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PREMIUM



Project Proposal on Health and Nutrition Project for School Children

Project Description

The Health and Nutrition for school children will provide primary health care and nutrition services to school children of ** rural schools of ***** The project is the public-school program specially will focus on school going children. It will ensure good health, better education outcome and improve the social equity in cost effective manner.

Background of The Project

The Health and Nutrition project for school children will provide primary health care and nutrition services to school children in proposed project area. The project is the public-school program specially will focus on school going children. It will ensure good health, better education outcome and improve the social equity in cost effective manner. This project aims to provide health care screening; preventive, Promotive and curative health services, referral and follow-up, care, build awareness regarding nutrition and preventive health through CCMT (Child Care, Management and Treatment) Center and School. The Program must be carried out with proper coordination with child and Women Welfare, Health and Education departments and other respective departments and agencies.

This Project released to fulfill the requirement of the scheme to ensure Screening and Health check-up, treatment, referral, follow-up, nutrition services deworming, immunization, awareness and health education and Counselling services to each and every child through CCMT Center (Child Care, Management and Treatment Center).

The Major Scope of the Project will be:

- School Health Policy
- Provision of Safe Water and Sanitation
- School Based-Health Education
- School Based Health and Nutrition Services Through CCMT Center
- Gender and Equity
- Community Advocacy, Capacity Building and Research (CAC-BAR)

Justification/rational of the project

Poor health and malnutrition are important underlying factors for low school enrolment, absenteeism, poor classroom performance, and early school dropout, as reflected in the World Declaration on Education for All. Programs to achieve good health, hygiene and nutrition at school age are therefore essential to the promotion of basic education for all children. Good health and nutrition are not only essential inputs but also important outcomes of basic education of good quality. First, children must be healthy and well-nourished in order to fully participate in education and gain its maximum benefits.

Early childhood care programs and primary schools which improve children's health and nutrition can enhance the learning and educational outcomes of school children. Second, education of good quality can lead to better health and nutrition outcomes for children, especially girls, and thus for the next generation of children as well. In addition, a healthy, safe and secure school environment can help protect children from health hazards, abuse and exclusion. Ensuring that children are healthy and able to learn is an essential component of an effective education system. This is especially relevant to efforts to achieve education for all in the most deprived areas. Increased enrolment and reduced absenteeism and drop-out bring more of the poorest and most disadvantaged children to school, many of whom are girls. It is these children who are often the least healthy and most malnourished, who have the most to gain educationally from improved health.

Effective school health programs that are developed as part of community partnerships provide one of the most cost-effective ways to reach adolescents and the broader community and are a sustainable means of promoting healthy practices. Improving the health and learning of school children through school-based health and nutrition programs will contribute to the development of child-friendly schools and thus to the promotion of education for all. In the country, most of the children in school-age do not have access to health and nutrition services as health and nutrition services for the school populace have not come under the priority of the national health programs.

The priority has been given to the health care of under five children and infants for several decades. School health is a part of the public health program. But public

health care providers have a tendency to overlook the school health due to lack of school health program in country/region. There is poor connection/link between school and health institutions for providing health services to the students.

School Health and Nutrition Program is an integrated approach to address health and educational problems of the students. Studies carried out in many developed and developing countries have shown that School Health and Nutrition Project is crucial to address many health and nutrition problems such as malnutrition, short-term hunger, helminth infection, poor sanitation and food safety, lack of immunizations, poor oral health, infectious and endemic diseases, problems associated with lack of physical exercise, use of alcohol, tobacco and drugs, psychological problems and HIV/AIDS and sexually transmitted infections.

Health and nutrition interventions among school children mainly from the poor and disadvantaged communities have substantial impacts on improvement in cognitive skill and in educational achievements. School Health and Nutrition Program can be the cost-effective and practical intervention for improving students' health, school environment and academic performance. Substantial number of school-age children experiencing health problems might be ameliorated if they were addressed in the school setting.

Schools can play greater role than other agencies in promoting health of the children and young people when school health and nutrition programs become integral part of the educational system. Coordinated school health and nutrition program could create an enabling school environment to ensure better educational achievements and improved health of the children, and to achieve the government's twin goals: the goals of Education for All and Health for All.

The School Health and Nutrition Program based on encompasses school programs jointly organized by education and health sectors to enhance health, nutrition and education status of students aged 5- 17 years. Many Governments of developing and low income countryGovernment has already developed a National School Health and Nutrition Strategy with a goal to develop physical, mental, emotional and educational status of the school children. Despite this the Programhave not been implemented in most of the schools in the many developing country. Therefore, it is

essential to develop a minimum package of SHN Program and implement it throughout the country.

Project Goals

The main goal of this project is to ensure good health, better education outcome and improve the social equity in cost effective manner in community by providing preventive, Promotive and curative health services, referral and follow-up, care, building awareness regarding nutrition and preventive health through CCMT (Child Care, Management and Treatment) Center at School.

Objectives of the Project

General Objective

- To improve the status of health and Nutrition among school going children
- To reduce the morbidity amongst school children by preventing them from falling prey to the preventable diseases through CCMT Center (Child Care, Management and Treatment Center) and thus help to reduce the drop-out rate amongst school children

Specific Objectives

- Early detection of health related problems in school children and their proper care, management and treatment through CCMT Center and Referral services
- To arouse the adequate consciousness about health and hygiene, nutritional and environmental education amongst school children
- To impart the health education to school children and teacher
- To Provide the Preventive, Promotive, Curative, Referral and Follow-up services to the students of Primary, Middle and Senior secondary classes of the school through medical check-up by CCMT Center.
- To advice the school authorities on safe drinking water supply, good environmental sanitation and cleanliness etc. in school.
- Training of teacher on Promotive Health Care
- Strengthening of Yoga and Physical education in School for physical fitness.

- Use innovative methods to spread the Health Messages to all by IEC Materials, Health Campaign, Advocacy meeting, and BCC activities.

Project Strategy

- (i) Health-related school policies Health policies in schools, including skills-based health education and the provision of some health services, can help promote the overall health, hygiene and nutrition of children. But good health policies should go beyond this to ensure a safe and secure physical environment and a positive psycho-social environment, and should address issues such as abuse of students, sexual harassment, school violence, and bullying. By guaranteeing the further education of pregnant schoolgirls and young mothers, school health policies will help promote inclusion and equity in the school environment. Policies that help to prevent and reduce harassment by other students and even by teachers, also help to fight against reasons that girls withdraw or are withdrawn from schools. Policies regarding the health-related practices of teachers and students can reinforce health education: teachers can act as positive role models for their students, for example, by not smoking in school. The process of developing and agreeing upon policies draws attention to these issues. The policies are best developed by involving many levels, including the national level, and teachers, children, and parents at the school level.
- (ii) Provision of safe water and sanitation – the essential first steps towards a healthy physical, learning environment. The school environment may damage the health and nutritional status of schoolchildren, particularly if it increases their exposure to hazards such as infectious disease carried by the water supply. Hygiene education is meaningless without clean water and adequate sanitation facilities. It is a realistic goal in most countries to ensure that all schools have access to clean water and sanitation. By providing these facilities, schools can reinforce the health and hygiene messages, and act as an example to both students and the wider community. This in turn can lead to a demand for similar facilities from the community. Sound construction policies will help ensure that facilities address issues such as gender access and privacy. Separate facilities for girls, particularly adolescent girls, are an important contributing factor to

reducing dropout at menses and even before. Sound maintenance policies will help ensure the continuing safe use of these facilities

- (iii) **Skills based Health and Nutrition Education** This approach to health, hygiene and nutrition education focuses upon the development of knowledge, attitudes, values, and life skills needed to make and act on the most appropriate and positive health-related decisions. Health in this context extends beyond physical health to include psycho-social and environmental health issues. Changes in social and behavioural factors have given greater prominence to such healthrelated issues as HIV/AIDS, early pregnancy, injuries, violence and tobacco and substance use. Unhealthy social and behavioural factors not only influence lifestyles, health and nutrition, but also hinder education opportunities for a growing number of school-age children and adolescents. The development of attitudes related to gender equity and respect between girls and boys, and the development of specific skills, such as dealing with peer pressure, are central to effective skills based health education and positive psycho-social environments. When individuals have such skills they are more likely to adopt and sustain a healthy lifestyle during schooling and for the rest of their lives
- (iv) **School Based Health and Nutrition Services** Schools can effectively deliver some health and nutritional services provided that the services are simple, safe and familiar, and address problems that are prevalent and recognized as important within the community. If these criteria are met then the community sees the teacher and school more positively, and teachers perceive themselves as playing important roles. For example, micronutrient deficiencies and worm infections may be effectively dealt with by infrequent (six-monthly or annual) oral treatment; changing the timing of meals, or providing a snack to address short term hunger during school – an important constraint on learning - can contribute to school performance; and providing spectacles will allow some children to fully participate in class for the first time.
- (v) **Gender and Equity:** The project will be covered the all socially and economically disadvantaged groups. This Program will focus on the need based approach for covering the all people from community.

- (vi) Community Advocacy, Capacity building and Research (CAC-BAR):
Different community advocacy meeting, group discussion and seminar and workshop will be done for to advocate the community people for the health and nutritional status of their children. Likewise different training regarding builds up the knowledge and skills to community people and the school teacher will also organized on timely.

Project Design/Program

Program: Child Care, Management and Treatment (CCMT) Center Establishment in School

Activities

- Temporary CCMT Center will be established in school
- Furniture and other commodities for CCMT Center will be supplied
- ANM/Staff Nurse/BN/BSN/HA will be hired for Providing regular Health and Nutrition services.
- Drugs/Medicine will be supply in CCMT Center for regular service provision

Program: Health Related School Policy

Activities

- School Health and Nutrition Policy
- Gender Policy/Policy to increase girls school attendance and participation

Program: Access of Safe Water and Provision of adequate Sanitation (School and Environmental Sanitation activities.)

Activities

- Safe Water Supply
- Student Friendly Latrine Construction in School
- Safety School Environment (Adequate light and Ventilation in Class room, Child friendly bench, steps and so on)
- Establish Rubbish Collection Points in School.
- Construct/ rehabilitate water points for safe water.
- Provide support for water purification

- Conduct activities for improved hygiene
- Train Students on WASH using IEC materials
- Distribute hygiene kits to students for hygiene motivation.
- Conduct demonstrations on hand-washing.

Program: School Based Health and Nutrition Services

Activities

- Screening, Early Diagnosis Care, Management, Treatment, Referral and Follow-up Services.
- Height and Weight Measurements for Nutrition Status.
- Child Immunization Program.
- School Deworming and Iron Supplementation Program
- Nutritional Interventions
- First Aid Services
- Medical/ Drugs Supplies
- Physical Activities/Physical Training and Games.
- Regular Health Check-up
- Health Library Corner Establishment
- Health Mela (Festivals)/Health Mobile Campaign
- School Feeding/Tiffin Program (Healthy Eating)
- Health Championship Program
- Awareness through IEC, Radio Program, TV program, Video forecasting, Case Story,
- Establishment of Kitchen Garden in School for promotion of child nutrition.
- Conduct national/international health campaigns
- Recording and Reporting to DHO/DPHO through Health Post or PHCCs.
- Nutrition assessment
- Nutrition counselling
- Micronutrient supplementation (if needed)
- Food provision (if needed)
- Food safety and hygiene
- Physical activity

- Psychosocial support
- Referral to other services

Program: Life Skill Based Health Hygiene and Nutrition Education

Activities

- Use of Participatory, Practical and Skill Oriented Teaching Approaches to Health, Sanitation and Nutrition Education
- Inclusion of Local Contents in Health Education.
- Production Distribution and use of Low cost Teaching/IEC Materials
- Establishment of IEC Corner in School.
- Daily and weekly checking of Personal Health and Hygiene Using Attendance Register with daily Checklist.
- Extra-Curricular Health and Nutrition Activities.
- Celebration of School Health and Nutrition (SHN) week.
- Formation and Mobilization of CHIELD Clubs (Child Health Intervention, Education Learning and Development Clubs) in school.

Program: Gender and Equality

Activities

- Building girls Charter for school safety/non discrimination
- Zero tolerance for violence and harassment
- Gender and Power analysis
- Gender Advocacy
- Peer Education
- CHIELD (Child Health Intervention, Education Learning and Development) Club/ School Club Formation
- Child Club Mobilization.

Program: Advocacy, Capacity Building and research

Activities

- Coordinated and Collaborated Efforts for Maximum School Health and Nutrition Program.

- Formation of District School Health and Nutrition Coordination Committee (DSHNCC)
- Recruitment/Assignment of District School Health and Nutrition Coordinator
- Formation of School Health and Nutrition Committee at the School Level
- Assignment of Focal Teacher in Each School
- Preparation of Annual Action Plans of Child Club and SHNP
- Partnership between the School and Local Health institution
- Coordination between School and Community Including PTA, CBOs and Clubs
- Collaboration between School and Local Governing Bodies (VDC, Municipality, DDC)
- Coordination between DEO, D/PHO and DWSS Division Including NGOs
- Review/Planning Meeting in Education Sector (at RC and district level) and in Health Sector (Local and District level)
- Integration of SHNPs with School Improvement Plan (SIP)
- Development of new teaching and Learning methods
- Development of Communicational and Interpersonal Skills
- Development of Decisions making and Critical Thinking Skills
- Development of Coping and Self-Management Skills
- Research Activities

Project Activity Action Plan:

S. N	Program	Activities	1 st Year	2 nd Year	3 rd Year
1	Child Care, Management and Treatment (CCMT) Center Establishment in School	<ul style="list-style-type: none"> • Temporary CCMT Center will be established in school • Furniture and other commodities for CCMT Center will be supplied • ANM/Staff Nurse/BN/BSN/HA will be hired for Providing regular Health and Nutrition services. • Drugs/Medicine will be supply in CCMT Center for regular service provision 			
2	Health Related School Policy	<ul style="list-style-type: none"> • School Health and Nutrition Policy • Gender Policy/Policy to increase girls school attendance and participation 			
3	School Based Health and Nutrition Services	<ul style="list-style-type: none"> • Screening, Early Diagnosis Care, Management, Treatment, Referral and Follow-up Services. • Height and Weight Measurements for Nutrition Status. • Child Immunization Program. • School Deworming and Iron 			

		<ul style="list-style-type: none"> • Supplementation Program • Nutritional Interventions • First Aid Services • Medical/ Drugs Supplies • Physical Activities/Physical • Training (P.T.) and Games. • Regular Health Check-up • Health Library Corner Establishment • Health Mela (Festivals)/Health Mobile Campaign • School Feeding/Tiffin Program (Healthy Eating) • Health Championship Program • Awareness through IEC, Radio Program, TV program, Video forecasting, Case Story, • Establishment of Kitchen Garden in School for promotion of child nutrition • Conduct national/international health campaigns • Recording and Reporting to DHO/DPHO through Health Post or PHCCs. • Nutrition assessment • Nutrition counselling 		
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		<ul style="list-style-type: none"> • Micronutrient supplementation (if needed) • Food provision (if needed) • Food safety and hygiene • Physical activity • Psychosocial support • Referral to other services 			
4	Access of Safe Water and Provision of adequate Sanitation (School and Environmental Sanitation activities.)	<ul style="list-style-type: none"> • Safe Water Supply • Student Friendly Latrine Construction in School Safety School Environment (Adequate light and Ventilation in Class room, Child friendly bench, steps and so on) • Establish Rubbish Collection Points in School. • Construct/rehabilitate water points for safe water. • Provide support for water purification • Conduct activities for improved hygiene Train Students on WASH using IEC materials • Distribute hygiene kits to students for hygiene motivation. • Conduct demonstrations on hand-washing. 			
5	Life Skill Based Health	<ul style="list-style-type: none"> • Use of Participatory, Practical 			

	Hygiene and Nutrition Education	<ul style="list-style-type: none"> • and Skill Oriented Teaching Approaches to Health, Sanitation and Nutrition Education • Inclusion of Local Contents in Health Education. • Production Distribution and use of Low-cost Teaching/IEC Materials • Establishment of IEC Corner in School. • Daily and weekly checking of Personal Health and Hygiene Using Attendance Register with daily Checklist. • Extra-Curricular Health and Nutrition Activities. • Celebration of School Health and Nutrition (SHN) week. • Formation and Mobilization of CHIELD Clubs (Child Health Intervention, Education Learning and Development Clubs) in school. 			
6	Gender and Equality	<ul style="list-style-type: none"> • Building girls Charter for school safety/non discrimination • Zero tolerance for violence and harassment • Gender and Power analysis • Gender Advocacy • Peer Education 			

		<ul style="list-style-type: none"> • CHIELD (Child Health Intervention, Education Learning and Development) Club/ School Club Formation • Child Club Mobilization. 			
7	Advocacy, Capacity Building and research	<ul style="list-style-type: none"> • Coordinated and Collaborated Efforts for Maximum School Health and Nutrition Program. <ul style="list-style-type: none"> ○ Formation of District School Health and Nutrition Coordination Committee (DSHNCC) ○ Recruitment/Assignment of District School Health and Nutrition Coordinator ○ Formation of School Health and Nutrition Committee at the School Level ○ Assignment of Focal Teacher in Each School ○ Preparation of Annual Action Plans of Child Club and SHNP ○ Partnership between the School and Local Health institution ○ Coordination between School and Community Including PTA, CBOs and Clubs ○ Collaboration between School and Local Governing Bodies 			

		<p>(VDC, Municipality, DDC)</p> <ul style="list-style-type: none"> ○ Coordination between DEO, D/PHO and DWSS Division Including NGOs ○ Review/Planning Meeting in Education Sector (at RC and district level) and in Health Sector (Local and District level) ○ Integration of SHNPs with School Improvement Plan (SIP) • Development of new teaching and Learning methods • Development of Communicational and Interpersonal Skills • Development of Decisions making and Critical Thinking Skills • Development of Coping and Self-Management Skills • Research Activities 			
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Expected Project Outcomes

After the completion of the project, the following outcomes will be achieved.

- It will ensure good health, better education outcome and improve the social equity in cost effective manner.
- Programs will achieve good health, hygiene and nutrition at school age therefore essential to the promotion of basic health & education for all children.
- Children will be healthy and well-nourished in order to fully participate in education and gain its maximum performance
- Early childhood care programs at primary schools which improve children's health and nutrition can enhance the learning and educational outcomes of school children.
- Education of good quality can lead to better health and nutrition outcomes for children, especially girls, and thus for the next generation of children as well.

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