

Joint Action Plan
2071/72 – 2076/77
School Health and Nutrition



Government of Nepal
Ministry of Health and Population
Ministry of Education

ACCRONYMS

BCC	Behaviour Change Communication
CC	Child Club
CDC	Curriculum Development Centre
CHD	Child Health Division
DDC	District Development Committee
DEO	District Education Office
DHO/DPHO	District Health Office/District Public Health Office
DoHS	Department of Health Services
DoE	Department of Education
DSHNCC	District School Health and Nutrition Coordination Committee
DWSS	Department of Water Supply and Sewerage
FRESH	Focusing Resource on Effective School Health
I/NGO	International/Non-Governmental Organization
GoN	Government of Nepal
HKI	Helen Keller International
JAP	Joint Action Plan
JICA	Japan International Cooperation Agency
LMD	Logistic Management Division
MoE	Ministry of Education
Mo	Ministry of Health and Population
MoFALD	Ministry of Federal Affairs and Local Development
MoHP	Ministry of Health and Population
MoPPC	Ministry of Physical Planning and Construction
MoWCSW	Ministry of Women Children and Social Welfare
NCED	National Center for Education Development
NFEC	Non Formal Education Center
NPC	National Planning Commission
NTD	Neglected Tropical Disease
PHC	Primary Health Care Center
PTA	Parent Teacher Association
RC	Resource Center
RP	Resource Person
RTI	Research Triangle Institute
SCI	Save the Children International
S/HP	Sub/Health Post
SHNP	School Health and Nutrition Program
SHNN	School Health and Nutrition Network
SIP	School Improvement Plan
SMC	School Management Committee
SO	Strategic Objective
UNICEF	United Nation's Children Fund
VDC	Village Development Committee
WASH	Water Sanitation and Hygiene
WFP	World Food Program
WHO	World Health Organization

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1. Introduction

Health and education are interdependent and schools provide a unique opportunity to improve health and education status of school age children. Diseases related to lack of hygiene, malnutrition is still the leading causes of death for children in Southeast Asia including Nepal. High Burden of childhood diseases has a significant impact on educational and health goals of school children through pain, morbidity and mortality.

There is a wide consensus that healthy school environment leads to improved cognitive, physical, emotional development of the child and contributes to educational and health goals. An integrated school health and nutrition program with delivery of high impact evidence based cost effective intervention is essential for achieving the national goals of education and health for all.

The Government of Nepal is committed to make progress towards improving the health status, including school health, of its citizens. In this regard, in 2006 School Health and Nutrition Strategy (SHNS) was developed by the Ministry of Health and Population (MoHP) and Ministry of Education (MoE) reflecting the need to address the high burden of diseases in school age children. In 2008, after series of consultation meetings involving high-level committee of MoHP and MoE a need to develop a Joint Action Plan (JAP) was felt. Subsequently, a workshop was conducted in Japan in October with Japan International Cooperation Agency (JICA) support and participation of key personnel of both Ministries to develop a five-year 2008/2009– 2013/2014 (2065/66-2070/71) JAP document. The JAP document consisted of integrated school health and nutrition activities and encompassed programs to improve health, nutrition and education status of school age children in Nepal. National level School Health and Nutrition Network (SHNN) works closely with government and concerned stakeholders for advocating various issues related to SHN. Thus, the document was further refined and completed with the help of SHNN.

The Government implemented a pilot SHN project in primary schools based on the JAP in Sindhupalchowk and Syangja districts with support from JICA. The project was implemented for four years from 2008 to 2012. In 2012, the JICA evaluation study reported positive changes in health related behaviours and decrease in intestinal worm infestation as compared to the 2008 baseline survey. However it highlighted the need to strengthen implementation, monitoring and supervision of SHN programs by both Ministries with a multi sectorial approach.

In order to update the JAP, CHD and DoE decided to review and develop a revised 5-year 2014/15-2019/2020 (2071/72-2075/76) JAP with the goals of assisting in the development of physical, mental, emotional and educational status of school children through effective implementation and scaling up of SHN programs in the country. The revised JAP is a key document for mainstreaming SHN in health and education system and for effective implementation of SHN programs with clear role and responsibilities of both ministries and other stakeholders support for nationwide scale up.

2. Rationale

Nepal faces a high burden of childhood diseases, which includes diarrhea, respiratory tract infections, worm infestations, malnutrition and oral diseases. Preventable diseases burden school age children, due to poor coverage of school health and nutrition services and poor hygiene and sanitation facilities. From the summary highlights of preventable disease

burden in school children presented below, it is evident that health and education goals can only be met with effective implementation and coverage of SHN programs in the country.

Malnutrition: Nepal Demographic Health Survey (NDHS) 2011, reports 41% of children under five years are affected by stunting, 29% are underweight and 11% are wasted. Malnutrition affects education and cognitive developments of school age children and has a direct impact on health and education goals.

Intestinal worm infestation: There is no national representative baseline data on worm infestation in Nepal. A baseline study of SC in Siraha, Kanchanpur and Kailali districts reported that school children suffered from hookworm, ascaris, and Tricurium infections at a rate deemed a public health risk by World Health Organization (WHO) standards. Intestinal worm infestation has negative impact on overall physical and mental development and causes anemia and malnutrition (Hotez et al. 2006; Stephenson 1987).

Anemia: Anemia is primarily caused by iron deficiency and under nutrition. Iron deficiency is the most common form of micronutrient deficiency in school-age children, caused by inadequate diet and infection (Hall, Drake, and Bundy 2001). Prevalence of anemia was reported to be at 39%, significantly higher in adolescent girls (NDHS, 2011). A base line survey conducted by Save the Children in Kapilvastu and Pyuthan reported 40% of school children older than 10 years and 32% under 10 years were affected by anemia indicating severe public health problem in reference to WHO classification. Iron deficiency impairs cognitive development and is the major cause of anemia among other factors.

Diarrhoea: According to MoHP diarrhoea continues to be the major cause of childhood morbidity and mortality in Nepal. A study conducted in Dolakha, Doti and Sunsari (DoE, UNICEF 2012) reported that although many schools surveyed had WASH facilities, majority of the facilities was non-functional. Only 8.8% of the school surveyed had CGD friendly WASH facilities.

Dental Caries: The 2004 National Pathfinder Survey shows that 58% of 5–6 year old schoolchildren suffer from dental caries. Adolescent school children reported inability to eat followed by inability to speak and missing school days. Another study among Chepang students has reported that dental caries in Nepal is beyond the global goal of less than 50% caries free 5-6 year old school children.

In the study conducted in Dolakha, Doti and Sunsari, menstruation friendly WASH facilities were found in only 8.8% of the schools surveyed. Menstruating girls were often absent in schools during their monthly period due to lack of girl friendly WASH facilities. The same study found that only 8.8% of the district had child friendly and differently – abled friendly drinking water and WASH facilities (DoE, UNICEF, 2012). A baseline study in Siraha, Kanchanpur and Kailali districts reported 36% of schools had separate toilets for girls and boys and very few schools had waste management systems. Only 38% of students were using soap to clean their hands after defecation and only 44% of schools in the three sampling districts had a safe drinking water facility (SC, 2005)

3. Policy Initiatives

According to data from DoE, 41% of the population in Nepal is school age children. Data from World Bank, 2013 report primary school enrollment at 98%. Government of Nepal (GON) has recognized the potentiality of schools and school health as an important

component of public health. This is evident through some of the national initiatives in Nepal such as School Health and Nutrition Strategy (2006) School Sector Reform Plan (2009-2015), Child Friendly School Framework (2010), Sanitation and Hygiene Master Plan (2011), Multisectoral Nutrition Plan (2012), which focuses on improving overall health and education status in school children. A minimum package of school health and nutrition program has been developed based on the National SHN strategy. This comprehensive package includes components such as School-Based Health and Nutrition Service, Healthful School Environment, Life Skill-Based Health, Hygiene and Nutrition Education acknowledging interdisciplinary coordinated and collaborative efforts.

In 2008, a five year Joint Action Plan (JAP) was endorsed by both ministries in order to effectively implement the minimum package of school health and nutrition based under the four strategic objectives of the SHN strategy.

The strategic objectives are as follows:

- 1) Improve use of SHN services by school children
- 2) Improve healthful school environment
- 3) Improve health and nutrition behaviour and habits
- 4) Improve and strengthen community support system and policy environment

Improved use of school-based health and nutrition services, better and improved access to safe water and sanitation and skills-based health education, community support and policy environment, are the core elements of the School Health and Nutrition model.

4. National Joint Action Plan (JAP)

The revised JAP document is product of series of consultative processes with the participation of officials from CHD and DoE.

The JAP was developed with the purpose of streamlining Minimum Package as per School health nutrition strategy 2004. The revised JAP is a key document for mainstreaming SHN in health and education system and for effective implementation and scaling up of SHN programs in the country.

High disease burden in school children, especially worm infestation, poor awareness on health, hygiene and nutrition, inadequate provision of WASH, lack of adequate guideline for effective implementation of midday meal, inadequate coverage of health hygiene and nutrition component in school curriculum were some of the major issues identified that needed intervention at school level.

With this backdrop, the first JAP was developed in 2008. The MoHP and MoE jointly implemented a 4 years pilot project in Sindhupalchowk and Syangja covering 1113 public schools. The target groups were primary level school children attending formal and non-formal schools. Similarly, SC had implemented the Basic Package of SHN jointly developed by DoHS and DoE in Kapilvastu, Pyuthan and Siraha covering 1451 Public Schools.

In 2012, the JICA evaluation study reported positive changes in health related behaviours and decrease in intestinal worm infestation as compared to the 2008 baseline survey. However it highlighted the need to strengthen implementation, monitoring and supervision of SHN programs by both Ministries. A midterm review (December 2010) recommended involvement of National Planning Commission (NPC) and Ministry of Federal Affairs and Local Development (MoFALD) for sustainable scaling up of SHN programs in the country. JAP (2008) also highlights effective implementation and coverage of SHN programs as a huge challenge due to limited resources and coordination issues at all levels.

Following gaps were identified after completion of SHN pilot project based on 2008 JAP document.

Action Plan for SO1: Improve use of SHN services by school children.

1. Deworming program

- Process monitoring of deworming program
- Impact study
- Strengthen proper recording/reporting system through HMIS/EMIS data collection system
- National representative Prevalence study
- Campaign with key messages to create demand.
- Implementation mechanism (operational guideline)
- Presence of local health worker in schools during deworming or training to teachers before deworming programs in schools.

2. First aid kit distribution program

- Develop a system for timely procurement and refilling
- Mechanism for refilling drugs those are free of cost and budgeting for refilling other consumable items at school level.
- Reporting on use and refilling.

3. Annual Health Screening and referral services

- Provision of essential equipment to schools for conducting annual health screening as defined by basic package
- Establish proper recording and reporting system
- Training to focal teachers
- Annual health screening conduction by focal teachers
- Monitoring visit of Health workers in schools of respective VDC
- Establish referral mechanism to local health facility

4. Midday meal promotion program

- Review the best modality for delivering midday meal (cash, kind and tiffin box) program so that students can have access to local nutritious (homemade) food
- Review the current guidelines based on Quantity, Quality, Variety, Nutrition Value based on locally produced nutritious food

5. Iron folate distribution

- National guideline for iron folate distribution for school going children from grade 6-10.

Action plan for SO2: Improve healthful school environment Healthful school environment

- Construct, repair, and maintain toilets, urinal and safe drinking water with existing CGD guidelines of DoE.
- Strengthen linkages between DoE and Department of Water Supply and Sewage (DWSS).
- Allocate 5-10% of the total cost for (hardware) construction for operation and maintenance (software)

Action plan for SO3: Improve health, nutrition behaviour and habits

- Work with Curriculum Development Center (CDC) to incorporate skill based health, hygiene and nutrition topics. (in Grade 7-10 which is currently undergoing revision)
- Develop guideline for child club mobilization
- Media campaign on SHN
- Child club mobilization in schools for personal hygiene management

Action plan for SO4: Improve, strengthen community support system and policy environment

- Revise SHN strategy to incorporate roles and responsibilities of NPC, MoFALD, DDC and VCD.
- Institutionalized in the health and education system.
- Strengthen School management committee for SHN related activities
- Incorporation of SHN in School Improvement Plan
- Legal provision for mandatory implementation of minimum package
- SHN program in the country.

Gradual systematic scaling up of SHN program with inclusion of all components of the minimum basic package was recommended with priority to districts based on marginalized communities, geographical barrier, high dropout rate and low school enrolment.

In this regard, a need to review and develop a new five year JAP was felt to ensure that a better health status is enjoyed by all Nepalese school children through the promotion, implementation and scaling up of SHN program at all levels.

Revised Joint Action Plan (2071/72-2075/76)

The revised JAP focuses on improved use of school-based health and nutrition services, better and improved access to safe water and sanitation and skills-based health education, community support and policy environment through compulsory delivery of the complete package of CHD and DoE.

The SHN package which includes the minimum package will be implemented and scaled up phase wise to cover all districts. It is expected that by 2075/76, the SHN package will be covered in all government schools in 75 districts.

In the revised JAP, emphasis is also given to a coordinated approach that integrates the efforts and resources of both Ministries and concerned stakeholders at all levels including SHNN for implementation of SHN program in the country. The revised JAP provides a basis for implementation of SHN package and spells out roles, responsibilities, coordination and budget requirement for each activity.

The JAP will help in initiating activities on School Led Total Sanitation with Open Defecation Free zone at the community. It will focus on ensuring compliance to local norms, partnership with local government and ownership of the schools with the active involvement of School management committee for continued support and sustainability of the school health and nutrition program.

The JAP activities will ensure the DOE, CHD and SHNN will work closely with CDC for revision of curriculum and seek help to undertake curriculum development to teach students on life skill based education. The JAP will address issue of refilling first aid kit box, reporting of deworming and iron supplement programs. It will work to promote toilet constructions in schools with hand washing facilities.

Since 41 percent of Nepal's population are under 16 years of age and 87 percent of the nation's children enrolled in schools, a health program carried out in collaboration with the education system was considered as a practical approach to addressing the needs of child health and education and meeting the MDG goals. The true challenge, however, was not in implementing SHN in few pilot communities, but in scaling the program nationally. So, Department of Education and Child Health Division in close coordination with SHNN will jointly work to develop implementation guidelines for easy unhindered implementation of each activity with clarity and will cover actions for above mentioned issues and concerns. The implementation guideline will be developed and will describe in detail, how, where, when with what effect the above mentioned activities will be carried out. Department of Education, Child Health Division and Save the Children will jointly prepare an Implementation plan based on revised package and pilot cost effective basic SHN package in 2 districts; Rolpa and Dhanusa based on this revised JAP.

4.1. Goal

The Goal of JAP is to contribute on development of physical, mental, emotional and educational status of school children.

4.2. Overall Objective

The goal is supported by four strategic objectives of the School Health and Nutrition Strategy.

SO1) Improve the use of SHN services SO2) Improve healthy school environment SO3) Improve health and nutrition behaviours and habits SO4) Improve and strengthen community support system, and policy environment.

JAP will ensure meeting those objectives and in essence it seeks to meet following specific objectives:

4.3. Specific Objectives

- To develop capacity of the schools for annual physical health screening on nutrition, vision, dental and hearing.
- To increase the number of School children receiving deworming and iron tablets
- To develop capacity of schools for providing first aid services with appropriate first aid kits
- To promote nutritious mid-day meal in school
- To increase the number of schools with functioning latrines and hand washing facilities
- To increase capacity of SHN focal teacher on School Health and Nutrition services
- To promote healthy behaviours on School Health and Nutrition among children
- To incorporate SHN program in School Improvement Plan (SIP)/annual work plan of schools

4.4. Guiding Principles

The JAP is based on the internationally endorsed Focusing Resources on Effective School Health (FRESH) approach, the WHO Health Promoting schools concept, SHN Strategy 2004, School Sector Reform Plan (SSRP), 2009-2015 and Minimum package of school health and nutrition. It understands that SSRP intends to ensure that all schools are equipped with minimum enabling conditions. In particular, these enabling conditions include school buildings, provision of adequate classrooms, separate toilet for girls and boys, drinking water facilities and a playground

The JAP follows minimum package endorsed by the School Health and Nutrition strategy 2008. The SHN strategy is the key guiding document for all the activities related to school health and nutrition.

4.5. JAP includes the following priority action plans

Activities:

Strategic Objectives:

<p>Action Plan for SO1: Improve use of SHN services by school children.</p>	<ol style="list-style-type: none"> 1. Annual Basic Health screening at primary level, and referral which includes: <ol style="list-style-type: none"> a) Height and weight measurement b) Hearing c) Vision d) Dental screening 2. Bi-annual Supplementation of De-worming Tablets to School Children (Grade1-10) attending both private and public schools in all 75 districts 3. Provision of First Aid Kit Box in all primary public schools with maintenance and Refilling System 4. Iron-folate Supplementation to adolescent School Children (Grade 6-10) 5. Midday Meal Program (cash, kind and tiffin box support with parental orientation)
<p>Action plan for SO2: Improve healthful school environment</p>	<ol style="list-style-type: none"> 1. Construct/Maintain/Repair Toilets, Urinals & Safe Drinking Water taps based on the guidelines of DoE. 2. Construct and repair child friendly furniture, classroom and school building with adequate light and ventilation in classrooms. 3. Provision of hand washing with soap 4. Orientation training to school teachers
<p>Action plan for SO3: Improve health, nutrition behaviour and habits</p>	<ol style="list-style-type: none"> 1. SHN check list and attendance register 2. Child club mobilization 3. IEC/BCC SHN programs 4. SHN week celebration 5. Life skill based education
<p>Action plan for SO4: Improve, strengthen community support system and policy environment</p>	<ol style="list-style-type: none"> 1 Strengthen the coordination mechanism among NPC, MOLD, MOHP, MOE, MOA, MOWCSW & other line ministries and mainstream SHN in National Development Policy 2. Institutionalize SHN Program in MoHP and MoE at central and district level 3. Strengthening SMC and incorporation of SHN in SIP 4. Establish SHN legal framework

5. Implementation package

5.1 Minimum package

This minimum package of school health and nutrition program refers to essential doable activities and procedures designed and developed to protect and promote health of the school children based on the National SHN Strategy, that can be implemented and replicated at school level by the Government of Nepal, local bodies and community, utilizing available resources.

The minimum package of SHN includes:

- 1) Annual Health Screening
- 2) Bi-annual Supplementation of De-worming Tablets to School Children (Grade1-10)
- 3) Provision of First Aid Kit Box and its refilling mechanism in all primary public schools
- 4) Iron-folate Supplementation to adolescent School Children (Grade 6-10)
- 5) Provision of hand washing facility with soap
- 6) Toilets in each school
- 7) Use of new attendance register in all schools
- 8) Strengthen SMC for SHN related activities
- 9) Child Club mobilization

The 2071/72-2075/76 JAP recommends its implementation as a “Complete service delivery package” in districts where SHN program is implemented. However, based on district context and availability of resources, additional components can be implemented within the framework of school health and nutrition strategy 2006.

According to CHD, the SHN minimum package is implemented in total 52 districts. SHN program will be strengthened in the 52 districts to include all components of basic package. The program will be scaled up in the remaining 23 districts.

5.2 Year wise SHN program coverage plan over 5 years in all 75 districts.

SHN Program	Number of districts covered/year				
	2071-72	2072-73	2073-74	2074-75	2075-76
Strengthening SHN program	3	11	13	13	12
Scaling SHN program	8	4	4	4	3

5.3 SHN implementation structure

Implementation level	Institutional Structure	Responsible body	Responsibility/Monitoring
Central	National SHN Advisory Committee	CHD, MoHP DoE, MoE	Review, revise SHN strategy and implementation guidelines as required Resource mobilization Supervise, monitor district level SHN committee
Regional	Regional SHN Advisory Committee	Regional Health Directorate, Regional Education Directorate, Regional Public Health Office,	Monitor, evaluate SHN programs in the district Advise
District	District SHN Coordination Committee	District Health Office District Education Office	As per instructions of National SHN advisory committee, mobilize resources for SHN programs. Supervision evaluation
Community/School	School Management Committee (SMC)	Health/Sub health post Resource Center Schools (SMC, PTA)	Execute SHN activities Community resource mobilization Include SHN in Annual School Improvement Plan

5.4 Coordination Collaboration

The DOE/ DOHS will closely work with MOFALD, MOAD, MOUD, and MOWCS for their technical support, collaboration, coordination for the implementation of JAP activities. Both the Departments will also work with EDPs, support partners for technical as well as funding support in addition to GON support for the implementation of JAP activities.

6. Monitoring and Evaluation

DoE and CHD will develop a monitoring and evaluation Plan for monitoring and evaluation of the activities delivered through JAP building upon strategic Framework of the school Health and Nutrition strategy 2008. The indicators proposed for each strategic objective will be base for overall M/ E plan. It will involve concerned stakeholders at central, regional, district and school level while developing the M/E Plan. DoE and CHD will oversee s (policy, guidelines, governance, logistic etc.), coverage and impact M&E result framework. Districts will be involved in the process monitoring towards achieving the indicators for each strategic objective, social auditing on achievements at frequent intervals.

DOE/ CHD will develop a school operating calendar with school visit dates for each district for supervision and establish regular supportive monitoring visits with the involvement of concerned stakeholders.

(Note: This document has been developed for the purposes of endorsement for higher-level orientation/ briefing for GON. Once the document is endorsed, a separate implementation guideline will be developed that will address target, timeline, division of responsibilities, mechanisms of implementation of activities, budget allocation and other relevant topics)

7. JAP MATRIX

Action Plan for SO1:

A: Improve use of SHN services by school children

S.N	Activity	Time Frame	Responsibility	Budget support	Technical Support	Coordination	Estimated Budget	Remarks
1	Revision of SHN Basic Package training manual	2071/72	DoHS, DoE, NCED, CDC	SCI	SHNN	CHD, DoE	5,00,000	Review manual as per revised minimum package and implementation guideline of SHN activities.
2	SHN Basic Package Training: Central, Regional, Training of Trainers (ToT): 3 days training guideline . District and school level 3 days training guideline development	2071/72-2076/77	DoHS, DoE			DEO, DHO	97,72,300	Cascade model for training District level ToT Regional level ToT Onsite school based activities
3	Central level masters trainers training, District level orientation by Education Training Center.	2071/72	DoE, NCED	Pool budget MoHP.		WFP	50,00000	Regional level training of trainers by Education Training Center
4	Regional or ETC level ToT/Orientation for District Education Officer, School Supervisors, School Inspector, District health personnel			Pool budget MoHP		WFP		DEO, Resource Center
5.	District level, RC level	2071/72	DEO, DHO	Pool	DHO,		8,27,26,500	Refreshers training where

	training for teachers: 3 days training workshop and 3 days school based project activities			budget MoHP.	DEO			training already conducted
6.	Refresher Training in old districts	2071/72-2076/77	CHD,DoHS, DoE		DEO, DHO		16,59,30,200	
B. Service Delivery and Procurement								
1.	Conduct Annual health Screening Program to School Children at primary level by Focal Teachers	2071/72-2075/76	DoE, DOE, DHO	MoHP EDPs	DoE/DEO / DHO/	School local HF	12,87,67,960	At the time of SHN Week celebration (Ilaka meeting will be called and Rs 200 per teachers will be given as an incentive for Physical Screening
2.	Procurement of deworming tablets for grade 1 to 10 school children in both public and private schools	Chaitra	DoHS	Commodity support	WHO	WHO/DoE, DEO	2,16,00,000	Commodity support from WHO (up to 2018) Annual procurement
3.	Procurement of First Aid Kit Box to public schools	Chaitra	DHO	MoHP, EDPs		DoE, DEO	6,03,95,894	Annual procurement
4.	Procurement of Iron Folic Acid tablets to public schools: Grade 6 to 12	Chaitra	DoHS	MoHP, EDPs		DoE, DEO	9,27,54,730	Annual procurement
5.	Annual Supervision to School physical check-up program from Health Workers	Jestha	DHO	MoHP	DHO, MoHP	DEO	50,000	Annually conducted
6.	Deworming distribution to school children grade 1 to 10 of public and private schools	Mangshir and Jestha	DEO,RC, DHO,School	MoHP		DHO, DEO/RC		DHO, DEO/RC

7.	First Aid Kit Box distribution to public schools	one time		MoHP		DHO, DEO, RC		During Training, kit will be distributed
8.	Iron Folic Acid tablets supplementation to School Children (Adolescents) studying at public school from grade 6-12	2071/72-2075/76	DEO,RC, School	MoHP		DHO,DEO, HF		SHN week (subject to finalisation and endorsement of Anemia strategy)
9.	Maintain FA Kit Box with Refilling System	2071/72-2075/76	SMC,School	SMC	DHO	DHO,HF		Education and provision for local funds
10.	Hygiene and sanitation promotion program in school settings.	Annual (During SHN week- Jestha)	DHO, DEO , D-WASH-CC, V-WASH-CC	N/A	DHO	DHO,DEO, HF D-WASH-CC, V-WASH-CC		SHN Week as an awareness s program in schools.

C. Expansion of Midday Meal

1.								
2.	Promotion of Mid-day meals to basic schools children as per the SHN strategy	2071/72-2075/76	MOE DoE	DoE WFP		MoFALD, MoA, NPC, MoF	NRs 12-15 per child per day for 200 days	Education and awareness
3.	Review of Mid-day meal program	2071/72-2075/76	MoE	WFP SC	MoE, MoHP, SHNN	DOHS, MOLD		Review cash, kind and tiffin box model

D. Monitoring, Evaluation and Research

1.	National Level STH Prevalence Survey	2071/72	DoHS, CHD, DoE	RTI NTD	RTI NTD	DHO, DoE		Data on STH prevalence will be acquired and target set
2.	Integrated Supportive and	Bi-	DoE, DoHS,	UNICEF	SHNN	RHD,DHO,		Need to strengthen and

	Joint Supervision	Annually	NCED, SHN Network	SCI, RTI NTD, WFP, HKI		RED, DEO		improve M and E
3.	Strengthening recording and reporting of SHN Standardized package	2071/72	HMIS/EMIS	MoHP, MoE	N/A	CHD EMMS		Review and develop M and E tools
4.	Annual Review Workshop of SHN implemented districts	Annually	DoHS	RTI, NTD SCI		DoE		To appraise SHN program by involving all concerned stakeholders at all levels

Action Plan for SO2: Improve healthful school environment

2-1. Construct/maintain/repair toilet, urinals and safe drinking water taps

S.N	Activity	Time Frame	Responsibility	Budget Support	Technical Support	Coordination	Estimated Budget	Remarks
1.	Adopt child, gender, disabled friendly design (CGD) developed by DoE	2071/72	MoE, DoE	MoE	DWSS	WASH TG	Regular budget	School sanitation and toilet facilities should follow CGD guideline of DoE
2.	Apply safety measures for school building construction as outlined in the School Sector Reform Plan	2071/72	MoE	Pooling fund with ADB support	DEO	Central Disaster MC	Regular Budget	Follow guidelines of SSRP of DoE
3.	Identification of SHN related minimum enabling conditions for schools including indicators for success	2071	MoE	MoE	DP		Regular budget	
4.	Construction of 3000 girl friendly 4000 environmental sanitation including toilets in school	2071	DoE	MoE	WASH WG		Regular budget	

2-2. Construct & Repair furniture, Class Room and School Building								
1.	Adopt design already developed by DEO (ongoing revision)	2071 2072	MoE,DoE	MoE	DWSS		Regular Budget	
Action Plan for SO3: Improve health and nutrition behaviors and habits								
3-1: School Health and Nutrition Basic Package: Scaled-up School Check List Program								
1.	Incorporate school check list and WASH indicator in EMIS	2071/72 onwards	DoE NEWAH	DoE / NEWAH	EMIS	SHNN		Strengthen recording and reporting
2.	Compile data and report	2071/72 onwards	DoE	DEO	EMIS	EMMS		
3.	Review implementation status of DoE SHN check list (daily and weekly) with attendance register	2071/72	DoE REMIS	DoE	EMMS	DOHS		Revise, print and distribute school check list forms
3.2. IEC/ BCC Materials including Awareness raising and child club mobilization								
1.	Harmonize of IEC/BCC materials related to SHN package focusing on pictorial messages to primary students including oral hygiene and menstrual hygiene	2071/72	DoHS	UNICEF, SCI	SHNN, NHEICC	CHD/DoE	5,00,000	Review and develop education materials for use by school children
2.	Printing of SHN Basic Package, IEC/BCC materials	2071/72- 2074/75	DoHS	UNICEF, SCI, RTI/NTD		DHO, DEO	24,10,600	Distribute IEC/BCC materials to school and mobilize child club for active participation
3.	Distribution and transportation of IEC/BCC materials including SHN	Annually	DoE, DoHS,	UNICEF SCI,RTI,		DHO, DEO		

	Basic Package			NTD				
Action Plan for SO4: Improve and strengthen community support system								
4-1. Strengthen the coordination mechanism among NPC, MOFALD, MoHP, MoE, MoWCSW and other line ministries and mainstream SHN in National Development Policy								
1.	Revise National SHN Strategy 2006	2072-2073	DoHS, DOE	SCI	SHNN	MoLD, NPC, SHNN	3,00,000	SHN Strategy needs revision to include roles and responsibility of MoFALD, DDC, VDC
2.	Coordinate to assign focal person in NPC, MoFALD, MoF, MoAD MoPPC, MoWCSW	2072/73	NSHNAC	NA	NA	MoE, MoHP	3,00,000	Revise National level SHN Committee to represent NPC, MoFALD, MoPPC, MoWCSW
3.	Organize quarterly meeting of Director level of Advisory Committee	2071/72 onwards	MoE	MoE	DoE	SHNN	25,000	To discuss on SHN program Success and gaps
4.	Organize Inter- ministerial co-ordination for policy level discussion on SHN annually	2071/72 onwards	NPC	NPC	MoHP, MoE, MoLD, EDPs	All Stakeholder	3,00,000	
4.2. Institutionalize SHN Program in MOE & MOHP								
1.	Add SHNP related responsibilities in existing TOR of Policy Analysis and Programme Section of MOE	2071/72	MoE/DoE	NA	SHNN	Planning Division, MOE		
2.	Initiate formal process to establish SHN section within DOE (the section will be responsible for SHN and WASH activities)	2071	MoE	MoE	EDPs	SHNN		SHN section is established at DoE in 2071
3.	Develop separate School	2071/72	NCED	MoE,	SHNN	DoHS		

	Health Education Package within TPD Model			EDPs				
4.	Revise existing curriculum and textbook of Health Education , Nutrition to incorporate SHN components	2071 onwards	CDC	MoE, EDPs	SHNN	DoHS, DoE		With DoE and CDC Follow revision Cycle of CDC
5.	Ensure incorporation of SHN activities in ASIP and AWPB under SSRP	2071/72	MoE, DoE	MOE, EDPs	SHNN	SHNN		Funding for SHN activities through Annual school improvement Plan and Annual work plan budget
6.	Establish Secretariat of Steering Committee in MOE for effective co-ordination	2071/72	MoE	MoE	EDPs	DoHS/DoE		
7.	Incorporate SHN basic package in legislation	2071	MoHP MoE	GoN	MoE MoHP	SHNN Line Ministries		Legalise SHN programs as child right

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