



Brief on Ehsaas Nashonuma

Health and nutrition conditional Cash transfer programme

Pakistan's high rates of malnutrition (40.2% stunting, 28.9% underweight and 17.7% wasting) are indicative of an on-going child nutrition crisis. Such levels of malnutrition rank Pakistan the second-highest burden country in the region. The World Health Organization (WHO) singles out poor nutrition as the most important threat to the world's health. The worst damages of malnutrition happen during pregnancy and early childhood – from conception to two years, i.e. the first 1000 days. Long-term insufficient nutrient intake and frequent infections can cause stunting, whose effects in terms of delayed motor and cognitive development are largely irreversible. The nutritional status of new-borns and infants is directly linked with the health and nutritional status of the mother before, during and after pregnancy. The consequences of stunting on child education and development are also dramatic. Various studies show that child stunting can adversely impact brain development and impair motor skills. Evidently, every year, Pakistan loses 3% of its GDP (USD 7.6 million) due to malnutrition. These losses are manifest themselves in the form of reduced labour productivity, loss of future workforce and increased health expenditure.

Prevention of stunting covering the period of the 1000 days is clearly a major area to sustainably tackle the economic and social impacts of malnutrition faced by Pakistan. In this regard, social protection initiatives under Ehsaas present a clear and the most cost-effective entry point to access the most vulnerable groups for improving nutrition outcomes in the short-term by changing related indicators and preventing another generation from becoming stunted.

There is no serious effort made in the past to address the serious issue of stunting and this area remained unaddressed which caused more than 40% stunting in children. The Honorable Prime Minister in his first speech to the nation highlighted the key issue of malnutrition and committed to addressing the issue. In line with this vision, Ehsaas developed a *new* nutrition conditional cash transfer (CCT) programme called "Ehsaas Nashonuma". The design of "Ehsaas Nashonuma" was informed by an in-depth review of evidence and inputs of a high-level expert committee comprising technical local and International experts, development partners and Provincial Governments

Ehsaas Nashonuma aims to address stunting among pregnant and lactating women (PLW) and their children less than 2 years of age through conditional cash transfers of PKR 1500 per quarter per PLW for boy child and PKR 2,000/- per quarter per girl child of Ehsaas Kafaalat beneficiaries linked with consumption of specialized nutritious Food, immunization and attendance of health awareness sessions on quarterly basis.

The Ehsaas Nashonuma will be launched as a pilot project in 9 districts of the country in the first phase which include Khyber, Upper Dir, Bagh, Ghizer, Hunza, Kharmang, Kharan, Badin, and Rajanpur selected on the basis of high stunting rate and in consultation with the provincial health departments. 33 Ehsaas Nashonuma Marakaz will be established at Tehsil level health facilities to provide all the services under one roof under the programme. World Food Programme has been hired as an implementing partner to carry out all the activities of the programme.

The design is focusing first 1000 days window of opportunities, planned nutritional services will address nutrient gaps that are critical for improving birth outcomes and preventing stunting. This intervention will provide a solid, context-driven and scalable model for integrating nutrition-sensitive approaches within social protection platforms. The action is anchored upon the need to address high rates of malnutrition in Pakistan where the highest burden is within the poorest segments of the population.

33 Ehsaas Nashonuma Centers in 9 districts will be functional in August 2020.