



BULLETIN

NUTRITION SECTOR COX'S BAZAR, BANGLADESH QUARTER 1

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HIGHLIGHTS

• **Reduction of Nutrition service delivery points:** The Nutrition Sector has reduced the number of nutrition service delivery points (integrated nutrition facilities – INFs) from 45 to 41 effective January 2026.

• **Shifting of stabilization centers from Nutrition Sector to Health Sector.** Effective January 2026, treatment of children with severe malnutrition with medical complications shifted from the Nutrition Sector managed stabilization centers to primary health care centers (PHCs) under the Health Sector. The Nutrition Sector will continue providing technical support to the Health Sector including supplies for treatment of the admitted children.

• **Health and Nutrition Integration:** Apart from integration of stabilization centers into PHCs, integration of other programmes i.e. treatment of children with severe (without medical complications) and moderate acute malnutrition and infant and young child feeding (IYCF) at facility level is delayed. However, a joint PHC assessment is planned for Q2 2026. In the meantime, nutrition services continue to be delivered in INFs.

• **OCHA Funding:** Concern, UNICEF and WFP received 6 months funding from US Government through OCHA for implementation of nutrition programmes.

• **Dissemination of Anemia Causal Study Findings:** The Nutrition Sector organized the anemia study findings sharing Workshop on 28 January 2028 to present key findings of the study and discuss their implications, recommended actions, and next steps. Currently, the report is being finalised and will soon be shared widely.

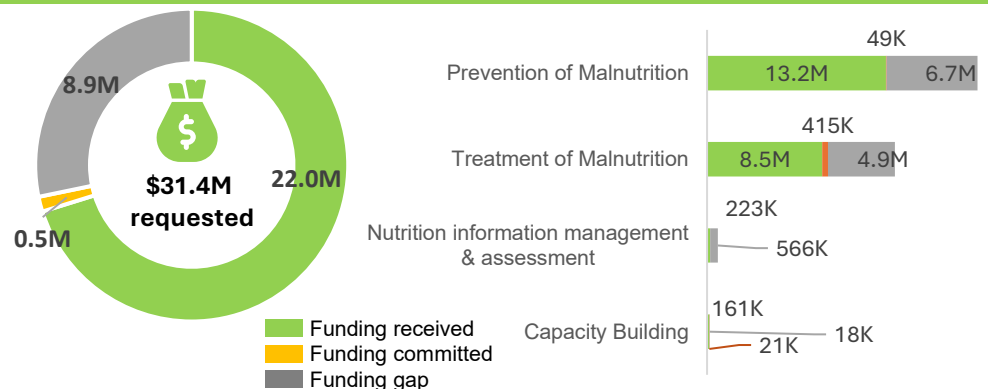
• **Training on nutrition information management, evidence generation and visualisation:** Nutrition Sector, on 5 January, trained 18 information management officers (IMO)/ monitoring, evaluation, accountability, and learning (MEAL) officers to equip them with practical knowledge and skills on advance Excel for data compilation, cleaning and report generation as well as data visualisation using power BI and Geographic Information System (GIS) mapping.

NUTRITION PROGRAM UPDATE

REFUGEE	2026 TARGET	PROGRESS (JAN-MAR)
SAM	14,500	3,092 (21% of target) Cure rate 91.5%
MAM	U5*-60,400 PBW-4,600	U5- 12,026 (20% of target) Cure rate 99.6% PBW- 1,041 (23% of target)
IYCF	122,500	64,718 (53% of target)
BSFP*	U2*-67,700 PBW-40,900	U2-47,952 (71% of target) PBW-35,967 (88% of target)
NSEP	O2*- 103,700	O2-30,535 (29% of target)
IFA	PBW- 41,800 Adolescent- 130,600	PBW-4,328 (10% of target) Adolescent-84,885 (65% of target)
Screening	189,200	161,127 (85% of target)
VAS	174,500	No VAS campaign in Q1
Deworming	121,300	No deworming campaign in Q1
HOST COMMUNITY	2026 TARGET	PROGRESS (JAN-MAR)
MAM	U5*-8,800 PBW-3,000	U5*- 1,980 (23% of target) Cure rate 98.7% PBW- 733 (24% of target)
IYCF	32,300	4,179 (13% of target)
IFA	PBW- 16,200 Adolescent- 24,200	PBW- 9,077 (56% of target) Adolescent- 6,395 (26% of target)

*U5 denotes children of 6-59 months. *O2 denotes children of 24-59 months. *BSFP, NSEP and screening refer to the highest number of children reached on a monthly basis. NSEP includes children 24-35m instead of 24-59m due to funding shortage.

FUNDING UPDATE AS OF 10 FEBRUARY 2026



Note: As of 10 February 2026, the total funding gap was USD 8.9 million, of which USD 7.3 million is required for priority 1 activities.

Update on Integration of Health and Nutrition Services

With an aim to efficiently deliver integrated health and nutrition services, a strategy and operational guideline for integration was jointly developed and finalised by the Health Sector and the Nutrition Sector. Both the sectors continued to engage in the operationalisation of the integration, bearing in mind the complexities and various stakeholders involved. Following a joint decision of the Health and Nutrition sectors on 22 January 2026, the Health Sector conducted a PHC feasibility assessment to support integration of nutrition services. A total of 42 PHCs were assessed and findings were disseminated to the Nutrition Sector. The results of the assessment showed that integration of outpatient therapeutic programme (OTP), targeted supplementary feeding programme (TSFP), and infant and young child feeding (IYCF) services was feasible in only 25 PHCs without challenges, in 11 PHCs with challenges, and was not feasible at all in six PHCs. In addition, integration of wasting prevention - blanket supplementary feeding programme (BSFP), nutrition sensitive e-voucher (NSEP), and other complimentary activities - was feasible in seven PHCs, which were part of the 25 PHCs that did not have challenges.

The Nutrition Sector, in consultation with the Health Sector, planned to conduct PHC verification exercise for the 25 PHCs to confirm their readiness to accommodate nutrition services while maintaining minimum service quality. The exercise could not be completed due to several factors, including the national Eid holidays and the consistent conversation within the Nutrition Sector on how to proceed with other nutrition programmes such as BSFP, which could be accommodated in only seven PHCs. This delayed the whole process, and the Nutrition Sector, through the strategic advisory group (SAG), recommended maintaining the current delivery model through the INFs until December 2026 while developing a revised and feasible integration roadmap. The SAG made the recommendation to ensure continuity in the delivery of nutrition services for children, women and adolescent girls.

Training on Nutrition Information Management, Evidence Generation and Visualisation

The Nutrition Sector, with the support of UNICEF, successfully organised a training on nutrition information management system, evidence generation and visualisation on 5 January 2026. The event engaged 18 participants (including one female) from the Nutrition Sector partners, where the main participant groups were nutrition data officers and IMO/MEAL officers. The training was designed in response to capacity gaps, identified through a Nutrition Sector staff capacity building requirement survey, which highlighted the need for stronger skills

in nutrition information management and evidence generation. Through this initiative, the participants enhanced their practical knowledge and hands-on skills in advanced MS Excel for data compilation, cleaning, and report generation as well as data visualisation using Power BI and GIS mapping. By strengthening the technical capacity of the partner staff, responsible for managing nutrition data, the training is expected to improve data quality, streamline information flow across reporting platforms, and support timely, evidence-based decision-making for the nutrition response in the camps and the host community of Bangladesh.



Saving Lives through Nutrition: The Recovery of Sultana from Severe Wasting



Photo: Sultana's MUAC measurement during admission. SHED/2026

Sultana's story illustrates the life-changing impact of timely and appropriate nutrition support. Sultana was a seven-month-old girl, who developed severe acute malnutrition (SAM) but recovered through timely nutrition support. Her family faced significant challenges, including limited livelihood opportunities and poor infant feeding and care practices. On 28 January 2026, community nutrition volunteers identified Sultana's condition early through community mid-upper arm circumference (MUAC) screening and referred her to an integrated nutrition facility (INF). At the INF, she was further assessed to determine her nutritional status.

Her growth measurements reflected SAM, with a MUAC of 11.4 cm, weight of 5.7 kg, height of 62.4 cm, and a weight-for-height z-score (WHZ) below -2 standard deviation (SD). Although clinically alert, Sultana was admitted into the OTP programme as a part of broader community-based management of acute malnutrition (CMAM), which also included MAM treatment and wasting prevention, and started receiving treatment using ready-to-use therapeutic food (RUTF). An IYCF assessment, carried out on the same day of admission, revealed poor complementary feeding practices. To address the issue, her mother received one-on-one counselling on appropriate complimentary feeding practices and child care. With consistent follow-ups, dedicated care, and her mother's commitment to applying the lessons learnt from the counselling sessions, her recovery progressed gradually and steadily.

On 15 March 2026, she was discharged as cured with MUAC 12.7 cm, height 64.3 cm, weight 7.5 kg, and WHZ within the acceptable range. Following her successful recovery from SAM and discharge from OTP, Sultana was transferred to the wasting prevention programme to sustain her nutritional gains and prevent relapse. Her mother, filled with gratitude, shared: "I've learnt how to properly feed my child. My daughter is now healthy again." Sultana's journey is more than a recovery story, it is a powerful reminder of what works. It highlights the impact of CMAM and integrated nutrition services, where early detection, timely therapeutic feeding, and strong IYCF counselling come together to save lives.



Photo: MUAC measurement during discharge. SHED/2026

Roksana's Smile: A Tale of Life's Inspiration

Severe acute malnutrition continues to be a major public health concern among the Rohingya children living in the refugee camps, where early detection and strong community support often determine a child's chance of recovery. This is the story of Roksana, a six-month-old girl from Camp-4, whose life has changed through timely referral and dedicated care under the OTP. Roksana lived with her mother, in her maternal grandfather's household. Her father was no longer with the family, making it difficult for her mother to manage childcare alone. She was always sad, because her only daughter was often sick. As a preterm and low-birth-weight baby, Roksana was already vulnerable. Over time, she developed cough, fever, and became increasingly weak.

During a routine community screening for malnutrition on 5 January 2026, a community nutrition volunteer identified her as a SAM case with a MUAC measurement of 11.3 cm. Understanding the seriousness of her condition, the volunteer immediately referred her for treatment at the nutrition centre of Gonoshasthaya Kendra (GK) in Camp-4.



Photo: Medical assessment of Roksana. GK/2026



Photo: Appetite test. GK/2026



Photo: IYCF counselling. GK/2026

At the centre, further assessments revealed that Roksana weighed 4.5 kg, had a length of 59.2 cm, and her WHZ was below -2 SD. She had no oedema, but was suffering from a common cold, fever and scabies, and later chicken pox. Based on the criteria, she was enrolled in the OTP, and her mother received counselling on IYCF, hygiene, RUTF use, and identifying danger signs. She also received medical support from the PHC, based on her condition.

Over the treatment period, she received regular RUTF supplies, routine medical check-ups, treatment for infections, and close appetite monitoring. Outreach volunteers conducted home visits to support feeding and hygiene practices. Gradually, Roksana began to improve. Her MUAC increased from 11.3 cm to 12.7 cm, and weight rose from 4.5 kg to 6.4 kg. Her WHZ improved above -1 SD, and she became more active, alert, and playful. After 11 weeks of treatment, she was discharged from OTP as recovered on 24 March 2026. Then, she was admitted to BSFP on the same date and continued to receive services to prevent deterioration.

Roksana is now a healthy, energetic child. Her mother is confident, empowered, and committed to continuing improved feeding and hygiene practices. Roksana's recovery story reflects the impact of community-based nutrition services as well as the dedication of nutrition workers supporting vulnerable families in the camps.

Disclaimer: all names used in the stories are anonymous

Abbreviation		Nutrition Sector Contacts	About Nutrition Sector
BSFP	Blanket Supplementary Feeding Programme	Sector Coordinator Owen White Nkhoma, PhD. onkhoma@unicef.org +880 1701 208902	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 collaborated with eight partners, including the Government of Bangladesh in 2026. This collaboration allowed the Sector to operate at the forefront of nutritional interventions. The Sector has a Strategic Advisory Group that advocates strategic priorities and supports contingency plans.
GIS	Geographic Information System		
GK	Gonoshasthaya Kendra		
IFA	Iron and Folic Acid	Information Management Officer Md Lalan Miah mlmiah@unicef.org +880 17 4426 4933	The quarterly bulletin for the Nutrition Sector in Cox's Bazar showcases various activities for the Sector such as JRP achievements, updates, emergencies and actions. The bulletin also highlights the Sector's success in strengthening humanitarian nutrition coordination, which has led to a predictable and accountable response. In addition, it captures the capacity building initiatives taken by nutrition sector to enhance the Sector's partners' capabilities to address potential and emerging nutrition challenges. Additionally, the bulletin features success stories from implementing partners that illustrate the Sector's outstanding work. The commitment to cutting-edge humanitarian response is evident in this bulletin, which serves as a testament to its unwavering dedication. Consequently, the Sector has been able to provide effective nutrition services to the most vulnerable children, women and adolescents.
IMO	Information Management Officer		
INF	Integrated Nutrition Facility	UNV Nutrition Officer Suparna Das Toma stoma@unicef.org +880 19 5225 1759	
IYCF	Infant and Young Child Feeding		
MAM	Moderate Acute Malnutrition		
MEAL	Monitoring, Evaluation, Accountability and Learning		
MUAC	Mid-Upper Arm Circumference		
NS	Nutrition Sector		
NSEP	Nutrition Sensitive E-Voucher Programme		
OTP	Outpatient Therapeutic Programme		
O2	Children over 2 years		
PHC	Primary Health Care		
PBW	Pregnant and Breastfeeding Women		
Power BI	Power Business Intelligence		
RUTF	Ready-to-Use Therapeutic Food		
SAG	Strategic Advisory Group		
SAM	Severe Acute Malnutrition		
SD	Standard Deviation		
SHED	Society for Health Extension and Development		
TSFP	Targeted Supplementary Feeding Programme		
U2	Children under 2 years		
U5	Children Under 5 years		
UNICEF	United Nations Children's Fund		
VAS	Vitamin A Supplementation		
WHZ	Weight for Height Z-score		