



BULLETIN

NUTRITION SECTOR COX'S BAZAR, BANGLADESH

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SECTOR HIGHLIGHTS

- Starting in October, the Nutrition Sector began providing the full nutrition package to new arrivals including OTP, BSFP, TSFP, IYCF, IFA etc.
- The second round of the Deworming and VAS Campaign along with Mass MUAC screening was successfully conducted on 14-22 October and 8-15 December respectively across 33 camps where over 150,000 children aged 6-59 months (49% girls) were screened for malnutrition. 98,381 (105% of target) children (24-59 months) received deworming tablets whereas 153,300 (104% of target) children (6-59 months) received Vitamin A capsules in the campaigns.
- The 2025 Nutrition Program Planning Workshop was successfully held with 30 participants (9 female) from 04-05 December 2024, organized by the Nutrition Sector with support from UNICEF. The workshop aimed to collaboratively develop a strategic and actionable program plan for 2025 across five thematic areas.
- The annual nutrition survey's quantitative data collection was conducted in December 2024, following the training of data enumerators which was led by UNHCR and implemented by Concern Worldwide, with technical support from NNS, UNICEF, WFP and other nutrition sector partners.
- Nutrition sector arranged a Cluster coordination Performance Monitoring (CCPM) report validation workshop on 17th December 2024 engaging 20 participants (7 female) from government, NNGOs, INGOs and UN Agencies to discuss CCPM preliminary report received from the survey.

NUTRITION PROGRAMME UPDATE

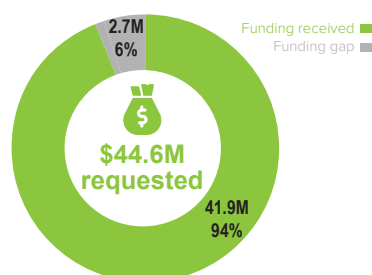
| REFUGEE | 2024 TARGET | PROGRESS (Jan-Dec) |
|---------------------|---|---|
| SAM | 12,200 | 11,716 (96% of target) Cure rate 91.24% |
| MAM | U5*- 59,400 PLW- 3,500 | U5- 52,437 (88% of target) Cure rate 98.74% PLW- 3,692 (105% of target) |
| IYCF | 86,100 | 111,497 (129% of target) |
| BSFP* | U2*- 57,900 PLW- 40,300 | U2- 56,551 (95% of target) PLW- 39,925 (99% of target) |
| NSEP* | O2*- 86,700 | O2- 88,763 (102% of target) |
| IFA | PLW- 33,600 Adolescent- 99,000 | PLW- 25,007 (74% of target) Adolescent- 77,647 (78% of target) |
| GMP | 154,400 | 163,987 (106% of target) |
| VAS R2 | 152,000 | 153,326 (104% of target) |
| Deworming R2 | 92,000 | 98,381 (105% of target) |

| HOST COMMUNITY | 2024 TARGET | PROGRESS (Jan-Dec) |
|----------------|---|--|
| MAM | U5*- 5,000 PLW- 2,400 | U5- 10,304 (206% of target) Cure rate 97.27% PLW- 2,713 (113% of target) |
| IYCF | 27,200 | 31,423 (116% of target) |
| IFA | PLW- 12,000 Adolescent- 37,000 | PLW- 18,073 (151% of target) Adolescent- 12,415 (34% of target) |

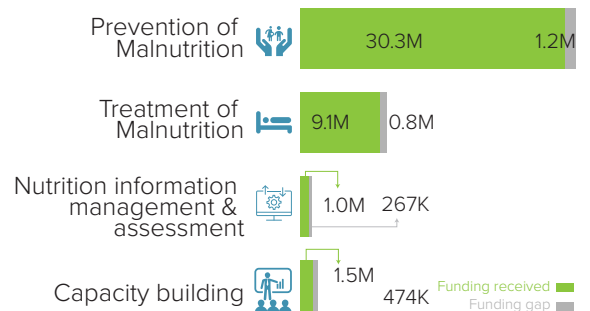
*U5 denotes children of 6 to 59 months; *O2 denotes children of 24-59 months. *BSFP and NSEP refer to the monthly highest number of children this year.

FUNDING UPDATE AS OF 31 DECEMBER 2024

Overall Funding Status



Funding Status by Activity



Note: Prevention and treatment of malnutrition is the most critical priority needs where USD 1.7M were funding gap. *One of the appealing partners did not submit the funding status as of December 2024. So, their funding status has been used as of Sept 2024.

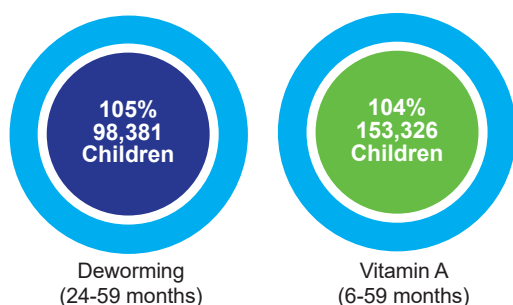
MASS MUAC SCREENING, DEWORMING AND VITAMIN A CAMPAIGN

In collaboration with the Nutrition Sector (NS) partners such as the LNGOs, INGOs and UN agencies (UNHCR and WFP), UNICEF conducted two key nutrition campaigns in the 33 refugee camps of Cox's Bazar, with necessary approvals from the Civil Surgeon Office and the RRRC Office.

The deworming campaign, held from 14 October to 22 October 2024, targeted the children aged 24–59 months. As a result, a total of 98,381 children (49



Figure 1: Deworming and Vitamin A Campaign Coverage



per cent girls) received deworming tablets, achieving 105 per cent of the target of 93,500. Over 150,000 children (49 per cent girls) were screened for malnutrition using MUAC, representing 102 per cent of the target. During this campaign, a total of 2,152 children with acute malnutrition were admitted for treatment, with 443 children enrolled in the Outpatient Therapeutic Programme (OTP) for severe acute malnutrition (SAM) and 1,709 in the Targeted Supplementary Programme (TSP) for moderate acute malnutrition (MAM). Additionally, 57,291 pregnant women and caregivers of children aged 0–23 months received age-appropriate infant and young child feeding (IYCF) messages.

The vitamin A campaign, conducted from 8 December to 15 December 2024, targeted the children aged 6–59 months. During the campaign, a total of 153,326 children (49 per cent girls) received vitamin A capsules and were screened for malnutrition using MUAC, achieving 104 per cent of the target of 147,930. Furthermore, 1,656 children with acute malnutrition were admitted for treatment (343 children in the OTP for SAM and 1,313 in the TSFP for MAM). A total of 59,782 pregnant women and caregivers of children aged 0–23 months were provided with age-appropriate IYCF messaging.

2025 NUTRITION PROGRAMME PLANNING WORKSHOP

In response to the deterioration of malnutrition situation, including high wasting and stunting rates among the children under five in 2023 and a concerning increase in admissions for severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) which have risen respectively by 13 per cent and 29 per cent in 2024 compared to admissions in 2023—the Nutrition Sector, with the support of UNICEF, hosted the “**2025 Nutrition Program Planning**” workshop on 4-5 December 2024 to identify areas for program quality improvement and strengthen collaboration across the five key thematic areas:



- Evidence Generation, Digitalization, and Advocacy
- Social Behavior Change Communication
- Capacity Building and Sustainability
- Adolescent Nutrition
- Nutrition-Sensitive Interventions (Health, Food Security, WASH)

The 2025 Nutrition Programme Planning Workshop brought together 30 participants (including nine female) from various partners of the Nutrition Sector to collaboratively shape a strategic and actionable work-plan for 2025. The participants assessed the current levels of collaboration across the sectors and proposed actionable recommendations for enhancing cooperation within these critical thematic areas. The workshop served as a foundation for a coordinated and effective approach to improving programme quality, with a focus on transforming the workshop's recommendations into meaningful, impactful actions.

2024 CLUSTER/SECTOR COORDINATION PERFORMANCE MONITORING (CCPM) VALIDATION WORKSHOP

The NS has completed the Cluster/Sector Coordination Performance Monitoring (CCPM) exercise in the fourth quarter of 2024, the primary goal of which is to ensure that the clusters and sectors can operate efficiently, with effective coordination mechanisms that fulfil the core functions, address the needs of members, and support service delivery to the affected populations. It also serves as a key tool for demonstrating accountability, highlighting the added value of coordination, and justifying its associated costs.

The CCPM survey was launched on 5 November 2024, and completed by 25 November 2024, assessing the performance of the Nutrition Sector in Cox's Bazar for 2024. The preliminary report, compiled by the Global Cluster, was shared with all partners. Of the 19 indicators assessed, 18 were rated as "Good," while one was deemed "Satisfactory." The Nutrition Sector arranged the CCPM report validation workshop on 17 December 2024 that focused on contextualisation and validation of the findings of the preliminary report, identifying actions for support and improvements. Following a validation

process, all indicators were upgraded to "Good." The workshop was attended by 20 participants (seven female) from the government, local/national NGO, INGOs, and UN agencies. The discussions that took place in the workshop will lead to the development of the Final Coordination Performance Report and NS work-plan 2025.

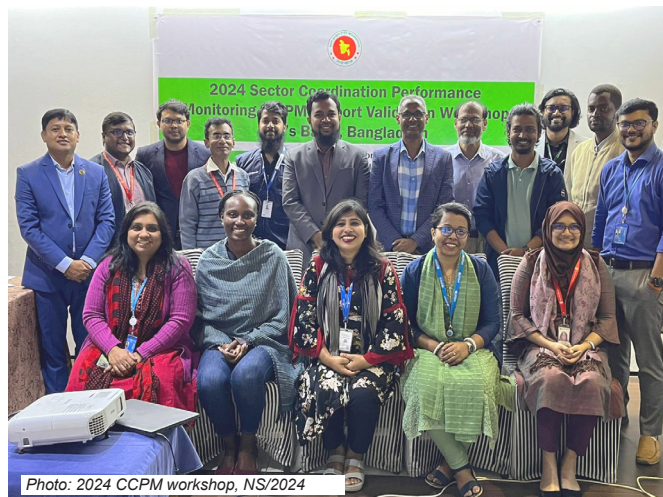


Photo: 2024 CCPM workshop, NS/2024

ORIENTATION ON MCH CARD FOR THE NUTRITION SECTOR PARTNERS

The Maternal Child Health (MCH) card, developed by the Sexual and Reproductive Health (SRH) Technical Working Group (TWG) and led by UNFPA, is an essential tool designed to improve maternal and child health services for the Rohingya refugees. This card serves as a comprehensive health and nutrition record, tracking the key indicators, such as antenatal care, immunisation, growth monitoring, infant and young child feeding, maternal nutrition and ECCD. It is particularly focused on ensuring that the pregnant women, lactating mothers, and children under five receive the appropriate healthcare services. By consolidating vital health and nutrition information in one accessible document, the MCH card supports better continuity of care as well as helps the health and nutrition workers monitor the health of both mothers and children throughout the various stages of pregnancy, childbirth, and early childhood.

To ensure the effective use of the card by the Nutrition Sector partners, the IYCF TWG, with the support of UNICEF, organised an orientation on Maternal Child



Photo: Orientation on MCH card. NS/2024

Health (MCH) card for the Nutrition Sector partners on 18 December 2024. A total of 55 participants (14 female), including programme managers, deputy programme managers, nutrition experts, and nutrition site supervisors from different nutrition partners, attended the orientation. These staff members will, in turn, cascade the orientation to the frontline service providers, as applicable.

2024 NUTRITION SURVEY- CAUSAL ANALYSIS TO ADDRESS MALNUTRITION IN THE REFUGEE CAMPS

The deteriorating malnutrition condition in the camps, exacerbated by factors like overcrowding, severe weather events (monsoons, floods, and landslides), health-seeking behaviours, food insecurity, inadequate WASH services, and high vulnerability among the refugees, necessitate a nutrition causal analysis (NCA). This analysis will help identify the specific determinants of malnutrition in the camps, providing a deeper understanding of the causes and risk factors affecting malnutrition rates among the children in refugee settings. The insights gained will inform multi-sectoral programming and potential shifts in strategies to address the root causes of malnutrition, ultimately improving the nutritional status of the children, women, and adolescents within the Rohingya refugee population.

The nutrition survey consists of two components: the standardised expanded nutrition survey (SENS), which serves as the quantitative component, and the nutrition causal analysis (NCA), which represents the qualitative component. The quantitative survey (SENS) is led by UNHCR and implemented by Concern Worldwide, with technical support from the National Nutrition Services (NNS) and AIM TWG members, while UNICEF and WFP, in partnership with ACF-UK and GK, are leading

the qualitative study. An inception workshop was held virtually on 28 November 2024, with participation from various sectors. Its key objectives included:

- Presenting the Link NCA methodology and its adaptation for the study area.
- Contributing to the literature review process.
- Discussing key determinants of wasting and stunting, including trends since 2019.

The quantitative survey (SENS) protocol has been adjusted to establish a stronger connection with the qualitative survey (NCA). The risk factors identified from the previous survey report reviews and data analyses have been integrated into the SENS questionnaire, enabling the collection of data necessary for conducting causal analysis. Training for quantitative data collection was conducted on 23-28 November 2024, involving 55 participants (25 female) from the Nutrition Sector partners. Data collection for the quantitative survey began on 30 November 2024, and concluded on 21 December 2024. The analysis of the collected data is currently underway, with the findings expected to guide strategies and interventions for addressing malnutrition in the camps.

SULTANA'S STRUGGLE AGAINST DOMESTIC ABUSE AND MALNUTRITION

Sultana (anonymous name), a 33-year-old woman living in Camp 15, faced severe domestic abuse exacerbated by displacement and food insecurity. Her husband was involved in gambling and controlled family resources, leaving her powerless and her children vulnerable. One of her children, Khalek (anonymous name), became moderately malnourished due to inadequate care. Fearing stigma, Sultana avoided seeking legal help, sinking deeper into despair.

However, Concern Worldwide's Integrated Nutrition Programme (INP) intervened after a block volunteer reported her case. Khalek was admitted to the Targeted Supplementary Feeding Programme (TSFP) and Sultana received IYCF counselling on complementary feeding and meal preparation. Recognizing signs of depression, Sultana was referred to psychosocial support (PSS), where she learned the stress reduction techniques, and guidance on her rights and resources such as women-friendly spaces. Through play sessions and ECCD messaging, her

child's developmental needs were also addressed. Her husband was included in the Father-to-Father support group, raising his awareness of equitable decision-making and child-rearing.

Through counselling, PSS, and community mobilisation, Sultana was able to rebuild her confidence, and her husband gradually acknowledged the consequences of his actions, improving communication and involving her in the process of taking family decisions. Khalek recovered and was discharged from the TSFP, while Sultana emerged as an empowered caregiver. While barriers like societal stigma persist, the integrated approach has empowered the caregiver to prioritize her well-being and that of her child.

FROM STRUGGLE TO STRENGTH: TUBA'S INSPIRING JOURNEY TO COMBATING MALNUTRITION

Childhood disability and malnutrition are deeply interconnected, often compounding challenges for children and families. For Tuba Sultana, a 45-month-old child with cerebral palsy and moderate acute malnutrition (MAM), these challenges seemed insurmountable. Living in Camp-1W, Tuba was referred to the integrated nutrition facility (INF), operated by Gonoshasthaya Kendra (GK), where she was admitted to the Targeted Supplementary Feeding Programme (TSFP) on 9 June 2024. At the time, her mid-upper arm circumference (MUAC) was 14.1 cm, weight just 8.2 kg, and z-score below -2SD.

Despite receiving nutritional support, Tuba initially struggled to gain weight. Her caregiver observed that she was not eating enough, and her disability posed additional challenges to her feeding. Recognising the issue, the IYCF counsellor introduced a new feeding approach, positioning Tuba at a 45-degree angle instead of lying down during feeding. This adjustment made a remarkable difference, as Tuba's feeding improved significantly. The community nutrition volunteer supported the family with regular home visits, offering personalised guidance and counselling. With consistent care and effort, Tuba's health began to improve. By her discharge on 4 August 2024, her MUAC had increased to 14.6 cm, weight to 8.8 kg, and z-score above -2SD, meeting the recovery criteria.



Tuba's parents were overwhelmed with joy and gratitude for the dedicated support of the nutrition team. Her recovery not only brought relief to her family but also highlighted the life-changing impact of tailored care and innovative approaches in addressing the complex intersection of malnutrition and disability.

HOPE AMID HARDSHIP: A MOTHER'S JOURNEY TO SAVE HER CHILD

Noor Kolima, a 24-year-old woman, fled Myanmar with her family, escaping conflict and insecurity in August 2024. After two months of hiding in the jungle on the Bangladesh-Myanmar border with food scarcity, her youngest child, two-year-old Md. Omor, became severely malnourished. Noor recounted, **“Three months ago, my child was healthy. Now my child can't eat, stand, or even walk.”** In October 2024, Noor brought Omor to the integrated nutrition facility (INF) in Camp 11, operated by the Society for Health Extension and Development (SHED). During admission, Omor displayed all signs of acute malnutrition, like severe wasting with thin limbs, prominent ribs, and loose skin on his thighs weighing only 6.7 kg, MUAC of 9.9 cm, and WHZ below -3SD. Omor was immediately referred to the stabilisation centre (SC) within the facility, where the treatment was initiated with F-75 therapeutic milk to stabilise him, supported by antibiotics to address suspected infections. After three days, Omor began to gain weight and energy. Once stabilised, he was transitioned to F-100 therapeutic milk to rebuild his wasted tissues, alongside playful activities introduced by ECCD counsellors to encourage physical and social development.

Noor also received psychosocial support (PSS) to address her emotional struggles. She gradually opened about her family's hardships, finding strength and building a deeper connection with her recovering son. After 16 days of integrated medical,



Photo: Omor recovering from Severe Acute Malnutrition (SAM). SHED/2024

nutritional, and emotional care, Omor's weight increased to 8.16 kg, with his MUAC improving to 11.8 cm. He became active and playful, while Noor gained emotional resilience. She reflected, **“My child can eat properly now and has regained energy. I am so relieved to see him healthy again.”**

This case highlights the critical role of comprehensive care in addressing both physical and emotional needs in humanitarian crises.

Abbreviation

| | |
|------|--|
| BSFP | Blanket Supplementary Feeding Programme |
| CCPM | Cluster Coordination Performance Monitoring |
| ECCD | Early Childhood Care and Development |
| GMP | Growth Monitoring and Promotion |
| IFA | Iron and Folic Acid |
| INF | Integrated Nutrition Facility |
| INGO | International Non-governmental Organizations |
| IYCF | Infant and Young Child Feeding |
| LNGO | Local Non-governmental Organizations |
| MAM | Moderate Acute Malnutrition |
| MUAC | Mid-Upper Arm Circumference |
| NSEP | Nutrition Sensitive E-Voucher Programme |
| OTP | Outpatient Therapeutic Programme |
| O2 | Children over 2 years |
| PLW | Pregnant and Lactating Women |
| RRRC | Refugee Relief and Repatriation Commissioner |
| SAM | Severe Acute Malnutrition |
| TSFP | Targeted Supplementary Feeding Programme |
| UN | United Nations |
| U5 | Children Under 5 years |
| VAS | Vitamin A Supplementation |
| WASH | Water, Sanitation and Hygiene |
| WHZ | Weight for Height Z-score |

Nutrition Sector Contacts

Sector Coordinator

Kibrom Tesfaselassie

✉ ktesfaselassie@unicef.org

☎ +880 1701 208902

Information Management Officer

Mohd Mostakim Ali

✉ mmoali@unicef.org

☎ +880 1824 016708

UNV Nutrition Officer

Suparna Das Toma

✉ stoma@unicef.org

☎ +880 1952 251759

About Nutrition Sector (NS)

The Nutrition Sector was established in 2017 during the Rohingya refugee influx in Cox's Bazar, with the goal to provide coordinated nutrition interventions. To ensure effective delivery of nutrition services, the Sector has collaborated with 10 partners, including the Government of Bangladesh, in 2024. This collaboration allows the Sector to operate at the forefront of nutritional interventions. The Sector has a Strategic Advisory Group that advocates for strategic priorities and supports contingency plans. Currently, the Sector comprises three technical working groups, namely, the Infant and Young Child Feeding in Emergency Working Group, the Community Management of Acute Malnutrition Working Group, and the Assessment, and Information Management Working Group. These working groups guarantee compliance with the national and international standards.

This quarterly bulletin for the Nutrition Sector in Cox's Bazar in 2024 showcases the sector's achievements, updates, emergency responses, etc. The bulletin highlights the sector's success in strengthening humanitarian nutrition coordination, which has led to a predictable and accountable response. In addition, it captures the high-level brainstorming workshop that was held to enhance the sector's capabilities to address potential nutrition issues. Additionally, the bulletin features survey findings and success stories that illustrate the sector's outstanding work. The sector's commitment to cutting-edge humanitarian responses is evident in this bulletin, which doubles as a testament to its unwavering dedication. Consequently, the Nutrition Sector has been able to provide effective nutritional interventions to those in need.