



Benazir Nashonuma Programme:

Delivering Breakthrough Results in Preventing Malnutrition Across Pakistan

Operating under the Benazir Income Support Programme (BISP) – the country's largest social protection programme – the Benazir Nashonuma Programme has become a cornerstone in the fight against malnutrition in Pakistan. Nashonuma is delivering measurable impact on child survival and stunting reduction – as demonstrated by its mid-term evaluation.

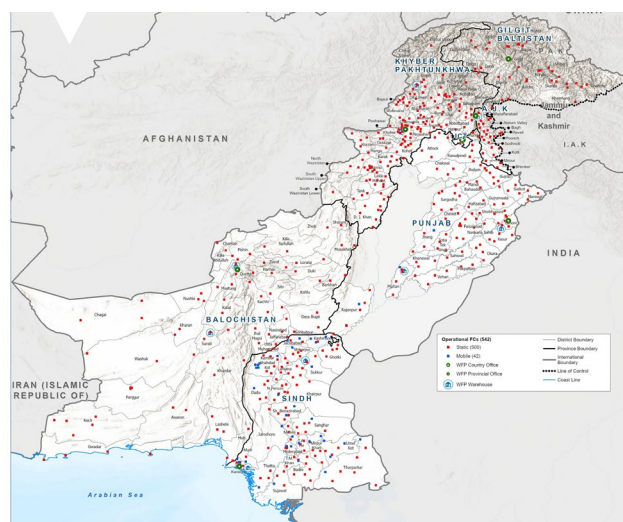
In Pakistan, stunting affects 40 percent of children under 5. Stunting (or chronic malnutrition) is defined as low height-for-age. It occurs over a period of time due to persistent undernutrition. Stunting means a child is too short for their age, signalling prolonged inadequate nutrition, which affects 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 hampering the country's efforts to advance the 2030 Agenda and its Sustainable Development Goals (SDGs), causing an **annual economic loss of US\$ 17 billion**, equivalent to 6.4 percent of the country's Gross National Income (GNI).

Launched in 2020, the Benazir Nashonuma Programme targets **pregnant and breastfeeding women and children under 2**, focusing on the pivotal first 1,000 days of a child's life. Through its integration with BISP, Nashonuma can reach the most vulnerable mothers and children.

The Nashonuma programme is delivered through 542 facilitation centers and has reached **3.7 million women and children** so far, including 38,000 children suffering from severe acute malnutrition with medical complications (SAM-C).

Map: Nashonuma 542 Facilitation Centers



Nashonuma provides a comprehensive package of nutrition-sensitive interventions:

1. Antenatal and postnatal care services, child growth monitoring and immunization.
2. Awareness sessions on maternal, infant and young child nutrition and hygiene practices.
3. Conditional cash stipends provided by BISP to beneficiaries.
4. Provision of specialized nutritious food (SNF) for mothers and children. They consist of 50-75 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.

A GOVERNMENTAL INVESTMENT, SUPPORTED BY UN AGENCIES

The Nashonuma Programme is managed by the Government of Pakistan under the **Benazir Income Support Programme (BISP)**. The World Food Programme (**WFP**), in close partnerships with **Health Departments**, supports the management of the 542 Facilitation Centers and the procurement and distributions of specialized nutritious food (Maamta and Wawamum) to prevent stunting. The centres also screen for, and manage, acutely malnourished children and women. Severe cases with medical complications, and infants under 6 months, are referred to one of the 169 nutrition stabilization centres supported by the World Health Organization (**WHO**). **UNICEF**, the United Nations agency for children, provides Ready-to-Use Therapeutic Food (RUTF) for the treatment of severe acute

malnutrition, and manage Social Behaviour Change Communication.

The UN agencies objective is to support the federal and provincial governments in the operationalisation, assurances and evidence generation, while contributing to reinforce the sustainability of the investment.

DELIVERING MEASURABLE IMPACT

The Institute for Global Health & Development at **Aga Khan University (AKU)** is conducting an Independent Impact Evaluation of the Nashonuma Programme, funded by Gates Foundation. In September 2025, AKU shared the Midterm results of the evaluation – which showed that Nashonuma is delivering **some of the strongest results ever documented globally** for a nutrition programme, with measurable impact on stunting reduction and child survival.

The study found a **6.4 percentage points lower prevalence of stunting** among children under 2 who participated in Nashonuma. Similarly, in intervention districts, the prevalence of low birth weight declined by 5.6 percentage points compared to non-intervention districts. Equally remarkable, **the prevalence of stunting at 6 months of age was 20 percent lower** among beneficiaries, and the number of small vulnerable newborn births was more than 7 percentage points lower, an unprecedented early gain, also very important for child survival. The study also documented improvements in early initiation of breastfeeding, immunization coverage and antenatal care visits.

Aga Khan University (AKU) Midterm results of Nashonuma Programme's evaluation



20%

Stunting prevalence among children at 6 months of age is 20 percent lower among Nashonuma beneficiaries



6.4%

Stunting among children under 2 was 6.4 percentage points lower among beneficiaries compared to non-beneficiaries



5.6%

The prevalence of low birth weight declined by 5.6 percentage points compared to non-intervention districts