



Benazir Nashonuma Programme

Delivering Breakthrough Results in Preventing Malnutrition

Operating under Pakistan's Benazir Income Support Programme (BISP) – the country's flagship social protection programme – the Benazir Nashonuma Programme has become a cornerstone in the fight against malnutrition in Pakistan.

The final results of the cohort study of the Independent Impact Evaluation presented in May 2026 show **some of the strongest results ever documented globally** for a nutrition programme, with impact on stunting reduction and child survival. The evaluation is conducted by the Institute for Global Health & Development at **Aga Khan University** and funded by the Gates Foundation. It followed two groups from early pregnancy – Nashonuma participants and non-

participants – both enrolled in BISP Kafaalat. The evaluation has documented significant impact on **maternal outcomes**, including full coverage of antenatal care (at least once), improved pregnancy weight gain (+24 g/week), and 0.36 g/dL smaller decline in hemoglobin concentration among Nashonuma participants. It also showed **lower adverse birth outcomes**, including low birth weight reduced by 6%, preterm births by 11%, and small vulnerable newborns by 7%. For **child health outcomes**, stunting at 6 months was 22% lower among Nashonuma beneficiaries (equivalent to 9.4 percentage-points), especially reflecting improved maternal nutrition, and at 12 months, it was 18% lower (equivalent to 10.1 percentage-

Final Results of Nashonuma Programme Impact Evaluation (cohort design), by Aga Khan University



Relative risk of **stunting** among children at 6 months of age was 22% lower among Nashonuma beneficiaries, equivalent to 9.4 percentage points reduction



Risk of delivering a **Small, Vulnerable Newborn baby** was 7% lower among Nashonuma beneficiaries as compared to non-beneficiaries



Coverage for **full immunization** by 12 months of age among beneficiaries compared to <80% among non-beneficiaries

points). The evaluation also found reduced child anemia by 12%, increased full immunization coverage by 17%, while <25% of women achieved adequate dietary diversity.

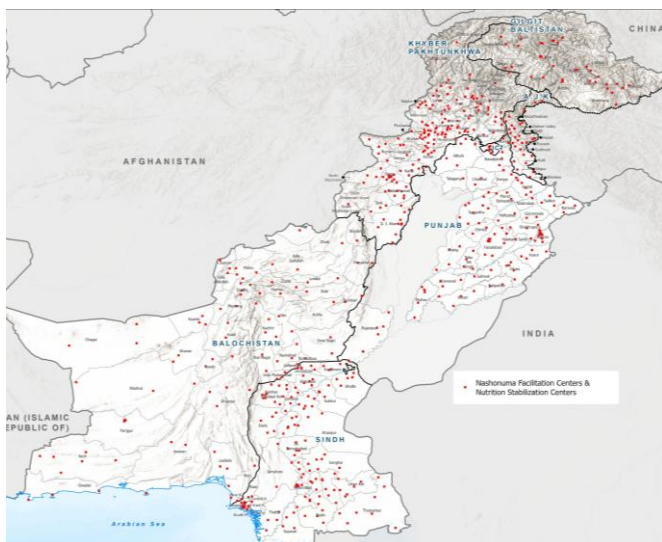
THE NASHONUMA MODEL

Launched in 2020, the Benazir Nashonuma Programme targets **pregnant and breastfeeding women and children under 2**, focusing on the pivotal first 1,000 days. Through its integration with BISP, Nashonuma can reach the most vulnerable mothers and children. The programme is delivered through 578 facilitation and 169 stabilization centers and has reached **4.6 million women and children** so far.

Nashonuma provides a comprehensive package of nutrition-specific and -sensitive interventions:

1. Antenatal and postnatal care services, child growth monitoring and immunization.
2. Awareness sessions, Social Behavior Change to foster positive maternal, infant and young child nutrition, health, hygiene, breastfeeding and complementary feeding practices.
3. Conditional cash stipends provided by BISP.
4. Provision of specialized nutritious food (SNF) and Multi-Micronutrient Supplements (MMS) for mothers and children. SNF consists of 75 and-50 grams of nutrient-packed paste to complement the diet by filling nutrient gaps.
5. Screening and Management of Moderate and Severe Acute Malnutrition for children and mothers, including lifesaving treatment.

Nashonuma Coverage Map (747 centers)



The Nashonuma Programme is managed by the Government of Pakistan under **BISP**. The World Food Programme (**WFP**), in close partnerships with **Health Departments**, supports the management of the 578 Facilitation Centers and the procurement and distribution of SNF to prevent stunting. The centres also screen for, and manage, acutely malnourished children and women. Severe cases with medical complications are referred to one of the 169 nutrition Stabilization Centres supported by the World Health Organization (**WHO**), which provide lifesaving medical treatment and therapeutic milk (F-75 and F-100), as well as Ready-to-Use Therapeutic Food (RUTF). **UNICEF** provides RUTF for the treatment of severe acute malnutrition, MMS for women’s micronutrient deficiencies, and manages Social Behavior Change Communication & community engagement.

THE COST OF INACTION

In Pakistan, stunting affects 40% of children under 5. Stunting, which is defined as being too short for age, signals prolonged inadequate nutrition and poor health, which affects not only growth in length, but also short- and long-term health and development. **Stunting cannot be treated, so it must be prevented.**

The cost of inaction is far greater than the cost of action. In addition to the loss of lives, malnutrition is causing an **annual economic loss of US\$ 17 billion**, equivalent to 6.4% of Pakistan’s Gross National Income. The extremely promising results of the Nashonuma programme make it a **very good value for money investment** in human capital development and breaking the intergenerational cycle of malnutrition and its lifelong consequences for families. This is achieved by providing a highly nutritious food supplement and a small amount of cash, conditional upon uptake of preventive health and nutrition services during the critical first 1,000 days. The cost per stunting case averted was found to be very low – lower than reported by any other programmes and trials in Asia-Pacific.