










# Nutrition Sector Meeting




## *IM Update*

January to December 2025

Presented by; Md. Lalan Miah, Nutrition Officer- IM & M&E, Nutrition Sector, UNICEF

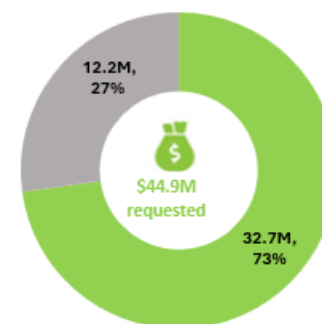
# Summary of Key Results 2025

REFUGEE	2025 TARGET (REVISED)	PROGRESS (JAN-DEC)
 SAM	14,800	12,883 (87% of target) Cure rate 92.28%
 MAM	U5*-62,700 PBW-4,700	U5- 53,940 (86% of target) Cure rate 99.26% PBW- 4,368 (93% of target)
 IYCF	131,000	111,419 (85% of target)
 BSFP*	U2*-65,400 PBW-38,800	U2-65,396 (100% of target) PBW-38,362 (99% of target)
 NSEP	O2*- 97,100	O2-95,966 (99% of target)
 IFA	PBW- 35,800 Adolescent- 104,100	PBW-41,584 (116% of target) Adolescent-93,876 (90% of target)
 GMP	178,400	170,364 (95% of target)
 VAS	159,800	161,514 (101% of target)
 Deworming	113,900	107,897 (95% of target)

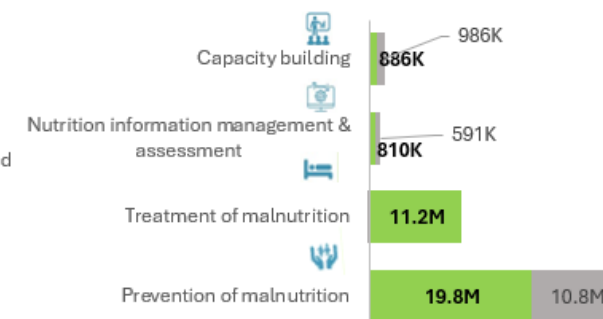
HOST COMMUNITY	2025 TARGET	PROGRESS (JAN-DEC)
 MAM	U5*-5,400 PBW-26,00	U5*- 7,112 (132% of target) Cure rate 99.26% PBW- 2,654 (102% of target)
 IYCF	32,100	34,738 (108% of target)
 IFA	PBW- 14,500 Adolescent- 37,800	PBW- 16,468 (114% of target) Adolescent- 22,213 (59% of target)

## FUNDING UPDATE AS OF DECEMBER 2025

### OVERALL FUNDING STATUS

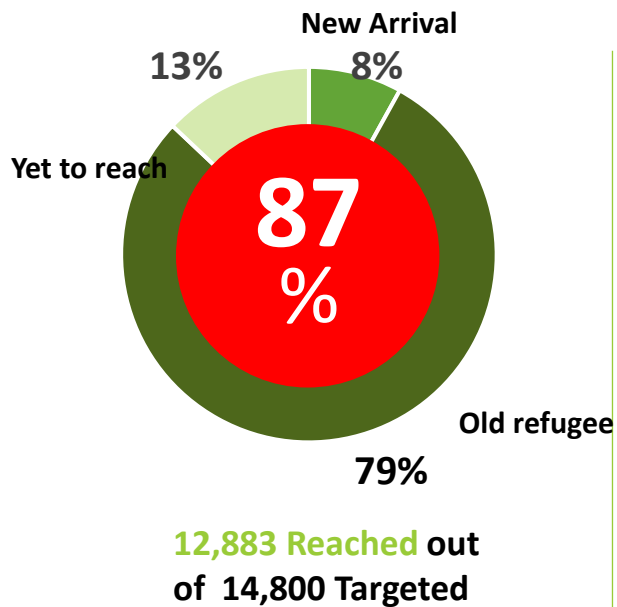


### FUNDING STATUS BY ACTIVITY

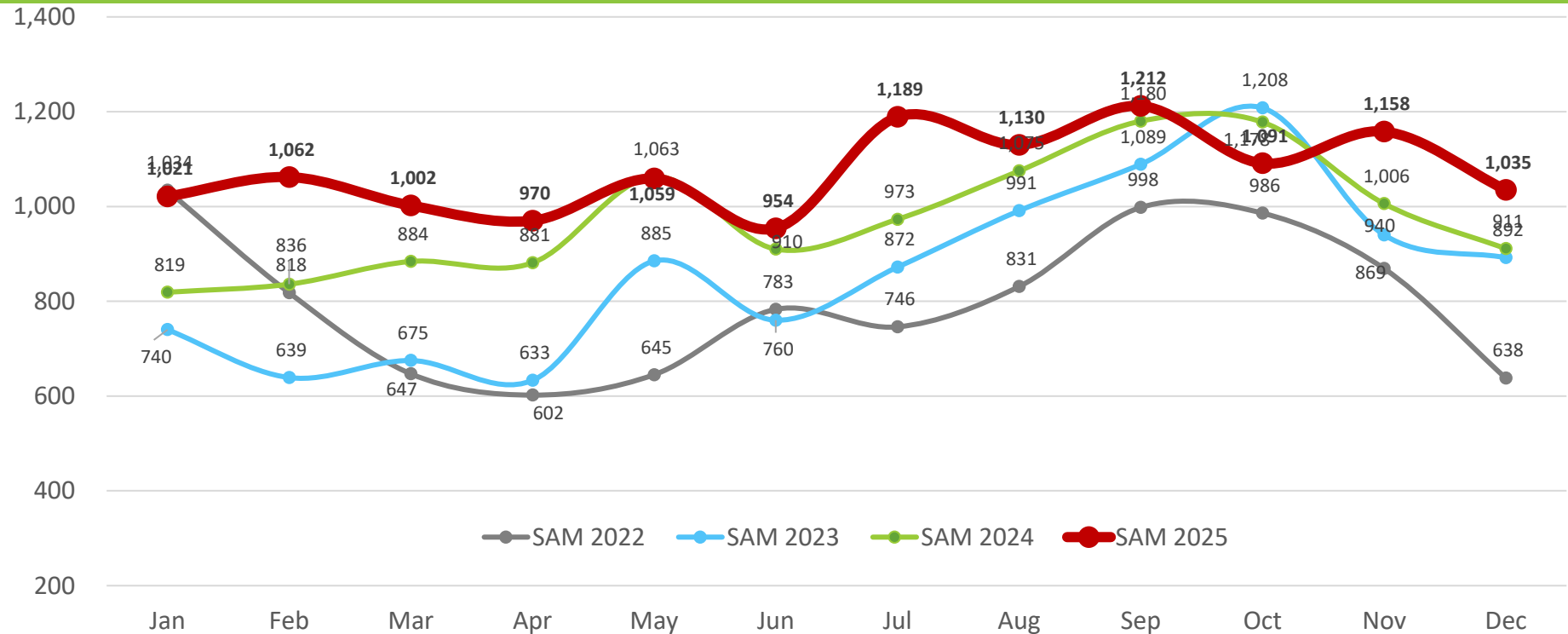


Note: As of January 2026, USD 16.4M is secured (carry over) for 2026 (52% of total required USD 31.4M)

# SAM Admission Trend 2022 to 2025 (Jan-Dec)



- 1,191 (9% of 12,883) SAM new arrivals admitted.
- In 2024, it was 96% (11,716 out of 12,200 targeted)



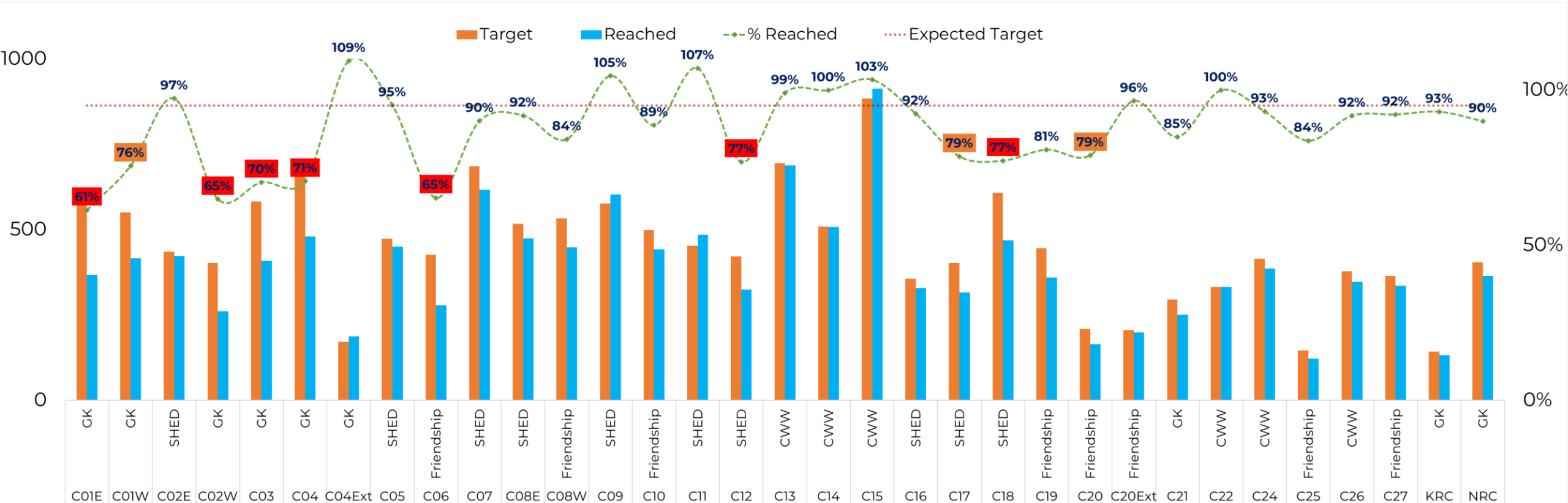
**SAM admission trends increased by 10%\* in 2025 among children 6-59 months** compared to the same period (Jan-Dec) in 2024.

## Key Reason of low achievement:

- 1) Reduced number of dengue, cholera, ARI, unexplained fever, and AWD in November–December 2025 compared to the previous months may contribute to lower SAM admissions.
- 2) Closure of three INFs at the end of December 2025 affected staff and volunteer motivation to work which may lead to reduce admissions.
- 3) Comparatively lower outreach screening and referral of at-risk children particularly in camps where health and nutrition outreach is managed by the same volunteers.
- 4) Lower-than-expected identification of new arrivals due to population movement, which was factored in target calculation.
- 5) Early identification of children as MAM through weekly screenings and quarterly mass MUAC screening.

\* New arrivals, population growth, and other variables, such as cuts from many sectors that have an adverse impact on nutrition, may be the cause of this overall increase in admission.

# SAM Achievement by Camp (Jan-Dec 2025)

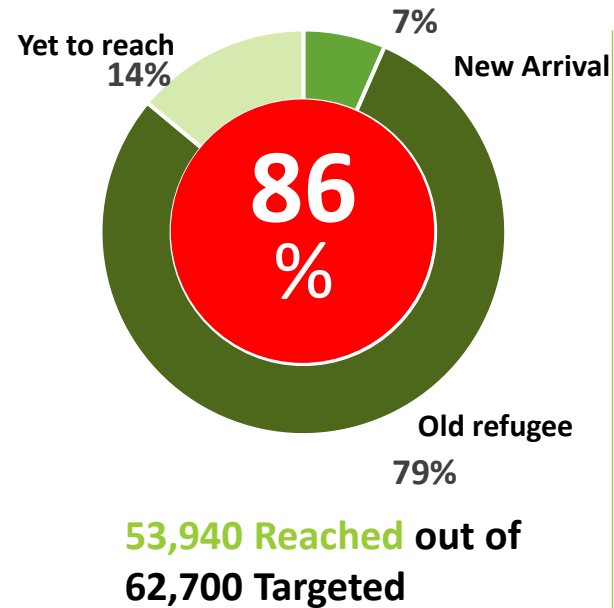


**Ten camps were identified where admissions is below 80% of annual target**

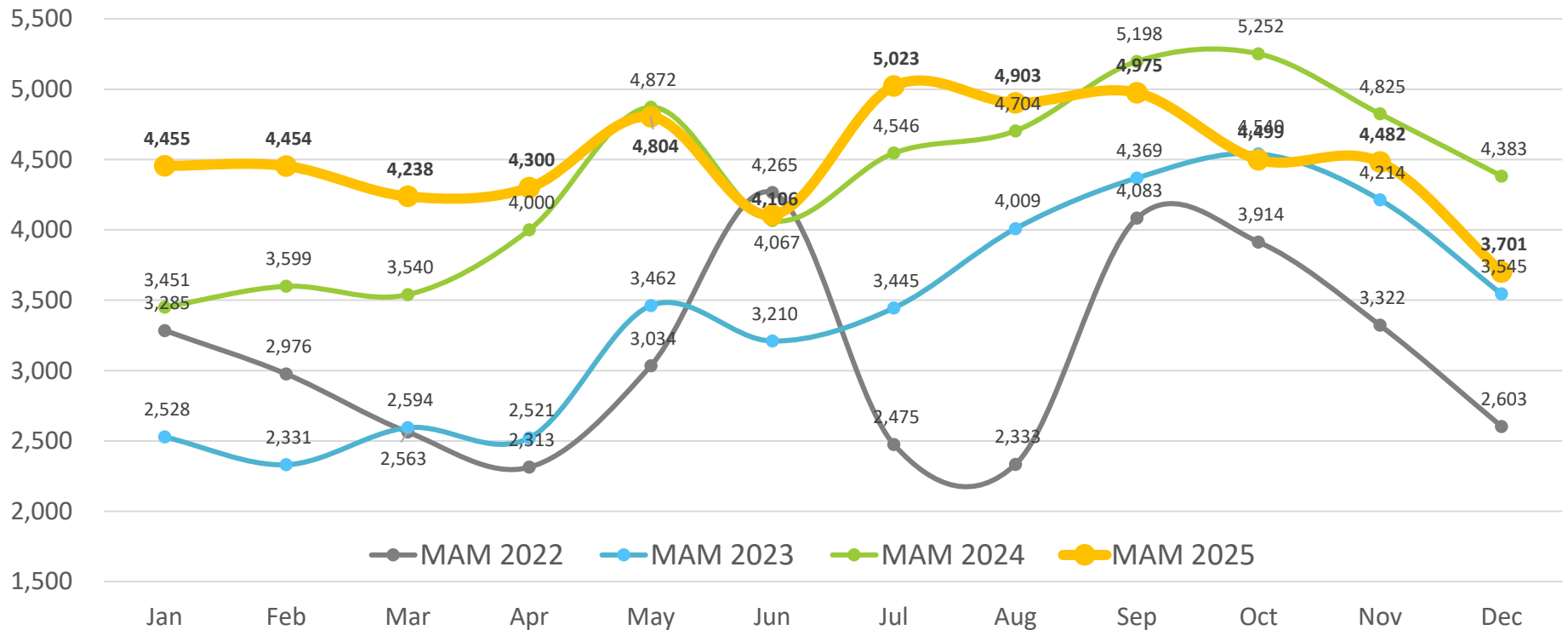
# Camps with Lowes SAM Achievement by Camp (Jan-Dec)

Camp	Organization	Mid Year JRP Revised Target	Reached	% Reached	Reason for low achievement (Collected from IP)
C01E	GK	600	368	61%	The expected number of children eligible for the OTP programme was not identified at both facility and community levels, indicating a comparatively lower prevalence of SAM in GK operational areas. Most GK camps (1E, and 1W) are located near main roads and local markets, where households have relatively better access to income-generating opportunities, markets, and diversified food sources. This <b>improved access likely contributes to better household food security and nutrition status</b> , resulting in fewer children deteriorating to SAM.
C01W	GK	551	416	76%	
C02W	GK	403	261	65%	Only <b>86% of the identified at-risk referral beneficiaries</b> were screened for a full assessment at the INF level from January to December, and the remaining 14% may contribute to the lower number of SAM admissions. Besides, <b>outreach led by the CHNW in UNHCR camps, where 82% of at-risk referred beneficiaries were present, compared to 92% in UNICEF camps.</b>
C03	GK	582	409	70%	
C04	GK	680	480	71%	
C06	Friendship	426	278	65%	From January to July 2025, SAM admissions were significantly low, affecting overall annual performance, mainly due to limited outreach and household screening caused by shortages of female volunteers.
C12	SHED	422	324	77%	The number of BNF registered as new arrivals could not be found by our volunteers during screening, as they frequently move from place to place. We even took support from our IMCN team to verify and found that many FDMN was living in the adjacent host community areas which is why during regular screening at the community and INF, the number of SAM children identified was low, which resulted in lower overall achievement of the revised SAM case target.
C17	SHED	402	316	79%	Due to frequent relocation of new arrival beneficiaries, we couldn't identified the planned number beneficiary in our catchment. That's why the achievement is lower than the given revised target. It also indicates lesser malnutrition rate.
C18	SHED	607	469	77%	Due to frequent relocation of new arrival beneficiaries, we couldn't identified the planned number beneficiary in our catchment. That's why the achievement is lower than the given revised target. It also indicates lesser malnutrition rate.
C20	Friendship	209	165	79%	Camp 20 initially achieved its SAM target; however, following the PIN revision, an insufficient number of cases were identified, which affected overall annual performance below 80%.

# MAM CU5 Admission Trend 2022 to 2025 (Jan-Dec)



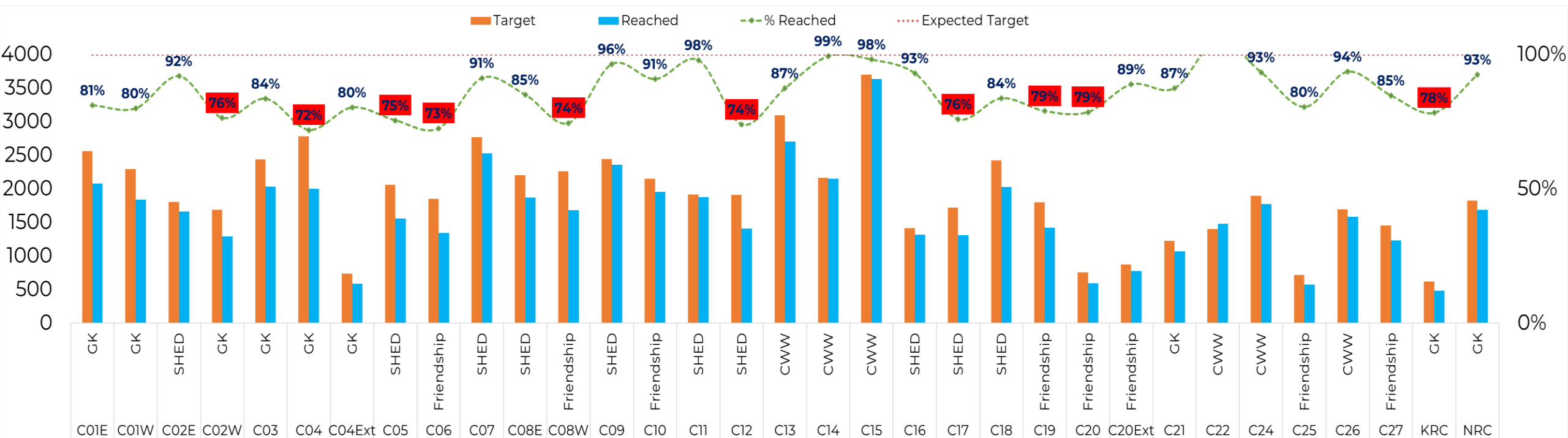
- 4,119 (8% of 53,940) newly admitted MAM children are from the new arrivals.
- During this time **last year, 88%** was reached (52,437 out of 59,400)



- Similar to SAM, admission in November 2025 has increased from October which never happened before for this response.
- **MAM admission trends increased by 3%\* in 2025 among children 6-59 months** compared to the same period (Jan-Dec) in 2024.

\* New arrivals, population growth, and other variables, such as cuts from many sectors that have an adverse impact on nutrition, may be the cause of this increase in admission.

# MAM Achievement by Camp (Jan-Dec)



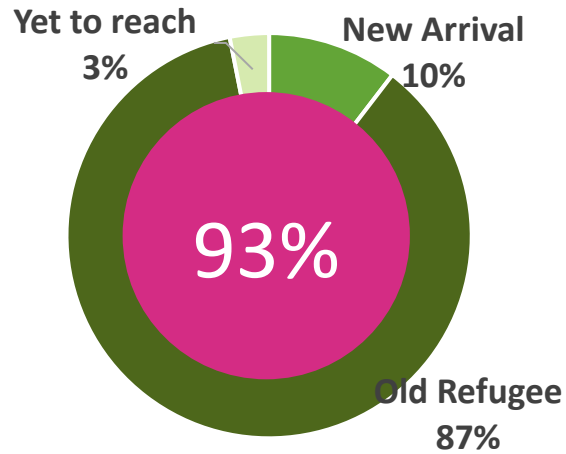
**Ten camps were identified where admissions is below 80% of annual target**

# Camps with Lowest MAM Achievement (Jan-Dec)

Camp	Organization	Mid Year JRP Revised Target	Reached	% Reached	Reason for low achievement
C02W	GK	1690	1291	76%	
C04	GK	2785	2003	72%	
C05	SHED	2062	1556	75%	During outreach screening the MAM identified was less than expected projection indicating less malnutrition rate.
C06	Friendship	1855	1346	73%	
C08W	Friendship	2260	1683	74%	
C12	SHED	1910	1412	74%	The number of BNF registered as <b>new arrivals could not be found by our volunteers during screening</b> , as they frequently move from place to place. We even took support from our IMCN team to verify and found that many FDMN was living in the adjacent host community areas which is why during regular screening at the community and INF, the number of MAM children identified was low, which resulted in lower overall achievement of the revised MAM case target.
C17	SHED	1725	1309	76%	Due to <b>frequent relocation of new arrival beneficiaries</b> , we couldn't identify the planned number beneficiary in our catchment. That's why the achievement is lower than the given revised target. It also indicates lesser malnutrition rate.
C19	Friendship	1799	1420	79%	
C20	Friendship	760	597	79%	
KRC	GK	621	486	78%	According to the EWARS update, cases of dengue, cholera, unexplained fever, and ARI are lower in November and December 2025 compared to previous months. Besides, cholera and AWD prevalence are lower in this camp, which may also partly explain the reduced number of SAM admissions.

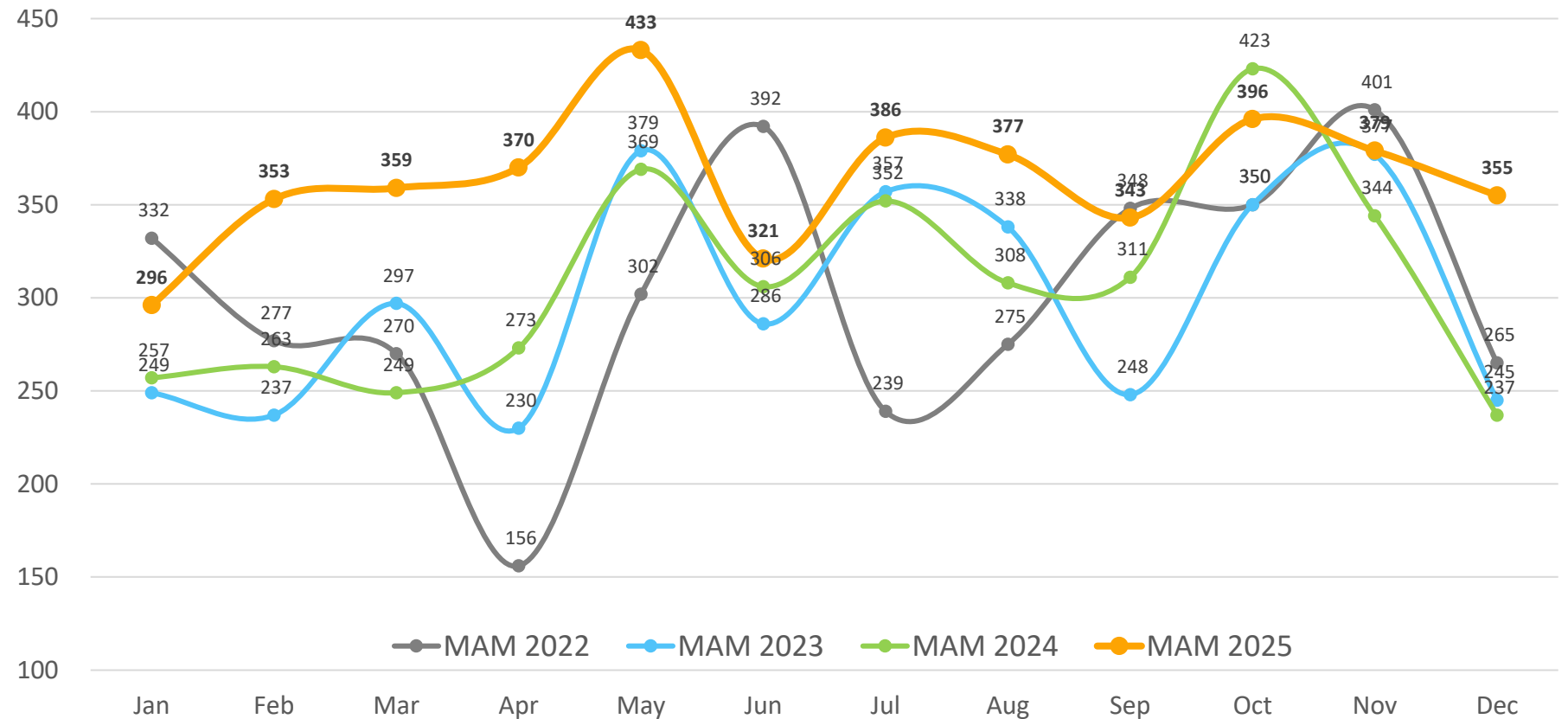


# MAM PBW Admission Trend 2022 to 2025 (Jan-Dec)



**4,368 Reached out of 4,700 Targeted**

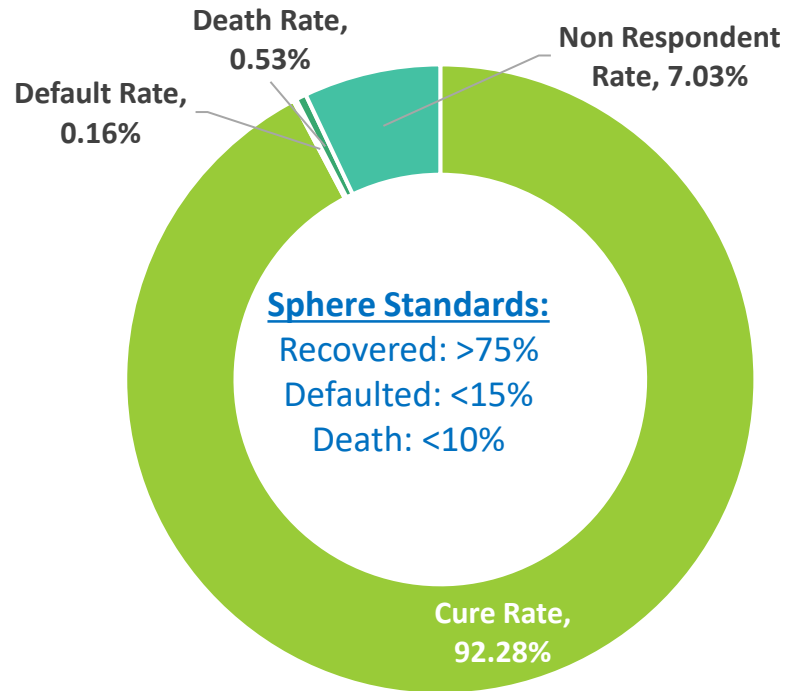
- 473 (11% of 4,368) newly admitted MAM PBW are from the new arrivals.
- In 2024, **105%** was reached (3,692 out of 3,500)



**Insights:** Unlike SAM and MAM children, **MAM PBW admission trends increased by 18% in 2025** compared to 2024.

\* New arrivals, population growth, and other variables, such as cuts from many sectors that have an adverse effect on nutrition, may be the cause of this increase.

# SAM KPI Jan-Dec 2025



Total  
Cured –  
11,582

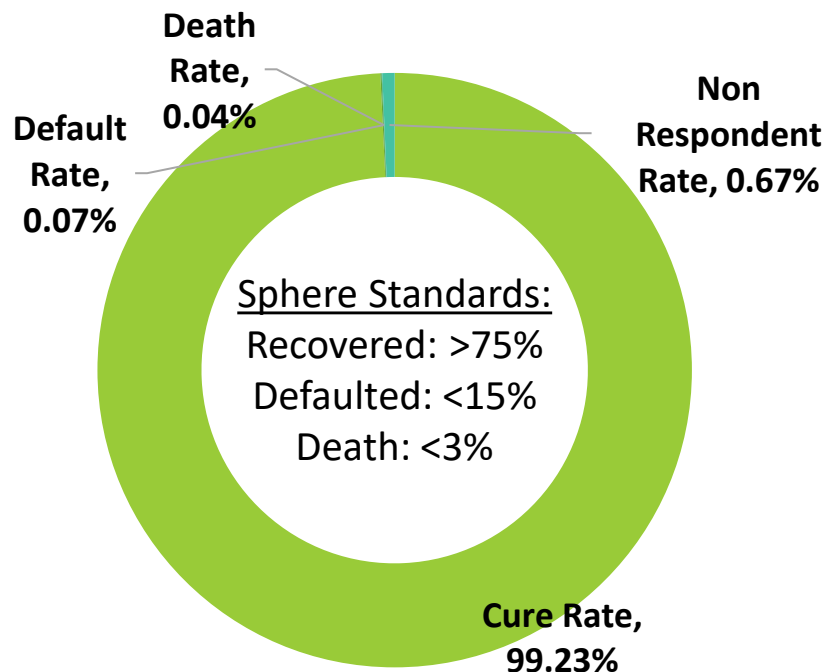
ALOS –  
68.79

AWG –  
3.12

Relapse–  
0.7%

- ✓ A **high cure rate** and **very low death and default rates** indicate a **high-quality SAM management program**.
- ✓ The **non-respondent rate** is notable—it shows some children didn't improve despite treatment, which may require further investigation (e.g., underlying illnesses, late admission, or poor treatment adherence). Although it has reduced from last year in Sep (8.6%)
- ✓ **ALOS of 68.79 days which is common here in Rohingya response** but also indicates a bit of higher days under therapeutic programme (typically 30 to 40 days in SPHERE Handbook Standard 2000 & 2004)
- ✓ Average weight gain is on **acceptable range** based on the contextualized data driven guideline developed by CMAM TWG this year.
- ✓ Relapse rate of 0.7% reflects a **highly effective program and strong post-discharge monitoring**. In fact, when relapse rates dip below 2%, such rates are considered **exceptional** and represent high-quality, sustainable SAM treatment outcomes.

# MAM KPI Analysis – Jan-Dec 2025



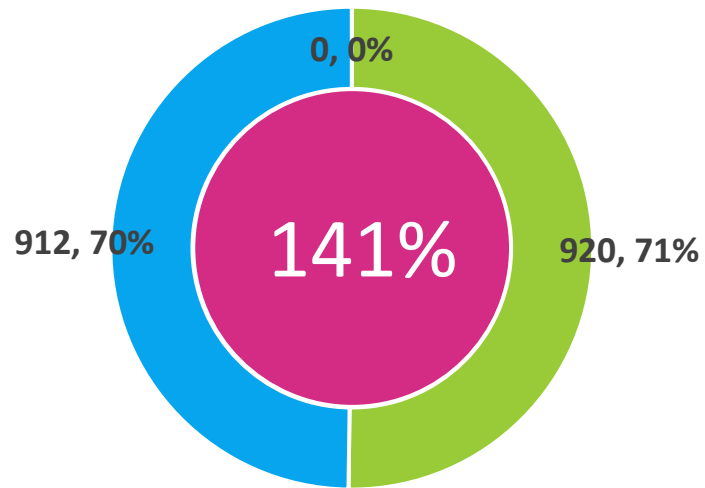
- ✓ A **high cure rate** and **very low death, default and non-respondent rates** indicate a **high-quality MAM management program (TSFP)**.
- ✓ **ALOS of 63.72 days is the lowest since 2022.** We have observed 85.75; 71.46; and 65.53 respectively in 2022; 2023; and 2024.
- ✓ Relapse rate of 0.7% reflects a **highly effective program and strong post-discharge monitoring**.

Total  
Cured  
49,997

ALOS –  
63.72

Relapse-  
0.6%

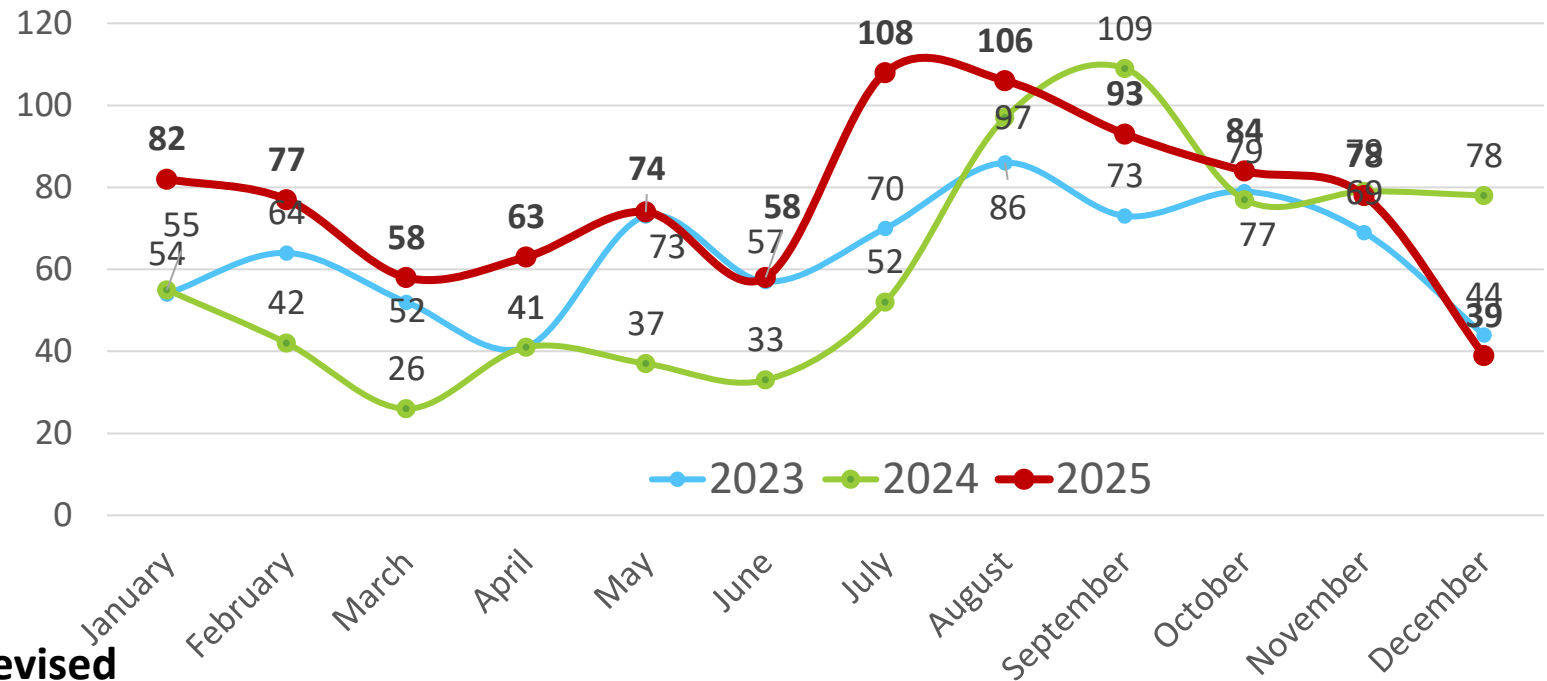
# SC Admission Trend of NS partners 2023 and 2025 (Jan-Dec)



■ NS Partners ■ MSF ■ Gap

1,832 Reached out 1,300 Targeted

- ✓ 71% of the admission are from NS partners and 70% are from MSF based on the revised target.



Revised  
target  
1,300

- **Admission in July 2025 was the highest** in this year which has then started reducing including the report from newly established SCI stabilization center in camp 21.
- **SAM inpatient admission trends increased by 27%\* in 2025 among children 6-59 months** compared to 2024.

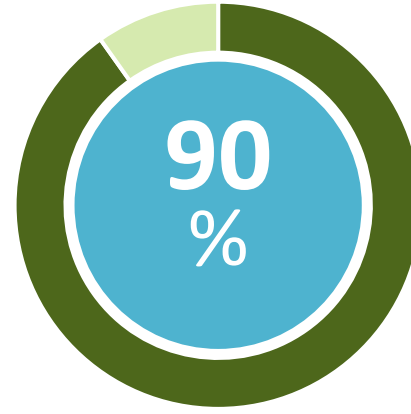
# Progress towards JRP 2025 (Jan-Dec) targets (Refugee)



**\*\*IFA PLW**

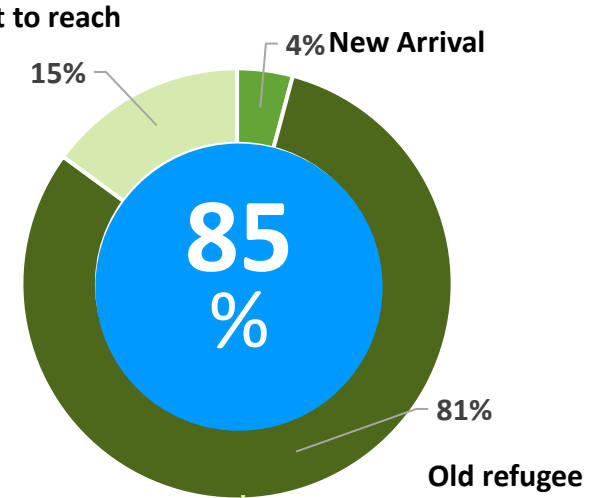
Reached

**41,584**



**IFA Adolescent**

**93,876**



**IYCF**

**111,419**

Target

**35,800**

**104,100**

**131,000**

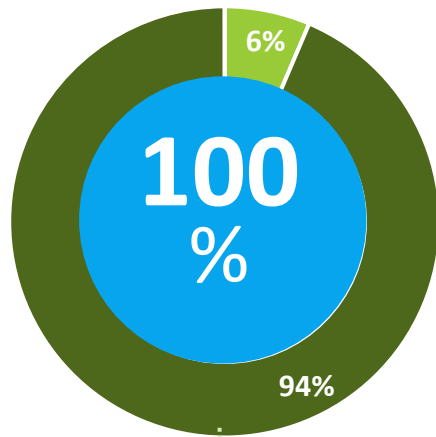
# Progress towards JRP 2025 (Jan-Dec) targets (Refugee)

## Legend

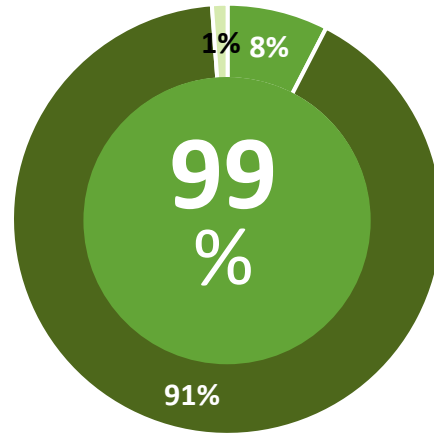
New Arrival

Old Refugee

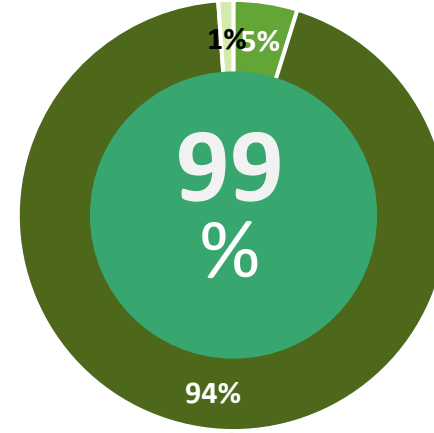
Yet to reach



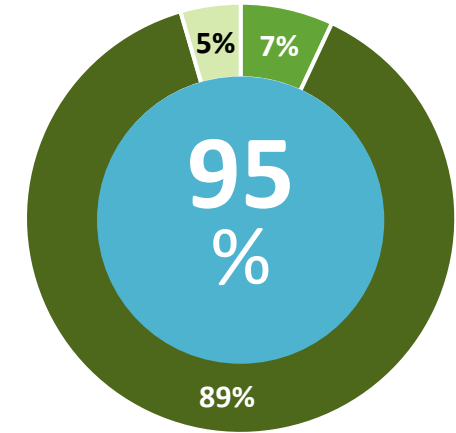
\*BSFP (6-23m)



\*NSEP (24-59m)



\*BSFP PLW



GMP\*

Reached

65,396

95,966

38,362

170,364

Target

65,400

97,100

38,800

178,400

\*BSFP, NSEP and GMP – Monthly Maximum figure from January to December 2025

# Camps with Lowest IYCF Achievement (Jan-Dec)

Camp	Organization	Upazila	UN	Mid Year JRP Revised Target	Reached	% Reached	Reason for low achievement
C02E	SHED	Ukhiya	UNICEF-WFP	4142	3191	77%	The achievement is on par with the previous target. However, the <b>PW new cases were less</b> than expected contributing to the lower achievement based on the revised target. <b>Furthermore, many PBW cases were found to be residing in the adjacent host community areas.</b>
C05	SHED	Ukhiya	UNICEF-WFP	4570	3383	74%	Due to new <b>facility reconstruction</b> , the lifesaving interventions were given preferences. Hence, the overall <b>IYCF services was impacted resulting</b> in the achievement not up to the mark. Also, for a time period the <b>position was vacant</b> . Although, it was substituted by another but the service was impacted.
C07	SHED	Ukhiya	UNICEF-WFP	5775	5305	92%	
C08E	SHED	Ukhiya	UNICEF-WFP	4438	3738	84%	
C09	SHED	Ukhiya	UNICEF-WFP	4915	4179	85%	
C11	SHED	Ukhiya	UNICEF-WFP	3994	3416	86%	
C12	SHED	Ukhiya	UNICEF-WFP	3454	2903	84%	
C16	SHED	Ukhiya	UNICEF-WFP	3037	2395	79%	The achievement is on par with the previous target. However, the PW new cases were less than expected contributing to the lower achievement based on the revised target. Furthermore, many <b>PBW cases were found to be residing in the adjacent host community areas.</b>
C17	SHED	Ukhiya	UNICEF-WFP	3782	2958	78%	The achievement is on par with the previous target. However, the <b>PW new cases were less than expected contributing</b> to the lower achievement based on the revised target.
C18	SHED	Ukhiya	UNICEF-WFP	5870	4389	75%	The achievement is on par with the previous target. However, the PW new cases were less than expected contributing to the lower achievement based on the revised target.

# NS Digital Products

## **NS Website:**

<https://rohingyaresponse.org/sectors/coxs-bazar/nutrition/>

## **GNC Website:**

<https://www.nutritioncluster.net/country/coxs-bazar>

## **NS Dashboard:**

<https://app.powerbi.com/view?r=eyJrljoiMmRlN2VhN2YtZjZmMC00ODhILTg0ZWltZDQzYjM3MGFhMjgyliwidCI6Ijc3NDEwMTk1LTE0ZTEtNGZiOC05MDRiLWFiMTg5MjAyMzY2NyIsImMiOiJh9>

**Online Map for Navigation:** [https://www.google.com/maps/d/u/0/edit?mid=1nQh0RfdxI2Hc8lCIWqCwYMWdmwLO\\_iB9&usp=sharing](https://www.google.com/maps/d/u/0/edit?mid=1nQh0RfdxI2Hc8lCIWqCwYMWdmwLO_iB9&usp=sharing)

## **NS Google Drive:**

[https://drive.google.com/drive/folders/1ck-gNR2N3fJ3kGkgta\\_8FnTYy6nEchEt?usp=sharing](https://drive.google.com/drive/folders/1ck-gNR2N3fJ3kGkgta_8FnTYy6nEchEt?usp=sharing)

## **NS Sharepoint:**

<https://unicef.sharepoint.com/teams/BGD-NCoxsBazar/NS%20documents%20repository/Forms/AllItems.aspx>

**Facebook:** <https://www.facebook.com/NutritionSectorCXB/>

**Instagram:** <https://www.instagram.com/nutritionsectorcxb/>

**YouTube:** <https://www.youtube.com/@nutritionsectorcxb>



# ANY QUESTION ???

Put a relevant subtitle in this line of **lorem ipsum dolor**

what

why

where

when

who

how