



BULLETIN

NUTRITION SECTOR COX'S BAZAR, BANGLADESH

QUARTER 02

JUNE, 2025

ISSUE: 10

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SECTOR HIGHLIGHTS

- SAG Membership for NS partners have been updated. Two NNGOs (GK, SHED), two INGOs (Concern, SCI) has been elected for 2025/26 keeping all three UN (UNHCR, UNICEF and WFP) and two Government entities (CS and RRRC) as default members.
- The initial Nutrition Causal Analysis (NCA) report was shared with sectors and cross-cutting TWGs for feedback followed by an uptake workshop with support from UNICEF and WFP, and in collaboration with GK and ACF-UK, with 45 participants to develop evidence-based, context-specific recommendations and an action plan to address key risk factors contributing to malnutrition among Rohingya children aged 6–59 months as well as pregnant and lactating women.
- UNICEF is set to conduct a study on the causes of high anemia prevalence among Rohingya children under five. The survey questionnaire was finalized and endorsed and enumerators training completed followed by data collection from 07 July to 01 August 2025.
- Jointly formed a taskforce with the Health Sector to assess the Health and Nutrition integration initiative, to evaluate which activities could be absorbed using existing human resources and existing infrastructure of health and nutrition facilities through conducting joint visits following a checklist to assess the PHC and INF.

NUTRITION PROGRAMME UPDATE

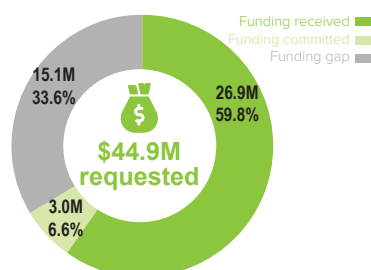
REFUGEE	2025 TARGET	PROGRESS (Jan-Jun)
SAM	14,100	6,068 (NA- 627) (43% of target) Cure rate 92.65%
MAM	U5*- 55,300 PBW- 4,100	U5- 26,357 (NA- 2,221) (48% of target) Cure rate 99.20% PBW- 2,132 (NA- 263) (52% of target)
IYCF	104,700	85,803 (82% of target)
BSFP*	U2*- 65,100 PBW- 39,900	U2- 62,863 (97% of target) PBW- 36,814 (92% of target)
NSEP*	O2*- 94,200	O2- 90,257 (96% of target)
IFA	PBW- 37,500 Adolescent- 105,700	PBW- 22,252 (59% of target) Adolescent- 85,796 (81% of target)
GMP*	163,100	170,364 (104% of target)

HOST COMMUNITY	2025 TARGET	PROGRESS (Jan-Jun)
MAM	U5*- 5,400 PBW- 2,600	U5- 4,380 (81% of target) Cure rate 98.98% PBW- 1,263 (49% of target)
IYCF	32,100	31,197 (97% of target)
IFA	PBW- 14,500 Adolescent- 37,800	PBW- 5,630 (39% of target) Adolescent- 15,252 (40% of target)
GMP*	58,700	71,145 (121% of target)

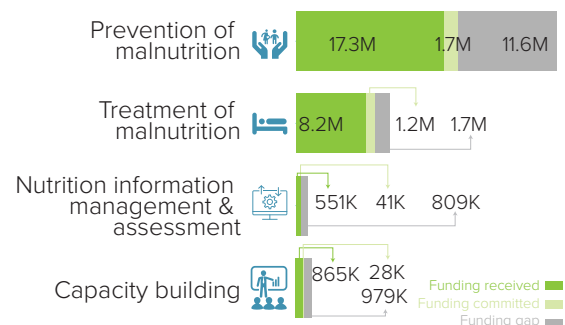
*U5 denotes children of 6-59 months. *O2 denotes children of 24-59 months. *BSFP, NSEP and GMP refer to the highest number of children reached on a monthly basis.

FUNDING UPDATE AS OF 10 JUNE 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 13.3M.
Data Source: ISCG Financial Exercise, June 2025

DATA-DRIVEN INSIGHTS ON WEIGHT GAIN IN CHILDREN UNDER FIVE WITH SEVERE WASTING

Advancing Contextualized Standards in the Rohingya Response, Cox's Bazar

Globally, an estimated 45 million children under five are wasted and the urgency to address this situation continues to grow. In 2024, under the emergency Rohingya response in the camps of Cox's Bazar, Bangladesh, UNICEF supported treatment of 11,716 children with severe wasting, achieving a 92 per cent cure rate with an average weight gain (AWG) of 3.3 g/kg/day. While the 2023 World Health Organization (WHO) guidelines moved away from prescribing fixed weight gain targets, they did use the reference value of 5–10 g/kg/day as a general benchmark, down from the earlier 10–15 g/kg/day standard used during the era of predominantly inpatient care.¹ Bangladesh's national CMAM guidelines (2017) suggest an average weight gain of ≥ 5 g/kg/day for successful recovery in outpatient settings.



Guidelines from FANTA² consider an **AWG of cured discharges** in outpatient care is expected to be **above 4 g/kg/day**. Recent global evidence, however, including findings published in The Lancet³, suggests that actual weight gain in the field settings often falls below 4 g/kg/day. The inconsistent literature findings and recommendations on AWG make it difficult to have realistic programme performance expectations for inpatient settings versus outpatient settings. In Cox's Bazar and similar contexts, achieving these ideal targets in Outpatient Therapeutic Programmes (OTPs) is frequently challenged by various factors such as morbidity, inadequate food intake, poor water sanitation and hygiene (WASH) conditions, and caregiver of a child with severe wasting adherence to treatment, necessitating a pragmatic and data-informed approach to programming.

1 Weight gain among children under five with severe malnutrition in therapeutic feeding programmes: a systematic review and meta-analysis.
 2 https://www.fantaproject.org/sites/default/files/resources/CMAM-Training-GUIDE-Sep2018_2.doc
 3 Weight gain among children under five with severe malnutrition in therapeutic feeding programmes: a systematic review and meta-analysis.

Table 1 outlines the reference that has been used for average weight gain.

Table 1: Proposed AWG based available evidence

Guidelines/Reference	Average Weight Gain
National CMAM Guideline, July 2017	≥ 5 g/kg/day
Food and Nutrition Technical Assistant (FANTA)	>4 g/kg/day
Meta Analysis- Lancet	3.9 g/kg/day
ICDDR, B Sharnali Effectiveness Trial, Rohingya camps, 2025	3.6 g/kg/day

These discrepancies and contextual challenges necessitate a data-driven approach to set realistic weight gain targets in the emergency settings.

A retrospective analysis of 1,926 children treated in the OTPs from July to December 2024 revealed an average weight gain of 3.5 g/kg/day below the national guideline of 5 g/kg/day but was consistent with the international findings. The children admitted using both MUAC and WHZ criteria, females, and younger children (6–11 months) had higher average weight gains. The analysis suggests that gender-sensitive strategies, early detection, and age-specific programming may improve outcomes. Based on these insights, the study recommends revising the weight gain benchmarks for outpatient care in the Rohingya camps, setting more practical thresholds that reflect the local context, such as ≥ 4.0 g/kg/day as “excellent”, to better inform programme performance and policy development.

Table 2: Proposed thresholds for average weight gain of children in the therapeutic feeding programme in the Rohingya camps, Cox's Bazar.

Average Weight Gain (g/kg/day)	Category
≥ 4.0	Excellent
3.5 to <4.0	Good
3.0 to <3.5	Acceptable
2.5 to <3.0	Poor
<2.5	Very poor

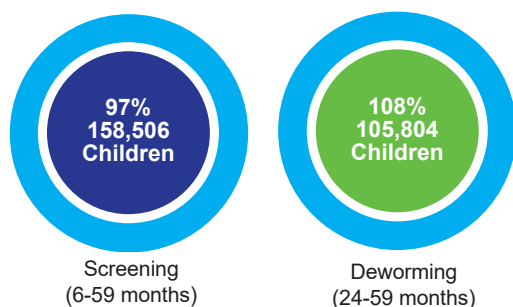
MASS MUAC SCREENING AND DEWORMING CAMPAIGN

UNICEF, in collaboration with the Government of Bangladesh (GoB) and the Nutrition Sector (NS) partners conducted a deworming campaign, targeting the children aged 24- 59 months in 33 camps from 13 April to 17 April 2025. The integrated campaign also included mass MUAC screening for the early detection of acute malnutrition among the children aged 6–59 months and Infant and Young Child Feeding (IYCF) messaging for the pregnant women and caregivers of children aged 0–23 months. A total of 158,506 children aged 6–59 months were screened for malnutrition using MUAC, covering 97 percent of the target (163,155 children). Among them, 105,804 children aged 24–59 months (49 per cent girls) received deworming tablets, achieving 108 per cent of the target (97,950 children). During the campaign, 2,078 children with acute malnutrition were newly admitted (417 children to the



Photo: Deworming campaign round 1 2025. UNICEF/2025

Figure 1: Mass MUAC Screening and Deworming Campaign Coverage



Outpatient Therapeutic Programme for treatment of SAM, and 1,661 to the Targeted Supplementary Programme for treatment of MAM). Additionally, 60,400 pregnant women and caregivers of young children received tailored IYCF counselling and messages.

The campaign also successfully reached the newly-arrived refugee children. A total of 9,632 children (4,925 boys and 4,707 girls) were screened as new arrivals, and 6,408 children received deworming tablets, with 9,167 children were confirmed through biometric registration.

UPTAKE WORKSHOP ON NUTRITION CAUSAL ANALYSIS (NCA)

With the support of UNICEF and WFP, and in partnership with GK and ACF-UK, an Uptake Workshop on Nutrition Causal Analysis (NCA) was successfully held on 27 May and 2 June 2025 in Cox's Bazar. The workshop brought together 45 participants (15 female) - representing the key sectors and technical working groups, including Food Security, Gender in Humanitarian Action (GiHA), Health, Mental Health and Psychosocial Support (MHPSS), Nutrition, and WASH.



Photo: Initial technical workshop 2025. NS/2025

The objectives of the workshop were to develop recommendations on the risk factors identified to be associated with malnutrition in the study in the Rohingya refugee camps and to develop a practical action plan for improvement of nutritional status among the women and children living in the FDMN camps in consultation with the stakeholders while aiming to strengthen the impact of nutrition programming.

On 27 May, the participants collaboratively reviewed the findings of the NCA study and developed context-specific recommendations to address the key risk factors associated with malnutrition among the children aged 6–59

months as well as pregnant and lactating women. The follow-up session on 2 June was dedicated to translating those recommendations into a practical, actionable workplan for implementation across sectors. Building on the technical inputs and insights shared by experts during the sessions, a draft Nutrition Causal Analysis report was prepared and disseminated among the partners. The report outlines the undernutrition pathway, along with the key associations, risk factors, and protective factors. This document will serve as a strategic tool to guide evidence-based, coordinated interventions in the coming period.

FROM CRISIS TO CARE: COMMUNITY NUTRITION VOLUNTEERS

From the earliest days of the Rohingya crisis in Cox's Bazar, the community nutrition volunteers (CNVs) have stood at the very frontline of the humanitarian response, shaping the course of nutrition service delivery in one of the world's largest refugee settlements. Today, over 1,552 CNVs (635 female) serve in 45 INFs and at community level across 33 camps. Overall, 67 per cent (1,040 out of 1,552) of the volunteers are from the Rohingya refugees, forming the backbone of the Nutrition Sector's workforce. From crisis-affected individuals, they have grown into skilled service providers, delivering lifesaving nutrition support to the most vulnerable.

Their reach extends into remote and hard-to-access areas through relentless door-to-door screening, active case finding, and follow-up home visits, ensuring that no child or mother missed receiving the services. As trusted peers, the CNVs have become a vital part for spreading awareness, building care-seeking behaviours, and identifying malnutrition in its earliest stages.

During the COVID-19 pandemic, when people's movement was tightly restricted and facilities operated with only a fraction of their staff, it was the CNVs from the Rohingya community who emerged as the true frontline heroes. While only 3 out of 12 staff could access facilities, the CNVs



Photo: CNV screening at community level. NS/2025

shouldered an extraordinary workload. With unwavering commitment, they navigated every protocol, managed soaring caseloads, and ensured continuity of care.

Additionally, the CNVs are at the heart of community empowerment, leading the mother-to-mother support groups and father support groups, fostering safe spaces for dialogue, shared learning, and behaviour change. They also ensure accountability to the affected populations, anchoring services in dignity, respect, and responsiveness.

Their story is not just one of service, but it is one of resilience, leadership, and transformation. The Nutrition Sector proudly recognises the CNVs as the cornerstone of the Integrated Nutrition Programme.



Photo: Community awareness session conducted by CNVs. NS/2025

EMPOWERING A ROHINGYA MOTHER THROUGH INTEGRATED NUTRITION SERVICES

Mohammad Edris was the youngest child of Julekha Begum, a dedicated single mother raising her four children in Camp 21. In January 2023, at the age of 7 months, Edris was identified with moderate acute malnutrition (MAM) and enrolled in the Targeted Supplementary Feeding Programme (TSFP) at the integrated nutrition facility run by Concern Worldwide.

As his primary caregiver, Julekha received tailored counselling and ready-to-use supplementary food (RUSF) to support Edris's recovery. Due to intensive and quality support by the service providers, Edris made full recovery, then he was enrolled in the blanket supplementary feeding programme (BSFP) and received services until he was 24 months old.



Photo: Homestead garden of Julekha Begum. CONCERN/2025

Concern Worldwide also provides nutrition-sensitive support to reduce the recurrent effects of malnutrition. As part of this service, Julekha participated in a homestead gardening training conducted by Concern Worldwide. She learned modern techniques for growing vegetables in small spaces and received essential tools, seeds, saplings, and guidance to start her own garden. With her dedication and consistency, her garden has become a reliable source of nutrition for Edris and his older siblings, and Edris has never been wasted since 2023!

“This garden meets our daily vegetable needs,” Julekha shares. “I’ve been growing vegetables for nearly two years,

and the garden provides us with seasonal vegetables almost year-round. I’ve also learned how to preserve seeds for future planting. The garden gives me confidence- I no longer worry about buying vegetables. I even share seeds and gardening tips with my neighbours.”

Julekha now cultivates a variety of vegetables, including pumpkin, bottle gourd, water gourd, spiny gourd, and ladies’ finger. Her journey reflects the transformative impact of integrated nutrition support, empowering families to improve their nutrition and self-reliance.

INTEGRATED CARE IN ACTION - NOURISHING MENTAL HEALTH AND NUTRITION

At the age of 14, Noor Sadiya (anonymous) was displaced from her homeland and faced severe hardships in Camp 1W. Her early marriage added to her challenges. During her second pregnancy, she suffered a traumatic abortion due to pressure from her in-laws and lack of support from her husband. Her parents distanced themselves after her marriage, increasing her isolation. Her in-laws’ repeated demands for bringing goods from her family further burdened her. These factors severely impacted her ability to care for her 10-month-old daughter, Ayna (anonymous), who was identified with severe acute malnutrition (SAM) by a community nutrition volunteer on January 22 at the 1W Site-2 INF, operated by Gonoshasthaya Kendra (GK) with support from UNICEF and WFP.

GK provided crucial support by enrolling Ayna in the Outpatient Therapeutic Programme (OTP) and supplying ready-to-use therapeutic food (RUTF). This included one-on-one IYCF counseling, home visits, and follow-up from the INF outreach team. Recognising the link between Noor Sadiya’s trauma and her care practices, psychosocial support (PSS) was essential for her healing. Through five tailored PSS sessions, Noor Sadiya learned coping mechanisms and self-care, helping her process her emotions and regain a sense of agency, which improved her care for Ayna.

By April 9, Ayna had made a remarkable recovery from SAM (MUAC 12.6 cm, weight 6.5 kg, height 66 cm, WHZ



Photo: Noor Sadiya, receiving PSS session from the PSS counselor. GK/2025

< -1 SD) and transitioned to the Blanket Supplementary Feeding Programme (BSFP) after OTP follow-up. Despite a challenging family environment with limited support, by April 28, Noor Sadiya felt more confident and capable of making sound decisions, highlighting the impact of sustained PSS on improving care practices.

In the challenging environment of the FDMN camps, integrated interventions from GK are essential. Providing accessible nutrition and dedicated psychosocial services fosters resilience, promotes recovery, and upholds the rights and dignity of the displaced populations.

AGAINST ALL ODDS: ALIYA'S BATTLE AGAINST SEVERE MALNUTRITION

Aliya Moni, a fragile 13-month-old from FDMN Camp 9, Ukhiya, Cox's Bazar, was fighting for her life. Admitted to the Outpatient Therapeutic Programme (OTP) with a MUAC of just 11.0 cm and a weight of 4.6 kg, she suffered from severe acute malnutrition, compounded by diarrhea, fever, and cough. On 26 November 2024, after 56 days of intensive care, she showed progress and exited from OTP - only to be readmitted two months later, on 2 February 2025, when her weight and MUAC dropped again.

The obstacles were daunting. Ismat Ara, Aliya's mother, struggled to balance household duties and childcare, compromising proper feeding. Repeated illnesses and poor hygiene exacerbated Aliya's malnutrition. However, dedicated nutrition workers intervened, offering crucial guidance on feeding, hygiene, and sick childcare, equipping Ismat to provide better care for her daughter.

Readmitted to OTP, Aliya began her second fight. This time, with consistent monitoring, nutritional therapy, and her mother's growing confidence, she thrived. Her weight increased to 6.7 kg, and MUAC reached 12.7 cm. After 70 days, she was discharged, healthy and strong.

Aliya's story underscores the importance of sustained nutritional intervention, community support, and



caregiver education in overcoming malnutrition - currently implemented by SHED with support from UNICEF and WFP. Her resilience and the collective effort behind her recovery serve as a powerful testament to what can be achieved when compassion and care unite.

Abbreviation

AWG	Average Weight Gain
BSFP	Blanket Supplementary Feeding Programme
CMAM	Community Management of Acute Malnutrition
CNV	Community Nutrition Volunteer
FDMN	Forcibly Displaced Myanmar Nationals
GIHA	Gender in Humanitarian Action
GMP	Growth Monitoring and Promotion
IFA	Iron and Folic Acid
INF	Integrated Nutrition Facility
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
PBW	Pregnant and Breastfeeding Women
PSS	Psychosocial Support
SAG	Strategic Advisory Group
SAM	Severe Acute Malnutrition
SD	Standard Deviation
TSFP	Targeted Supplementary Feeding Programme
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 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.