Cox's Bazar, Bangladesh
NUTRITION
SECTOR

NUTRITION SECTOR MULTI-YEAR STRATEGY

2023 – 2025

Photo: Md. Yeasir Arafat/UNICEF/2023

ACKNOWLEDGEMENTS

The development of the Nutrition Sector Strategy (NSS), covering the period of 2023-2025, is a result of broader consultations and participation of key stakeholders. The Nutrition Sector and partners are committed to prevent maternal and child morbidity and mortality, improve nutrition situation through improved access to basic nutrition services through strengthening the integrated nutrition services to enhance quality preventive and nutrition service of the Forcibly Displaced Myanmar Nationals (FDMN) in the camps and host community in Cox's Bazar.

The multiple-year NSS 2023-2025 is aligned with the overarching Global Nutrition Cluster (GNC), government strategies, policies and training packages. As such, it is providing protocols and operationalisation of the existing strategies and guiding the nutrition workers and other sectors on how best to support mothers, children, adolescents girls and other vulnerable groups among the FDMN and host community in Cox's Bazar.

This strategy was developed in consultation with the Refugee Relief and Repatriation Commissioner (RRRC) Office and Civil Surgeon Office, who gave instrumental insights before the development process, ensuring that the Nutrition Sector objectives are consistent with the government initiatives.

All Nutrition Sector partners, including the UN agencies, implementing partners and sector coordinators of Food Security, Health, and WASH Sectors in Cox's Bazar, gave their time and actively participated in the consultative meeting and discussion and provided their valuable inputs for the development of this strategy.

The Nutrition Sector hired a consultant with the financial support of UNICEF for developing the NSS 2023-25. Without this support, it was not possible to instrument this multiple-year strategy for Cox's Bazar. The Nutrition Sector is expressing heartiest gratitude to Refugee Relief & Repatriation Commissioner & Additional Secretary Mohammed Mizanur Rahman and Civil Surgeon & Member Secretary of DNCC Dr. Md. Mahbubur Rahman for their valuable time and direction for developing the strategy.

Our special recognition and thanks to the UNHCR, UNICEF, and WFP, who contributed with their valuable time and thoughts and guidance for development of this strategy. Special thanks go to all the nutrition partners (ACF, BRAC, CARE, Concern Worldwide, ESDO, G.K, RI, SARPV, SCI and SHED), who provided a wealth of technical details, programme information and context details through various consultative meetings with them.

Our special thanks also to Food Security, Health, WASH and other sector coordinators for their valuable directions for integration of the sector activities as complementary actions towards achieving the common aim of beneficiary wellbeing.

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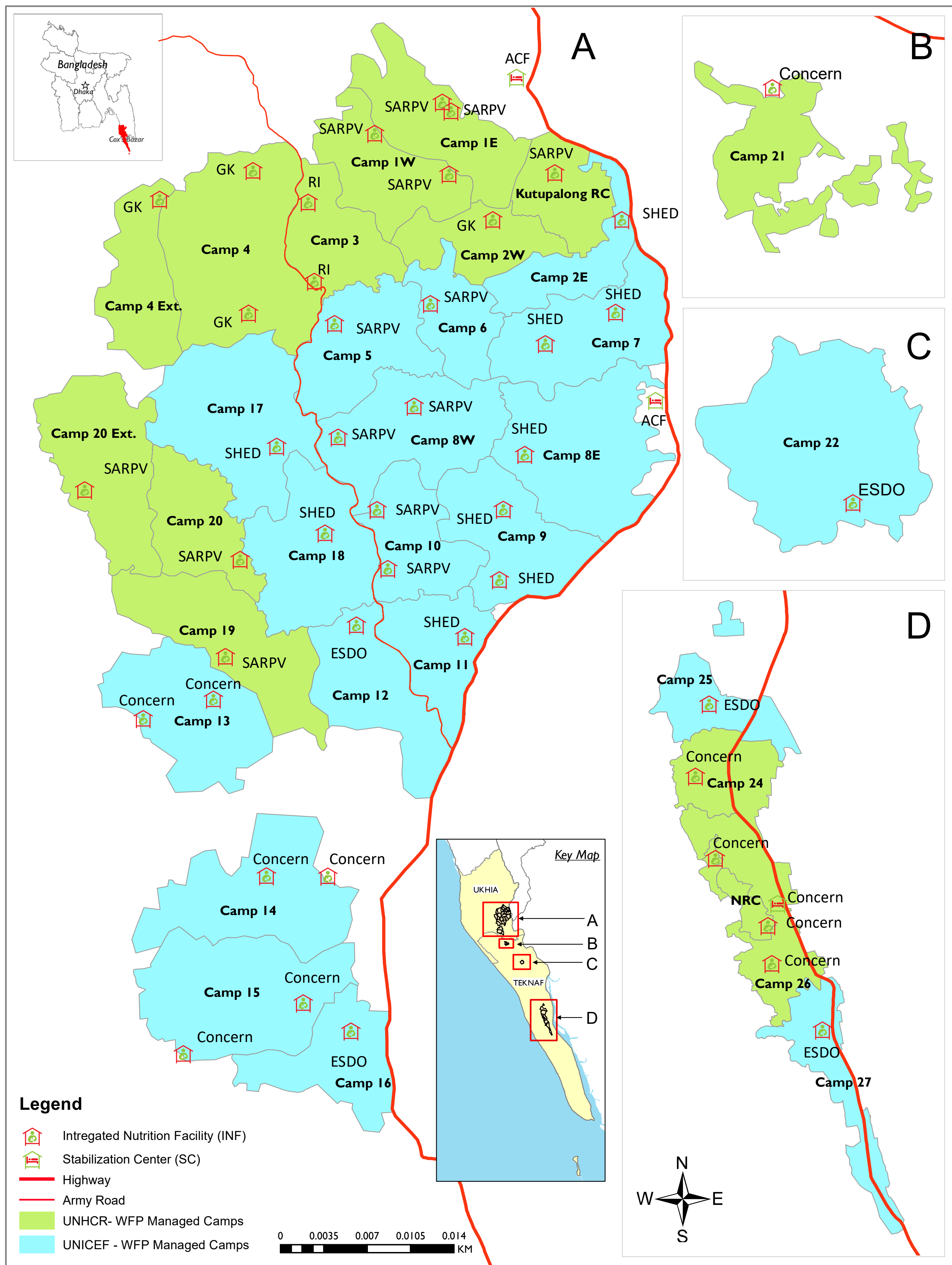
LIST OF ABBREVIATIONS

ARI	Acute Respiratory Infection
ACF	Action Contre la Faim/Action Against Hunger
BSP	Basic Service Package
BSF	Blanket Supplementary Feeding
CMAM	Community-based Management of Acute Malnutrition
DHS	Demographic and Health Survey
ECCD	Early Childhood Care and Development
ESDO	Eco-Social Development Organization
FDMN	Forcibly Displaced Myanmar Nationals
FAO	Food and Agricultural Organization
GAM	Global Acute Malnutrition
GK	Gonoshasthaya Kendra
GMP	Growth Monitoring and Promotion
GiHA WG	Gender in Humanitarian Action Working Group
HFA	Height-for-Age
HINI	High Impact Nutrition Intervention
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HMIS	Health Management Information System
HNO	Humanitarian Needs Overview
IEC	Information Education Communication
IFA	Iron-Folic Acid
IMCI	Integrated Management Childhood Illnesses
IR	Islamic Relief
ISCG	Inter-Sector Coordination Group
INGOs	International Non-Governmental Organisations
IYCF	Infant and Young Child Feeding
JRP	Joint Response Plan
MMF	Minimum Meal Frequency
MHPSS	Mental Health and Psychosocial Support
NS	Nutrition Sector
NSS	Nutrition Sector Strategy
NPW	Non-Pregnant Women
OTP	Outpatient Therapeutic Treatment
OPD	Outpatient Department
PSEA	Prevention of Sexual Exploitation and Abuse
PLW	Pregnant and Lactating Women
RRRC	Office of the Refugee Relief and Repatriation Commissioner
RUTF	Ready-to-Use Therapeutic Food
RUSF	Ready-to-Use Supplementary Foods
SST	Supplementary Suckling Technique
SHED	Society for Health Extension and Development
SARPV	Social Assistance and Rehabilitation for the Physically Vulnerable
SQUEAC	Semi-Quantitative Evaluation of Access and Coverage
SCI	Save the Children International
SENS	Standardised Expanded Nutrition Survey
SGBV	Sexual and Gender-Based Violence
SBCC	Social and Behaviour Change Communication
TSFP	Targeted Supplementary Feeding Programme
TWG	Technical Working Group
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
VAC	Vitamin A Campaign
WFP	World Food Programme
WSB	Wheat-Soy Blend

NUTRITION SECTOR PARTNERS PRESENCE MAP AS OF JANUARY 2023



Creation Date: 31 January 2023 | Sources: ISCG, Nutrition Sector, SMSD Sector | Coordinate System: WGS 1984 UTM Zone 46N I Map prepared by Mohd Mostakim Ali, IMO, Nutrition Sector.
Disclaimer: The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

BACKGROUND

As of July 2022, as per the UNHCR population data, 950,972 Forcibly Displaced Myanmar Nationals (FDMN) are residing in Cox's Bazar, Bangladesh in 33 extremely congested camps, formally designated by the Government of Bangladesh (GoB). Among the overall population, there are 169,285 children under five and 101,819 adolescent girls (10 to 19 years old) and 42,710 pregnant and lactating women (PLW). The number of pregnant and lactating women is 27,262 and 15,448 respectively (*UNHCR, July 2022*). Guided by the Humanitarian Needs Overview (HNO) and Joint Response Plan (JRP), multiple partners are working together to provide nutrition services to those in need in the FDMN population coordinated by the GoB. The Nutrition Sector will also continue providing the essential nutrition services to the host community in Teknaf and Ukhiya upazillas through curative and preventative approaches, based on the documented needs of the target population of 105,781. (Source: JRP PIN 2023)

Under the overall leadership of the GoB, the humanitarian community is engaged in need assessments, consultations, and strategic planning, which have resulted in the prioritised JRP 2022, which seeks some US$ 881 million for 136 partners, 74 of which are Bangladeshi organisations, to respond to the critical needs of the FDMN in Cox's Bazar and Bhasan Char, as well as to mitigate impacts on the host community in Ukhiya and Teknaf upazilas[1].

The Nutrition Sector (NS) of Cox's Bazar is committed to ensure adequate, legitimate and dignified lifesaving nutritional services in the camps and affected host community in two upazillas. The NS partners have been providing the Outpatient Therapeutic Treatment (**OTP**), Targeted Supplementary Feeding Programme (**TSFP**), and Blanket Supplementary Feeding Programme (**BSFP**) in the FDMN camps, and OTP and TSF programmes in the host community, including Infant and Young Child Feeding (**IYCF**) and other cross-cutting issues.

UNHCR, UNICEF, and WFP are the core programme partners of the Nutrition Sector in Cox's Bazar. Besides, ACF, CWW, and Relief International are the international partners, and ESDO, GK, SARPV, and SHED are the national implementing partners along with two technical partners - CARE and Save the Children - in 2023 for implementing 45 Integrated Nutrition Facilities (**INFs**) and five Stabilisation Centres (**SCs**)/SAM corners, three SCs in the FDMN camps and two SAM corners in Host Community (Teknaf and Ukhia upazilla health complexes).

There are many health implementing partners from other than the Nutrition Sector, who also provide nutrition services through health programme to children and PLW (antenatal and postnatal care) and children in outpatient department (**OPD**) in the healthcare centres. They are funded through bilateral donors to implement the nutrition activities nutritional assessment and health/nutrition counselling through health posts and Primary Health Centres (PHCs) and referral to nearby **INFs**.

The Nutrition Sector partners provide a range of the essential nutrition services in the Integrated Nutrition Facilities in the FDMN camps and in the host community, which consist:

1. Community-based screening, detection and referral of acutely malnourished children aged 6-59 months, and PLW and IYCF education to the respective camp and host community by the community nutrition volunteers (CNVs).
2. Micronutrient supplementation: Vitamin A capsule distribution among children of 6-59 months and deworming for children of 24-59 months twice in a year - IFA given to the pregnant and lactating women (PLW) and adolescent girls in the camps and host community.
3. The Blanket Supplementary Feeding Programme (BSFP) for preventing malnutrition of children aged 6-23 months and PLW as well as providing nutrition-sensitive e-voucher for children of 24-59 months in only mega camps of the FDMN.
4. The Targeted Supplementary Feeding Programme (TSFP) for treatment of moderate acute malnutrition (MAM) of children of 6-59 months and PLW in both the FDMN and host community.
5. Outpatient Therapeutic Programme (OTP) for treatment of severe acute malnutrition (SAM) children aged 6-59 months in the FDMN camps and host community.
6. Inpatient treatment of SAM children with medical complication in stabilisation centres and SAM corners in both the FDMN camps and host community.

1. Bangladesh: 2022 Joint Response Plan Rohingya Humanitarian Crisis

7. Growth monitoring and promotion (GMP) for children aged 0-59 months in the FDMN camps and host community.

8. IYCF counselling for caregivers, including CMAMI, mother-to-mother support group, cooking demonstration, 'mukhe vat' (rice feeding ceremony), etc., in the FDMN camps.

9. Early childhood and care development (ECCD) activities in the FDMN camps.

The Nutrition Sector is committed to ensure the inclusiveness of all nutrition services with ECCD, MHPSS, gender, child protection and disability to all the under-nourished children in all the INFs.

The main target groups for the Nutrition Sector are:

- Children of 0-59 months
- Pregnant and lactating women
- Adolescent girls of 10-19 years

ECHO, FCDO (former DFID), JICA, USAID and other donors (listed aphetically) support the Nutrition Sector. The implementing partners of the sector receive funds either through the UN programme cooperation or directly from the donors. The estimated humanitarian budget in 2020 was US$39.9 million, in 2021 $42.4 million, and in 2022 $35.7 million.

BENEFICIARY TARGET FOR 2023

The total number of people in need (PIN) for the Nutrition Sector consists of the specific target group in the Rohingya and the host community. The target groups, supported with specific interventions and also monitored as part of the JRP implementation, are presented in the table below. The NS will target 90 per cent of the Rohingya community for camp population and 70 per cent of the host community in line with the SPHERE standard for 2023.

TABLE 1: 2023 JRP PIN AND TARGET FOR ROHINGYA REFUGEES

Target Group	PIN			Target (90% of PIN)		
	Female	Male	Total	Female	Male	Total
Children of 0-59 months	82,320	86,965	169,285	74,088	78,268	152,356
Adolescent girls of 10-19 years	101,819	-	101,819	91,637	-	91,637
Pregnant and lactating women	42,710	-	42,710	38,439	-	38,439
Total	**226,849**	**86,965**	**313,813**	**204,164**	**78,268**	**282,432**

TABLE 2: 2023 JRP PIN AND TARGET FOR HOST COMMUNITY POPULATION

Target Group	PIN			Target (70% of PIN)		
	Female	Male	Total	Female	Male	Total
Children of 0-59 months	38,801	40,441	79,242	27,161	28,309	55,470
Adolescent girls of 10-19 years	55,243	-	55,243	38,670	-	38,670
Pregnant and lactating women	16,137	-	16,137	11,296	-	11,296
Total	**110,181**	**40,441**	**150,622**	**77,127**	**28,309**	**105,436**

The Nutrition Sector maintains at least one INF per camp, with some camps having two - based on the population and geographical locations across the 33 FDMN camps. The INFs are coordinated and managed by the nutrition site supervisors of respective NGO staff, who report to the Nutrition Sector as per the humanitarian needs overview (HNO) and JRP targets.

To enhance the nutrition sensitivity of social safety net programme and directly provide life-saving nutrition assistance to the FDMN camps in Cox's Bazar, from July 2022, WFP and the implementing partners of the Nutrition Sector already scale up giving nutrition-sensitive e-voucher of US$ 3.0 (approximately 284 BDT) per month programme

for children of 24-59 months in 31 camps, except two registered camps (Nayapara and Kutupalong). All other protocols for BSFP for the children of 6-23 months remain unchanged. The value of nutrition-sensitive e-voucher is conditional and will be paid to the beneficiaries upon attending growth monitoring sessions in the nutrition centres. This voucher will enable them to access more nutritious foods and ensure that they diversify their diets. This nutrition-sensitive e-vouchering programme is implemented only in the FDMN mega camp, and not in the registered camps in Kutupalong and Nayapara and the host community.

All the UN partners will continue the current humanitarian assistance for the life-saving nutrition treatment and preventive services through the Nutrition Sector facilities with the priority focus on core integration actions through multi-sectoral approaches in 2023-2025 and beyond.

But continuity of the present Targeted Supplementary Feeding Programme (TSFP) in the host community for the children of 6-59 months and PLW with MAM will depend upon the government policy and financial resource availability of WFP.

NUTRITION AND HEALTH SITUATION IN THE FDMN AND HOST COMMUNITY POPULATION

Nutrition Situation in the FDMN Population

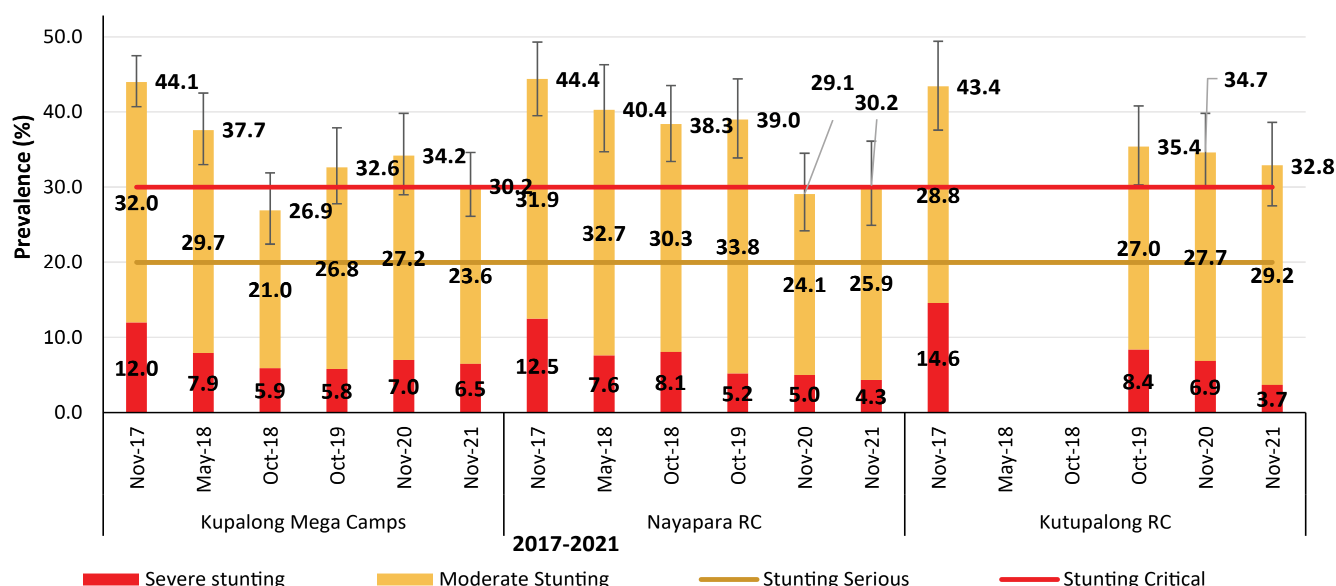
Despite the response to scale up the humanitarian services, the Standardised Expanded Nutrition Survey (SENS), November 21, findings indicate that the global acute malnutrition (GAM) rate remains within the second-highest tier "high" category (10-15 per cent), despite significant reduction since 2017. But it is stable compared to the previous survey results from 2018. The GAM rate was the highest 13.7 per cent in Kutupalong mega camp, followed by 12.5 per cent in Nayapara registered camp (RC), and the lowest 12.2 per cent in Kutupalong RC.

The younger children in the age group of 6-23 months were more malnourished compared to the older age group of 24-59 months. These findings are similar to the ACF's Nutrition Causal Analysis (December 2019), which indicated that the children under two years of age were more vulnerable to acute malnutrition. The findings highlight the importance of the first 1,000 days of a child's health status and show that well-being of a PLW directly impacts the growth and health of her child.

Stunting in the FDMN Community

Chronic malnutrition (stunting) remains very high (above the >30 critical/very serious category), according to the WHO/UNICEF classification, with fluctuating trends observed between 2017 and 2021. *Older children are more stunted than the younger age group of 6-23 months.* The highest 32.8 per cent was in Kutupalong RC, and the lowest 30.2 per cent was in both Kutupalong mega camp and Nayapara RC.

Figure 1: Prevalence of Stunting (6-59 m) by camp, 2017-2021.



The stunting prevalence among the older children of 24-59 months was 34.2 per cent in the mega camp, and in the RCs was 34.4 per cent and 36.8 per cent at Nayapara and Kutupalong respectively.

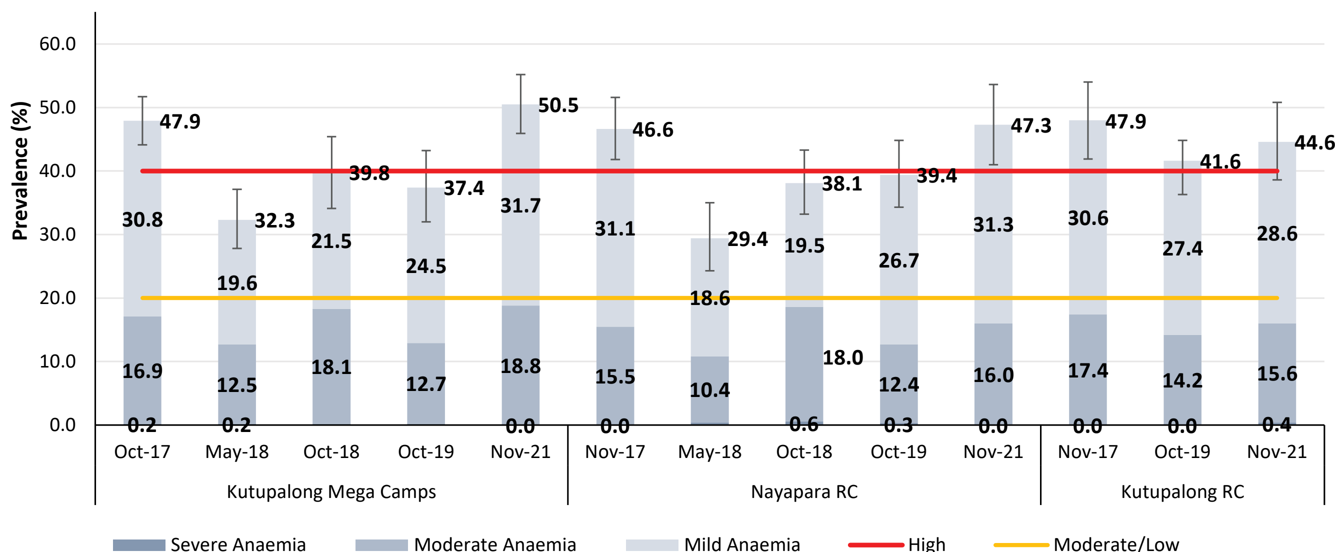
Stunting rates are still way above the WHO thresholds, which is a big concern, as these children may never reach their full physical and mental potential.

Acute malnutrition prevalence in women of reproductive age, 15-49 years, based on MUAC, is low. A significant reduction occurred between 2017 and 2021, reduced from 8.7 per cent to 1.8 per cent in Kutupalong mega camp, from 3.5 per cent to 1.1 per cent in Nayapara RC, and from 7.3 per cent to 0.5 per cent in Kutupalong RC. The reduction has sustained over the past four years among the women, but not among the children.

To address the needs of the camp and host community population, more multi-sectoral approaches are needed for reducing the chronic malnutrition rate to the acceptable levels in 2023-2025.

The anaemia rate among the non-pregnant women of reproductive age was also found to be "high" across all camps (e.g., **Kutupalong mega camp: 40.3 per cent, Nayapara RC: 39.3 per cent, and Kutupalong RC: 41.6 per cent**). Anaemia rates were found to be High (>40 per cent) across the three areas with an increasing trend observed over the period, which is very alarming. But, severe anaemia prevalence is very low among the NPW/WRA (non-pregnant women/women of reproductive age), two of 591 (0.03 per cent), in Kutupalong mega camp, while moderate anaemia (Hb 20-39 g/dl) was above 20 per cent across all the camps (KTP mega camp: 24.9 per cent, Nayapara RC: 25.0 per cent, and KTP RC: 26.2 per cent). **Prevalence of anaemia among the children of 6-59 months was found High (>40 per cent)** across three locations with an increasing trend observed over the period, which is very alarming. A significantly higher rate of anaemia (>60.0 per cent) was observed among the young children (6-23 months), and the highest prevalence of 72.8 per cent was recorded in Kutupalong mega camp.

Figure 2: Anaemia in Children of 6-59 months by camp 2017-2021.



***The indicator** of high prevalence of anaemia has a wide variety of causes. Iron deficiency is considered to be the most common cause of anaemia. Other causes include acute and chronic infections that result in inflammation and blood loss; deficiencies of other vitamins and minerals, especially folate, vitamins B12 and A, are also important causes; along with hemoglobinopathies and infectious diseases, such as malaria, tuberculosis, HIV and parasitic infections.*

Thalassemia is the inherited condition that affects a substance in the blood called hemoglobin. People with thalassemia produce either no or too little hemoglobin, which is used by red blood cells to carry oxygen around the body.

ANC Coverage and IFA Supplementation among the Pregnant Women by Camp

ANC coverage was found to be relatively high - at above 75 per cent - across all the camps, while **IFA supplementation** was 62.5 per cent in Kutupalong mega camp, 73 per cent in Nayapara RC, and the highest at 89.1 per cent in Kutupalong RC. Trend analysis indicated an improvement in ANC in Kutupalong mega camp,from less than 50 per cent in 2018 and 2019 assessments, to a high of 75 per cent in 2021.

Blanket Supplementary Feeding Programme

BSFP coverage for children aged 6-59 months was above 80 per cent in all the camps - 82.7 per cent, 84.1 per cent and 85.9 per cent in Kutupalong mega camp, Nayapara RC and Kutupalong RC, respectively. BSFP coverage for PLW was found low in Kutupalong mega camp at 71.6 per cent, compared to Nayapara RC with 88.6 per cent, and Kutupalong RC with 91.5 per cent.

Infant and Young Child Feeding Practices in the FDMN settlement

Infant and young child feeding (IYCF) practices directly impact the health, development, and nutritional status of the children less than two years of age, and ultimately, impact child survival. Improving IYCF practices of the children of 0-23 months of age is therefore critical to improve nutrition, health, and development. All the children (100 per cent) aged 0-23 months were **ever breastfed** as per the findings. Only 46.9 per cent of the children aged 0-23 months were exclusively breastfeed within the first two days after birth, while exclusive breastfeeding under six months was 62.3 per cent. Continued breastfeeding at the age of 12-23 months is 78.4 per cent, while it was better among boys at 79.9 per cent than among girls, 77.0 per cent. Early initiation to breastfeeding immediately or within an hour was at 84.9 per cent. Conclusively, the findings show a much-improved breastfeeding practice among the FDMN community.

Complementary Feeding Practices among the Caregivers in the FDMN

Age-appropriate complementary feeding for children aged 6-8 months was found to be 74.8 per cent among the surveyed population. Minimum dietary diversity and **minimum acceptable diet were all below 50 per cent**. This can be attributed to the fact the population in the FDMN camps mainly depend on humanitarian aid, and hence take limited diet. However, **minimum meal frequency (MMF) was at 68.6 per cent.** Consumption of unhealthy foods among children of 6-23 months was quite high at 64.8 per cent, while consumption of sweet beverages was found to be 34.5 per cent among the children of 6-23 months.

What Does This Indicator Tell Us?

Complementary feeding practices are sub-optimal and have remained low for years. The children of 6-23 months receiving MMF was at 68.6 per cent and **minimum acceptable diet** at 50 per cent. **As MMF is associated with stunting**, WHO and UNICEF have recommended that a child should receive the minimum dietary diversity (MDD) of foods and beverages from at least five of the eight defined food groups to maintain proper growth and development during this critical period. Food group diversity is associated with improved linear growth in young children[2]. A diet lacking in diversity can increase the risk of micronutrient deficiencies, which may have a damaging effect on **physical growth and development.**

The above mentioned findings should be taken into account as reference of nutritional status and to prepare an action plan with appropriate intervention of IYCF counselling, enhance skill, technique and tools, using IYCF counsellor, and strengthen the follow up and reinforcement activities at household level, ensuring medical and psychosocial supports, if required.

Nutrition Situation in the Host Community (Teknaf and Ukhiya)

The GAM prevalence by WHZ among children of 6-59 months was 9.3 per cent [7.5-11.5, 95 per cent C.I.], of which 9.9 per cent [7.2-13.5, 95 per cent C.I.] in Ukhiya, and 8.9 per cent [6.8-11.6, 95 per cent C.I.] in Teknaf upazila.[3]

2. SENS Survey 2021 FDMN
3. Standardized Monitoring and Assessment of Relief and Transitions (SMART) January- February 2021.

The overall acute malnutrition situation was in the "**medium**" category of public health emergency concern, **with an upper confidence interval within 10-14 per cent to the "high" or serious threshold.**

The overall weighted SAM prevalence was found to be 0.7 per cent [**0.3-1.4, 95 per cent C.I.**]; with a SAM rate of 0.9 per cent [**0.3-2.4, 95 per cent C.I.**] in Ukhiya, and 0.5 per cent [**0.1-1.9, 95 per cent C.I.**] in Teknaf upazila. Although the GAM prevalence was found slightly higher in Ukhiya [9.9 per cent] compared to Teknaf upazila [8.9 per cent]. *Compared to the national situation, as per the Bangladesh Demographic Health Survey (BDHS) 2017-2018, the GAM rate was* **higher than 8.4 per cent.**

Further gender-based analysis indicated that the prevalence of GAM by WHZ and/or Oedema was relatively higher for boys compared to girls for GAM in both the upazilas. When comparing the prevalence of acute malnutrition in younger children [6-23 months] vs older children [24-59 months], the older children had higher prevalence of GAM [8.1 per cent vs 10.9 per cent] and MAM [6.2 per cent vs 10.5 per cent] and vice versa for SAM [1.9 per cent vs 0.4 per cent] in Ukhiya upazila. *In contrary, all forms of acute malnutrition were found comparatively higher among the younger children aged 6-23 months in Teknaf upazila.*

The prevalence of low MUAC among all women of reproductive age [15-49 years] was 1.9 per cent [1.2-3.0] in Ukhiya and 1.1 per cent [0.5-2.2] in Teknaf. The low MUAC prevalence for the women who were pregnant or lactating with an infant less than six months was 0.9 per cent [0.1-6.8, 95 per cent C.I.] and 2.8 per cent [0.9-8.4] in Ukhiya and Teknaf respectively. There was no significant difference observed in low MUAC prevalence between the two upazilas.

Stunting in the Host Community

The overall weighted prevalence of global chronic malnutrition or stunting per HAZ among children of 6-59 months was 23.7 per cent [20.4-27.3, 95 per cent C.I.], of which 20.7 per cent [16.6-25.6, 95 per cent C.I.] in Ukhiya and 25.8 per cent [20.8-31.6, 95 per cent C.I.] in Teknaf that are considered "high" as per the WHO/UNICEF latest classification.

What Does the Host Community Nutrition Indicator Tell Us?

A. Advocacy is required with Institute of Public Health and Nutrition (IPHN), Bangladesh National Nutrition Council (BNNC) and National Nutrition Services (NNS) at national level and civil surgeon office at Cox's Bazar level, for the use of WHZ criteria as admission and discharge criteria for acute malnutrition in the host community. The GAM prevalence based on MUAC is lower than the one using WHZ. Many children with under-nutrition are undetected and out of access to nutrition support with current national protocol.

B. Strengthening the IYCF activities within existing regular maternal and child health care programme and conducting regular screening during routine OPD consultation in the community clinics and EPI outreach centres for detection and referral of acutely malnourished children according to the CMAM national guideline.

Infant and Young Child Feeding Practices in the Host Community

The exclusive breastfeeding rate in Ukhiya upazila was 73.5 per cent [58.8-84.3], which is above the national rate of 65.0 per cent and comparatively higher than that of Teknaf upazila, which was found at 60.0 per cent [42.0-75.7, 95 per cent C.I.] with no significant difference [p=0.215] between the two upazilas. The continuation of breastfeeding at one year among the children aged 12-15 months in Ukhiya and Teknaf was found 89.2 per cent [75.6-95.6, 95 per cent C.I.] and 89.3 per cent [71.1-96.6] respectively, while 91.2 per cent [69.6-97.9] among the children aged 20-23 months in Ukhiya and 87.0 per cent [67.8-95.5] in Teknaf continued breastfeeding until two years.[4]

Minimum Dietary Diversity

The mean individual dietary diversity among the children of 6-23 months in Ukhiya and Teknaf was 4.2 and 3.6 respectively. The minimum dietary diversity was reported at 41.7 per cent in Ukhiya and 25.2 per cent in Teknaf, showing significantly lower percentage compared to Ukhiya. This also indicates that more than half of the children in Ukhiya and three quarters in Teknaf did not receive at least five categories of food groups as recommended.[5]

4. Follow up SMART Nutrition Survey Ukhiya and Teknaf Jan-Feb 2021
5. Follow up SMART Nutrition Survey Ukhiya and Teknaf Jan-Feb 2021

Health Situation in the FDMN Camp

The health situation was stable, as confirmed by **crude and U5MR**, which were well below the emergency levels of above one and two deaths per 10,000 population per day for crude and U5MR, respectively.

Incidence of Diarrhoea episodes among the children aged 6-59 months, based on two-week recall periods before the survey, was relatively low at 10 per cent in Kutupalong mega camp and 9.4 per cent in Kutupalong RC, and higher in Nayapara RC at 14.7 per cent. But the incidence of diarrhoea increased from Nov 2020 to November 2021 in Nayapara RC (12.7-14.7 per cent and Kutupalong RC (7.8-9.4 per cent) and significantly decreased in Kutupalong mega camp (from 14.9 per cent to 10.0 per cent). The increase in incidence was associated with handwashing with soap, use of safe water in domestic purposes, poor sanitation particularly excreta disposal of younger children, and stagnant water caused by poor drainage systems, as were observed in the camps. Diarrhoea incidence was more prevalent among younger children.

The coverage of measles vaccination was reported among the children of 9-59 months, confirmed by card and caregivers' recall, was 98.8 per cent and 95.8 per cent in Nayapara RC and Kutupalong RC respectively, and below the threshold (95 per cent), 89.6 per cent in Kutupalong mega camp.

Vitamin A supplementation within the last six months (verified by card and recalled by the mothers of children aged 6-59 months) was above the planned target of 90 per cent in all the camps. Kutupalong mega camp reached 93.4 per cent, Nayapara RC recorded 90.3 per cent, and Kutupalong RC recorded 93.1 per cent.

Deworming coverage among the children of 24-59 months was found to be high overall, reaching 88.4 per cent in Kutupalong mega camp, and above 90 per cent in Nayapara RC (90.3 per cent) and Kutupalong RC (93.7 per cent).

Reported birthplace/delivery locations

More than half (61.6 per cent) of the 682 caregivers reported to have given birth at home, whereas 38.2 per cent or 423 reported to have given birth in a health facility, and 0.3 per cent reported birth of their children in ambulance during travel to hospital.

Photo: Md. Yeasir Arafat/UNICEF/2023

PRIORITY PROGRAMME INTERVENTIONS

The following are the key programme priorities for the Nutrition Sector for 2023-2025:

- Enhance nutritional knowledge, behaviour and practices of parents and caregivers of the children aged 0-59 months through nutrition education, counselling and social behaviour change communication (SBCC) sessions to improve dietary practices and ensure sustained changes for cases of malnutrition for the camps and host community.

- Encourage production, purchase and consumption of diversified diets by the children and families enrolled in the programme to improve optimal nutrition outcomes for the host and camp population under the food security resilience and nutrition sensitive e-voucher programme of WFP in the FDMN mega camp only.

- More integration of cross-cutting issues (disability, gender, protection and AAP, and community feedback mechanism) in both the camps and host community.

- Develop a multi-sector action plan with priority activities for chronic malnutrition (stunting among the under-five children) and anaemia prevention in both the camps and host community.

- Conduct a causal analysis for high prevalence of anaemia among the under-five children and non-pregnant women (NPW) in the FDMN camps.

- Develop the operational guideline for IFA distribution among the adolescent girls and multi-sector approaches for prevention of anaemia, particularly among the under-five children and NPW in the FDMN camps.

- Develop a uniform social behavioural change strategy for all the Nutrition Sector partners in the camps and host community.

- The Nutrition Sector will develop a pathway for localisation and implement the plan gradually in the coming years. The NS will also conduct gap analysis for the implementing partners for better understanding of the gaps for capacity building initiatives, particularly for the new organisations in the FDMN camps.

- The Nutrition Sector will focus on integration of nutrition services with health programme through the following three modalities - considering the geographical context, financial implications, and service-seeking behaviour - developed by the inhabitants and familiar for utilisation of nutrition and healthcare facilities in the camps as well as emphasise the most outcome-oriented modality for integration of nutrition services with the health posts and primary healthcare centres in the FDMN camps.

Modality 1: Under this modality, the NS will emphasise strengthening effective and outcome-based service delivery integration. The NS will be mapping for appropriate referral health centres, which are conducive and favourable for travelling, and utilisation for the beneficiaries particularly pregnant and lactating women. The NS implementing partner will establish a formal agreement with clear TOR for referral mechanism in camp level in collaboration with the Health Sector. The NS implementing partner will maintain regular coordination with the PHCs/health posts and receive feedbacks from the referral interventions or actions for further improvement. The community volunteers of other sector will be trained/oriented on IYCF messaging and link with other complementary act on their activities.

Modality 2: Under this modality, the health posts/PHCs will be collocated with nutrition centres or vice-versa, depending on suitability, geographical location, and space and land availability. The implementing partner will be the one and only; similarly, one volunteer will be responsible for the outreach catchment of this integrated nutrition centre, where possible.

Modality 3: Under this modality, the nutrition facility and PHCs/health posts will be in one location and under one roof through one implementing partner for the community outreach health and nutrition programme activities. Instead of the current two volunteers, one volunteer will be responsible for two components, where possible.

Localisation: The Nutrition Sector has made a remarkable progress for localisation of the implementing local/national partners during 2021-2022, and promoting gradually for more. The NS will also develop a pathway for gap analysis of the local organisations and capacity-building initiatives for the areas of organisational management, humanitarian leadership, project cycle management, quality assurance, muti-sectoral approaches, monitoring and evaluation, financial, procurement and logistics, donors' compliance management, and humanitarian principles and charter.

RATIONALE FOR THE DEVELOPMENT OF THE NUTRITION SECTOR STRATEGIC PLAN (2023-2025)

Given the high levels of malnutrition and the contribution of high impact nutrition, specifically interventions to reduce the immediate causes of malnutrition, the Nutrition Sector aimed to develop a multi-year sector strategic plan. It offers an opportunity to guide the implementing partners of the Nutrition Sector in its programmatic efforts to contribute to and achieve the sectoral goals in the next three years.

Since the Nutrition Sector Strategy 2021-2022 has completed in 2022, a number of new issues have emerged, including the core integration actions through strengthening multi-sector coordination and localisation, which means engaging local and national organisations for implementation of the nutrition-related projects.

Technical Rationale: The need to address all forms of malnutrition wasting, stunting, underweight, and severe prevalence of anaemia among the children and non-pregnant women with integrated approaches and inter-sectoral service linkage. There will be high attention to the 1,000 days window of opportunity to improve maternal, newborn, infant and young child nutrition in the Nutrition Sector Strategy of 2023-2025.

The main focus will be strengthening the IYCF counselling on childcare practices among the pregnant and lactating women. The adolescent girls and community resource persons will also be brought under awareness raising programme for capacity building and empowerment of individual, family and community - both in the FDMN camps and host community.

Policy and Strategic Rationale: Realignment with nutrition-sensitive interventions with proven impacts for improved nutrition outcomes will be promoted and a functional linkage will be set up through coordination among the health, WASH, food security, MHPSS, gender mainstreaming, disability, protection and GBV sectors and working groups - to prepare a joint action plan at ground level with the implementation partner. Specific attention will be given to increasing the awareness level of other sectors' human resources for supporting family on nutrition.

Programmatic Rationale: The impact nutrition intervention: community participation, accountability to affected population, continuity of care and follow up between providers and beneficiaries along with focus on multi-sectoral intervention as complementary for each other. Nutrition interventions into primary health care (PHC), and health posts are essential for successful implementation of this strategy. The collaboration, realignment and coordination with other relevant cross-cutting issues will enhance the improvement level for achieving the optimal nutrition.

THE INTEGRATED NUTRITION STRATEGIC PLAN (2023-2025)

Strategic Plan Development

The basis of this strategic plan development (2023-2025) are the achievements, best practices, challenges, and lessons learned on the basis of experiences of the last two years (2021-2022). It has also taken into consideration the Joint Response Plan (JRP) target 2023, Global Nutrition Cluster (GNC), WFP, UNHCR, UNICF, WHO and FAO global and country strategies as well as national nutrition plan-2, national nutrition surveillance system, CMAM national plan, and priorities for selecting the objective strategies.

The Process Followed

The development of the integrated nutrition strategy has involved and followed a series of interactive steps. The processes of development are:

Evidence-based analysis of Cox's Bazar nutrition policy landscape to determine achievements since 2022, gaps, opportunities and lessons learnt - based on available documentary and content analysis and documentation. Literature review on the current global and national policies and developments for nutrition, recent strategies, and recommended interventions for developing this Nutrition Sector strategy.

Field Visits: Three days of exclusive field visit were conducted to selected multi-diversified integrated nutrition facilities (INFs) and stabilisation centres in different camps, implemented by several implementing partners (IPs) and host community, including Ukhiya upazilla health complex community clinics, to get an overview of the existing programmes and activities implemented to respond to the nutrition situation.

Consultative Meeting: Consultative meeting was conducted with individual government high-ups, UN partners, and local, national and international NGOs (IPs). The consultative phase complemented desk review of literature documents and field visit, and received very valuable suggestions and guidance from the different stakeholders based on their experiences and organisational policies and strategies. The NS incorporated their suggestions and recommendations in planning and programmatic actions of the strategy document.

The three technical working groups (TWGs) were instrumental in guiding the entire process in varied ways. The process of developing the strategic plan also involved planning and conducting a feedback session from the participants of all sector partners along with representatives from the RRRC and civil surgeon (CS) office. The information generated from the TWGs complemented the other processes to determine the achievements, gaps and lessons learnt. The sector organised a workshop on draft strategy document with the participants of the RRRC/CS/UN and implementing partners from different sectors. The recommendations, received from the draft strategy dissemination workshop, were incorporated into the documents, and the revised narrative part along with the implementation matrix was shared with all the participants for further review and inputs.

THE IDENTIFIED ACHIEVEMENTS AND CHALLENGES

Achievements - 2022

- **Progress Towards JRP target 2022 (Jan-Nov):** SAM treatment 6-59 months: 83 per cent, MAM 6-59 months: 81 per cent, MAM PLW: 97 per cent, IYCF: 100 per cent, VAC round-1: 94 per cent.
- BSFP of 6-59 months: 100 per cent, MAM PLW: 93 per cent, CMAMI: 64 per cent, IFA PLW: 100 per cent, IFA adolescent: 100 per cent.
- All 45 nutrition centres in the camps have been integrated with all nutrition components/services, and are functioning well and have a beneficiary-friendly service delivery environment.
- Established a unique operation mechanism for one implementing organisation in one camp with uniform staffing and salary structure in all the 33 camps.
- Referral system has been established from all INFs to relevant primary health care, health posts and stabilisation centres,keeping the records of beneficiaries referred.
- In the INFs, the IEC materials are available and used by the nutrition service providers (IYCF and C-MAM-I nurse and health educators).
- Adequate supply of nutritional treatment and other non-treatment products in the INFs.
- The Nutrition Sector has ensured availability of the newly printed IEC/BCC materials in all the INFs, which are being used by health educators, and IYCF and C-MAM-I nurses.
- **Host Community:** The community-based management of acute malnutrition has been implemented under the Improving Maternal and Child Nutrition (IMCN) programme in two upazillas (Teknaf and Ukhiya). The project is integrated with 54 community clinics and union family welfare centres providing treatment of acute malnutrition according to the national Community-Based Management of Acute Malnutrition (CMAM) guideline.

Rationalization of the Nutrition Services:

Under a strong commitment from UN, government and implementing partners agreed to implement all nutrition services (OTP, TSFP, BSFP) and IYCF services under a single roof. Since 2020, the nutrition sector maintains at least one Integrated Nutrition Facility (INF) per camp, with some camps having two to serve larger catchment populations, resulting in a total of 45 INFs across the 33 FDMN camps.

Capacity Building

- The approved numbers of human resources (staff and volunteers) are recruited and they have received orientation on their job and various skill-based trainings.
- The Nutrition Sector partners conducted various trainings for staff on CMAM, MIYCN and cross-cutting issues for continuous enhancement of skills, updating knowledge, and providing highest motivation for improving the quality of services.
- The NS partners also conducted training on cross-cutting issues, like MHPSS, ECCD, GBV, protection, and accountability to affected population (AAP) for improved integration of service components and better outcome on nutrition intervention.

Inter-sectoral- Coordination- Nutrition Survey and Information Management System

- The MHPSS, ECCD, GBV, and protection activities have linkage with nutrition components.
- Conduct planned nutrition survey - SENS, IYCF, and SMART - in the FDMN camps and host community. Preliminary result of IYCF has been disseminated and full report in progress.
- Cross-learning and field monitoring in the integrated nutrition facilities (INFs) is a good initiative for learning the achievements, and reducing gaps among the implementing partner-run INFs.
- The nutrition information management system has established data flow mechanism. It is well functioning and recording, but reporting is fully hardcopy-based and maintained manually.
- All reporting forms and formats are supplied, and staffs are well aware and skilled for using these.

Technical Working Group

- All technical working groups (TWGs) of NS - IYCF, CMAM, Assessment and Information Management (AIM) - are active and responsive to sectoral needs, having well-defined TOR.
- The TWG members are highly qualified, technically sound and devoted to task, having proven organisational capacities in the specific fields.
- The TWG sits in a meeting monthly and also more sometimes, based on needs.

Coordination

- The NS establishes a functional coordination with the RRRC, civil surgeon and other sectors and entities.
- The NS partners use the monthly health coordination meeting - chaired by camp in-charge (CiC) - for sharing the achievements, challenges and/or any new activity plan, including health campaign (VAC/Measles/Diphtheria/ mass MUAC measurement) in the camp concerned.
- The NS conducts monthly coordination meeting with partners and shares the progress and challenges with possible solutions.

Challenges and Way Forward 2023

Growth Monitoring and Promotion Activities

The growth monitoring and promotion (GMP) is a very important and an integral part of the decision about the individual child's nutrition status, and it focuses on areas of counselling for maternal and child health and nutrition. But, the GMP, particularly the promotional part, is not adequately addressed in the GPM points for appropriate advice, and also not following the correct and appropriate anthropometric measurement procedure. Thus, there is an urgent need to take an improvement plan for improving the quality of nutrition assessment and anthropometric measurement techniques and counselling practices through on-the-job training (OJT) and continuing education.

Strengthening the coordination with Multi-Sectoral Approaches

Integrating key hygiene actions with the WASH Sector includes safe drinking water, handwashing with soap, safe disposal of excreta, and food hygiene condition in the respective camps in the areas burdened with under-nutrition. Conduct joint assessment with the WASH Sector for understanding the condition of solid waste management (disposal system of plastic packet of RUTF, WSB and others) in the INFs as an essential component in all integrated nutrition centres of the camps and host community. This coordination and assessment are expected in the field level for operational and at Cox's Bazar level for strategic advocacy and consensus.

Develop a multi-sector nutrition working group, which will include various departments and partners (e.g., Health, WASH, Food Security, Education, MHPSS, Gender, Disability PSA, Child protection and GBV, etc.). It will play a key role in advocating for greater attention to nutrition, focusing on priority interventions and promoting better coordination among the other sector partners. For the host community, the District Nutrition Coordination Committee and Upazilla Nutrition Coordination Committee will be the potential forum for multi-sector priority coordination and intervention.

Promote and strengthen the current coordination level for field-level planning and programming across all the sector partners as well as geographic convergence of multi-sectoral interventions/services to address the block/camp population areas or pocket, where the magnitude of malnutrition is critical.

Strategy Document

- Develop a comprehensive social behaviour communication (SBC) strategy for all the platforms at facility and community levels.
- A comprehensive programme operation guideline on health and nutrition for adolescent girls, including IFA distribution.
- Develop an operational guideline for referral mechanism with health posts and primary health care centres.
- Strategy for IFA distribution among the non-pregnant women of 15-49 years in the camps, as the prevalence of anaemia is more than 40 per cent, according to the WHO guideline.

Capacity Building

- Undertake comprehensive training needs assessment at all levels of programme management and services delivery points of INFs to identify training needs for further strengthening the capacity of different category of human resources.
- Update the training database for staff and volunteers for the implementing partners.
- Develop a comprehensive guideline for OJT for the nutrition programme.

Survey, Surveillance and Monitoring

- Causal analysis for high prevalence of Anaemia among the children aged 6-59 months and non-pregnant women.
- Develop a TOR and operation guideline for cross-learning and field monitoring activities by the implementing partners, and review and update the monitoring tools.
- Strengthen the surveillance system from regular programme data analysis (non-recovered, has not reached the discharge criteria within three months, weight gain, length of stay, and morbidity trend) and exit interview.
- **Resilience:** Strengthen the linkage with the Food Security Sector for its resilience intervention and of UNICEF with the host community for resulting in nutrition impact, where possible, in the FDMN camps as well.

NUTRITION SECTOR OBJECTIVES

Outcome:

Boys and girls of 0-59 months, adolescent girls, and pregnant and lactating women (PLW) in the camp and host community in Cox's Bazar increasingly use more equitable and better-quality nutrition services by 2025. (JRP 2023-25)

Sector Objectives:

Sector Objective 1: To ensure equitable access and utilisation of quality preventative nutrition-specific services for boys and girls of 0-59 months, adolescent girls and PLW in the camp and host community in Cox's Bazar. (Nutrition Sector 2023-25)

Sector Objective 2: To enhance equitable access and utilisation of quality life-saving nutrition services for early detection and treatment of acute malnutrition for boys and girls of 0-59 months and PLW in the camp and host community in Cox's Bazar. (Nutrition Sector 2023-25)

Sector Objective 3: To improve capacity of the nutrition actors in nutrition information systems and knowledge generation to facilitate scale-up of nutrition interventions. (Nutrition Sector 2023-25)

STRATEGIC PRIORITIES

The Integrated Nutrition Strategy (2023-2025) presents interventions to address malnutrition within the Nutrition Sector with the priority linked with **other sectoral programmes** in the camps and host community, in which the key focus areas are as follows:

1. Develop multi-sectoral approaches with a detailed action plan for reducing anaemia in the camp population, with a special focus on those most at risk - children under-five, and non-pregnant women.

2. Emphasise the 1,000 days critical windows for pregnant and lactating women, new-borns, children under-five years, and adolescents to address all forms of malnutrition through IYCF counselling, and health education forum. Utilising the other established sector platforms for nutrition and health education as an opportunity.

3. Scaling up coverage of high-impact nutrition-specific and sensitive interventions delivered through multi-sector approaches with emphasis on integration of nutrition activities with the health programme - to ensure access to quality continuum of care for prevention of malnutrition, and early detection and treatment of under-nutrition and most common childhood diseases.

4. Community engagement for social behaviour change through use of advocacy, social mobilisation, and behaviour change communication.

5. Strengthen health system for ensuring that nutrition is integrated into the pillars of health system as well as strengthen capacity to deliver quality nutrition interventions in the host community.

6. Develop a multi-sector action plan with priority activities for chronic malnutrition (stunting among under-five children in both the host community and camps) and anaemia control and prevention.

7. Improved coordination across different programmes within the district civil surgeon office, health coordination unit of RRRC office, and WASH, Food Security, MHPSS, GBV, Protection and ECCD sectors as well as with other nutrition-sensitive sectors.

Highlighted Priority for Nutrition Interventions - 2023

Based on the review of the current situation and the Nutrition Sector partners' recommendations during the consultative meetings, the following key nutrition interventions are prioritised for 2023:

1. Strengthen the multi-sectoral engagement as complemented for each other for the Nutrition Sector with other sector partners, and prepare a joint action plan for 2023.

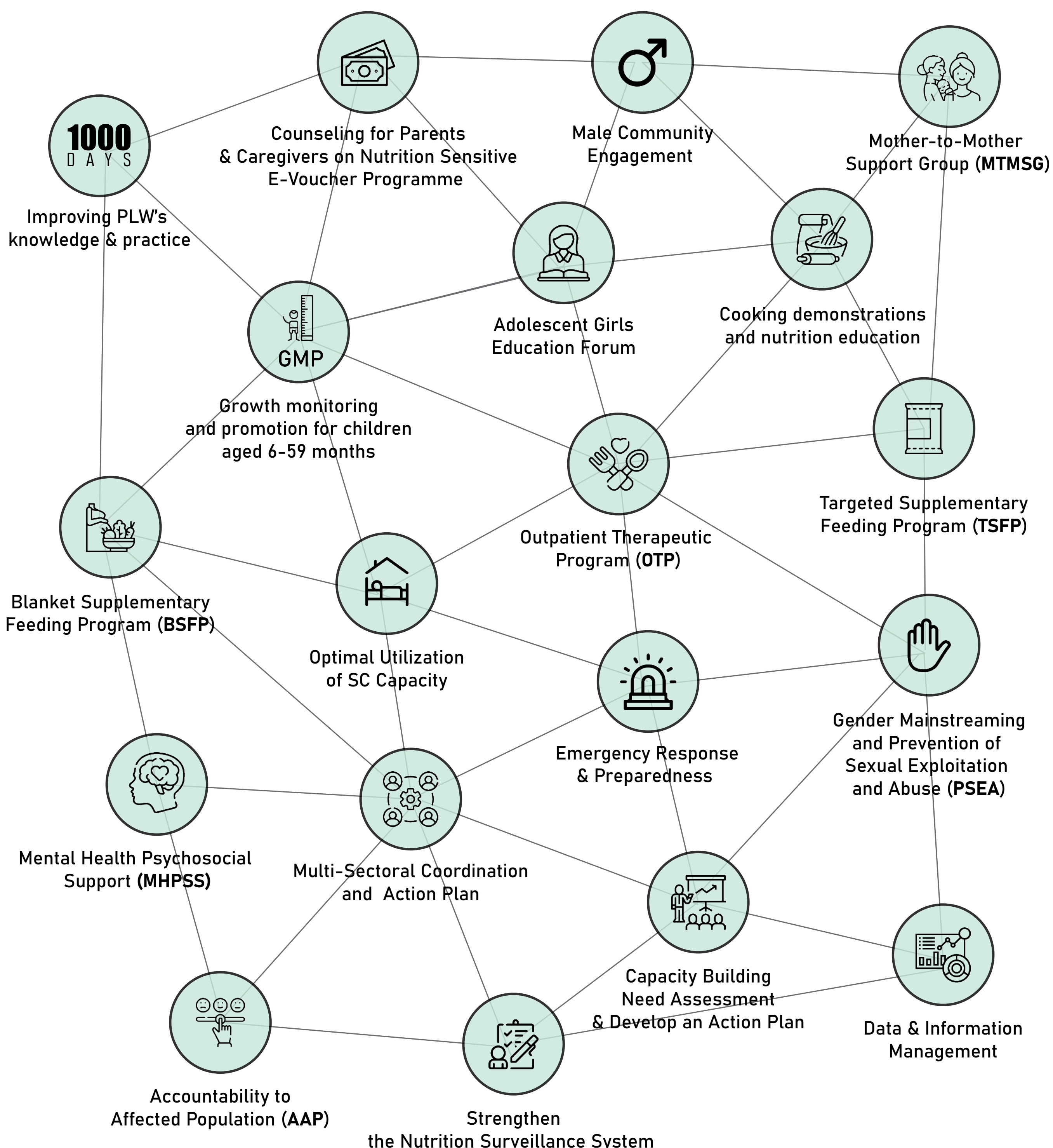
2. Organise a consensus-raising workshop with all IP partners from the Health, WASH, and Food Security sectors and camp in-charges (CiCs) in the first quarter of 2023, with an aim to find the potential complementary contributed areas.
3. Assess/revisit the community outreach programme activities and review the workload of community nutrition volunteers and workers according to their job description for optimal use of their time - for strengthening the capacity building of individual family and community for prevention and management of acute malnutrition and optimal IYCF practices in the camp and host community.
4. Develop/strengthen a comprehensive social and behaviour change communication (SBCC) strategy for all platforms at facility and community levels.
5. Improve quality and inclusiveness of all nutrition services with ECCD, MHPSS, gender, protection and disability or the under-nourished children.
6. Strengthen/establish or explore other sectors' adolescent forums for nutrition, health and hygiene education and empower these through increasing knowledge, which will act as a changing agent on good practices on IYCF as well as maternal and family nutrition.
7. Causal analysis for high prevalence of anaemia among children of 6-59 months and non-pregnant women of 15-49 years along with commentary food with minimum dietary diversity.
8. Develop a multi-sector action plan with priority activities for prevention of chronic malnutrition (stunting among under-five children - both in the host community and camp).
9. Semi-Quantitative Evaluation of Access & Coverage (SQUEAC) survey of the FDMN camps and host community.
10. Access the current utilisation of SC capacity (HR, beneficiary admission load, bed occupancy, offered services) and nutrition treatment product, medical and logistic supplies and the current referral linkage of stabilisation centres with INFs and health facilities for improving the optimal utilisation of its capacity in future.
11. Third-party monitoring twice in a year, engaging the Nutrition Sector implementing partners.
12. Capacity building needs assessment for INFs, community nutrition volunteers, and other sector (Health and WASH) volunteers in the community.
13. Undertake a comprehensive training needs assessment at all levels of programme management and service delivery to identify training needs to improve nutrition capacity and develop a guideline on OJT.
14. Develop the MIYCN guideline and harmonise with the IYCF component of MAMI-WHO guideline.
15. Gap analysis for the implementing partners and provide support for their capacity building.

Photo: Md. Yeasir Arafat/UNICEF/2023

IMPLEMNETATION STRATEGY FOR THE OBJECTIVES

Strategy Approach: The generic strategic approaches for the following seven strategic objectives of the NS will be providing the technical and strategic guidance for a cohesive, prioritised, and effective nutrition response to the implementing partners for achieving the optimal nutrition in the FDMN camps and host community. It constitutes the core basis for systematic yearly programme planning, implementation, quality assurance monitoring, and evaluation actions that are aligned to the Global Nutrition Cluster (GNC) and Core Humanitarian Standards for Quality and Accountability. The Nutrition Sector will also strengthen the multi-sectoral coordination, where it can maintain a complementary collaboration with the Health, WASH and Food Security sectors for responding to the cross-cutting public health issues.

Figure 3: NS strategy 2023-2025 key intervensions.



Strategic Objective 1

To ensure equitable access and utilisation of quality preventative nutrition-specific services for boys and girls of 0-59 months, adolescent girls, and pregnant and lactating women (PLW) in the camps and host community in Cox's Bazar. Cox's Bazar (2023-2025)

Rationale:

The malnutrition prevention strategy is important with public health interventions for promoting optimal child growth and development. This strategy includes promotion of appropriate breastfeeding and complementary feeding practices, access to appropriate health care, including immunisation for prevention and treatment of diseases, and improved sanitation and hygiene practices. Additionally, micronutrient deficiencies are most commonly linked to stunted linear growth. These deficiencies can also contribute to wasting, for example, through the malnutrition-infection cycle, undernourished children tend to be more susceptible to infection, which can contribute to weight loss through increased metabolism as well as reduced nutrient intake and absorption.

Change in human behaviour practices is at the core of the integrated nutrition programme. All the immediate and underlying causes of malnutrition are linked to the behaviours of individuals and their household members. Therefore, improvements in nutrition are not possible without broad and widespread changes in the everyday behaviours of people towards the nutrition care practice for prevention of under-nutrition.

Strategy Approach:

1. The implementing partner will prioritise nutrition and health education along with behaviour change communication through evidence-based interventions to promote nutrition, health and hygiene practices, increase demand, and ensure timely utilisation of available nutrition prevention messages and services.

2. The community nutrition volunteers and community health workers (CNVs and CHWs) will continue to play a critical role for ensuring optimal nutrition through the IYCF messaging and practices in the community. The CNVs/CNWs will also refer for immunisation and treatment for illness, where they will ensure that people have access to health care and information that promotes preventive public health measures as the first line of defence against the infectious diseases including COVID-19.

3. The Nutrition Sector will strengthen the linkages with other sector implementers to support integration of the Health, Nutrition, and WASH sector messages, and these can be complementary for each other.

4. Fostering existing mother-to-mother support group, male forum, community clinic, support group community, school health programme, and adolescent health and nutrition education forums as platforms for community mobilisation for nutrition behaviour change will be prioritised for the camps and host community.

5. The NS will develop a comprehensive social and behaviour change communication (SBCC) strategy for the sector in consultation with WASH, Health, Food Security, MHPSS, ECCD, Child Protection, and GBV working groups/sectors.

Key interventions:

- **1,000 Days:** Improving the pregnant and lactating women's knowledge, practice and information that they need for the growth and survival of the children during the first 1,000 days via one-to-one counseling in the integrated nutrition facilities and at community level by CNVs/CHWs in close collaboration with antenatal care and postnatal care in the health posts and PHCs.

- **Counselling for Caregivers of Nutrition Sensitive e-voucher Programme:** Enhance nutritional knowledge, behaviour, and practices of the parents and caregivers of nutrition-sensitive e-voucher programme for children of 24-59-months through nutrition education, counselling and SBCC sessions.

- **Male Community Engagement Forum:** The community resource person sensitisation and awareness programme will be strengthened for community support and capacity building from individual household to community level.

- **Adolescent Girls' Education Forum:** The girls aged 10-19 years will participate in the nutrition and health education sessions at block level. The Nutrition Sector will also explore the adolescent clubs or learning centres, established by other sectors, to utilise a communication channel for health and nutrition education. The nutrition and health education sessions will focus on adolescent nutrition and specifically on importance of micronutrients

for the adolescent girls. The adolescent girls attending the nutrition and health education sessions will receive Iron-Folic Acid (IFA) tablets.

- **Cooking demonstrations** and nutrition education on food diversity and combinations will be promoted to all integrated nutrition centres with a clear outline. The CNVs will be present once in a month in the INFs for active participation in the cooking demonstration. It will help them for following up and reinforcing during their household visits in the community.

- **Mother-to-Mother Support Groups (MTMSGS) at the Community Level:** The Nutrition Sector will strengthen the MTMSGS forum to empower the mothers and caregivers on various topics of IYCF. This mother-to-mother forum will be supported by the CNVs (2-3) dedicated for IYCF activities in the community. The Nutrition Sector will also update the list of facilitator mothers and organise an orientation for reinforcing their knowledge and facilitation skill.

Strategic Objective 2

To enhance equitable access and utilisation of quality life-saving nutrition services for early detection and treatment of acute malnutrition for boys and girls of 0-59 months and PLW in the camps and host community in Cox's Bazar.

Rationale:

Early detection and nutritional treatment of severe and acute malnutrition and ensuring medical treatment through referral of the most common childhood diseases (IMCI) according to the guideline are the prime objectives under this strategy. The strategic objectives address the actions in the roadmap for reduction of under-nutrition children under the Global Action Plan (GAP - Reduce wasting prevalence to less than 5.0 per cent by the year 2025, and further reduce wasting prevalence to less than 3.0 per cent by the year 2030) on prevention and treatment.

Strategy Approach:

The NS will continue its wider and deeper coordination and technical functions supported by the TWGs (AIM, CMAM and IYCF) and other cross-cutting functions from the technical committees of sectors and areas like Sexual and Reproductive Health (SRH), Mental Health and Psychosocial Support (MHPSS), Gender Based Violence (GBV), Early Childhood Care and Development (ECCD), and Child Protection - for improving quality and inclusiveness of all nutrition services with ECCD, MHPSS, gender, protection and disability in the under-nourished condition.

Needs assessment to identify gaps in the referral system and develop a corrective action plan, stakeholder mapping, analysis, and engagement in outcome-oriented record keeping.

The NS will strengthen referral system from community screening to integrated nutrition facilities, and from nutrition facilities to health centres and stabilisation centres for adequate health and nutrition treatment, and also ensure continuity of care by strengthening the referral systems. The NS will strengthen the follow up for recording the referral outcome and annually review the referral system arrangements for further improvement.

Key Interventions:

GMP: Growth monitoring and promotion (GMP) for children aged 6-59 months: Regular growth monitoring and promotion will ensure detection and prevention of under-nutrition in the programme. The Nutrition Sector will continue screening, detection and referral mechanism through growth monitoring and promotion in the FDMN camps and host community. Every child of 6-59 months, residing in the camps and host community, undergo monthly anthropometric measurements (weight, height, MUAC, and oedema) to determine the nutrition status. The measurements are recorded on the beneficiary's growth monitoring card.

Community-based screening, detection and referral of the acutely malnourished children aged 6-59 months to the respective nutrition programmes. In all the FDMN camps and host community, the Nutrition Sector will conduct household-level screening for the children aged 6-59 months through CNVs/CHWs using mid upper arm circumference (MUAC). All children identified as MAM and SAM are referred to the integrated nutrition facilities for full anthropometric measurements. The CNVs will also conduct health education and promotion sessions on the nutrition programmes, malnutrition, IYCF, and hygiene.

Strengthen the capacity of the CNVs/ CHWs to conduct community mobilisation for active screening and raising awareness on the importance of participation in the monthly GMP sessions.

Outpatient Therapeutic Programme: (The FDMN camps and host community): The children of 6-59 months with SAM without medical complications will be admitted in the Outpatient Therapeutic Programme (OTP) and receive ready-to-use therapeutic food (RUTF). On admission, the beneficiaries will receive systematic treatment, antibiotics, and deworming (if it is not received within six months). All children eligible for vaccination will continue to be referred to the Expanded Programme of Immunisation (EPI).

Supplementary Feeding Programme: (The FDMN camps and host community): The moderately malnourished children (6-59 months) and pregnant women will be admitted in the Targeted Supplementary Feeding Programme (TSFP) in the FDMN camps. Upon admission, all the children will continue to be referred to EPI for measles vaccination, if they are not immunised previously. The MAM beneficiaries will receive follow up and dry food rations (WSB++) or ready-to-use supplementary food (RUSF).

Blanket Supplementary Programme: (The FDMN camps): The vulnerable population groups (6-59 month) infants, pregnant and lactating women (PLW), and TB patients/chronic patients will have access to nutrition supplementation and preventative services in the FDMN camps in close collaboration with the health partners. The preventive BSFP will provide WSB food to pregnant (from the first trimester of pregnancy through antenatal care ANC in the OPD) and lactating women until the infant reaches six months of age.

Stabilisation Centre: The infants (<6 months) with SAM with/without medical complications will be admitted in the SCs for re-lactation using the supplementary suckling technique (SST) in addition to the therapeutic feeding programme. After management of medical complications (if any) and relactation, these infants will be transferred to the outpatient therapeutic feeding programme for follow up and support. Methodologies on other aspects of positive child care practices are implemented for capacity building of the children's caregivers.

The SAM children of 6-59 months with poor appetite and/or medical complications will also be admitted in the SCs. The children admitted in the SCs will receive specialised treatment to address medical conditions (hypoglycaemia, hypothermia, dehydration, infection and micronutrient deficiencies), and therapeutic feeding (F75 and F100). Once the beneficiary will be stable and recover from the medical complications, the beneficiary will be transferred to OTP for further follow up. The SCs will provide 24-hour services.

The Nutrition Sector will strengthen the referral system with the PHCs or government upazilla health complexes/ Cox's Bazar district hospital/NGO hospital for specialised medical care (like congenital heart disease, ear infection, very severe pneumonia, etc.), if required.

The provisions of nutrition services for individuals with special needs are currently implemented for the beneficiaries coming to the INFs for receiving nutrition services. These identify and provide nutritional treatment with a special care to the children with disability, mentally challenged caregivers, and pregnant and lactating mothers. In addition to meeting nutrition needs of the targeted beneficiaries, the beneficiaries suffering from chronic diseases, like TB and HIV/AIDS, will be prioritised under this strategic objective.

This strategic objective will strengthen the primary diagnosis referral mechanisms to support individuals for specific service for treatment and rehabilitation in the rehabilitation centres and to MHPSS counsellor or physiologist in the PHCs for more specific services.

The NS will re-visit the current utilisation of SC capacity (human resources, bed occupancy, offered services, etc) and nutrition treatment product, medical and logistic supplies, and current referral linkage of stabilisation centres with INFs and health facilities for improving the optimal utilisation of its capacity in the coming years.

Strategic Objective 3

To improve capacity of the nutrition actors in nutrition information systems and knowledge generation to facilitate scale-up of nutrition interventions and capacity development of nutrition staff and volunteers.

Rationale:

Human resource development and capacity building is vital for success of the policies, strategies and programmes being implemented in the sector. The capacity of nutrition workforce (staff and volunteers) is crucial to deliver quality nutrition services at all levels. However, capacity gaps always exist in delivery of quality and quantity at the INF, SC and community level. Ensuring availability of skilled nutrition managers and service providers, including nutritionists, along with adequate performance of human resource will be a critical determinant of success. The

strategy prioritises improving human resource capacity, and mapping human resource gaps, especially in community outreach programme, and gaps in the community volunteers and workers.

Strategy Approach:

The Nutrition Sector will actively engage in building capacity of the implementing partners for their effective participation in the response. The NS will deliver training on coordination and management of humanitarian response, and strengthen field supervision and monitoring capacity, especially for the national and new actors in the localisation response.

The NS will be undertaking a comprehensive training for needs assessment at all levels of staff and volunteers, engaged in programme management and service delivery points, to identify training needs to further improve skill, technical knowledge, and managerial competency.

The NS will review the current nutrition training package and its effectiveness for specific and sensitive nutrition intervention to explore the possible area of improvement, and provide continuous education to community nutrition volunteers/workers and staff.

The Nutrition Sector will also develop OJT training guideline under the strategy for 2023-2025.

Key Interventions:

The Nutrition Sector will continue regular tracking of staffing levels against uniform staffing norms to assess availability and recruit skilled staffs against the positions. The NS will also ensure that the recruited staffs are well aware of their job description.

Capacity building strengthened

The NS will conduct trainings for the nutrition staff, nutrition volunteers, and Ministry of Health and Family Welfare staff in the host community about detection, prevention and treatment of acute malnutrition, IYCF, effective implementation of community mobilisation activities, early childhood development skills and activities, psychosocial support, and assisting behaviour change skills, child stimulation skills and activities, etc.

Measuring the impact of capacity building activities will be a priority and it will focus on learning. Therefore, through an action plan, the Nutrition Sector will also monitor and evaluate the changes in capacity of staffs and volunteers/ workers, involved in service delivery and management of interventions.

Learning and Development: Through the technical working groups and other responsible technical organisations, the Nutrition Sector will also ensure harmonised field-based in-service training with more direct supervision and monitoring of the training to achieve the desired impact. Learning needs should be determined in consultation with respective TWGs of the NS.

The technical assistance (TA) organisation will work voluntarily and contribute to institutionalise learning mechanisms at the facility and community level, e.g., continuous education at the facility level.

Gender Mainstreaming and Prevention of Sexual Exploitation and Abuse (PSEA): Gender focal point of the UN partners will support the implementing partners by offering trainings, workshops and OJT on how best to develop and implement gender mainstreaming strategies within their own organisational structures.

The Nutrition Sector implementing partners, with the support of Gender Hub, GiHA TWG, will prepare a gender PSEA action plan for 2023.

MHPSS: Technical team of the UN partners will support the implementing partners by offering various trainings, workshops and technical supervision around MHPSS (training in psychological and first aid in scalable psychological intervention), and provide referral of people with more complex needs for assessment and management by trained doctors or clinical psychologists of the health partners.

Strategic Objective 4

Inter-Sector Coordination Mechanisms for Nutrition Actions.

Rationale:

It is important that coherence of interventions implemented by the stakeholders is the key for effective operationalisation of the nutrition strategic plan. Collaboration and coordinated actions across the various sectors and different levels at community outreach, health posts, PHC and WASH partners in the camps, host community and district level of the government need to be updated as essential for finding the potential areas of complementary acts for reduction of critical concern of nutrition.

Current high prevalence of stunting and anaemia status will not be possible to be reduced without having very strong integration of multi-sectoral activities and efforts in the camp and host community.

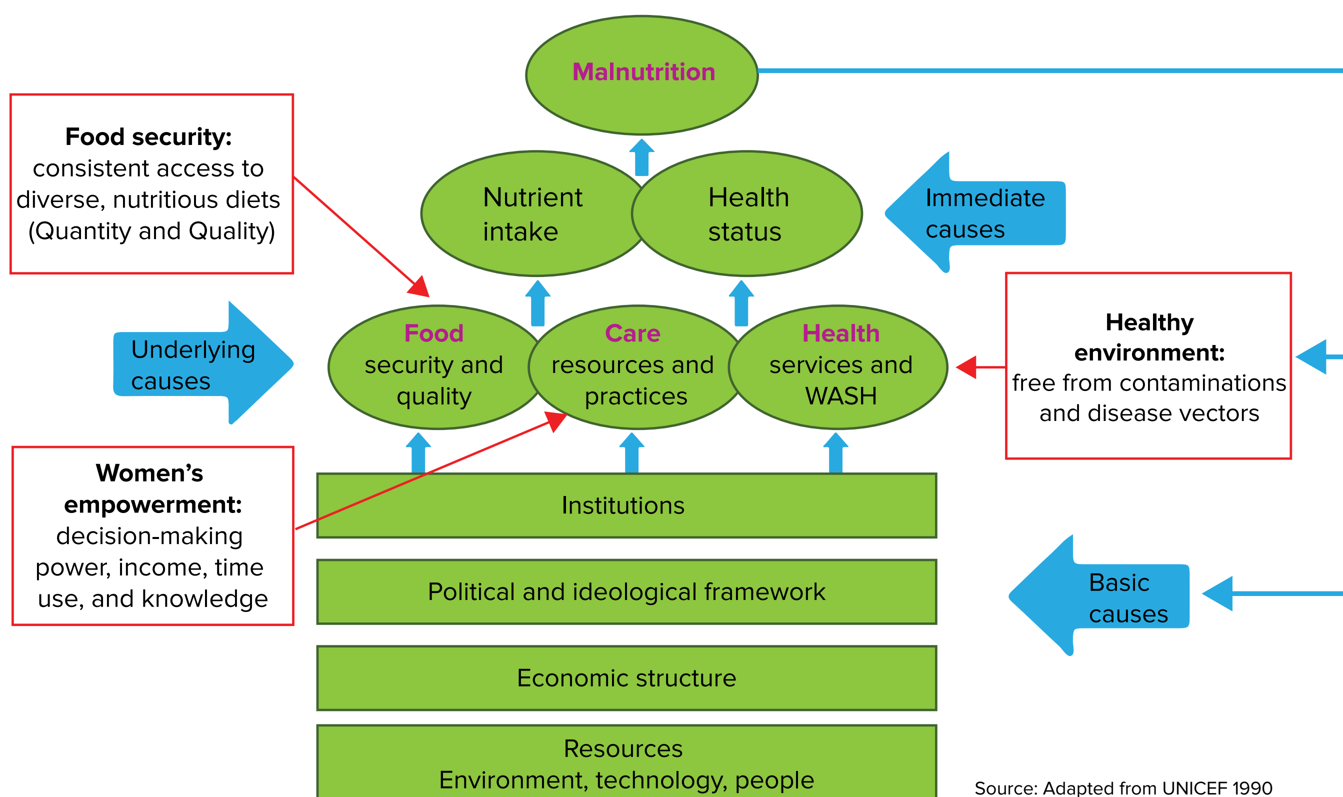
Strategic Approaches:

Under the ISCG coordination platform, the Nutrition Sector aims to reinforce practical collaborations with other relevant sectors, especially Health, WASH, Nutrition, Food Security, Education, and Protection, to improve the quality of intervention. The NS also strengthens bilateral communication and explores the potential areas, where harmonising collaboration with the Health and WASH sectors can be maintained for responding to cross-cutting public health issues.

Key interventions:

In the implementing partner level, reflecting nutrition survey result is important to conduct mapping, and understand scale of high magnitude prevalence of acute, stunting and anemia pocket or camp to increase access and practice of WASH geographic co-location of WASH activities in the areas that are nutritionally vulnerable. At multi-sectoral level, the NS will enhance and play a facilitating role in joint planning and implementation of priority evidence-based actions to improve the contributing factors of high-burden nutritional evidence. It is also important that the activities are jointly implemented and coordinated. It will also require no additional cost.

Figure 4: Multi-Sectoral Approaches for Optimal Nutrition.



Integration of Nutrition Activities with Health Programme: There are many potential areas for preventive integration and treatment for nutrition integration. The Nutrition and Health sectors will prepare a joint planning for further strengthening nutrition education during pregnancy and post-natal care, promotion of breastfeeding and appropriate complementary feeding, child growth monitoring and treatment, integrated management of childhood illnesses (IMCI), Vitamin A supplementation for children, immunisation, and treatment of diarrhoea with zinc.

Gender and Sexual and Gender-based Violence (SGBV): Experience in preventing and responding will be utilised for strengthening capacities of the Nutrition Sector partners' identification and referral to the SGBV focal person or centre for mitigation and prevention among the caregivers and beneficiaries of the INFs and stabilisation centres.

Including activities and budget line items for the cross-sector activities in each year's sector proposal is a commitment of muli-sectoral interventions for better wellbeing of the population of the camps and host community.

The Nutrition Sector will participate in the coordination meetings, organised at camp level in Cox's Bazar, and ensure necessary coordination and communication with the government agencies and offices related with refugee operation, including the Refugee Relief and Repatriation Commissioner (RRRC), Deputy Commissioner (DC), Civil Surgeon (CS), and Ministry of Disaster Management and Relief (MoDMR), for smooth implementation of the integrated activities.

The action activities mentioned in the matrix will also be implemented to enable coordination during emergencies and humanitarian situations.

Strategic Objective 5

Emergency Response and Preparedness.

Rationale:

When emergencies, such as cyclone, storm floods, fire, earthquakes, or disease outbreaks, occur, people are displaced from their homes, lose their livelihoods, or have little access to resources or services. Specific targeted nutritional interventions to vulnerable groups, including children under the age of five, pregnant women, lactating mothers, and other vulnerable groups, will help safeguard them from under-nutrition.

The strategic objective aims to implement the following set of actions to improve delivery of nutrition interventions. The Nutrition Sector's coordination with ISCG to prepare a contingency plan to provide guidance for management of the nutrition interventions during emergencies will serve as the preparedness and response plan.

Strategy Approach:

The NS will update the emergency preparedness and response plan for nutrition needs, to be placed to guide inter-agency humanitarian actions following any type of natural disasters and artificial hazards in Cox's Bazar.

The Nutrition Sector will enhance the capacity to anticipate, prepare for, respond to and reduce the impact of imminent or current hazards or conditions in the community under the guidance of the Emergency Preparedness and Response (EPR) Technical Committee.

Key Interventions:

- Strengthen the disease surveillance system in the integrated nutrition facilities and watch disease morbidity trend among the nutrition beneficiaries for recurrent threat of COVID-19 infection in the future.
- Ensure and maintain the updated contingency response plans.
- Regularly map out the existing EPR (emergency preparedness and response) capacity (organisations, staff, volunteers, equipment, supplies, etc.) and promote sector-wide range participation from the partners. Develop nutrition early warning system as an alert to emergencies during natural disasters.
- Procure and pre-position nutrition supplies in all the emergency-prone camps and host community.
- Conduct routine mass screening for timely detection, referral and treatment of under-nutrition in children, adolescents and PLWs.

- Develop and disseminate guidelines on preparedness, response and continuation of nutrition-related life-saving activities through the possible ways during emergencies.
- Procure and pre-position nutrition supplies in all emergencies in the vulnerable camps/blocks.
- Train and make a list of people from the sector partners' nutrition and frontline workers on nutrition response during emergencies.

Strategic Objective 6

Monitoring, Evaluation, Research, Surveillance and Learning.

Rationale:

The aims of nutrition monitoring, evaluation, research, and surveillance are to measure achievements and progress, identify gaps, and trigger corrective actions for nutrition planning and programming.

Nutrition M&E is a continuous process of data collection and knowledge management - designed to provide stakeholders with relevant information on the implementation progress of nutrition services, further supporting evidence-based decision-making.

Strategy Approaches:

The Nutrition Sector, with the support of Assessment and Information Management technical working group (AIM-TWG), will prioritise the survey plan and establish a regular surveillance system to improve the quality of nutrition intervention in the INFs and at community level. The evidence, findings and recommendations from the nutrition surveys (SENS/SMART/Coverage) are reflected in the yearly action plan and submitted to the donors.

Key Interventions:

Data and Information Management: The monthly 5W reports from all the implementing partners and members are the main information exchange platform in the Nutrition Sector. However, the NS also uses monthly programme reporting through excel format, which requires more time for consolidation. The NS should extend the 5W standard report and gradually transfer the indicators to the UNOCHA-recommended 5W reporting format.

- Streamline data management in the integrated nutrition facilities by using DHIS2 (District Health Information Software-2) and/or most appropriate digital software tools to enable uploading of weekly aggregated data distribution in normal situation and any emergency-like epidemic conditions, like AWD, COVID-19, measles outbreak, etc. The NS will have daily data access and provide prompt feedbacks to the IPs/donors, RRRC and civil surgeon office.
- Validate the new information management (IM) products in the NS, including HNO-2022-proposed system, and integrated multi-factor programme maps, and build capacity of the NS partners on standard IM system.

Nutrition Survey and Surveillance System: Strengthen the surveillance system through exit interview, beneficiary data analysis, and morbidity trend and mortality cause analysis, and ensure timely dissemination of information for quick actions, to be taken by the implementing partners.

- The Nutrition Sector will organise training for the implementing data/information management officers and programme managers on the use of relevant software during early 2023.
- Initiatives will be undertaken for capacity building of the national government institutions and local partners as well as for reducing the cost of nutrition survey.
- The nutrition AIM technical working group will prepare the yearly survey plan.
- The NS will initiative third-party monitoring twice in a year in addition to the partners' monitoring mechanism.
- Conduct causal analysis for high prevalence of anaemia among the children of 6-59 months and non-pregnant women.

- Develop a TOR and operation guideline for cross-learning and field monitoring activities with the implementing partners' reviews and also update the monitoring tools and operation guideline for cross-learning through field monitoring.
- Strengthen the surveillance system from regular programme data analysis (non-recovered = has not reached the discharge criteria within three months, weight gain, length of stay, and morbidity trend).

The FDMN populations are at risk of acute respiratory infections (ARI) and scabies in addition to diarrhoea because of overcrowding, suboptimal living conditions, and malnutrition. The AIM TWG will consider these two areas in future to include in the SENS/SMART survey and find the association of wasting, underweight and stunting condition.

Strategic Objective 7

Accountability to Affected Population (AAP).

Rationale:

AAP is an integrated approach that facilitates the accountability of the donors and partner organisations to the affected population. It also has great potential to improve efficiency and effectiveness of the humanitarian response by creating greater transparency and a platform to facilitate full engagement of the affected population. It will create a better understanding of problems on the ground and the formulation of humanitarian actions and plans that respond to real needs and build resilience of the affected communities. The community engagement and commitment strategy actions aimed at engaging with the affected communities, ensuring that their rights, dignity, safety, agencies and entitlements are respected. All programming should work towards women, men, girls and boys, affected by crisis, and persons with special needs. A focal person will be responsible for addressing the AAA issues under the INFs' catchment areas.

Strategy Approaches:

Design and implement nutrition actions informed by community engagement during all phases of the nutrition programme. The partners will mainstream 'accountability to affected people' mechanisms to promote community communication and transparency, with participation as a pathway to effective programming, and meaningful community engagement, as outlined in the Nutrition Sector AAP framework. *"NUTRITION CLUSTER OPERATIONAL FRAMEWORK ON ACCOUNTABILITY TO AFFECTED POPULATION".*

Key Interventions:

- The Nutrition Sector will follow the training outcome on AAP in 2022. (Total 68 site supervisors received this training in December 2022, and of these 68 participants, 13 were female supervisors).
- Appropriate, relevant and timely information that is sensitive to stated information needs and preferences across age, gender and diverse groups.
- Establish two-way communication channels that welcome and facilitate feedback and complaints as well as provide redress for complaints.
- Participate in decision-making - affected people will be included (from consultation to active involvement) for transparent systems of representation.
- Participation of enabled affected populations to play an active role in the decision-making processes through establishment of clear guidelines and practices to engage them appropriately and ensure that the most marginalised and affected people are represented and have influences.
- Ensure that feedback and complaints mechanisms are streamlined, appropriate and robust enough to deal with (communicate, receive, process, respond to, and learn from) complaints about breaches in policy and stakeholders' dissatisfaction.
- The nutrition actors encourage and facilitate that the people are receiving nutrition support to provide feedback on their level of satisfaction with the quality and effectiveness of programmes and also paying particular attention to the gender, age and diversity of those giving the feedback.

IMPLEMENTATION MATRIX: 2023-2025

Strategic Objective 1: To Ensure the Equitable Access and Utilisation of Quality Preventative Nutrition Specific Services for Boys and Girls of 0-59 months, Adolescent Girls, and Pregnant and Lactating Women (PLW) in the Camps and Host Community, Cox's Bazar. (2023-2025)

Outcome:

- Strengthened the IYCF and health and nutrition education interventions and improved maternal, child and adolescent nutritional status.
- Developed a behavioural change strategy (BCS) document for all platform channels in the Rohingya camp and host community.

Outputs:

- Increased proportion of mothers and caregivers of infants of 0-6 months, practicing exclusive breastfeeding.
- Increased proportion of women having access and practicing optimal nutrition before, during and after pregnancy as desired.
- Improved complementary feeding practices among children of 6-23 months.
- Adolescent girls aged 10-19 years have access to health and nutrition education services for optimal nutrition and are receiving micronutrient supplementation.
- Improved access to maternal, newborn and child health services (IMCI) that promote nutrition.
- Increased access to hygiene and sanitation services through WASH Sector intervention.
- Increased access to quality maternal (ANC, PNC, family planning), infant, young children (IMCI) and adolescent health and nutrition services from PHCs/health posts and integrated nutrition facilities (INFs).

Key performance indicators[6]:

- >70% of women of reproductive age with acceptable minimum dietary diversity (MDD-W);
- >80% of infants put on the breast within one hour of birth;
- >50% of children of 6-23 months receiving minimum dietary diversity;
- >35% of children of 6-23 months receiving minimum acceptable diets.

Strategy 1.1: Promote Optimal Breast-Feeding Practices for Infants of 0-6 Months at Community and Household Levels.

Activity Description	Specific	2023	2024	2025	Responsibility
1.1.1: Strengthen the quality for nutrition education and early breastfeeding counselling for pregnant mothers and caregivers of infants of 0-6 months in integrated nutrition facilities (INFs) and health facilities (health posts and PHCs) and in communities by CNVs/CHWs.	Nutrition Specific				Nutrition Sector Implementing Partner (NS-IP)
1.1.2: Establishment and maintenance of the special care and breastfeeding practices counselling and follow up for the pre-term and low birth weight babies' mothers and caregivers on skin-to-skin contact and kangaroo mother care practices at all levels of health care centres and INFs by the IYCF counsellors, nurses and midwives.	Nutrition Specific				NS-IP

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1.1.3: Strengthen assessment and support to the mothers with breastfeeding difficulties by qualified and trained IYCF counsellors.	Nutrition Specific				NS-IP
1.1.4: Observe World Breastfeeding Week by involving the community key persons in the catchment area for sensitisation on promoting and supporting breastfeeding.	Nutrition Specific				NS-IP
1.1.5: Develop the MIYCN (maternal infant young child nutrition) guideline and harmonise with present IYCF-MAMI component according to the WHO guideline.	Nutrition Specific				NS- Technical Working Group

Strategy 1.2: Continued Promotion on Breastfeeding and Appropriate Complementary Feeding Practices for Children Aged 6-23 Months and Beyond and Optimal Feeding During Illness.

Activity Description	Specific	2023	2024	2025	Responsibility
1.2.1: Strengthen age-specific counselling on continued breastfeeding for up to two years.	Nutrition Specific				NS-IP
1.2.2: Develop and disseminate a pictorial (recipe) to promote appropriate complementary feeding starting from six months.Educate on the importance of timely introduction of complementary foods, which are nutritionally adequate, diverse, available, accessible and safe.	Nutrition Specific				NS-IP
1.2.3: Conduct cooking demonstration of complementary foods in all INFs with uniform modalities. Ensure that community nutrition volunteers are present in cooking demonstrations and follow up at community level.	Nutrition Specific				NS-IP
1.2.4: Conduct rapid assessment/KAP survey to understand barriers and ideal mechanisms to improve quality and diversity of diet for children of 6-23 months and utilise the findings for revising the content of IYCF message.	Nutrition Specific				NS-IP

Strategy 1.3: Intensify Prevention and Control of Micronutrient Deficiencies.

Activity Description	Specific	2023	2024	2025	Responsibility
1.3.1: Increase awareness, particularly of male segment of camp population, on Vitamin A-enriched food and fruits choice for buying the family e-voucher.	Nutrition Sensitive				NS-IP
1.3.2: Continue engagement in biannual Vitamin A supplementation, de-worming, and other child survival interventions in coordination with Health Sector.	Nutrition Specific				NS-IP in coordination with Health Sector
1.3.3: Develop a SOP for IFA distribution among pregnant and lactating women in coordination with Health Sector, and review the WHO recommendation for IFA distribution modalities, if prevalence is more than 40% of non-pregnant women of 15-49 years and children under-five.	Nutrition Specific				NS- Technical Working Group

Strategy 1.4: : Promote Optimal Nutrition Improvement for Adolescent Girls.

Activity Description	Specific	2023	2024	2025	Responsibility
1.4.1: Develop SOP for adolescent nutrition and health and micronutrient supplementation (IFA and MNP).	Nutrition Specific				NS with TWG
1.4.2: Strengthen/establish the adolescent forums for nutrition, health and hygiene education and empower these through increasing knowledge to act as a changing agent on good practices on IYCF and maternal and family nutrition.	Nutrition Specific				NS-IP
1.4.3: Strengthen/establish the adolescent forums for nutrition, health and hygiene education, and ensure messages of good practices of IYCF and maternal and family education are embedded.	Nutrition sensitive				NS-IP

Strategy 1.5: Promote Hygiene and Sanitation Practices at the Community and Household Levels.

Activity Description	Specific	2023	2024	2025	Responsibility
1.5.1: Strengthen the behaviour promotion and demand creation activities for household-level management of improved hygienic and sanitation condition at the household level with close collaboration with Nutrition/ WASH/Health sector workers and volunteers.	Nutrition sensitive				WASH & Nutrition Sector IP
1.5.2: Special focus given on the households having SAM and MAM children in coordination with WASH Sector volunteers - both in the camp and host community - for adequate hygiene practices to control diarrhoea, scabies and helminthes infections among under-five children.	Nutrition sensitive				WASH & Nutrition Sector IP

Strategy 1.6: Strengthen the Capacity of Health Care Providers on IYCF Counselling to Deliver Quality Maternal, Infant and Young Children's Health and Nutrition Education at Health Facility and Community Levels.

Activity Description	Specific	2023	2024	2025	Responsibility
1.6.1: Organise training/on-the-job training for health care providers (nurses/midwives/OPD consultants in PHCs/ health posts and stabilisation centres in camps and CHCPs (community health care providers) at govt community clinic in host community IYCF.	Nutrition Specific				Health Sector & Nutrition Sector
1.6.2: Develop a comprehensive social behaviour change communication (SBCC) strategy for Nutrition Sector in consultation with WASH, Health, Food Security, MHPSS, ECCD, Protection, and GBV working groups/ sectors.	Nutrition Specific				Nutrition Sector
1.6.3: Conduct an assessment on social behaviour, attitude and practices to fill in knowledge gaps and guide development of an evidence-based behaviour change communication strategy for nutrition.	Nutrition Sensitive				NS with AIM -TWG

1.6.4: Promote behaviour change for collective actions by involving community resource persons, and create a community ownership environment on nutrition knowledge, attitude and practices.	Nutrition Sensitive				NS

Strategic Objective 2: To Enhance Equitable Access and Utilisation of Quality Life-saving Nutrition Services for Early Detection and Treatment of Acute Malnutrition for Boys and Girls of 0-59 Months and PLW in the Camps and Host community in Cox's Bazar.

Outcome:

Nutritional status of under-five children, adolescents, and pregnant and lactating women is improved.

Outputs:

- Increased proportion of children, adolescent girls, and pregnant and lactating women, suffering from severe and acute malnutrition, identified and treated.
- Increased capacity of INF and SC nutrition staff and community nutrition volunteers on routine screening and follow up under the treatment and supplementation services of severe and acute malnutrition beneficiaries.

Key Performance Indicators[7]:

- >75% cure rate;
- <15% defaulter rate;
- <10% death rate (SAM treatment);
- 90% coverage of treatment services in camps;
- 50% coverage of treatment services in rural areas.

Strategy 2.1: Early Case Detection, Routine Screening, Referral, and Treatment at All Levels are Strengthened.

Activity Description	Specific	2023	2024	2025	Responsibility
2.1.1: Emphasise quality of community-based screening for detection and referral of acutely malnourished children aged 6-59 months to the INFs by CNVs/CHWs and others.	Nutrition Specific				CNV/CHW- IP-Nutrition Sector
2.1.2: Ensure full anthropometric measurement of referral cases suffering from acute malnutrition and confirm admission/discharge according to CMAM guideline.	Nutrition Specific				INF/NS-IP
2.1.3: Improve quality of growth monitoring, promotion and assessment, focusing particularly on children with growth faltering, wasting, and severe underweight with focus on accurate measurement and appropriate counselling.	Nutrition Specific				NS-IP & IP
2.1.4: Improve appetite test procedure for SAM children and follow the referral guideline according to the performance of appetite test.	Nutrition sensitive				NS-IP
2.1.5: Improve quality and inclusiveness of all nutrition services with ECCD, MHPSS, gender, protection and disability of under-nourished children.	Nutrition Specific				NS -IP & MHPSS/ECCD Working Group

7. SPHERE STANDARD 2018

2.1.6: All severe and acute malnutrition children will go through an assessment (using C-MAMI tools), and their caregivers will come under IYCF counselling by qualified and trained IYCF counsellor.	Nutrition Specific				IYCF counselor/ Health educator-INF
2.1.7: Strengthen the referral system by ensuring that treatment and outcome are followed up and recorded between outpatient and inpatient for IMCI management in HP/PHC and SC.	Nutrition Specific				NS-IP
2.1.8: Provide nutritional treatment to children with active TB cases and are suffering from severe and acute malnutrition.	Nutrition Specific				NS-IP
2.1.9: Introduce screening of malnutrition in pre-schools (shishu bikash kendro) by teachers and establish links with integrated nutrition facilities and health systems for referrals, treatment - an innovative approach.	Nutrition Specific				IP in coordination with NS
2.1.10: Strengthen supply chain management for treatment products, medicine and medical equipment regarding malnutrition, especially in INFs and SCs.	Nutrition Specific				NS-IP
2.1.11: Review stabilisation centres' current performance and challenges for optimal utilisation of capacities.	Nutrition Specific				NS with Third party involvement

Strategy 2.2: Enhance Nutritional Support to Individuals with Specific Nutrition Needs at Integrated Nutrition Facilities and Stabilisation Centres in the Camps and Host Community.

Activity Description	Specific	2023	2024	2025	Responsibility
2.2.1: Focus on inclusion of persons with disabilities in humanitarian actions, including data collection and referral.	Nutrition Sensitive				NS-IP
2.2.2: Develop the operational guidelines for individuals with specific needs.	Nutrition Sensitive				NS-IP
2.2.3: Map the referral clinics and institutions, providing specific services to persons with disability and mentally challenged.	Nutrition Sensitive				NS-IP
2.2.4: Establish links with referral institutions and specific service for rehabilitation, counselling and treatment in addition to nutrition services.	Nutrition Sensitive				NS-IP

Strategic Objectives 3: Capacity Development for the Nutrition Actors in Governance, Nutrition Information Systems and Knowledge Generation to Facilitate Scale-up of Nutrition Interventions and Capacity Development of Nutrition Staff and Volunteers.

Outcome:

Optimal nutrition achieved through high-quality nutrition services.

Output:

Number of planned staff and volunteers received trainings according to yearly training plan.

Strategy 3.1: Strengthen Human Capacity for Effective Programming and Delivery Quality of Nutrition Services at All Levels.

Activity Description	Specific	2023	2024	2025	Responsibility
3.1.1: Undertake a comprehensive training needs assessment (TNA) at all levels of programme management and services delivery to identify training needs to improve nutrition capacity for camps and host community.	Nutrition specific				NS-TWG
3.1.2: Conduct yearly TNA and develop a uniform training plan for each year for all the implementing partners.	Nutrition specific				NS- partner/ Third party
3.1.3: Develop a comprehensive guideline on on-the-job training (OJT) and training follow-up for nutrition programme.	Nutrition Specific				NS
3.1.4: WASH Sector: Train WASH volunteers on IYCF messaging and promote its practice in the community to support nutrition programme (based on TNA).	Nutrition Sensitive				WASH & NS-IP jointly
3.1.5: Health Sector: Training/refresher training for outreach health workers/volunteers of PHCs/health posts in camps as well as for community clinic staff and nutrition volunteers in host community (based on TNA).	Nutrition Specific				Health & WASH IP jointly
3.1.6: Review the current nutrition training package and its effectiveness of specific nutrition intervention, and develop an action plan for TNA of staff and volunteers of all categories.	Nutrition Specific				NS-IP in coordination with TWG
3.1.7: Incorporate nutrition training into the curriculum of doctors, nurses, midwives, agriculture extension workers, staff, teachers and volunteers - especially for the host community - in coordination with the district nutrition coordination committee (DNCC).	Nutrition Specific				NS
3.1.8: Review optimal utilisation of community nutrition volunteers' current working time and weekly action plan according to their job description.	Nutrition Specific				NS-IP in coordination with TWG
3.1.9: Train/orient identified community resource people (like majhi) on detection, prevention and support. For example, training on best practices of IYCF including complementary feeding and better utilisation of nutrition sensitive e-vouchers.	Nutrition Specific				Nutrition Sector Partner
3.1.10: The Nutrition Sector implementing partners with the support of Gender Hub, GiHA TWG will prepare a gender PSEA action plan for 2023.	Nutrition Sensitive				GiHA TWG/ NS IP
3.1.11: Document and collect success and challenges of innovative approaches in Cox's Bazar and other countries for archiving and sharing with partners.	Nutrition Specific				NS

Strategic Objectives 4: Inter-Sector Coordination Mechanisms for Nutrition Actions.

Outcome: Strengthened the coordination mechanism with nutrition-sensitive and specific multi-sector partners.

Output: Identified the potential areas of complementary acts for the cross-contribution.

Strategy 4.1 Strengthen Nutrition Coordination.

Activity Description	Specific	2023	2024	2025	Responsibility
4.1.1: Strengthen the coordination mechanism with all sectors (Health, WASH, Food Security), IPHN, civil surgeon office and health coordinator of RRRC office for inviting in different training/survey and surveillance finding workshop as resource persons.	Nutrition Sensitive				NS
4.1.2: Strengthen coordination of MHPSS, ECCD, Protection and GBV working group/focal person, and finding out the potential areas where nutrition and other sectors can contribute.	Nutrition Sensitive				NS- IP
4.1.3: Include representative from WASH Sector partner in cross-learning and field monitoring team for assessment of WASH condition in INFs, including solid waste management and disposal system of human excreta, water quality hygiene practices, and plastic packet of RUTF and WSB bags and other non-food items as essential components in all INFs, and receive necessary support from WASH Sector.	Nutrition Sensitive				Nutrition and WASH sector and its IP
4.1.4: Develop a joint plan for improving use of safe water for all purposes and hygiene practice in the pocket or catchment area of INF, where acute malnutrition prevalence and water-borne diseases are higher, based on SENS survey report and monthly programme data.	Nutrition Sensitive				Nutrition and WASH sector and its IP
4.1.5: Ensure coordination with partners in Health, WASH and Food Security sectors, civil surgeon office, and health coordination unit of RRRC office through monthly Nutrition Sector coordination meeting and share the update, success and challenges. Participate in the monthly district nutrition coordination committee meeting and update the nutrition activities in the FDMN camps and host community (Ukhiya and Teknaf).	Nutrition Sensitive				NS
4.1.6: Strengthen coordination with the country nutrition cluster and update the achievements and challenges in the humanitarian response of nutrition intervention in the camps and host community.	Nutrition Sensitive				NS
4.1.7: Organise a consensus raising workshop with all relevant sectors and working groups in the first quarter of 2023 for finding out the potential areas for a joint action plan for 2023. Based on the experience of 2023, action plans for another two years will be prepared.	Nutrition Sensitive				NS

Strategic Objective 5: Emergency Response and Preparedness.

Outcome: Nutrition in emergency guideline is developed and updated for responding to and management of nutrition intervention in Cox's Bazar.

Output:

- Develop contingency partner agreements and make contingency stocks available.
- Life-saving nutrition services for acutely malnourished children (boys and girls of 6-59 months of age) and PLW are ensured.

Strategy 5.1 Contingency Planning and Preparation for Emergency Response.

Activity Description	Specific	2023	2024	2025	Responsibility
5.1.1: Develop a guideline on preparedness, response and management of nutrition during emergencies, such as tornado, tsunami, earthquake, mudslides, cyclone, flood due to heavy rainfall, fire, political unrest, strike or any other emergency situation, which may heighten nutrition vulnerability to malnutrition.	Nutrition Specific				NS
5.1.2: Regularly map out existing EPR capacity (organisation, staff, volunteers, equipment, supplies, etc.) and promote sector-wide range participation from the partners.	Nutrition Specific				NS partner
5.1.3: Develop nutrition early warning system as an alert to emergencies on natural disasters.	Nutrition Specific				NS partner
5.1.4: Conduct routine mass screening for timely detection, referral and treatment of under-nutrition in children, adolescents and adults.	Nutrition Specific				NS partner
5.1.5: Develop and disseminate guidelines to the implementing partners on preparedness, response and management of nutrition during emergencies.	Nutrition Specific				NS partner
5.1.6: Procure and pre-position nutrition supplies in all emergency vulnerable camps/blocks. Conduct routine mass screening for timely detection, referral and treatment of under nutrition in children, adolescents and adults.	Nutrition Specific				NS partner
5.1.7: Train and manage list of people from the sector partners' nutrition and frontline workers on nutrition response during emergencies.	Nutrition Specific				NS partner
5.1.8: Strengthen inter- and intra-sectoral coordination for nutrition response during emergencies at all levels.	Nutrition Specific				NS partner
5.1.9: Engage and plan for nutrition within Cox's Bazar district humanitarian response committee.	Nutrition Specific				NS partner
5.1.10: Mobilise resources in advance to ensure preparedness for emergency preparedness and response.	Nutrition Specific				NS partner
5.1.11: Conduct joint monitoring assessments in the affected areas, when required.	Nutrition Specific				NS partner

Strategic Objective 6: Monitoring, Evaluation, Research, Surveillance, and Learning.

Outcome: Improved the quality of nutrition services.

Outputs:

- Planned survey and monitoring visit performed, and findings shared among the stakeholders.
- A yearly nutrition research plan is developed to ensure collaboration and coordination among the UN partners and AIM technical working group.
- Increased capacity to conduct research and used context-specific generated evidence findings on nutrition for programming.
- Improved quality of data, analysis, interpretation, and utilisation for programming.

Key performance indicators:

- Nutrition Sector research/study guidelines.
- # of survey* conducted and # of disseminatione workshop conducted on survey result.

Strategy 6.1: Evidence-based Programming through Nutrition Monitoring, Evaluation, Research, and Surveillance is Enhanced.

Activity Description	Specific	2023	2024	2025	Responsibility
6.1.1: Develop a yearly action plan for number of surveys is planned to conduct with fund availability information in consultation with the UN partners.	Nutrition Specific				NS partner – AIM TWG
6.1.2: Engage with IPHN, Bangladesh Bureau of statistics (BBS) and other national and international academic institutions and individuals for technical support on nutrition survey.	Nutrition Specific				NS partner – AIM TWG
6.1.3: Engage the implementing partners' human resources as enumerator for data entry and analysis for capacity building and reduction of costs.	Nutrition Specific				NS partner – AIM TWG
6.1.4: Conduct operational research to show how evidence-based interventions can be implemented and scaled up in the local context like MAMI Care Pathway Package.	Nutrition Specific				NS partner – AIM TWG
6.1.5: Conduct half-yearly third-party monitoring on the nutrition intervention in addition to joint cross knowledge sharing and implementing partner's own monitoring mechanism.	Nutrition Specific				NS partner – AIM TWG

Strategy 6.2 Strengthen Monitoring, Evaluation and Surveillance Systems for Routine Information Sharing and Data Utilisation at All Levels.

Activity Description	Specific	2023	2024	2025	Responsibility
6.2.1: Strengthen the nutrition information system within the HMIS by integrating key nutrition indicators and databases by using software for quick feedback.	Nutrition Specific				NS partner – AIM TWG
6.2.2: Conduct yearly review of the Nutrition Strategic Plan 2023-2025 and make necessary adjustment, if required.	Nutrition Specific				NS partner – AIM TWG
6.2.3: Develop and regularly review nutrition indicators performance for monitoring progress trend, and provide necessary feedback to the IP partners as learning.	Nutrition Specific				NS partner – AIM TWG
6.2.4: Liaise with HMIS to introduce real-time data collection from the implementing partners.	Nutrition Specific				NS partner – AIM TWG
6.2.5: Encourage piloting interventions within the community-based participatory initiatives in nutrition programme.	Nutrition Specific				NS partner – AIM TWG
6.2.6: Nutrition Sector will provide support to the technical working groups (CMAM/IYCF/AIM) for the piloting intervention - taken by the partner in the camps and host community. The partner will ensure provided concurrence of BMRC/IPHN are obtained.	Nutrition Specific				NS Partners
6.2.7: Phase out from CMAMI-2 version to MAMI Care Pathway Package by partner and CMAM research at host-effectiveness of context-adapted alternative feeding regimen on recovery of children aged 6-59 months from moderate acute malnutrition and uncomplicated severe acute malnutrition in Bangladesh by ACF.	Nutrition Specific				NS with TWG of CMAM- IYCF & AIM
6.2.8: Lead operational research study designs on specific nutrition issues as a basis for evidence-based policies and programmes like CMAMI-2 version to the most recent version-3, redesigned as the MAMI Care Pathway Package.	Nutrition Specific				NS- TWG- IYCF
6.2.9: Advocacy is required with NNS, IPHN and BNNC at national level and Cox's Bazar civil surgeon office for use of WHZ criteria as admission and discharge criteria for acute malnutrition in the host community.	Nutrition Specific				NS and Civil Surgeon Office
6.2.10: Streamline data management in the integrated nutrition facilities by using DHIS2 (District Health Information Software-2) and/or most appropriate digital software tools. Strengthen the surveillance system in the INFs.	Nutrition Specific				NS

Strategic Objective 7: Accountability to Affected Population (AAP).

Outcome:

The communication channels for AAP are functioning and accessible to the affected population.

Output:

- Improved quality of nutrition services through increased community participation in consultation for received nutrition services.
- Number of actions taken on received feedback and report back to people and communities.

Strategy 7.1: Ensure Accountability to Affected Communities.

Activity Description	Specific	2023	2024	2025	Responsibility
7.1.1: Improve transparency, communication and information provision for accountability for the affected population, resulting in good nutrition outcome.	Nutrition Specific				NS Partner
7.1.2: Provide appropriate, relevant and timely information that is sensitive to stated information needs and preferences across age, gender and diverse groups to the INF catchment area population and host community.	Nutrition Sensitive				NS Partner
7.1.3: Establish/maintain two-way communication channels that welcome and facilitate feedback and complaints as well as act the set right support for complaints.	Nutrition Sensitive				NS Partner
7.1.4: Ensure the affected communities/individuals receive feedback from the nutrition implementing partner regarding the findings and outcomes of assessments and consultations. Ensure that all segments of the community have access to this feedback.	Nutrition Sensitive				NS Partner
7.1.5: Build up local capacities and support communities and people, affected by crisis, to identify how best to increase their resilience to face future nutrition challenges in the host community.	Nutrition Sensitive				NS Partner

THE STRUCTURE AND ROLE OF THE NUTRITION SECTOR - COX'S BAZAR

Implementation Arrangement: The civil surgeon office in Cox's Bazar, under the Director General of Health Services (DGHS) of Ministry of Health and Family Welfare, is the chair of the nutrition sector, Cox's Bazar.

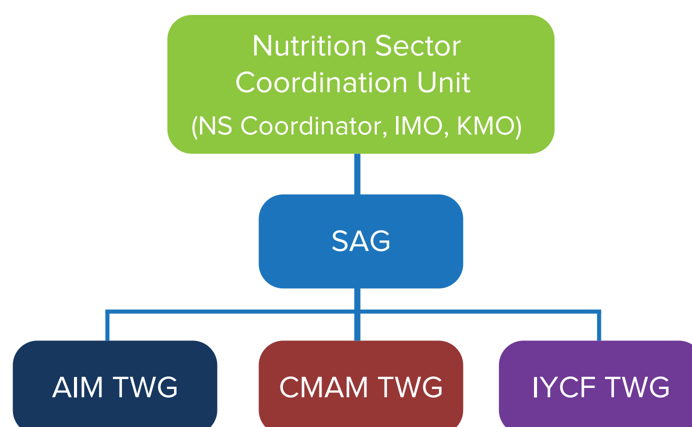
The nutrition sector coordinator will coordinate with the civil surgeon office for its overall stewardship role in the whole district and also coordinate with the health coordinator of RRRC office for FDMN population for regular update of the interventions and outcomes. The Nutrition Sector (NS) technical working committees will provide support to the Nutrition Sector in overseeing and providing technical inputs for specific activities and interventions - implemented for the targeted population by the NS partners of the Rohingya population and host community.

The AIM, CMAM and IYCF advisory roles are given to the implementing partners according to willingness of the NS partner and capacity of the agency. The priority of the sector advisory is given to the agencies with capacity of integration among nutrition, food security and livelihood, early childhood care and development, child protection and disability.

There are following strategic and technical working groups working under the Nutrition Sector:

Strategic Advisory Group (SAG): The SAG is composed of the representatives from the UN and implementing and technical partners. The SAG members have well described terms of reference (TOR) in details on the specific authority that the group members oversee and provide support to the Nutrition Sector as a delegated area of responsibilities. The SAG sits in a meeting after every two months or an ad-hoc basis when needed with different strategic issues with potential solutions for achieving the sector's goals. The SAG is a board for reviewing the TWG proposals, protocols, guidelines and other documents. The aim of SAG is to protect rights of the service beneficiaries and ensure quality, equity and sustainability of all nutrition field services. The major responsibility of SAG is to advise and support the NS in defining strategic priorities for the sector, support the NS in defining strategic priorities for the Joint Response Plan of the overall humanitarian response, review the partners' proposals after submission under various funding mechanisms, endorse all technical guidance prepared by the TWGs and technical forces (TF), and ensure conformity with the national and international standards, guidelines, policies, and procedures.

Figure 5: Coordination Structure of Nutrition Sector Cox's Bazar.



The CMAM TWG is chaired by the CMAM TWG advisor, who is selected from the implementing partners, with proven strong experience in CMAM services. The TWG is also responsible for generating recommendations on the essential nutrition supplies for OTP, TSFP and BSFP. The key roles of the CMAM TWG are to review, develop and update operational guidelines/tools, training programmes, and other CMAM materials for implementation of the CMAM programme in the affected areas, and provide technical assistance and advisory to the Nutrition Sector members and partners implementing CMAM.

IYCF Technical Working Group (IYCF TWG) is chaired by the IYCF TWG advisor, who is selected from the implementing partners with proven IYCF strong experience. The key responsibilities of the IYCF TWG are to conduct formative assessments and document evidence - leading to evidence-based programming, map IYCF-E-related activities and gap identification, develop, revise, validate and disseminate standardised SOPs, tools, and resources, and provide support to design and roll out a capacity building programme for different IYCF cadres of the partners.

Assessment Information and Management Technical Working Group (AIM TWG) is chaired by the AIM TWG advisor and co-chaired by the information management officer (IMO) of the Nutrition Sector. The assessment information management (AIM) advisor is selected from the implementing partners with proven strong data generation and analysis capacity. The key responsibilities of the AIM TWG are to develop standards and guidelines for nutrition assessment, review and contextualise relevant international methodologies for surveys and surveillance, and build capacity of the partners in application of the survey methodologies.

The Nutrition Sector meetings are the wider forum for presenting and getting feedback from all the sector partners. However, the flow of the decisions comes from the technical working groups according to the sector performance needs, and operational and programme requirements.

Nutrition Sector Coordination and Support Unit

The Nutrition Sector's recommended staffing consists of the following members (Nutrition Sector Unit):

- Nutrition Sector Coordinator (NSC)
- Information Management Officer (IMO)
- Knowledge Management & Communication Officer (KMCO)

UNICEF is a global nutrition cluster lead. The mentioned staffs are hired by UNICEF in Cox's Bazar. The posts are a matter of availability of funds. NSC and IMO are the core positions, whereas the rest is conditional.

NSC leads, coordinates, and ensures equal rights and presence of each nutrition sector partner. Besides that, NSC protects the rights of the affected population and harmonises all available services in the camps and host community through the principles of equity and equality.

IMO analyses all sector partners' performance and stresses attention on performance, trends and observed discrepancies of nutrition data.

KMCO supports, facilitates and documents the knowledge and information related to implementation.

Resource Mobilisation

The Nutrition Sector will be contributing for showing the funding needs and gaps to the Joint Response Plan (JRP). The NS will provide technical assistance to upgrade nutrition situation as well as updated information of children under-five, adolescents, and pregnant and lactating women in the FDMN camps and host community from the SENS and SMART survey findings.

The nutrition situation information will help sensitising the donors as well as Government of Bangladesh for considering the devastating impact of malnutrition, particularly stunting situation, affecting the future human capital of the host community population of Cox's Bazar. This situation information will also envisage increase in the government's investment in nutrition-specific and nutrition-sensitive interventions in Cox's Bazar.

Furthermore, each of the sectors (WASH, Health, and Food Security) under ISCG can establish a budget line for nutrition interventions with contributory factor towards nutritional improvement in the district.

Each sector will prioritise and allocate additional resources from their respective sectoral budget for the nutrition actions as a demonstration of sectoral commitment.

The Nutrition Sector will develop a concept note on improving maternal and child nutrition for advocacy for showing funding needs and gaps that will be endorsed and submitted by the civil surgeon of Cox's Bazar for the host community/RRRC office for camps to the National Nutrition Services (NNS), Ministry of Planning, and Health and Gender Support Project (HGSP - Cox's Bazar) for review and budget allocation.

The NS will also share this funding needs and gaps to the Country Nutrition Cluster, Dhaka for country-level advocacy.

ANNEX-1

References:

1. Nutrition Sector Strategy Report 2021-2022
2. Global Nutrition Cluster Strategy - 2022-2025
3. UNHCR Global Strategy for Public Health - 2021-2025
4. Nutrition for Every Child - UNICEF - Nutrition Strategy 2020-2030
5. WFP-Bangladesh Country Strategic Plan (2022-2026)
6. USAID Multi-sectoral Nutrition Strategy 2014-2025
7. BDHS Survey Report - 2017-2018
8. Joint Response Plan (JRP) Rohingya Humanitarian Crisis - 2022
9. Survey Report SENS/Second National Plan of Action For Nutrition 2016-2025
10. Joint Multi-Sector Needs Assessment (J-MSNA) Bangladesh Rohingya Refugees July-August 2021
11. WFP Bangladesh Country Brief - September 2022
12. WFP Nutrition Policy 2017
13. Essential Nutrition Actions IMPROVING MATERNAL, NEWBORN, INFANT AND YOUNG CHILD HEALTH AND NUTRITION - WHO
14. UNICEF Target 2023 - HAC Bangladesh
15. Acute Malnutrition in Protracted Refugee Situations: A Global Strategy UNHCR/WFP
16. Bangladesh Humanitarian Sit Rep 1 January- 30 Sep 2022
17. Gender Brief on FDMN Crisis Response in 2017S
18. SMART 2021 and IYCF 2022 Camps
19. Operational Guideline for Infant and Young Child Feeding in Emergency for Bangladesh
20. National Guideline of Management of Acute Malnutrition July 2017
21. Bangladesh Guideline for Developing a Multi-Sectoral National Nutrition Surveillance System in Bangladesh August 2021, BNCC
22. National Strategy on Prevention and Control of Micronutrient Deficiencies, Bangladesh H (2015-2024)
23. Designing a Community-Based Nutrition Program Using the Hearth Model and the Positive Deviance Approach - A Field Guide - Save the Children
24. Integrating WASH AND NUTRITION WASH plus A learning Brief- USAID-FHI 360, June 2015
25. Nutrition and health integration: A rapid review of published and grey literature - Lancet Publication on integration of nutrition and health.

www.humanitarianresponse.info/en/operations/bangladesh/nutrition

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