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APSP WEEK 2026 · SESSION 1 · FOOD FOR THOUGHT

NOURISHING THE FIRST 1,000 DAYS

**Social protection for nutrition: Pakistan's
Benazir Nashonuma Programme**

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01 · NUTRITION CONTEXT

Stunting: A Silent Emergency

40%

of under-fives stunted: 12 million

57% vs 22%

Stunting, poorest vs richest

2 in 3

Households cannot afford a nutritious diet

USD 17B

Lost every year, 6.4% of GNI

FLAT FOR TWO DECADES (NNS)

Under-fives	2001	2011	2018
Stunting	41.5%	43.7%	40.2%
Underweight	31.3%	31.5%	28.9%
Wasting	14.2%	15.1%	17.7%

WHY SOCIAL PROTECTION

Stunting cannot be treated, only prevented. For the poorest, the barrier is **affordability**, not only knowledge.

02 · EVOLUTION

Evolution: From Pilot to National Scale

BNP PILOT

2020 to 2021

50 Centers

45K enrolments

Pilot in 9 districts, Cash plus SNF through Facilitation Centres

BNP 1.0

2021 to 2024

542 Centers

2.23M enrolments

Rolled out in 157 districts; BNP digital registry linked with BISP NSER and NADRA

BNP 2.0

2024 to 2026

550 Centers

2.50M enrolments

146% of targets achieved; Included wasting management and SBCC, AGN Prog. Integrated; BNP dashboard

BNP 3.0

2026 to 2029

625 Centers

3.48M new beneficiaries

A shock responsive programme, lower unit costs, Integration of Family Planning

03 · PROGRAMME DESIGN

One Package for the First 1,000 Days

1 · Conditional cash

PKR 3,500 (USD 12.5) a quarter (mother, boy); PKR 4,000 (USD 14.5) for girls

2 · Nutritious and Therapeutic Food

Daily SNF/MMS for mothers and children 6 to 23 months, RUTF and F75-100

3 · Quality Health services

Antenatal and postnatal care, growth monitoring, immunization

4 · Counselling (SBCC)

Breastfeeding, dietary diversity, Birth spacing & hygiene at every visit in FC & Community

5 · Stabilization Centers for Severe Malnutrition

Nutrition Screening and treatment at every visit

The condition

Cash disbursed after the visit, services used and sachets returned



WHO

Mothers and children under two years in poorest households

WHEN

Pregnancy to age two (1000 days), a visit every quarter

04 · COVERAGE

From Pilot to National System

4.71M

Women and children enrolled since 2020

1.22M

Children completed the 1,000 days

568

Centres across 158 districts

PKR 41B+

Conditional cash paid

INTEGRATIONS WITH GOVT. ENTITIES

DNSER

To verify the social status

NADRA

For family verification

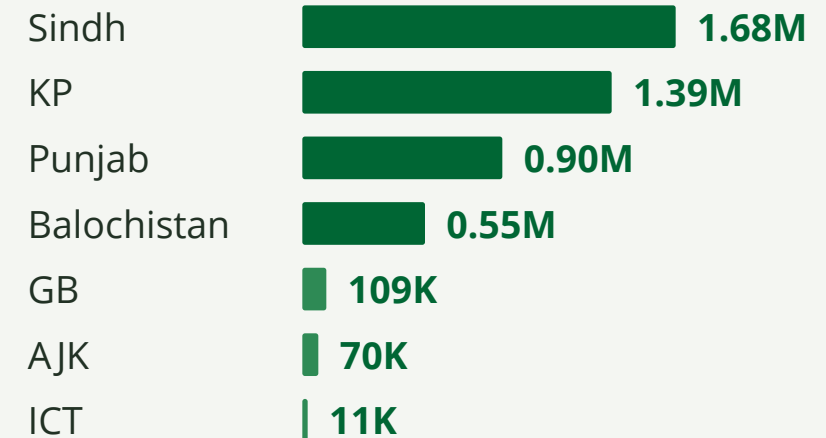
EPI

For Immunization Status verification

RESCUE 1122

To enhance institutional delivery

ENROLMENT BY REGION



05 · IMPLEMENTATION ARRANGEMENTS

Government-Led, Partner-Supported

BISP

Leads: NSER targeting, enrolment, cash transfers, MIS, M&E and Grievance redressal

Health Depts

Host centres; Provide quality health services antenatal care, immunization

WFP

Runs centers, Programme formulation and management, Evidence generation

UNICEF

SBCC & Mobilization, Procurement of supplements and therapeutic food

WHO

169 centres for SAM complicated cases

One results framework · one digital system · one national programme

FINANCED BY GOVERNMENT, WITH PARTNERS

Government of Pakistan

PKR 132.9B

BNP 3.0 allocation, 2026 to 2029

ADB

USD 110.4M

Results-based DLIs, to 2028

WB

USD 80M

Results-based DLIs, to 2028

KfW (German cooperation)

EUR 27M

Grant: flood top-ups, adol. girls' cash, climate resilience

ECO Trade & Dev. Bank

EUR 50M

Expanding the CCT in 87 flood affected districts

06 · RESULTS AND IMPACT

Independent Evidence of Impact

CHILD STUNTING · AKU ENDLINE

22%

lower at 6 months (9.4 points)

18%

lower at 12 months (10.1 points)

6%

fewer low birth weight babies

11%

fewer preterm births

7%

fewer small, vulnerable newborns

12%

less child anaemia

17%

more fully immunized

100%

antenatal care uptake

Dose response: earlier enrolment and more SNF consumed, better birth outcomes

Cost Effectiveness: USD 38 to 97 per point of stunting reduced, on par with global peers

07 · KEY LESSONS

Five Lessons From Six Years at Scale

1 Build on the platform

NSER targeting and Kafaalat payments took the programme nationwide in three years

2 Cash alone is not enough

Third party evaluation and local evidence showed cash plus SNF, and counselling works best when diets are unaffordable

3 Link cash to health services

Quarterly visits drove universal antenatal care and higher immunization

4 Start early, stay the course

Impact grows with early enrolment in pregnancy, fewer low birth weight and small vulnerable newborns, less child anemia, improved AN care uptake

5 Evidence from day one

Ambitious, continuous, localized, multisource evidence generation agenda enabled continuous course correction and maximizing impact

08 · CHALLENGES AND WAY FORWARD

BNP 3.0: Wider Reach at Lower Cost

REMAINING CHALLENGES

- ⚠️ **Diets.** Under 1 in 4 children eat a diverse enough diet
- ⚠️ **Continuity.** Early enrolment and quarterly compliance
- ⚠️ **Fiscal space.** Food and operational costs under tight budgets
- ⚠️ **Climate.** Floods and heat disrupt access
- ⚠️ **Systems.** Health capacity and provincial data links

170

districts, incl. 12 in South Punjab

3.48M

Total served by 2029

12%

lower operating cost

PRIORITIES

- ✓ **Efficiency:** leaner centres, supply chain savings, SNF co-financing
- ✓ **Climate:** anticipatory cash and mobile sites in flood areas
- ✓ **Integration:** Family planning, MNCH and WASH
- ✓ **MIS Integrations:** Digitization and integrations with Health systems
- ✓ **Evidence Generation:** Continuous evidence generation for any course correction
- ✓ **Women Empowerment:** Enhanced Digital Financial Literacy and Financial inclusion of women



09 · IN CLOSING



Social protection can prevent stunting at national scale.

The evidence is in, the platform is built and the partners are ready.

THANK YOU

Every Mother Nourished. Every Child Thriving.

www.bisp.gov.pk