



# BULLETIN

## NUTRITION SECTOR COX'S BAZAR, BANGLADESH

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### SECTOR HIGHLIGHTS

- With the support of UNICEF and WFP and in partnership with GK and ACF-UK, an initial multi-sector technical workshop on Nutrition Causal Analysis (NCA) was conducted on 28 January 2025 to analyse the key determinants of persistently high malnutrition levels among the Rohingya children aged 6–59 months.
- Qualitative data collection for the Nutritional Causal Analysis (NCA) was completed in March 2025 across various camps, and data analysis is currently ongoing.
- The NS SAG endorsed the SOP on management of infants under six months prepared by the CMAM Technical Working Group (TWG). This SOP aligns with the updated WHO 2023 wasting management guidelines. Implementation of activities has already started in March 2025, following the orientation of key nutrition staff.
- The SOP for Iron and Folic Acid (IFA) blanket supplementation across all the camps has been endorsed by the SAG members and shared with the NS partners for implementation.
- The lead and co-lead for three TWGs - AIM TWG, CMAM TWG, IYCF TWG have been selected rotationally. AIM TWG will be led and co-led by WFP and UNICEF, CMAM TWG by UNICEF and WFP, and IYCF TWG by UNHCR and GK respectively. They will be officially effective in their roles from April 2025.

### NUTRITION PROGRAMME UPDATE

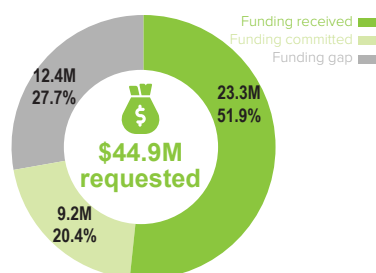
REFUGEE	2025 TARGET	PROGRESS (Jan-Mar)
<b>SAM</b>	14,100	3,085 (NA- 293) (22% of target) Cure rate 93.51%
<b>MAM</b>	U5*- 55,300 PLW- 4,100	U5- 13,147 (NA- 932) (24% of target) Cure rate 99.37% PLW- 1,008 (NA- 104) (25% of target)
<b>IYCF</b>	104,700	50,186 (48% of target)
<b>BSFP*</b>	U2*- 65,100 PLW- 39,900	U2- 57,521 (88% of target) PLW- 36,006 (90% of target)
<b>NSEP*</b>	O2*- 94,200	O2- 90,257 (96% of target)
<b>IFA</b>	PLW- 37,500 Adolescent- 105,700	PLW- 13,045 (35% of target) Adolescent- 82,501 (78% of target)
<b>GMP*</b>	163,100	166,521 (102% of target)

HOST COMMUNITY	2025 TARGET	PROGRESS (Jan-Mar)
<b>MAM</b>	U5*- 5,400 PLW- 2,600	U5- 2,669 (49% of target) Cure rate 98.82% PLW- 671 (26% of target)
<b>IYCF</b>	32,100	29,284 (91% of target)
<b>IFA</b>	PLW- 14,500 Adolescent- 37,800	PLW- 2,836 (20% of target) Adolescent- 13,602 (36% of target)
<b>GMP*</b>	58,700	70,271 (120% of target)

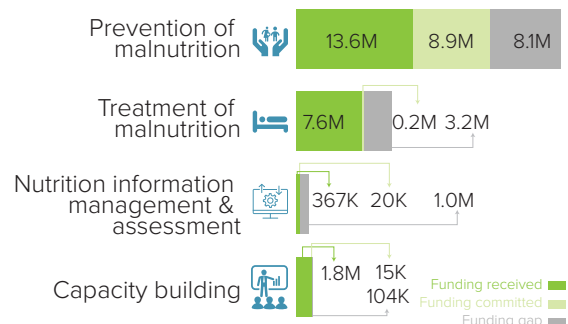
\*U5 denotes children of 6-59 months. \*O2 denotes children of 24-59 months. \*BSFP, NSEP and GMP refer to the highest number of children reached on a monthly basis.

### FUNDING UPDATE AS OF 31 MARCH 2025

#### Overall Funding Status



#### Funding Status by Activity



Note: Prevention and treatment of malnutrition is the most critical priority needs, where the funding gap was USD 24.2M.

## INITIAL TECHNICAL WORKSHOP ON NUTRITION CAUSAL ANALYSIS (QUALITATIVE PART)

With the collaborative support of UNICEF and World Food Programme (WFP), in partnership with GK and ACF-UK, an initial technical workshop on Nutrition Causal Analysis (NCA) was successfully conducted on 28 January 2025. This initiative brought together 55 participants, including 20 women, representing various sectors and working groups such as Food Security, Gender in Humanitarian Action (GiHA), Health, Mental Health and Psychosocial Support Services (MHPSS), Nutrition, and Water, Sanitation, and Hygiene (WASH).

The workshop served as a crucial platform for gathering accurate, context-specific insights into the underlying causes of persistently high malnutrition rates among the Rohingya children aged 6–59 months, residing in the Forcibly Displaced Myanmar Nationals' (FDMN) camps in Cox's Bazar. By facilitating in-depth discussions and multidisciplinary collaboration, the session deepened the stakeholders' understanding of the diverse and interrelated factors contributing to malnutrition.

Following the initial workshop, qualitative data collection for the NCA was successfully completed in March 2025.

Currently, the data analysis phase is underway which aims to 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 initiate potential shifts in strategies to address the root causes of malnutrition, ultimately improving the nutritional status of children, women, and adolescents within the Rohingya refugee population.



## SADIA'S JOURNEY TO GROWTH THROUGH BREASTFEEDING SUPPORT

Optimal nutrition is essential for child survival and healthy development. To address the ongoing needs of vulnerable populations among the Rohingya refugees, Concern Worldwide is implementing an integrated nutrition programme with the support from UNHCR and WFP in all five blocks of the Nayapara Registered Camp, aimed at improving the well-being of at-risk communities. As a part of this initiative, Concern Worldwide is conducting a comprehensive malnutrition screening to assess and support approximately 2,900 to 3,000 beneficiaries, ensuring the implementation of targeted interventions that enhance nutritional status and overall health outcomes.

Ayesha Khatun, a Rohingya mother from the Nayapara Registered Camp, sought support at the nutrition center for her newborn, Halima Sadia. She was born underweight at just 2.2 kg, and struggled with breastfeeding due to poor attachment and ineffective suckling. Concern's Infant and Young Child Feeding (IYCF) counselor identified these challenges and provided hands-on guidance on proper breastfeeding techniques, including positioning, attachment, and expressing and storing breast milk. Gradually, Halima Sadia began to suck breast milk effectively, and her weight increased steadily. Her mother expressed gratitude for the support and guidance

provided by the IYCF counsellor and Concern Worldwide, noting the significant improvement in her child's health.

Halima Sadia's mother recalls her initial concerns, saying, *"When my child was born, she was very small, and I was deeply worried. However, when I visited the nutrition centre, I received invaluable counseling on breastfeeding, including proper attachment, positioning, feeding frequency, duration, and overall infant care. I followed all the guidance patiently, and over time, my child recovered and gained adequate weight. After receiving nutrition support from the Nayapara Registered Camp, Sadia's health improved significantly. I am profoundly grateful to the entire Concern nutrition team for its members' dedication and immense contribution in saving my child."*

Halima Sadia's story serves as a powerful reminder of the critical role breastfeeding plays in an infant's growth and development during the first six months of life. However, persistent myths and misconceptions continue to hinder optimal IYCF practices among the FDMN. To address these challenges effectively, it is essential to actively engage all caregivers, including parents and grandparents, in promoting and supporting proper breastfeeding practices.

## FROM STRUGGLE TO STRENGTH: FORMINA'S JOURNEY TO RECOVERY FROM ACUTE MALNUTRITION

Malnutrition is prevalent among the Forcibly Displaced Myanmar Nationals' (FDMN) camps. Gonoshasthaya Kendra (GK) has been providing nutrition services in the Camp-4 Extension since 1 April 2022. Formina, a 39-month-old girl, lives in the Camp-4 Extension with her parents. Her father, Mohammed is an occasional day labourer and relies on general food assistance (GFA). On 12 December 2024, a community health and nutrition worker (CHNW) identified that Formina was at risk to malnutrition with MUAC 13.0 cm and referred her to the nutrition centre for full assessment. A full assessment confirmed Formina as MAM, with her weight recorded at 8.5 kg, MUAC at 13.0 cm, weight-for-height Z-score below -2 SD, and height measuring 81.9 cm. She had previously been enrolled in the Nutrition-Sensitive E-Voucher Programme (NSEP) but lost weight due to severe diarrhoea and skin disease. After being identified as MAM, she was admitted to the Targeted Supplementary Feeding Programme (TSFP), and her caregiver received nutrition counselling. Besides, medical referral of Formina was ensured for the diarrhoea and skin disease. Ready-to-use supplementary food (RUSF) was provided to her as per protocol. Initially, Formina's mother was reluctant about frequent visits, but the nutrition staff motivated her regarding the advantages of nutrition services. A CHNW was assigned for regular home visits. The mother followed all guidance, and after 70 days, Formina met the discharge criteria. At that time,

her weight had increased to 9.5 kg, MUAC improved to 13.5 cm, height measured 83.0 cm, and her weight-for-height Z-score reached above -1 SD. She was re-enrolled in NSEP for continued nutritional support. At discharge, Formina appeared healthy and joyful. Her mother was grateful for the child's rapid recovery, and the nutrition staff also praised her dedication. This case highlights the impact of early intervention, proper follow-up, and community-based nutrition programmes in combating malnutrition.



Photo: Joyful Formina on the discharge day with her mother, GK/2025

## RAGEB'S STORY OF DEFEATING SEVERE ACUTE MALNUTRITION

Rageb, a 12-month-old boy from the Camp 7, Site 1, was identified with severe acute malnutrition (SAM) during an outreach screening by the community nutrition volunteers. His initial measurements, on 13 November 2024, revealed a MUAC of 11.8 cm, weight of 6.2 kg, and a Z-score of <-3SD, indicating severe malnutrition. Compounding his condition, Rageb was also suffering from diarrhoea, fever, and skin infection.

However, after successfully passing the appetite test, he was admitted to the Outpatient Therapeutic Programme (OTP) for immediate intervention.

Rageb received 18 sachets of ready-to-use therapeutic food (RUTF) for seven days during admission, along with instructions for proper feeding and storage. His progress was closely monitored through regular visits. By the second visit, his weight increased to 6.5 kg, and his MUAC improved to 12.0 cm. Though he experienced a temporary setback during the sixth visit due to fever and cough, a home visit from a nurse ensured that he received the necessary care, allowing his recovery to continue uninterrupted. After continuing 57 days under the programme, Rageb met the discharge criteria on 9 January 2025, with a MUAC of 12.6 cm, weight of 7.2 kg, and a Z-score of >-2 SD, reflecting significant improvement. His parents were overjoyed to see him healthy and thriving.

Rageb's recovery highlights the effectiveness of timely intervention, proper medical care, and community support in combating severe malnutrition. His story underscores the importance of continuous monitoring and caregiver's health and nutrition education in ensuring successful outcomes for the children in OTP.



Photo: Rageb during discharge. SHED/2025

## Abbreviation

AIM	Assessment and Information Management
BSFP	Blanket Supplementary Feeding Programme
CMAM	Community Management of Acute Malnutrition
GMP	Growth Monitoring and Promotion
IFA	Iron and Folic Acid
IYCF	Infant and Young Child Feeding
MAM	Moderate Acute Malnutrition
MUAC	Mid-Upper Arm Circumference
NA	New Arrivals
NCA	Nutrition Causal Analysis
NSEP	Nutrition Sensitive E-Voucher Programme
OTP	Outpatient Therapeutic Programme
O2	Children over 2 years
PLW	Pregnant and Lactating Women
SAG	Strategic Advisory Group
SAM	Severe Acute Malnutrition
SD	Standard Deviation
SOP	Standard Operating Procedure
TSFP	Targeted Supplementary Feeding Programme
TWG	Technical Working Group
U5	Children under 5 years
WASH	Water, Sanitation and Hygiene
WHZ	Weight for Height Z-score

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## 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 (TWGs), 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 its 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.