対する質問票 ・関係者へのインタビュー ・対象校視察
	12		1.4 寄生虫対策プログラムを年2回実施し、適切に記録する学校が0%から70.0%に増加する	・年2回の寄生虫対策プログラムの実施校数と記録を適切に保持している学校の割合	・プロジェクト報告書 ・C/Pと日本人専門家 ・対象校	・報告書のレビュー ・C/Pと専門家に対する質問票 ・関係者へのインタビュー ・対象校視察
	13		1.5 ファーストエイドキットボックスを備え、適切に記録する学校が0%から60.0%に増加する	・救急箱の保持、記録を適切に保持している学校の割合	・プロジェクト報告書 ・C/Pと日本人専門家 ・対象校	・報告書のレビュー ・C/Pと専門家に対する質問票 ・関係者へのインタビュー ・対象校視察
	14	【成果2】「学校保健活動を通じて、対象校における学齢児童の保健に関する知識が向上し、態度や習慣が改善される」の達成度	2.1 対象校において、清潔な爪を有する学齢児童の割合が49.8%から70.0%に増加する	・清潔な爪をもつ対象校学齢児童の割合	・プロジェクト報告書 ・C/Pと日本人専門家 ・対象校	・報告書のレビュー ・C/Pと専門家に対する質問票 ・関係者へのインタビュー ・対象校視察
	15		2.2 学校清掃(トイレを保有する学校でのトイレ清掃)を毎日行う学校の割合が33.3%から50.0%に増加する	・トイレを保有する学校でのトイレ清掃を毎日行う学校の割合	・プロジェクト報告書 ・C/Pと日本人専門家 ・対象校	・報告書のレビュー ・C/Pと専門家に対する質問票 ・関係者へのインタビュー ・対象校視察
	16		2.3 対象校において、学齢児童の寄生虫に関する知識が11.0%から60.0%に増加する	・寄生虫に関する知識がある対象校学齢児童の割合	・プロジェクト報告書 ・C/Pと日本人専門家 ・対象校	・報告書のレビュー ・C/Pと専門家に対する質問票 ・関係者へのインタビュー ・対象校視察
	17		2.4 学校チェックリストの記録を管理する学校の割合が0%から60.0%に増加する	・学校チェックリストの記録を管理する学校の割合	・プロジェクト報告書 ・C/Pと日本人専門家 ・対象校	・報告書のレビュー ・C/Pと専門家に対する質問票 ・関係者へのインタビュー ・対象校視察
	18		2.5 各対象校において子どもクラブが存在する	・対象校の子どもクラブの設立状況	・プロジェクト報告書 ・C/Pと日本人専門家 ・対象校	・報告書のレビュー ・C/Pと専門家に対する質問票 ・関係者へのインタビュー ・対象校視察

ネパール学校保健・栄養改善プロジェクト

評価グリッド(和文)

実績 (成果)	19	【成果3】「対象郡において、学校保健活動が関係機関、委員会、その他の関係者によって体系的かつ協力的に実施・管理される」の達成度	3.1 教員、児童、保健スタッフ、地域住民と学校保健・栄養委員会の共同により、ヘルス・プロモーション・キャンペーンが最低年1回、実施される	・ヘルス・プロモーション・キャンペーンの実施状況	・プロジェクト報告書 ・C/Pと日本人専門家 ・対象校	・報告書のレビュー ・C/Pと専門家に対する質問票 ・関係者へのインタビュー ・対象校視察
	20		3.2 リソース・パーソンによる学校保健のモニタリング・スーパービジョンを最低年3回受ける学校の割合が0%から60.0%に増加する	・リソースパーソンによる学校保健モニタリング・スーパービジョンの実施状況	・プロジェクト報告書 ・C/Pと日本人専門家 ・対象校 ・郡教育事務所リソースパーソン	・報告書のレビュー ・C/Pと専門家に対する質問票 ・関係者へのインタビュー ・対象校視察
	21		3.3 定期会合を最低年4回開催する学校保健・栄養委員会の割合が0%から60.0%に増加する	・学校保健・栄養委員会の定期会合開催状況	・プロジェクト報告書 ・C/Pと日本人専門家 ・対象校	・報告書のレビュー ・C/Pと専門家に対する質問票 ・関係者へのインタビュー ・対象校視察
	22		3.4 郡学校保健・栄養調整委員会(DSHNCC)が最低年4回、定期会合を開催する	・郡学校保健・栄養調整委員会の定期会合開催状況	・プロジェクト報告書 ・C/Pと日本人専門家 ・郡開発官	・報告書のレビュー ・C/Pと専門家に対する質問票 ・関係者へのインタビュー
	23		3.5 学校保健コンポーネントを学校改善計画(School Improvement Plan: SIP)に取り入れる学校の割合が0%から60.0%に増加する	・学校保健コンポーネントを学校改善計画に取り入れた学校の割合	・プロジェクト報告書 ・C/Pと日本人専門家 ・対象校	・報告書のレビュー ・C/Pと専門家に対する質問票 ・関係者へのインタビュー ・対象校視察
	24		3.6 学校保健関連データ(身体測定、駆虫薬の投与)が身体測定ガイドライン及び寄生虫対策プログラムガイドラインに基づき、郡保健事務所と郡教育事務所で集計される	・身体測定、駆虫薬の投与データの郡レベルでの集計状況	・プロジェクト報告書 ・C/Pと日本人専門家	・報告書のレビュー ・C/Pと専門家に対する質問票 ・関係者へのインタビュー
	25		【成果4】「プロジェクトの経験に基づき実践的なモデルが開発され、『国家学校保健・栄養戦略』に沿った当該モデルの普及計画が中央レベルで策定される」の達成度	4.1 レビューされた「国家学校保健・栄養戦略」とガイドラインが国家学校保健・栄養アドバイザー委員会(NSHNAC)に承認される	・レビューされた「国家学校保健・栄養戦略」とガイドラインの国家学校保健・栄養アドバイザー委員会による承認プロセスと現況	・プロジェクト報告書 ・C/Pと日本人専門家 ・ドナー関係者
26	4.2 中央省庁において、他郡への当該モデル普及のためのアクションプランが開発される	・モデル普及のためのアクションプラン		・プロジェクト報告書 ・C/Pと日本人専門家 ・ドナー関係者	・報告書のレビュー ・C/Pと専門家に対する質問票 ・関係者へのインタビュー	
実績 (ネパール側 投入)	実績 (ネパール側 投入)	投入内容と可能な限り金額で示す(R/D記載内容との比較)	・C/P配置表(異動者の確認含む) ・運営経費(手当等も含む) ・提供執務室、施設	・プロジェクト報告書 ・日本人専門家	・報告書のレビュー ・関係者へのインタビュー	
実績 (日本側 投入)	28	・専門家の数・専門分野 ・供与資機材(リストと供与額) ・受入れ研修員の数 ・運営経費等	投入内容と可能な限り金額で示す(R/D記載内容との比較)	・専門家の数・専門分野(人月数) ・供与資機材(リストと供与額) ・受入れ研修員の数(研修員の所属別に)人月数 ・運営経費等	・プロジェクト報告書 ・日本人専門家	・報告書のレビュー ・関係者へのインタビュー

実施プロセスの把握

評価項目	評価設問(大項目)	評価設問(小項目)	必要な情報・データ	情報源	調査方法	
プロジェクト運営、活動の進捗状況	1	・プロジェクト全体の実施状況 ・運営面、技術面の促進要因と阻害要因	・プロジェクトの運営、技術移転は円滑になされてきたか ・円滑になされてきた要因は何か、なされていないとすれば原因は何か	・プロジェクトマネジメント体制(内部要因) ・PDMとの乖離 ・外部条件の変化、その他プロジェクトを取り巻く外部要因	・プロジェクト報告書 ・C/Pと日本人専門家	・報告書のレビュー ・C/Pと専門家に対する質問票 ・関係者へのインタビュー
	2	・活動の進捗状況 ・活動の促進要因と阻害要因 ・活動実施に係る問題点	・各成果の活動は順調に進んでいるか ・活動を促進している要因と阻害している要因は何か ・十分に実施されていない活動はあるか、あるとしたらその原因は何か	・POとの乖離 ・投入や外部条件の変化 ・その他の内部的な促進・阻害要因と対処法 ・活動修正の際のプロセスや文書記録	・プロジェクト報告書・ミニッツ ・C/Pと日本人専門家	・報告書のレビュー ・関係者へのインタビュー
	3	・外部条件の変化とその対応	・外部条件に関して変化はあったか、変化があった場合、誰がどのように対応したか ・外部条件に記載していない外部要因による変化はあったか、変化があった場合、誰がどのように対応したか	・外部条件の変化と対処法 ・記録の有無、記録方法	・プロジェクト報告書 ・C/Pと日本人専門家	・報告書のレビュー ・関係者へのインタビュー
	4	・前提条件の変化とその対応	・前提条件に対し変化はあったか、変化があった場合、誰がどのように対応したか	・前提条件に関するプロジェクト関係者の意見	・プロジェクト報告書 ・C/Pと日本人専門家	・報告書のレビュー ・関係者へのインタビュー
モニタリングの実施状況	5	・モニタリング(プロジェクトの進捗状況の確認)はどのように行われていたか(形態・頻度) ・進捗状況確認の結果はどのようにフィードバックされていたか ・モニタリング方法の改善の余地はあったか	・モニタリングツール(記録方法等含む)の有無 ・モニタリング実施方法、活用・フィードバック方法	・プロジェクト報告書 ・C/Pと日本人専門家	・報告書のレビュー ・C/Pと専門家に対する質問票 ・関係者へのインタビュー	
関係者間のコミュニケーション	6	・コミュニケーションと問題認識の共有状況	・専門家とC/Pの間で十分なコミュニケーションが図られていたか ・専門家とC/Pの間で問題に対する認識は共有されていたか ・C/P機関同士で十分なコミュニケーションが図られていたか ・C/P機関同士で問題に対する認識は共有されていたか ・JICAネパール事務所/本部とプロジェクトとの間で十分なコミュニケーションが図られていたか ・JICAネパール事務所/本部やプロジェクトとの間で問題に対する認識は共有されていたか	・コミュニケーションツールの有無 ・各種会議の頻度や記録方法、記録内容 ・JICA本部、JICAネパール事務所、専門家、C/P等の意見、見解	・プロジェクト報告書 ・C/Pと日本人専門家 ・JICAネパール事務所/本部	・報告書のレビュー ・C/Pと専門家に対する質問票 ・関係者へのインタビュー

<p>技術(技能)移転の手法</p>	<p>7</p>	<p>・技術(技能)移転の進捗状況</p>	<p>・C/Pに伝えるべき技術(技能)の内容は何で対象は誰か                  ・移転すべき技術(技能)内容はプロジェクト開始時に比べ変化してきているか                  ・的確に技術が移転されているか、技術移転の際、どのような工夫がなされているか</p>	<p>・移転すべき技術(技能)の内容と対象者                  ・移転すべき技術(技能)の内容の変化の有無                  ・技術移転の方法</p>	<p>・プロジェクト報告書                  ・C/Pと日本人専門家</p>	<p>・報告書のレビュー                  ・専門家に対する質問票                  ・関係者へのインタビュー</p>
<p>相手国実施機関のオーナーシップ</p>	<p>8</p>	<p>・実施機関と責任監督機関のプロジェクトに対する主体性の醸成状況</p>	<p>・教育省、保健人口省、郡教育事務所、郡保健事務所、郡学校保健・栄養調整委員会、学校保健・栄養委員会のプロジェクトに対する認識の度合い                  ・教育省、保健人口省、郡教育事務所、郡保健事務所、郡学校保健・栄養調整委員会、学校保健・栄養委員会のプロジェクトへの参加の度合い                  ・C/Pの配置の適性度                  ・プロジェクト予算の負担状況(開始後の予算額の推移)</p>	<p>・各種会議の開催頻度、参加者、協議内容                  ・その他、実施機関の主体性の醸成が確認できる事例の有無                  ・C/Pの配置人数、職位                  ・プロジェクト開始後の予算額の推移</p>	<p>・プロジェクト報告書                  ・C/P、関係者と日本人専門家</p>	<p>・報告書のレビュー                  ・専門家に対する質問票                  ・関係者へのインタビュー</p>

評価5項目による分析

評価項目	評価設問(大項目)	評価設問(小項目)	必要な情報・データ	情報源	調査方法	
<b>妥当性</b> (プロジェクトの実施の正当性、必要性を問う)	1	プロジェクトの必要性	協力内容(学校保健サービスの改善、対象校児童の行動変容促進、学校保健制度の構築)はネパールの学校保健分野のニーズに合致しているか	<ul style="list-style-type: none"> <li>教育省、保健人口省、郡教育事務所、郡保健事務所、国家計画委員会、対象2郡の郡開発官、その他開発パートナー、のプロジェクトに対する認識、見解</li> </ul>	<ul style="list-style-type: none"> <li>プロジェクト報告書</li> <li>C/Pと日本人専門家</li> <li>対象2郡関係者</li> <li>学校保健・栄養ネットワーク</li> </ul>	<ul style="list-style-type: none"> <li>報告書のレビュー</li> <li>C/Pと専門家に対する質問票</li> <li>関係者へのインタビュー</li> </ul>
	2	プロジェクトの優先度	プロジェクト目標、上位目標はネパールの暫定3カ年国家開発計画、国家学校保健・栄養戦略、その他関連政策との整合性はあるか	<ul style="list-style-type: none"> <li>暫定3カ年国家開発計画(2007～2010年)、(2010～2013年)</li> <li>国家学校保健・栄養戦略(2006年)</li> </ul>	<ul style="list-style-type: none"> <li>プロジェクト報告書</li> <li>C/Pと日本人専門家</li> <li>上位の国家開発計画と国家学校保健・栄養戦略</li> </ul>	<ul style="list-style-type: none"> <li>関連文書のレビュー</li> <li>関係者へのインタビュー</li> </ul>
	3		プロジェクト目標、上位目標は日本の対ネパール援助政策との整合性はあるか	<ul style="list-style-type: none"> <li>対ネパール経済協力方針(2008年)</li> <li>対ネパール事業展開計画(2010年)</li> </ul>	<ul style="list-style-type: none"> <li>外務省ホームページ</li> <li>JICAネパール事務所</li> </ul>	<ul style="list-style-type: none"> <li>関連文書のレビュー</li> </ul>
	4	戦略・アプローチの適切性	プロジェクトがとったアプローチ(対象郡の選定、裨益対象グループ、ローカルNGOを活用しない等)は現場のニーズに即したもののか。また国家学校保健・栄養戦略の政策手段として適切だったか。	<ul style="list-style-type: none"> <li>関係者のプロジェクトに対する認識、見解</li> </ul>	<ul style="list-style-type: none"> <li>プロジェクト報告書</li> <li>C/Pと日本人専門家</li> <li>対象2郡関係者</li> <li>学校保健・栄養ネットワーク</li> </ul>	<ul style="list-style-type: none"> <li>報告書のレビュー</li> <li>C/Pと専門家に対する質問票</li> <li>関係者へのインタビュー</li> </ul>
	5		日本の技術の優位性はあるか	<ul style="list-style-type: none"> <li>日本の類似分野での協力実績</li> <li>日本の技術に対する関係者の認識</li> </ul>	<ul style="list-style-type: none"> <li>プロジェクト報告書</li> <li>C/Pと日本人専門家</li> </ul>	<ul style="list-style-type: none"> <li>報告書のレビュー</li> <li>C/Pと専門家に対する質問票</li> <li>関係者へのインタビュー</li> </ul>
<b>有効性</b>	6	プロジェクト目標の達成	プロジェクト目標が達成される見込みはあるか	<ul style="list-style-type: none"> <li>実績表</li> </ul>	<ul style="list-style-type: none"> <li>実績表</li> </ul>	<ul style="list-style-type: none"> <li>実績表</li> </ul>
	7	成果(アウトプット)の貢献	プロジェクト目標の指標の変化は、プロジェクトのそれぞれの「成果が達成されつつある変化」によって引き起こされた結果といえるか	<ul style="list-style-type: none"> <li>成果の指標の実績</li> <li>関係者の意見</li> </ul>	<ul style="list-style-type: none"> <li>プロジェクト報告書</li> <li>C/Pと日本人専門家</li> </ul>	<ul style="list-style-type: none"> <li>報告書のレビュー</li> <li>C/Pと専門家に対する質問票</li> <li>関係者へのインタビュー</li> <li>実績</li> </ul>

<b>有効性</b>  (プロジェクトの実施によりターゲットグループに便益がもたらされているか、プロジェクト目標が達成されているか、それは成果の結果によりもたらされているのか)	8	成果(アウトプット)の貢献	プロジェクト目標の達成のために、PDMIには記載されていないが相当量の投入・活動を行い成果と呼べるようなものがあつたか、それはPDMIに成果として記載すべきか	<ul style="list-style-type: none"> <li>活動実施計画(Plan of Operation)と活動実績の対応表</li> <li>関係者の意見</li> </ul>	<ul style="list-style-type: none"> <li>プロジェクト報告書</li> <li>C/Pと日本人専門家</li> </ul>	<ul style="list-style-type: none"> <li>報告書のレビュー</li> <li>C/Pと専門家に対する質問票</li> <li>関係者へのインタビュー</li> <li>実績表</li> </ul>
	9	プロジェクト目標に至るまでの外部条件の影響	外部条件「対象地域の治安が悪化しない」「政治的・経済的混乱があつても、ネパール政府による『国家学校保健・栄養戦略』実施のための予算措置と人員配置が保証される」の影響はあつたか	<ul style="list-style-type: none"> <li>治安状況</li> <li>国家学校保健・栄養戦略実施のための予算措置と人員配置の状況</li> </ul>	<ul style="list-style-type: none"> <li>プロジェクト報告書</li> <li>C/Pと日本人専門家</li> </ul>	<ul style="list-style-type: none"> <li>報告書のレビュー</li> <li>C/Pと専門家に対する質問票</li> <li>関係者へのインタビュー</li> <li>実績表</li> </ul>
	10		PDMIに記載されていないが影響を与えた外部要因(促進・阻害要因)があるか	<ul style="list-style-type: none"> <li>プロジェクト外部の貢献・阻害要因の特定と根拠</li> </ul>	<ul style="list-style-type: none"> <li>プロジェクト報告書</li> <li>C/Pと日本人専門家</li> </ul>	<ul style="list-style-type: none"> <li>報告書のレビュー</li> <li>C/Pと専門家に対する質問票</li> <li>関係者へのインタビュー</li> <li>実績表</li> </ul>
	11	プロジェクトの目標達成に影響を与えた貢献・阻害要因は何か	<ul style="list-style-type: none"> <li>プロジェクト内部の貢献・阻害要因の特定と根拠</li> </ul>	<ul style="list-style-type: none"> <li>プロジェクト報告書</li> <li>C/Pと日本人専門家</li> </ul>	<ul style="list-style-type: none"> <li>報告書のレビュー</li> <li>C/Pと専門家に対する質問票</li> <li>関係者へのインタビュー</li> <li>実績表</li> </ul>	
<b>効率性</b>  (投入された資源量に見合った活動が実施されたか、プロジェクトは効率的であるといえるか)	12	成果(アウトプット)の達成	4つの成果(アウトプット)は達成されるか	<ul style="list-style-type: none"> <li>実績表</li> </ul>	<ul style="list-style-type: none"> <li>実績表</li> </ul>	<ul style="list-style-type: none"> <li>実績表</li> </ul>
	13	(成果を達成するうえでの)日本側の投入の質、量、タイミングの観点からの効率性	専門家派遣人数、専門分野、派遣時期は適切だったか	<ul style="list-style-type: none"> <li>派遣実績</li> <li>関係者の意見</li> </ul>	<ul style="list-style-type: none"> <li>プロジェクト報告書</li> <li>C/Pと日本人専門家</li> </ul>	<ul style="list-style-type: none"> <li>報告書のレビュー</li> <li>C/Pと専門家に対する質問票</li> <li>関係者へのインタビュー</li> <li>実績表</li> </ul>
	14		供与機材の種類、量、調達・供与時期は適切だったか	<ul style="list-style-type: none"> <li>機材実績</li> <li>機材利用状況</li> <li>関係者の意見</li> </ul>	<ul style="list-style-type: none"> <li>プロジェクト報告書</li> <li>C/Pと日本人専門家</li> </ul>	<ul style="list-style-type: none"> <li>報告書のレビュー</li> <li>C/Pと専門家に対する質問票</li> <li>関係者へのインタビュー</li> <li>実績表</li> </ul>
	15		研修員の受入人数、分野、研修内容、研修期間、受入時期は適切だったか	<ul style="list-style-type: none"> <li>研修員受入実績</li> <li>関係者の意見</li> </ul>	<ul style="list-style-type: none"> <li>プロジェクト報告書</li> <li>C/Pと日本人専門家</li> </ul>	<ul style="list-style-type: none"> <li>報告書のレビュー</li> <li>C/Pと専門家に対する質問票</li> <li>関係者へのインタビュー</li> <li>実績表</li> </ul>
16	プロジェクトの予算、日本側のコスト負担は適正規模だったか	<ul style="list-style-type: none"> <li>プロジェクトコスト負担実績</li> <li>関係者の意見</li> </ul>	<ul style="list-style-type: none"> <li>プロジェクト報告書</li> <li>C/Pと日本人専門家</li> </ul>	<ul style="list-style-type: none"> <li>報告書のレビュー</li> <li>C/Pと専門家に対する質問票</li> <li>関係者へのインタビュー</li> <li>実績表</li> </ul>		



<b>効率性</b> (投入された資源量に見合った活動が実施されたか、プロジェクトは効率的であるといえるか)	17		カウンターパートの人数、配置、能力は適切だったか	<ul style="list-style-type: none"> <li>・C/P配置状況</li> <li>・関係者の意見</li> </ul>	<ul style="list-style-type: none"> <li>・プロジェクト報告書</li> <li>・C/Pと日本人専門家</li> </ul>	<ul style="list-style-type: none"> <li>・報告書のレビュー</li> <li>・C/Pと専門家に対する質問票</li> <li>・関係者へのインタビュー</li> <li>・実績表</li> </ul>
	18	(活動を行ううえで)ネパール側の投入の質、量、タイミングの観点からの効率性	土地、建物、施設の規模、質、利便性に問題はなかったか	<ul style="list-style-type: none"> <li>・建物・施設の現状</li> <li>・機材配置</li> <li>・関係者の意見</li> </ul>	<ul style="list-style-type: none"> <li>・プロジェクト報告書</li> <li>・C/Pと日本人専門家</li> </ul>	<ul style="list-style-type: none"> <li>・報告書のレビュー</li> <li>・C/Pと専門家に対する質問票</li> <li>・関係者へのインタビュー</li> <li>・実績表</li> </ul>
	19		プロジェクトの予算、ネパール側のコスト負担は適切規模だったか	<ul style="list-style-type: none"> <li>・プロジェクトコスト負担実績</li> <li>・関係者の意見</li> </ul>	<ul style="list-style-type: none"> <li>・プロジェクト報告書</li> <li>・C/Pと日本人専門家</li> </ul>	<ul style="list-style-type: none"> <li>・報告書のレビュー</li> <li>・C/Pと専門家に対する質問票</li> <li>・関係者へのインタビュー</li> <li>・実績表</li> </ul>
	20		成果(アウトプット)を達成するために十分な活動が計画され、タイミングよく実施されているか	<ul style="list-style-type: none"> <li>・活動実施計画(Plan of Operation)と活動実績の対応表</li> <li>・関係者の意見</li> </ul>	<ul style="list-style-type: none"> <li>・プロジェクト報告書</li> <li>・C/Pと日本人専門家</li> </ul>	<ul style="list-style-type: none"> <li>・報告書のレビュー</li> <li>・C/Pと専門家に対する質問票</li> <li>・関係者へのインタビュー</li> <li>・実績表</li> </ul>
	21	活動の貢献	成果(アウトプット)の達成のために、PDMIには記載されていないが成果に貢献した活動があったか、それはPDMIに活動として記載すべきだったか	<ul style="list-style-type: none"> <li>・活動実施計画(Plan of Operation)と活動実績の対応表</li> <li>・関係者の意見</li> </ul>	<ul style="list-style-type: none"> <li>・プロジェクト報告書</li> <li>・C/Pと日本人専門家</li> </ul>	<ul style="list-style-type: none"> <li>・報告書のレビュー</li> <li>・C/Pと専門家に対する質問票</li> <li>・関係者へのインタビュー</li> <li>・実績表</li> </ul>
	22		成果(アウトプット)の達成のために、これまで実施していないがPDMIに新たに追加すべき活動はあるか	<ul style="list-style-type: none"> <li>・活動実施計画(Plan of Operation)と活動実績の対応表</li> <li>・関係者の意見</li> </ul>	<ul style="list-style-type: none"> <li>・プロジェクト報告書</li> <li>・C/Pと日本人専門家</li> </ul>	<ul style="list-style-type: none"> <li>・報告書のレビュー</li> <li>・C/Pと専門家に対する質問票</li> <li>・関係者へのインタビュー</li> <li>・実績表</li> </ul>
	23	類似プロジェクトとの比較	類似プロジェクトと比較して総投入コストは妥当か(より効果的にプロジェクトを実施するための代替手段はなかったか)	<ul style="list-style-type: none"> <li>・総投入コスト</li> <li>・類似プロジェクトのアウトプットの種類、裨益人口など</li> </ul>	<ul style="list-style-type: none"> <li>・類似プロジェクト関連文書</li> </ul>	<ul style="list-style-type: none"> <li>・関連文書のレビュー</li> </ul>
	24	活動から成果に至るまでの外部条件の影響	PDMIに外部条件が設定されていないが、影響を与えた外部要因(促進・阻害要因)があるか	<ul style="list-style-type: none"> <li>・プロジェクト外部の貢献・阻害要因の特定と根拠</li> </ul>	<ul style="list-style-type: none"> <li>・プロジェクト報告書</li> <li>・C/Pと日本人専門家</li> </ul>	<ul style="list-style-type: none"> <li>・報告書のレビュー</li> <li>・C/Pと専門家に対する質問票</li> <li>・関係者へのインタビュー</li> <li>・実績表</li> </ul>
25		プロジェクトの効率性に影響を与えた貢献・阻害要因は何か	<ul style="list-style-type: none"> <li>・プロジェクト内部の貢献・阻害要因の特定と根拠</li> </ul>	<ul style="list-style-type: none"> <li>・プロジェクト報告書</li> <li>・C/Pと日本人専門家</li> </ul>	<ul style="list-style-type: none"> <li>・報告書のレビュー</li> <li>・C/Pと専門家に対する質問票</li> <li>・関係者へのインタビュー</li> <li>・実績表</li> </ul>	

インパクト (プロジェクトの実施により長期的・間接的・波及効果を生みだしつつあるか、あるいは見込みがあるか)	26	上位目標達成の見込み	上位目標は、今後プロジェクトの効果として達成される見込みがあるか	・上位目標の指標の実績 ・関係者の意見	・プロジェクト報告書 ・C/Pと日本人専門家	・報告書のレビュー ・C/Pと専門家に対する質問票 ・関係者へのインタビュー ・実績表
	27	上位目標に至るまでの外部条件の影響	外部条件「対象地域の治安が悪化しない」「政治的・経済的混乱があっても、ネパール政府による『国家学校保健・栄養戦略』実施のための予算措置と人員配置が、保証される」と、PDMに記載されていない外部要因が上位目標の達成に影響を及ぼす可能性があるか	・外部条件の特定と影響度予測	・プロジェクト報告書 ・C/Pと日本人専門家	・報告書のレビュー ・C/Pと専門家に対する質問票 ・関係者へのインタビュー
	28	波及効果	上位目標以外の予期しなかったプラスの効果・影響はあったか	・そのほかのインパクトの特定と影響予測	・プロジェクト報告書 ・C/Pと日本人専門家	・報告書のレビュー ・C/Pと専門家に対する質問票 ・関係者へのインタビュー
	29		予期しなかったマイナスの効果・影響はあったか	・負のインパクトの特定と影響予測	・プロジェクト報告書 ・C/Pと日本人専門家	・報告書のレビュー ・C/Pと専門家に対する質問票 ・関係者へのインタビュー
	30	上位目標の達成に影響を与えている貢献・阻害要因は何か、また今後予想される貢献・阻害要因は何か		・プロジェクト内部の貢献・阻害要因の特定と根拠	・プロジェクト報告書 ・C/Pと日本人専門家	・報告書のレビュー ・C/Pと専門家に対する質問票 ・関係者へのインタビュー ・実績表
自立発展性 (プロジェクトの効果は協力終了後も持続していく見込みはあるか)	31	政策・制度	プロジェクトの効果を持続あるいは拡大する取り組みが教育省あるいは保健人口省で担保されているか	・関係者の意見 ・担保されていることを示唆する具体的な事例	・プロジェクト報告書 ・C/Pと日本人専門家	・報告書のレビュー ・C/Pと専門家に対する質問票 ・関係者へのインタビュー
	32	財政	教育省と保健人口省で予算措置は十分講じられてきたか、今後の予算確保のための対策は十分か	・関係者の意見 ・予算負担の推移	・プロジェクト報告書 ・C/Pと日本人専門家	・報告書のレビュー ・C/Pと専門家に対する質問票 ・関係者へのインタビュー
	33	組織	学校保健栄養プログラムを主流化するための体制やモニタリング体制が今後も整備・維持されるか	・関係者の意見 ・整備・維持されることを示唆する具体的な事例	・プロジェクト報告書 ・C/Pと日本人専門家	・報告書のレビュー ・C/Pと専門家に対する質問票 ・関係者へのインタビュー
	34	技術	専門家から、あるいは研修を通じてC/Pに移転された技術の定着、強化の仕組みがプロジェクトの協の内容に含まれているか、教育省と保健人口省は今後もプロジェクトの成果を活用していくか	・関係者の意見 ・活用されることを示唆する具体的な事例	・プロジェクト報告書 ・C/Pと日本人専門家	・報告書のレビュー ・C/Pと専門家に対する質問票 ・関係者へのインタビュー
	35	自立発展性に影響を与えている貢献・阻害要因は何か、また今後自立発展性に影響を与えるであろう貢献・阻害要因は何か		・プロジェクト内部、外部の貢献・阻害要因の特定と根拠	・プロジェクト報告書 ・C/Pと日本人専門家	・報告書のレビュー ・C/Pと専門家に対する質問票 ・関係者へのインタビュー

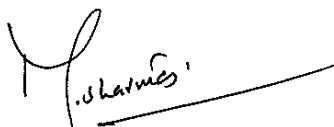
**MINUTES OF MEETINGS  
BETWEEN THE JAPANESE TERMINAL EVALUATION TEAM AND  
THE AUTHORITIES CONCERNED OF  
THE GOVERNMENT OF NEPAL ON  
THE JAPANESE TECHNICAL COOPERATION FOR  
SCHOOL HEALTH AND NUTRITION PROJECT**

The Japanese Terminal Evaluation Team (hereinafter referred to as “the Japanese Team”), organized by the Japan International Cooperation Agency (hereinafter referred to as “JICA”) and headed by Dr. Kyo Hanada, visited Nepal from January 11 to February 2, 2012 for the purpose of the Joint Terminal Evaluation of the Technical Cooperation for School Health and Nutrition Project (hereinafter referred to as “the Project”).

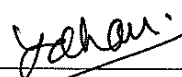
During its stay in Nepal, the Japanese Team and the authorities concerned of the Government of Nepal jointly evaluated the progress and achievements of the Project, and had a series of discussions to exchange views on the Project.

As a result of discussions, both sides reached common understanding and agreed to take necessary measures for the matters referred to in the document attached hereto.

Kathmandu, February 2, 2012



Mr. Mahashram Sharma  
Director General  
Department of Education  
Ministry of Education  
Nepal



Dr. Y. V. Pradhan  
Director General  
Department of Health Services  
Ministry of Health and Population  
Nepal



Dr. Kyo Hanada  
Leader  
Japanese Terminal Evaluation Team  
Japan International Cooperation Agency  
Japan

## THE ATTACHED DOCUMENT

1. The Japanese Team and the Government of Nepal agreed on the results of the Joint Terminal Evaluation of the Project as attached Joint Terminal Evaluation Report.
2. The Nepalese side requested JICA to continue the assistance for School Health and Nutrition program. The requests were as follows:
  - 1) To provide support such as implementation of refresher training to the VDCs in Sindhupalchowk district and Syangja district in which the Project has begun to carry out the school health and nutrition activities in the final year of the Project
  - 2) To provide support such as implementation of teacher training based on Teacher Professional Development Model to expand School Health and Nutrition program to other districts

The Japanese Team made sure that JICA would take note of them for the future cooperation plan.

Appendix: Joint Terminal Evaluation Report



**JOINT TERMINAL EVALUATION REPORT ON  
JAPANESE TECHNICAL COOPERATION FOR  
SCHOOL HEALTH AND NUTRITION PROJECT  
IN NEPAL**

**February 2, 2012**

**JAPAN INTERNATIONAL COOPERATION AGENCY, JAPAN  
AND  
MINISTRY OF HEALTH AND POPULATION AND  
MINISTRY OF EDUCATION, NEPAL**



## Contents

<b>1. Introduction .....</b>	<b>1</b>
1.1 Background and Objectives of the Terminal Evaluation .....	1
1.2 Joint Terminal Evaluation Team .....	1
1.3 Outline of the Project .....	2
1.4 Methodology of the Terminal Evaluation .....	2
<b>2. Achievement of the Project .....</b>	<b>3</b>
2.1 Inputs .....	3
<b>2.1.1 Nepalese side .....</b>	<b>3</b>
<b>2.1.2 Japanese side .....</b>	<b>3</b>
2.2 Outputs .....	4
2.3 Project Purpose .....	15
2.4 Overall Goal .....	18
<b>3. Implementation Process of the Project .....</b>	<b>19</b>
<b>4. Results of Evaluation with Five Evaluation Criteria .....</b>	<b>20</b>
4.1 Relevance .....	20
4.2 Effectiveness .....	21
4.3 Efficiency .....	22
4.4 Impact (Forecast) .....	24
4.5 Sustainability (Prospects) .....	25
<b>5. Conclusion .....</b>	<b>27</b>
<b>6. Recommendations .....</b>	<b>28</b>
<b>7. Lessons Learned .....</b>	<b>32</b>

## Annexes

ANNEX 1	Project Design Matrix 2 (PDM2)
ANNEX 2	List of Counterparts
ANNEX 3	Costs borne by the Nepalese Side
ANNEX 4	List of Long-term and Short-term Experts
ANNEX 5	List of Equipment
ANNEX 6	Costs borne by the Japanese Side
ANNEX 7	List of Training in Japan and Third Countries Provided for the Counterparts
ANNEX 8	List of Training
ANNEX 9-1	Evaluation Grid-Achievement of the Project
ANNEX 9-2	Evaluation Grid-Implementation Process
ANNEX 9-3	Evaluation Grid-Evaluation by Five Criteria

## Abbreviations

DDC	District Development Committee
DEO	District Education Office
DHO	District Health Office
DOE	Department of Education
DOHS	Department of Health Services
DPHO	District Public Health Office
DSHNCC	District School Health and Nutrition Coordination Committee
EMIS	Education Management Information System
FY	Fiscal Year
GON	Government of Nepal
HMIS	Health Management Information System
INGO	International Non-Governmental Organization
JICA	Japan International Cooperation Agency
LDO	Local Development Officer
M/M	Minutes of Meetings
MOE	Ministry of Education
MOHP	Ministry of Health and Population
MOLD	Ministry of Local Development
NCED	National Centre for Educational Development
NGO	Non-Government Organization
NPC	National Planning Commission
NSHNAC	National School Health and Nutrition Advisory Committee
NSHN Strategy	National School Health and Nutrition Strategy
PDM	Project Design Matrix
PHC	Primary Health Center
SHN	School Health and Nutrition
SHNC	School Health and Nutrition Committee
SIP	School Improvement Plan
SMC	School Management Committee
SSRP	School Sector Reform Plan
TOT	Training of Trainers
TPD	Teacher Professional Development
VDC	Village Development Committee

## 1. Introduction

### 1.1 Background and Objectives of the Terminal Evaluation

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 anaemia, sub-clinical Iodine deficiency, helminthes infestations, vitamin A deficiency and night blindness. Such health conditions of children in Nepal give negative affects to their attendance and academic achievement in school. That is attributed to lack of sanitation knowledge and smoke nuisance caused by cooking in house without a window, therefore activities in which communities are involved is needed to improve children's health conditions.

The Ministry of Health and Population (MOHP) and the Ministry of Education (MOE), the Government of Nepal (GON) jointly prepared and endorsed the "National School Health and Nutrition (NSHN) Strategy" in June, 2006. The Strategy focuses on improvement in the health and nutrition status of school-aged children and communities with utilizing schools as the places where health activities are implemented.

Japan International Cooperation Agency (JICA) agreed with the GON on technical cooperation for the School Health and Nutrition Project (hereinafter referred to as "the Project") to improve the health and nutrition status of school-aged children in the two districts, Sindhupalchowk and Syangja, in Nepal. The Project has started from June, 2008 (cooperation period of 4 years) to increase utilization of school health services among school-aged children in the target districts and to strengthen implementation system of the NSHN Strategy in the MOHP and the MOE.

Since the Project will complete in the end of May 2012, the Joint Terminal Evaluation was conducted from January 11 to February 2, 2012. The objectives of the Terminal Evaluation are as below:

- (1) To review the Project Design Matrix (PDM),
- (2) To verify the achievements of the Project,
- (3) To evaluate the degree of achievement of the Project in accordance with the five evaluation criteria, namely relevance, effectiveness, efficiency, impact, and sustainability,
- (4) To make recommendations to be implemented by the end of the Project and after the termination of the Project, and
- (5) To obtain lessons learned for better implementation of other projects.

### 1.2 Joint Terminal Evaluation Team

The Joint Terminal Evaluation Team (hereinafter referred as "the Team") consists of the following members:

1





**Nepalese Side:**

Dr. Roj Nath Pandey	Under Secretary	Monitoring and Evaluation Section, MOE
Mr. Rajendra Dhungana	Section Officer	Planning Division, MOHP
Mr. Radhakrishna Pradhan	Program Director	National Planning Commission (NPC)
Mr. Tej Prasad Panthi	Planning Officer	NPC

**Japanese Side:**

Dr. Kyo Hanada	Leader, JICA
Ms. Toshiko Shimada	Evaluation Analysis, IC Net Limited
Mr. Yoshitaka Inagaki	Cooperation Planning, JICA

**1.3 Outline of the Project**

The Project has been conducted based on the PDM version 1 & 2 signed in April 2008 and April 2010 respectively. The summary of the Project is described below.

**(1) Overall Goal**

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

**(2) Project Purpose**

- 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.

**(3) Output**

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.

**1.4 Methodology of the Terminal Evaluation**

The Project was evaluated using Project Cycle Management method defined in the JICA Guideline for Project Evaluation (2004) and the New JICA Guidelines for Project Evaluation First Edition (2010). The procedures for the Terminal Evaluation are as follows:

(1) The Team collected the necessary data for evaluation by a review of the project reports and documents, a questionnaire survey, interviews with the stakeholders, and field visits of target

schools in Sindhupalchowk district and Syangja district.

- (2) The Team verified and evaluated the achievements as per the PDM version 2 and implementation processes of the Project using an Evaluation Grid.
- (3) The Team evaluated the Project based on the following five criteria:

<b>Relevance</b>	Relevance refers to the validity of the Project Purpose and the Overall Goal in accordance with the policy direction of the Government of Nepal and the Japanese Official Development Assistance as well as needs of beneficiaries and target groups.
<b>Efficiency</b>	Efficiency refers to the productivity of the implementation process, examining if the inputs of the Project were efficiently converted into the Output.
<b>Effectiveness</b>	Effectiveness refers to the extent to which the expected benefits of the Project have been achieved as planned, and examines if the benefit was brought about as a result of the Project.
<b>Impact</b>	Impact refers to direct and indirect, positive and negative impacts caused by implementing the Project, including the extent to which the Overall Goal has been attained.
<b>Sustainability</b>	Sustainability refers to the extent to which the Nepalese side can further develop the Project, and the benefits generated by the Project can be sustained under the policies, technologies, systems, and financial state of the Nepalese side.

## 2. Achievement of the Project

### 2.1 Inputs

#### 2.1.1 Nepalese side

1. At the time of the Terminal Evaluation, 19 people were assigned as the main counterparts at the central and district levels. Four (4) out of them including 2 Project Directors, and 1 Project Manager newly joined the Project in the fourth year of the Project, 2011. The number of the total counterpart personnel assigned in the Project by the time of the Terminal Evaluation stood at 33 people (See ANNEX 2).
2. The Department of Education (DOE) and the Department of Health and Services (DOHS) allocated 604.4million NRs for SHN related programs from the Fiscal Year (FY) 2008/09 to FY 2011/12. It included de-worming, first aid kit box distribution, SHN week celebration, and monitoring and orientation. It also included mid-day meal and physical supports such as class room construction and rehabilitation, toilet construction, construction of drinking water facilities, which are not the scope of the work of the Project. (See ANNEX 3).
3. The office spaces in the DOHS and the DOE were provided respectively for the Project.

#### 2.1.2 Japanese side

1. Four (4) long-term experts were dispatched. Their professional fields are as follows: 1) Chief

Advisor/Child Health/Nutrition, 2) Project Coordinator/Health Promotion, 3) Chief Advisor, and 4) Project Coordinator/Basic Education. Fourteen (14) short-term experts in the different professional fields were dispatched by the time of the Terminal Evaluation. The total man-month for the long-term experts and the short-term experts was 79.6 and 15.5 respectively as of January 31, 2012 (See ANNEX 4).

2. The Japanese side provided vehicles, motor bikes, printers, computers, digital cameras and other equipment required for project activities. The total cost for equipment provided by the Japanese side stood at 12.49 million yen, i.e., 13.87million NRs<sup>1</sup> (See ANNEX 5, 6).
3. Nineteen (19) counterparts participated in Country-Focused Training Program in Japan, and 8 counterparts participated in Training and Dialogue Program in Japan. A total of 21 people including 2 project staff members participated in Technical Exchange Training in Third Countries conducted in Thailand and Lao PDR. The total participants of counterpart training in the Project stood at 48 people (See ANNEX 7).
4. The Japanese side has allocated 79.57 million NRs, i.e., 74.15 million yen<sup>2</sup> in total for the four years of the activities of the Project (See ANNEX 6)<sup>3</sup>.

## 2.2 Outputs

The degree to what each output has been achieved is described below.

<b>Output 1:</b>	<b>The provision of School Health Service Minimum Package is improved in target schools.</b>
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<b>Indicator 1-1</b>	<b>Developed Guidelines and Manuals for School Health Service Minimum Package.</b>
----------------------	--

School Health Service Minimum Package Guideline was developed through a series of discussions with the Project stakeholders, and approved by the DOE and the DOHS in June 2010. Based on the feedback from concerned stakeholders, it was revised into the School Health and Nutrition (SHN) Basic Program (Package) Implementation Guideline (hereinafter referred to as “the SHN Guideline”) in April, and approved by the DOE and the DOHS in July 2011. The SHN Guideline was being revised again at the time of the Terminal Evaluation. The third edition of the SHN Guideline is likely to be finalized by the end of the Project.

<sup>1</sup> Exchange rate was adopted according to JICA’s procurement rate (NPR1=¥0.932 in January 2012)

<sup>2</sup> Exchange rate was adopted according to JICA’s procurement rate (NPR1=¥0.932 in January 2012)

<sup>3</sup> The amount of FY2011 is the estimated budget up to the 3rd Quarter of the JFY2011.

**Indicator 1-2 The total number of participants who received training on School Health Service Minimum Package from 0 to more than 7,500.**

A total of fifty-four (54) training was conducted at the district, and resource center and VDC levels. They included de-worming, first aid kit box, SHN check list, child club mobilization, school action plan, physical check-up and monitoring and supervision. All the training was implemented in the cascade method. Training of Trainers (TOT) was organized by the central-level counterparts in collaboration with the project staff members to train facilitators for resource center- and VDC-level training. The main participants of this district-level TOT included focal persons of the DEO and the DHO, Resource Persons, School Supervisors, and health and sub-health post in charge. After the district-level TOT, the resource center- and VDC-level training were undertaken to train head teachers, focal teachers, chairpersons of School Health and Nutrition Committee (SHNC), VDC secretaries, and so on. The total participants of the training stood at 9583 people, and the number of trainers available at the central and district levels reached to 108 people at the time of the Terminal Evaluation (ANNEX 8).

The Project has endeavored to integrate SHN components into the Teacher Professional Development (TPD) Model developed by the National Centre for Educational Development (NCED). At the time of the Terminal Evaluation, TOT Manuals for SHN was being developed by the Project in collaboration with the NCED and other concerned organizations. The Project will provide TOT in collaboration with the NCED, targeting 125 participants from the 41 districts in which the related programs of SHN have been implemented.

**Indicator 1-3 Increase in schools conducting physical check-up once a year with proper record keeping from 0 to 70 %.**

Physical check-up was supposed to be conducted at public schools once a year in the two target districts under the Project. According to the collected data of 69 schools targeted in the endline survey, 73.9% of schools conducted it once a year, whereas 63.8% of schools kept a record properly. When the figures were analyzed by district, the share of schools that kept records properly in Syangja district (79.4%) was higher than Sindhupalchowk district (48.6%).

There was a significant difference when analyzed by period of project intervention. The share of early-intervened schools that conducted physical check-up, and kept its records properly reached to 95.3% and 83.7% respectively. On the other hand, the share of recently-intervened schools that conducted physical check-up and kept its records properly stood at 35.8% and 30.8% respectively. The detailed information was presented below.

Number and percentage of schools conducted physical check-up			
	Early intervention in 2008	Recently intervention in 2010 and 2011	Total (%)
Sindhupalchowk	20 (90.9%)	4 (30.8%)	24 (68.6%)
Syangja	21 (100%)	6 (46.2%)	27 (79.4%)
Total (%)	41 (95.3%)	10 (35.8%)	51 (73.9%)

Number and percentage of schools kept records of physical check up properly			
	Early intervention in 2008	Recently intervention in 2010 and 2011	Total (%)
Sindhupalchowk	15 (68.2%)	2 (15.4%)	17 (48.6%)
Syangja	21 (100%)	6 (46.2%)	27 (79.4%)
Total (%)	36 (83.7%)	8 (30.8%)	44 (63.8%)

Source: Endline Survey- "Target School Data collected from DEO in Jan 2012"

**Indicator 1-4 Increase in schools conducting de-worming program twice a school year with proper record keeping from 0 to 70.0%.**

The Project introduced de-worming program at public schools in the two districts. Overall, 97.1% of schools conducted de-worming program twice a year, whereas 89.9% of schools kept records properly.

As shown in the table below, most of the schools conducted de-worming program twice a year regardless the period of project intervention. However, there was a slight difference when the figures of schools keeping its records properly were analyzed by duration of project intervention. The share of early-intervened schools reached to 97.7% while that of recently-intervened schools stood at 76.9%.

Number and percentage of schools conducted de-worming program			
	Early intervention in 2008	Recently intervention in 2010 and 2011	Total (%)
Sindhupalchowk	22 (100%)	11 (84.6%)	33 (94.3%)
Syangja	21 (100%)	13 (100%)	34 (100%)
Total (%)	43 (100%)	24 (92.3%)	67 (97.1%)

Number and percentage of schools kept records of de-worming program properly			
	Early intervention in 2008	Recently intervention in 2010 and 2011	Total (%)
Sindhupalchowk	21 (95.5%)	7 (53.8%)	28 (80.0%)
Syangja	21 (100%)	13 (100%)	34 (100%)
Total (%)	42 (97.7%)	20 (76.9%)	62 (89.9%)

Source: Endline Survey -"Target School Data collected from DEO in Jan 2012"

**Indicator 1-5 Increase in schools keeping First Aid Kit Box with proper record keeping from 0 to 60.0%.**

A first aid kit box was given to 224 target schools in Syangja district and Sindhupalchowk district by the Project. In 2010, the DOHS expanded to provide it for all 1113 schools in both districts. All 69 schools targeted in the endline survey in the two districts had first aid kit box respectively regardless the period of project intervention. On the contrary, the proportion of schools keeping its records properly stood at 63.8%. When the figures of schools keeping its records properly were analyzed by period of Project intervention, the status of recently-intervened schools (30.8%) was significantly worse than that of early-intervened schools (83.7%). The detailed information was presented below.

<b>Number and percentage of schools keeping a first aid kit box</b>			
	Early intervention in 2008	Recently intervention in 2010 and 2011	Total (%)
Sindhupalchowk	22 (100%)	13 (100%)	35 (100%)
Syangja	21 (100%)	13 (100%)	34 (100%)
Total (%)	43 (100%)	26 (100%)	69 (100%)
<b>Number and percentage of schools keeping records of first aid kit box properly</b>			
	Early intervention in 2008	Recently intervention in 2010 and 2011	Total (%)
Sindhupalchowk	15 (68.2%)	2 (15.4%)	17 (48.6%)
Syangja	21 (100%)	6 (46.2%)	27 (79.4%)
Total (%)	36 (83.7%)	8 (30.8%)	44 (63.8%)

Source: Endline Survey -"Target School Data collected from DEO in Jan 2012"

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

**Indicator 2-1 Increase in school children who are keeping clean nails from 49.8% to 70.0% in target schools.**

As shown in the table below, the proportion of students who had clean nails increased from 50.2% in the baseline survey to 59.4% in the endline survey. However, it fell short of the target of 70.0% indicated in the PDM.

Percentage of students whose hygiene status of nail was observed as "clean"		
	Baseline (2008)	Endline (2011)
Sindhupalchowk	NA	47.1%
Syangja	NA	76.3%
Total	50.2%*	59.4%

Source: Baseline Survey 2009, Endline Survey 2011

\*It is not clear why the figure of the indicator in the PDM was 49.8%.

When the figures were analyzed by district, there was a significant difference. The share of students who had clean nails in Syangja district (76.3%) was much more than in Sindhupalchowk district (47.1%). The proportion of students who had clean nails in early-intervened schools reached to 64.6% while that in recently-intervened schools stood at 50.4%.

Number and percentage of students whose hygiene status of nail was observed as "clean"			
	Early intervention in 2008	Recently intervention in 2010 and 2011	Total (%)
Sindhupalchowk	524 (53.47%)	214 (36.46%)	738 (47.1%)
Syangja	585 (79.48%)	287 (70.52%)	872 (76.29%)
Total (%)	1109 (64.6%)	501 (50.4%)	1610 (59.4%)

Source: Endline Survey 2011

The table below presents the number and percentage of students who had normal length nails. The figure of Sindhupalchowk district (75.3%) was lower than that of Syangja district (90.73%). When compared by period of project duration, the proportion of students who had normal length nails in early-intervened schools (84.4%) was slightly higher in recently-intervened schools (77.3%).

Number and percentage of students who had normal length nails			
	Early intervention in 2008	Recently intervention in 2010 and 2011	Total (%)
Sindhupalchowk	775 (79.08%)	405 (68.99%)	1180 (75.3%)
Syangja	674 (91.58%)	363 (89.19%)	1037 (90.73%)
Total (%)	1449 (84.4%)	768 (77.3%)	2217 (81.8%)

Source: Endline Survey -"Target School Data collected from DEO in Jan 2012"

Apart from keeping nails clean and normal length, the SHN activities have brought about other behavior changes among school-aged children in the two districts. The proportion of students who washed hand after defecation dramatically increased from 63.1% in the baseline survey to 99.6% in the endline survey. Also, 95% of the students in the baseline survey practiced hand washing before eating, which increased to 99% in the endline survey.

**Indicator 2-2 Increase in schools which promote school cleaning (Toilet Cleaning in those schools having toilets) practice every day from 33.3% to 50.0%.**

The results of the baseline and endline surveys showed that the practice for cleaning school toilets every day was improved from 33.3% to 75.8%. As analyzed by district, there was no significant difference (72.7% for Sindhupalchowk and 78.8% for Syangja).

Percentage of schools that cleaned toilets every day		
	Baseline (2008)	Endline (2011)
Sindhupalchowk	NA	72.7%
Syangja	NA	78.8%
Total	33.3%	75.8%

Source: Baseline Survey 2009, Endline Survey 2011

Most of the teachers, Resource Persons and School Supervisors of DEO interviewed by the Team noted that the school and class environment had been improved when the children had been involved in SHN activities such as cleaning class rooms and playground.

**Indicator 2-3 Increase in knowledge of children on de-worming from 11.0 % to 60.0% in target schools.**

Fourth and fifth grade students were asked to know about worm infestation in the baseline and endline surveys. As presented in the table below, 27.1 % of the students knew about the worm infestation in the baseline survey. The corresponding figure in the endline survey slightly increased to 30.7%. However, it fell short of the target of 60.0% indicated in the PDM.

Percentage of 4th and 5th grade students who know worm infestation		
	Baseline (2008)	Endline (2011)
Sindhupalchowk	NA	29.6%
Syangja	NA	32.3%
Total	27.1%*	30.7%

Source: Baseline Survey 2009, Endline Survey 2011

\*It is not clear why the figure of the indicator in the PDM was 11.0%.

The table below shows the figures analyzed by period of project intervention and district. In the endline survey, 32.34% of students of grade fourth and grade fifth in Syangja district reported that they knew about worm infestation. It was slightly higher than the corresponding figure in Sindhupalchowk district (29.59%). When analyzed by period of project intervention, there was a significant difference. Overall, 38.3% of students in early-intervened schools knew about worm infestation, whereas only 19.0% of students in recently-intervened schools had knowledge on worm infestation.



Number and percentage of 4th and 5th grade students who knew about worm infestation			
	Early intervention in 2008	Recently intervention in 2010 and 2011	Total (%)
Sindhupalchowk	135 (35.06%)	47 (20.43%)	182 (29.59%)
Syangja	101 (43.72%)	29 (16.96%)	130 (32.34%)
Total (%)	236 (38.3%)	76 (19.0%)	312 (30.7%)

Source: Endline Survey 2011

Although the level of knowledge on worm infestation among students of the fourth grade and the fifth grade fell short of the target indicated in PDM, most of the students learned and recognized the need of taking de-worming tablets. According to some parents interviewed during the Terminal Evaluation, their children had hardly taken any medicines before the Project. Considering this, the obvious change of their practice was observed in target schools under the Project.

**Indicator 2-4 Increase in schools keeping School Check List records from 0 to 60.0%.**

School check list that is self-evaluation check sheet for each school was introduced by the Project. Schools can evaluate their own progresses in SHN activities by themselves using three types of school check lists such as daily, weekly and monthly check lists. The Project encouraged the target schools to use these check lists by distributing prizes to schools that achieve good performance at the end of academic year in collaboration with the DEO, the DHO and the District School Health and Nutrition Coordination Committee (DSHNCC).

As presented in the table below, the daily check list was maintained by most of schools regardless district and period of project intervention. However, when the figures of weekly and monthly check lists were analyzed by district and period of project intervention, there was a significant difference. The proportion of schools maintained both weekly and monthly check lists in Sindhupalchowk district (48.6% for weekly monthly check list, 37.1% for monthly check list) was significantly low, compared to Syangja district (100% for weekly check list, and 79.4% for monthly check list). Overall, the early-intervened schools (81.4%) maintained weekly check list better than the recently-intervened schools (61.5%). This trend was obviously observed in the figures regarding the monthly check list. Almost 80% of the early-intervened schools maintained it, whereas only 23.1% of recently-intervened schools maintained it.

Number and percentage of schools that maintained daily check list			
	Early intervention in 2008	Recently intervention in 2010 and 2011	Total (%)
Sindhupalchowk	20 (90.9%)	12 (92.3%)	32 (91.4%)
Syangja	21 (100%)	13 (100%)	34 (100%)
Total (%)	41 (95.3%)	25 (96.2%)	66 (95.7%)
Number and percentage of schools that maintained weekly check list			
	Early intervention in 2008	Recently intervention in 2010 and 2011	Total (%)
Sindhupalchowk	14 (63.6%)	3 (23.1%)	17 (48.6%)
Syangja	21 (100%)	13 (100%)	34 (100%)
Total (%)	35 (81.4%)	16 (61.5%)	51 (73.9%)
Number and percentage of schools that maintained monthly check list			
	Early intervention in 2008	Recently intervention in 2010 and 2011	Total (%)
Sindhupalchowk	13 (59.1%)	0 (0%)	13 (37.1%)
Syangja	21 (100%)	6 (46.2%)	27 (79.4%)
Total (%)	34 (79.1%)	6 (23.1%)	40 (58.0%)

Source: Endline Survey -“Target School Data collected from DEO in Jan 2012”

#### Indicator 2-5 Existing Child Clubs in each target school.

There were two sources of data on establishing child clubs in target schools in the Project, 1) the questionnaire for schools in the endline survey and 2) the DEO from Sindhupalchowk district and Syangja district. According to the endline survey, out of the total 70 schools targeted in the endline survey, 83.8% of schools reported that they had child clubs (82.9% for Sindhupalchowk district and 84.8% for Syangja district).

The data collected from the DEO show that the proportion of schools that established child club stood at 95.7% (91.4% for Sindhupalchowk district and 100% for Syangja district), which was slightly higher than the figures from the endline survey. As presented in the table below, 95.5% of early-intervened schools in Sindhupalchowk district established child clubs whereas 84.6% of recently-intervened schools in Sindhupalchowk district did.

Number and percentage of schools had child clubs			
	Early intervention in 2008	Recently intervention in 2010 and 2011	Total (%)
Sindhupalchowk	21 (95.5%)	11 (84.6%)	32 (91.4%)
Syangja	21 (100%)	13 (100%)	34 (100%)
Total (%)	42 (97.7%)	24 (92.3%)	66 (95.7%)

Source: Endline Survey -“Target School Data collected from DEO in Jan 2012”

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

**Indicator 3-1** At least one health promotion campaign is jointly implemented by teachers, school children, health staff, local community people and SHNC in a school year.

The MOHP had implemented the program of health and nutrition week in December every year and allocated budget for the 75 districts since 2010. Once the Project began, it was integrated into the program of celebration of SHN week. When the SHN Guideline was revised in 2010, the date for celebration of SHN week was changed from December to May. The program for the celebration of SHN week was organized by each target school in December 2009 and May 2011 with the budget support from the DOHS through the DHO. At each VDC level, NRs 1000 was allocated to carry out various SHN activities in collaboration with schools.

**Indicator 3-2** Increase in schools receiving Monitoring and Supervision on School Health by Resource Person at least 3 times a school year from 0 to 60.0%.

According to the data collected from the DEO in the target districts, out of the total 69 schools, 69.6% of schools received monitoring and supervision by Resource Persons at least three times a school year.

As shown in the table below, there was a significant difference when analyzed by period of project intervention. Overall, 88.4% of early-intervened schools received monitoring and supervision by Resource Persons at least 3 times once a year, whereas the corresponding figure of recently-intervened schools stood at only 38.5 %. The budgets for monitoring and orientation of SHN components were not allocated in FY 2011/12 in the DOE and DEO. This might affect the low figure of recently-intervened schools.

Number and percentage of schools received monitoring and supervision by Resource Person at least three (3) times a year			
	Early intervention in 2008	Recently intervention in 2010 and 2011	Total (%)
Sindhupalchowk	17 (77.3%)	1 (7.7%)	18 (51.4%)
Syangja	21 (100%)	9 (69.2%)	30 (88.2%)
Total (%)	38 (88.4%)	10 (38.5%)	48 (69.6%)

Source: Endline Survey -“Target School Data collected from DEO in Jan 2012”

**Indicator 3-3 Increase in SHNC having regular meetings at least 4 times a school year from 0 to 60.0%.**

School Health and Nutrition Committee (SHNC) was formed in each target school under the Project. It is comprised of 11 members such as 1)chairperson of School Management Committee (SMC), 2) chairperson of Parent and Teacher’s Association, 3)teacher in charge of the SHN program, 4)ward chairperson of related ward, 5)representative from Primary Health Center (PHC)/DHO/Female Community Health Volunteer, 6)Resource Person/School Supervisor of related school, 7)representative from related NGO or donor agencies, 8)representative from Food Management Committee, and 9)chairperson of child club. The main roles and responsibilities of SHNC are to prepare School Improvement Plan (SIP) including SHN program, to mobilize local resources, and implement and self-monitor the SHN program.

The data for PDM indicator 3-3 was not available. Instead, other data was collected from the DEO in the target districts. The table below shows that 43.5 % of the total 69 schools targeted in the endline survey held regular meeting of SHNC at least once a month. When analyzed by district, the figure of Sindhupalchowk district (60.0%) was higher than that of Syangja district (26.5%). This might be because that SHNC and Food Management Committee of schools in Sindhupalchowk district in which a midday meal program was conducted by DOE need to discuss how to prepare and manage it.

Number and percentage of SHNC had regular meetings at least once a month			
	Early intervention in 2008	Recently intervention in 2010 and 2011	Total (%)
Sindhupalchowk	19 (86.4%)	2 (15.4%)	21 (60.0%)
Syangja	5 (23.8%)	4 (30.8%)	9 (26.5%)
Total (%)	24 (55.8%)	6 (23.1%)	30 (43.5%)

Source: Endline Survey -“Target School Data collected from DEO in Jan 2012”

Some schools interviewed during the Terminal Evaluation noted that SMC and SHNC had jointly

meetings since some people such as the chairperson were the members of the both committees.

**Indicator 3-4 DSHNCC has regular meetings at least 4 times a year.**

The District School Health and Nutrition Coordination Committee (DSHNCC), chaired by Local Development Officer (LDO), was formed at the district level. There are nine members such as 1) District Education Officer, 2) Chief DHO/District Public Health Office (DPHO) secretary, 3) representative from District Development Committee (DDC), 4) representative from district Drinking Water Office, 5) 2 persons from Program in charge from DEO, DHO/DPHO, 6) representative from District Child Welfare Coordination Committee, 7) Representative from Resource Persons, and 8) representative from related NGOs or donor agencies.

The DSHNCC held meetings twelve (12) times in Syangja district and nine (9) times in Sindhupalchowk district over the past four years. According to the focal persons of DEO, they discussed the SHN related topics including the selection of the target VDCs for the Project, management of the mid-day meal program and potential support for tiffin boxes. Although the target of PDM indicator was not met, the DSHNCC seemed to function to hold meetings when necessary.

**Indicator 3-5 Increase in schools incorporating SHN components into SIP (School Improvement Plan) from 0 to 60.0%.**

The Project conducted training on SIP with support from the Support for Improvement of Primary School Management Project implemented by the DOE and JICA to incorporate SHN components into SIP. As presented in the table below, almost 90% of 69 schools submitted SIP incorporating SHN components to the DEO.

Number and percentage of schools that submitted SIP incorporating SHN to DEO			
	Early intervention in 2008	Recently intervention in 2010 and 2011	Total (%)
Sindhupalchowk	22 (100%)	13 (100%)	35 (100%)
Syangja	21 (100%)	6 (46.2%)	27 (79.4%)
Total (%)	43 (100%)	19 (73.1%)	62 (89.9%)

Source: Endline Survey -"Target School Data collected from DEO in Jan 2012"

<b>Indicator 3-6</b>	<b>Compiled School Health related data (Physical Check-up and De-worming) at DHO and DEO according to Physical Check-up and De-worming Guidelines.</b>
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It was observed that school health related data, i.e., physical check-up and de-worming were reported from target schools to sub-health posts and Resource Persons respectively. Sub-health posts reported these data to health posts or PHCs. Finally, the data were forwarded to the DHO. Likewise, Resource Persons submitted these data to the DEO.

<b>Output 4:</b>	<b>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 (NSHN) Strategy is developed at the central level.</b>
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<b>Indicator 4-1</b>	<b>Reviewed NSHN Strategy and its guideline recognized by the National School Health and Nutrition Advisory Committee (NSHNAC).</b>
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The short-term expert of the Project reviewed the NSHN Strategy and its guideline and recommended for revision in September 2011. At the time of the Terminal Evaluation, it was yet to be fully discussed and approved by the NSHNAC.

<b>Indicator 4-2</b>	<b>Developed action plan by the central ministries to expand the model to other districts.</b>
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A joint action plan was drafted by counterparts of the MOE and the MOHP who participated in Country-Focused Training in Japan, 2008. Through intensive discussions among the Project stakeholders, it was revised several times such as at the National SHN Workshop in February 2011, workshop organized by the Project in April 2011, and the Technical Exchange Training in Lao PDR, in December 2011. At the time of the Terminal Evaluation, it was yet to be finalized but is likely to be finalized and approved by the end of the Project. .

### 2.3 Project Purpose

<b>Project Purpose:</b>	<b>Utilization of school health services is increased among school-aged children in the target districts.</b>
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<b>Project Purpose:</b>	<b>Implementation system of the National School Health and Nutrition Strategy is strengthened in the Ministry of Health and Population and the Ministry of Education.</b>
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The current status of each verifiable indicator is presented below.

<b>Indicator 1</b>	<b>A practical model recognized by the NSHNAC</b>
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At the third NSHNAC meeting held in December 2010, the SHN Network presented its School Health Minimum Package that included the project components. However, a practical model was yet to be approved since the Project stakeholders had different opinions about its definition and concepts.

<b>Indicator 2</b>	<b>Approved Guidelines and Manuals for School Health Service Minimum Package by Ministry of Health and Population (MOHP) and Ministry of Education (MOE).</b>
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School Health Service Minimum Package Guideline developed by the Project was approved by the DOE and the DOHS in June 2010. It was reviewed based on the feedback from concerned stakeholders and revised into the SHN Guideline in April 2011. It was approved by the DOE and the DOHS in July 2011.

Since the SHN Guideline including various formats was being revised again by the Project as of the Terminal Evaluation, the third edition of the SHN Guideline has yet to be approved. Its revision is likely to be completed by the end of the Project. It is expected that the final version is mostly likely to be approved.

<b>Indicator 3</b>	<b>Compiled Monitoring and Supervision Sheet on SHN activities at MOHP and MOE according to Monitoring and Supervision Guideline.</b>
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Monitoring and supervision sheets on SHN were neither fully used by the Project stakeholders nor complied by the MOHP and MOE. The monitoring and supervision of the SHN basic package program<sup>4</sup> was expected to be strengthened based on the recommendations of the Mid-Term Review. After the Mid-Term Review, the short-term expert suggested involving community people to monitor SHN activities on a pilot basis to reinforce the government's monitoring and supervision system of schools. Also, she recommended that the SHN included in existing monitoring formats. However, the Project had not taken measures by the time of the Terminal Evaluation.

<b>Indicator 4</b>	<b>Compiled School Health related data (Physical Check-up and De-worming) at MOHP and MOE according to Physical Check-up and De-worming Guidelines.</b>
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<sup>4</sup> The SHN basic package program implemented by the Project includes: (1) de-worming program, (2) utilization of first aid kit box, (3) physical check-up, (4) SHN check list, (5) celebration of SHN week, (6) child club mobilization, (7) SHN action plan, and (8) monitoring and supervision.

The data on physical check-up and de-worming have been reported from the DEO to the MOE, as well as from the DHO to the MOHP. Since the de-worming program was introduced by the MOHP in all 75 districts, the data on de-worming program was incorporated in Health Management Information System (HMIS). The MOE plans to incorporate the data on de-worming program and child club program in Education Management Information System (EMIS) in 2012.

**Indicator 5**      **Decrease in worm infestation of school-aged children from 25.1% in 2008 to 15.1% in 2012.**

According to the results of blood and stool samples of the selected children in the endline survey conducted by the Project in November 2011, the prevalence of helminthiasis among the school-aged children significantly reduced from 25.1 % in the baseline survey, 2008 to 2.9 % in 2011. As shown in the table below, such improvement was found in both Sindhupalchowk district and Syangja district.

Helminthes prevalence among students		
	Baseline (2008) N=3138	Endline (2011) N=2710
Sindhupalchowk	39.5%	2.4%
Syangja	18.4%	3.6%
Total	25.1%	2.9%

Source: Baseline Survey Blood and Stool Test on SHNP 2009, Endline Survey 2011

The same trend was found when the school-aged children were asked to have worm infestation. The proportion of school-aged children who reported to have worm infestation during the last one month period dramatically decreased from 20.6% in 2008 to 5.2% in 2011.

Percent of students who had worm infestation during the last one month period		
	Baseline (2008)	Endline (2011)
Sindhupalchowk	NA	6.5%
Syangja	NA	4.2%
Total	20.6%	5.2%

Source: Baseline Survey 2009, Endline Survey 2011

**Indicator 6**      **At least one SHN activity is conducted by Child Clubs at each target school in a school year.**

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. It also shows schools having child clubs have dramatically increased from 27.5% to 83.8% over four years. Major activities of child clubs included school cleaning, operating library, management of first aid kit box and organizing health related activities.



Percentage of schools having child clubs and its activities		
	Baseline (2008)	Endline (2011)
Sindhupalchowk	NA	82.9%
Syangja	NA	84.8%
Total	27.5%	83.8%

Source: Baseline Survey 2009, Endline Survey 2011

The Project compiled good practices of child clubs and published the booklet titled “Children Bring Changes” in 2011 to encourage target schools to promote child club activities.

## 2.4 Overall Goal

<b>Overall Goal:</b>	<b>Health and nutrition status of school-aged children is improved in the target districts.</b>
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<b>Indicator 1</b>	<b>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.</b>
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The table below shows the proportion of moderate and severely underweight students (between 5 to 10 years old) in the two target districts from 2008 to 2011. It has increased from 29.7% in the baseline survey to 31.8% in the endline survey.

Percentage of moderate and severely underweight students (between 5 to 10 years old)		
	Baseline (2008)	Endline (2011)
Sindhupalchowk	NA	31.5%
Syangja	NA	32.2%
Average	29.7%	31.8%

Source: Baseline survey 2009, Endline survey 2011

The table below presents the share of moderate and severely underweight students (between 5 to 10 years old) by period of project intervention in the two target districts. There was no significant difference by period of intervention. It is assumed that many factors rather than project intervention might influence the level of malnutrition (weight-for-age) of school children (between 5 to 10 years old). The reason behind the increase in the proportion of moderate and severely underweight students (between 5 to 10 years old) in the two districts from 2008 to 2011 was not determined in the endline survey conducted by the Project.

Share of moderate and severely underweight students (between 5 to 10 years old) by period of project intervention		
	Early intervention (2008)	Recently intervention (2010 and 2011)
Sindhupalchowk	33.2%	27.9%
Syangja	32.2%	32.1%
Average	32.8%	29.7%

Source: Baseline survey 2009, Endline survey 2011

**Indicator 2 Increase in attendance rate of school-aged children from 72.7% in 2008 to 79.7% in 2015 in the target districts.**

According to the Flash Report II 2007/08 and 2009/2010, the average attendance rates of students for 1st to 5th grade have increased from 72.2% to 80.9% in the two target districts.

Average attendance rate of school-aged children (1st to 5th grade )*		
	2007/08	2009/2010
Sindhupalchowk	72.2%	78.7%
Syangja	45.8%**	83.0%
Average	72.2%***	80.9%

Source: FLASH Report II 2007/08 and 2009/2010, Project Progress Reports

Note: \*Data was collected analyzed on three different dates within the school year.

\*\*According to the Project, it might be miscalculation.

\*\*\*Since the data for Syangja was not reliable, the Project adopted the data of Sindhupalchowk as the average attendance rate for 1st-5th grade in the two target districts. However, the reason why the figure of the indicator in the PDM was 72.7%, not 72.2%, was not clarified in project documents.

Some teachers highlighted that the SHN activities carried out by the Project helped students to attend classes regularly, compared to the previous time before the implementation of the Project. However, there are many other factors that might contribute to improving the status of student attendance in each district. Thus, at the time of the Terminal Evaluation, it could not determine to what extent the Project has contributed to the improvement in attendance rate.

### 3. Implementation Process of the Project

Overall, the Project has been smoothly implemented as planned. The main factor for such smooth operation results from the implementation structure of the Project. The two long-term Japanese experts set up a project office in the DOHS and worked with the counterparts, especially to develop the School Health Service Minimum Package Guideline and to organize various training intensively for the first half of the project period. From the four year of the Project, they moved their office from the DOHS to the DOE, and endeavored to strengthen the implementation system of the SHN program. The Project assigned each of the two national project coordinators in the DOHS and the DOE for the smooth communication and coordination with the counterparts. Also, the two field project officers were assigned to coordinate with the DEO and the DHO in Syangja district and Sindhupalchowk district.

The Project has adopted the learning by doing approach through the existing government's system in order to carry out training on SHN and other related activities at the district and school levels. Such an approach is another factor for the smooth implementation of the Project. The counterparts have been encouraged to be directly involved in the implementing processes in which they have enhanced their

capacities and a sense of ownership and responsibility to the Project and SHN program. Some of the counterparts at the district level noted that they were always concerned how to mainstream and sustain the SHN program since they knew the Project would be phased out after its four-year implementation. Such a strong commitment and leadership were observed among the counterparts.

On the other hand, there is room for improvement of overall management and monitoring of the Project based on the PDM. The original PDM had several drawbacks such as no link between indicators and activities, and setting less feasible indicators and aggressive or inappropriate targets. Although the PDM was revised once based on the discussions among the project stakeholders, it was not sufficiently utilized as a management and monitoring tool in the Project. Thus, some of these drawbacks have been left unchanged, and the Output 2 and the Output 4, and the Project Purpose have yet to be achieved by the time of the Terminal Evaluation. Also, the scope of the work of the Project was expanded to respond to important but difficult institutional issues such as development of the legal framework of SHN program after the Mid-Term Review. These tasks required more time for the Project to coordinate and consult with the counterparts and other stakeholders in order to be finalized and approved by the authorities concerned. Sometimes, the progresses of these issues were beyond the control of the Project.

#### **4. Results of Evaluation with Five Evaluation Criteria**

##### **4.1 Relevance**

It can be assessed that the Project has a high degree of relevance for technical cooperation. Results are summarized below:

1. The Project aims to integrate education and health services by implementing the NSHN Strategy (2006) at the central, district and school levels in a practical and comprehensive manner. Thus the project components match the needs and priorities identified by the NSHN Strategy. The Project has assisted school children to gain knowledge and skills on SHN, to improve health and nutrition behaviors and habits, and to enhance their health status. Also, it has benefited the counterparts, the school teachers and other stakeholders in the two target districts by increasing awareness on SHN and providing comprehensive knowledge and practical skills on implementation of the SHN program.
2. Since the Project is expected to contribute to improvement of health and the quality of education for school-aged children in the long term, it is also consistent with the twin goals, "Education for All" and "Health for All".
3. According to the Japanese Government's Economic Cooperation Policy to Nepal (2008), poverty alleviation in rural regions is one of the three priority areas for assistance. This policy highlights



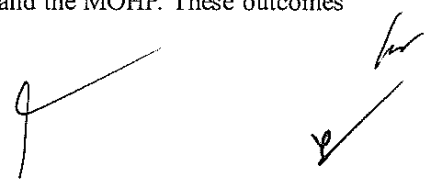
the need for assistance for people's health improvement program including the improvement of health status of children. Thus, the Project is consistent with the Japanese aid policies.

4. The SHN related programs such as mid-day meal program, de-worming program and physical check-up used to be implemented by the GON, NGO and INGO, and the development partners sporadically. The comprehensive SHN basic package program implemented by the MOHP and the MOE in the Project was the first attempt in Nepal. In its approaches, the Project focused the processes of development of the SHN Guideline and provision of cascade training at the central, district and resource center levels in the two target districts in line with the government's existing system. This approach seems appropriate and since it helped the counterparts including Resource Persons, School Supervisors, and responsible persons of sub-health and health posts be directly involved in activities and improve their capacities of SHN. The SHN Guideline became more practical and useful as the feedback from these stakeholders was incorporated into it.
5. Some indicators were not linked with activities in the original PDM. For example, provision of tiffin was not included in activities whereas the proportion of school children who take tiffin at school was set as one of the indicators of behavior changes of children in the original PDM. This has caused a dispute over the support of the mid-day meal program from the Project. Although the PDM was revised in the long discussions among the stakeholders, several drawbacks have remained. The Overall Goal was determined to only focus on the effects to be emerged in the two districts. The effects of strengthening of implementation system of the NSHN Strategy were not considered as the Overall Goal although the Project strived to strengthen it.

#### 4.2 Effectiveness

The effectiveness of the Project can be assessed as moderately high at the moment of the Terminal Evaluation. Results are summarized below:

1. 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 were less likely to be achieved by the end of the Project. The Project Purpose, particularly strengthening of implementation system of the NSHN Strategy, was also less likely to be achieved for the remaining period of the Project. The inadequate management and monitoring based on the PDM resulted in the fact that these Outputs and the Project Purpose did not meet the target.
2. The Project has implemented the NSHN Strategy at the central, district and school levels and brought about the following positive outcomes: (1) increased awareness of the need of the SHN program among the stakeholders, (2) development of the comprehensive and practical SHN Guideline, and (3) promotion of coordination between the MOE and the MOHP. These outcomes

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have contributed to the overall effectiveness of the Project.

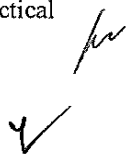
3. The Project has carried out the SHN basic package program in the government's existing system in which the counterparts were directly involved in SHN activities based on the learning by doing approach at the central, district and school levels. At the district level, for example, one Resource Person in Sindhupalchowk district became active enough to assist in mobilizing the child club and writing a song of conducting regular check-up of children's personal health and hygiene. At the central level, the counterparts took initiative in institutionalizing the SHN program such as the de-worming program and the daily attendance register in the DOHS and the DOE based on the experiences of the Project. This learning by doing approach is a major strength of Japanese technical corporation projects, focusing on involvement of the counterparts in the project activities. It was effective in improving their capacities and their commitment to the Project and institutionalizing the SHN program, which helped enhance the overall effectiveness of the Project.
4. Before the implementation of the Project, most of schools were not concerned with children's health and nutrition status because of their priority in academic matters. However, the teachers and the parents in the two target districts have been aware of the need of SHN program at school when they have been involved in the SHN basic package program under the Project. According to the teachers, the parents and the community people interviewed during the Terminal Evaluation, the positive changes of behaviors and habits were emerged among the children. They included washing hands before meals and after defecation, brushing teeth after meals, cutting nails and keeping them clean, taking de-worming tablets and other medicines when necessary, keeping themselves neat and tidy, cleaning classrooms, schools and their homes, and delivering the message and knowledge of hygienic practice to other friends, family members and community people. The mobilization of children in the SHN program including child club activities was an effective approach to stimulate such behavior changes among the children, and to help enhance the effectiveness of the Project.
5. Previously, the health workers were expected to carry out physical check-up, de-worming program and first-aid treatment. The Project provided training and helped teachers acquire practical and necessary knowledge and skills of these SHN activities. Most of the teachers interviewed by the Team stated that they had confidence about undertaking SHN activities at school. The capacity development of teachers in terms of SHN program was also one of the contributing factors for the effectiveness of the Project.

#### 4.3 Efficiency

It can be said that the Project has a medium degree of efficiency as a whole. Results are summarized below:



1. Overall, most of the inputs from both sides were adequate in terms of quality, quantity, and timing, and mobilized properly for the Project. The training for counterparts in Japan and in the third countries, which is directly linked with the Project activities, contributed to smoothly producing Outputs, in particular developing the SHN basic package program and conducting training (Output 1), and drafting the joint action plan (Output 4).
2. Due to the institutional arrangement of the Project, the coordination between the MOHP and the MOE has been considerably improved, which contributed to enhancing the efficiency of the Project. As the Project had to put a focus on from development of the SHN Guideline to strengthening of the implementation system of the NSHN Strategy in the second half of the Project, the coordination with the DOE became more imperative for the Project. Thus, the two long-term experts whose professional field is education were dispatched as the Chief Advisor and the Coordinator/Basic Education in the second half of the Project. Also, the Project moved its office from the DOHS to the DOE in the fourth year. This helped the Project coordinate efficiently and work closely with the DOE and the NCED.
3. In response to the strong request from the DOE and the DOHS, the Project expanded the SHN basic package program to all public schools in Sindhupalchowk district and Syangja district in the final fourth year of the Project. This was not included in the original plan. Since the Project accumulated know-how on the cascade training, it efficiently covered all the public schools in the two districts. In total, 567 schools in 79 VDCs of Sindhupalchowk district and 546 schools in 60 VDCs of Syangja district were targeted for the SHN basic package program under the Project.
4. On the other hand, the drawbacks of the original PDM affected the efficiency of the Project, particularly in the first half of the project period. For example, the Provision of tiffin was not included in project activities, whereas the proportion of school children who take tiffin at school was set as one of the indicators in the original PDM. This has raised the conflicting expectations on the support of the mid-day meal program from the Project among the target schools, the community people, and other stakeholders. The provision of tiffin had been very controversial since the early beginning of the Project. The Project finally resolved this issue through the long discussions by providing utensils of mid-day meal for Sindhupalchowk district and tiffin boxes for Syangja district.
5. The inadequate management and monitoring based on the PDM prevented the efficient implementation of the Project, and consequently, the achievement of Outputs and the Project Purpose. After the Mid-Term Review, the Project expanded its scope of the work to response to the recommendations including the long-term recommendations for the GON such as development of the legal framework of the SHN. This also affected the efficiency of the Project since the Project was unable to spend adequate time for development of monitoring and supervision sheets on SHN (Project Purpose indicator), development and approval of the practical



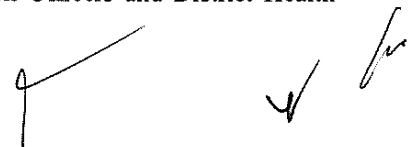
model of SHN (Output 4 and Project Purpose indicators) and revision and approval of NSHN Strategy and its guideline (Output 4 indicator).

6. Other factors might affect the efficiency of implementing activities to some extent. They included the frequent transfers of counterparts, the time-consuming coordination among the counterparts who had other tasks and were unable to spend adequate time for the Project, the frequent traffic strike, and the delay in the dispatch of the Chief Advisor in the third year of the Project.

#### 4.4 Impact (Forecast)

It is too early to say that the Overall Goal would be achieved. At the time of the Terminal Evaluation, the correlation between the two indicators of the Overall Goal and the project intervention was not determined since there are many other factors that might contribute to improving the level of malnutrition (weight-for-age) of school children (between 5 to 10 years old) and the status of student attendance in Sindhupalchowk district and Syangja district. Also, the data of these two indicators illustrated the situation of the school children alone, but not revealed that of school-aged children who might not go to school. However, some positive impacts have been already observed. Therefore, the prospect of impact is high. The Team confirmed the unexpected and positive impacts presented below.

1. The SHN program at school including child club mobilization has brought about community mobilization in the two districts, although it was not directly included in the project activities. Some community people and parents noted during the interview that not only the school environment but also the community environment had been gradually improved due to the SHN program by which the people had been aware of the importance of keeping environment clean. The case examples of community support and contribution for the SHN program were identified. They included provision of local food for the mid-day program, provision of educational materials for the child club, saving and credit, and fund raising for the child club, and so on.
2. The DOHS integrated some of SHN components into their regular program by allocating the budget. They distributed de-worming tablets to 1st to 5th grade of all public schools nationwide twice a year in 2010. This was expanded to 1st to 10th grade in 2011. Since the de-worming program became the regular program of the DOHS, the data of de-worming program was incorporated into HMIS. Regarding the provision of the first aid kit box, the DOHS allocated the budget for 889 schools in both Syangja district and Sindhupalchowk district. In addition, they provided it and its training in the four other districts in 2011 and expanded to the ten other districts in 2012. Apart from these initiatives, the DOHS provided the orientation program about the SHN Guideline developed by the Project and the NSHN Strategy for stakeholders of the DEO and the DHO in other districts.
3. The DOE endeavored to institutionalize the SHN activities. In 2010, they conducted the orientation program of the NSHN Strategy for District Education Officers and District Health

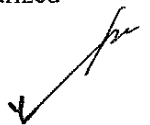
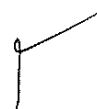


Officers of all the 75 districts. In April 2011, they officially introduced the daily attendance register in all public schools nationwide. This was because the DOE considered the daily and weekly check lists introduced by the Project as an effective tool to record attendance and reasons for children's absence, and to confirm daily health condition of school children. Thus, the daily and weekly check lists were integrated into daily attendance register, and being utilized by all public schools in the country. The inclusion of SHN related data in EMIS was also one of the unexpected impacts of the Project. According to the DOE, the data of de-worming and child clubs would be included in EMIS in 2012.

4. The close coordination with the DDC and VDC for the SHN program was observed in Syangja district. Since the government's mid-day meal program was not implemented in Syangja district because of its high rank of Human Development Index, the Project provided tiffin boxes for only public schools of the early-intervened 15 VDCs and encouraged children and their parents to bring the local food available at home for tiffin. The DEO and the DHO discussed with the DDC several times at the DSHNCC meetings, and strongly requested VDC secretaries of the recently-intervened VDCs to support to provide tiffin boxes by allocating VDC block grant in December 2011.
5. The Project took initiative in establishing the SHN Network that consists of the MOHP, the MOE, donor agencies, the INGOs and NGOs working in the area of SHN, in June 2008. Its members have shared information and experiences of respective SHN program, and advocated and lobbied for implementation and scaling up of the SHN program, as per the NSHN Strategy. The SHN Network has supported the MOHP and MOE to organize the National Workshop on SHN that enabled stakeholders to discuss on related topics to the NSHN Strategy and the SHN program intensively. Most of the members of the SHN Network appreciated the initiative of the Project in their activities.
6. The effects of the Project and the need of SHN programs have been gradually disseminated through mass and interpersonal communication channels. The Project published newsletters, established its website, and coordinated with the mass media several times to disseminate information of the Project and SHN programs to the public, the government officials, and the international donor agencies, and the SHN Network members. The DEO and the DHO shared experiences of target schools of SHN basic package program in their regular meetings. Due to such efforts, for example, some of the private schools in Sindhupalchowk district and Syangja district requested the DEO and the DHO to conduct the SHN program in not only for public schools but also for private schools.

#### 4.5 Sustainability (Prospects)

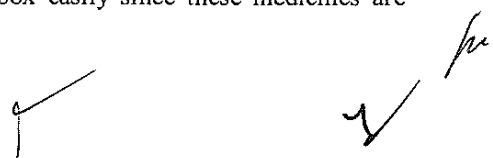
It is fair to say that the sustainability of the Project is likely to be medium. Results are summarized





below:

1. The NSHN Strategy (2006) is likely to be expected to play a role of the guiding document for all the related activities of SHN after the completion of the Project. The proportion of the earmarked budget for children at DDC and VDC levels has been gradually increased over past three years. According to the VDC/DDC Block Grant Guidelines 2067 (2011), at least 10 % of the DDC and VDC block grant is earmarked for development activities and programs benefiting children. Although the policy framework for SHN and the favorable policy for assisting the implementation of the SHN program already exist, 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. It is also not included in the policy of curriculum and evaluation. Apart from them, there is no provision focusing on SHN in Education Act, 2028 (1971) and Education Regulations, 2059 (2002). 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.
2. The DOHS has already allocated the budget for de-worming program, SHN week celebration, first aid kit distribution and training on SHN. A certain amount of budgets are expected to be allocated to the SHN program at the VDC and DDC levels due to the earmarked budget of the block grant for children. The DOE has also allocated the SHN related programs including mid-day meal program, construction of class rooms and monitoring and orientation. However, in the fiscal year of 2011/2012, the budgets for monitoring and orientation were not allocated by the DOE. In order to expand the effects of the Project and the SHN program to other districts, more budgets must be allocated, in particular, for orientation and training for teachers, and monitoring. Thus, the sustainability in the financial aspect is likely to be medium.
3. The NSHNAC and the director-level NSHNAC are likely to be sustained with the support of the SHN Network. The DSHNCC that was established in Syangja district and Sindhupalchowk district respectively as per the NSHN Strategy is also likely to continue to function since its members discussed the SHN related issues at its meetings. Regarding the SHNC established by the Project in each target school as per the NSHN Strategy, it has functioned in most cases to discuss the SHN basic package program and related issues at school by holding meetings whenever necessary. Since its members have been motivated to support the SHN program at school, it is likely to be sustained after the completion of the Project. 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. The SHN basic package program is likely to be sustained in the two districts because it has been designed and implemented in line with the government system. For example, the teachers can refill the medicines in the first aid kit box easily since these medicines are

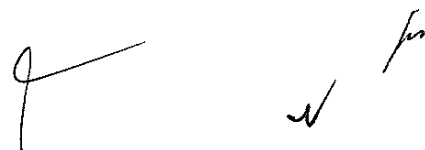


available free of charge in sub-health posts, health posts and PHCs. Regarding the monitoring of the SHN basic package program at school undertaken by Resource Persons and School Supervisors, it was not sufficiently conducted in the case of schools in the remote areas. Given these assessments above, the sustainability of the institutional and organizational aspect is medium.

4. In the technical aspect, most of the counterparts, and the head teachers and the focal teachers of the early-intervened schools have acquired the practical skills and knowledge of the SHN basic package program enough to continue to apply them. However, the results of the endline survey illustrated that keeping records of physical check-up, first aid kit box and monthly check lists properly need to be more improved in the recently-intervened schools. Also, there was still room for improvement of the knowledge on worm infestation and the hygiene practice among the children in the target schools. In order to expand the effects of the Project and the SHN program, it is imperative to integrate the SHN components in the TPD Model, i.e., teacher training program. At the time of the Terminal Evaluation, the stakeholders of MOE have yet to reach an agreement on how to integrate the SHN components in the existing TPD Model. Considering the above, the sustainability in the technical aspect can be assessed as medium.

## 5. Conclusion

The Project has developed the SHN Guideline and implemented the SHN basic package program at public schools in Sindhupalchowk district and Syangja district in accordance with the NSHN Strategy. The total number of schools that benefited from the Project stood at 1113 schools. 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 an approach contributed significantly to bring about the following outcomes: (1) increased awareness of the need of the SHN program among various stakeholders, (2) promotion of coordination between the MOE and the MOHP, (3) improvement of capacities and commitment to the Project among the counterparts, (4) positive changes of behaviors and hygiene habits among the children, and (5) improvement of confidence and capacities of implementing the SHN basic package program among the teachers. This learning by doing approach is a major strength of Japanese technical corporation projects, focusing on direct involvement of the counterparts in project activities. It helped enhance the overall relevance, effectiveness, efficiency, impact and sustainability of the Project. The Project worked closely with the DOHS and the DOE by setting up its office and assigning one project coordinator in the respective counterpart organization. Such an implementation structure was one of the promoting factors that contributed to the efficiency 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, and were less likely to be achieved by the end of the Project. The Project Purpose, strengthening of implementation system of NSHN Strategy, was also less likely to be achieved for the remaining period of the Project. The inadequate management and monitoring based on the PDM indicators was a major hindering factor for the achievement of the Outputs and the Project Purpose. Setting unfeasible indicators and aggressive target values also affected the achievement of the Outputs and the Project Purpose.

It is too early to say that the Overall Goal would be achieved as of the Terminal Evaluation. The correlation between the two indicators of the Overall Goal and the project intervention was not determined since there are many other factors that might contribute to improving 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. However, some positive impacts have been already confirmed. They included: (1) community mobilization and support for the SHN program, (2) institutionalization of de-worming program and first aid kit box in the DOHS, (2) institutionalization of daily attendance register in the DOE, (4) close coordination with the DDC and VDCs in the DSHNCC in Syangja district, (5) establishment of the SHN Network, and (6) dissemination of the effects of the Project.

The policy environment to mainstream SHN programs was not sufficiently ensured since there is no provision focusing on SHN in Education Act, 2028 (1971), Education Regulations, 2059 (2002) and the SSRP (2009-2015). In order to expand the effects of the Project and the SHN program to other districts, more budgets must be allocated for orientation and training for teachers, and monitoring. The NSHNAC, the DSHNCC, the SHNC and the SHN basic package program in the two districts are likely to be sustained. However, there was still no section that would play a leading and coordinating role in implementing the SHN program in the DOE. Also, the monitoring of the SHN program remains a challenge in the case of schools in the remote areas. Most of the stakeholders have acquired the practical skills and knowledge of the SHN basic package program enough to continue to apply them. It is imperative to integrate the SHN components in the TPD Model to sustain and expand the effects of the Project. Given these assessments above, the overall sustainability of the Project is medium.

## 6. Recommendations

The Team made the following recommendations based on the results of evaluation.

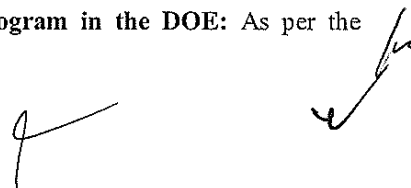
### I. Recommendations to be implemented during the project period

1. **Incorporating SHN components into the existing monitoring formats:** In order to strengthen



the monitoring of SHN basic package program 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 Guideline:** At the time of the Terminal Evaluation, the SHN Guideline, particularly 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 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 described in the Output 4 and the Project Purpose of the PDM among the Project stakeholders. Some of them noted that the good practice of SHN program at schools in the two districts could be practical model, while others opined that setting minimum indicators describing a model SHN school could be practical model. 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 progresses 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 basic and secondary education sector strategy. The alternative means must be addressed to overcome this. Thus, it is strongly recommended that the Project develop an exit strategy in consultation with the different-level stakeholders to sustain the effects of the Project 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 World Food Program, the need for establishing a new section in charge of SHN has been gradually discussed among the stakeholders of DOE. Some of them suggested that the Terms of Reference (TOR) of the Education Material Management Section in Administration Division be revised, and SHN components be added in 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 with the stakeholders concerned and to finalize the institutional arrangements for the SHN program.

7. **Share findings and lessons learned from the 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 sharing meeting on experiences and lessons learned from the TOT and facilitate discussions how to integrate the SHN components into the TPD Model after the completion of the Project.
8. **Disseminate experiences and lessons learned from the SHN basic package program of the target schools:** There were limited opportunities for the stakeholders of both districts to share their experiences. Several stakeholders at the district and school levels from both Sindhupalchowk district and Syangja district opined during the interview of the Terminal Evaluation that they would like to have a field visit and to know 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 and confirming the progress of issues concerned:** Several issues were under discussion or pending approval at the time of the Terminal Evaluation. They included: (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 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 GON. Thus, the joint action plan should be reviewed

annually to discuss the progresses 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 Centre 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 (2009-2015). 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 MOE have yet to reach a consensus on the integration of the SHN components into the Education Act and the Education Regulations. Therefore, the MOE should continue to discuss this issue in order to mainstream the SHN program in the long term.
6. **Involving the 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 MOLD, DDC and VDC to recognize the need of SHN, and to be involved in the SHN program.
7. **Collaborating with the Multi-Sectorial Nutrition Plan:** The Multi-Sectorial Nutrition Plan was being developed by the 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 this Multi-Sectorial Nutrition Plan.

## 7. Lessons Learned

The Team identified the following lessons learned from the Project:

1. **Indicators of each Output need to be linked with activities in a PDM:** Although the provision of tiffin was not included in activities, one of indicator described that the proportion of school children who take tiffin at school in the original PDM. This caused the conflicting expectations on the support of 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, the Output 4 and the 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 purpose of the situation analysis of SHN rather than collecting the data for PDM indicators and evaluation. Thus, only a few of the data was utilized for the baseline data of PDM indicators. In addition, all the baseline data by district was not 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 technical corporation project of JICA in Nepal in which the two ministries, 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. Such an approach as setting up a project office in each counterpart organization and assigning project staff members in respective organization 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 basic package program with a sense of responsibility and improved their capacities. Thus, the experience of this Project indicates that assigning a focal person among counterparts is effective in implementation of activities and coordination with stakeholders.





## ANNEX 1: Project Design Matrix Version 2 (PDM 2)

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

Version : PDM 2  
 Drafted : April 2010

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

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

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

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

As of January 2012

No.	Name	The Post or Position and Organization	Project Designation	Period of Assignment		Remarks
				From	To	
<b>Department of Health Service</b>						
1	Dr. Y. V. Pradhan	Director, Child Health Division	Project Director	-	6 Nov, 2008	Transferred
2*	Dr. S. R. Upreti	Director, Child Health Division	Project Director	7 Nov, 2008	28 Feb, 2010	Transferred
3	Dr. R. P. Bichha	Director, Child Health Division	Project Director	01 March, 2010	17 April, 2011	
4*	Dr. S.R. Upreti	Director, Child Health Division	Project Director	15 April, 2011	Present	
5	Mr. Raj Kumar Pokharel	Chief, Nutrition Section, CHD	Project Manager	-	Present	
6	Mr. Lila Bikram Thapa	Sr. PHO, Nut Section, CHD		-	Present	
7	Mr. Shankar Acharya	Sr. AHW, Nut Section, CHD		18 March, 2010	Present	
8	Ms. Rahita Pachhai	SHN Coordinator, Nut. Section, CHD		18 May, 2009	May, 2010	
<b>Department of Education</b>						
9	Mr. Prakash R. Pandey	Director, Admin Division	Project Director	-	20 May, 2010	Transferred
10	Mr. Hari P. Basyal	Director, Admin Division	Project Director	6 June, 2010	23 June, 2011	Transferred
11	Mr. Murari Bdr. Karki	Director, Admin Division	Project Director	11 July, 2011	Present	
12	Mr. Pramod K. Shah	Deputy Director, EMMS	Project Manager	-	25 April, 2009	Transferred
13	Ms. Rajya L. Nakarmi	Deputy Director, EMMS	Project Manager	26 April, 2009	29 April, 2011	Transferred
14	Ms. Sangita Regmi	Deputy Director, EMMS	Project Manager	29 April, 2011	Present	
15	Mr. Tuka R. Adhikari	Under Secretary, EMMS		26, April 2009	Present	
16	Mr. Gopal K. Adhikari	Section Officer, EMMS		-	7 July, 2010	Promoted
17	Mr. Chaitaniya Niraula	Section Officer, EMMS		January, 2010	Present	
18	Ms. Sharada Bhandari	Section Officer, EMMS		1 August, 2010	Present	
<b>District Health Office, Sindhupalchowk</b>						
19	Dr. Nanda Lal Sikarmi	District Health Officer		-	28 Feb, 2009	On Leave
20	Dr. Rajendra Panta	District Health Officer		28 Feb, 2009	Present	
21	Mr. Krishna Bdr. Mijar	Public Health Officer		24 May, 2009	Present	
22	Mr. Rohit Khadka	Health Assistant(6th)	Focal Person	-	Present	
<b>District Education Office, Sindhupalchowk</b>						
23	Mr. Lekha Nath Niraula	District Education Officer		-	14 March, 2009	Transferred
24	Mr. Surya P. Gautam	District Education Officer		16 March, 2009	21 March, 2010	Promoted
25	Mr. Keshav Dahal	District Education Officer		10 May, 2010	4 May, 2011	
26	Mr. Mukti Singh Thakuri	District Education Officer		5 May, 2011	29 Nov, 2011	Transferred
27	Mr. Gehanath Gautam	District Education Officer		30 Nov, 2011	Present	
28	Mr. Badri P. Poudel	Under Secretary	Focal Person	-	Present	
<b>District Health Office, Syangja</b>						
29	Dr. Tara Nath Poudel	District Health Officer		-	Present	
30	Mr. Nagendra Chaudhary	Public Health Officer		-	Present	
31	Mr. Narayan Kafle	Health Assistant(6th)	Focal Person	-	Present	
<b>District Education Office, Syangja</b>						
32	Mr. Durga Shrestha	District Education Officer		-	26 April, 2010	Retired
33	Mr. Top B. Shrestha	District Education Officer		2 May, 2010	Present	
34	Mr. Dipendra Dhakal	Under Secretary	Focal Person	-	Present	

Note: \*No. 2 and No.4 is the same person. Thus, the total number of counterparts is 33.

### ANNEX 3: Cost borne by the Nepalese Side\*

Organization	Sindhupalchowk	Syangja	Total	Item
<b>Year 1---NFY**2065/66 (JFY 2008/09)</b>				
DOHS	529,000	454,000	983,000	SHN week, School de-worming, First aid kit box, Nutrition Supervision, Quarterly Nutrition Review Meeting, Nutrition Education Materials Printing
DOE	29,873,000	39,200,000	69,073,000	Classroom construction, Rehabilitation, External environment of school (Toilet, drinking, water)
Sub total	30,402,000	39,654,000	70,056,000	
<b>Year 2---NFY2066/67 (JFY 2009/10)</b>				
DOHS	812,334	771,447	1,583,781	SHN week, School de-worming, First aid kit box, Nutrition Supervision, Quarterly Nutrition Review Meeting, Nutrition Education Materials Printing
DOE	93,751,000	57,220,000	150,971,000	Mid-day meal, Monitoring and orientation (Copy, Fuel), Classroom construction, Rehabilitation, External environment school (Toilet, drinking, water)
Sub total	94,563,334	57,991,447	152,554,781	
<b>Year 3---NFY2067/68 (JFY 2010/11)</b>				
DOHS	3,699,000	3,861,000	7,560,000	SHN week and First aid kit box ***
DOE	110,516,000	75,220,000	185,736,000	Mid-day meal, Monitoring and orientation (Copy, Fuel), Classroom construction, Rehabilitation, External environment school (Toilet, drinking, water)
Sub total	114,215,000	79,081,000	193,296,000	
<b>Year 4---NFY2068/69 (JFY 2011/12)</b>				
DOHS	29,000	25,000	54,000	SHN week and First aid kit box ***
DOE	111,796,000	76,650,000	188,446,000	Mid-day meal, Classroom construction, Rehabilitation, External environment school (Toilet, drinking, water)
Sub total	111,825,000	76,675,000	188,500,000	
<b>Total</b>	<b>351,005,334</b>	<b>253,401,447</b>	<b>604,406,781</b>	

Source: MOHP, DOHS, Child Health Division "School Health Nutrition (SHN) Budget"  
MOE, DOE, "Government Efforts for SHN Strategy"

Note: \*It illustrates the budgets allocated by the DOHS and DOE for SHN related programs. They include mid-day meal and physical supports that are not the scope of the work of the Project.

\*\*Nepalese Fiscal Year starts from the middle of July.

\*\*\*De-worming program and integrated monitoring and supervision is not included since they are covered from the central budget.

## ANNEX 4: List of Long-term and Short-term Experts

### 1. Long-term Experts

No.	Name	Designation	Period※1	Duration
1	Dr. Ayako Tokunaga	Chief Advisor/Child Health/Nutrition	5 July 2008 – 2 Oct 2008 11 Nov 2008 – 18 July 2009 15 Aug 2009 – 10 June 2010	22.1Months
2	Ms. Naoko Ishii	Project Coordinator/Health Promotion	1 June 2008 – 31 May 2011	36.0Months
3	Mr. Mitsukuni Sugimoto	Chief Advisor	13 Nov 2010 – 31 January 2012	14.6Months
4	Ms. Masayo Otani	Project Coordinator/Basic Education	3 Jul. 2011 – 31 January 2012	6.9 Months
Long-term Experts: Total Number of Experts			4 Persons	
Long-term Experts: Total Man-Month as of January 31 2012			79.8Months	

### 2. Short-term Experts

No.	Name	Designation	Period	Duration
<b>JFY2008</b>				
1	Prof. Jun Sakurada	School Health	9 Sep 2008 – 20 Sep 2008	0.4Month
2	Prof. Jun Sakurada	School Health	1 March 2009 – 14 March 2009	0.5Month
3	Dr. Chieri Yamada	Planning of School Health Training	4 March 2009 – 22 March 2009	0.6Month
4	Prof. Yukiko Hasebe	Nutrition Improvement	6 March 2009 – 29 March 2009	0.8Month
<b>JFY2009</b>				
5	Ms. Kimiyo Kikuchi	Project Management for School Health	16 Aug 2009 – 1 Sep 2009	0.6Month
6	Mr. Koichiro Watanabe	Tool Development for Monitoring and Evaluation of School Health Activities	20 Nov 2009 – 29 Dec 2009	1.3Months
7	Ms. Yukiko Tahira	School Health/Project Coordinator	30 Oct 2009 – 17 Jan 2010	2.7Months
8	Mr. Hiroshi Kikuchi	Teaching Material Development in School Health	27 Dec 2009 – 20 Feb 2010	1.9Months
<b>JFY2010</b>				
9	Ms. Mayumi Honda	Health Education/Peer Education	9 Aug 2010 – 18 Sep 2010	1.4Months
10	Dr. Tadatoshi Kuratsuji	Child Heal / Nutrition	4 Dec. 2010 – 6 Ene. 2011	1.1 Month
11	Dr. Kyou Hanada	Physical Check	19 Feb. 2011 – 19 Mar. 2011	0.9 Month
<b>JFY 2011</b>				
12	Ms. Mayumi Katsube	Monitoring and supervision	4 Jun. 2011– 8 Jul. 2011	1.2 Months
13	Mr. Shohei Kokudo	Legal framework	9 Aug. 2011– 4 Sep. 2011	0.9 Month
14	Ms. Sachi Tomokawa	School health (Strategy reviews)	18 Aug. 2011– 21 Sep. 2011	1.2 Months
Short-term Experts: Total Number of Experts			14 persons	
Short-term Experts: Total Man-Month as of January 31, 2012			15.5 Months	

※ Period: Departure date from Japan – Arrival date in Japan



## ANNEX 5: List of Equipment

### JFY2008 List of Office Equipment

S.N	Date of Purchase	Name of Item	Model No.	Quantity	Installed Place	Condition
1	24-Nov-08	Project Vehicle	NISSAN PATROL	2	Project Office, DOE	Air bag sensor, engine oil filter, air filter, gasoline filter and mobile oil of vehicle No. 27-0-319 were broken and changed because of the accident in Syangja on 6 November 2009. Air bag sensor is under order. (20 April 2010)
2	11-Aug-08	Printer (Black&White)	HP Laser Jet P1005	2	Project Office, DOE	Good
3	11-Aug-08	Printer (Black&White)	HP Laser Jet P1005	1	Project Office, DOE	Good
4	5-Dec-08	Color Printer	Canon MF8100	1	Project Office, DOE	Good
5	27-Jul-08	Photo copy Machine	Canon IR2022N	1	Project Office, DOE	Good
6	23-Jul-08	PC (Desk top)	HP L1710	1	Project Office, DOHS	Good
7	23-Jul-08	PC (Desk top)	HP L1710	1	Project Office, DOE	Good
8	7-Aug-08	PC (Lap top)	HP Compaq dx7400MT	1	Project Office, DOHS	Good (Battery changed on 15 Aug. 2011)
9	7-Aug-08	PC (Lap top)	HP Compaq dx7401MT	1	Project Office, DOE	Good (Battery changed on 15 Aug. 2012)
10	11-Aug-08	UPS	APC Smart-UPS 750	1	Project Office, DOHS	Battery Damage (Not in use)
11	11-Aug-08	UPS	APC Smart-UPS 750	1	Project Office, DOE	Good
12	11-Nov-08	Digital Camera	Nicon Coolpix S600	1	Project Office, DOHS	Good
13	11-Mar-08	Digital Camera	Nicon Coolpix S600	2	Project Office, DOE	One camera was broken down because of the car accident on 6 November 2009. Project bought new camera from overseas activity cost as per the instruction from Ms. Takeuchi, JICA Nepal Office. (20 April 2010)
14	11-Aug-08	Phone with FAX	Canon FAX-JX300	1	Project Office, DOE	Good
15	11-Aug-08	Hard Disk for Data Back up	LACIE 112971007	1	Project Office, DOE	Good
16	11-Nov-08	Video Camera	SONY HDR-SR12E	1	Project Office, DOE	Good

17	11-Nov-08	SD Card for Digital Camera	16 GB SD Memory Card	3	Project Office, DOE	One SD card was broken down because of the car accident on 6 November 2009. The other two are good.
18	26-Nov-08	Screen		1	Project Office, DOE	Good
19	6-Jan-09	Screen		1	Project Office, DOE	Good
20	23-Jun-08	Office Desk	With Side unit and bookshelf	1	Project Office, DOHS	Good
21	23-Jun-08	Office Desk	With Side unit and bookshelf	1	Project Office, DOE	Good
22	23-Jun-08	Office Desk	With Side unit	2	Project Office, DOHS	Good
23	1-Mar-09	Office Desk	With Side unit	2	Project Office, DOE	Good
24	23-Jun-08	Book Shelf		1	Project Office, DOHS	Good
25	1-Mar-09	Book Shelf		2	Project Office, DOE	Good
26	23-Jun-08	Office Chair	Black color	1	Project Office, DOHS	Good
27	23-Jun-08	Office Chair	Black color	4	Project Office, DOE	Good
28	23-Jun-08	Sofa		1	Project Office, DOHS	Good
29	23-Jun-08	Tea table		1	Project Office, DOHS	Good
30	9-Dec-08	Motorbike	YAMAHA GLD-SS	4	DEO, DHO (Sindhupalchowk and Syangja)	Good
31	17-Oct-08	PC (Desk top)	HP Compaq dc 7800 (MS Office 2007 and Kaspersky Antivirus installed)	2	DEO Syangja, DHO Sindhupalchowk	CP of DEO Syangja uninstalled Office2003 because he could not use Office 2007. CD-ROM of the computer was broken on December 2009 and repaired it in KTM.
32	23-Oct-08	Printer (Black&White)	HP Laser Jet P1005	2	DEO Syangja, DHO Sindhupalchowk	Good
33	11-Aug-08	UPS	APC Smart-UPS 750	2	DEO Syangja, DHO Sindhupalchowk	Good
34	11-Aug-08	Phone with FAX	Canon FAX-JX300	2	DHO Syangja, DEO Sindhupalchowk	Good
35	17-Oct-08	Projector	BOXLIGHT DLP Projector	2	DHO Sindhupalchowk, DEO Syangja	Good
36	10-Dec-10	Wireless Microphone set	FM2801 Portable microphone	2	Project Office, DOE	Good
37	17-Oct-08	PC (Desk top)	HP L1710	1	Project Office, DOE	Need to repair.
38	18-Mar-09	PC (Lap top)	NEC VERSA S971	2	Project Office, DOE	Good
39	18-Mar-09	Portable Printer	Canon IP100	1	Project Office, DOHS	Paper tray was broken in the field but still in use.

40	18-Mar-09	Microsoft Windows XP Professional		2	Project Office, DOHS	Good
41	18-Mar-09	MS Office 2007 Professional		2	Project Office, DOHS	Good
42	18-Mar-09	Antivirus Software		2	Project Office, DOHS	Renewed two times
43	2-Mar-09	Motorbike	YAMAHA GLD-SS	1	Project Office, DOHS	Good
44	2-Mar-09	Motorbike	YAMAHA GLD-SS	1	Project Office, DOE	Good
45	26-Nov-08	UPS	APC Smart-UPS 2200	1	Project Office, DOE	Good
46	10-Nov-08	Inverter	Apollo-Online- 3KVA	1	Project Office, DOE	Good
47	4-Dec-08	Gas Heater	AYGAZ HCR-62	3	Project Office, DOHS (1), DOE (3)	Good
48	26-Dec-08	Office Chair	Black color	4	Project Office, DOE	One was broken and retired on 5 March 2010. Another one was broken and can not be used.
49	26-Dec-08	Office Chair	Blue color	7	Project Office, DOHS (2), DOE (5)	Good
50	26-Dec-08	Safety Box		1	Project Office	Good
51	25-Jan-09	EPABX System	Aristel AV20	1	Project Office	Good
52	6-Mar-09	Wireless microphone, Speaker	SHURE SH500	1	Wireless microphone, Speaker	Good

**JFY2009 List of Office Equipment**

S.N	Date of Purchase	Name of Item	Model No.	Quantity	Installed Place	Condition
1	20-Oct-09	Printer (Black&White)	HP Laser Jet P1006	2	DEO Sindhupalchowk, DHO Syangja	Good
2	20-Oct-09	PC (Desk top)	DELL (MS Office 2007 and Kaspersky Antivirus installed)	2	DEO Sindhupalchowk, DHO Syangja	Good
3	20-Oct-09	UPS	APC Smart-UPS 750	2	DEO Sindhupalchowk, DHO Syangja	Good
4	11-Oct-10	Generator	RG-2400	1	Project Office, DOHS	Good
5	10-Mar-10	Inverter	APOLLO-Online 2KVA	1	Project Office, DOHS	Good
6	10-Mar-10	PC (Laptop)	HP Pavilion	1	Project Office, DOHS	Good
7	10-Mar-10	PC (Laptop)	HP Pavilion	1	Project Office, DOE	Repaired
8	10-Mar-10	Digital Camera	Cannon IXUS 100IS	1	Project Office, DOHS	Good
9	10-Mar-10	Portable Printer	Canon IP100	1	Project Office, DOHS	Good
10	10-Mar-10	Projector	HITACHI CPX201	1	Project Office, DOHS	Good
11	10-Mar-10	Projector	HITACHI CPX201	1	Project Office, DOE	Good
12	10-Mar-10	Microsoft Windows XP Professional		2	Project Office, DOHS	Good

13	10-Mar-10	MS Office 2007 Professional		2	Project Office, DOHS	Good
14	10-Mar-10	Antivirus Software		2	Project Office, DOHS	Renewed two times
15	26-Feb-10	Steel Book Shelf with Glass Door		2	Project Office, DOE	Good
16	26-Feb-10	Steel Open Shelf		2	Project Office, DOHS	Good
17	19-Mar-10	Steel Book Shelf with Swimming Door		8	DEO , DHO Sindhupalchowk DEO, DHO Syangja ( 2 pcs each)	Good
18	2010/2/260	Book Shelf		1	Project Office, DOHS	Good

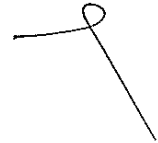
**JFY2010 List of Office Stationary**

S.N	Date of Purchase	Name of Item	Model No.	Quantity	Installed Place	Condition
1	10-Mar-10	Steel Bookshelf with locker		1	Project Office, DEO	Good

**JFY2011 List of Office Equipment**

S.N	Date of Purchase	Name of Item	Model No.	Quantity	Installed Place	Condition
1	23-Sep-11	3 in 1 Photocopy	Canon D-520 (AIO)	1	Project Office, DOHS	Good
2	23-Sep-11	UPS	1200 VA (Chinese)	1	Project Office, DOHS	Good
3	15-Aug-11	Wireless Network System (Wireless Routers and Access Points)		8	Project Office, DOE 7, DOHS 1	Good

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*Handwritten mark resembling a stylized 'M' or 'N'.*



## ANNEX 6: Cost borne by the Japanese Side

Project: School Health and Nutrition Project, JICA/MOHP/MOE  
Duration: 1 June 2008 – 31 December 2011

	1st Year	2nd Year	3rd Year	4th Year	
	FY2008	FY2009	FY2010	FY2011*	TOTAL
Equipment (Unit: JPY)	11,096,000	1,338,000	0	59,440	12,493,440**
Operational Costs (Unit: NRs)	13,169,000.00	19,508,588.50	22,069,651.00	24,821,427.00	79,568,666.50
Total (Unit: JPY)	11,096,000	1,338,000	0	59,440	12,493,440
Total (Unit: NRs)	13,169,000	19,508,589	22,069,651.00	24,821,427.00	79,568,666.50***

\*The amount of FY2011 is the estimated budget up to the 3rd Quarter of the JFY2011.

\*\*NRs 13,887,811 Exchange rate was adopted according to JICA's procurement rules (NPR1=¥0.932 in January 2012)

\*\*\*JPY 74.15 million Exchange rate was adopted according to JICA's procurement rules (NPR1=¥0.932 in January 2012)

## ANNEX 7: List of Training in Japan and Third Countries Provided for the Counterparts

As of January 31, 2012

No.	Name of Trainee	Period	Duration	Areas of Training	Training Institution	Post at the time of Training	Present Post
<b>FY (2008) Country-Focused Training Program</b>							
1	Mr. Janardan Nepal	Oct. 12, 2008 - Oct. 19, 2008	0.3 Month	School Health and Nutrition Program	Saitama Prefectural University	Director General, DOE	Joint Secretary, MOE
2	Mr. Prakash Raj Pandey	Oct. 12, 2008 - Nov. 1, 2008	0.7 Month	School Health and Nutrition Program	Saitama Prefectural University	Director, DOE	Joint Secretary, MOE
3	Mr. Pramod Kumar Shah	Oct. 12, 2008 - Nov. 1, 2008	0.7 Month	School Health and Nutrition Program	Saitama Prefectural University	Deputy Director, DOE	DEO, Morang
4	Mr. Gopal K. Adhikari	Oct. 12, 2008 - Nov. 1, 2008	0.7 Month	School Health and Nutrition Program	Saitama Prefectural University	Section Officer, DOE	Under Secretary Election Commission, Kathmandu
5	Dr. Y. V. Pradhan	Oct. 12, 2008 - Oct. 19, 2008	0.3 Month	School Health and Nutrition Program	Saitama Prefectural University	Director, CHD, DOHS	Director General, DOHS
6	Mr. Raj Kumar Pokharel	Oct. 12, 2008 - Nov. 1, 2008	0.7 Month	School Health and Nutrition Program	Saitama Prefectural University	Chief Nutrition Section, CHD, DOHS	Same
7	Mr. Rajendra P. Dhungana	Oct. 12, 2008 - Nov. 1, 2008	0.7 Month	School Health and Nutrition Program	Saitama Prefectural University	Section Officer, PPICD, MOHP	Same
<b>FY (2009) Country-Focused Training Program</b>							
8	Dr. Shyam Raj Upreti	Oct. 3, 2009 - Oct. 11, 2009	0.3 Month	School Health and Nutrition Program	Saitama Prefectural University	Director, CHD, DOHS	Same
9	Mr. Surya P. Gautam	Sep. 26, 2009 - Oct. 16, 2009	0.7 Month	School Health and Nutrition Program	Saitama Prefectural University	DEO, Sindhupalchowk	Under Secretary, Regional Directorate, Eastern Region
10	Mr. Badri P. Poudyal	Sep. 26, 2009 - Oct. 16, 2009	0.7 Month	School Health and Nutrition Program	Saitama Prefectural University	Section Officer, DEO, Sindhupalchowk	Same
11	Mr. Durga P. Shrestha	Sep. 26, 2009 - Oct. 16, 2009	0.7 Month	School Health and Nutrition Program	Saitama Prefectural University	DEO, Syangja	Retired
12	Mr. Dipendra Dhakal	Sep. 26, 2009 - Oct. 16, 2009	0.7 Month	School Health and Nutrition Program	Saitama Prefectural University	Section Officer, DEO, Syangja	Same
13	Dr. Rajendra P. Pantla	Sep. 26, 2009 - Oct. 16, 2009	0.7 Month	School Health and Nutrition Program	Saitama Prefectural University	DHO, Sindhupalchowk	Same
14	Mr. Rohit B. Khadka	Sep. 26, 2009 - Oct. 16, 2009	0.7 Month	School Health and Nutrition Program	Saitama Prefectural University	Health Assistant, DHO, Sindhupalchowk	Same
15	Dr. Tara Nath Paudel	Sep. 26, 2009 - Oct. 16, 2009	0.7 Month	School Health and Nutrition Program	Saitama Prefectural University	DHO, Syangja	Same
16	Mr. Narayan P. Kafle	Sep. 26, 2009 - Oct. 16, 2009	0.7 Month	School Health and Nutrition Program	Saitama Prefectural University	Health Assistant, DHO, Sindhupalchowk	Same
<b>FY (2010) Country-Focused Training Program</b>							
17	Mr. Dil Bahadur Sarki	Oct. 30, 2010 - Nov. 14, 2010	0.5 Month	School Health and Nutrition Program	Saitama Prefectural University	Sub Health Post Incharge, DHO, Syangja	Same
18	Mr. Govind Raj Joshi	Oct. 30, 2010 - Nov. 14, 2010	0.5 Month	School Health and Nutrition Program	Saitama Prefectural University	A.H.W, Bansbari Sub Health Post Incharge, Sindhupalchowk	Same
19	Mr. Bharat Prasad Bagale	Oct. 30, 2010 - Nov. 14, 2010	0.5 Month	School Health and Nutrition Program	Saitama Prefectural University	Resource Person, DEO, Syangja	Same
<b>FY (2008) Training and Dialogue Program</b>							
20	Mr. Lila Bikram Thapa	May 20, 2008 - July 6, 2008	1.6 Month	School Health	Aichi Children's Health and Medical Center	Senior Public Health Officer, CHD, DOHS	Same

FY (2009) Training and Dialogue Program							
21	Mr. Nakul Baniya	May 16, 2009 - July 5, 2009	1.6 Month	School Health	Aichi Children's Health and Medical Center	Section Officer, Planning Section, MOE	Same
22	Mr. Nagendra Chaudhary	May 16, 2009 - July 5, 2009	1.6 Month	School Health	Aichi Children's Health and Medical Center	District Public Health Officer, DHO, Syangja	Same
FY (2010) Training and Dialogue Program							
23	Mr. Tuka Raj Adhikari	May 15, 2010 - July 4, 2010	1.6 Month	School Health	Aichi Children's Health and Medical Center	Under Secretary, DOE	Same
24	Mr. Shankar Acharya	May 15, 2010 - July 4, 2010	1.6 Month	School Health	Aichi Children's Health and Medical Center	Senior AHW, CHD, DOHS	Same
FY (2011) Training and Dialogue Program							
25	Mr. Mukti Singh Thakuri	August 20, 2011 - October 8, 2011	1.6 Month	School Health	Aichi Children's Health and Medical Center	DEO, Sindhupalchowk	Transferred to Senior Trainer in Educational Training Center in Kavre District on Nov. 30, 2011
26	Mr. Top Bahadur Shrestha	August 20, 2011 - October 8, 2012	1.6 Month	School Health	Aichi Children's Health and Medical Center	DEO, Syangja	Transferred to Deputy Director in Western Regional Education Directorate on Nov. 30, 2011
27	Mr. Krishna Bahadur Mijar	August 20, 2011 - October 8, 2013	1.6 Month	School Health	Aichi Children's Health and Medical Center	Public Health Officer, DHO, Sindhupalchowk	Same
FY (2011) Technical Exchange Training Program in Thailand							
1	Mr. Jagannath Pant	Dec. 12, 2011 - Dec. 24, 2011	0.4 Month	School Health and Nutrition Program	Mahidol University, Faculty of Tropical Medicine	Under Secretary, MOHP	Same
2	Mr. Shree Krishna Paudel	Dec. 12, 2011 - Dec. 24, 2012	0.4 Month	School Health and Nutrition Program	Mahidol University, Faculty of Tropical Medicine	Section Officer, MOHP	Same
3	Mr. Khadga Bahadur Kamal	Dec. 12, 2011 - Dec. 24, 2013	0.4 Month	School Health and Nutrition Program	Mahidol University, Faculty of Tropical Medicine	DEO, Syangja	Same
4	Mr. Gyanee Yadav	Dec. 12, 2011 - Dec. 24, 2014	0.4 Month	School Health and Nutrition Program	Mahidol University, Faculty of Tropical Medicine	Director, NCED	Same
5	Mr. Nepal Hari Ranabhat	Dec. 12, 2011 - Dec. 24, 2015	0.4 Month	School Health and Nutrition Program	Mahidol University, Faculty of Tropical Medicine	Curriculum Officer, CDC	Same
6	Mr. Gagan Singh Thapa	Dec. 12, 2011 - Dec. 24, 2016	0.4 Month	School Health and Nutrition Program	Mahidol University, Faculty of Tropical Medicine	School Supervisor, Syangja	Same
7	Mr. Dinesh Ghimire	Dec. 12, 2011 - Dec. 24, 2017	0.4 Month	School Health and Nutrition Program	Mahidol University, Faculty of Tropical Medicine	Section Officer, DEO, Sindhupalchowk	Same
8	Ms. Khika Devi Nepal	Dec. 12, 2011 - Dec. 24, 2018	0.4 Month	School Health and Nutrition Program	Mahidol University, Faculty of Tropical Medicine	Resource Person, DEO, Sindhupalchowk	Same
9	Mr. Binod Paudel	Dec. 12, 2011 - Dec. 24, 2019	0.4 Month	School Health and Nutrition Program	Mahidol University, Faculty of Tropical Medicine	Statistic Officer, DHO, Sindhupalchowk	Same
10	Mr. Atma Ram Dhital	Dec. 12, 2011 - Dec. 24, 2020	0.4 Month	School Health and Nutrition Program	Mahidol University, Faculty of Tropical Medicine	Senior Auxiliary Health Worker, Sindhupalchowk	Same
11	Mr. Dilip Ram Adhikari	Dec. 12, 2011 - Dec. 24, 2021	0.4 Month	School Health and Nutrition Program	Mahidol University, Faculty of Tropical Medicine	Senior Auxiliary Health Worker, Syangja	Same
12	Mr. Krishna Prasad Aryal	Dec. 12, 2011 - Dec. 24, 2022	0.4 Month	School Health and Nutrition Program	Mahidol University, Faculty of Tropical Medicine	Health Education Technician, DHO, Syangja	Same

FY (2011) Technical Exchange Training Program in Lao PDR							
1	Mr.Prem Kumar Rai	Dec. 22, 2011 - Dec. 31, 2011	0.3 Month	School Health and Nutrition Program	Ministry of Education in Laos	Joint Secretary, MOE	
2	Mr. Murari Bahadur Karki	Dec. 22, 2011 - Dec. 31, 2012	0.3 Month	School Health and Nutrition Program	Ministry of Education in Laos	Director of Administration Division, DOE	
3	Mr.Raj Kumar Pokharel	Dec. 22, 2011 - Dec. 31, 2013	0.3 Month	School Health and Nutrition Program	Ministry of Education in Laos	Chief of Nutrition Section, CHD, DOHS	
4	Mr.Ram Chandra Khanal	Dec. 22, 2011 - Dec. 31, 2014	0.3 Month	School Health and Nutrition Program	Ministry of Education in Laos	Senior. Public Health Administrator, MOHP	
5	Mr. Tej Prasad Panthi	Dec. 22, 2011 - Dec. 31, 2015	0.3 Month	School Health and Nutrition Program	Ministry of Education in Laos	Planning Officer, NPC	
6	Mr.Ram Mani Bhattarai	Dec. 22, 2011 - Dec. 31, 2016	0.3 Month	School Health and Nutrition Program	Ministry of Education in Laos	LDO, Syangja	
7	Mr.Suman Ghimre	Dec. 22, 2011 - Dec. 31, 2017	0.3 Month	School Health and Nutrition Program	Ministry of Education in Laos	Ministry of Local Development	

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## ANNEX 8: List of Training

As of January 31, 2012

S.N.	Training	Target	Purpose	Contents	Venue	Month Conducted	No. of Participants
June 2008 – March 2009							
District Level							
1	SHN Program Orientation	Stakeholders in Sindhupalchowk	To know on importance of SHN Program, to clarify the roles of different stakeholders, to ensure the commitments of stakeholders	Importance of SHN Program, introduction on NSHN Strategy, roles of different stakeholders, formation of SHN Committee at school, introduction on SHN Week, etc.	Training Hall, Sindhupalchowk	July 2008	19
2	SHN Program Orientation	Stakeholders in Syangja			DEO, Syangja	July 2008	25
3	De-worming Program	Officers of DEO and DHO in Sindhupalchowk	To make school children understand on worm infestation and importance of de-worming, and encourage them to follow the preventive measures of worm infestation	Importance of de-worming program, symptoms of worm infestation, effects of worm, preventive measures of worm infestation, medicine for worm, benefits of the program, etc.	Training Hall, Sindhupalchowk	January 2009	91
4	De-worming Program	Officers of DEO and DHO in Syangja			DEO, Syangja	January 2009	91
RC/VDC Level							
5	SHN Program Orientation	Stakeholders in target VDCs in Sindhupalchowk	To know on importance of SHN Program, to clarify the roles of different stakeholders, to ensure the commitments of stakeholders	Importance of SHN Program, introduction on NSHN Strategy, roles of different stakeholders, formation of SHN Committee at school, introduction on SHN Week, etc.	Target RC/VDC in Sindhupalchowk	September – December 2008	132
6	SHN Program Orientation	Stakeholders in target VDCs in Syangja			Target RC/VDC in Syangja		
April 2009 – March 2010							
District Level							
7	SHN Program Orientation	Stakeholders in Sindhupalchowk	To know on importance of SHN Program, to clarify the roles of different stakeholders, to ensure the commitments of stakeholders	Importance of SHN Program, introduction on NSHN Strategy, roles of different stakeholders, formation of SHN Committee at school, introduction on SHN Week, etc.	Training Hall, Sindhupalchowk	April 2009	35
8	SHN Program Orientation	Stakeholders in Syangja			DEO, Syangja		

S.N.	Training	Target	Purpose	Contents	Venue	Month Conducted	No. of Participants
9	De-worming Program	Officers of DEO and DHO in Sindhupalchowk	To make school children understand on worm infestation and importance of de-worming, and encourage them to follow the preventive measures of worm infestation	Importance of de-worming program, symptoms of worm infestation, effects of worm, preventive measures of worm infestation, medicine for worm, benefits of the program, etc.	Training Hall, Sindhupalchowk	June 2009	22
10	De-worming Program	Officers of DEO and DHO in Syangja			DEO, Syangja	June 2009	22
11	Physical Check-up	Officers of DEO and DHO in Sindhupalchowk	To assess the growth of children by conducting physical check-up, to make children understand on their own body size growth, and to monitor the health and nutrition status of children by analyzing the compiled data	Importance of physical check-up, equipments used, steps to conduct physical check-up, measuring procedures, recording system, information for children, etc.	Training Hall, Sindhupalchowk	June 2009	30
12	Physical Check-up	Officers of DEO and DHO in Syangja			DEO, Syangja	June 2009	22
13	Utilization of First Aid Kit	Officers of DEO and DHO in Sindhupalchowk	To provide effective and appropriate First Aid Services to children by building a refilling system and maintaining the First Aid Kit Box	Importance of First Aid Services, contents and descriptions of First Aid Kits, treatments, refilling system, recording system, etc.	Training Hall, Sindhupalchowk	August 2009	27
14	Utilization of First Aid Kit	Officers of DEO and DHO in Syangja			DEO, Syangja	August 2009	41
15	School Check List	Officers of DEO and DHO in Sindhupalchowk	To encourage schools' self-efforts to activate and sustain SHN activities without sparing large budget, support teachers and children to pay attention to health, nutrition and hygiene status and improve health and hygiene behaviors, to check and improve school environments	Importance of School Check List, components of Daily, Weekly and Monthly Check Lists, utilization, monitoring and supervision, importance of improving clean school environment, etc.	Training Hall, Sindhupalchowk	June 2009	27
16	School Check List	Officers of DEO and DHO in Syangja			DEO, Syangja	June 2009	22
17	Child Club Mobilization	Officers of DEO and DHO in Sindhupalchowk	To improve children in health and nutrition activities in an organized way, and to plan and implement child initiative programs under SHN Program	Importance of Child Club, roles of Child Club, "child-to-child" approach, formation, activities, monitoring and supervision, etc.	Training Hall, Sindhupalchowk	November 2009	21
18	Child Club Mobilization	Officers of DEO and DHO in Syangja			DEO, Syangja	November 2009	28
19	Refresher on School Check List	Officers of DEO and DHO in Sindhupalchowk	To encourage schools' self-efforts to activate and sustain SHN activities without sparing large budget, support teachers and children to pay attention to health, nutrition and hygiene status and improve health and hygiene behaviors, to check and improve school environments	Importance of School Check List, components of Daily, Weekly and Monthly Check Lists, utilization, monitoring and supervision, importance of improving clean school environment, etc.	Training Hall, Sindhupalchowk	December 2009	24
20	Refresher on School Check List	Officers of DEO and DHO in Syangja			DEO, Syangja	December 2009	28

S.N.	Training	Target	Purpose	Contents	Venue	Month Conducted	No. of Participants
21	Monitoring and Supervision	Officers of DEO and DHO in Sindhupalchowk	To check and assess the conduction status and progress of SHN activities at schools, to identify the major difficulties and issues while conducting SHN activities, and to provide feedback and advices to concerned authorities	Significance and importance of Monitoring and Supervision, overall framework, outline for Education Office, outline for Health Office, Monitoring and Supervision Sheets, etc.	Training Hall, Sindhupalchowk	February / March 2010	34
22	Monitoring and Supervision	Officers of DEO and DHO in Syangja			DEO, Syangja	February / March 2010	41
23	SIP (School Improvement Plan)	Officers of DEO and DHO in Sindhupalchowk	To strengthen the capacity of concerned officers to help the process of development of SIP, to integrate SHN components into SIP, to make the action plans to implement the activities related to SIP	Importance of SIP preparation, school management, case study, SIP process and implementation, field visit for preparation of SIP, etc.	Training Hall, Sindhupalchowk	February 2010	29
24	SIP (School Improvement Plan)	Officers of DEO and DHO in Syangja			DEO, Syangja	February 2010	36
<b>RC/VDC Level</b>							
25	SHN Program Orientation	Stakeholders in target VDCs in Sindhupalchowk	To know on importance of SHN Program, to clarify the roles of different stakeholders, to ensure the commitments of stakeholders	Importance of SHN Program, introduction on NSHN Strategy, roles of different stakeholders, formation of SHN Committee at school, introduction on SHN Week, etc.	Target RC/VDC in Sindhupalchowk	April – May 2009	151
26	SHN Program Orientation	Stakeholders in target VDCs in Syangja			Target RC/VDC in Syangja	April – May 2009	148
27	School Action Plan Orientation	Head Master, Focal Teacher, SHNC, PTA of target school in Sindhupalchowk	To make schools to implement the selected and planned annual SHN activities, to manage the budget to implement SHN activities, conduct self-evaluation and monitoring	Importance of Annual Action Plan, plan preparation, sample, identify SHN activities, monitoring of the plan, etc.	Target RC/VDC in Sindhupalchowk	April – May 2009	224
28	School Action Plan Orientation	Head Master, Focal Teacher, SHNC, PTA of target school in Syangja			Target RC/VDC in Syangja	April – May 2009	188
29	De-worming Program	Head Master, Focal Teacher, SHNC, PTA of target school in Sindhupalchowk	To make school children understand on worm infestation and importance of de-worming, and encourage them to follow the preventive measures of worm infestation	Importance of de-worming program, symptoms of worm infestation, effects of worm, preventive measures of worm infestation, medicine for worm, benefits of the program, etc.	Target RC/VDC in Sindhupalchowk	June – July 2009	218
30	De-worming Program	Head Master, Focal Teacher, SHNC, PTA of target school in Syangja			Target RC/VDC in Syangja	June – July 2009	194

S.N.	Training	Target	Purpose	Contents	Venue	Month Conducted	No. of Participants
31	Physical Check-up	Head Master, Focal Teacher, SHNC, PTA of target school in Sindhupalchowk	To encourage schools' self-efforts to activate and sustain SHN activities without sparing large budget, support teachers and children to pay attention to health, nutrition and hygiene status and improve health and hygiene behaviors, to check and improve school environments	Importance of School Check List, components of Daily, Weekly and Monthly Check Lists, utilization, monitoring and supervision, importance of improving clean school environment, etc.	Target RC/VDC in Sindhupalchowk	June – July 2009	277
32	Physical Check-up	Head Master, Focal Teacher, SHNC, PTA of target school in Syangja			Target RC/VDC in Syangja	June – July 2009	248
33	Utilization of First Aid Kit	Head Master, Focal Teacher, SHNC, PTA of target school in Sindhupalchowk	To provide effective and appropriate First Aid Services to children by building a refilling system and maintaining the First Aid Kit Box	Importance of First Aid Services, contents and descriptions of First Aid Kits, treatments, refilling system, recording system, etc.	Target RC/VDC in Sindhupalchowk	August 2009	173
34	Utilization of First Aid Kit	Head Master, Focal Teacher, SHNC, PTA of target school in Syangja			Target RC/VDC in Syangja	August 2009	185
35	School Check List	Head Master, Focal Teacher, SHNC, PTA of target school in Sindhupalchowk	To encourage schools' self-efforts to activate and sustain SHN activities without sparing large budget, support teachers and children to pay attention to health, nutrition and hygiene status and improve health and hygiene behaviors, to check and improve school environments	Importance of School Check List, components of Daily, Weekly and Monthly Check Lists, utilization, monitoring and supervision, importance of improving clean school environment, etc.	Target RC/VDC in Sindhupalchowk	June – July 2009	218
36	School Check List	Head Master, Focal Teacher, SHNC, PTA of target school in Syangja			Target RC/VDC in Syangja	June – July 2009	194
37	Child Club Mobilization	Head Master, Focal Teacher, SHNC, PTA, CC of target school in Sindhupalchowk	To improve children in health and nutrition activities in an organized way, and to plan and implement child initiative programs under SHN Program	Importance of Child Club, roles of Child Club, "child-to-child" approach, formation, activities, monitoring and supervision, etc.	Target RC/VDC in Sindhupalchowk	December 2009	296
38	Child Club Mobilization	Head Master, Focal Teacher, SHNC, PTA, CC of target school in Syangja			Target RC/VDC in Syangja	December 2009	226

S.N.	Training	Target	Purpose	Contents	Venue	Month Conducted	No. of Participants
39	Refresher on De-worming Program	Head Master, Focal Teacher, SHNC, PTA of target school in Sindhupalchowk	To make school children understand on worm infestation and importance of de-worming, and encourage them to follow the preventive measures of worm infestation	Importance of de-worming program, symptoms of worm infestation, effects of worm, preventive measures of worm infestation, medicine for worm, benefits of the program, etc.	Target RC/VDC in Sindhupalchowk	December 2009	212
40	Refresher on De-worming Program	Head Master, Focal Teacher, SHNC, PTA of target school in Syangja			Target RC/VDC in Syangja	December 2009	272
41	Refresher on School Check List	Head Master, Focal Teacher, SHNC, PTA of target school in Sindhupalchowk	To encourage schools' self-efforts to activate and sustain SHN activities without sparing large budget, support teachers and children to pay attention to health, nutrition and hygiene status and improve health and hygiene behaviors, to check and improve school environments	Importance of School Check List, components of Daily, Weekly and Monthly Check Lists, utilization, monitoring and supervision, importance of improving clean school environment, etc.	Target RC/VDC in Sindhupalchowk	January 2010	204
42	Refresher on School Check List	Head Master, Focal Teacher, SHNC, PTA of target school in Syangja			Target RC/VDC in Syangja	January 2010	176
43	SIP (School Improvement Plan)	Head Master, Focal Teacher, SHNC, PTA of target school in Sindhupalchowk	To strengthen the capacity of concerned officers to help the process of development of SIP, to integrate SHN components into SIP, to make the action plans to implement the activities related to SIP	Importance of SIP preparation, school management, case study, SIP process and implementation, field visit for preparation of SIP, etc.	Target RC/VDC in Sindhupalchowk	February – March 2010	241
44	SIP (School Improvement Plan)	Head Master, Focal Teacher, SHNC, PTA of target school in Syangja			Target RC/VDC in Syangja	February – March 2010	231
<b>April – October 2010</b>							
<b>District Level</b>							
45	School Health Services Minimum Package Training Phase I	Officers of DEO and DHO, SS, RP, Ilaka and S/HP in Charge in Sindhupalchowk	To strengthen the capacity of the participants for facilitating RC level Training on School Health Services Minimum Package and conduct RC level training efficiently and effectively	Briefing on NSHN Strategy, School Health Service Components (De-worming Program), Behavior Change Components (Child Club Mobilization, School Check List, Utilization of Pictorial Materials)	Training Hall, Sindhupalchowk	June 2010 (3days)	41
46	School Health Services Minimum Package Training Phase I-II	Officers of DEO and DHO, SS, RP, Ilaka and S/HP in Charge in Syangja	To strengthen the capacity of the participants for facilitating RC level Training on School Health Services Minimum Package and conduct RC level training efficiently and effectively	Briefing on NSHN Strategy, School Health Service Components (De-worming Program, FA Kit Box), Behavior Change Components (Child Club Mobilization, School Check List, Utilization of Pictorial Materials)	DEO, Syangja	July 2010 (4days)	43

S.N.	Training	Target	Purpose	Contents	Venue	Month Conducted	No. of Participants
47	School Health Services Minimum Package Training Phase II	Officers of DEO and DHO, SS, RP, Ilaka and S/HP in Charge in Sindhupalchowk	To strengthen the capacity of the participants for facilitating RC level Training on School Health Services Minimum Package and conduct RC level training efficiently and effectively	School Health Service Components ( FA Kit Box), School Health System Components (M&S)	Training Hall, Sindhupalchowk	July 2010 (2days)	43
<b>RC/VDC Level</b>							
48	School Health Services Minimum Package Training Phase I	SHNC Chairperson, PTA Chairperson, Head teacher, Focal Teacher of target school, VDC Secretary, Ilaka in charge, HP/SHP in charge in Sindhupalchowk	To develop capacity of the participants (Target school representatives) for conducting activities of School Health Service Minimum Package efficiently and effectively	Briefing on NSHN Strategy, School Health Service Components (De-worming Program), Behavior Change Components (Child Club Mobilization, School Check List, Utilization of Pictorial Materials)	Target RCs in Sindhupalchowk	June – August 2010 ( 3 days)	536
49	School Health Services Minimum Package Training Phase I+II	SHNC Chairperson, PTA Chairperson, Head Teacher, Focal Teacher, Other Teachers of target school, ANM /MCHW, VHW, VDC Secretary in Syangja	To develop capacity of the participants (Target school representatives) for conducting activities of School Health Service Minimum Package efficiently and effectively	Briefing on NSHN Strategy, School Health Service Components (De-worming Program, FA Kit Box), Behavior Change Components (Child Club Mobilization, School Check List, Utilization of Pictorial Materials)	Target RCs in Syangja	July–September 2010 (5 days)	693
50	School Health Services Minimum Package Training Phase II	Head Teacher, Focal Teacher, other teachers of target school in Sindhupalchowk	To develop capacity of the participants (representatives of target schools) for conducting activities of School Health Service Minimum Package efficiently and effectively	School Health Service Components ( FA Kit Box)	Target RCs in Sindhupalchowk	July 2010 – On going (5 VDCs remaining) (1 day for schools selected in the 1st and 2nd Project Year, 1.5 days for schools selected in the 3rd Project year)	312
<b>Novemember, 2010 – Novemember , 2011</b>							
<b>District Level</b>							
51	School Health Services Minimum Package Training Phase I ( 3 days +2days)	Officers of DEO and DHO, All SS, RP, Ilaka in-charges in Syangja	To strengthen the capacity of the participants for facilitating RC level Training on School Health Services Minimum Package and conduct RC level training efficiently and effectively	Briefing on NSHN Strategy, School Health Service Components (De-worming Program), Behavior Change Components (Child Club Mobilization, School Check List, Utilization of Pictorial Materials)	DEO, Syangja	September 2011	60
52	School Health Services Minimum Package Training Phase I ( 3 days +2days)	Officers of DEO and DHO, All SS, RP, Ilaka in-charges in Sindhupalchowk	To strengthen the capacity of the participants for facilitating RC level Training on School Health Services Minimum Package and conduct RC level training efficiently and effectively	Briefing on NSHN Strategy, School Health Service Components (De-worming Program, FA Kit Box), Behavior Change Components (Child Club Mobilization, School Check List, Utilization of Pictorial Materials)	Training Hall, Sindhupalchowk	September 2011	50

S.N.	Training	Target	Purpose	Contents	Venue	Month Conducted	No. of Participants
<b>RC/VDC Level</b>							
53	School Health Services Minimum Package Training Phase I ( 3 days +2days)	Head teacher, Focal Teacher of target school, VDC Secretary of new VDCs and SHP in charge in Sindhupalchowk	To develop capacity of the participants (Target school representatives) for conducting activities of School Health Service Minimum Package efficiently and effectively	Briefing on NSHN Strategy, School Health Service Components (De-worming Program), Behavior Change Components (Child Club Mobilization, School Check List, Utilization of Pictorial Materials)	All RCs ( 19 RCS) in Sindhupalchowk	Nov- Dec, 2010	1235
54	School Health Services Minimum Package Training Phase I ( 3 days +2days)	Head teacher, Focal Teacher of target school, VDC Secretary of new VDCs and SHP in charge in Syangja	To develop capacity of the participants (Target school representatives) for conducting activities of School Health Service Minimum Package efficiently and effectively	Briefing on NSHN Strategy, School Health Service Components (De-worming Program, FA Kit Box), Behavior Change Components (Child Club Mobilization, School Check List, Utilization of Pictorial Materials)	All RCs ( 24 RCs) in Syangja	Nov- Dec, 2010	1239

Total Number of Participants: 9,583

## ANNEX 9-1: Evaluation Grid - Achievement of the Project

	Evaluation Items	Indicators	Findings of the Terminal Evaluation Study																														
<b>Prospect of achievement of Overall Goal</b>																																	
1	<p><b>Overall Goal</b> Health and nutrition status of school-aged children is improved in the target districts.</p>	<p>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.</p>	<p>1. The table below shows the proportion of moderate and severely underweight students (between 5 to 10 years old) in the two target districts from 2008 to 2011. It has increased from 29.7% in the baseline survey to 31.8% in the endline survey.</p> <table border="1" data-bbox="1070 576 1895 746"> <thead> <tr> <th colspan="3">Percentage of moderate and severely underweight students (between 5 to 10 years old)</th> </tr> <tr> <th></th> <th>Baseline (2008)</th> <th>Endline (2011)</th> </tr> </thead> <tbody> <tr> <td>Sindhupalchowk</td> <td>NA</td> <td>31.5%</td> </tr> <tr> <td>Syangja</td> <td>NA</td> <td>32.2%</td> </tr> <tr> <td>Total</td> <td>29.7%</td> <td>31.8%</td> </tr> </tbody> </table> <p>Source: Baseline survey 2009, Endline survey 2011</p> <p>2. The table below presents the share of moderate and severely underweight students (between 5 to 10 years old) by period of project intervention in the two target districts. There was no significant difference by period of intervention. It is assumed that many factors rather than project intervention might influence the level of malnutrition (weight-for-age) of school children (between 5 to 10 years old). The reason behind the increase in the proportion of moderate and severely underweight students (between 5 to 10 years old) in the two districts from 2008 to 2011 was not determined in the Endline Survey conducted by the Project.</p> <table border="1" data-bbox="1070 1075 1895 1267"> <thead> <tr> <th colspan="3">Share of moderate and severely underweight students (between 5 to 10 years old) by period of project intervention</th> </tr> <tr> <th></th> <th>Early intervention (2008)</th> <th>Recently intervention (2010)</th> </tr> </thead> <tbody> <tr> <td>Sindhupalchowk</td> <td>33.2%</td> <td>27.9%</td> </tr> <tr> <td>Syangja</td> <td>32.2%</td> <td>32.1%</td> </tr> <tr> <td>Total</td> <td>32.8%</td> <td>29.7%</td> </tr> </tbody> </table> <p>Source: Baseline survey 2009, Endline survey 2011</p> <p>3. The above data was collected from only school children. The status of malnutrition of the school-aged children who might not go to school was not determined.</p>	Percentage of moderate and severely underweight students (between 5 to 10 years old)				Baseline (2008)	Endline (2011)	Sindhupalchowk	NA	31.5%	Syangja	NA	32.2%	Total	29.7%	31.8%	Share of moderate and severely underweight students (between 5 to 10 years old) by period of project intervention				Early intervention (2008)	Recently intervention (2010)	Sindhupalchowk	33.2%	27.9%	Syangja	32.2%	32.1%	Total	32.8%	29.7%
Percentage of moderate and severely underweight students (between 5 to 10 years old)																																	
	Baseline (2008)	Endline (2011)																															
Sindhupalchowk	NA	31.5%																															
Syangja	NA	32.2%																															
Total	29.7%	31.8%																															
Share of moderate and severely underweight students (between 5 to 10 years old) by period of project intervention																																	
	Early intervention (2008)	Recently intervention (2010)																															
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Syangja	32.2%	32.1%																															
Total	32.8%	29.7%																															



2		<p>2. Increase in attendance rate of school-aged children from 72.7% in 2008 to 79.7% in 2015 in the target districts.</p>	<p>1. According to the Flash Report II 2007/08 and 2009/2010, the average attendance rates of students for grade 1st to 5th have increased from 72.2% to 80.9% in the two target districts.</p> <table border="1" data-bbox="1102 443 1928 619"> <thead> <tr> <th colspan="3">Average attendance rate of school-aged children (Grade 1 to 5)*</th> </tr> <tr> <th></th> <th>2007/08</th> <th>2009/2010</th> </tr> </thead> <tbody> <tr> <td>Sindhupalchowk</td> <td>72.2%</td> <td>78.7%</td> </tr> <tr> <td>Syangja</td> <td>45.8%**</td> <td>83.0%</td> </tr> <tr> <td>Total</td> <td>72.2%***</td> <td>80.9%</td> </tr> </tbody> </table> <p>Source: FLASH Report II 2007/08 and 2009/2010, Project Progress Reports            Note: *Data was collected analyzed on their different dates within the school year.            **According to the Project, it might be miscalculation.            ***Since the data for Syangja was not reliable, the Project adopted the data of Sindhupalchowk as the average attendance rate for grade 1-5 in the two target districts. However, the reason why the figure of the indicator in the PDM was 72.7%, not 72.2%, was not clarified in project documents.</p> <p>2. Since there are many factors that might contribute to improving the status of student attendance in each district, it was not determined to what extent the Project has contributed to this.</p> <p>3. The above data focused on the school children alone. Thus, it did not consider the school-aged children who might not go to school.</p>	Average attendance rate of school-aged children (Grade 1 to 5)*				2007/08	2009/2010	Sindhupalchowk	72.2%	78.7%	Syangja	45.8%**	83.0%	Total	72.2%***	80.9%
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3	<p><b>Project Purpose</b>            1. Utilization of school health services is increased among school-aged children in the target districts"</p>	<p>1. A practical model recognized by the National School Health and Nutrition Advisory Committee (NSHNAC)</p>	<p>1. At the third NSHNAC meeting held in December 2010, the School Health and Nutrition Network presented its School Health Minimum Package that included the project components. However, a practical model was yet to be approved since its concept and component were neither sufficiently discussed nor clarified among the project stakeholders.</p>															
4	<p>2. Implementation</p>	<p>2. Approved Guidelines and Manuals for School Health Service Minimum</p>	<p>1. School Health Service Minimum Package Guideline (SHN Guideline) developed by the Project was approved by Department of Education (DOE) and Department of Health Services (DOHS) in June 2010.</p>															

	<p>system of the National School Health and Nutrition Strategy is strengthened in the Ministry of Health and Population and the Ministry of Education</p>	<p>Package by Ministry of Health and Population (MOHP) and Ministry of Education (MOE)</p>	<ol style="list-style-type: none"> <li>2. The SHN Guideline was reviewed based on the feedback from concerned stakeholders and revised into School Health and Nutrition Basic Program (Package) Implementation SHN Guideline in April 2011. It was approved by DOE and DOHS in July 2011.</li> <li>3. Since the SHN Guideline including various formats was being revised again by the Project at the time of the Terminal Evaluation, it has yet to be approved. Its revision is likely to be completed by the end of the Project. According to the counterparts of the DOHS and the DOE, the third edition of the SHN Guideline is most likely to be approved in the remaining period of the Project.</li> </ol>
5		<p>3. Compiled Monitoring and Supervision Sheet on SHN activities at MOHP and MOE according to Monitoring and Supervision Guideline.</p>	<ol style="list-style-type: none"> <li>1. At the time of the Terminal Evaluation, monitoring and supervision sheets on school health and nutrition have yet to be fully used by the project stakeholders. They have yet to be compiled by the MOHP and the MOE, although the monitoring and supervision system in line with the existing government's monitoring system was expected to be strengthened based on the recommendations of the Mid-Term Review.</li> <li>2. After the Mid-Term Review, the short-term expert reviewed the monitoring and supervision system including various formats and suggested involving community people to monitor SHN activities on a pilot basis. Such a community-based monitoring system was expected to enhance a sense of ownership and responsibility of School Management Committee (SMC), parents and community people, and to reinforce the existing government's monitoring and supervision system. However, it did not take place yet.</li> <li>3. Regarding the formats, the short-term expert recommended the SHN components be included in existing monitoring formats. However, it had not taken any measures by the time of the Terminal Evaluation.</li> </ol>
6		<p>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>	<ol style="list-style-type: none"> <li>1. The data on physical check-up and de-worming have been reported from the DEO to the MOE, as well as from the DHO to the MOHP.</li> <li>2. Since the de-worming program was introduced by the MOHP in all 75 districts, the data on de-worming program was incorporated in Health Management Information System (HMIS). The MOE plans to incorporate the data on de-worming program and child club program in Education Management Information System (EMIS) in 2012.</li> </ol>

7		<p>5. Decrease in worm infestation of school-aged children from 25.1% in 2008 to 15.1% in 2012.</p>	<p>1. According to the results of blood and stool samples of the selected children in the endline survey conducted by the Project in November 2011, the prevalence of helminthiasis among the school-aged children significantly reduced from 25.1 % in the baseline survey, 2008 to 2.9 % in 2011. As shown in the table below, such improvement was found in both Sindhupalchowk district and Syangja district.</p> <table border="1" data-bbox="1066 443 1971 651"> <thead> <tr> <th colspan="3">Helminthes prevalence among students</th> </tr> <tr> <th></th> <th>Baseline (2008) N=3138</th> <th>Endline (2011) N=2710</th> </tr> </thead> <tbody> <tr> <td>Sindhupalchowk</td> <td>39.5%</td> <td>2.4%</td> </tr> <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> </tbody> </table> <p>Source: Baseline Survey Blood and Stool Test on SHNP 2009, Endline Survey 2011</p> <p>2. The same trend was found when the school-aged children were asked to have worm infestation. As presented in the table below, the proportion of school-aged children who reported to have worm infestation during the last one month period dramatically decreased from 20.6% in 2008 to 5.2% in 2011.</p> <table border="1" data-bbox="1052 842 1984 1007"> <thead> <tr> <th colspan="3">Percent of students who had worm infestation during the last one month period</th> </tr> <tr> <th></th> <th>Baseline (2008)</th> <th>Endline (2011)</th> </tr> </thead> <tbody> <tr> <td>Sindhupalchowk</td> <td>NA</td> <td>6.5%</td> </tr> <tr> <td>Syangja</td> <td>NA</td> <td>4.2%</td> </tr> <tr> <td>Total</td> <td>20.6%</td> <td>5.2%</td> </tr> </tbody> </table> <p>Source: Baseline Survey 2009, Endline Survey 2011</p>	Helminthes prevalence among students				Baseline (2008) N=3138	Endline (2011) N=2710	Sindhupalchowk	39.5%	2.4%	Syangja	18.4%	3.6%	Total	25.1%	2.9%	Percent of students who had worm infestation during the last one month period				Baseline (2008)	Endline (2011)	Sindhupalchowk	NA	6.5%	Syangja	NA	4.2%	Total	20.6%	5.2%
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8		<p>6. At least one SHN activity is conducted by Child Clubs at each target school in a school year.</p>	<p>1. 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. It also shows schools having child clubs have increased from 27.5% to 83.8% over 4 years. Major activities of child clubs included school cleaning, operating library, management of first aid kit box and organizing health related activities.</p> <table border="1" data-bbox="1066 1206 1971 1377"> <thead> <tr> <th colspan="3">Percentage of schools having child clubs and its activities</th> </tr> <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>	Percentage of schools having child clubs and its activities				Baseline (2008)	Endline (2011)	Sindhupalchowk	NA	82.9%	Syangja	NA	84.8%	Total	27.5%	83.8%															
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<b>Achievement of Outputs</b>			
9	<p><b>Outputs</b></p> <p>1. The provision of School Health Service Minimum Package is improved in target schools.</p>	<p>1.1 Developed Guidelines and Manuals for School Health Service Minimum Package.</p>	<p>1. School Health Service Minimum Package Guideline was developed by the Project based on the consultation with project stakeholders and approved by the DOE and the DOHS in June 2010. Based on the feedback from concerned stakeholders, it was reviewed into the School Health and Nutrition Basic Program (Package) Implementation Guideline (SHN Guideline) in April 2011.</p> <p>2. After the approval of the second edition of the SHN Guideline by the DOE and the DOHS in July 2011, it was printed by the Project and distributed to the central-level and target district-level stakeholders. They included such as the MOE and the MOHP, the DEO and the DHO, all public schools, Resource Persons and School Supervisors, health posts and sub-health posts in-charges, and VDC secretaries. The SHN Guideline was also utilized when the DOE and the DOHS conducted orientation and training for Resource Persons and School Supervisors, health posts and sub-health posts in-charges in other districts.</p> <p>3. The SHN Guideline was being reviewed at the time of the Terminal Evaluation. The third edition of the SHN Guideline is likely to be finalized by the end of the Project.</p>
10		<p>1.2 The total number of participants who received training on School Health Service Minimum Package from 0 to more than 7,500.</p>	<p>1. A total of 54 training was conducted at the district, and resource center and VDC levels. They included school health nutrition program orientation, de-worming program, physical check-up, utilization of first-aid kit, school check list, child club mobilization, refresher on school check list, monitoring and supervision, school improvement plan, school action plan orientation, refresher on de-worming program, school health service minimum package training phase I (de-worming, first aid kit box, school health nutrition checklist, child club mobilization and school action plan), and school health service minimum package training phase II (physical check-up including weight for age, height for age and vision test of the students, mid-day meal and monitoring and evaluation).</p> <p>2. All the training was implemented in the cascade method. Training of Trainers (TOT) was organized by the central-level counterparts in collaboration with the project staff members at the district level to train facilitators for resource-center- and VDC-level</p>

*[Handwritten marks]*

			<p>training. The main participants of the district-level TOT included focal persons of the DEO and the DHO, Resource Persons, School Supervisors, and health and sub-health post in charge. After the district-level TOT, the resource-center- and VDC-level training were undertaken to train headteachers, focal teachers, chairpersons of School Health and Nutrition Committee (SHNC), VDC secretaries, and so on.</p> <p>3. The total participants of the training stood at 9583 at the time of the Terminal Evaluation. The number of trainers available was as follows: 1) 13 people at the central level, 2) 43 people in Sindhupalchowk district, and 3) 52 people in Syangja district.</p> <p>4. The Project has endeavored to integrate the SHN program into the Training Professional Development (TPD) Model developed by National Centre for Educational Development (NCED). At the time of the Terminal Evaluation, TOT Manuals for SHN was being developed by the task force comprising the DOHP, the DOE, the NCED, Curriculum Development Center (CDC), Tribuvan University, and the Project and will be finalized by the end of February, 2012. In March 2012, the Project, in collaboration with NCED, will provide TOT for 125 trainers from 41 districts in which the related programs of SHN such as provision of the basic package program, distribution of day-meal, distribution of first aid kit box, and provision of deworming training have been implemented.</p>
11		1.3 Increase in schools conducting physical check-up once a year with proper record keeping from 0 to 70 %.	<p>1. Physical check-up was supposed to be conducted at public schools once a year in the two target district under the Project. According to the collected data of schools targeted in the endline survey, 73.9% of schools conducted it once a year according to the SHN Guideline, whereas 63.8% of schools kept a record properly.</p> <p>2. When the figures were analyzed by district, the share of schools that conducted physical check-up in Syangja district (79.4%) was higher than Sindhupalchowk district (68.6%). The same trend was found in keeping records of physical check-up properly. The share of schools kept records properly in Syangja district was 79.4% whereas that of Sindhupalchowk district at 48.6% was still low.</p> <p>3. When the figures were analyzed by period of project intervention, there was a significant difference. The share of early-intervened schools that conducted physical check-up, and kept its records properly reached to 95.3% and 83.7% respectively. On the other hand, the share of recently-intervened schools that conducted physical check-up and kept its records properly stood at 35.8% and 30.8% respectively. The</p>

			<p>detailed information was presented below.</p> <table border="1"> <thead> <tr> <th colspan="4">Number and percentage of schools conducted physical check-up</th> </tr> <tr> <th></th> <th>Early intervention in 2008</th> <th>Recently intervention in 2010 and 2011</th> <th>Total (%)</th> </tr> </thead> <tbody> <tr> <td>Sindhupalchowk</td> <td>20 (90.9%)</td> <td>4 (30.8%)</td> <td>24 (68.6%)</td> </tr> <tr> <td>Syangja</td> <td>21 (100%)</td> <td>6 (46.2%)</td> <td>27 (79.4%)</td> </tr> <tr> <td>Total (%)</td> <td>41 (95.3%)</td> <td>10 (35.8%)</td> <td>51 (73.9%)</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="4">Number and percentage of schools kept records of physical check up properly</th> </tr> <tr> <th></th> <th>Early intervention in 2008</th> <th>Recently intervention in 2010 and 2011</th> <th>Total (%)</th> </tr> </thead> <tbody> <tr> <td>Sindhupalchowk</td> <td>15 (68.2%)</td> <td>2 (15.4%)</td> <td>17 (48.6%)</td> </tr> <tr> <td>Syangja</td> <td>21 (100%)</td> <td>6 (46.2%)</td> <td>27 (79.4%)</td> </tr> <tr> <td>Total (%)</td> <td>36 (83.7%)</td> <td>8 (30.8%)</td> <td>44 (63.8%)</td> </tr> </tbody> </table> <p>Source: Endline Survey- "Target School Data collected from DEO in Jan 2012"</p>	Number and percentage of schools conducted physical check-up					Early intervention in 2008	Recently intervention in 2010 and 2011	Total (%)	Sindhupalchowk	20 (90.9%)	4 (30.8%)	24 (68.6%)	Syangja	21 (100%)	6 (46.2%)	27 (79.4%)	Total (%)	41 (95.3%)	10 (35.8%)	51 (73.9%)	Number and percentage of schools kept records of physical check up properly					Early intervention in 2008	Recently intervention in 2010 and 2011	Total (%)	Sindhupalchowk	15 (68.2%)	2 (15.4%)	17 (48.6%)	Syangja	21 (100%)	6 (46.2%)	27 (79.4%)	Total (%)	36 (83.7%)	8 (30.8%)	44 (63.8%)
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12		<p>1.4 Increase in schools conducting de-worming program twice a school year with proper record keeping from 0 to 70.0%.</p>	<ol style="list-style-type: none"> <li>The Project introduced de-worming program at public schools in the two districts. Public schools were expected to conduct it twice a year according to the SHN Guideline. The table below presents the status of schools conducting de-worming program and keeping its records properly in number percentage by district and period of project intervention. Overall, 97.1% of schools conducted de-worming program twice a year, whereas 89.9% of schools kept records properly.</li> <li>All the schools targeted in the endline survey in Syangja district conducted de-worming program and kept its records properly. In Sindhupalchowk district, 94.3% of schools conducted de-worming program, whereas 80% of schools kept its records properly.</li> <li>As shown in the table below, most of schools conducted de-worming program twice a year regardless the period of project intervention. However, there was a slight difference when the figures of schools keeping its records properly were analyzed by duration of project intervention. The share of early-intervened schools reached to</li> </ol>																																								

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13		1.5 Increase in schools keeping First Aid Kit Box with proper record keeping from 0 to 60.0%.	<p>1. A first aid kit box was given to 224 target schools in Syangja district and Sindhupalchowk district by the Project. In 2010, the MOHP expanded to provide it for all 1113 schools in both districts. The MOHP provided first aid kit boxes in the 14 other districts and conducted training with their budget.</p> <p>2. All the schools targeted in the endline survey in the two districts kept first aid kit box respectively regardless the period of project intervention. On the other hand, the proportion of schools keeping its records properly stood at 63.8%. When the figures of</p>																																								

			<p>schools keeping records of first aid kit box properly were analyzed, the status of recently-intervened schools (30.8%) was significantly worse than that of early-intervened schools (83.7%).</p> <table border="1" data-bbox="1070 424 1957 683"> <caption>Number and percentage of schools keeping a first aid kit box</caption> <thead> <tr> <th></th> <th>Early intervention in 2008</th> <th>Recently intervention in 2010 and 2011</th> <th>Total (%)</th> </tr> </thead> <tbody> <tr> <td>Sindhupalchowk</td> <td>22 (100%)</td> <td>13 (100%)</td> <td>35 (100%)</td> </tr> <tr> <td>Syangja</td> <td>21 (100%)</td> <td>13 (100%)</td> <td>34 (100%)</td> </tr> <tr> <td>Total (%)</td> <td>43 (100%)</td> <td>26 (100%)</td> <td>69 (100%)</td> </tr> </tbody> </table> <p>Source: Endline Survey- "Target School Data collected from DEO in Jan 2012"</p> <table border="1" data-bbox="1070 783 1957 1042"> <caption>Number and percentage of schools keeping records of first aid kit box properly</caption> <thead> <tr> <th></th> <th>Early intervention in 2008</th> <th>Recently intervention in 2010 and 2011</th> <th>Total (%)</th> </tr> </thead> <tbody> <tr> <td>Sindhupalchowk</td> <td>15 (68.2%)</td> <td>2 (15.4%)</td> <td>17 (48.6%)</td> </tr> <tr> <td>Syangja</td> <td>21 (100%)</td> <td>6 (46.2%)</td> <td>27 (79.4%)</td> </tr> <tr> <td>Total (%)</td> <td>36 (83.7%)</td> <td>8 (30.8%)</td> <td>44 (63.8%)</td> </tr> </tbody> </table> <p>Source: Endline Survey- "Target School Data collected from DEO in Jan 2012"</p>		Early intervention in 2008	Recently intervention in 2010 and 2011	Total (%)	Sindhupalchowk	22 (100%)	13 (100%)	35 (100%)	Syangja	21 (100%)	13 (100%)	34 (100%)	Total (%)	43 (100%)	26 (100%)	69 (100%)		Early intervention in 2008	Recently intervention in 2010 and 2011	Total (%)	Sindhupalchowk	15 (68.2%)	2 (15.4%)	17 (48.6%)	Syangja	21 (100%)	6 (46.2%)	27 (79.4%)	Total (%)	36 (83.7%)	8 (30.8%)	44 (63.8%)
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14	2.The health-related knowledge, behavior and habits of school-aged children are improved through school health activities in target schools.	2.1 Increase in school children who are keeping clean nails from 49.8% to 70.0% in target schools.	<p>1. The proportion of students who had clean nails increased from 50.2% in the baseline survey to 59.4% in the endline survey. However, it fell short of the target of 70.0% indicated in the PDM.</p> <table border="1" data-bbox="1070 1206 1957 1374"> <caption>Percentage of students whose hygiene status of nail was observed as "clean"</caption> <thead> <tr> <th></th> <th>Baseline (2008)</th> <th>Endline (2011)</th> </tr> </thead> <tbody> <tr> <td>Sindhupalchowk</td> <td>NA</td> <td>47.1%</td> </tr> <tr> <td>Syangja</td> <td>NA</td> <td>76.3%</td> </tr> <tr> <td>Total</td> <td>50.2%*</td> <td>59.4%</td> </tr> </tbody> </table> <p>Source: Baseline Survey 2009, Endline Survey 2011</p>		Baseline (2008)	Endline (2011)	Sindhupalchowk	NA	47.1%	Syangja	NA	76.3%	Total	50.2%*	59.4%																				
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			<p style="text-align: center;">*It is not clear why the figure of the indicator in the PDM was 49.8%.</p> <p>2. When the figures were analyzed by district, there was a significant difference. The share of students who had clean nails in Syangja district (76.3%) was much more than in Sindhupalchowk district (47.1%). The proportion of students who had clean nails in early-intervened and in recently-intervened schools reached to 64.6% and 50.4 % respectively.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="4" style="text-align: center;">Number and percentage of students whose hygiene status of nail was observed as "clean"</th> </tr> <tr> <th></th> <th style="text-align: center;">Early intervention in 2008</th> <th style="text-align: center;">Recently intervention in 2010 and 2011</th> <th style="text-align: center;">Total (%)</th> </tr> </thead> <tbody> <tr> <td>Sindhupalchowk</td> <td style="text-align: center;">524 (53.47%)</td> <td style="text-align: center;">214 (36.46%)</td> <td style="text-align: center;">738 (47.1%)</td> </tr> <tr> <td>Syangja</td> <td style="text-align: center;">585 (79.48%)</td> <td style="text-align: center;">287 (70.52%)</td> <td style="text-align: center;">872 (76.29%)</td> </tr> <tr> <td>Total (%)</td> <td style="text-align: center;">1109 (64.6%)</td> <td style="text-align: center;">501 (50.4%)</td> <td style="text-align: center;">1610 (59.4%)</td> </tr> </tbody> </table> <p style="text-align: center;">Source: Endline Survey- "Target School Data collected from DEO in Jan 2012"</p> <p>3. The table below presents the number and percentage of students who had normal length nails. The figure of Sindhupalchowk district (75.3%) was lower than that of Syangja district (90.73%). When compared by period of project duration, the proportion of students who had normal length nails in early-intervened schools (84.4%) was slightly higher in recently-intervened schools (77.3%).</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="4" style="text-align: center;">Number and percentage of students who had normal length nails</th> </tr> <tr> <th></th> <th style="text-align: center;">Early intervention in 2008</th> <th style="text-align: center;">Recently intervention in 2010 and 2011</th> <th style="text-align: center;">Total (%)</th> </tr> </thead> <tbody> <tr> <td>Sindhupalchowk</td> <td style="text-align: center;">775 (79.08%)</td> <td style="text-align: center;">405 (68.99%)</td> <td style="text-align: center;">1180 (75.3%)</td> </tr> <tr> <td>Syangja</td> <td style="text-align: center;">674 (91.58%)</td> <td style="text-align: center;">363 (89.19%)</td> <td style="text-align: center;">1037 (90.73%)</td> </tr> <tr> <td>Total (%)</td> <td style="text-align: center;">1449 (84.4%)</td> <td style="text-align: center;">768 (77.3%)</td> <td style="text-align: center;">2217 (81.8%)</td> </tr> </tbody> </table> <p style="text-align: center;">Source: Endline Survey- "Target School Data collected from DEO in Jan 2012"</p>	Number and percentage of students whose hygiene status of nail was observed as "clean"					Early intervention in 2008	Recently intervention in 2010 and 2011	Total (%)	Sindhupalchowk	524 (53.47%)	214 (36.46%)	738 (47.1%)	Syangja	585 (79.48%)	287 (70.52%)	872 (76.29%)	Total (%)	1109 (64.6%)	501 (50.4%)	1610 (59.4%)	Number and percentage of students who had normal length nails					Early intervention in 2008	Recently intervention in 2010 and 2011	Total (%)	Sindhupalchowk	775 (79.08%)	405 (68.99%)	1180 (75.3%)	Syangja	674 (91.58%)	363 (89.19%)	1037 (90.73%)	Total (%)	1449 (84.4%)	768 (77.3%)	2217 (81.8%)
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		<p>cleaning (Toilet Cleaning in those schools having toilets) practice every day from 33.3% to 50.0%.</p>	<p>there was no significant difference (72.7% for Sindhupalchowk district and 78.8% for Syangja district).</p> <table border="1" data-bbox="1070 363 1973 400"> <tr> <td style="text-align: center;"><b>Percentage of schools that clean toilets every day</b></td> </tr> </table> <p>Source: Baseline Survey 2009, Endline Survey 2011</p> <p>2. Most of the teachers, Resource Persons and School Supervisors of DEO interviewed by the Team noted that the school and class environment had been improved when the children had been involved in SHN activities such as cleaning class rooms and playground.</p> <table border="1" data-bbox="1070 756 1973 793"> <tr> <td></td> <td style="text-align: center;">Baseline (2008)</td> <td style="text-align: center;">Endline (2011)</td> </tr> </table>	<b>Percentage of schools that clean toilets every day</b>		Baseline (2008)	Endline (2011)											
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16		<p>2.3 Increase in knowledge of children on de-worming from 11.0 % to 60.0% in target schools.</p>	<p>1. Fourth and fifth grade students were asked to know about worm infestation in the baseline and endline surveys. As presented in the table below, 27.1 % of the students knew about the worm infestation in the baseline survey. The corresponding figure in the endline survey slightly increased to 30.7%. However, it fell short of the target of 60.0% indicated in the PDM.</p> <table border="1" data-bbox="1070 963 1973 1137"> <thead> <tr> <th colspan="3" style="text-align: center;"><b>Percentage of 4th and 5th grade students who know worm infestation</b></th> </tr> <tr> <th></th> <th style="text-align: center;">Baseline (2008)</th> <th style="text-align: center;">Endline (2011)</th> </tr> </thead> <tbody> <tr> <td>Sindhupalchowk</td> <td style="text-align: center;">NA</td> <td style="text-align: center;">29.6%</td> </tr> <tr> <td>Syangja</td> <td style="text-align: center;">NA</td> <td style="text-align: center;">32.3%</td> </tr> <tr> <td>Total</td> <td style="text-align: center;">27.1%*</td> <td style="text-align: center;">30.7%</td> </tr> </tbody> </table> <p>Source: Baseline Survey 2009, Endline Survey 2011 *It is not clear why the figure of the indicator in the PDM was 11.0%.</p> <p>The table below shows the figures analyzed by period of project intervention and district. In the endline survey, 32.34% of students of fourth grade and fifth grade in Syangja district reported that they knew about worm infestation. It was slightly higher than the corresponding figure in Sindhupalchowk district (29.59%). When analyzed by period of project intervention, there was a significantly difference. Overall, 38.3% of students in early-intervened schools knew about worm infestation, whereas only 19.0% of students in</p>	<b>Percentage of 4th and 5th grade students who know worm infestation</b>				Baseline (2008)	Endline (2011)	Sindhupalchowk	NA	29.6%	Syangja	NA	32.3%	Total	27.1%*	30.7%
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17	2.4 Increase in schools keeping School Check List records from 0 to 60.0%.	<ol style="list-style-type: none"> <li>1. School check list that is self-evaluation check sheet for each school was introduced by the Project. Schools can evaluate their own progresses in SHN activities by themselves using three types of school check lists such as daily, weekly and monthly check lists. The Project encouraged the target schools to use these check lists by distributing prizes to schools that achieve good performance at the end of academic year in collaboration with the DOE and District School Health Nutrition Coordination Committee (DSHNCC).</li> <li>2. The daily and weekly check lists were incorporated into daily attendance register to record attendance and reasons for children's absence, and to confirm daily health condition of school children. This daily attendance register was officially introduced in all schools of 75 districts by the DOE in April 2011.</li> <li>3. As presented in the table below, the daily check list was maintained by most of schools regardless district and period of project intervention. However, when the figures of weekly and monthly check lists were analyzed by district and period of project intervention, there was a significant difference. The proportion of schools maintained both weekly and monthly check lists in Sindhupalchowk district (48.6% for weekly monthly check list, 37.1% for monthly check list) was significantly low, compared to Syangja district (100% for weekly check list, and 79.4% for monthly check list). Overall, the early-intervened schools (81.4%) maintained weekly check list better than the recently-intervened schools (61.5%). This trend was obviously observed in the figures regarding the monthly check list. Almost 80% of the early-intervened schools maintained it, whereas only 23.1% of recently-intervened schools maintained it.</li> </ol>																					

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18		2.5 Existing Child Clubs in each target school.	<ol style="list-style-type: none"> <li>There were two sources of data on establishing child clubs in target schools in the Project, 1) questionnaire for schools in the endline survey and 2) the DEO from Sindhupalchowk district and Syangja district.</li> <li>According to the endline survey, out of the total 70 schools targeted in the endline survey, 83.8% of schools reported that they had child clubs (82.9% for Sindhupalchowk district and 84.8% for Syangja district).</li> </ol>																																																												

			<p>2. The data collected from the DEO show that the proportion of schools that established child stood at 95.7% (91.4% for Sindhupalchowk district and 100% for Syangja district), which was slightly higher than the figures from the endline survey. As presented in the table below, 95.5% of early-intervened schools in Sindhupalchowk district established child clubs whereas 84.6% of recently-intervened schools in Sindhupalchowk district did.</p> <table border="1" data-bbox="1077 534 1966 794"> <caption>Number and percentage of schools had child clubs</caption> <thead> <tr> <th></th> <th>Early intervention in 2008</th> <th>Recently intervention in 2010 and 2011</th> <th>Total (%)</th> </tr> </thead> <tbody> <tr> <td>Sindhupalchowk</td> <td>21 (95.5%)</td> <td>11 (84.6%)</td> <td>32 (91.4%)</td> </tr> <tr> <td>Syangja</td> <td>21 (100%)</td> <td>13 (100%)</td> <td>34 (100%)</td> </tr> <tr> <td>Total (%)</td> <td>42 (97.7%)</td> <td>24 (92.3%)</td> <td>66 (95.7%)</td> </tr> </tbody> </table> <p>Source: Endline Survey- "Target School Data collected from DEO in Jan 2012"</p>		Early intervention in 2008	Recently intervention in 2010 and 2011	Total (%)	Sindhupalchowk	21 (95.5%)	11 (84.6%)	32 (91.4%)	Syangja	21 (100%)	13 (100%)	34 (100%)	Total (%)	42 (97.7%)	24 (92.3%)	66 (95.7%)
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19	<p>3. School health activities are systematically and collaboratively executed and managed by concerned offices, committees and other stakeholders in the target districts.</p>	<p>3.1 At least one health promotion campaign is jointly implemented by teachers, school children, health staff, local community people and SHNC in a school year.</p>	<p>1. The program for the celebration of school health and nutrition week was organized by each target school in December 2009 and May 2011 with the budget support from the DOHS through the DHO. Each VDC received NRs 1000 and carried out various SHN activities in collaboration with schools.</p> <p>2. The MOHP had implemented the program of SHN week in December every year and allocated budget for 75 districts. Once the Project began, it was integrated into the program of celebration of SHN week. When the SHN Guideline was revised in 2010, the date for celebration of week was changed from December to May.</p>																

20		3.2 Increase in schools receiving Monitoring and Supervision on School Health by Resource Person at least 3 times a school year from 0 to 60.0%.	<p>1. According to the data collected from DEO in the target districts, out of the total 69 schools, 69.6% of schools received monitoring and supervision by Resource Persons at least three times a school year.</p> <p>2. As shown in the table below, there was a significant difference when analyzed by period of project intervention. Overall, 88.4% of early-intervened schools received monitoring and supervision by Resource Persons at least three times once a year, whereas the corresponding figure of recently-intervened schools stood at only 38.5 %.</p> <table border="1" data-bbox="1086 635 1973 916"> <caption>Number and percentage of schools received monitoring and supervision by Resource Person at least 3 times a year</caption> <thead> <tr> <th></th> <th>Early intervention in 2008</th> <th>Recently intervention in 2010 and 2011</th> <th>Total (%)</th> </tr> </thead> <tbody> <tr> <td>Sindhupalchowk</td> <td>17 (77.3%)</td> <td>1 (7.7%)</td> <td>18 (51.4%)</td> </tr> <tr> <td>Syangja</td> <td>21 (100%)</td> <td>9 (69.2%)</td> <td>30 (88.2%)</td> </tr> <tr> <td>Total (%)</td> <td>38 (88.4%)</td> <td>10 (38.5%)</td> <td>48 (69.6%)</td> </tr> </tbody> </table> <p>Source: Endline Survey- "Target School Data collected from DEO in Jan 2012"</p>		Early intervention in 2008	Recently intervention in 2010 and 2011	Total (%)	Sindhupalchowk	17 (77.3%)	1 (7.7%)	18 (51.4%)	Syangja	21 (100%)	9 (69.2%)	30 (88.2%)	Total (%)	38 (88.4%)	10 (38.5%)	48 (69.6%)
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21		3.3 Increase in SHNC having regular meetings at least 4 times a school year from 0 to 60.0%.	<p>1. School Health Nutrition Committee (SHNC) was formed in each target school under the Project. It is comprised of 11 members such as 1)chairperson of School Management Committee (SMC), 2) chairperson of Parent and Teacher's Association (PTA), 3)teacher in charge of program, 4)ward chairperson of related ward, 5)representative from Primary Health Center (PHC)/DHO/District Public Health Office (DPHO)/Female Community Health Volunteer, 6)Resource Person/School Supervisor of related school, 7)representative from related NGO or donor agencies, 8)representative from Food Management Committee, and 8)chairperson of child club. The main roles and responsibilities of SHNC are to prepare School Improvement Plan (SIP) including SHN program, to mobilize local resources, and implement and self-monitor the SHN program.</p> <p>2. The data for PDM indicator 3.3 was not available. Instead, other data was collected</p>																

			<p>from DEO in the target districts. The table below shows that 43.5 % of the total 69 schools targeted in the endline survey held regular meeting of SHNC at least once month. When analyzed by district, the figure of Sindhupalchowk district (60.0%) was higher than that of Syangja district (26.5%). This might be because that SHNC and Food Management Committee of schools in Sindhupalchowk district in which a mid-day meal program was conducted by DOE need to discuss how to prepare and manage it.</p> <table border="1" data-bbox="1088 531 1975 794"> <caption>Number and percentage of SHNC had regular meetings at least once a month</caption> <thead> <tr> <th></th> <th>Early intervention in 2008</th> <th>Recently intervention in 2010 and 2011</th> <th>Total (%)</th> </tr> </thead> <tbody> <tr> <td>Sindhupalchowk</td> <td>19 (86.4%)</td> <td>2 (15.4%)</td> <td>21 (60.0%)</td> </tr> <tr> <td>Syangja</td> <td>5 (23.8%)</td> <td>4 (30.8%)</td> <td>9 (26.5%)</td> </tr> <tr> <td>Total (%)</td> <td>24 (55.8%)</td> <td>6 (23.1%)</td> <td>30 (43.5%)</td> </tr> </tbody> </table> <p>Source: Endline Survey- "Target School Data collected from DEO in Jan 2012"</p>		Early intervention in 2008	Recently intervention in 2010 and 2011	Total (%)	Sindhupalchowk	19 (86.4%)	2 (15.4%)	21 (60.0%)	Syangja	5 (23.8%)	4 (30.8%)	9 (26.5%)	Total (%)	24 (55.8%)	6 (23.1%)	30 (43.5%)
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22		3.4 DSHNCC has regular meetings at least 4 times a year.	<ol style="list-style-type: none"> <li>1. District School Health and Nutrition Coordination Committee (DSHNCC), chaired by Local Development Officer (LDO) was formed at the district level. There are 9 members such as 1) District Education Officer, 2) Chief DHO/DPHO secretary, 3) representative from District Development Committee (DDC), 4) representative from district Drinking Water Office, 5) 2 persons from Program in charge from DEO, DHO/DPHO, 6) representative from District Child Welfare Coordination Committee, 7) Representative from Resource Persons, and 8) representative from related NGOs or donor agencies.</li> <li>2. The table below shows the date of meetings conducted by the DSHNCC in the two target districts. The DSHNCC held meetings twelve (12) times in Syangja district and nine (9) times in Sindhupalchowk district over the past four years. According to the focal persons of DEO, they discussed the SHN related topics including the selection of the target VDCs for the Project, management of the mid-day meal program and potential support for tiffin boxes. Although the target of PDM indicator was not met, the DSHNCC seemed to function to hold meetings when necessary.</li> </ol>																

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			<table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="2">Frequency of DSHNCC meetings</th> </tr> </thead> <tbody> <tr> <td>Sindhupalchowk</td> <td>1. 2065, Bhadra 12, 2. 2065, Mangsir 6, 3. 2065, Magh 22 4. 2065, Falgun 14, 5. 2066, Baishak 31, 6. 2066, Falgun 10 7. 2067, Baishak 5, 8. 2067, Mangsir 2, 9. 2067, Mangsir 16</td> </tr> <tr> <td>Syangja</td> <td>1. 2065, 05-19, 2. 2065-08-01, 3. 2065-11-21, 4. 2065-12-02 5. 2066-01-09, 6. 2067-01-30, 7. 2067-02-28, 8. 2067-07-28 9. 2067-10-24, 10. 2068-08-12, 11. 2068-09-05, 12. 2068-10-08</td> </tr> </tbody> </table> <p>Source: Data provided by Focal Person of DEO Sindhupalchowk and DEO Syangja *The date of meetings was recorded in Nepali calendar.</p>	Frequency of DSHNCC meetings		Sindhupalchowk	1. 2065, Bhadra 12, 2. 2065, Mangsir 6, 3. 2065, Magh 22 4. 2065, Falgun 14, 5. 2066, Baishak 31, 6. 2066, Falgun 10 7. 2067, Baishak 5, 8. 2067, Mangsir 2, 9. 2067, Mangsir 16	Syangja	1. 2065, 05-19, 2. 2065-08-01, 3. 2065-11-21, 4. 2065-12-02 5. 2066-01-09, 6. 2067-01-30, 7. 2067-02-28, 8. 2067-07-28 9. 2067-10-24, 10. 2068-08-12, 11. 2068-09-05, 12. 2068-10-08													
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23	3.5 Increase in schools incorporating SHN components into SIP (School Improvement Plan) from 0 to 60.0%.	<p>1. The Project conducted training on SIP with support from JICA's Support for Improvement of Primary School Management (SISM) Project to incorporate SHN components into SIP.</p> <p>2. As presented in the table below, almost 90% of 69 schools submitted SIP incorporating SHN components to the DEO.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th colspan="4">Number and percentage of schools that submitted SIP incorporating SHN to the DEO</th> </tr> <tr> <th></th> <th>Early intervention in 2008</th> <th>Recently intervention in 2010 and 2011</th> <th>Total (%)</th> </tr> </thead> <tbody> <tr> <td>Sindhupalchowk</td> <td>22 (100%)</td> <td>13 (100%)</td> <td>35 (100%)</td> </tr> <tr> <td>Syangja</td> <td>21 (100%)</td> <td>6 (46.2%)</td> <td>27 (79.4%)</td> </tr> <tr> <td>Total (%)</td> <td>43 (100%)</td> <td>19 (73.1%)</td> <td>62 (89.9%)</td> </tr> </tbody> </table> <p>Source: Endline Survey- "Target School Data collected from the DEO in Jan 2012"</p>	Number and percentage of schools that submitted SIP incorporating SHN to the DEO					Early intervention in 2008	Recently intervention in 2010 and 2011	Total (%)	Sindhupalchowk	22 (100%)	13 (100%)	35 (100%)	Syangja	21 (100%)	6 (46.2%)	27 (79.4%)	Total (%)	43 (100%)	19 (73.1%)	62 (89.9%)
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24	3.6 Compiled School Health related data (Physical Check-up and De-worming) at DHO and DEO according to Physical Check-up and De-worming Guidelines.	<p>1. It was observed that school health related data, i.e., physical check-up and de-worming were reported from target schools to sub-health posts and Resource Persons respectively. Sub-health posts reported these data to health posts or primary health centers. Finally, the data were forwarded to the DHO. Likewise, Resource Persons submitted these data to the DEO.</p>																				

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25	4. A practical model is developed by the experience of the Project and the	4.1 Reviewed NSHN Strategy and its guideline recognized by NSHNAC.	1. The short-term expert reviewed the NSHN Strategy and its guideline and recommended for revision in September 2011. At the time of the Terminal Evaluation, it was yet to be approved by the NSHNAC.
26	plan of expanding the model in accordance with the National School Health and Nutrition Strategy is developed at the central level.	4.2 Developed action plan by the central ministries to expand the model to other districts.	1. A joint action plan was drafted by counterparts of MOE and MOHP who participated in Focused-Country Training in Japan, 2008. Through intensive discussions among the project stakeholders, it was revised several times such as at the National SHN Workshop in February 2011, workshop organized by the Project in April 2011, and the Technical Exchange Training in Lao PDR, and December 2011. At the time of the Terminal Evaluation, it was yet to be finalized but is likely to be finalized and approved by the end of the Project. .
<b>Results of Inputs</b>			
27	<b><u>Inputs from the Nepalese side</u></b>	<ul style="list-style-type: none"> <li>-Assignment of counterpart personnel (C/P)</li> <li>-Allocation of operational cost for the Project</li> <li>-Provision of land, building, and other necessary facilities</li> </ul>	<ol style="list-style-type: none"> <li>1. At the time of the Terminal Evaluation, 19 people were assigned as the central- and district-level counterpart personnel. Four (4) out of them including two (2) Project Directors, and 1 Project Manager newly joined the Project in the fourth year of the Project, 2011. The number of the total counterpart personnel assigned in the Project by the time of the Terminal Evaluation stood at 33 (See ANNEX 2).</li> <li>2. Regarding the budgets for the SHN programs in Sindhupalchowk district and Syangja district, 604.4million NRs were allocated by the DOE and the DOHS from the Fiscal Year 2008/09 to 2011/12. It included de-worming, first aid kit box distribution, SHN week celebration, and monitoring and orientation. It also included mid-day meal and physical supports such as class room construction and rehabilitation, toilet construction, construction of drinking, which were not the scope of the work of the Project. (See ANNEX 3).</li> <li>3. The office space in DOHS and DOE were provided for the Project.</li> </ol>
28	<b><u>Inputs from the Japanese side</u></b>	<ul style="list-style-type: none"> <li>-Number and professional field of Experts</li> <li>-Provision of equipment (list and total cost)</li> <li>-Number of training participants in Japan</li> <li>-Allocation of operational cost for the Project</li> </ul>	<ol style="list-style-type: none"> <li>1. Four (4) long-term experts were dispatched. Their professional fields are as follows: 1) Chief Advisor/Child Health/Nutrition, 2) Project Coordinator/Health Promotion, 3) Chief Advisor, and 4) Project Coordinator/Basic Education (See ANNEX 4).</li> <li>2. Fourteen (14) short-term experts were dispatched by the time of the Terminal Evaluation. Their professional fields are as follows: 1)School Health*, 2)Planning of School Health Training, 3)Nutrition Improvement, 4)Project Management for School Health, 5)Tool Development for Monitoring and Evaluation of School Health Activities, 6)School Health/Project Coordinator, 7)Teaching Material Development in</li> </ol>

			<p>School Health, 8)Health Education/Peer Education, 9)Child Health/ Nutrition, 10)Physical Check, 11)Monitoring and supervision, 12)Legal framework, and 13)School health (Strategy reviews). *Two experts on school health were dispatched in the Project (See ANNEX 4).</p> <p>3. The total man-month for long-term experts and short-term experts was 79.6 and 15.5 respectively as of January 31, 2012 (See ANNEX 4).</p> <p>4. The Project provided vehicles, motor bikes, printers, computers, digital cameras and other equipment required for project activities. The total cost for equipment provided by the Japanese side stood at 12.49 million yen, i.e., 13.87million NRs (See ANNEX 5 and 6).</p> <p>5. Nineteen (19) counterparts participated in Country-Focused Training Program in Japan, and eight (8) counterparts participated in Training and Dialogue Program in Japan. A total of 21 people including 2 project staff members participated in Technical Exchange Training in Third Countries conducted in Thailand and Lao PDR (See ANNEX 7).</p> <p>6. The Japanese side allocated 79.57 million NRs, i.e., 74.15million yen for the operational costs of the Project (See ANNEX 6).</p>
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## ANNEX 9-2: Evaluation Grid - Implementation Process

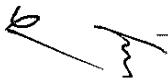
	Evaluation Items	Evaluation Question	Findings of the Terminal Evaluation Study
1	<u>Project management and progress of activities</u>	<ul style="list-style-type: none"> <li>• Overall project management</li> <li>• Contributing and hindering factors from the operational and technical aspects</li> </ul>	<ol style="list-style-type: none"> <li>1. Overall, the Project has been smoothly implemented.</li> <li>2. The main factor for such smooth implementation is the implementation structure that enabled the Japanese experts to work together with counterparts. The two Japanese experts have been dispatched as the long-term experts and worked with counterparts closely. They set up its office in the DOHS and developed the SHN Basic Program (Package) Implementation Guideline (SHN Guideline) in collaboration with, mainly counterparts of the DOHS for the first half of the project period. In the fourth year of the Project, they moved to the DOE and endeavored to strengthen the implementation system of the SHN program. The Project assigned each of the two national project coordinators in the DOHS and the DOE for the smooth communication and coordination with counterparts. Also, the two field project officers were assigned to coordinate with the DEO and the DHO in Syangja district and Sindhupalchowk district.</li> <li>3. The Project has adopted the learning by doing approach through the existing government's system in order to carry out training on SHN and other related activities at the district and school levels. Such an approach is another factor for the smooth implementation of the Project. The counterparts have been encouraged to be directly involved in the processes of implementing SHN activities in which they have enhanced their capacities.</li> <li>4. On the other hand, there is some room for improvement of overall management and monitoring of the Project. The original PDM had several drawbacks such as no linkage between indicators and activities, and setting less feasible indicators and aggressive targets. Although the PDM was revised once based on the discussions among the project stakeholders, it was not utilized as a monitoring tool in the Project. Thus, these drawbacks have been left unchanged by the time of the Terminal Evaluation.</li> </ol>

2		<ul style="list-style-type: none"> <li>• Progress of activities</li> <li>• Contributing and hindering factors for implementation of activities</li> <li>• Any challenges arisen during implementation of activities</li> </ul>	<ol style="list-style-type: none"> <li>1. Both development of the SHN Guideline and implementation of training have been smoothly carried out through the joint efforts of two ministries and the Japanese experts.</li> <li>2. However, some activities to strengthen implementation system were not completed at the time of the Terminal Evaluation. They included: (1) development and approval of the practical model of SHN by NSHNAC, (2) approval of the proposed revision of the NSHN strategy, (3) strengthening of monitoring and supervision system, and (4) finalizing the joint action plan.</li> <li>3. Apart from these activities, the Project has endeavored to response to issues such as development of a legal framework of SHN program and establishment of a new section in DOE that is responsible for SHN program, based on the recommendations of the Mid-Term Review. These issues were essential to mainstream the SHN program but required more time to coordinate and consultate with other relevant stakeholders, and to be finalized or approved by the authorities concerned. Sometimes, the progresses of these issues were beyond the control of the Project. This also resulted in that the Project was unable to manage to complete all the activities.</li> </ol>
3		<ul style="list-style-type: none"> <li>• Response to changes of important assumptions</li> </ul>	<ol style="list-style-type: none"> <li>1. There was no change of important assumptions.</li> </ol>
4		<ul style="list-style-type: none"> <li>• Preconditions</li> </ul>	<ol style="list-style-type: none"> <li>1. There was no change of pre-conditions.</li> </ol>
5	<p><b><u>Monitoring of progress of activities</u></b></p>	<ul style="list-style-type: none"> <li>• Monitoring mechanism</li> </ul>	<ol style="list-style-type: none"> <li>1. The Joint Coordinating Committee (JCC) meetings were held once a year to confirm the progress of overall activities and to discuss the plan of the next year. Except for this, the regular meetings were not held between the counterparts and the Japanese experts since most of the counterparts were busy for their own regular work so that they were unable to attend such meetings. When necessary, the Japanese experts or the project staff members discussed with counterparts concerned individually. The weekly meetings were held between the Japanese experts and the project staff members to confirm the progress of activities.</li> <li>2. As several project stakeholders interviewed pointed out, a comprehensive feedback mechanism for reporting and sharing results of monitoring was not well developed in the Project. Overall, the Project seemed not to monitor the indicators of PDM sufficiently. At the district level, the SHN activities at schools were expected to monitor by Resource Persons and School Supervisors in line with the existing monitoring mechanism. The Project developed a variety of formats for monitoring and reporting. However, those formats were not well utilized by the project stakeholders. Also, the existing monitoring mechanism itself was not sufficiently function in the</li> </ol>

			<p>case where schools were located in the remote areas. Although the Project recognized these problems and the Mid-Term Review made recommendations for strengthening monitoring and supervision system, effective measures were not taken by the Project.</p> <p>3. The Project compiled and submitted the progress reports to JICA, the DOHS and the DOE twice a year.</p>
6	<b><u>Communication among project stakeholders</u></b>	<ul style="list-style-type: none"> <li>• Communication and common understanding about problems/concerns related to the Project</li> </ul>	<ol style="list-style-type: none"> <li>1. Since the two long-term Japanese experts were dispatched and worked closely with the counterparts, they could communicate each other. However, several project stakeholders felt that the communication between the Japanese experts and the counterparts of the DOE should have been more facilitated to develop common understanding of the progresses of the Project and the issues to be tackled under the Project.</li> <li>2. The communication and coordination between the DOHS and the DOE have been improved due to the Project.</li> <li>3. The Project has smoothly communicated and coordinated with JICA Headquarter and JICA Nepal Office. However, several project stakeholders opined that the communication between the Project and JICA Nepal Office should have been more improved.</li> </ol>
7	<b><u>Technical transfer</u></b>	<ul style="list-style-type: none"> <li>• Progress of technical transfer</li> </ul>	<ol style="list-style-type: none"> <li>1. Overall, the transfer of knowledge and skills has been successfully undertaken from the Japanese experts to the Nepalese counterparts. As the counterparts have been directly involved in developing the SHN Guideline and implementing various training at the district and resource center levels, they have acquired the knowledge of SHN and the practical skills of training and implementation of the SHN program.</li> <li>2. A total of 48 counterparts including 2 project staff members participated in Country-Focused Training in Japan, Training and Dialogue Program in Japan, and Technical Exchange Training in Thailand and Lao PDR. In February 2012, one more Technical Exchange Training will be conducted in Thailand. Since the contents of training were directly linked to the project activities, the counterparts learned the basic concept of SHN and different modalities of SHN programs based on the experiences and lessons of other countries. They were motivated to apply what they learnt from the overseas training to Nepal as much as possible. Compared to JICA's other technical cooperation projects recently completed in Nepal, the Project has provided adequate overseas training opportunities for the counterparts. The detailed information is presented below.</li> </ol>



			<table border="1"> <thead> <tr> <th>Name of Project</th> <th>Project Period</th> <th>Number of participants in overseas training for counterparts</th> </tr> </thead> <tbody> <tr> <td>Agricultural Training and Extension Improvement</td> <td>2004-2009 (5 years)</td> <td>14 people</td> </tr> <tr> <td>The Strengthening the Monitoring and Evaluation System</td> <td>2006-2009 (3 years)</td> <td>21 people</td> </tr> <tr> <td>The Support for Improvement of Primary School Management</td> <td>2008-2011</td> <td>13 people</td> </tr> </tbody> </table>	Name of Project	Project Period	Number of participants in overseas training for counterparts	Agricultural Training and Extension Improvement	2004-2009 (5 years)	14 people	The Strengthening the Monitoring and Evaluation System	2006-2009 (3 years)	21 people	The Support for Improvement of Primary School Management	2008-2011	13 people
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8	<b><u>Ownership of implementing organizations</u></b>	<ul style="list-style-type: none"> <li>Progress of nurturing a sense of ownership among the implementing organization and the responsible organization</li> </ul>	<ol style="list-style-type: none"> <li>Since the Project has carried out the SHN basic package program and its related activities in the existing health and education system in which the counterparts have been directly involved in the project activities and increased awareness of the need of the SHN program.</li> <li>The Project has provided adequate training opportunities for the counterparts to improve their knowledge and skills of SHN.</li> <li>The Project has focused on the learning and doing approach, by which the counterparts have enhanced a sense of ownership and responsibility to the Project and the SHN program.</li> <li>The DOHS has institutionalized the de-worming program, the first aid kit box and the SHN week celebration. The DOE has also institutionalized the daily attendance register to be introduced in all public schools nationwide.</li> </ol>												



### ANNEX 9-3: Evaluation Grid - Evaluation by Five Criteria

**Relevance:** Are the Project Purpose and the Overall Goal valid for the Project?

	Evaluation Question	Evaluation Question (Sub Question)	Findings of the Terminal Evaluation Study
1	Necessity of the Project	Does the Project, focusing on improving school health services, stimulating behavior changes of the target school children, establishing institution of school health, meet needs of the sector of school health in Nepal?	1. The Project aims to integrate education and health services by implementing the National School Health Nutrition (NSHN) Strategy (2006) at the central, district and school levels in a practical and comprehensive manner. Thus the project components match the needs and priorities identified by the NSHN Strategy. The Project has assisted school children to gain knowledge and skills on SHN, to improve health and nutrition behaviors and habits, and to enhance their health status. Also, it has benefited the counterparts, the school teachers and other stakeholders in the two target districts by increasing awareness on SHN and providing comprehensive knowledge and practical skills on implementation of the SHN program.
2	Priority of the Project	Are the Project Purpose and the Overall Goal consistent with the three-year interim plan, the National School Health and Nutrition Strategy and other related-policies?  Are the Project Purpose and the Overall Goal consistent with Japanese Government's aid policies for Nepal?	1. The Project is consistent with the NSHN Strategy since it intends to implement this strategy at the central, district and school levels.  2. The Project is expected to contribute to improvement of health and the quality of education for school-aged children in the long term. Thus, it is also consistent with the twin goals, "Education for All" and "Health for All".  3. There are no concrete descriptions of SHN program in Three Year Interim Plan (2010/11-2012/13).
3			1. According to the Japanese Government's Economic Cooperation Policy to Nepal (2008), poverty alleviation in rural regions is one of the three priority areas for assistance. This policy highlights the need for assistance for people's health improvement program including the improvement of health status of children. Thus, the Project is consistent with the Japanese aid policies.
4	Appropriateness of strategies and approaches of the Project	Are the approaches* adopted by the Project relevant as means for implementing the National School Health and Nutrition Strategy? Do the approaches meet national and local needs?	1. The SHN related programs such as mid-day meal program, de-worming program and physical check-up used to be implemented by the GON, NGO and INGO, and the development partners sporadically. The comprehensive SHN basic package program implemented by the MOHP and the MOE in the Project was the first attempt in Nepal. In its approaches, the Project focused on the processes of development of the SHN Guideline and provision of cascade training at the central, district and resource center levels in the two target districts in line with the government's existing system. This

		<p>*selection of the target districts, identification of beneficiaries and target groups, and institutional arrangement for implementation of the Project, no contracting out project activities to local NGOs, and so on)</p>	<p>approach seems appropriate and since it helped the counterparts including resource persons, school supervisors, and responsible persons of sub-health and health posts be directly involved in activities and improve their capacities of SHN. The SHN Guideline became more practical and useful as the feedback from these stakeholders was incorporated into it.</p> <ol style="list-style-type: none"> <li>2. Some stakeholders noted that one district should have been selected from Terai area since it differed from the hill area in terms of geography and the life style of the people. However, considering the fact that the security situation was worst in the Terai at the time of selection of target districts, it was appropriate to select Syangja district and Sindhupalchowk district from the hill area.</li> <li>3. Regarding the appropriateness of planning, several problems were identified. Some indicators were not linked with activities in the original PDM. For example, provision of tiffin was not included in activities whereas the proportion of school children who take tiffin at school was set as one of the indicators of behavior changes of children in the original PDM. This has caused a dispute over the support of the mid-day meal program from the Project. Although the PDM was revised in the long discussions among the stakeholders, several drawbacks have remained. The Overall Goal was determined to only focus on the effects to be emerged in the two districts. The effects of strengthening of implementation system of the NSHN Strategy were not considered as the Overall Goal although the Project strived to strengthen it.</li> </ol>
5		<p>Does Japan have the adequate experiences and know-how of implementation of school health and nutrition programs?</p>	<ol style="list-style-type: none"> <li>1. Japan began to carry out school health programs in the late nineteen century as a means of control of infectious diseases endemic, and expanded them with the various objectives to meet the needs of the times. Japan has the adequate experiences and know-how of implementation of SHN programs.</li> <li>2. In Nepal, the School and Community Health Project (SCHP) was undertaken jointly by GON, JICA and Japan Medical Association in 1992 that completed after twelve-year working in Kavre district. The experiences and lessons learned from this project were incorporated in the planning of the Project.</li> <li>3. JICA also provided technical cooperation to Lao PDR by dispatching experts, and also is implementing the SHN project in Egypt.</li> </ol>



**Effectiveness:** Has the target group received benefits from implementation of the Project? Has the Project Purpose been achieved or going to be achieved? Did or does the achievement of the Project Purpose result from Outputs?

	Evaluation Question	Evaluation Question (Sub Question)	Findings of the Terminal Evaluation Study
6	Achievement of the Project Purpose	Is there a good chance that the Project Purpose would be achieved?	1. Although some positive effects were confirmed, the two indicators of the Project Purpose did not meet the targets of the PDM. They included: (1) approval of the practical model, and (2) compiling monitoring and supervision sheets. In other words, one of the Project Purpose, i.e., "utilization of school health services is increased among school-aged children in the target districts" has been almost achieved, while another Project Purpose, implementation system of NSHN Strategy is strengthened in the MOHP and the MOE" has been partially achieved.
7	Contribution of Outputs	Has the Project Purpose been achieved due to the effect of achievement of each Output?	1. There are some variations in the level of achievement of Outputs. Development of the SHN Guideline (Output 1) and Systematical Execution and management of SHN program (Output 3) have been almost achieved. On the contrary, 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 were less likely to be achieved by the end of the Project. (See ANNEX 9-1).  2. Overall, the achievement of the four Outputs will contribute to the attainment of the Project Purpose.
8		In order to achieve the Project Purpose, are there any Outputs that were not described in PDM but should be added in PDM?	1. Except for the planned Outputs, there were no major additional Outputs that contributed to the achievement of Project Purpose.
9	Influence of Important Assumptions from the Outputs to the Project Purpose	Did the Important Assumptions, i.e., "Security condition in the target area does not worsen", "Government of Nepal ensure the budget allocation and personnel input to implement NSHN Strategy even if there are political and/or economic turmoil" and "Project	1. "Project Counterparts remain same, no frequent turnover during the Project Period" is not appropriate as Important Assumption. Since the transfer of counterpart personnel takes place so often in Nepal, this Important Assumption can be Killer Assumption. In fact, 14 people were transferred from the counterpart organizations to other offices in the four-year project period.

		Counterparts remain same, no frequent turnover during the Project Period" influence implementation of Activities?	
10		Except for the Important Assumptions, were there any external factors that have influenced the Project positively or negatively?	1. There was no external factor that have influenced the Project.
11	What are the contributing and hindering factors that have influenced effectiveness of the Project?		<ol style="list-style-type: none"><li>1. The Project has implemented the NSHN Strategy at the central, district and school levels and brought about the following positive outcomes: (1) increased awareness of the need of the SHN program among the stakeholders, (2) development of the comprehensive and practical SHN Guideline, and (3) promotion of coordination between the MOE and the MOHP. These outcomes have contributed to the overall effectiveness of the Project.</li><li>2. The Project has carried out the SHN basic package program in the government's existing system in which the counterparts were directly involved in SHN activities based on the learning by doing approach at the central, district and school levels. This approach was effective in improving their capacities and their commitment to the Project and institutionalizing the SHN program, which helped enhance the overall effectiveness of the Project.</li><li>3. Before the implementation of the Project, most of schools were not concerned with children's health and nutrition status because of their priority in academic matters. However, the teachers and the parents in the two target districts have been aware of the need of SHN program at school when they have been involved in the SHN basic package program under the Project. According to the teachers, the parents and the community people interviewed during the Terminal Evaluation, the positive changes of behaviors and habits were emerged among the children. They included washing hands before meals and after defecation, brushing teeth after meals, cutting nails and keeping them clean, taking de-worming tablets and other medicines when necessary, keeping themselves neat and tidy, cleaning classrooms, schools and their homes, and delivering the message and knowledge of hygienic practice to other friends, family members and community people. The mobilization of children in the SHN program including child club activities was an effective approach to stimulate such behavior</li></ol>

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		<p>changes among the children, and to help enhance the effectiveness of the Project.</p> <p>4. Previously, the health workers were expected to carry out physical check-up, de-worming program and first-aid treatment. The Project provided training and helped teachers acquire practical and necessary knowledge and skills of these SHN activities. Most of the teachers interviewed by the Team stated that they had confidence about undertaking SHN activities at school. The capacity development of teachers in terms of SHN program was also one of the contributing factors for the effectiveness of the Project.</p>
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**Efficiency: Was input converted to efficient activities? Was the Project carried out efficiently?**

	Evaluation Question	Evaluation Question (Sub Question)	Findings of the Terminal Evaluation Study
12	Achievement of Outputs	Is there a good chance that four Outputs would be achieved?	1. As described in ANNEX 9-1, Output 1 and Output 3 have been almost achieved. On the other hand, Output 2 and Output 4 have yet to be achieved since some of the indicators of them did not meet the targets in the PDM.
13	Efficiency of the inputs from the Japanese side in terms of quality, quantity and timing, judging from the achieved outputs	Were the number of experts dispatched, their special fields of expertise, and timing of dispatch appropriate?	1. Overall, the Japanese experts with relevant expertise were dispatched. In the first half of the Project, the Chief Advisor who specializes in child health and the Coordinator who had experiences in working in Nepal and can speak the Nepali were engaged in development of the SHN Guideline and implementation of training in close coordination with the DOHS and the DOE. The delay of the dispatch of the Chief Advisor to some extent affected the coordination with the DOE and the National Centre for Educational Development (NCED) and the integration of SHN components into the Teacher Professional Development (TPD) Model, teacher's training. However, this was overcome after the Chief Advisor and the Coordinator/Basic Education whose professional fields are education were dispatched in the second half of the project period.
14		Were the type, quantity and timing of the procurement and provision of equipment appropriate?	1. Most of the equipment provided by the Project was frequently utilized for the project activities. The condition of such equipment was relatively good. According to the questionnaire survey conducted by the terminal evaluation study, the majority of the Japanese experts and the counterparts felt that the provision of equipment was appropriate in terms of type, quantity and timing of procurement.

15		Were the number of trainees of counterpart' training in Japan, Thailand, and Lao PDR the training content and the training period appropriate?	<ol style="list-style-type: none"> <li>1. According to the counterparts who participated in training in Japan, Thailand and Lao PDR, it was very useful for them to gain practical knowledge on the SHN program. The participants of the Country-Focused Training in Japan, 2008 took initiatives in developing a joint action plan by the MOE and MOHP. Two Local Development Officers (LDO) and one officers of National Planning Commission (NPC) also participated in the Technical Exchange Training in Lao PDR, which helped the Project coordinate with them.</li> <li>2. The Japanese experts also considered these training courses as effective in enabling the participants to learn SHN activities from different experiences from Japan, Thailand and Lao PDR.</li> <li>3. Specifically, the training for counterparts contributed to smoothly producing Outputs, in particular developing the SHN basic package program and conducting training (Output 1), and drafting the joint action plan (Output 4).</li> <li>4. The total participants of these training stood at 48 as of the Terminal Evaluation, which was quite a large number of participants, if compared to other technical cooperation recently completed in Nepal (e.g., 13 people for the three-year SISM project in the MOE, 21 people for three-year SEMS in NPC, and 14 people for the five-year ATEIP in the MOA). The Project provided sufficient opportunities for capacity development of the counterparts.</li> </ol>
16		Was the size of project operational cost borne by the Japanese side appropriate?	<ol style="list-style-type: none"> <li>1. The allocation of project operational cost such as various training, workshop and baseline, internal midterm and endline surveys was appropriate, which contributed to the efficient implementation of the Project, and the achievement of the Outputs.</li> </ol>
17	Efficiency of the inputs from the Nepalese side in terms of quality, quantity and timing, judging from the achieved outputs	Were the number of counterparts, their assignment and their capabilities appropriate?	<ol style="list-style-type: none"> <li>1. The counterparts of the MOHP and the MOE have been actively involved in the project activities with a sense of ownership and responsibility to the Project and the SHN program.</li> <li>2. However, all of the counterparts had other tasks so that they were unable to spend adequate time in working project activities in some cases. This resulted in the time-consuming coordination with the counterparts.</li> <li>3. The frequent transfer of the counterparts adversely affected the smooth implementation to some extent since it took time to develop personal relationships and let the new counterparts understand the framework and the concept of the Project.</li> </ol>

18		Were there any problems related to the land, the buildings and facilities provided by the Nepalese side in terms of area, quality and convenience?	1. The office was provided for the Project from the DOHS and the DOE respectively. There was no problem of these facilities provided by the Nepalese side.
19		Was the size of project operational cost borne by the Nepalese side appropriate?	<p>1. The allocation of the budget from the DOHS contributed to the effective and efficient implementation of the Project. Specifically, it provided de-worming tablets and the first aid kit box in the two districts.</p> <p>2. Some counterparts opined that it was not appropriate since the budget was not sufficiently allocated by the Nepalese side for monitoring and orientation of SHN. In the fiscal year of 2011/12, the budget of these activities was not allocated by the DOE.</p>
20	Contribution of Activities	Were sufficient activities planned to produce the Outputs? Were these activities carried out in a timely manner?	1. Most of the activities have been carried out according to the PDM. However, after the Mid-Term Review, the Project expanded its scope of the work to response to the recommendations including the long-term recommendations for the GON such as development of the legal framework of the SHN. This affected the efficiency of the Project since the Project was unable to spend adequate time for development of monitoring and supervision sheets on SHN (Project Purpose indicator), development and approval of the practical model of SHN (Output 4 and Project Purpose indicators) and revision and approval of the NSHN Strategy and its guideline (Output 4 indicator).
21		Were there any activities that were not described in PDM but could contribute to the achievement of Outputs? If there were, should such activities have been additionally described in PDM?	<p>1. Activities related to tiffin were not included in the original PDM. However, one of the indicators was set as the proportion of children who take tiffin from home. This caused the conflicting expectations among the stakeholders. In response to the strong request for the support of the mid-day meal program, the Project finally provided the utensil of mid-day meal program to Sindhupalchowk district and tiffin boxes to Syangja district. However, these activities were not additionally included in the revised PDM.</p> <p>2. In response to the strong request from the DOE and the DOHS, the Project expanded the SHN basic package program to all public schools in Sindhupalchowk district and Syangja district in the final fourth year of the Project. This was not included in the original plan. Since the Project accumulated know-how on the cascade training, it efficiently covered all the public schools in the two districts. In total, 567 schools in</p>

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			79 VDCs of Sindhupalchowk district and 546 schools in 60 VDCs of Syangja district were targeted for the SHN basic package program under the Project.
22		Were there any activities that have been not carried out but need to be added in PDM in order to achieve the Outputs?	1. There were no activities that have been not carried out but need to be added in PDM.
23	Comparison of the similar projects	Were the total costs of the Project appropriate compared to those of the similar projects? Were there any alternatives to implement the Project efficiently?	<p>1. JICA has carried out the four –year school health project in Egypt. Regarding the project cost borne by the Japanese side at the time of the Mid-Term Review, the figure of the Project (178.542 million yen) is less than the counterpart figure in the school health project in Egypt (approximately 240million yen). If the Man-Month of the Japanese experts at the time of the Mid-Term Review, the figure of the Project (62.9M/M) is slightly larger than the counterpart figure of the school health project in Egypt (61.06M/M). It is hard to compare the costs of the Project exactly to those of the school health project in Egypt since the components and the geographical areas covered by each project considerably vary. However, it can assume that the efficiency of the Project is medium considering the size of inputs and degree of achievement of the Outputs and the Project Purpose.</p> <p>2. The results of the questionnaire and the interview with the stakeholders conducted by the Terminal Evaluation revealed that most of the project activities were carried out smoothly without any serious problems. Thus, it could be assumed that no any alternatives existed in order to implement the Project efficiently.</p>
24	Influence of Important Assumptions from the Activities to the Outputs	There were no any Important Assumptions in the PDM. Were there any external factors that have influenced the Project positively or negatively?	1. The frequent strike, to some extent, affected the efficient implementation of the activities, particularly training.
25		Except for the Important Assumptions, were there any external factors that have influenced the Project positively or negatively?	1. There were no any external factors that influenced the achievement of Outputs.

26	What are the contributing and hindering factors that have influenced efficiency of the Project?	<ol style="list-style-type: none"> <li>1. Due to the institutional arrangement of the Project, the coordination between the MOPH and the MOE has been considerably improved, which contributed to enhancing the efficiency of the Project. As the Project had to put a focus on from development of the SHN Guideline to strengthening of the implementation system of SHN programs at school in the second half of the Project, the coordination with the DOE became more imperative for the Project. Thus, the two long-term experts whose professional field is education were dispatched as the Chief Advisor and the Coordinator/Basic Education in the second half of the Project. Also, the Project moved its office from the DOHS to the DOE in the fourth year. This helped the Project coordinate efficiently and work closely with the DOE and the NCED.</li> <li>2. The drawbacks of the original PDM affected the efficiency of the Project, particularly in the first half of the project period. It took a lot of time to discuss and revise the PDM among the Project stakeholders. Also, as already mentioned, the provision of tiffin had been very controversial since the early beginning of the Project. It also took time for the Project to resolve this issue.</li> <li>3. The inadequate management and monitoring based on the PDM prevented the efficient implementation of the Project, and consequently, the achievement of Outputs and the Project Purpose.</li> </ol>
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**Impact:** Has the Project generated the long-term, indirect and ripple effects? Is there a good chance that the Project would generate these impacts?

	Evaluation Question	Evaluation Question (Sub Question)	Findings of the Terminal Evaluation Study
27	Prospect of achievement of the Overall Goal	Is there a good chance that Overall Goals would be achieved?	1. It is too early to say that the Overall Goal would be achieved. At the time of the Terminal Evaluation, the correlation between the two indicators of the Overall Goal and the project intervention was not determined since there are many other factors that might contribute to improving the level of malnutrition (weight-for-age) of school children (between 5 to 10 years old) and the status of student attendance in Sindhupalchowk district and Syangja district. Also, the data of these two indicators illustrated the situation of the school children alone, but not revealed that of school-aged children who might not go to school.
28	Influence of Important	Are the Important Assumption i.e.,	1. The budget allocation might influence the achievement of the Overall Goal. Since most of the VDCs and schools were covered in the final fourth year of the Project, the

	Assumptions	"Security condition in the target area does not worsen", "Government of Nepal ensure the budget allocation and personnel input to implement the NSHN Strategy even if there are political and/or economic turmoil" and other external factors that were not described in PDM likely to influence the achievement of Overall Goal?	refresher training and monitoring should be focused after the termination of the Project. Considering the fact that the budget for monitoring and orientation was not allocated by the DOE in the FY 2011/12, the budget allocation is concerned in terms of the sustainability of the Project and the achievement of the Overall Goal.
29	Ripple effects	Except for the Overall Goal, were there any positive effects brought about by the Project?	<ol style="list-style-type: none"> <li>1. The SHN program at school including child club mobilization has brought about community mobilization in the two districts, although it was not directly included in the project activities. Some community people and parents noted during the interview that not only the school environment but also the community environment had been gradually improved due to the SHN program in which the people had been aware of the importance of keeping environment clean. The case examples of community support and contribution for the SHN program were identified. They included provision of local food for the mid-day program, provision of educational materials for the child club, saving and credit and fund raising for the child club, and so on.</li> <li>2. The DOHS integrated some of SHN components into their regular program by allocating the budget. They distributed de-worming tablets to grade 1 to 5 of all public schools nationwide twice a year in 2010. This was expanded to grade 1 to 10 in 2011. Since the de-worming program became the regular program of DOHS, the data of de-worming program was incorporated into the HMIS. Regarding the provision of the first aid kit box, the DOHS allocated the budget for 889 schools in both Syangja district and Sindhupalchowk district. In addition, they provided it and its training in the four other districts in 2011 and expanded to the ten other districts in 2012. Apart from these initiatives, the DOHS provided the orientation program about the SHN Guideline developed by the Project and the NSHN Strategy for stakeholders of the DEO and the DHO in other districts.</li> <li>3. The DOE endeavored to institutionalize the SHN activities. In 2010, they conducted the orientation program of the NSHN Strategy for District Education Officers and District Health Officers of all the 75 districts. In April 2011, they officially</li> </ol>



			<p>introduced the daily attendance register in all public schools nationwide. This was because the DOE considered the daily and weekly check lists introduced by the Project as an effective tool to record attendance and reasons for children's absence, and to confirm daily health condition of school children. Thus, the daily and weekly check lists were integrated into daily attendance register, and being utilized by all public schools in the country. The inclusion of SHN related data in the EMIS was also one of the unexpected impacts of the Project. According to the DOE, the data of de-worming and child clubs would be included in the EMIS in 2012.</p> <ol style="list-style-type: none"><li>4. The close coordination with DDC and VDC for the SHN program was observed in Syangja district. Since the government's mid-day meal program was not implemented in Syangja district because of its high rank of Human Development Index, the Project provided tiffin boxes for only public schools of the early-intervened 15 VDCs and encouraged children and their parents to bring the local food available at home for tiffin. The DEO and the DHO discussed with DDC several times at the DSHNCC meetings, and strongly requested VDC secretaries of the recently-intervened VDCs to support to provide tiffin boxes by allocating VDC block grant in December 2011.</li><li>5. The Project took initiative in establishing the SHN Network that consists of the MOHP, the MOE, donor agencies, INGOs and NGOs working in the area of SHN, in June 2008. Its members have shared information and experiences of respective SHN program, and advocated and lobbied for implementation and scaling up of the SHN program, as per the NSHN Strategy. The SHN Network has supported the MOHP and MOE to organize the National Workshop on SHN that enabled stakeholders to discuss on related topics to the NSHN Strategy and the SHN program intensively. Most of the members of the SHN Network appreciated the initiative of the Project in their activities.</li><li>6. The effects of the Project and the need of SHN programs have been gradually disseminated through mass and interpersonal communication channels. The Project published newsletters, established its website, and coordinated with the mass media several times to disseminate information of the Project and SHN program to the public, the government officials, and the international donor agencies, and the SHN Network members. The DEO and the DHO shared experiences of target schools of SHN program in their regular meetings. Due to such efforts, for example, some of the private schools in Sindhupalchowk district and Syangja district requested the DEO and the DHO to conduct the SHN program in not only for public schools but also for private schools.</li></ol>
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30		Were there any unexpected and negative effects brought about by the Project?	1. There were no any unexpected and negative effects.
31	What are the contributing and hindering factors that have influenced or will influence the achievement of the Overall Goal?		1. The scheme of technical cooperation in which the counterparts can acquire various knowledge, skills and experiences from the Japanese experts and the Project in the processes of implementation was a contributing factor. Specially, the Project has implemented all the activities in the government's existing system in which the counterparts were directly involved in the project activities. Such learning by doing approach was effective in generating unexpected impacts including institutionalization of the SHN program.

**Sustainability:** Is there a good chance that the effects of the Project would be sustained after the completion of the Project?

	Evaluation Question	Evaluation Question (Sub Question)	Findings of the Terminal Evaluation Study
32	Policies and institution	Are there any policies and regulations that can ensure sustainability and expansion of the effects generated by the Project?	<ol style="list-style-type: none"> <li>1. The NSHN Strategy (2006) is likely to be expected to play a role of the guiding document for all the related activities of SHN after the completion of the Project.</li> <li>2. The proportion of the earmarked budget for children at DDC and VDC levels has been gradually increased over past three years. According to the VDC/DDC Block Grant Guidelines 2067 (2011), at least 10 % of the DDC and VDC block grant is earmarked for development activities and programs benefiting children.</li> <li>3. Although the policy framework for SHN and the favorable policy for assisting the implementation of the SHN program already exist, 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. It is also not included in the policy of curriculum and evaluation.</li> <li>4. Apart from them, there is no provision focusing on SHN in Education Act, 2028</li> </ol>

			(1971) and Education Regulations, 2059 (2002). The policy environment to mainstream the SHN program was not sufficiently ensured at the time of the Terminal Evaluation.
33	Finance	<p>Have MOE and MOHP allocated the sufficient budget to sustain the effects of the Project? Will MOE and MOHP be able to secure the sufficient budget to sustain the effects of the Project?</p>	<ol style="list-style-type: none"> <li>1. The DOHS has already allocated the budget for de-worming program, SHN week celebration, first aid kit distribution and training on SHN.</li> <li>2. A certain amount of budgets are expected to be allocated to the SHN program at the VDC and DDC levels due to the earmarked budget of the block grant for children. The DOE has also allocated the SHN related programs including mid-day meal program, construction of class rooms and monitoring and orientation.</li> <li>3. However, in the fiscal year of 2011/2012, the budgets for monitoring and orientation were not allocated by the DOE. In order to expand the effects of the Project and the SHN program to other districts, more budgets must be allocated, in particular, for orientation and training for teachers, and monitoring.</li> </ol>
34	Organization and instruction	<p>Will a system to monitor and mainstream school health and nutrition programs be strengthened or sustained in MOE and MOHP after the completion of the Project?</p> <p>Are there any institutional arrangement in MOE or MOHP that can ensure sustainability and expansion of the effects generated by the Project?</p>	<ol style="list-style-type: none"> <li>1. The NSHNAC and the director-level NSHNAC are likely to be sustained with the support of the SHN Network.</li> <li>2. The DSHNCC that was established in Syangja district and Sindhupalchowk district respectively as per the NSHN Strategy is also likely to continue to function since its members discussed the SHN related issues at its meetings.</li> <li>3. Regarding the SHNC established by the Project in each target school as per the NSHN Strategy, it has functioned in most cases to discuss the SHN basic package program and related issues at school by holding meetings whenever necessary. Since its members have been motivated to support the SHN program at school, it is likely to be sustained after the completion of the Project.</li> <li>4. 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.</li> <li>5. The SHN basic package program is likely to be sustained in the two districts because it has been designed and implemented in line with the government system. For example, the teachers can refill the medicines in the first aid kit box easily since these medicines are available free of charge in sub-health posts, health posts and primary health centers.</li> </ol>

			6. Regarding the monitoring of the SHN basic package program at school undertaken by Resource Persons and School Supervisors, it was not sufficiently conducted in the case of schools in the remote areas.
35	Technologies	Does the Project have a mechanism for sustaining and strengthening the technologies and skills transferred by the Japanese experts? To what extent, will MOE and MOHP be able to utilize and sustain the technologies and skills transferred after the completion of the Project?	<ol style="list-style-type: none"> <li>1. Most of the counterparts, and the head masters and the focal teachers of the early-intervened schools have acquired the practical skills and knowledge of the SHN basic package program enough to continue to apply them.</li> <li>2. However, the results of the endline survey illustrated that keeping records of physical check-up, first aid kit box and monthly check lists properly need to be more improved in the recently-intervened schools. Also, there was still room for improvement of the knowledge on worm infestation and the hygiene practice among the children in the target schools.</li> <li>3. In order to expand the effects of the Project and the SHN program, it is imperative to integrate the SHN components in the TPD Model, i.e., teacher training program. At the time of the Terminal Evaluation, the stakeholders of MOE have yet to reach an agreement on how to integrate the SHN components in the existing TPD Model.</li> </ol>
36	What are the contributing and hindering factors that have influenced or will influence sustainability of the Project?		<ol style="list-style-type: none"> <li>1. The Project focused on implementation of the SHN basic package program in the government's existing system, rather than contracting out some activities to NGOs. It also adopted the learning by doing approach by developing the SHN Guideline, implementing the SHN basic package program at schools, and revising the SHN Guideline. Thus, the counterparts were motivated to endeavor to institutionalize the SHN program.</li> <li>2. 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 basic and secondary education sector strategy. This might influence the sustainability of the Project. The alternative means must be addressed to overcome this.</li> </ol>

