

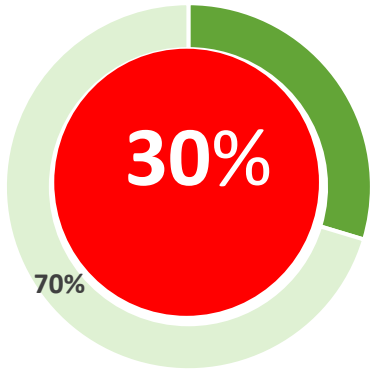
Nutrition Sector Meeting

IM Update

As of April 2026

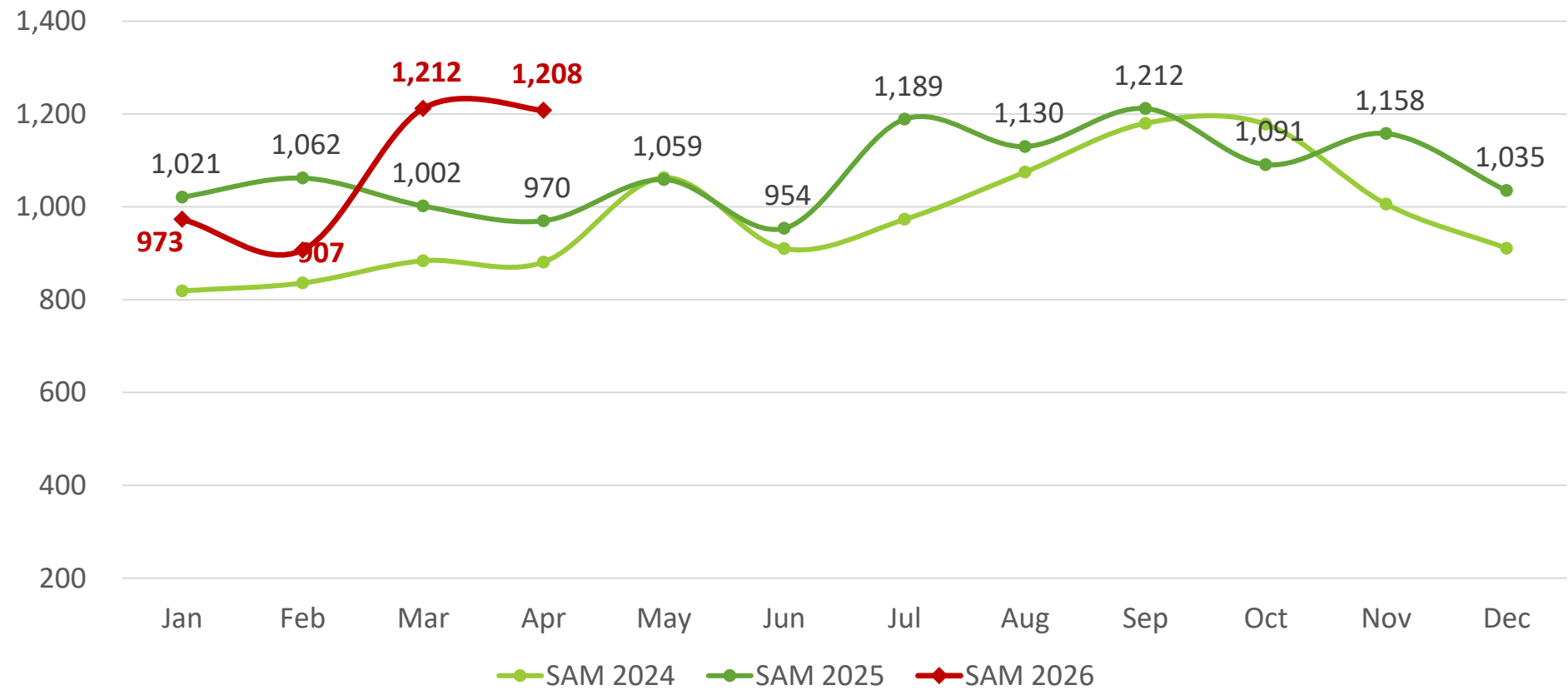
Presented by: Shatabdy Das, Information Management Assistant and
Md. Lalan Miah, Information Management Officer, UNICEF

SAM Admission Progress and Trend 2024 to 2026 (Jan-Apr)



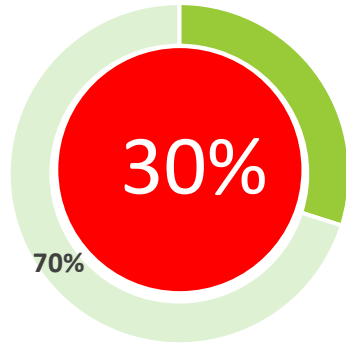
Yet to reach

4,300 Reached out of
14,500 Targeted



Despite low pick in admission at the beginning of 2026, overall admissions increased by 6% in 2026 among children 6-59 months compared to the same period in 2025

SAM SC Admission Progress and Trend 2024 to 2026 (Jan-Apr)

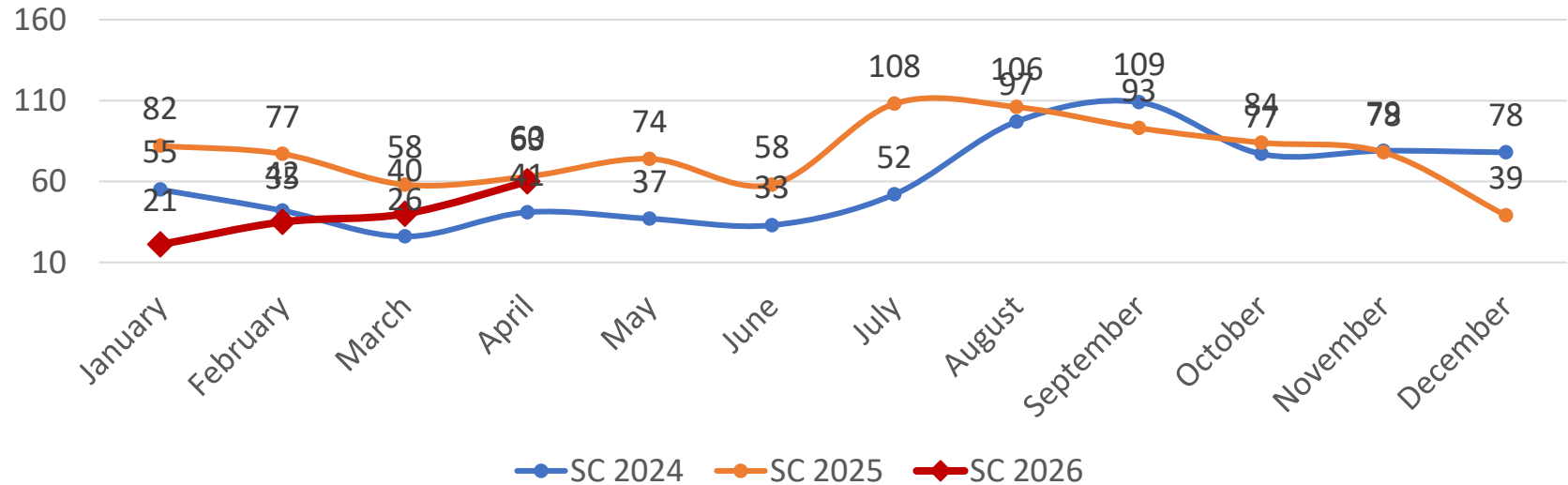


Yet to reach

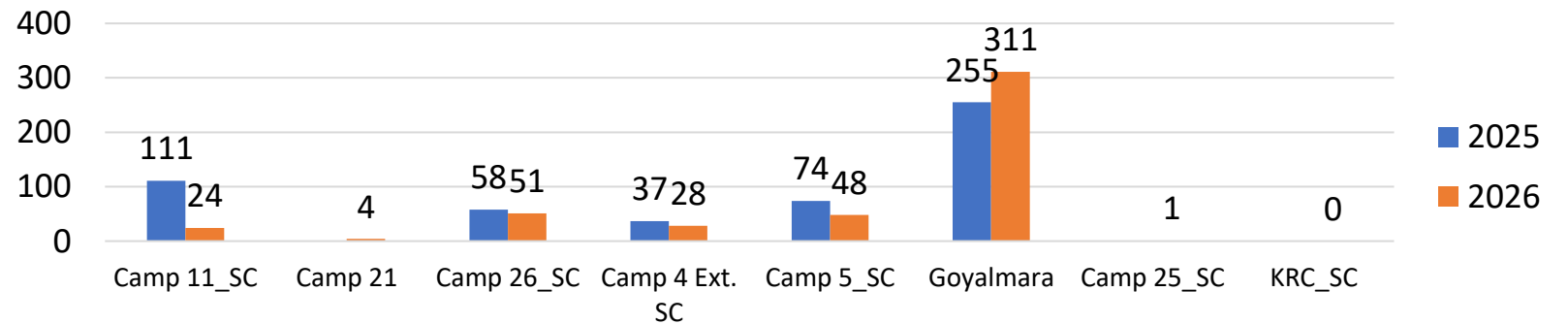
419 Reached (HS-156, MSF-263) out of 1,400 Targeted

SAM inpatient admission trends in SCs run by HS Partners **decreased by 28%** in 2026 among children 6-59 months compared to 2025

SAM SC Admission Trends over time (Excluding MSF data)

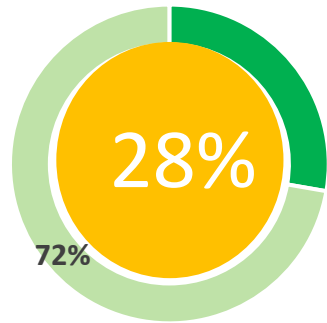


SC Admission by Facility: 2025 vs 2026



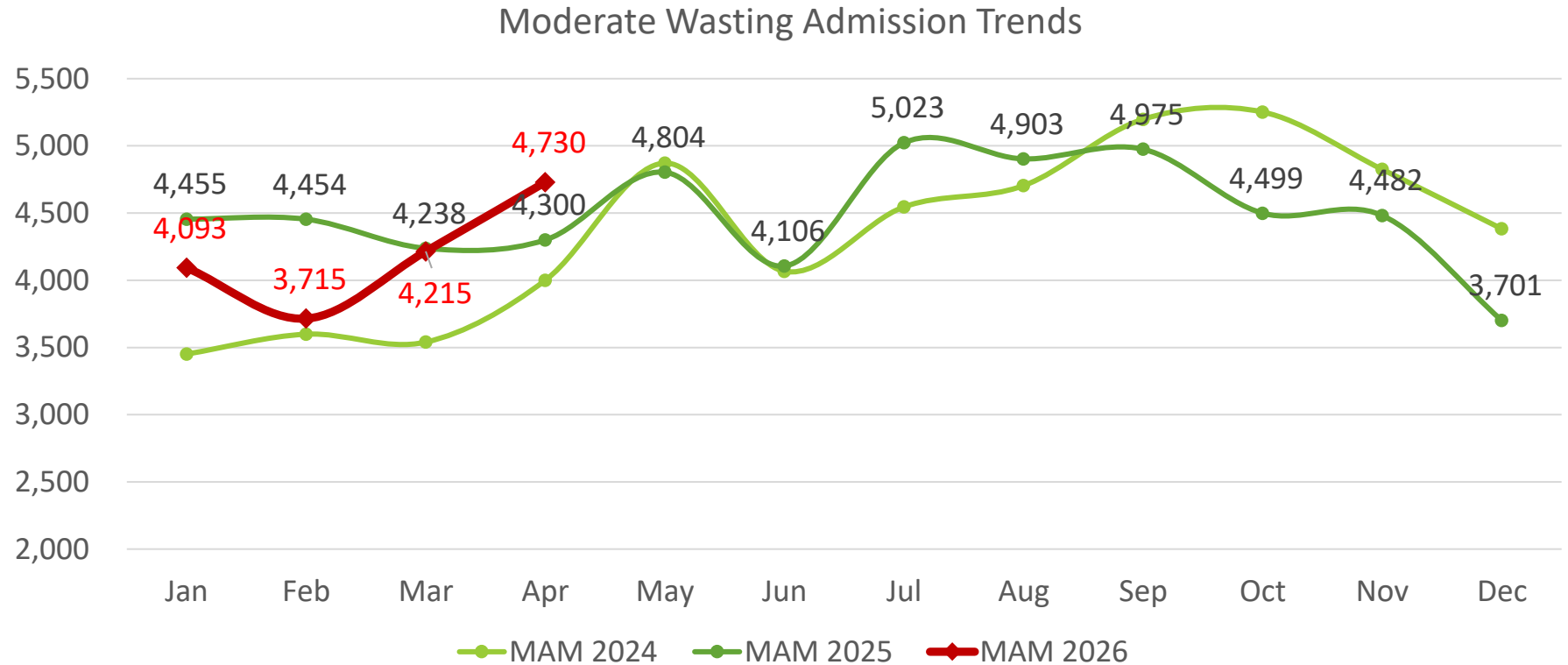
IRC- Camp 11; SCI- camp 21; Friendship=26, K- 4Ext; RTMI-camp 5;

MAM CU5 Admission Progress and Trend 2024 to 2026 (Jan-Apr)



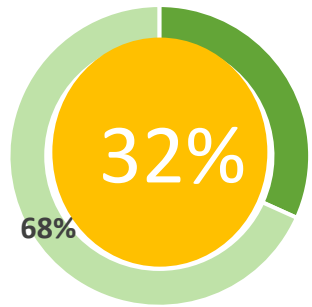
Yet to reach

16,753 Reached out of 60,400 Targeted



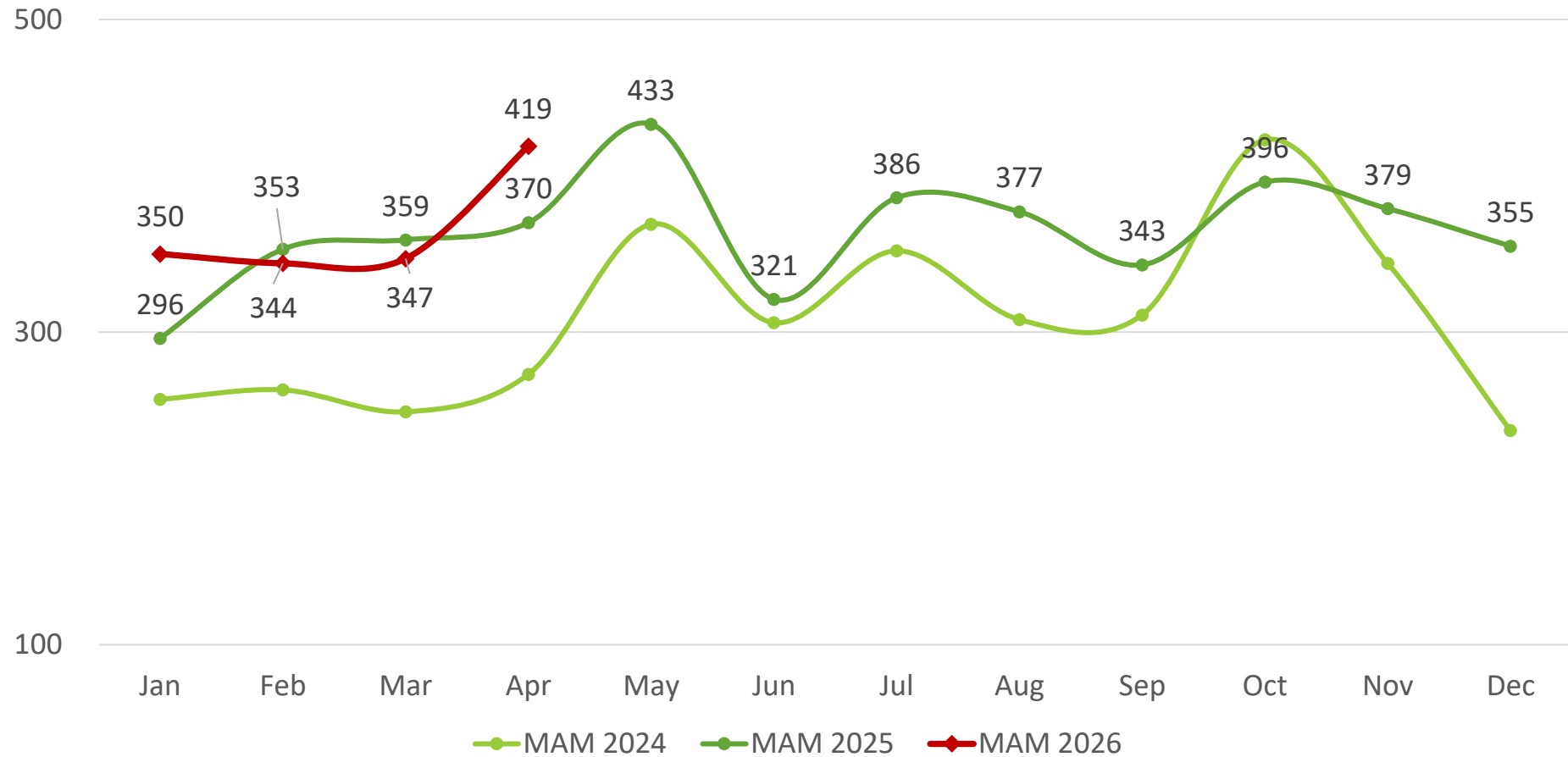
- **MAM admission trends decreased by 4% in 2026 among children 6-59 months compared to the same period in 2025.**

MAM PBW Admission Progress and Trend 2024 to 2026 (Jan-Apr)



Yet to reach

1,460 Reached out of 4,600 Targeted



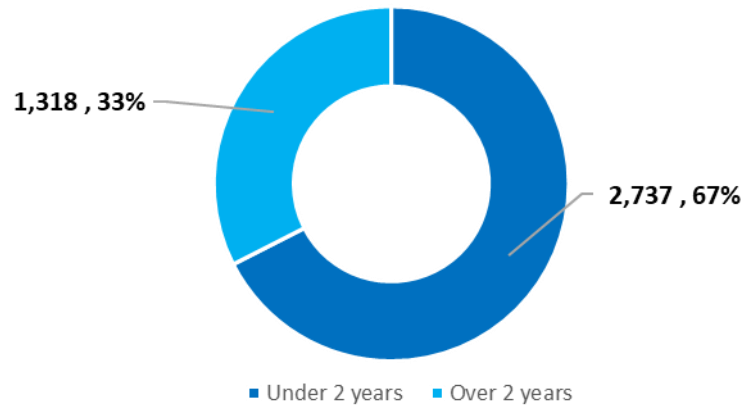
MAM PBW admission trends increased by 6% in 2026 compared to 2025.

Age and Gender Analysis: Jan-Apr 2026

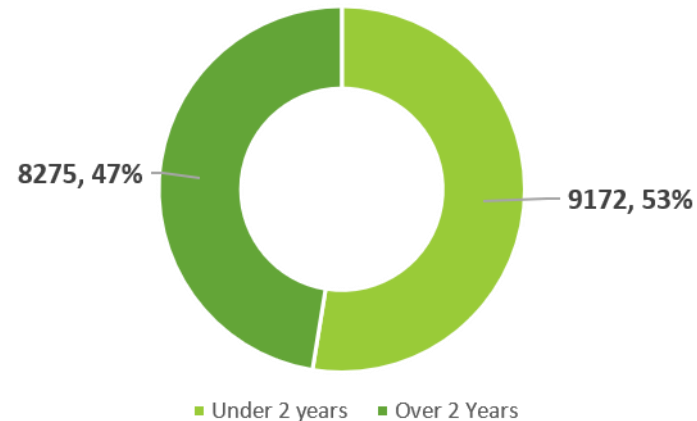
Comparison

2025

SAM admission by Age Group

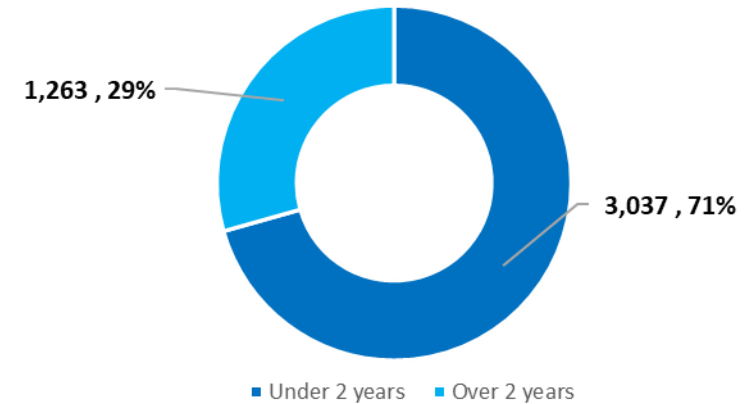


MAM admission by Age Group

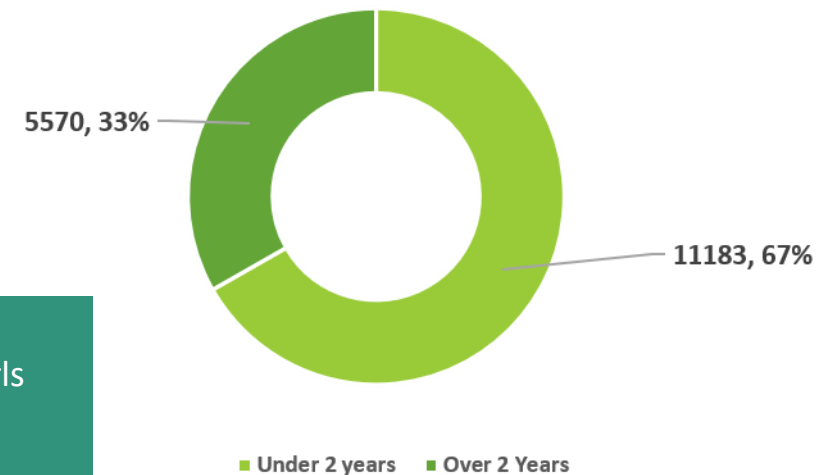


2026

SAM admission by Age Group

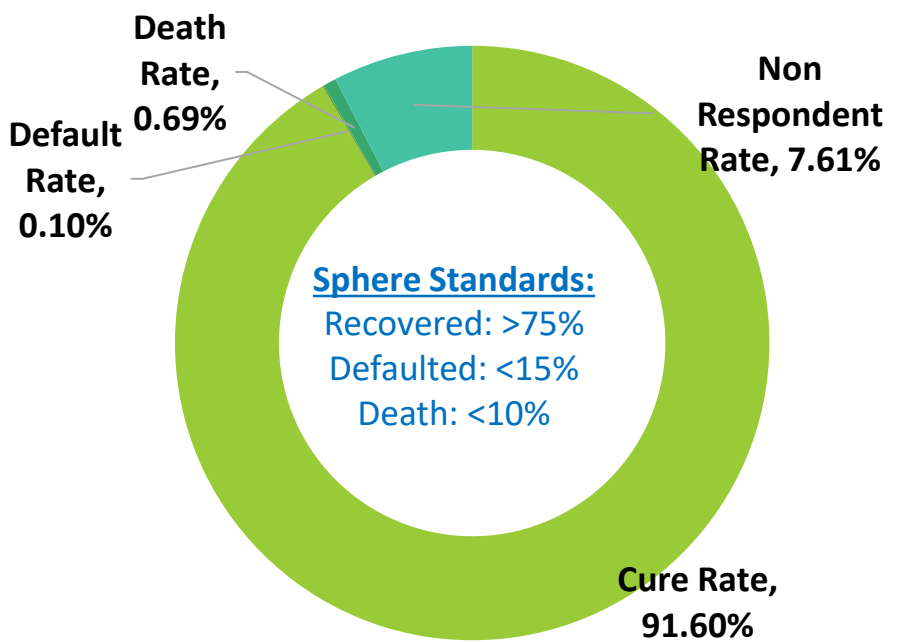


MAM admission by Age Group in 2026



Gender Analysis 2026
No significant variation: Boys vs Girls
SAM: 50% vs 50%
MAM: 48% vs 52%

SAM KPI Analysis: Jan-Apr 2026

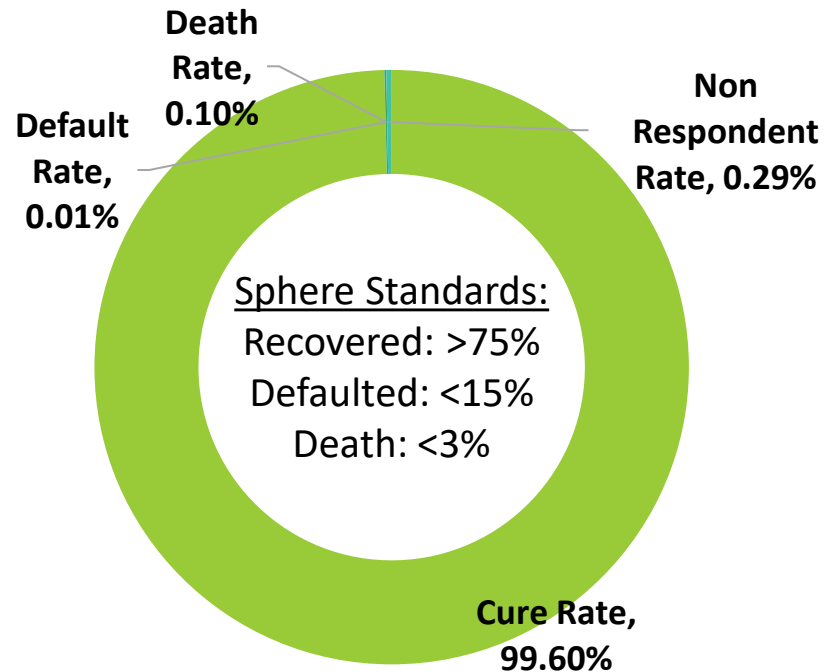


Adapted Threshold for CXB

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

- ✓ 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).
- ✓ **ALOS of 66 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 0.3% 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-Apr 2026



- ✓ A high cure rate and very low death, default and non-respondent rates indicate a high-quality MAM management program (TSFP).
- ✓ ALOS of 63.7 days.
- ✓ We have observed 85.75; 71.46; and 65.53,63.7 respectively in 2022; 2023; 2024; 2025.
- ✓ Relapse rate of 0.2% reflects a highly effective program and strong post-discharge monitoring.

Total Cured
14,690

ALOS –
63.72

AWG-
2.07

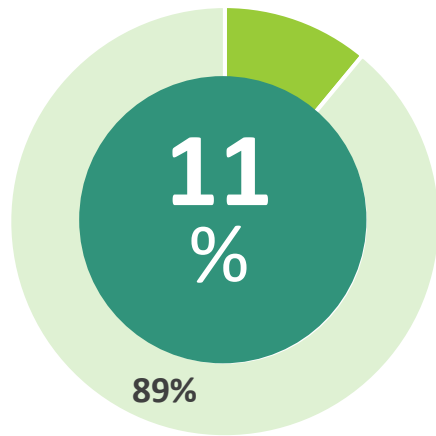
Relapse-
0.2%

Progress Towards JRP Targets (Refugee): Jan-Apr 2026

Legend

Reached

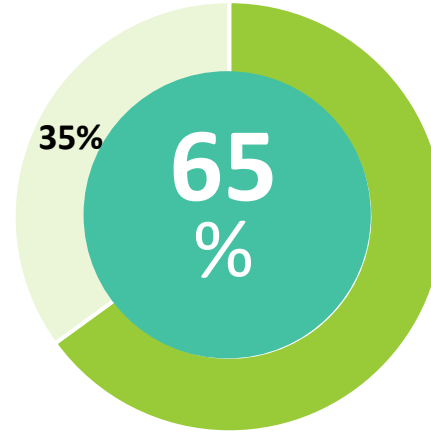
Yet to reach



***IFA PLW**

41,800

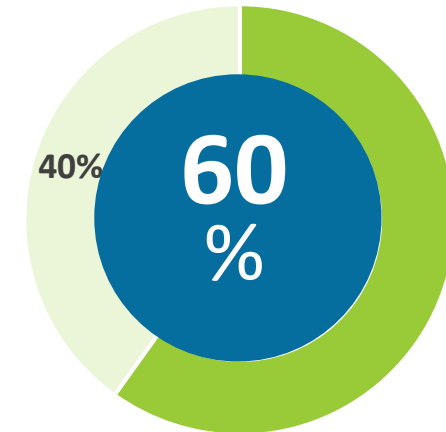
4,600



IFA Adolescent

130,600

84,885



IYCF

122,500

73,363

Target

Reached

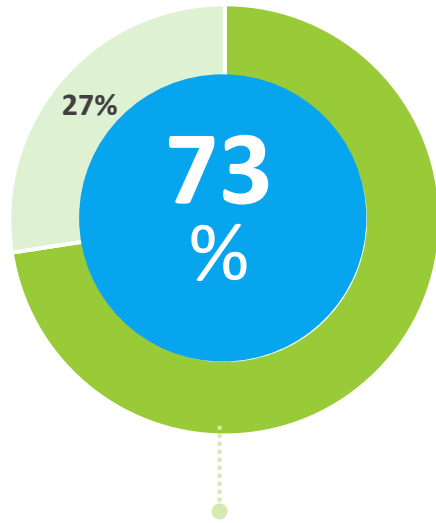
*IFA PLW- low coverage due to shortage of supply

Progress Towards JRP Targets (Refugee): Jan-Apr 2026

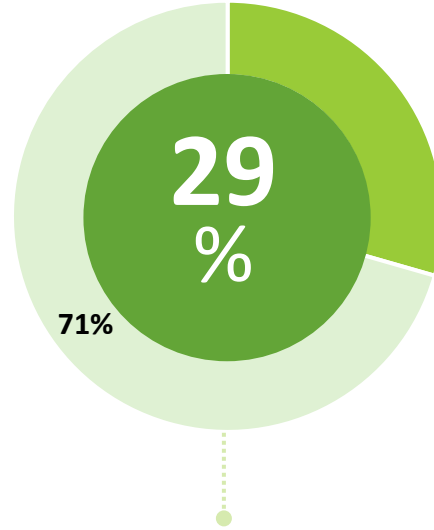
Legend

Reached

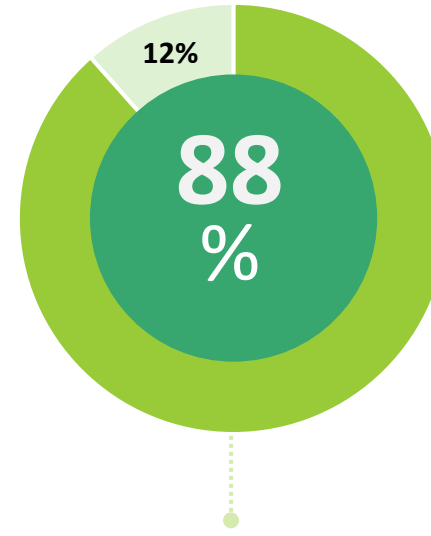
Yet to reach



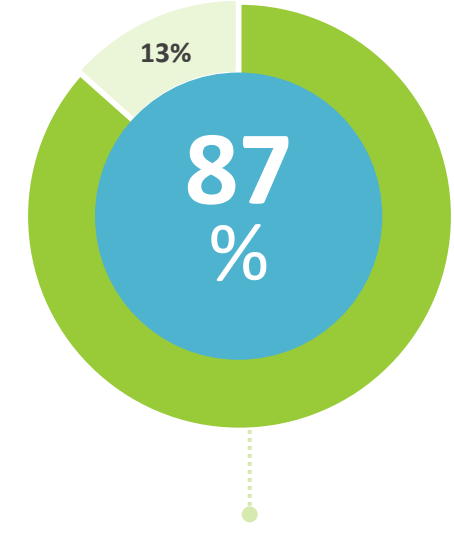
*BSFP (6-23m)



*NSEP (24-59m)



*BSFP PLW



*Screening U5

Target 67,700

103,700

40,900

189,200

Reached 49,133

30,535

36,180

163,822

*BSFP and NSEP– Monthly Maximum figure.

**Screening- Monthly unique cumulative figure

***BSFP: includes only 6-23m children, no provision of BSFP for children who are ineligible for NSEP as before.

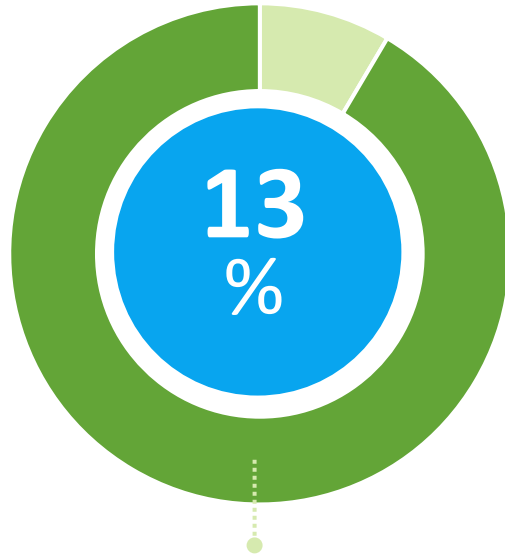
*** NSEP: Targets children 6-35m due to funding shortage

Progress Towards: JRP 2026 (Jan-Apr) targets (Host Community)

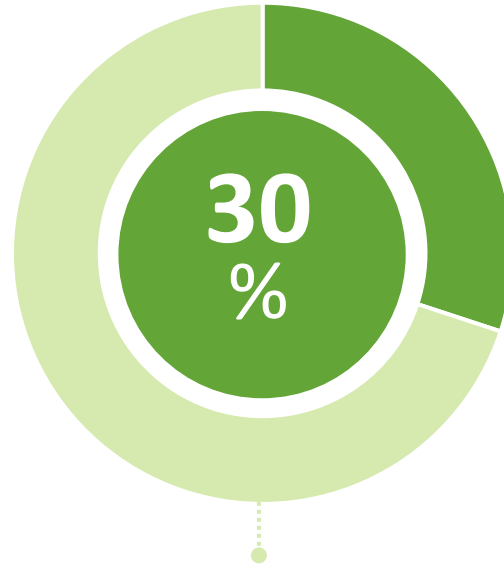
Legend

Reached

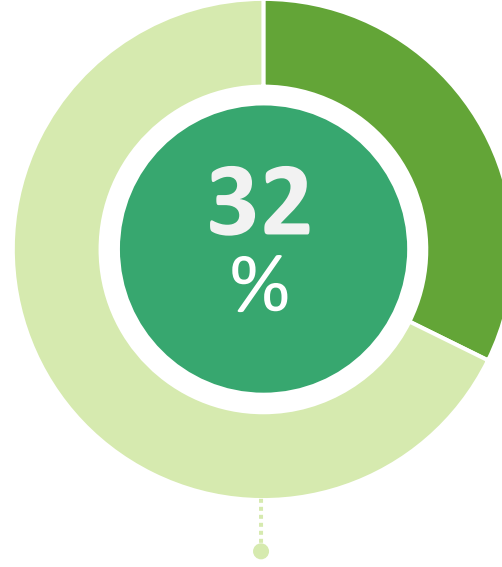
Yet to reach



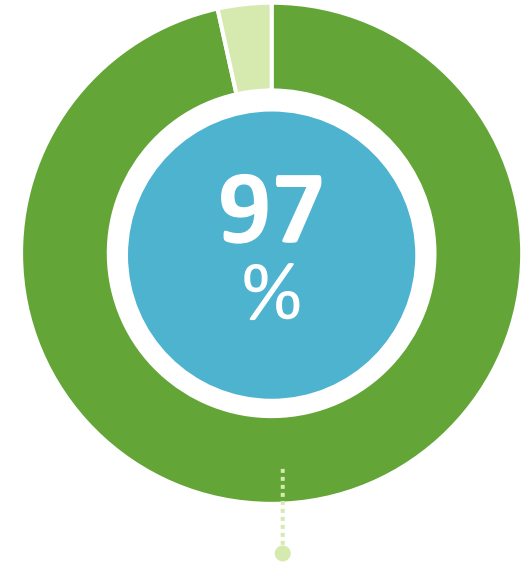
***SAM Inpatient**



MAM CU5



MAM PLW



***GMP**

Target 200

8,800

3,000

73,200

Reached 25

2,644

979

70,664

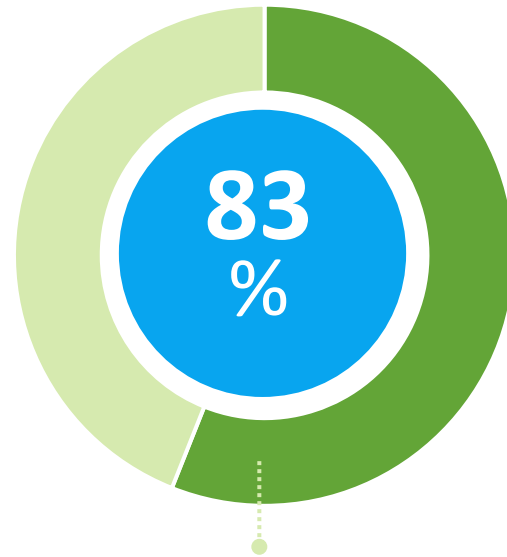
*GMP– Monthly Average Figure

Progress towards: JRP 2026 (Jan-Apr) targets (Host Community)

Legend

Reached

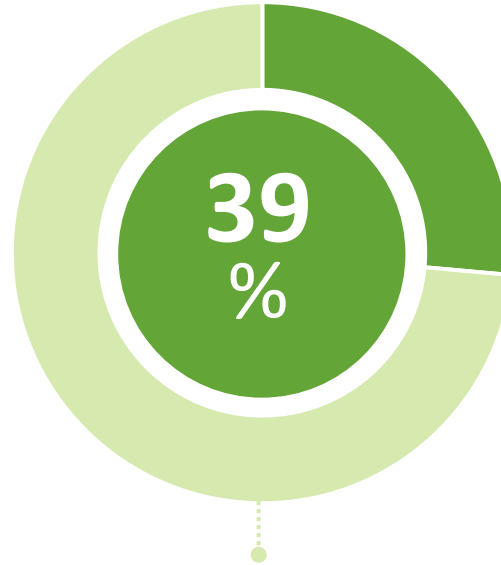
Yet to reach



IFA PLW

Target 16,200

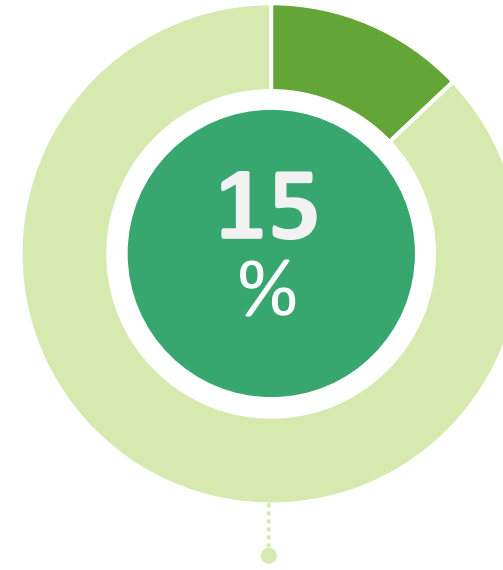
Reached 13,478



IFA Adolescent

24,200

9,325



IYCF

32,300

4,941

NS Digital Products

NS Website:

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

GNC Website:

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

NS Dashboard: [Microsoft Power BI](#)

Online Map for Navigation: 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

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 ???

what

why

where

when

who

how