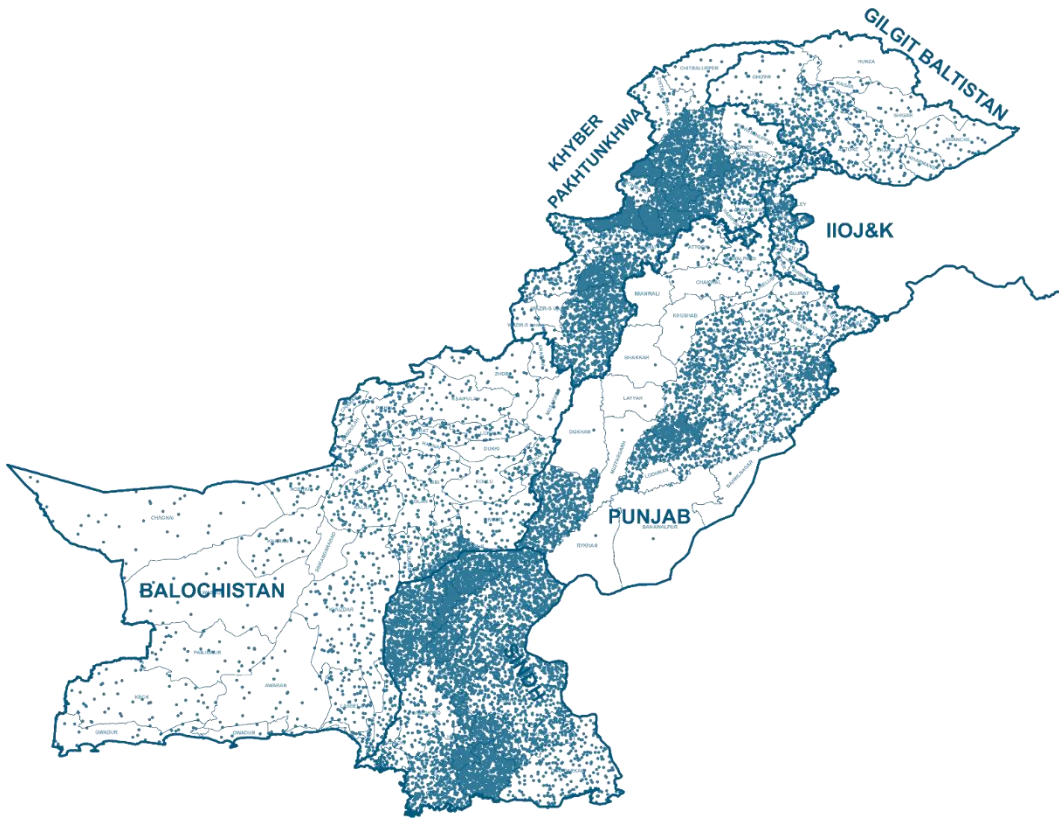




# Benazir Nashonuma Program

Annual Report: FY July 2022 – Jun 2023





1 DOT=50 Beneficiaries (Pregnant & Lactating Women and Children)



Province	District	Block	Union	Beneficiaries	Remarks
Punjab	Faisalabad	...	...	...	...
Punjab	Lahore	...	...	...	...
Punjab	Multan	...	...	...	...
Punjab	Rajshahi	...	...	...	...
Punjab	Sargodha	...	...	...	...
Punjab	Sialkot	...	...	...	...
Punjab	Toba Tek Singh	...	...	...	...
Punjab	Wah	...	...	...	...
Punjab	Yamunanagar	...	...	...	...
Punjab	...	...	...	...	...

# List of Acronyms

<b>AKU</b>	Aga Khan University
<b>ANC</b>	Antenatal Check-ups
<b>BISP</b>	Benazir Income Support Programme
<b>BNP</b>	Benazir Nashonuma Program
<b>CCT</b>	Conditional Cash Transfer
<b>CMAM</b>	Community-Based Management of Acute Malnutrition
<b>CNIC</b>	Computerised National Identity Card
<b>EPI</b>	Expanded Programme of Immunization
<b>FATA</b>	Federally Administered Tribal Areas
<b>FC</b>	Facilitation center
<b>KP</b>	Khyber Pakhtunkhwa
<b>LHS</b>	Lady Health Supervisors
<b>LHW</b>	Lady Health Workers
<b>MAM</b>	Moderate Acute Malnutrition
<b>MIYCN</b>	Maternal, Infant & Young Child Nutrition
<b>MNCH</b>	Maternal, New-born and Child Health
<b>MOU</b>	Memorandum of Understanding
<b>MSNC</b>	Multi Sectoral Nutrition center
<b>NADRA</b>	National Database and Registration Authority
<b>NOC</b>	No Objection Certificate
<b>OTP</b>	Outpatient Therapeutic Programme
<b>NSER</b>	National Socio-Economic Registry
<b>PMU</b>	Project Management Unit
<b>PNC</b>	Postnatal check-ups
<b>PBW</b>	Pregnant and Breastfeeding Woman
<b>SBCC</b>	Social and Behaviour Change Communications
<b>SC</b>	Stabilisation center
<b>SDG</b>	Sustainable Development Goal
<b>SNF</b>	Specialized Nutritious Food
<b>TOTS</b>	Training of Trainers
<b>TSFP</b>	Targeted Supplementary Feeding Programme
<b>UNICEF</b>	United Nations Children's Fund
<b>WB</b>	World Bank
<b>WFP</b>	World Food Programme
<b>WHO</b>	World Health Organization

# Message from the Chairperson, BISP

**Dr. Muhammad Amjad Saqib**

As we present the Annual Reports for FY 2022-23, I am filled with a profound sense of satisfaction in what we, at the Benazir Income Support Programme (BISP), have accomplished together. The reporting year has witnessed growth, resilience, and progress towards our mission of fostering a more inclusive and empowered Pakistan.

At BISP, our endeavors stretch across various domains, from enhancing educational opportunities and health outcomes to strengthening socio-economic footprint through our comprehensive registry. Each initiative, while unique in its approach and objectives, is united by a common purpose: to uplift and support the most vulnerable sections of our society.

Our success this year is a testament to the power of collaboration and partnership. It reflects the dedication of our teams, the generosity of our partners, and the resilience of the communities we serve. As we navigate the complexities of social protection and development, the collective efforts of everyone involved with BISP have been instrumental in driving our mission forward. I extend my deepest gratitude to all our partners, both domestic and international, for their unwavering support and commitment to our cause.

To the people of Pakistan, your trust in BISP motivates us to strive for transparency, humility, excellence and innovation in all we do. It is for you that we work tirelessly to build a foundation of support that not only addresses immediate needs but also fosters long-term resilience among poorest of the poor.

Thank you for your continued support and faith in BISP. Let us move forward with renewed vigor and a shared vision of hope, empowerment, and development for every citizen of Pakistan.

# Message from the Secretary, BISP

**Amer Ali Ahmed**

It is with a sense of satisfaction that I present to you the Annual Report for the BISP Nashonuma Program, our Conditional Cash Transfer Program for Health & Nutrition, for the Financial Year 2022-23. This report not only illustrates our commitment to improving the health and nutritional status of mothers and children across Pakistan but also highlights the substantial progress we have made in expanding our reach and impact.

This past year, the Nashonuma Program has seen significant advancements, thanks to the dedicated efforts of our team, the generous support of our partners, and the commitment of the communities we serve. Our collective efforts have been instrumental in advancing the health and nutrition of the most vulnerable segments of our population, ensuring a healthier future for Pakistan.

I extend my heartfelt gratitude to the World Food Programme (WFP) for their unwavering support and partnership in the implementation of the Nashonuma Program across all districts of the country. Similarly, our collaboration with the Provincial Health Departments has been crucial in supporting the establishment of Facilitation Centres at government health facilities. These centers have played a pivotal role in delivering our health and nutrition services effectively to the communities in need.

The progress documented in this report serves as a testament to what we can achieve together in the pursuit of a healthier community. Profound gratitude is due to all those who played a part in the Nashonuma Program's success. Your support, dedication, and collaboration have been essential in bringing about positive change and paving the way for a brighter future.

# Message from the Director General, NSER/CCT

**Naveed Akbar**

As the helm of the BISP Nashonuma Program, I'm thrilled to share our journey over the past fiscal year, 2022-23, through this annual report. This year has been a landmark in our collective quest to carve out a healthier future for the children of Pakistan, focusing on combating the critical issue of stunting among our nation's most vulnerable families.

Our stride toward mitigating malnutrition and enhancing the health and nutrition of the poorest households has been marked by notable successes. This achievement is not ours alone but a shared victory, made possible through the steadfast partnership and support from the Provincial Health Departments. The narrative of this year's report goes beyond numbers and statistics; it tells a story of resilience, collaboration, and a shared commitment to making a tangible difference in the lives of our beneficiaries. Each child reached and each family supported brings us closer to our goal of a stunting-free Pakistan.





## BENAZIR INCOME SUPPORT PROGRAMME

Celebrating Women Empowerment | 15 Years of Dedicated Service

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نشورنما پروگرام



World Food Programme



0800-26477 کے فول فری نمبر BISP کے لیے معلومات کے لیے  
پاکستان کے فول فری نمبر کے فول فری نمبر پاکستان کے فول فری نمبر  
k.pakistan@wfp.org / 0800-93732



# Program Introduction & Overview





## Benazir Nashonuma Program in Pakistan

Pakistan faces major challenges in meeting the food security and nutrition targets of Sustainable Development Goal (SDG) 2, by 2030. The National Nutrition Survey 2018 revealed persistently high rates of undernutrition along with an emerging trend of being overweight and obese. Over 40% of children under five years are stunted (measured height was too short for their age); 17.7% are wasted, (too thin for their height); 28.9% are underweight; while more than half are anaemic and suffering from deficiencies in essential nutrients and vitamins such as iron (28.6%), zinc (18.6%), vitamin A (51.5%) and vitamin D (62.7%); while 9.5% are overweight or obese. This triple burden of malnutrition points to coexistence between undernutrition, including hidden hunger caused by a lack of essential nutrients, and obesity among the same population. This calls for a holistic and systematic approach to prevent and cure malnutrition in Pakistan.

The Government of Pakistan has recognized nutrition-sensitive social safety nets as a critical pathway for promoting healthy diets and increasing access to nutritious food for the poorest segments of the population. The World Food Programme (WFP) has partnered with the Benazir Income Support Programme (BISP), Pakistan's largest safety net, to implement the Benazir Nashonuma Programme (BNP) on stunting prevention, across Pakistan.

Launched in 2020, the BNP is a conditional cash transfer health and nutrition-sensitive Programme to prevent stunting, targeting underprivileged people.

The response supports pregnant and breastfeeding women and girls and children under two years of age among households who are already enrolled in the Benazir Kafaalat Programme, an unconditional cash transfer scheme established under the BISP. The stunting prevention Programme is designed based on the 1000 days approach targeting a child's life from conception up to two years of age, providing a golden window of opportunity to prevent the irreversible effects of stunting on a child's mental and physical development.

The intervention package includes improving antenatal and postnatal services utilization, improving health care seeking for children, routine Immunization nutrition, counselling and awareness-raising, preventive supplementary feeding using Specialized Nutritious Food (SNF) Maamta for mothers and Wawamum for children, and the provision of conditional cash transfers to improve nutrition diversity.



Ameer Bano, 36, with her newly born son from Sujawal Sindh.

# Program Overview (July 2021 to June 2022)

## Establishment and Operationalization of Facilitation Centers

The Benazir Nashonuma Programme was designed to provide nutritional support to children under two years of age, pregnant and breastfeeding mothers covering the critical 1,000-day window of opportunity for optimal growth and development. The Program achieved said objective by establishing Facilitation Centers (FCs) at various levels of health facilities, including District, Tehsil, and Union councils. These FCs were strategically selected based on the functionality of the health facility and the number of beneficiaries it could cater to.

BNP was formally launched in August 2020. Initially, a total of 30 FCs were planned in 9 districts across the country. In January 2021, the number of districts increased to 15 with FCs expanded to 50, which were operationalised in April 2021. The pilot Programme in 15 districts showed positive trends that enabled the Government and partners to scale-up the intervention in rest of the country. Hence, an expansion was approved throughout Pakistan. It covered the 134 additional districts with the establishment of around 500 FCs across Pakistan.

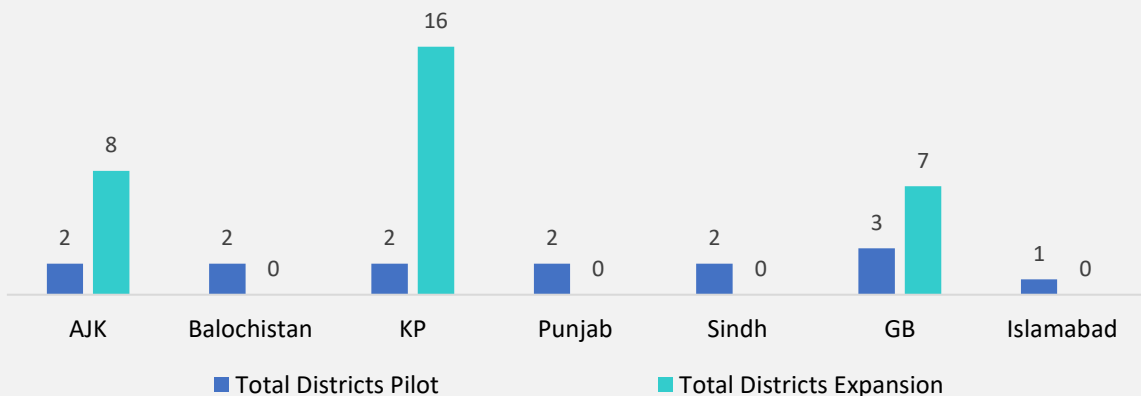
*The expansion model includes strengthened social behaviour change communication AND increased cash transfer value along with incorporation of the **Community-Based Management of Acute Malnutrition (CMAM) Programme in the spectrum of services.***

The selection of FC sites and the refurbishment procedure were overseen by the World Food Programme (WFP) and assessed total 467 health facilities for potential FCs establishment.

At the end of June 2022, the Programme was operational in 46 districts (15 pilot districts, 8 new districts in AJK, 16 new districts in KP and 7 new districts in Gilgit Baltistan), including Islamabad Capital Territory through establishment of 109 facilitation centers.

Since the inception of Programme activities, a total of **179,017** beneficiaries registered – **76,932** pregnant women, **13,674** breast feeding women and **88,411** children. Among the registered children, **45,033** are males and **57,032** are females. A total of **18,123** beneficiaries graduated from the Program till June 2022.

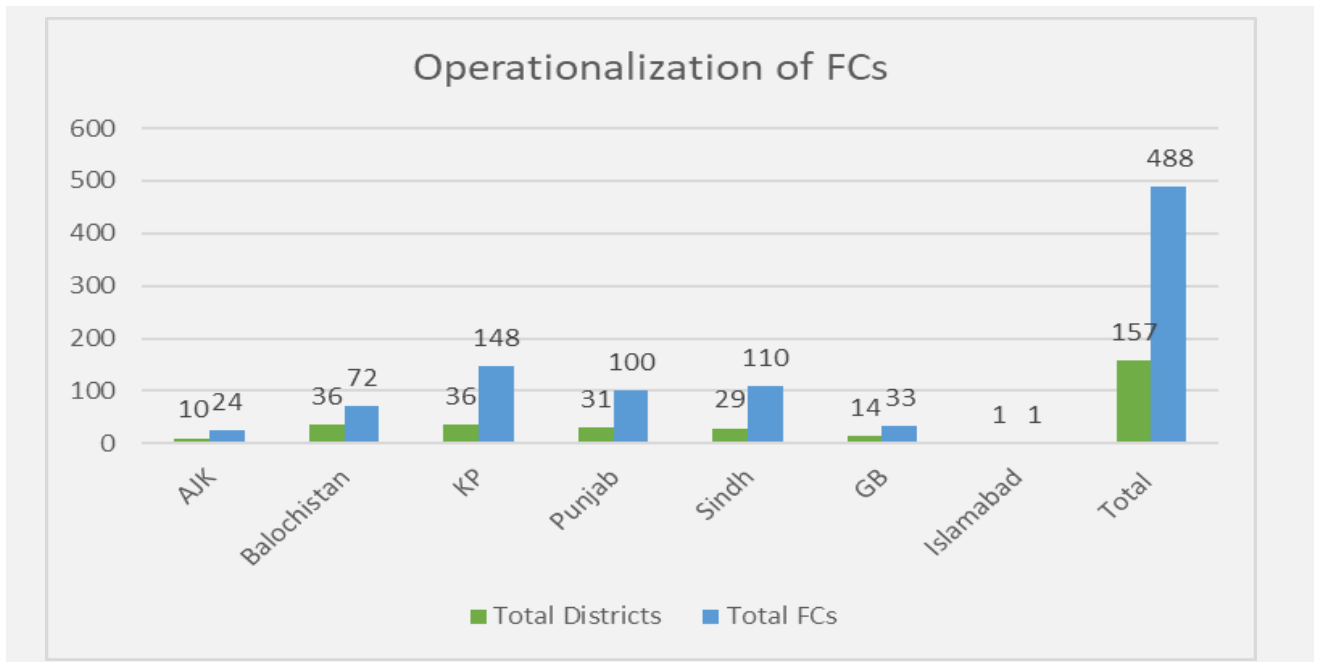
Total Districts in Expansion Phase- Jul 2021-Jun 2022



# Program Overview (July 2022 to June 2023)

The Benazir Nashonuma Programme was substantially expanded during the reporting year across the country, reaching a total of 488 FCs in 157 districts of Pakistan by establishing and operationalizing 379 FCs in the remaining 111 districts. These FCs are spread across 1,725 KM north-south and 732 KM east-west.

Additionally, 11 districts in South Punjab are under discussion with the Provincial Health Department to avoid duplication with a World Bank project. This indicates that there was active coordination and consideration of other ongoing projects to optimize resources and ensure that the Programme's efforts are targeted and effective.



The Benazir Nashonuma Programme focused on staff capacity strengthening to ensure quality Programme implementation and sustainability. During the reporting period, 3,179 staff was trained on the Programme protocols and Application use.

## Trainings Held During 2022-2023

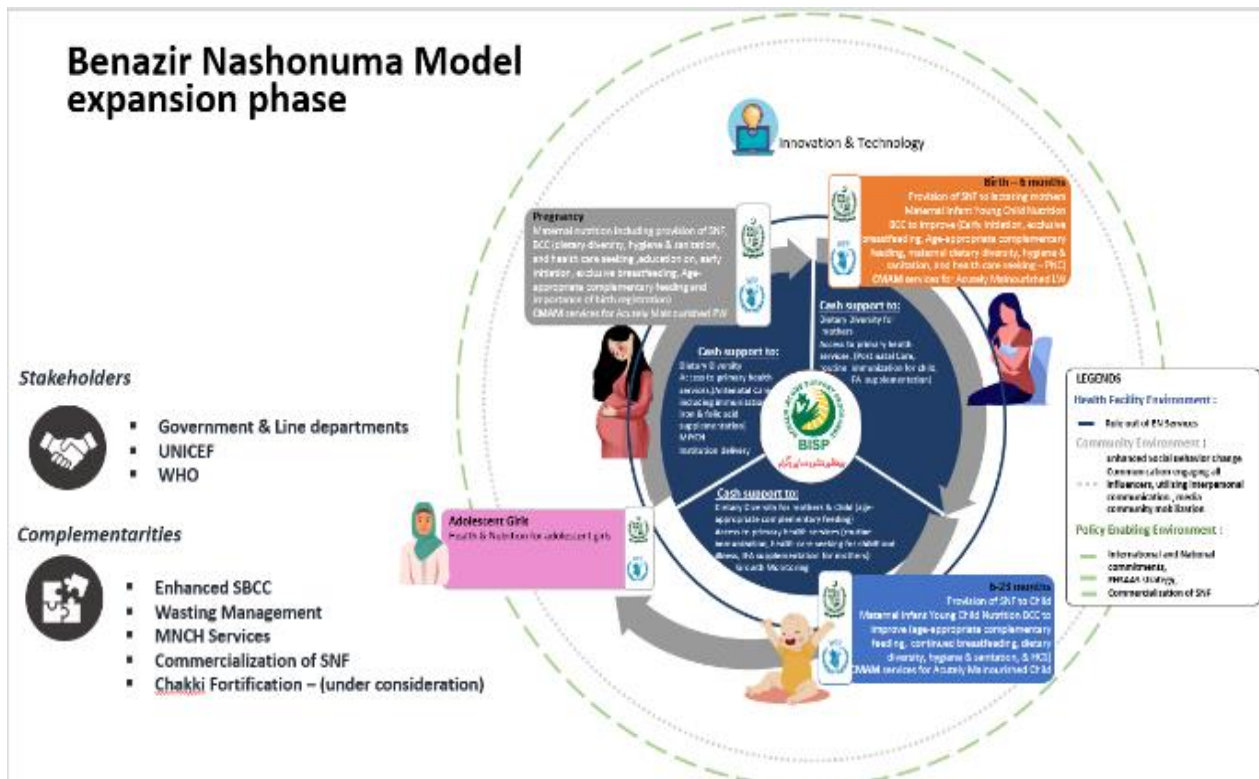
Province	July-Sep 2022	Oct -Dec 2022	Jan-March 2023	April-June 2023	Total
Punjab	-	129	237	-	366
KP	-	252	468	102	932
Sindh	-	99	-	27	126
Balochistan	217	411	-	1202	1830
AJK	35	-	-	-	118
<b>Total</b>	<b>252</b>	<b>891</b>	<b>705</b>	<b>1331</b>	<b>3179</b>





## Program Model and Design

# Benazir Nashonuma Model expansion phase



The Programme follows a multi-sectoral approach and utilises existing healthcare infrastructure to deliver a comprehensive package of four interventions within the 1000 days window:

- Antenatal and postnatal care services, routine child growth monitoring and Immunization.
- Awareness sessions on Maternal, Infant and Young Child Nutrition (MIYCN) and hygiene practices.
- Provision of Specialised Nutritious Foods (SNF) to pregnant and breastfeeding mothers and children aged 6-23 months.
- Conditional cash stipends in addition to Kafaalat unconditional cash transfers.

The beneficiary successfully graduates from the Programme after a maximum of 15 months (nine months of pregnancy and six months of exclusive breastfeeding) in the case of a pregnant and breastfeeding woman and after a maximum period of 23 months (from birth until two years), in the case of a child.

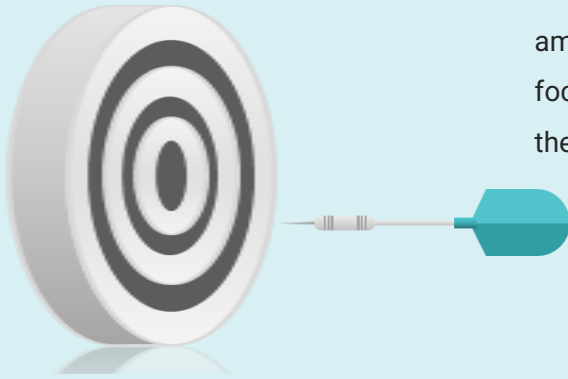
## The beneficiaries exit from the Programme if:

- They miss two consecutive quarterly visits.
- When their pregnancy ends due to abortion, miscarriage or stillbirth.

A beneficiary's enrollment, compliance, and follow-up processes are made through a systematic Android application that is fully synchronised with the NSER database and NADRA for verification purposes. The MIS team is committed to maintain and update the application, which supports daily enrollment and follow-up activities. The application is also connected to banks for immediate payment after the successful enrollment and compliance of the beneficiary. The application is also directly linked with NADRA for family tree verification through the child's B-Form number. The operational Facilitation Centers in Tehsil, District and Province are already mapped in the system. NADRA automatically retrieves the beneficiary information from the CNIC number, which is additionally validated by NSER for the Kafaalat regular beneficiaries.

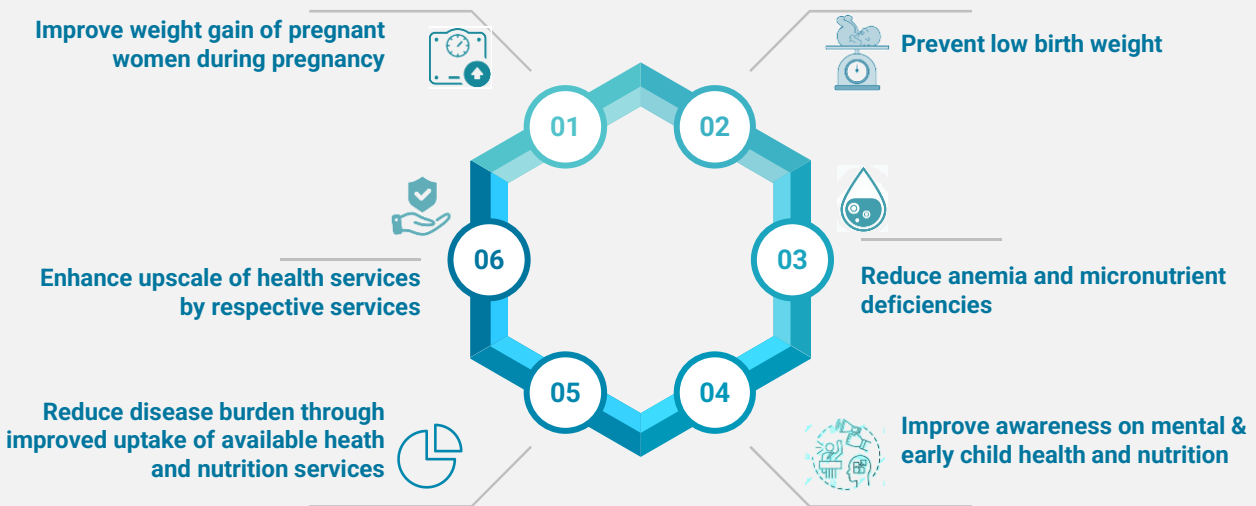
# Program Goal and Objectives

## Programme Goal



**Prevent stunting** in children under two years of age amongst the most vulnerable BISP beneficiaries, by focusing on the **first 1000 days from pregnancy**, to break the intergenerational cycle of stunting.

## Objectives of Programme



## Alignment With The SDGs

**2** ZERO HUNGER



Being a signatory to the Sustainable Development Goals (SDGs), Pakistan is committed to ending hunger and achieving food security based on SDG 2, by 2030. Furthermore, nutrition is a foundational theme across all SDGs. SDG 2 also focuses on ensuring access to nutritious food to those most vulnerable including infants and ending all forms of malnutrition including stunting and wasting in children under five years of age.





# Program Cycle

# Program Cycle

The Programme Cycle is divided into 3 major parts:

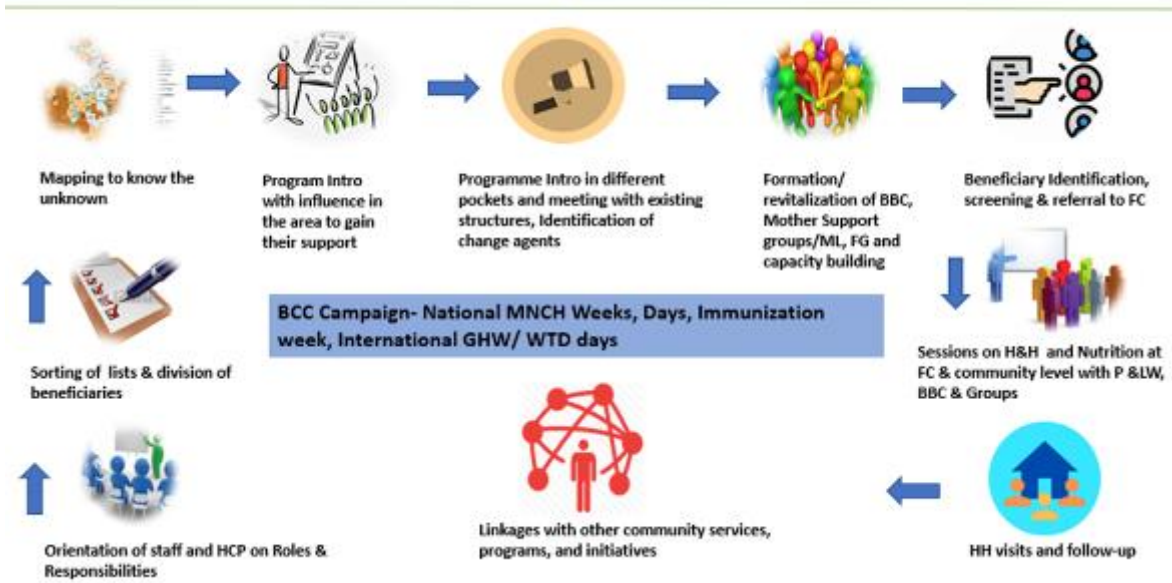
1. Awareness raising among potential beneficiaries through Community mobilization, and identification of beneficiaries and follow up.
2. Enrollment, ANCs/PNCs and immunization from health facility, Growth Monitoring and Awareness Sessions at FC.
3. Compliance, Food and payment disbursement.

## 1- Mobilization And Identification Of Beneficiaries

In order to guarantee that beneficiaries made full use of the Programme's services and successfully completed the first 1000-day window of opportunity, mobilization teams made a concerted effort to identify beneficiaries early and refer them to facilitation centers (FCs). At the local level, persistent efforts were made to mobilize and educate male and female community groups in order to offer continuous local assistance to beneficiaries by reminding them of important behaviors, they learnt at facilities and in the communities, such as exclusive breastfeeding, complementary feeding, and immunization, as well as their follow-up visits to the centers on time.

Each Provincial office creates an elaborated plan for locating potential beneficiaries, a mechanism to ensure enrollment and community-level follow-ups. The information would be disseminated via a variety of tools, including Door-to-Door visits, BISP campgrounds, Accessible Community forums, LHWs, and social media under strict observation. Following is the social mobilization process:

### Social Mobilization Process



## 1.1 Social and Behaviour Change Communication:

BNP Social and Behaviour Change Communication (SBCC) is one of the core components of BNP. The SBCC strategy development was a key achievement in 2022. The strategy was developed in consultation with key stakeholders including Programme staff and beneficiaries. Final endorsement by all stakeholders took place at a Validation Workshop that included participation from BISP, UNICEF, WFP, Provincial Health Departments, Ministry of National Health Services, Regulations and Coordination (MoNHSR&C) Nutrition wing and other Development Partners. Besides regular SBCC activities as part of the Programme interventions, additional activities are being planned in line with the newly developed BNP strategy to be rolled out during the expansion phase in collaboration with UNICEF.

## 1.2 Social Mobilisation:

Under SBCC, Social mobilisation remains the main component. Significant efforts were made to ensure outreach and early identification of beneficiaries and follow-up at the field level. Development of FC/District based social maps supported comprehensive planning, identification of potential beneficiaries, increased enrollment and compliance.



Number of Programme Orientation Sessions and Participants at Community Level				Number of Awareness Sessions and Participants at Community Level			Awareness Sessions led by		
Regions	No. Of orientation sessions	Men	Women	No. Of awareness sessions	Men	Women	SMTs	LHWs	Total Sessions
Sindh	996	2,189	2,523	4,277	11,294	62,863	996	30	4,277
Punjab	559	672	3,779	3,183	3,884	27,741	4,859	87	4,946
Old GB Centers	663	27,303	19,086	693	23,338	13,900	359	133	585
25 GB Centers-BISP	2,606	6,444	19,884	2,317	9,200	23,463	1,324	281	2,003
KPK	2,093	6,635	10,732	6,224	39,764	43,231	5,220	390	5,803
AJK	2,611	7,244	20,647	3,118	10,109	41,613	2,332	380	2,923
Islamabad	280	653	1,874	256	635	2,918	105	0	189
Balochistan	2,280	6,750	21,162	7,170	20,777	58,206	4,605	96	5,522
<b>Total</b>	<b>12,088</b>	<b>57,890</b>	<b>99,687</b>	<b>27,238</b>	<b>119,001</b>	<b>273,935</b>	<b>19,800</b>	<b>1,397</b>	<b>26,248</b>



## 2 – Enrollments, ANC/PNCs, Immunization, Growth Monitoring and Awareness Sessions at FCs

### 2.1 - Enrollment:

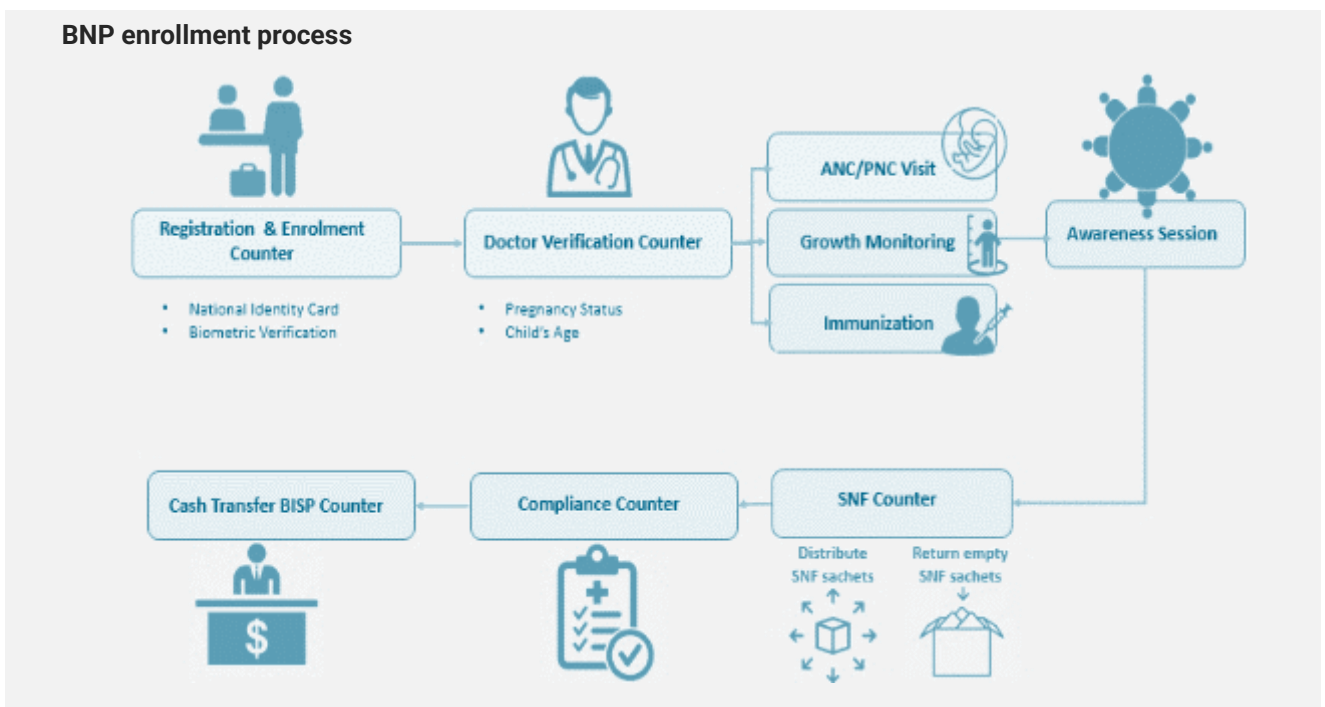
The staff at the facilitation center (FC) first verifies and confirms the status of the beneficiaries in the National Socio-Economic Registry (NSER) database and NADRA using their Computerized National Identity Card (CNIC) information. If the beneficiary is confirmed to be an active beneficiary of the Kafaalat Programme (BISP), she is guided further about the required conditions for enrollment in the Nashonuma Programme.

### 2.2 - Doctor verification and immunization:

A Pregnant beneficiary is given a Registration booklet and directed to visit a doctor for Antenatal Check-ups, Immunization, and Pregnancy verification. B-form from NADRA is required for child enrollment. If beneficiary possess the B form of her child, she would be guided to take her child to the EPI center after enrolling for the required Immunization. The Beneficiary is advised to obtain a B form from NADRA if she does not already have one.

### 2.3 Growth Monitoring:

The beneficiary returns to the facilitation center for growth monitoring, which includes measuring the mother's or child's Length/Height, Weight, and Mid-Upper Arm Circumference (MUAC), after receiving the required vaccinations and verification from healthcare providers. A beneficiary is recommended for food based on their MUAC measurement; if their MUAC is normal, SNF is given in accordance with protocols designed to avoid stunting. But if the recipient is undernourished, they will be referred for treatment in accordance with the determined stage of malnourishment..



## A- Awareness sessions

It is mandatory that beneficiary attends the awareness session on every visit which includes videos on key messages, and an interactive discussion with the staff. All major concepts, related with health i.e. Immunization, Nutrition, Hygiene, Sanitation, Exclusive Breastfeeding, Healthy Diet, Population Growth etc. are covered in a minimum 20–30-minute standard video documentary. Video is displayed on the LED, installed in FC. The FC staff helps the awareness session by providing answers to any questions that might be brought up.

### Wawa Mum

Lipid-Based Nutrient Supplement – Medium Quantity

#### Product Purpose

Wawa Mum is a food supplement that is intended to be eaten by children aged 6 months and older (6-23 months) at risk of acute malnutrition, directly from the package with no necessary dilution, mixing or cooking. One package contains one daily dose of 50g. This product is NOT a breast-milk replacer.

#### Product Type

Wawa Mum is a fortified lipid-based paste/spread that is stabilized and individually packaged in robust sachets that are packed in sturdy cartons. Breastfeeding is recommended for at least 24 months and exclusively for the first 6 months of age.



#### Ingredients

Wawa Mum is made with heat treated (roasted) chickpeas, vegetable oils, dry skimmed milk, sugar, vitamins & minerals, recommended emulsifier and antioxidants. Wawa Mum is manufactured from ingredients that are fresh, good quality, free of foreign materials, infestations and substances hazardous to health. It does not contain any ingredients of animal origin, except dairy products.

#### Quality and Food Safety

Wawa Mum is manufactured within a quality and food safety management environment in accordance with latest version of recognized international standards and best practices and/or guidelines, such as:

- Recommended International Code of Practice. General Principles of Food Hygiene CAC/RCP 1-1969, of the Codex Alimentarius, Revisions 1997 and 2003
- General principles for addition of essential nutrients to foods: CAC/GL 09-1987, of the Codex Alimentarius
- ISO 22000:2005: Food safety management systems

#### Best Before Date

Wawa Mum best before date is 18 months from date of manufacturing when stored dry at 30 degrees centigrade. After opening, the sachet can be used through the day.

#### Packaging and Marking

Wawa Mum is packaged in food-grade sachets, sealed and robust enough to prevent leakage and protect the product throughout its shelf life. 300 sachets of 50 grams (net) Wawa Mum are packed in each carton (15.0 kg/carton net weight). Marking on Wawa Mum primary and outer packaging is recommended according to specific Donor and contractual requirements.

#### WFP Technical Specifications Ref.

<http://foodqualityandsafety.wfp.org/specifications?sessionid=97D1BF97D559DBB345D429F669FF8FA>

Subsequent distribution is done during follow-up visits after submission of 90% consumed empty sachet at FCs. The SNF is locally produced with the support of WFP:

- Maamta (SNF for PBW)
- Wawamum (SNF for Children 6-23months)

## Maamta (Nutritious Food Supplement)

Lipid-based Nutrient Supplement for Pregnant and Lactating Women

#### Product Purpose

Maamta is a food for special dietary use that is intended to supplement the diet of pregnant and lactating women as part of a nutritional program. The product is intended to be eaten directly from the package with no necessary dilution, mixing or cooking. One sachet contains a dose of 75g. One sachet per day is recommended for maintenance of nutritional status (adds approximately 1/2 RNI of essential micronutrients to the diet) and two sachets per day for supporting recovery from malnutrition.

#### Product Type

Maamta is a fortified lipid-based paste/spread that is stabilized and individually packaged in robust sachets that are packed in sturdy cartons. Maamta does not replace iron and folic acid supplementation.



#### Ingredients

Maamta is made with heat treated (roasted) chickpeas, peanuts, yellow lentils, vegetable oils, dry skimmed milk, sugar, vitamins & minerals, recommended emulsifier and antioxidants. Maamta is manufactured from ingredients that are fresh, good quality, free of foreign materials, infestations and substances hazardous to health. It does not contain any ingredients of animal origin, except dairy products.

#### Quality and Food Safety

Maamta is manufactured within a quality and food safety management environment in accordance with latest version of recognized international standards and best practices and/or guidelines, such as:

- Recommended International Code of Practice. General Principles of Food Hygiene CAC/RCP 1-1969, of the Codex Alimentarius, Revisions 1997 and 2003
- General principles for addition of essential nutrients to foods: CAC/GL 09-1987, of the Codex Alimentarius
- ISO 22000:2005: Food safety management systems

#### Best Before Date

Maamta best before date is 18 months from date of manufacturing when stored dry at 30 degrees centigrade. After opening, the sachet can be used through the day.

#### Packaging and Marking

Maamta is packaged in food-grade sachets, sealed and robust enough to prevent leakage and protect the product throughout its shelf life. 200 sachets of 75 grams (net) Maamta are packed in each carton (15.0 kg/carton net weight). Marking on Maamta primary and outer packaging is recommended according to specific Donor and contractual requirements.

Nutrients values per 75g product (one serving)	Unit	Min.	Max.
Energy	Kcal	383	420
Protein	g	8.25	1.8
Fat	g	19.5	27
ω-3 fatty acids	g	0.23	1.35
ω-6 fatty acids	g	1.95	4.58
Retinol (Vit A)	mcg	413	863
Thiamin (Vit B1)	mg	0.75	-
Riboflavin (Vit B2)	mg	1.58	-
Niacin (Vit B3)	mg	9.75	-
Pantothenic Acid (Vit B5)	mg	3	-
Pyridoxine (Vit B6)	mg	1.35	-
Biotin (Vit B7)	mcg	45	-
Folates (Vit B9) DFE	mcg	248	-
Cobalamin (Vit B12)	mcg	2	-
Ascorbate (Vit C)	mg	45	-
Cholecalciferol (Vit D)	mcg	11.3	15
Tocopherol acetate (Vit E)	mg aTE	12	-
Phytomenadione (Vit K)	mcg	20.3	-
Calcium (Ca)	mg	401	563
Copper (Cu)	mg	1.1	1.4
Iodine (I)	mcg	75	105
Iron (Fe)	mg	7.5	10.5
Magnesium (Mg)	mg	113	169
Manganese (Mn)	mg	0.9	1.8
Phosphorus (P)	mg	338	563
Potassium (K)	mg	675	1050
Selenium (Se)	mcg	15	30
Sodium (Na)	mg	-	203
Zinc (Zn)	mg	8.25	10.5



### 3 – Compliance

#### 3.1 - Food Disbursement :

- ❑ The beneficiaries are sent to the compliance desk for food and payment disbursement after fulfilling the aforementioned procedures and requirements. .
- ❑ Complied beneficiaries receive SNF for three months (90 sachets per Quarter, i.e. 1 Sachet per day for each beneficiary). The Android application stores the information.

#### 3.2-Payment Disbursement:

- ❑ After confirming that all conditions and compliance procedures have been met, the compliance desk logs compliance and directs the beneficiary to visit a Point of Sale (POS) agent in order to obtain the quarterly payment.
- ❑ Every three months, girls (0-23 months) receive a transfer of Rs. 2500/-, which includes Rs. 500/- for transportation expenditures, while PWs and boys (0-23 months) receive a transfer of Rs. 2000/-.



Category	Food (SNF)	Payment (PKR)
PW	Maamta 90 sachets	Rs.2000/- and Rs.3000/- in flood affected areas
BW (Baby boy)	Maamta 90 sachets	Rs.2000 /-and Rs.3000/- in flood affected areas
BW (Baby girl)	Maamta 90 sachets	Rs.2500/- and Rs.3500/- in flood affected areas
Baby boy ( 6-23 months)	Wawamum 90 sachets	Rs.2000/- and Rs.3000/- in flood affected areas
Baby girl ( 6-23 months)	Wawamum 90 sachets	Rs.2500/- and Rs.3500/- in flood affected areas

#### Highlights

The **cut-off enrollment score** in 81 flood affected areas was **raised** during the reporting period from **PMT 32 to 37** and from **PMT 32 to 60** in Balochistan. Additionally, the **quarterly cash** for PWs and boy children in 81 flood-affected areas has been **raised from Rs.2000/- to Rs.3000/-**. For girls It has been raised from **Rs.2500/- to Rs.3500/-** .





## 4 – Follow ups

The Android application records the details of beneficiaries and generates quarter for follow up visit. There are three categories of follow-ups in the Android application.

### Red

- ✓ If a beneficiary misses one quarter (3 months) or more, details of that beneficiary appear in the red category in the Android application.

### Yellow

- ✓ If a beneficiary is due to visit within 3 months from the date of follow-up, details of that beneficiary appear in the yellow category in the Android application.

### Green

- ✓ If a beneficiary falls under a green category that means the beneficiary's follow-up visit is due in the coming 15 days.

### Follow up strategy

- Fifteen days before to the scheduled follow-up date, the beneficiary's name begins to appear in the green list. At this time, the staff remind the beneficiaries of their next follow-up date and follow up with them. If the pregnancy ends (including a miscarriage/abortion/ IUD) or the death of a child/mother, the beneficiary exits from the Programme.
- Beneficiary graduates from the Programme when child reaches 2 years of age.



## 5 – Android Application

A mobile application (Android) was deployed for data recording and reporting purposes. The application provided real-time information about processes completed at the FC level including registration, compliance and payment. During the reporting period, the application was updated with new features including additional security features to prevent fraudulent entries such as:

- ❑ Restricted use of application to official tablets only.
- ❑ User device IMEI number tagged with username, allowing users to access application on their registered device exclusively.
- ❑ Limited application usage within defined official time.
- ❑ Beneficiary bank account collection module.
- ❑ Beneficiary feedback on payments received during the last quarter.
- ❑ A module developed for Adolescent Nutrition Programme.
- ❑ New features added with expanded PMT 32-37 for Flood affected districts and PMT 32-60 for Balochistan including increased cash.



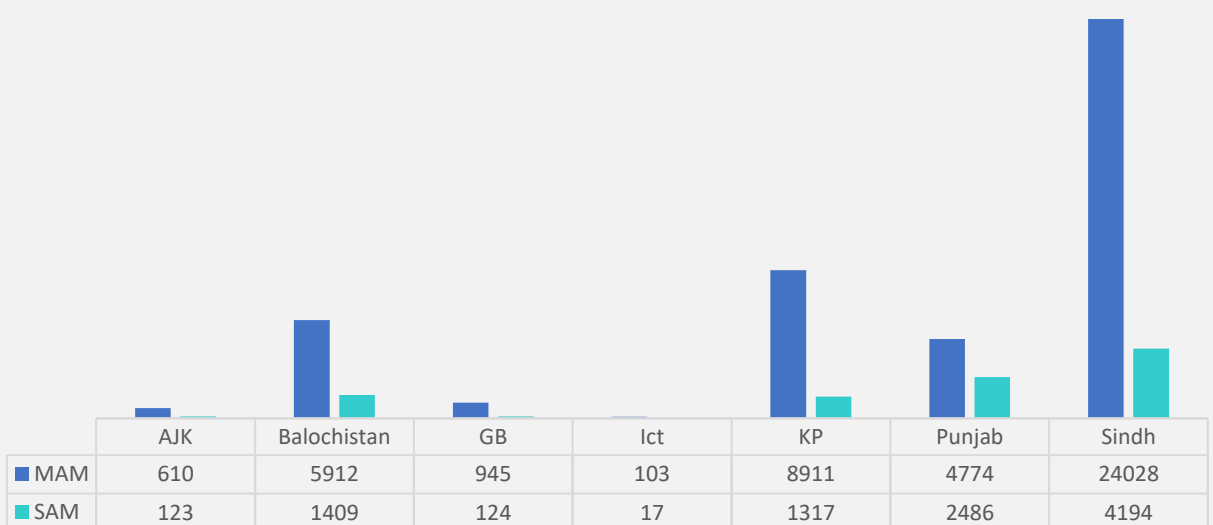
## 6 – Integrated CMAM services in BNP

Keeping in view the need for wasting treatment services in the Nashonuma Programme, WFP's Targeted Supplementary Feeding Programme (TSFP) services for MAM treatment were integrated into the BNP in September 2021. For this purpose, necessary documentation requirements and TSFP protocols were explained to the staff. Additionally, a reference document was developed and shared. Beneficiaries were listed in the application under "Referred For Treatment" as MAM and SAM cases. In addition to MAM services, UNICEF and WHO were contracted for delivery of SAM treatment services and enhanced SBC through the BNP platform. SAM cases with complications are being directed to a stabilization facility or physician, while MAM cases receive SNF in accordance with MAM procedures at the FC. OTP services provided in BNP centers provide a one stop solution to beneficiaries.

A total of **54,953** beneficiaries enrolled in CMAM component of Nashonuma Programme in which **45,283** were MAM and **9,670** were SAM cases.



**Total enrolment in TSFP- Sep 2021-Jun 2023**



## Protocols for MAM/SAM

Regular follow-up of MAM beneficiaries is necessary for their timely treatment and successful graduation from the Programme. The schedule of the planned visits are as per below:

Protocols for MAM/SAM cases	SNF and Payment	Timeline
<p><b>1<sup>st</sup> visit;</b></p> <p>It can be on new enrollment or a follow-up case falling in MAM.</p>	<ul style="list-style-type: none"> <li>• One carton i.e. 90 sachets for 45 days, 2 sachets per day.</li> <li>• Quarterly Nashonuma payment</li> <li>• SAM case refer to stabilization center/Doctor</li> </ul>	<p>➤ Enrollment in MAM</p>
<p><b>2<sup>nd</sup> visit</b></p> <p>Follow up in the community by social mobiliser ,visit the MAM beneficiary after 30 days of the first visit to check the MUAC status and refresh the key health messages .</p>	<ul style="list-style-type: none"> <li>• No SNF</li> <li>• No payment</li> </ul>	<p>➤ 30<sup>th</sup> day of enrollment</p>
<p><b>3<sup>rd</sup> visit</b></p> <p>MAM beneficiary visit the FC after 45 days with 90% empty sachet, growth monitoring and awareness sessions would be delivered .</p>	<ul style="list-style-type: none"> <li>• One carton i.e. 90 sachets for 45 days, 2 sachets per day.</li> <li>• No payment</li> <li>• SAM case if cured and falls under MAM, will be continued as per MAM protocols. If not will continue the treatment</li> </ul>	<p>➤ After 45 days of enrollment</p>
<p><b>4<sup>th</sup> visit</b></p> <p>Social mobiliser visit the MAM case after 30 days of 3<sup>rd</sup> visit to check the MUAC status and refresh the key health messages.</p>	<ul style="list-style-type: none"> <li>• No SNF</li> <li>• No payment</li> </ul>	<p>➤ 30<sup>th</sup> day of FC follow up visit</p>
<p><b>5<sup>th</sup> visit</b></p> <p>The beneficiary visits the FC after 90 days of her first visit on follow-up. If the beneficiary is cured from MAM she would continue in the Program as per stunting prevention protocols. If the beneficiary doesn't recover, she is referred to a doctor for treatment.</p>	<ul style="list-style-type: none"> <li>• Quarter would be updated.</li> <li>• SNF would be provided as per status of beneficiary.</li> <li>• Payment would be generated for next quarter</li> </ul>	<p>➤ After 90 days (3 months)</p>





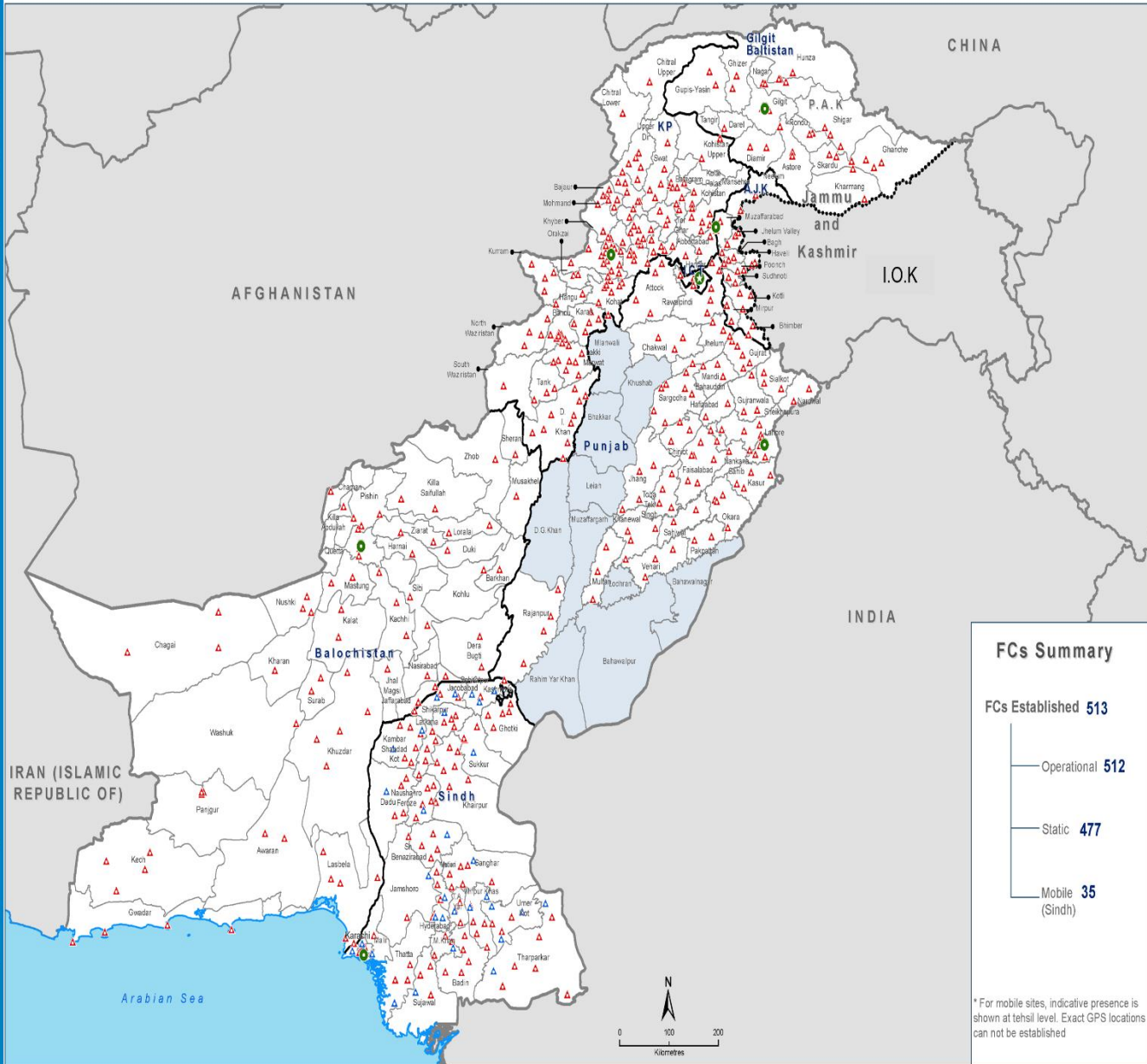
# Program Journey



# Where We Are

Currently, Benazir Noshonuma Programme is **operational in 157 districts** all over Pakistan with a network of **488 Facilitation Centers**.

**PAKISTAN**  
**Benazir Noshonuma (BN) Programme**  
 Update as of 7 Nov 2023



### FCs Summary

FCs Established **513**

- Operational **512**
- Static **477**
- Mobile **35** (Sindh)

\* For mobile sites, indicative presence is shown at tehsil level. Exact GPS locations can not be established



SAVING LIVES  
CHANGING LIVES



Date Updated: 8 Nov 2023  
 Contact: Islamabad.vam@wfp.org  
 Website: www.wfp.org

- WFP Country Office
- WFP Provincial Office
- District Boundary
- International Boundary
- Mobile Sites (35)
- Static (477)
- Province Boundary
- Coast Line
- Line of Control
- Districts to be covered with World Bank intervention (12)

Data sources:  
 Admin Boundaries: VAM SDI  
 BNFCS: PCs

The designations employed and the presentation of material in this map do not imply the expression of any opinion on the part of WFP concerning the legal or constitutional status of any country, territory, city or sea, or concerning the delineation of its frontiers or boundaries.

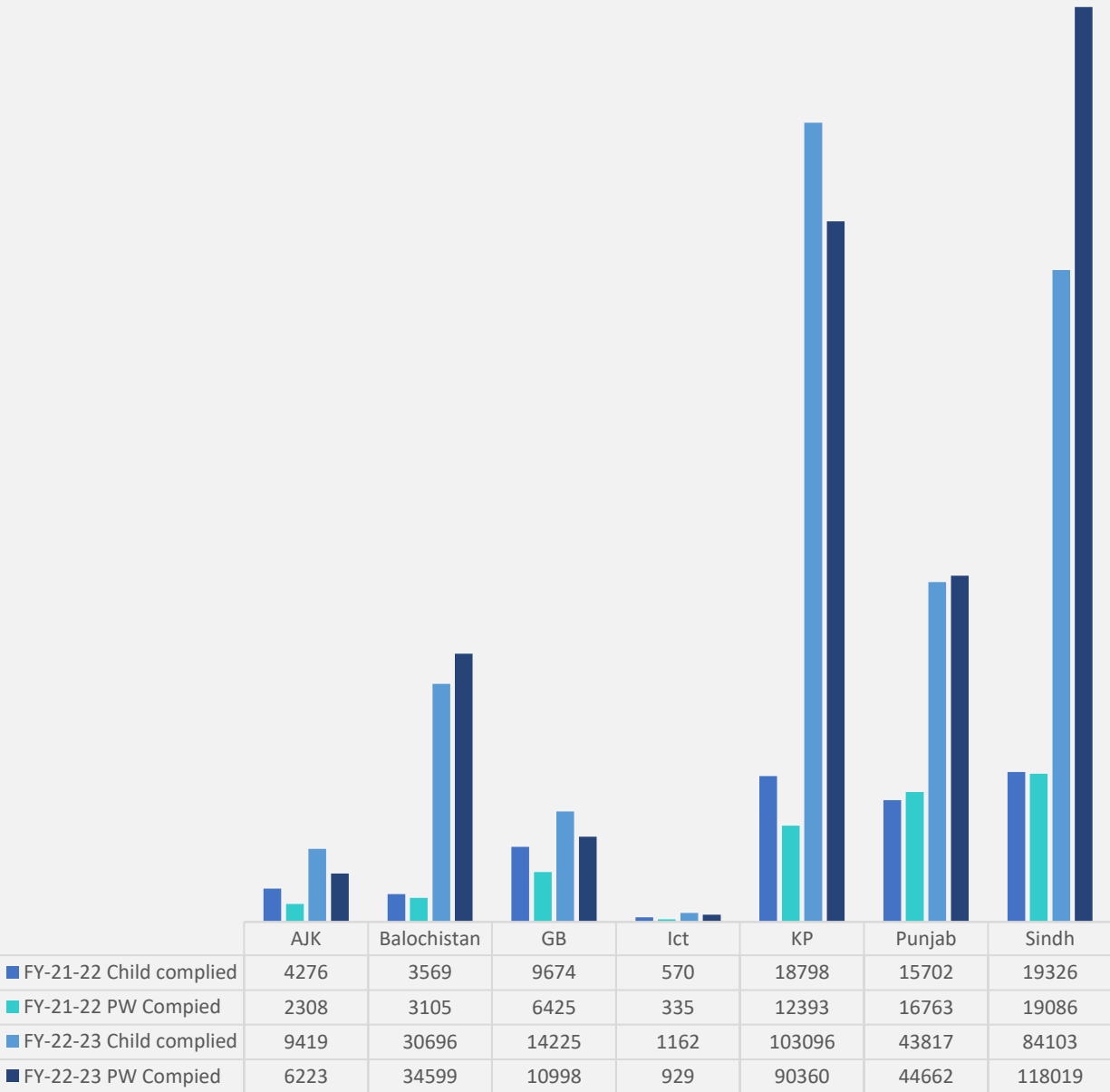
Operational: FCs where beneficiary enrollment has started  
 BNFCS: PCs  
 P.A.K = Pakistan Administered Kashmir  
 I.O.K = India Occupied Kashmir  
 KP = Khyber Pakhtunkhwa

J:\02\_Map\02\_PAK\04\_Programme\2023\mxd\04\_PAK\_BNFCS\_Datun\_ASI\_20231108.mxd

# Enrollment of Children and Pregnant Women

- Total **592,308** beneficiaries have been registered during Jul 2021 to June 2023, with **132,330** in FY 2021–2022 and **59,2307** in FY 2022–2023.

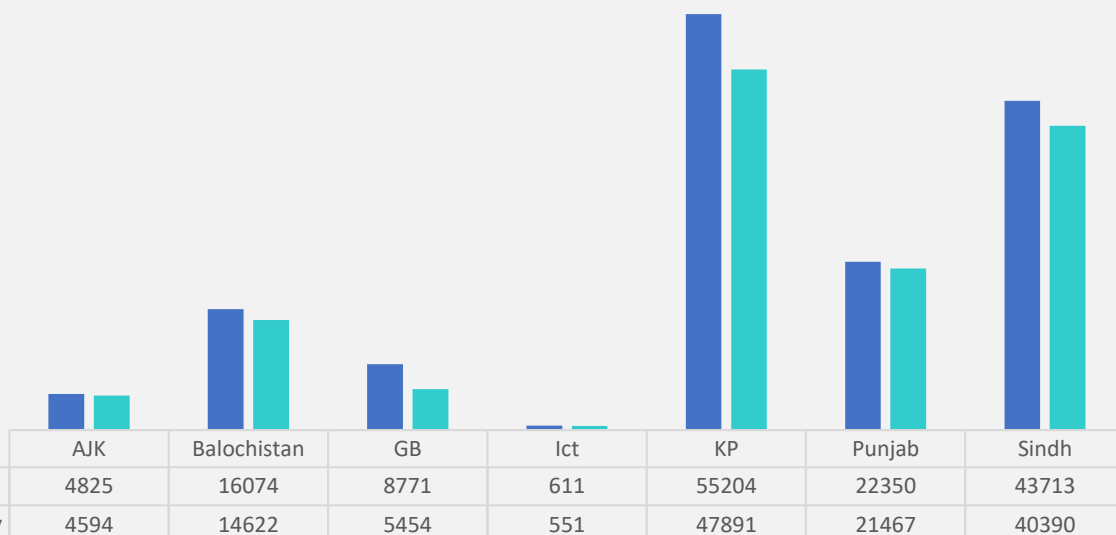
## Total enrolment



# Enrollment of Children and Pregnant Women (FY 22-23)

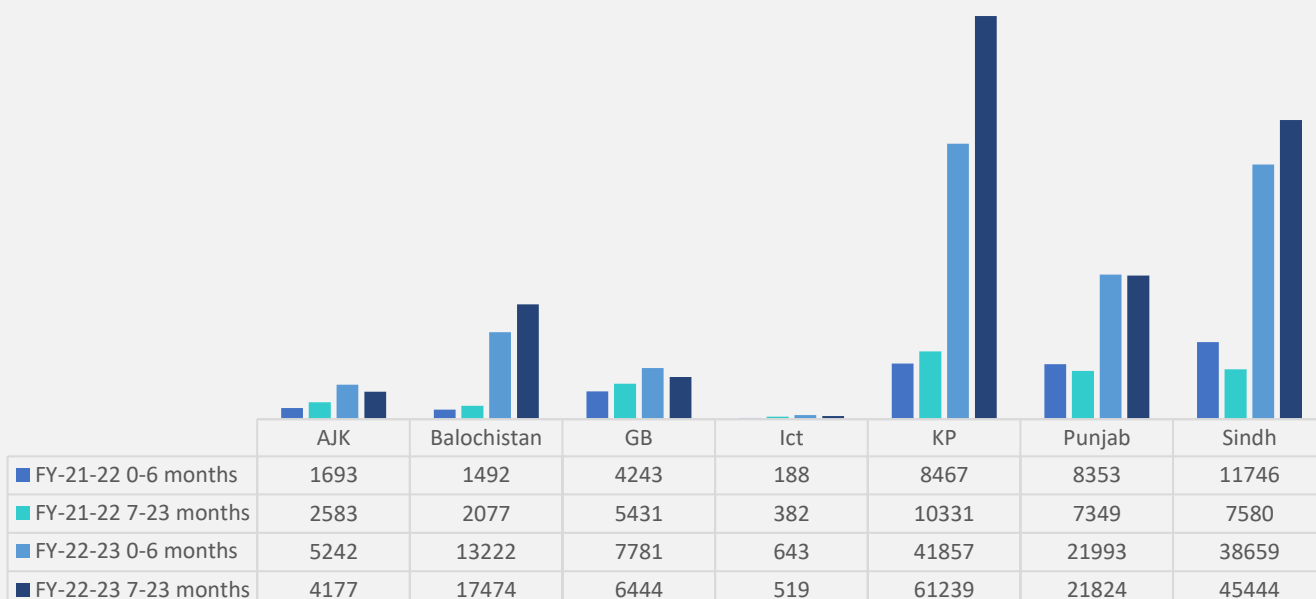
- A total of **592,308** beneficiaries enrolled during FY 2022–2023, **286,518** were children, accounting for **48%**, and **305,790** were pregnant women, accounting for **52%**, of the total enrollment.
- A total of enrolled children, **151,548** were girls, accounting for **53%**, and **134,969** were boys, accounting for **47%**, of the enrollment..

## Gender Wise Child Enrollment



## Age-Wise Child Enrollment

Breast feeding Women  
(0-6 months Child) Children (7-23 Months)

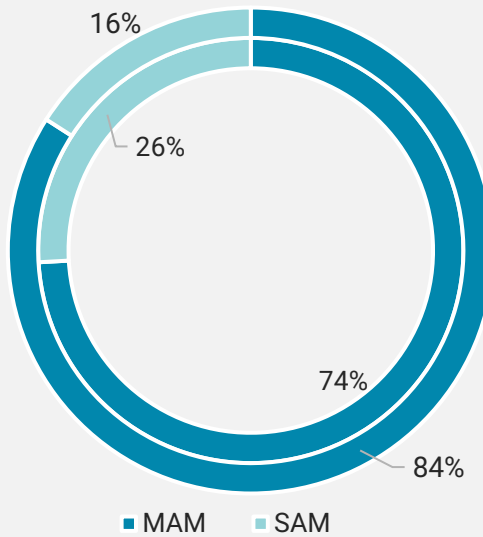




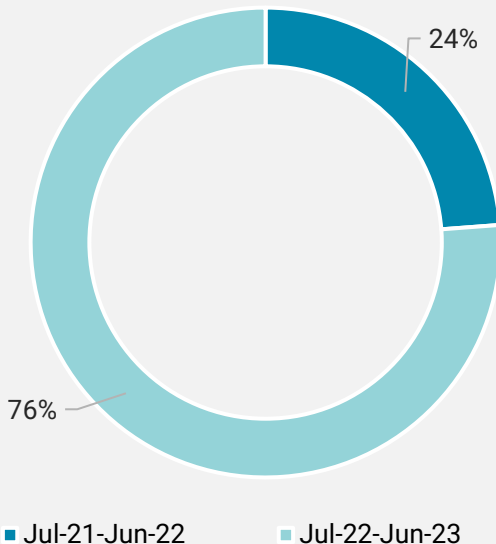
# Targeted Supplementary Feeding Program

- From Sep-2021 to Jun-2023, a total of **53,953** beneficiaries enrolled in TSFP among which **9,670** were SAM while **45,283** were MAM.
- For the FY 2021-2022, a total of **6,051** beneficiaries were enrolled in TSFP among which **1,566** were SAM while **4,485** were MAM.
- Among all MAM cases in FY 2021-2022, **1,321** were PW.

## SAM/MAM enrollment in TSFP FY (July 22-June 23)



## Total TSFP enrollment Sep 21-June 23



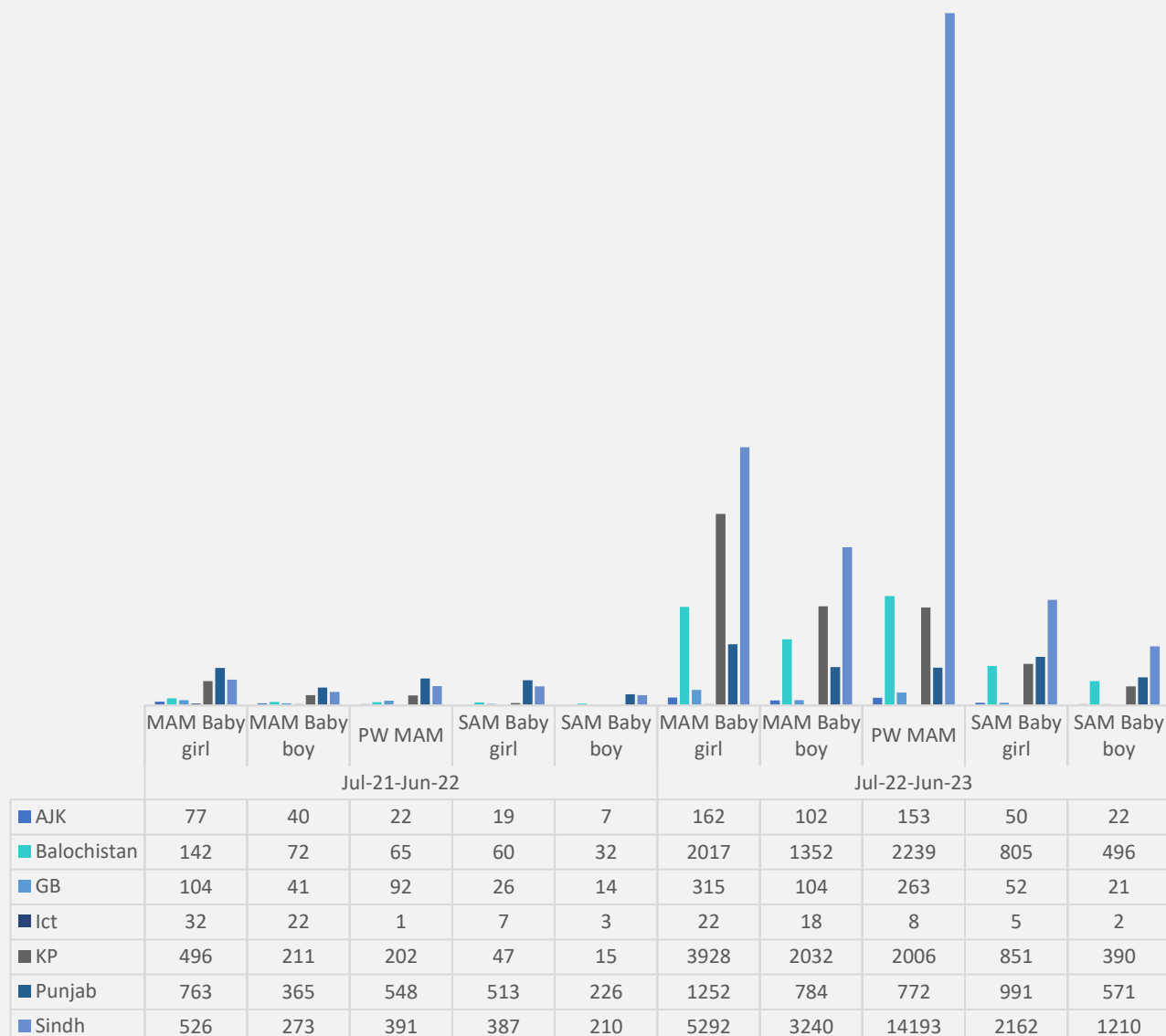
- For the FY 2022-2023, a total of **47,882** beneficiaries were enrolled in TSFP in which **7,628** were SAM while **40,254** were MAM, among all MAM, **19,634** were MAM PW.

# Targeted Supplementary Feeding Program

## Gender and Category-Wise TSFP Enrollment

- From **Sep-2021 to Jun-2023**, a total of **32,978** children enrolled in TSFP in which **21,103** were **baby girls** while 11,875 were **baby boys**.
- For the **FY 2021-2022**, a total of **4,730** children were enrolled in TSFP in which **3,199** were **baby girls** and **1,531** were **baby boys**.
- For the **FY 2022-2023**, a total of **28,248** children were enrolled in TSFP in which **17,904** were **baby girls** and **10,344** were **baby boys**.

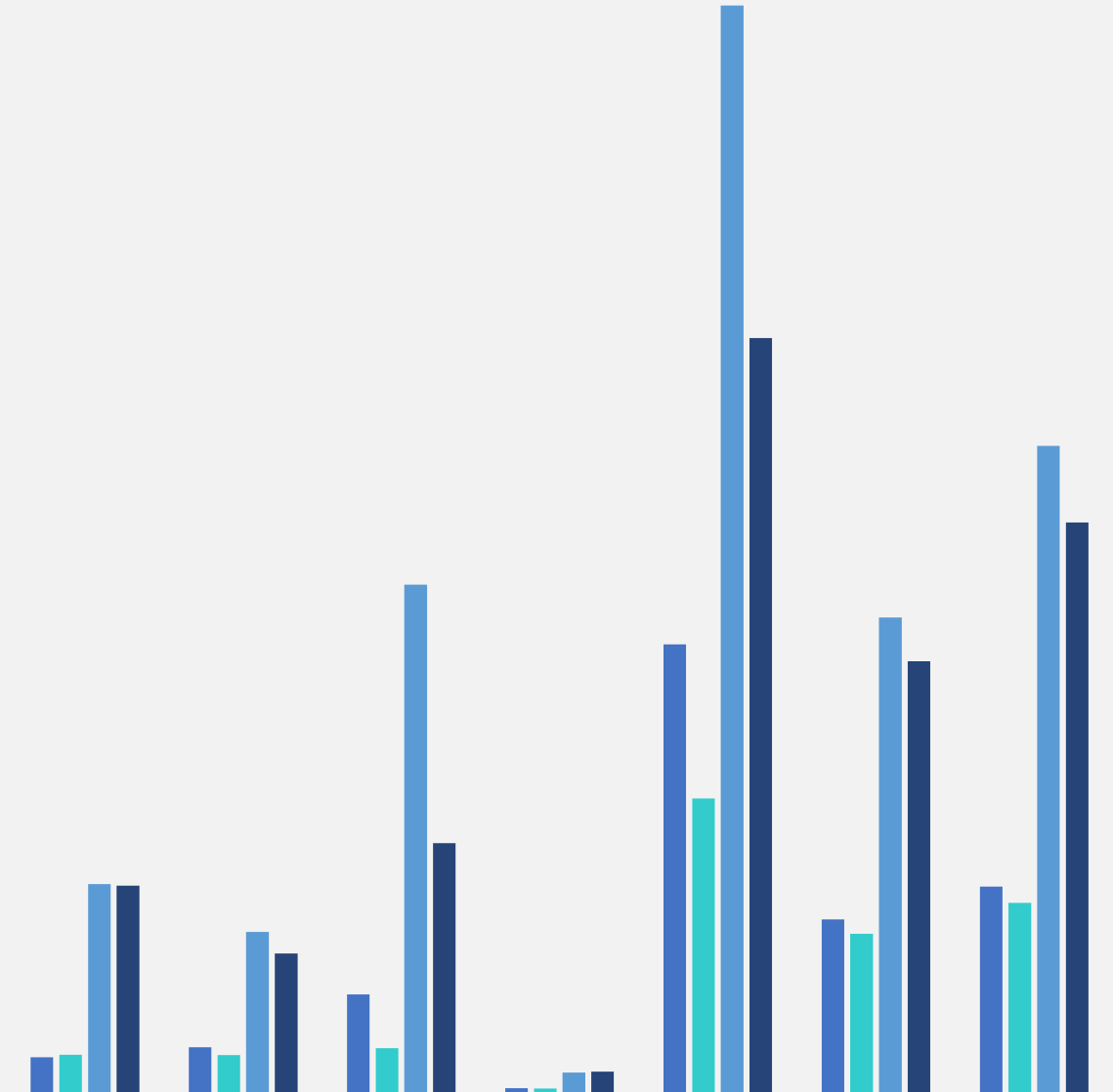
### TSFP enrolment



# Graduation FY (21-22) & FY (22-23)

- From Jul-2021 to Jun-2023, a total of **68,439 children graduated** successfully from BNP upon reaching their 2<sup>nd</sup> birthday, among which **38,801** were **baby girls** and **29,638** were **baby boys**.

## Graduation: FY Comparison



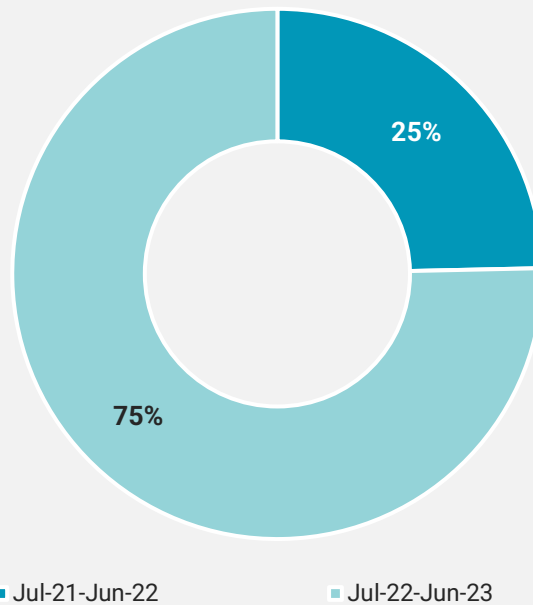
	AJK	Balochistan	GB	Ict	KP	Punjab	Sindh
FY-21-22 Baby girl	348	442	935	57	4217	1638	1945
FY-21-22 baby boy	369	366	432	53	2772	1505	1794
FY-22-23 Baby girl	1969	1521	4775	202	10206	4470	6076
FY-22-23 baby boy	1956	1319	2354	212	7087	4059	5360



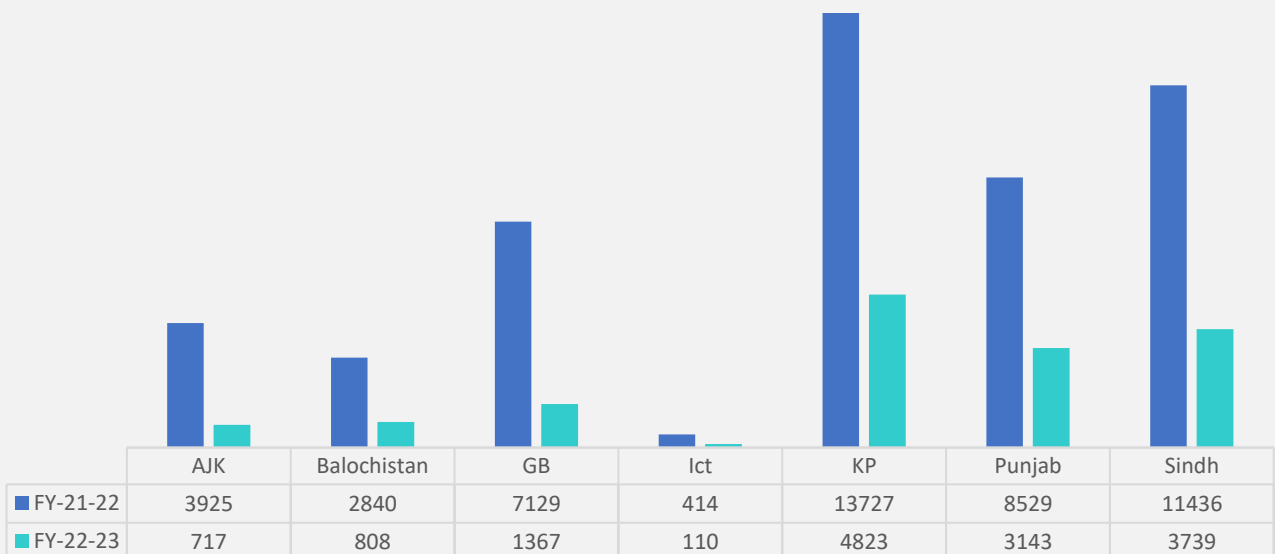
# Graduation FY (21-22) & FY (22-23)

- For the **FY 2021-2022**, **16,873 children graduated** from Programme in which **9,582 were baby girls** and **7,291 were baby boys**.
- For the **FY 2022-2023**, **49,597 children graduated** from Programme in which **27,250 were baby girls** and **22,347 were baby boys**.

## Total Graduation



## Total Graduation-Province wise





# Program Highlights (July 2022- June 2023)

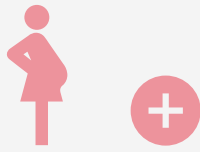
# Benazir Nashonuma Programme

## Year In a Glimpse



592,308  
511,800

*New Enrollments*  
*Follow-ups*



305,790

*New PW enrollment*



286,518

*New Children Enrolled*



2535.048  
MT

*Wawamum SNF Distributed*



4667.165  
MT

*Maamta SNF Distributed*



88.93%

*Compliance Rate PW*



83.8%

*Compliance Rate Children*

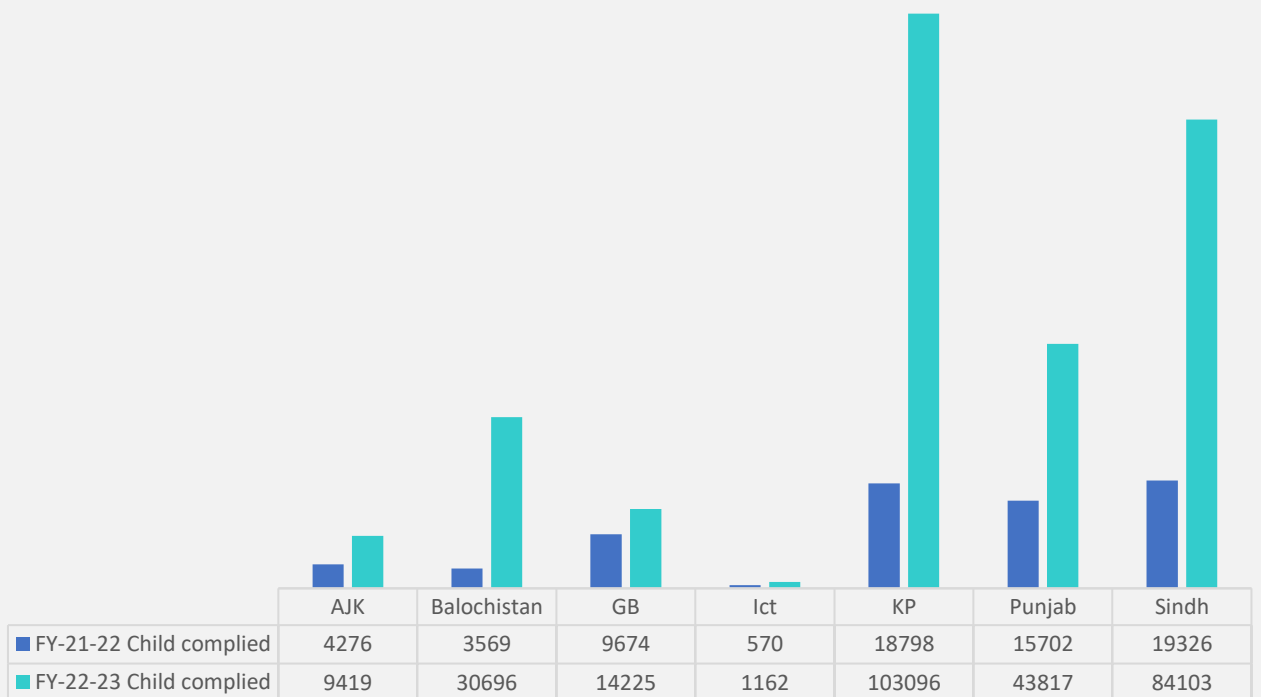
FY 2022 - 23





## Child Enrolled and Complied (0-23 Months)

### Child complied

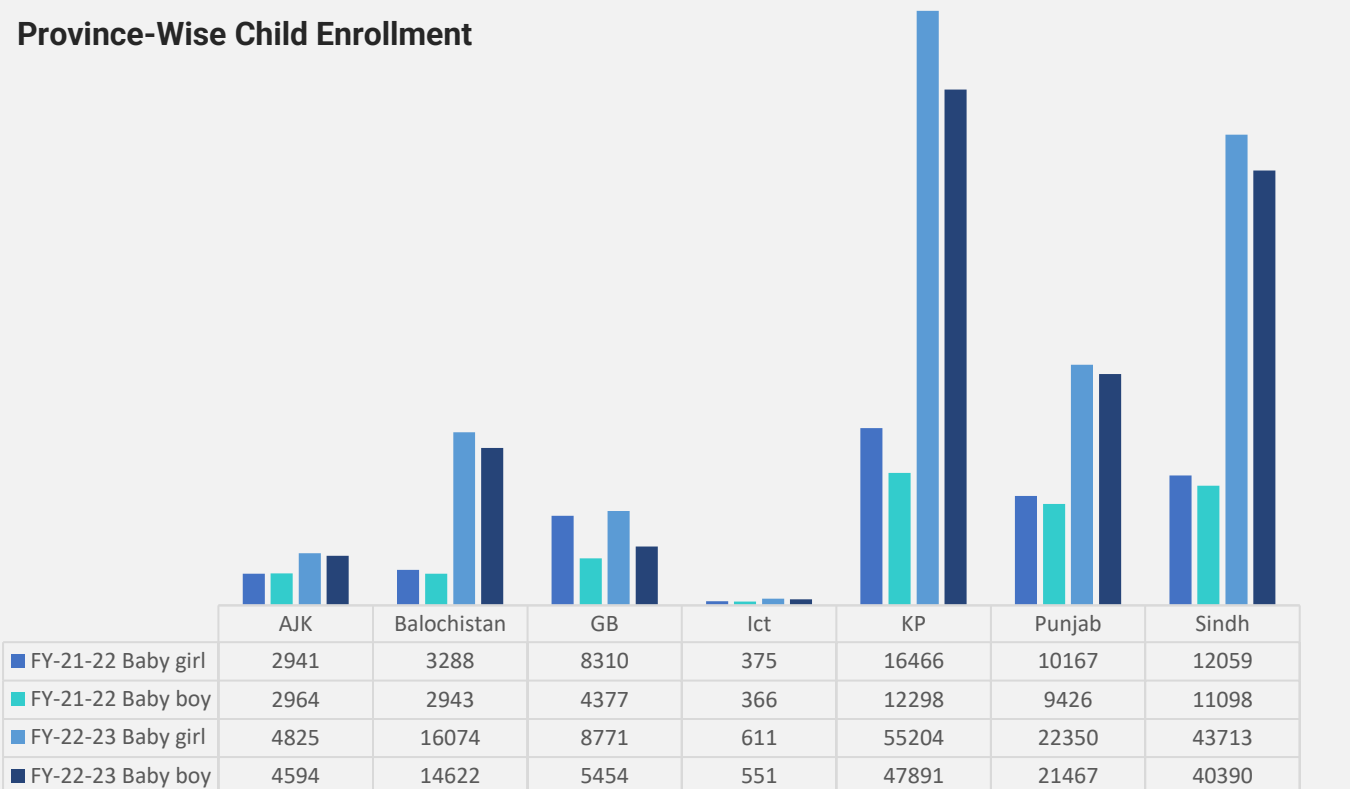




## Child Enrolled and Complied (0-23 Months)

A total of **286,518** children enrolled in FY 22-23, out of which **151,548** were girls, and **134,969** were boys, making a percentage of **53%**, and **47%**, respectively.

### Province-Wise Child Enrollment

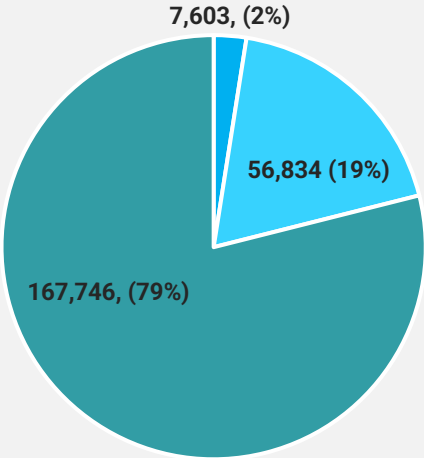




# Pregnancy Outcome

Among **232,183** PW enrolled in FY 2022-2023, **7,603** pregnancies were terminated, **56,834** were successfully delivered while **167,746** are still in progress.

Pregnancy outcome



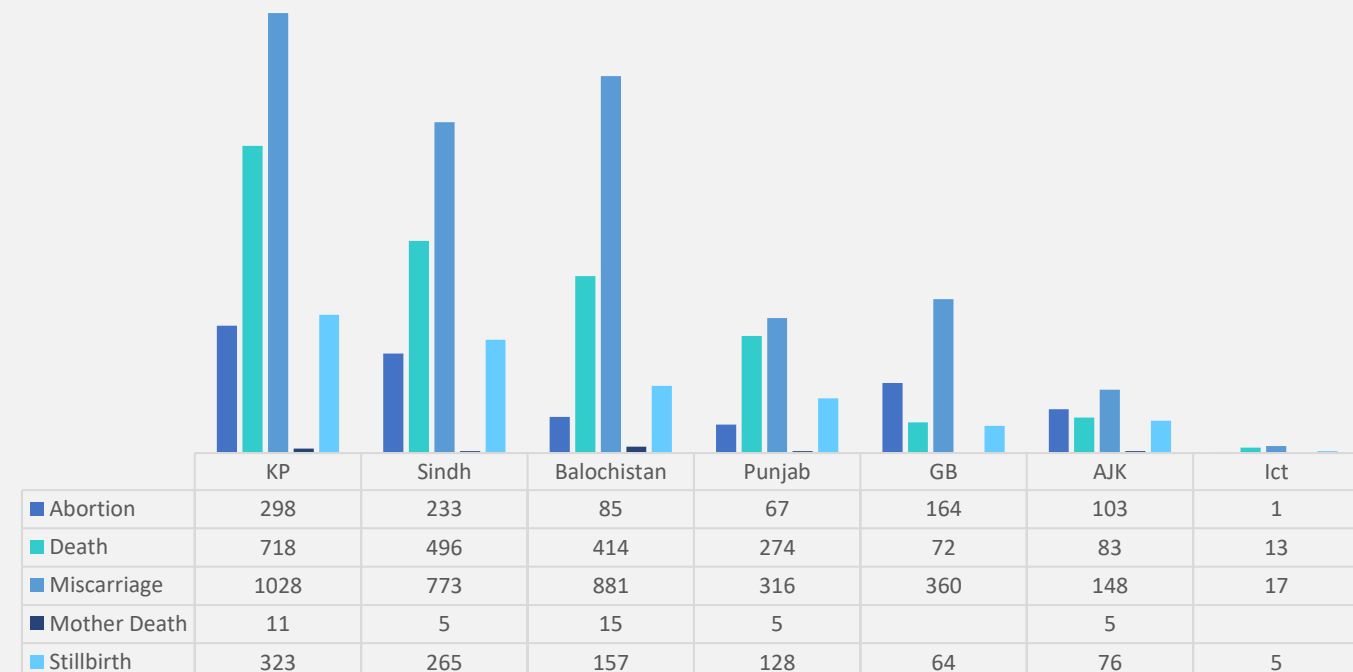
■ Termination   ■ Delivered   ■ in progress





## Pregnancy Outcome : Province-Wise Pregnancy Outcome (Terminated) of Total Enrolled Pregnant Women (July 2022- June 2023)

**Pregnancy outcome**







## Specialized Nutritious Food (SNF) Distribution

### WAWAMUM



**2535.048 MT**  
distributed during the  
FY (2022-2023)

### MAAMTA



**4667.165 MT**  
distributed during the  
FY (2022-2023)





**Results & Achievements**  
**(Fiscal Year Jul 2022 - Jun 2023)**

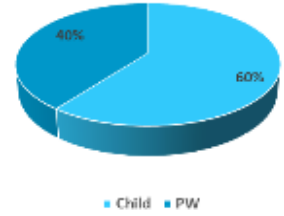
# Region And Category-wise enrollments

FY (2022- 2023)

Azad Kashmir



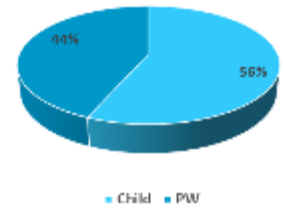
15,642



Gilgit Baltistan



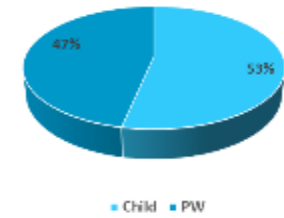
25,223



KPK



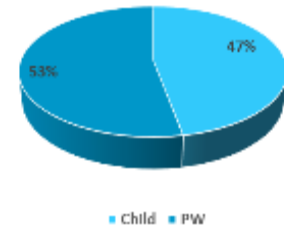
193,455



Balochistan



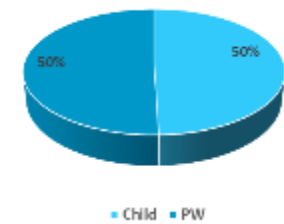
65,295



Punjab



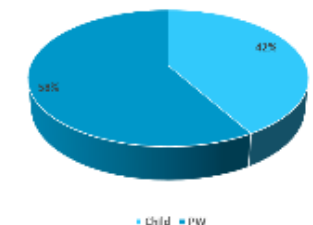
88,479



Sindh



202,122



## District- Wise Enrollments



District Name	enrollment
Bagh	1421
Bhimber	568
Hattian Bala	2004
Haveli	1620
Kotli	1403
Mirpur	564
Muzaffarabad	2016
Neelum	3981
Poonch	1240
Sudhnoti	825

District Name	enrollment
Astore	1859
Baltistan	932
Diamir	9659
Ghanche	1586
Ghizer	1501
Gilgit	4103
Hunza	141
Nagar	814
Shigar	1203
Skardu	3425





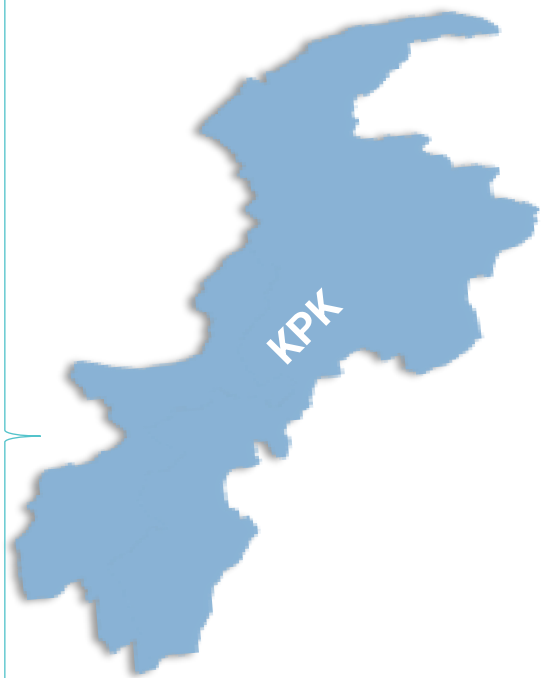
## District- Wise Enrollments

District Name	enrollment
Awaran	1098
Barkhan	2432
Chagai	2012
Chaman	690
Dera bugti	2706
Gwadar	796
Harnai	552
Jaffarabad	4286
Jhal magsi	2138
Kachhi	2167
Kalat	2875
Kech	1433
Kharan	1393
Khuzdar	8760
Kila Abdullah	912
Kila Saifullah	1811
Kohlu	1485
Lasbela	4611
Loralai	2832
Mastung	1525
Musakhel	573
Nasirabad	2925
Nushki	1981
Panjgur	1076
Pishin	1746
Quetta	2269
Sherani	282
Sibi	1290
Sohbatpur	2421
Washuk	854
Zhob	2145
Ziarat	1219




## District- Wise Enrollments

District Name	enrollment
Abbottabad	1283
Bajaur	9501
Bannu	9719
Battagram	3713
Buner	5301
Charsadda	3150
Chitral	3235
Dera Ismail Khan	13290
Hangu	2921
Haripur	328
Karak	7949
Khyber	19489
Kohat	4276
Kohistan	1305
Kurram	2807
Lakki Marwat	9706
Lower Dir	5903
Malakand protected area	4174
Mansehra	3604
Mardan	13790
Mohmand	1198
North Waziristan	2794
Nowshera	7092
Orakzai	826
Peshawar	8698
Shangla	9877
South Waziristan	697
Swabi	5296
Swat	10648
Tank	7070
Torghar	1246
Upper Dir	12570



## District- Wise Enrollments



A map of Punjab, Pakistan, is shown on the left side of the page. The word "Punjab" is written across the map in a white, sans-serif font. A large right-facing curly bracket is positioned to the right of the map, spanning the vertical range of the table on the right.

District	enrollment
Attock	1358
Chakwal	483
Chiniot	3304
Faisalabad	2081
Gujranwala	1355
Gujrat	390
Hafizabad	1137
Jhang	4508
Jhelum	727
Kasur	3631
Khanewal	15544
Lahore	3167
Mandi Bahauddin	1354
Multan	4660
Nankana sahib	1349
Narowal	1261
Okara	2544
Pakpattan	1356
Rajapur	20955
Rawalpindi	1480
Sahiwal	1203
Sargodha	4373
Sheikhupura	2979
Sialkot	1453
Toba Tek Singh	2446
Vehari	3381

## District- Wise Enrollments

District	enrollment
Badin	21923
Dadu	17779
Ghotki	11407
Hyderabad	897
Jacobabad	6072
Jamshoro	4146
Ambar Shahdad Kot	9614
Karachi Central	225
Karachi East	55
Karachi West	21
Kashmore	4812
Khairpur	22081
Kimari	88
Korangi	52
Larkana	10243
Malir	46
Matiari	5106
Mirpur Khas	7529
Naushahro Feroze	10844
Sanghar	10237
Shaheed Benazirabad	9289
Shikarpur	7532
Sujawal	6498
Sukkur	7745
Tando allah yar	3237
Tando muhammad khan	5999
Tharparkar	7211
Thatta	6241
Umerkot	5193

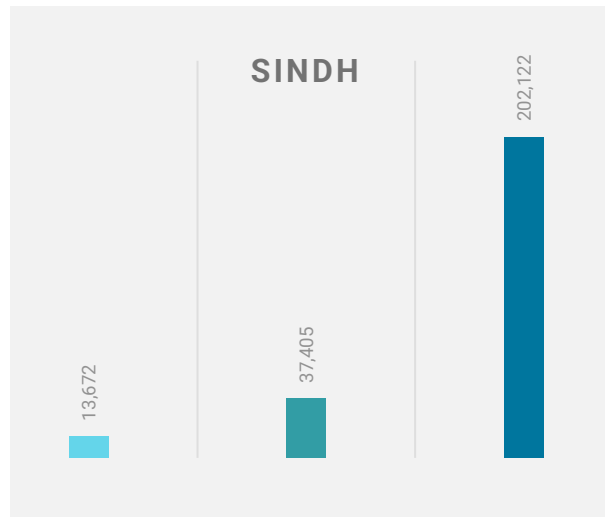
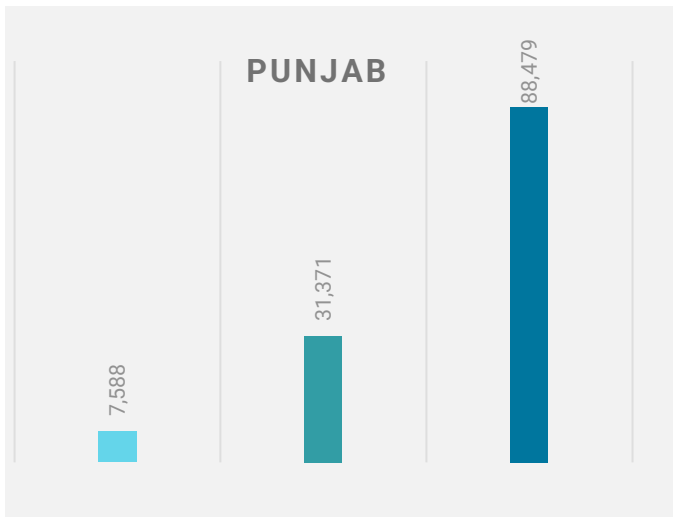
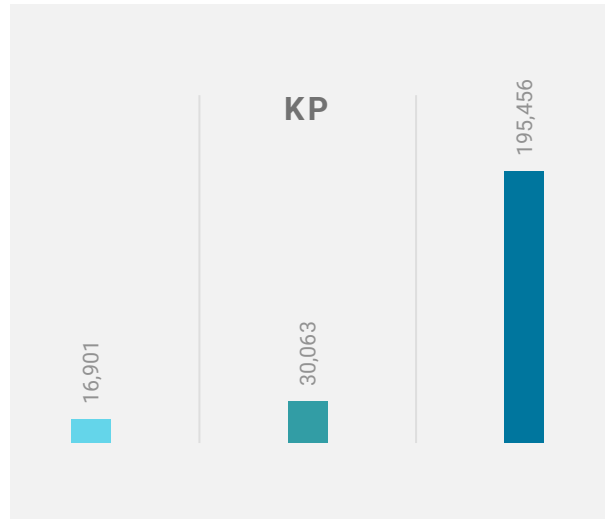
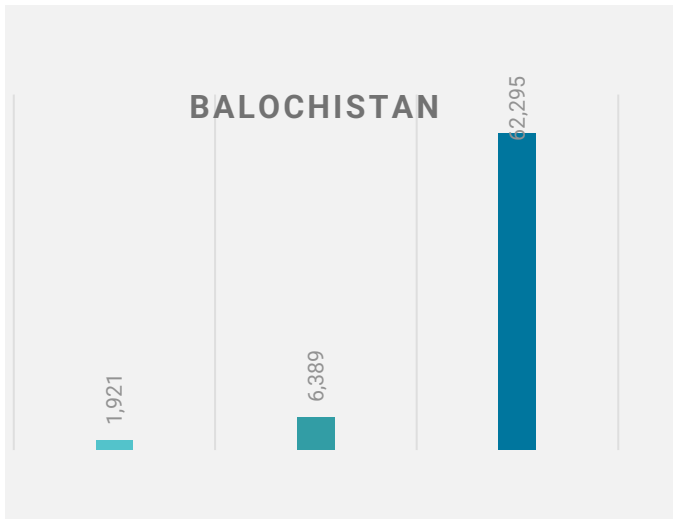
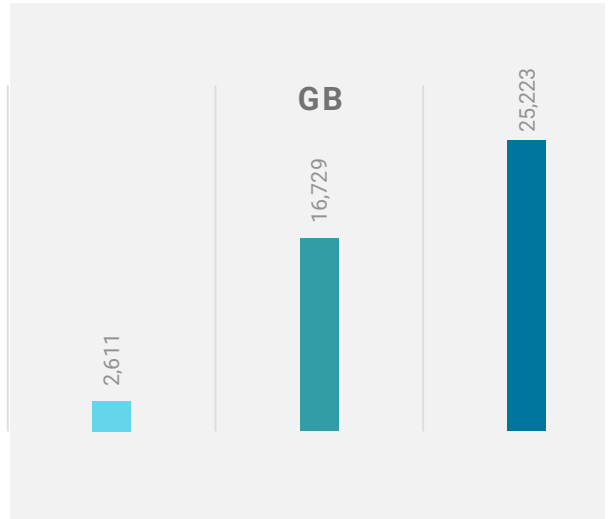
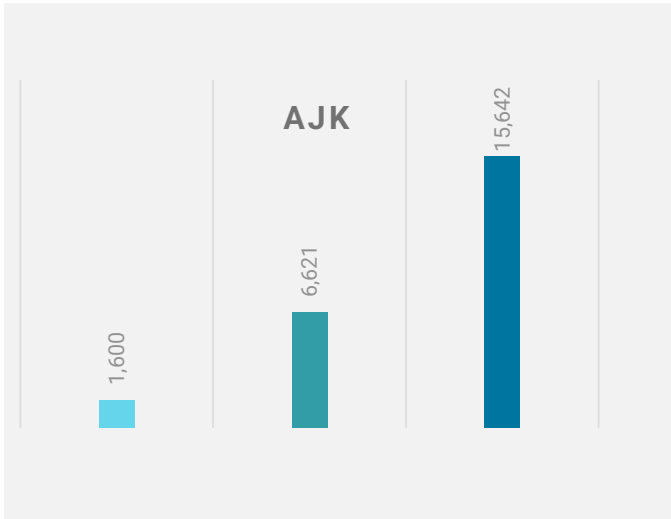




# Region-Wise Annual Enrollment Trends

One FC is operational in Islamabad BISP One Window Center where overall enrollment is **3,107** in the reporting period making **0.04%** of total enrollment.

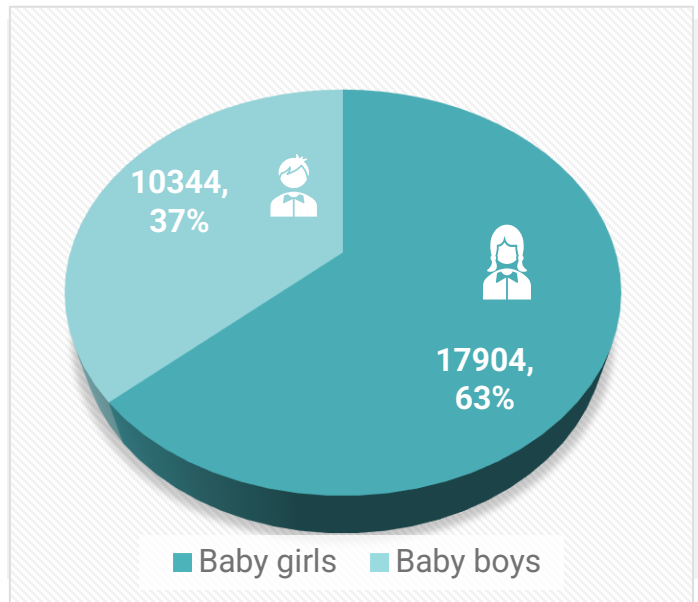
FY 20-21 FY 21-22 FY 22-23



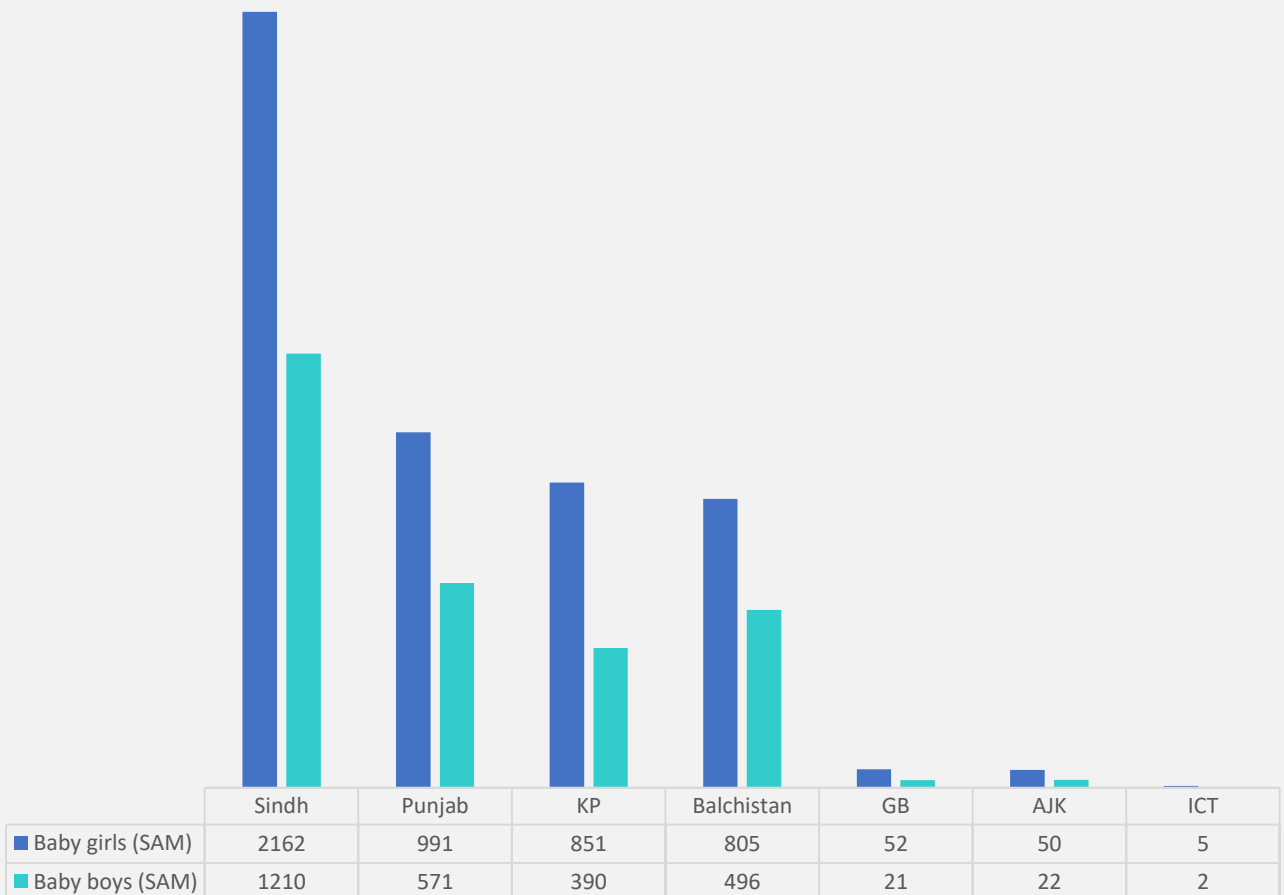
# Enrollments (TSFP) Sep 2021-June 2023

## Targeted Supplementary Feeding Programme Data

**28,248** out of **54,953** children in the TSFP between September 21 and December 23 were enrolled as SAM and referred for treatment accordingly.



## Province-wise SAM enrollment From the Inception of TSFP

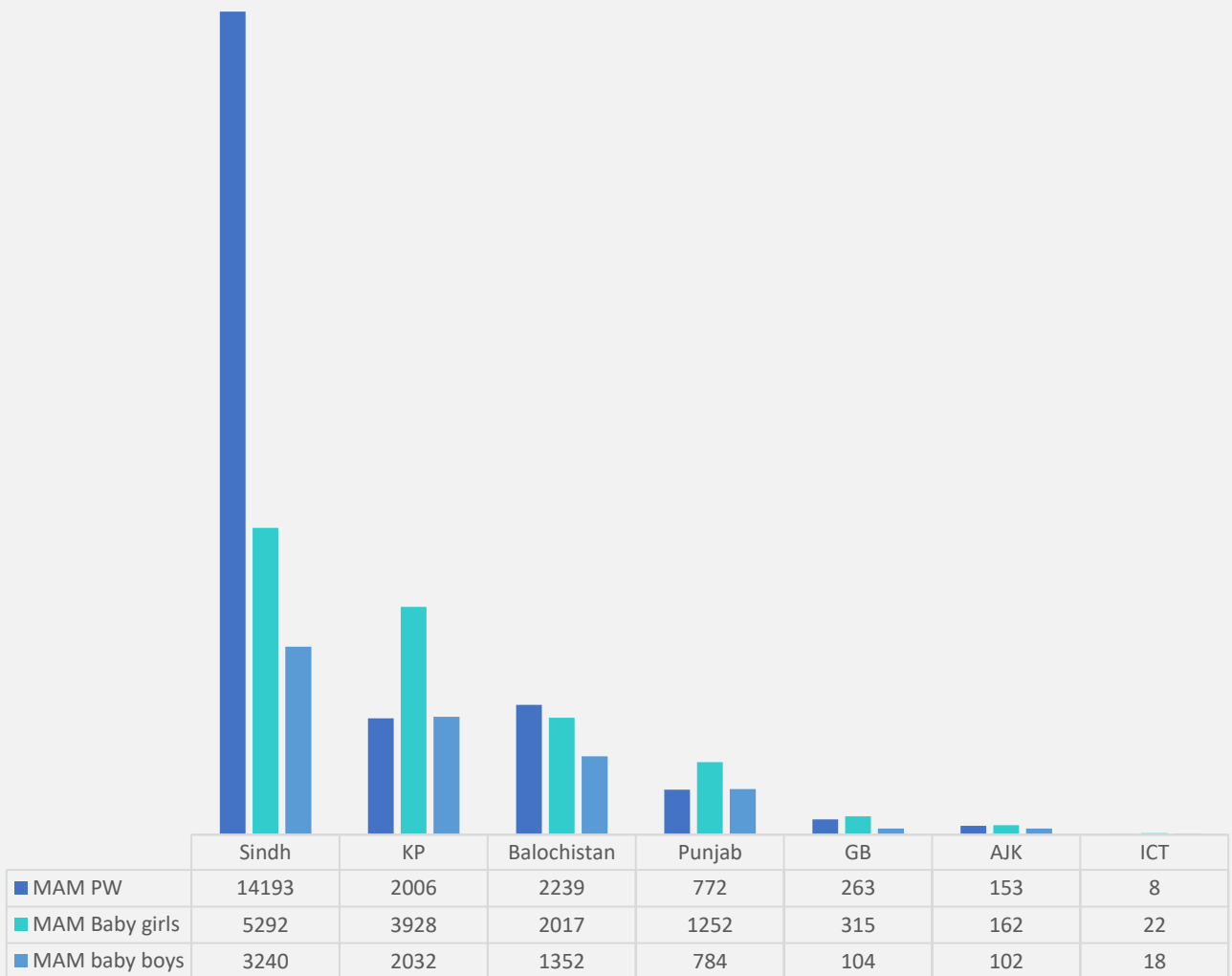


# Enrollments (TSFP) Sep 2021-June 2023

## Targeted Supplementary Feeding Programme Data

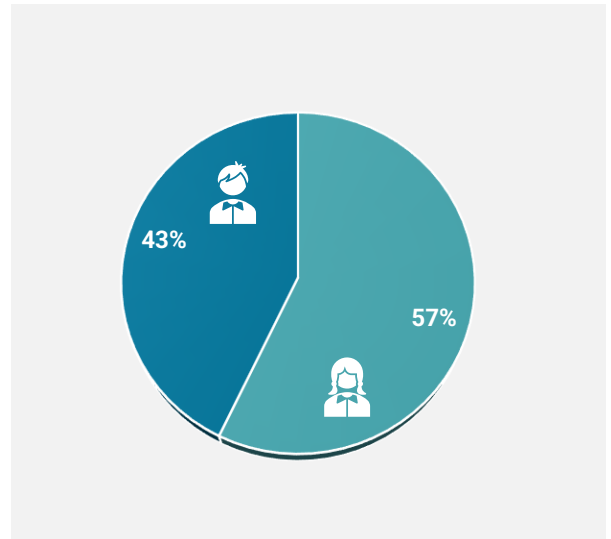
Out of a total of **45,283** MAM beneficiaries, **24,191**, making **53%** were MAM children and the rest were Malnourished mothers.

### Province Wise MAM Enrollment From Inception Of TSFP



# Graduation

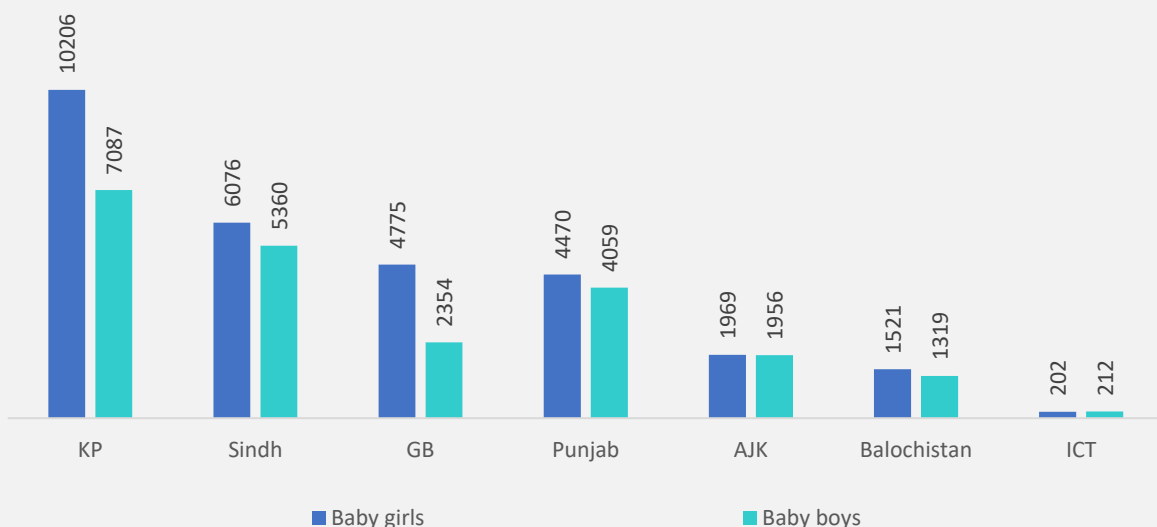
- The enrolled children successfully graduated from the Nashonuma Programme upon reaching their 2nd birthday. According to Programme guidelines, a child must be registered for six months prior to graduating, hence, enrollment in 7th and 8th quarter is not permitted.
- A total of **69,724** children successfully graduated from the Programme since inception.
- During the FY 2022-2023, **51,566** children graduated from the Programme.



**Table : Province Wise Graduation Of Children From Programme**

Province	Baby Girls	Baby Boys
KP	14844	10228
Sindh	8129	7251
Punjab	6234	5682
GB	5710	2786
AJK	2340	2346
Balochistan	1963	1687
ICT	259	265
<b>Grand total</b>	<b>39479</b>	<b>30245</b>

## Province Wise Graduation in FY (2022-2023)





**CASH DISBURSEMENT July 22- Jun 23**



**3,163,670,500** PKR  
Disbursement in 2022-2023

**614,663,000** PKR  
Disbursement in 2021-2022

	Jul 21-Jun 22	Jul 22-Jun 23
<b>Child</b>	446683500	2091366500
<b>PW</b>	167979500	1072304000
<b>Total</b>	614663000	3163670500

SNF DISBURSEMENT Jul 22- Jun 23



**Wawamum**

**Maamta**

**2535.048**

**4667.165**

**MT**

**MT**

Distributed

Distributed





# Challenges, Observations & Way Forward

# Challenges & Observations

The Fiscal Year 2022-2023 remained a significant year, during this tenure major miles-stones achieved and new benchmarks established. Over the course of time, following are some of the observations and challenges encountered and mitigated,

Challenges	Mitigation
<ul style="list-style-type: none"> <li>• <b>Data security issues.</b></li> </ul>	<ul style="list-style-type: none"> <li>• The application was updated with the additional security measures.</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Political instability and changes in government caused delays in staff recruitment in Punjab province.</b></li> </ul>	<ul style="list-style-type: none"> <li>• Rigorous follow-up with the IRMNCH Programme and DOH and Recruitment was completed in March 2023.</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Extreme weather in several areas; snowfall impeded beneficiaries' access to Nashonuma Centers.</b></li> </ul>	<ul style="list-style-type: none"> <li>• A winterisation plan was developed to support beneficiaries residing in areas with extreme weather conditions.</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Delays in operationalisation of FCs, particularly in Sindh and Balochistan provinces, due to massive floods.</b></li> </ul>	<ul style="list-style-type: none"> <li>• Efforts were made to accelerate the process; an assessment was undertaken to gauge the damage; necessary repairs were carried out to ensure the implementation of activities with minimum delays.</li> </ul>
<ul style="list-style-type: none"> <li>• <b>FCs establishment as per SOPs was a major challenge in some areas.</b></li> </ul>	<ul style="list-style-type: none"> <li>• Regular meetings and follow-ups took place with health departments to seek necessary support to ensure the minimum standards required for an FC structure and smooth operations.</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Delay in supply chain due to various internal and external factors that resulted in shortage of food at Nashonuma center .</b></li> </ul>	<ul style="list-style-type: none"> <li>• Efforts were made to make internal adjustments wherever possible with ongoing responses to spare rations and resources. A future strategy/plan was prepared to ensure the continuous supply of food.</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Quality of Awareness sessions at FCs and use of available resources.</b></li> </ul>	<ul style="list-style-type: none"> <li>• A comprehensive SBCC stocktaking exercise was undertaken engaging PO, districts, and FC-level staff. Gaps were identified and relevant mitigation actions were proposed accordingly.</li> </ul>



# Way Forward

- The Benazir Nashonuma Program is now recognized internationally under the auspices of BISP, which is also establishing a precedent for similar Programs globally. The Benazir Nashonuma Program has had exponential expansion in both scope and coverage over the years, and in order to meet Program objectives, it has undergone major improvements. As we proceed into FY 2022–2023, the Program also seeks to:
  - Upgradation of the Android application for the addition of CMAM module and Adolescent Nutrition Programme recording and reporting features.
  - Staff training on the integration of OTP services and SBC into the BNP Programme in collaboration with UNICEF.
  - Launching of District-level campaigns and SBC activities with UNICEF.
  - Finalization of the Urdu guide with the addition of CMAM-updated protocols and FAQs.
  - Development of an operational handbook, Programme guidelines and training Programmes for the Adolescent Nutrition Programme.
  - Launch of the campaign for identification of new beneficiaries, monitoring and support visits to all FCs included in expansion phase .





# Monitoring and Evaluation

# The Process Monitoring & Post Distribution Monitoring

- Process and performance monitoring is conducted at multiple levels by BISP, WFP and Health department. The Project Management Unit (PMU) provided dedicated support on reporting and documentation, management of the Android application and monitoring the Programme protocols during their visits to FCs As well as via WhatsApp groups formed for the purpose. BISP Compliance Monitors also supported in the monitoring process of FCs.
- BISP engaged third party-GAT Consulting, to conduct the operation's review of the Nashonuma Programme (CCT) Project. They have completed the six quarters review and shared the analysis showing positive trends in achieving the Programme objectives.
- WFP conducts Post Distribution Monitoring, after every six months. The overall objective of the PDM survey is to assess Programme performance at regular intervals. This allows progress to be measured against an agreed set of indicators and also enables tracking of Programme quality and community satisfaction.





# GAT Consulting- Program operations review summary

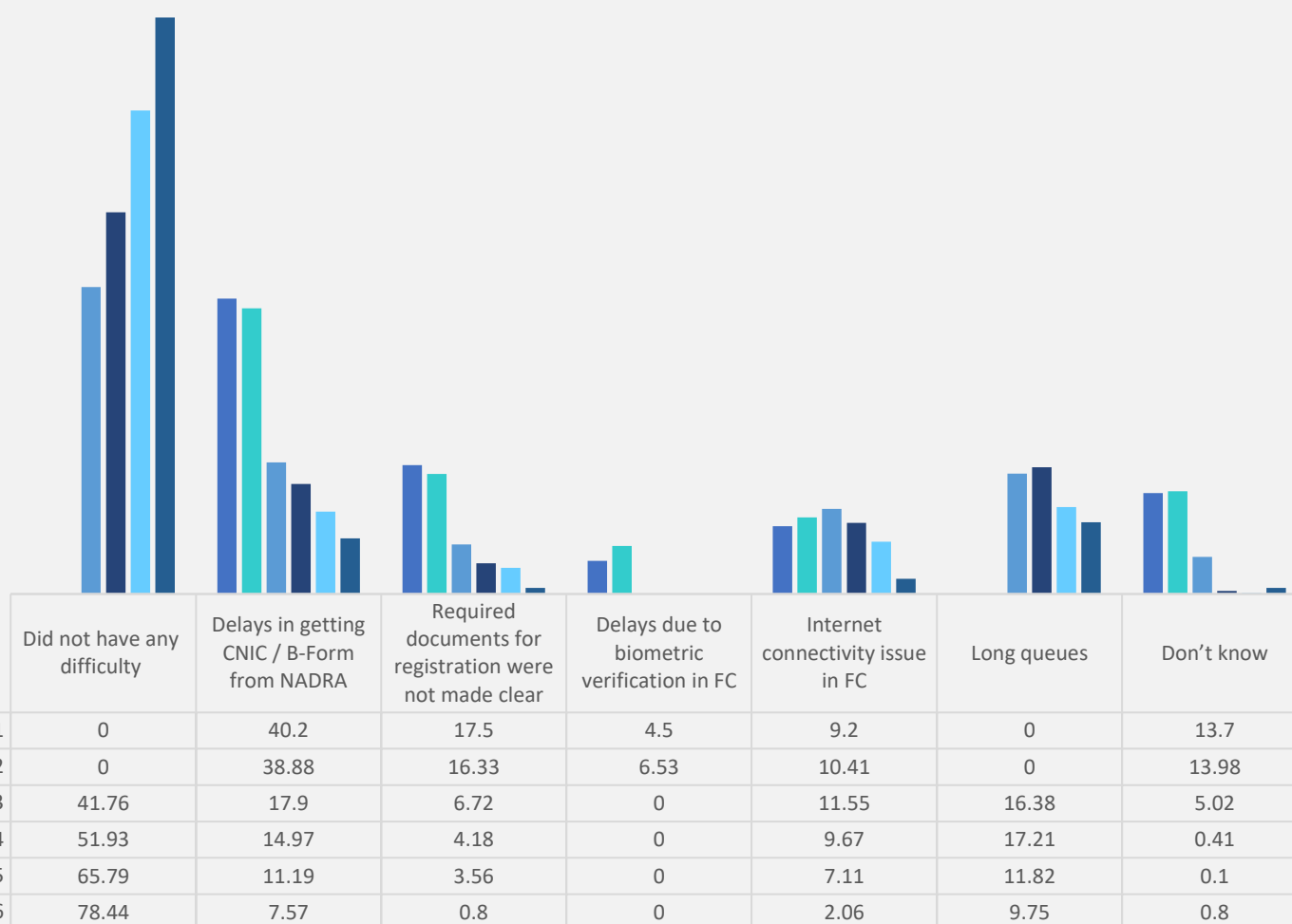
- There is a positive trend in patient's inflow at health facilities due to Nashonuma Program.
- The trend in institutional deliveries has shown an increase across all quarters.
- Number of females undergoing antenatal checkups show consistent upward trend across all quarters.
- Program has brought positive trends in immunization awareness and tetanus shots increased to over 90%.
- Spending on children increased from none to over 18%.
- There is an almost universal availability of food sachets at each visit to the Facilitation Center.
- The most common method for receiving CCT remained via the POS agents.
- Cash grants and food supplements are the primary reasons for the increase in program enrollment.
- Attendance at awareness sessions consistently increased to over 96%.
- Difficulty in getting registered in the program has shown an upward trend.
- Travelling costs to FCs increased consistently and so did the distance of travel signifying that people are coming from farther areas.
- Majority of women did not get post-natal care after home births.
- Percentage of beneficiaries with no grievances increased significantly from 39% to 72%.
- Percentage of complaints filed in Punjab and GB increased significantly, whereas it declined in Balochistan
- Satisfaction level of the beneficiaries with the redressal of their complaints decreased from 80% to 59%.
- More Facilitation Centers need to be opened up to increase coverage of the program.
- With greater public awareness larger numbers are visiting FCs and waiting time has increased. Extra resources are required to improve service delivery at FCs.
- So is the need for a survey of communities to ensure that no community member who is eligible for the Benazir Kafaalat Program is left behind.



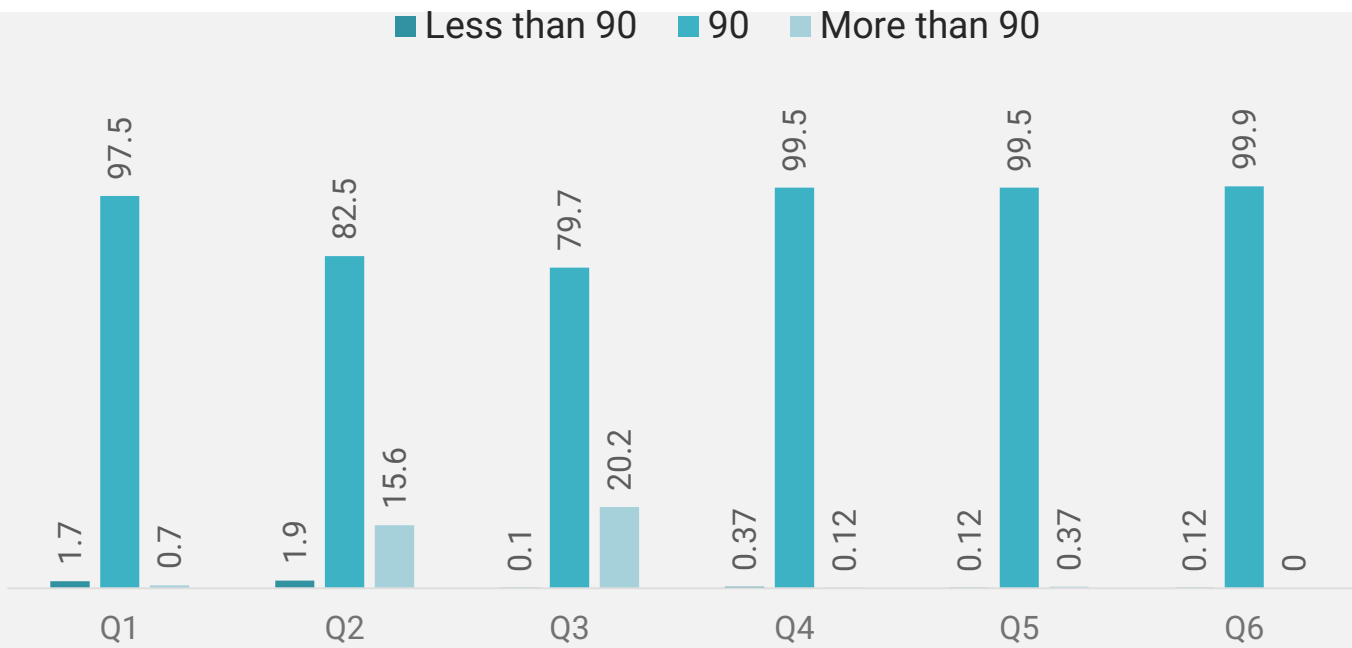
# The Benazir Nashonuma Operation's Review By GAT Consulting

(Comparative Analysis Against Different Indicators Over Last Six Quarters)

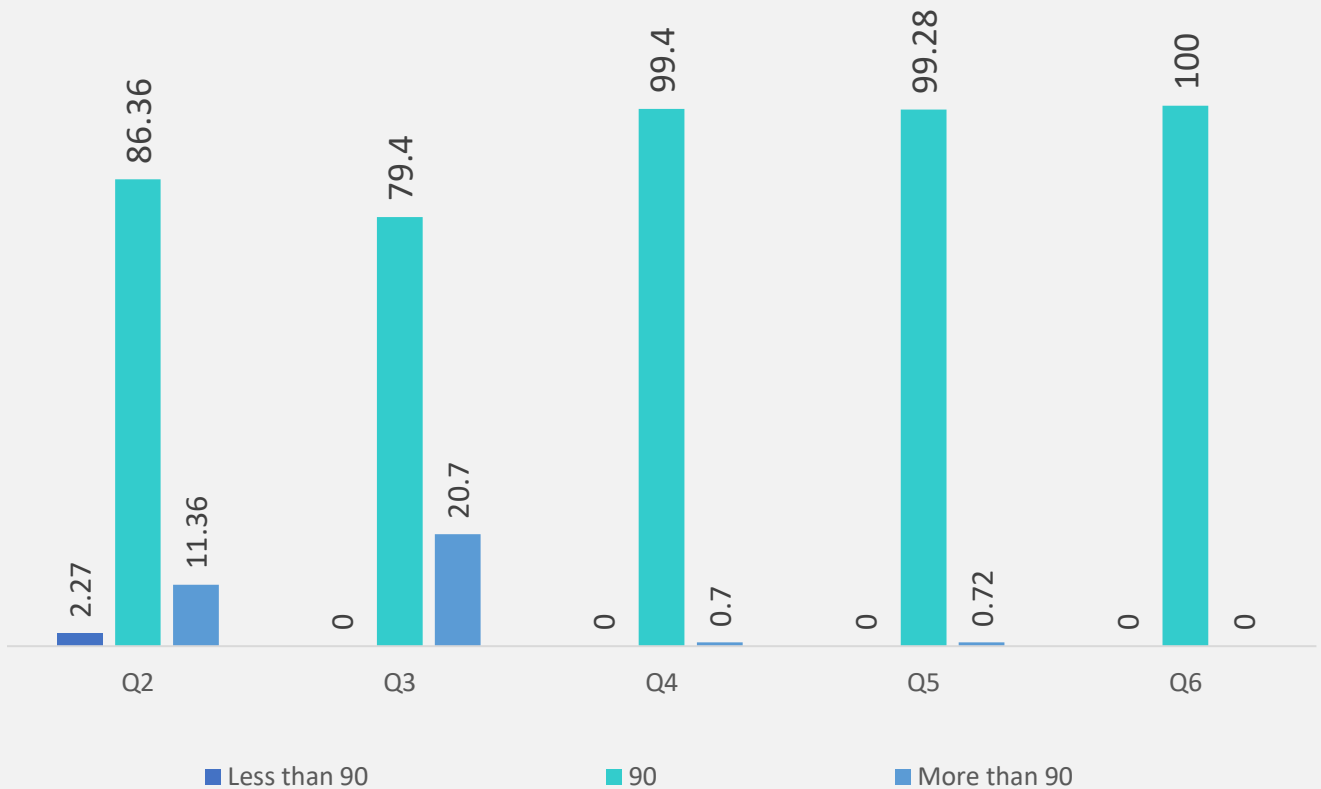
## 1. Difficulties Faced By Beneficiaries During Registration for Nashonuma Programme Across 6 Quarters



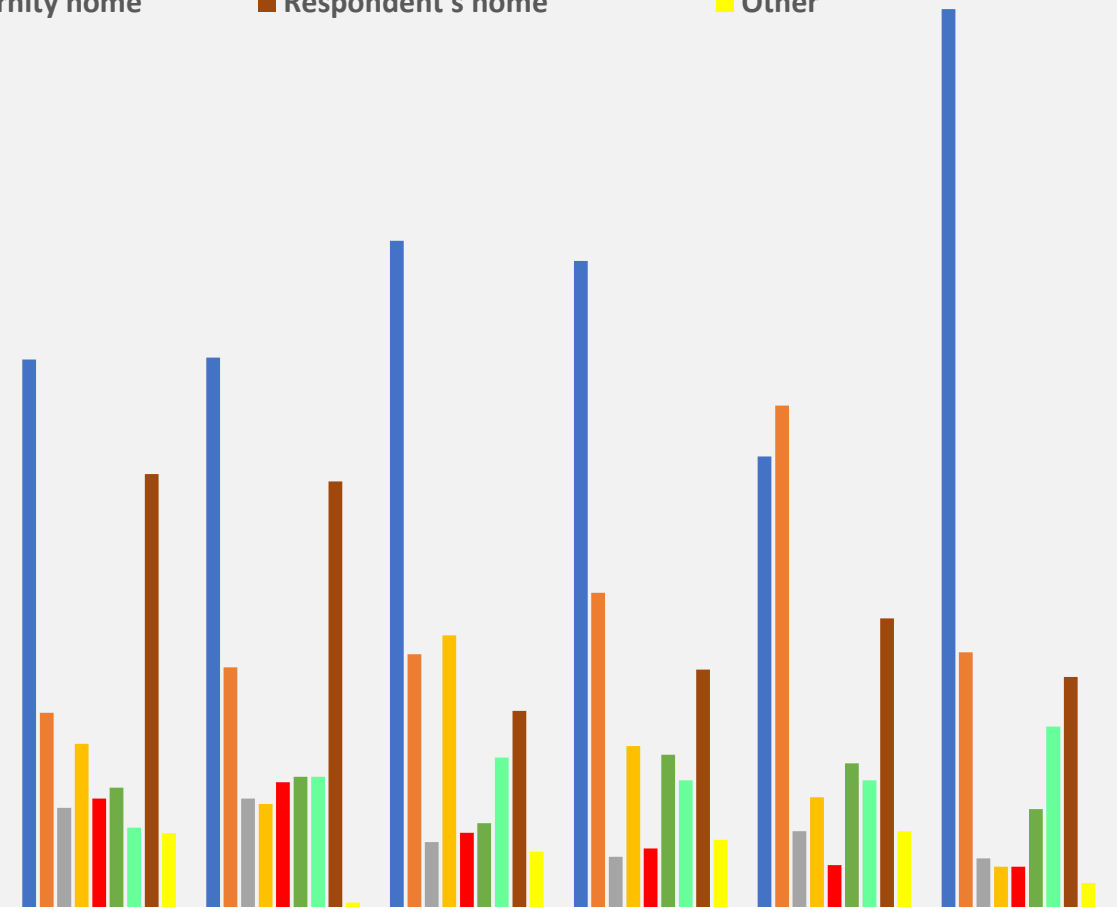
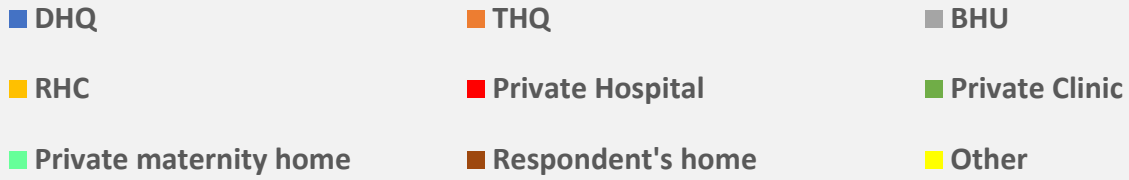
## 2. No. of Food Sachets (Maamta) Received In Previous Visit:



## 3. No. of Food Sachets (Wawamum) Received In Previous Visit:

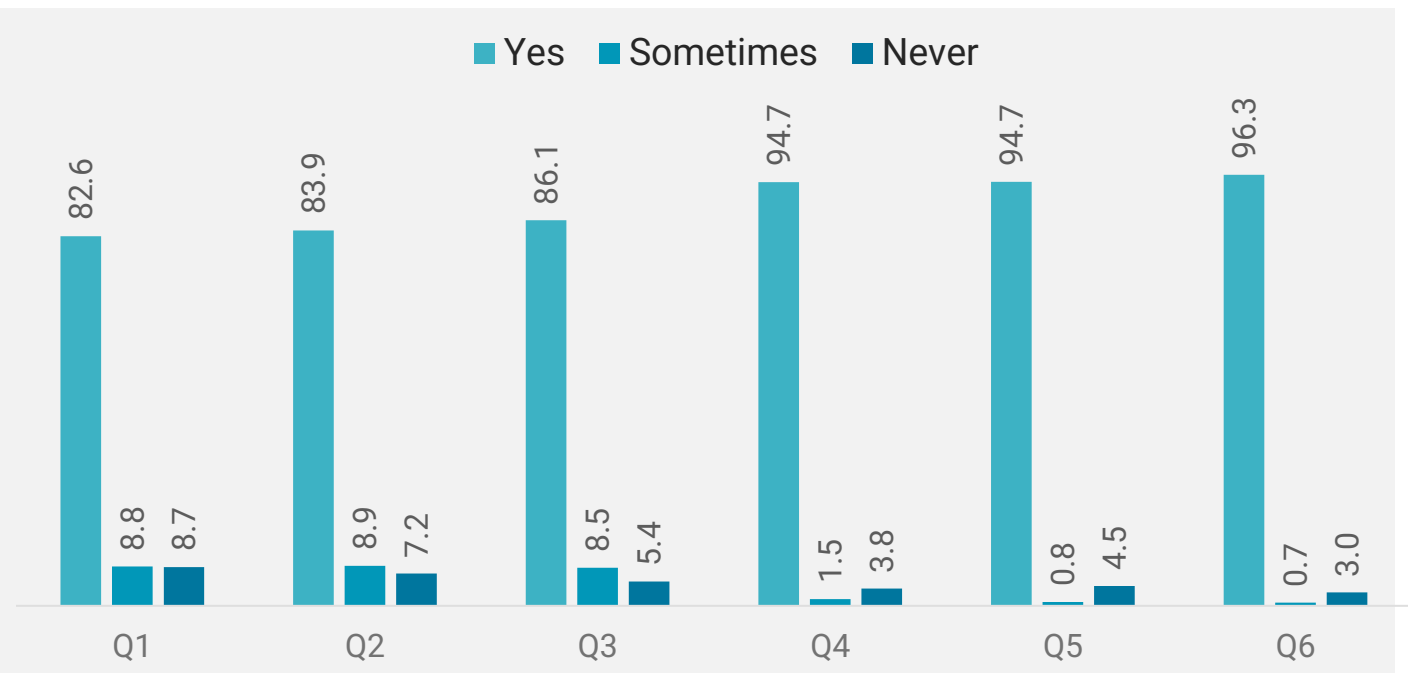


# 4. Birth Place of Child:

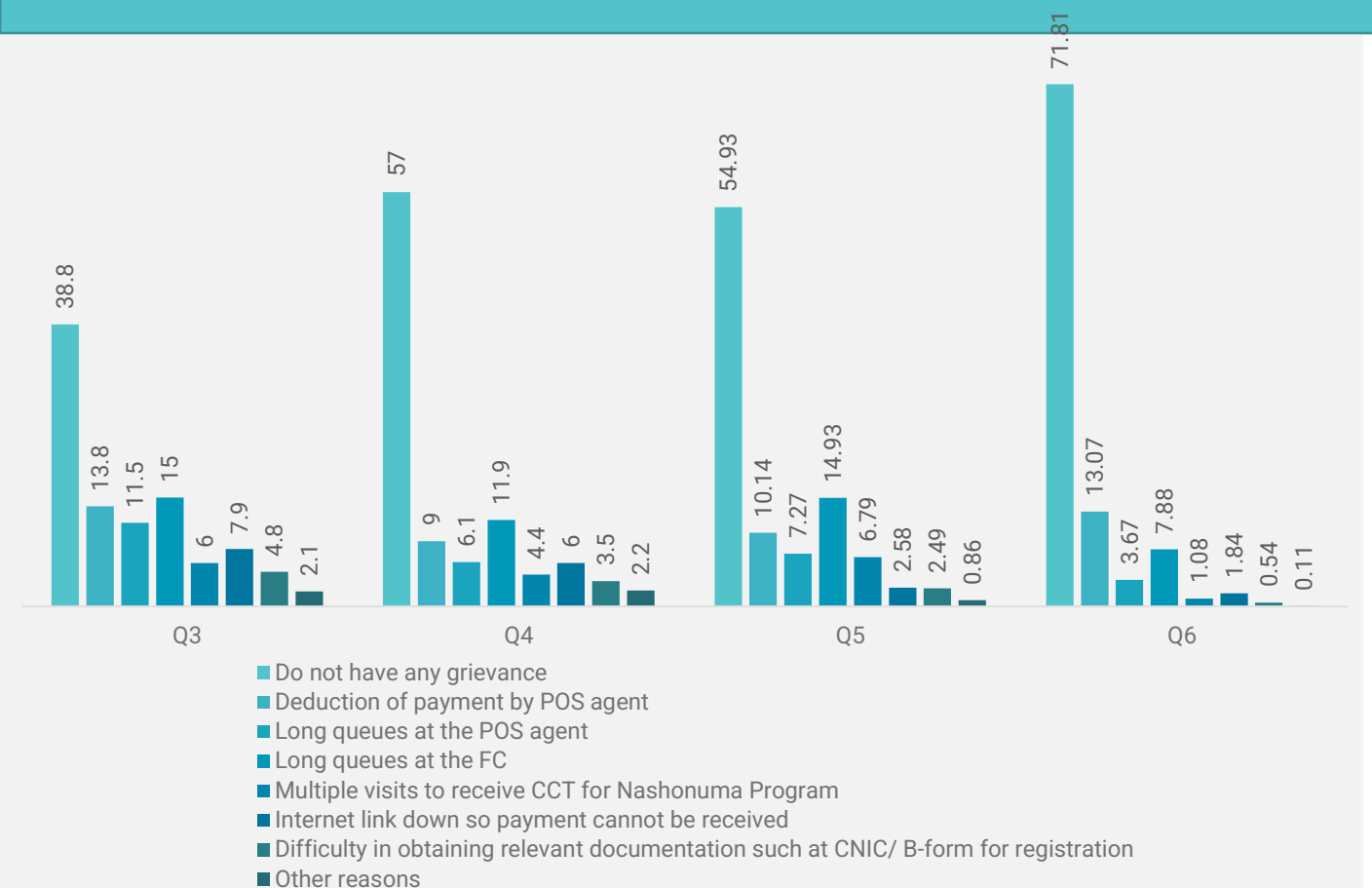


	Q1	Q2	Q3	Q4	Q5	Q6
DHQ	30.1	30.2	36.6	35.5	24.8	49.3
THQ	10.7	13.2	13.9	17.3	27.6	14.0
BHU	5.5	6.0	3.6	2.8	4.21	2.71
RHC	9.0	5.7	15.0	8.9	6.1	2.3
Private Hospital	6.0	6.9	4.1	3.3	2.3	2.3
Private Clinic	6.6	7.2	4.6	8.4	7.9	5.4
Private maternity home	4.4	7.2	8.3	7.0	7.0	10.0
Respondent's home	23.8	23.4	10.8	13.1	15.9	12.7
Other	4.1	0.3	3.1	3.7	4.2	1.4

## 5. Attending Awareness Session on Every Visit to FC:

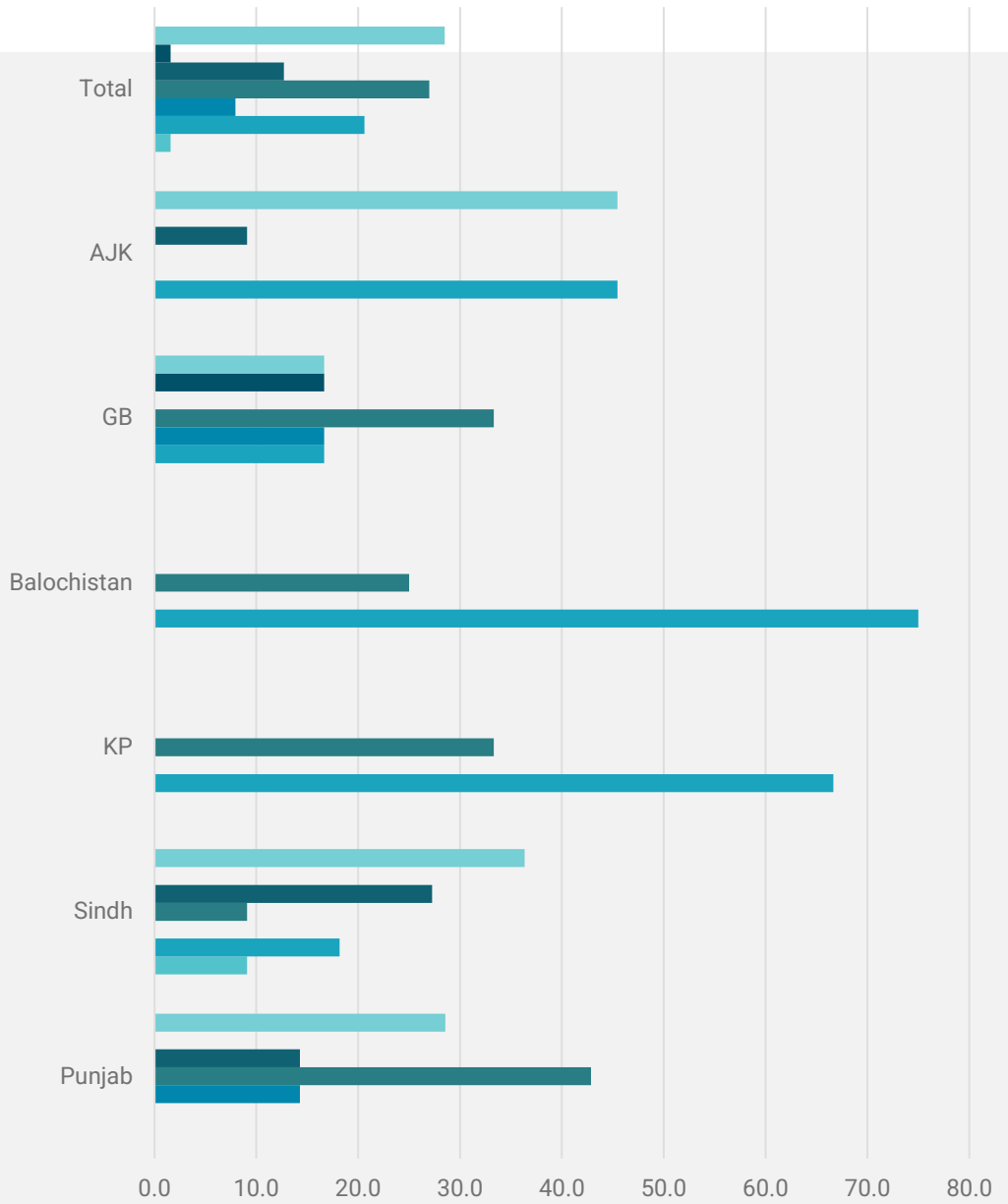


## 6. Beneficiary Grievances:



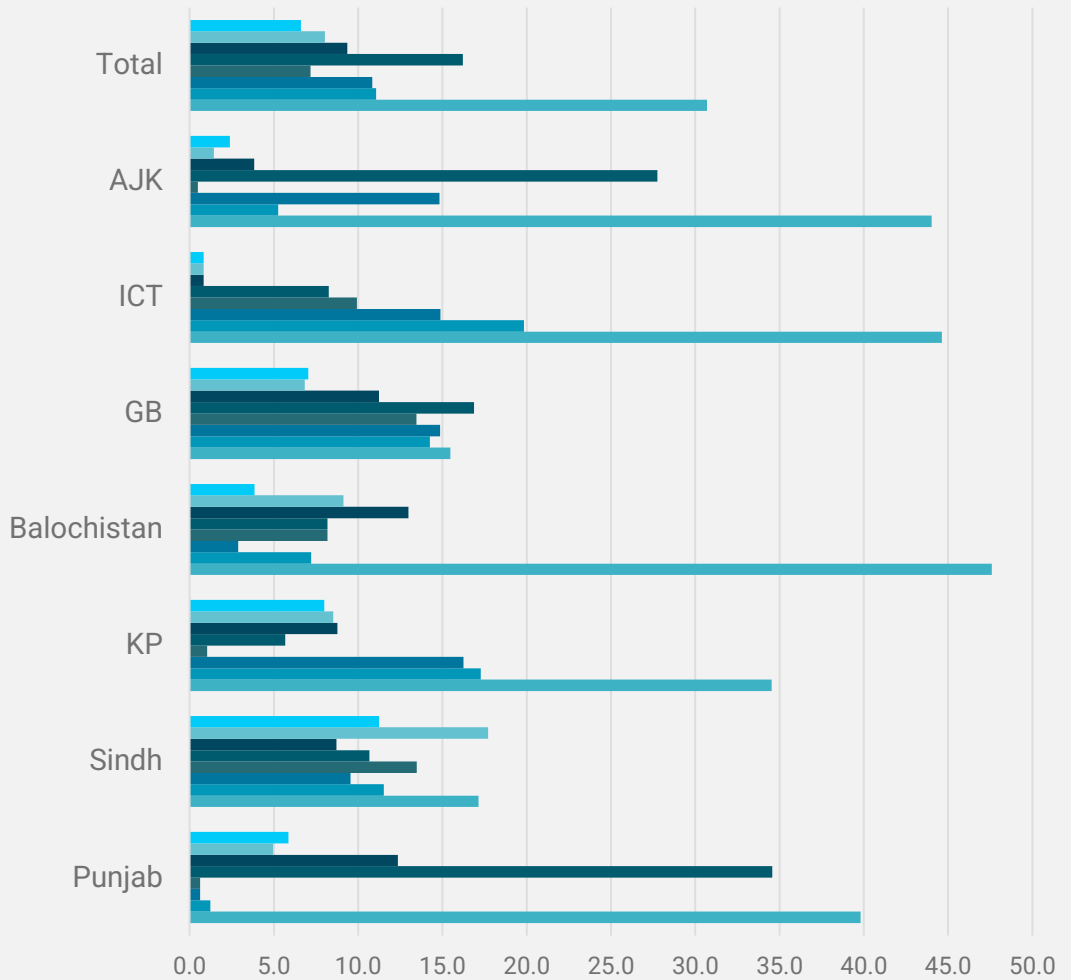


# 7. Type of Grievances:



	Punjab	Sindh	KP	Balochistan	GB	AJK	Total
Any other reason	28.6	36.4	0.0	0.0	16.7	45.5	28.5
Internet link down so payment cannot be received	0.0	0.0	0.0	0.0	16.7	0.0	1.6
Deduction of payment by POS agent	14.3	27.3	0.0	0.0	0.0	9.1	12.7
Not getting your turn at the FC	42.9	9.1	33.3	25.0	33.3	0.0	27.0
Documentation related	14.3	0.0	0.0	0.0	16.7	0.0	7.9
Lack of full supply of quarterly cash supply	0.0	18.2	66.7	75.0	16.7	45.5	20.6
Lack of provision of SNF packets	0.0	9.1	0.0	0.0	0.0	0.0	1.6

## 8. How BNP Benefited the Beneficiaries:



	Punjab	Sindh	KP	Balochist an	GB	ICT	AJK	Total
■ Raised awareness of importance of nutritious food for pregnant mother and child	5.9	11.2	8.0	3.9	7.0	0.8	2.4	6.6
■ Raised awareness of vaccination	4.9	17.7	8.5	9.1	6.8	0.8	1.4	8.0
■ Raised awareness of taking care during pregnancy	12.4	8.7	8.8	13.0	11.2	0.8	3.8	9.4
■ Beneficial to have both money and food supplements	34.6	10.7	5.7	8.2	16.9	8.3	27.8	16.2
■ Purchase of clothes for children	0.6	13.5	1.0	8.2	13.5	9.9	0.5	7.2
■ Payment covers travel costs	0.6	9.6	16.2	2.9	14.9	14.9	14.8	10.8
■ Extra payment is helpful in acquiring grocery and other household items	1.2	11.5	17.3	7.2	14.3	19.8	5.3	11.1
■ Food supplements are very good for health of child and mother	39.8	17.1	34.5	47.6	15.5	44.6	44.0	30.7

# Post Distribution Monitoring (PDM) by WFP

Post distribution monitoring is conducted every six months. The overall objective of the PDM survey is to assess Programme performance at regular intervals. This allows progress to be measured against an agreed set of indicators and also enables tracking of Programme quality and community satisfaction.

- Four PDMs have been conducted so far, the main objectives of the PDM were to assess:
- Progress of Programme activities against defined indicators.
- Beneficiary participation (Adherence) in the Programme in assisted areas (Districts).
- Progress of Maternal, New-Born and Child Health (MNCH) service utilization by the targeted beneficiaries as part of the service package.
- The “Food Security And Livelihoods” situation of the assisted population.
- Recommend appropriate actions and way forward to improve the Programme implementation.
- The fourth Post Distribution Monitoring (PDM) exercise was initiated in last week of December 2022 and data collection was completed in early January 2023. The fourth PDM survey was a collaborative effort between the Health Services Academy (HSA) and WFP. The survey employed a Two-stage sampling methodology, covering 19 tehsils across nine districts, encompassing AJK, Balochistan, GB, KP, Punjab and Sindh provinces.



## Results from the PDM survey revealed ,

- 94% Programme participation rate among beneficiaries, this is denoted by the proportion of households receiving SNF and cash assistance as planned.
- Around 75% of the families reported a positive impact on health and most pregnant and breastfeeding women recalled SBCC messages that encouraged positive behaviour change regarding breastfeeding, complementary feeding, and hygiene practices.
- Food Consumption Score (FCS) has slightly improved from the third PDM findings, Approximately 60% of households had poor or borderline food consumption scores as compared to 70% in the third quarter PDM. Relief activities in the flood-affected areas contributed to a slight improvement in FCs.
- Nearly 100% of households were satisfied with the SNF quality. Early initiation of breastfeeding has improved considerably as reflected in the graph below.

### Exclusive breast feeding, early initiation, continued breastfeeding

*Child was ever breastfed*



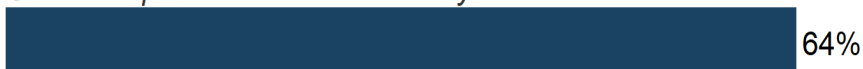
*Child still being breastfed*



*Child drank anything from a bottle with a nipple yesterday*



*Child was put to breast immediately or under one hour after birth*

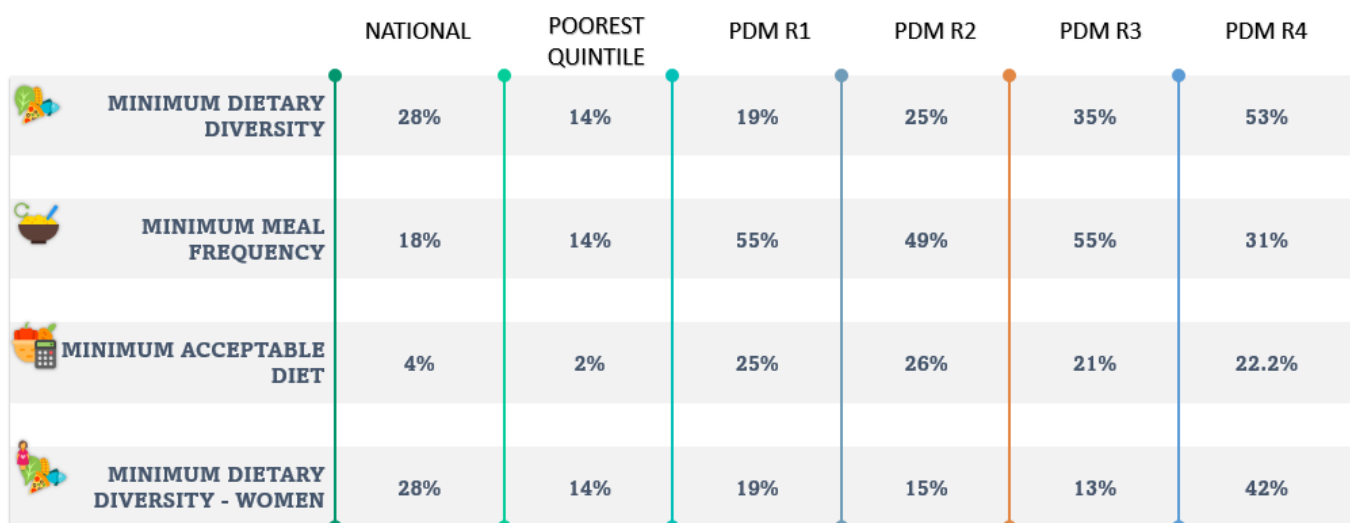


0% 25% 50% 75% 100%

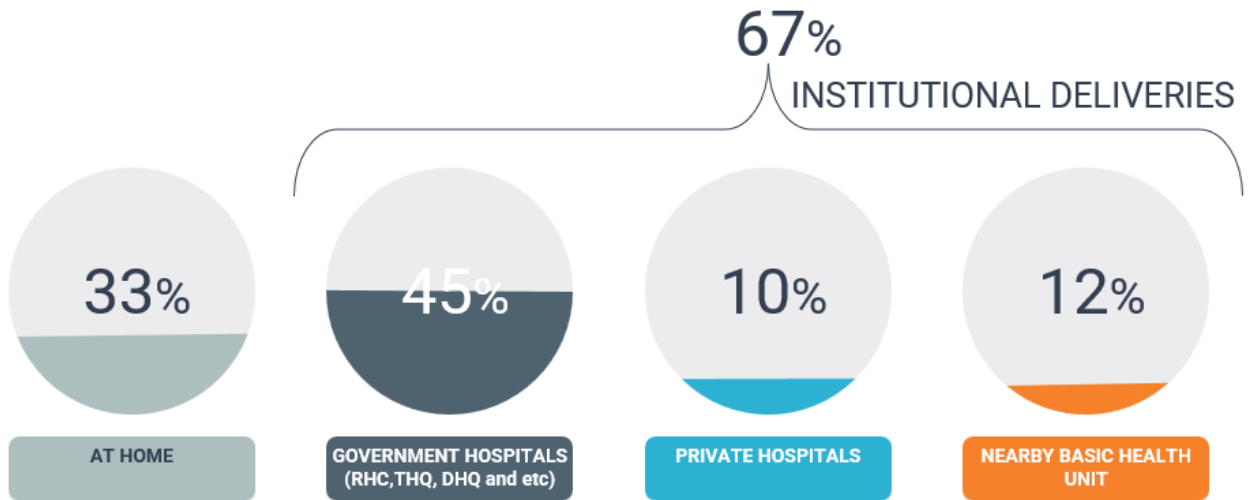


- As compared to the 3rd quarter, Minimum Dietary Diversity (MDD) for children & women and Minimum Acceptable Diet (MAD) improved in the 4th quarter.
- However, Minimum Meal Frequency (MMF) has declined in the 4th quarter as compared to the 3rd quarter.

➤ Indicator	➤ Meets
➤ Minimum Dietary Diversity (Children)	➤ 53%
➤ Minimum Meal Frequency (Children)	➤ 31%
➤ Minimum Acceptable Diet (Children)	➤ 22%
➤ Minimum Dietary Diversity for Women	➤ 42%

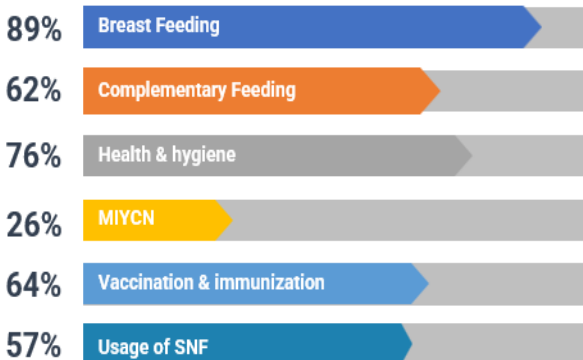


- 67% of deliveries were institutional (Child birth at Health Facility), showing a significant improvement in 4th quarter as compared to 46% of institutional deliveries in the 3rd quarter.

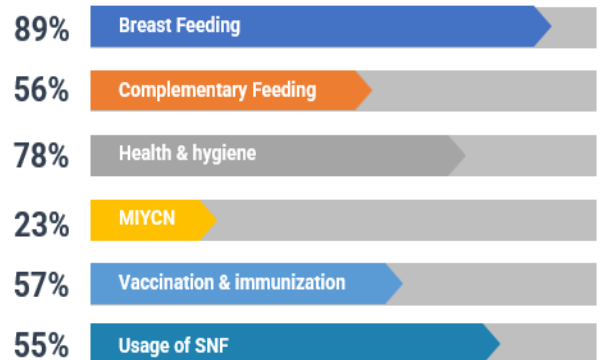


- Beneficiaries received Behaviour Change messages during their quarterly visits to FCs that were also reinforced in community sessions. The figure below shows the %age of respondents who received and recalled communications on selective practices.

### MESSAGES GIVEN



### MESSAGE RECALLED





  
**BISP**  
بینظیر ملکی و نصابی پروگرام

ملک و صوبہ کے نام (اس میں کوئی تبدیلی نہیں ہونی چاہیے)  
اس میں کے 23-40 کارڈ کے کچھ کے تصدیق کیے

رجسٹریشن نمبر: 200  
رجسٹریشن تاریخ: 2015-12-23

نام	میرا
پتہ	حیدرآباد
صوبہ	پنجاب
میرا کارڈ نمبر	147155

رجسٹریشن نمبر: 200  
رجسٹریشن تاریخ: 2015-12-23

نام: میرا  
پتہ: حیدرآباد  
صوبہ: پنجاب  
میرا کارڈ نمبر: 147155

# Success Stories and Testimonials

# Success Stories

- Ms. Shaheen Wali Shah, a resident of Jamrud district, found herself facing the challenges of a high-risk pregnancy with triplets while her husband was working as a driver, earning a meagre monthly income of PKR 15,000. However, her life took a positive turn when she registered for the Benazir Nashonuma Programme.
- The Programme's assistance came in the form of food, cash and informative messages, all aimed at ensuring a safe pregnancy and proper childcare. Ms. Shaheen felt immensely grateful for the financial support and the services provided by the Programme. It made a significant difference in her life and for her unborn children.
- Ms. Shaheen purchased nutritious food items such as milk, fruits, and honey with the conditional financial support she received during her pregnancy. By incorporating these items into her diet, she prioritized her health and well-being.
- As a result of the support she received, Ms. Shaheen felt a deep sense of appreciation for the Benazir Nashonuma Programme. She recognized that without the financial assistance and the Programme's services, managing a pregnancy with triplets would have been an overwhelming challenge for her poor family. The Programme's assistance lightened the burden and provided her with the necessary resources to navigate this critical phase of her life.
- Ms. Shaheen Wali Shah's success story exemplifies the transformative impact of the Benazir Nashonuma Programme. By addressing the needs of vulnerable families, especially during pregnancies and early childhood, the Programme empowers individuals to make informed decisions, access proper healthcare and provide essential nutrition to ensure the well-being of both mothers and their children.

**“Due to low income of my husband, managing the pregnancy of triplets would have been challenging for my family without this cash assistance and supplementary nutritious food provision. I greatly appreciate the support provided through this Programme” Shaheen remarked.**

The positive impact of the Programme extended beyond nutrition. Access to essential healthcare services, including regular check-ups and ultrasounds, ensured that Ms. Shaheen closely monitored the health of her babies. This allowed her to take necessary measures to ensure their well-being, promoting a healthier pregnancy overall.





# Improving The Health Conditions

- Mujeebullah is a 13-month-old boy who lives in Mula Banda village in UC Pacha of Buner District with his family, including five other siblings. His father is a small-scale shopkeeper in their community. When his mother Ms. Hussan Pari was approached by Nashonuma Programme community workers, she learned that she could receive both free food and cash assistance through the Nashonuma Programme. Ms. Hussan Pari visited the Nashonuma center established at THQ Hospital Pacha, Buner. Following an assessment, Mujeebullah was diagnosed with SAM. He was referred to Outpatient Therapeutic (OTP) site located at BHU Koga District Buner for SAM treatment and conditional cash. After completing SAM treatment, Mujeebullah was provided with SNF for MAM treatment. When he reached a normal nutritional status, he continued with the Nashonuma Programme's stunting prevention protocol.
- "With my previous children, I never knew about the importance of exclusive breastfeeding and complementary feeding.
- I looked for alternate options including bottle feeding. Now, with the help of video sessions and counselling, I know that bottle feeding is an unhealthy practice. I have not only changed myself but am also telling other mothers to do exclusive breast feeding". With the awareness she gained through the Nashonuma Programme, she is following good health and hygiene practices, especially while cooking and feeding the children, which has led to the entire family's improved health.
- Nashonuma Programme staff at Buner noted Mujeebullah, has shown significant progress in terms of weight gain and improvement in MUAC measurement over a short period of time and has reached the normal nutritional status through Therapeutic food in OTP followed by SNF, while following MAM treatment and eventually food according to stunting prevention protocols.



**B E F O R E**



**A F T E R**



# Testimonials

## **Reshma Bibi**

Children Enrolled: 1  
Thatta, Sindh



Ms. Reshma aged 36, feeds her 14-months old daughter (Alisha) with fruits, fish, eggs, and milk after receiving cash assistance from the Benazir Nashonuma Programme. She was otherwise unable to afford these items for her children.

# Testimonials

## Rami

Children (Grandson) Enrolled: 1  
Tando Muhammad Khan, Sindh



“Fear is no reason to neglect children's health. I am very positive about vaccination now,”

In Rami's village, people used to feel reluctant to vaccinate children due to a lack of awareness and misconceptions about it.

# Testimonials

## Shareefan

Children Enrolled: 1

Makli, Thatta, Sindh



"Usually, my children were born malnourished and extremely ill. Now, with the help of the Benazir Nashonuma Programme, knowing that I can provide them with the very best nutrition and information focused on their long-term growth, I feel safe for them".

# Testimonials

## Saba Ibrahim

Children Enrolled: 2

Khanewal, Punjab



"After intake of Maamta, I have observed an increase in my milk production since I started breastfeeding my child. This production was very low previously while I was breastfeeding my elder daughter".







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