

Mother Child Wellbeing Partnership Program Nepal

Introduction

The Mother Child Wellbeing Partnership Program (MCWPP) or Nurture Every Future: Poshan Nepal is planned for implementation by CARE, iDE, and MAP International, leveraging the extensive technical and managerial expertise of these organizations in executing food, nutrition, health, water, sanitation and hygiene (WASH), market systems, and Gender Equality and Social Inclusion (GESI) related projects worldwide. MCWPP aims to achieve comprehensive development outcomes through integrated solutions addressing nutrition challenges at individual, household, and community levels to improve the wellbeing of children under five and their mothers in Nepal.



69,540
Direct
participants



23,799
Women of
reproductive age



5,563
Children
under five

Our activities strive to strengthen the health system; improve care and feeding practices; increase household food security; promote food safety and hygiene; and promote women's empowerment and leadership. The project aimed to benefit 69,540 individuals, 23,799 women of reproductive age (WRA), and 5,563 children under 5 (CU5) in 25 local governments of four provinces of Nepal. The partnership focuses on five core result areas:



Result Area 1

Availability and Consumption
of Nutritious Foods



Result Area 2

Health System Strengthening



Result Area 3

Health and Nutrition
Behavior Change



Result Area 4

Food Safety and WASH



Result Area 5

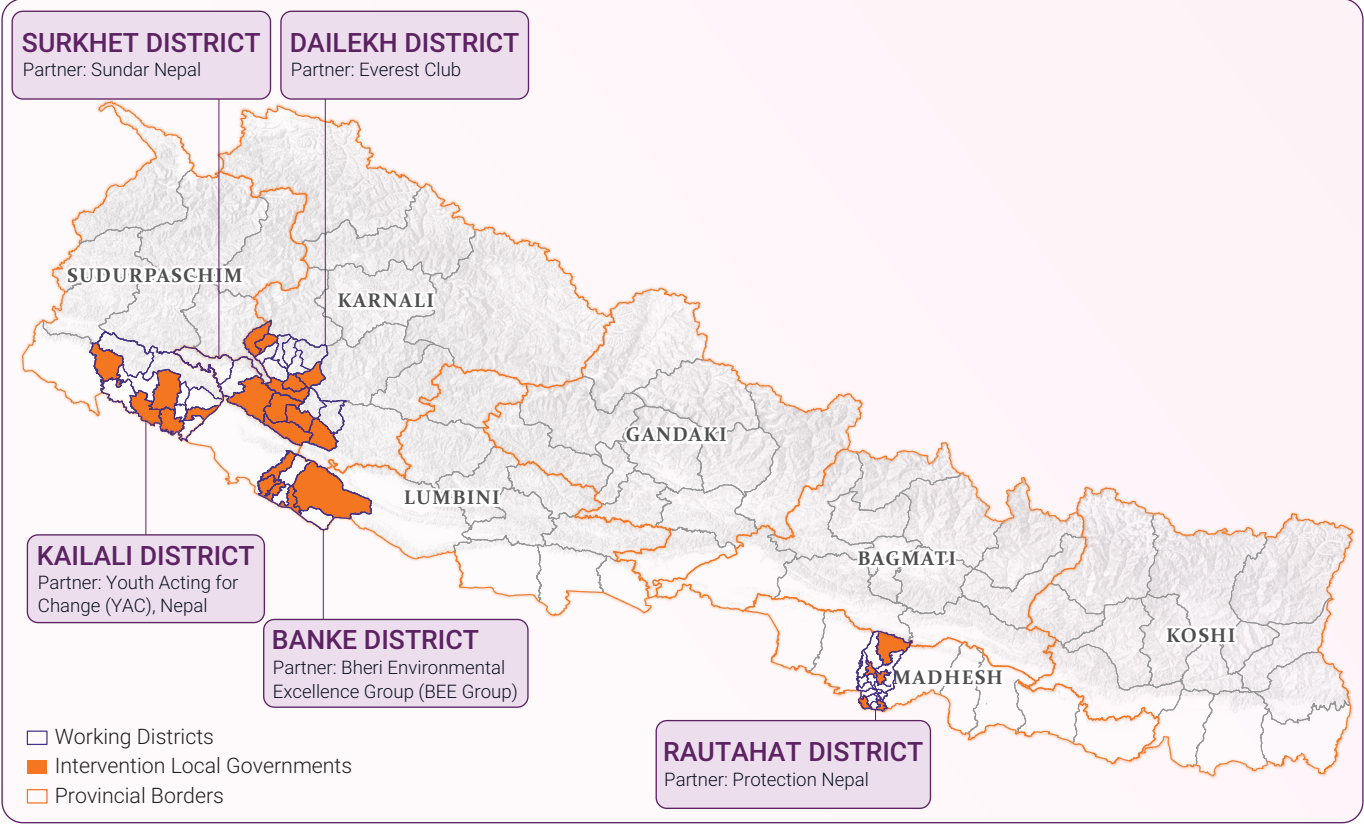
Women's Empowerment

The program design draws on our collective experience, expertise and evidence including over 80 years of learning gained through work with our local and global partners. The MCWPP in Nepal, with the support from all three tiers of the Government and local partners, aimed to improve the availability aimed to improve the availability and consumption of nutritious food and reduce health risks in women, children and their families and communities with the purpose of reducing malnutrition, empowering women and mobilizing resources and support.

Theory of Change

IF we support **household decision making about nutrition, health and food production** and IF we improve **women’s access to and control over resources** and IF we **strengthen health service provision** for reliable access to high-quality supply of medicines and health and nutrition-promotion products, THEN the **wellbeing of children and their mothers will be sustainably improved**. To achieve this, we have designed a set of multi-sectoral interventions aimed at affecting change at the individual, household and institutional levels.

Geographical Coverage



Achievement so Far

How many people has Poshan reached?

Indicators	Total Target	Total Reached	Male Reached	Female Reached	WRA Reached	CU5 Reached	Facilities	CHWs
Number of individual reached through program intervention	69,540	162,785	80,212	82,572	35,308	100,370	-	-
Number of WRA supported through health and nutrition intervention	23,799	35,308	-	35,308	35,308	-	-	-
Number of children U5 supported through health and nutrition intervention	5,563	100,370	53,106	47,264	-	100,370	-	-
Number of individual receiving assistance aimed at increasing agriculture production or productivity	61,500	64,822	29,267	35,523	18,779	11,519	-	-
Number of individual receiving food safety or hygiene promotion intervention	61,500	70,843	31,985	38,822	20,523	12,589	-	-
Number of individual receiving behaviors change intervention aimed at improving Mother, Infant, Child Health and Nutrition (MICHN)	14,000	15,745	182	15,563	15,563	-	-	-
Number of health facilities supported	50	233	-	-	-	-	233	-
Number of Community Health Workers (CHWs) trained (Front line health worker and volunteers)	1,500	4,040	1,116	2,924	-	-	-	4,040
Number of market-based actor trained and mobilized to provide service in health, nutrition, WASH, agriculture, and livelihood	290	155	81	74	74	-	-	-

Note: Data based till the end of March 2025.



Result Area 1

Increased Availability and Consumption of Nutritious Foods

- **626 Health Mother Groups (HMG)** trained in the design, establishment and management of nutrition gardens using principles of nutrition-sensitive and climate-smart agriculture.
- **12,328 Kisan cards** distributed to target program participants to promote home-based nutrition gardens through provision of seasonal seeds, agricultural tools and equipment that support the Establishment of Nutrition Gardens would be good rather than development of the diverse safe nutrition gardens.
- Over **14,000 households and stakeholders** from project areas received diversified nutrition crop calendars, helping guide seasonal food production and encouraging dietary diversity.
- **25 Learning centers established** to function as open schools supporting the adaptation of climate smart agricultural techniques.
- **3,756 Nutrition behavior change sessions organized across 626 HMGs** including cooking food demonstration using locally available nutritious food items.



Result Area 2

Improved Quality and Equitable Health Systems

- Reformation and strengthening of municipal level Food and Nutrition Security Coordination Committee (FNSCC) in all **25** project local governments and ensuring their functionality.
- **152 Health Workers trained** on Comprehensive Nutrition Specific Intervention (CNSI), a 7-day long comprehensive government training package.
- Improved **5 Out-Patient Therapeutic Center (OTC)** centers and **233 health facilities** with essential equipment or Behavior Change and Communication (BCC) materials or other logistical support.
- Provided technical support for **4 provincial and 25 municipal level** annual review meetings, emphasizing the use of health and nutrition data during the planning process.
- **100,209 children** (53,226 males, 46,949 females) of 6-59 months reached through active nutrition assessment and counseling services and identified **422** Severe Acute Malnutrition (SAM) and **3,993** Moderate Acute Malnutrition (MAM) cases.
- Recovery of SAM Cases as of Mid-April 2025: **398 SAM cases** and most of the MAM cases recovered and in close contact of Female Community Health Volunteers (FCHVs).



Result Area 3

Improved Knowledge and Adoption of Positive MICHN Behaviors

- Over **3,000** nutrition behavior change sessions delivered to **16,769** project participants focusing on essential nutrition and hygiene practices (Essential Nutrition Actions/Essential Hygiene Actions).
- Celebrated various health and nutrition days (e.g., Breastfeeding Week, Iodine Month), reaching **9,970** individuals through campaigns and events.
- **980 FCHVs** and health workers trained on BCC components linked with CNSI/Community-Based Integrated Management of Neonatal and Childhood Illnesses (CBIMCI).
- Equipped FCHVs with knowledge and skills through a comprehensive orientation program, enabling effective nutrition-specific and sensitive interventions.
- Organized food cooking demonstrations across all **626 HMGs**, helping mothers practice hands-on food preparation.



Result Area 4

Improved Food Safety and WASH

- **1,468 households** received affordable water filters (including 164 Bio sand filters), who were consuming drinking water directly from unsafe sources like rivers, streams, ponds, and unprotected wells.
- **12,500 households** have actively participated in improving hygiene standards through the households checklist and periodic self-monitoring.
- **4,500 hygiene kits** distributed to lactating and pregnant mothers, and families with SAM cases.
- **2,460 direct participants** reached through Water, Sanitation and Hygiene (WASH) sessions and 12,500 participants participated in at least two handwashing demonstrations through group-based activities in HMGs.
- Community-level campaigns and days celebration (World Toilet Day, Global Handwashing Day, World Water Day, and International Women's Day) reached approximately **15,000 participants**.
- Ten local governments (WASH Unit) received Water Quality Test kits through equipment supply.



Result Area 5

Increased Women's Control Over Household Decision-making

- Of the **626 Health Mother Groups**, **55%** of vital post (Chairperson) is being led by Dalit/Janjati/Muslim and Madhesi women.
- **490 HMGs out of 626** have initiated Village Savings and Loan Associations (VSLA) in their HMG group and have mobilized the amount for the health, nutrition and income generation activities (nutrition garden, poultry).
- Initiated use of Social Analysis and Action (SAA) tool in Nutrition Behavior Change Sessions, that helps to explore different social norms prevailing in communities that affect the nutrition status of mothers and children.
- Mothers have started to share their knowledge regarding health and nutrition seeking behavior with their family members (husband, mother-in-law and other family members)
- Day celebration on **16 days Gender Based Violence (GBV)** campaign, International Women Day (IWD) at local governments, health facilities, organizations and HMGs. Similarly, different stakeholders have made commitment to support ending violence against women and girls and ensure women right.

NURTURE EVERY FUTURE: POSHAN NEPAL



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medicine
for all people