

BULLETIN

NUTRITION SECTOR COX'S BAZAR. BANGLADESH

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ISSUF: 01

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SECTOR HIGHLIGHTS

- The Nutrition Sector 2023

 2025 multiyear strategy was developed and shared.
 A dissemination workshop is scheduled for the 1st of May 2023.
- All the NS TWG TORs including SAG were revised and shared.
- The SAG membership for 2023 has been renewed through a voting process. The newly formed SAG has 3 UN Agencies, 2 INGOs, and 2 NNGOs including 2 Government stakeholders.
- Fire response: Advanced preparedness and effective coordination allowed SHED to restore all necessary services after the fire incident in Camp 11 on March 5, 2023. More than 15,500 people were affected by the disaster, and one nutrition center was destroyed.
- Funding status: As of March 2023, Nutrition Sector programmes partners have secured 54% of the overall Joint response plan budget.

NUTRITION PROGRAMME UPDATE

	ACHIEVEMENT	PROGRESS
	2022 (Jan-Dec)	2023 (Jan-Mar)
SAM	11,007 (92% of target) Cure rate 91.1%	2,240 (19% of target) Cure rate 87.2%
₩ MAM	U5- 37,166 (88% of target) Cure rate 95.3% PLW 3607 (120% of target)	U5- 7197 (16% of target) Cure rate 96.7% PLW 765
NYCF	60,065 (116% of target)	13,213 (16% of target)
BSFP	U5- 145,449 (100% of target) PLW-41,210 (98% of target)	U5- 134,190* (88% of target) PLW-43,194 (112% of target)
(IFA	PLW 37,336 (119% of target) Adolescent 83,561 (109% of target)	PLW- 10,903 (34% of target) Adolescent- 60,881 (80% of target)
♦ VAS R2	144,794 (96% of target)	-

*This figure includes 74,318 beneficiaries of NSEV

FUNDING UPDATE 2023

Overall Funding Status



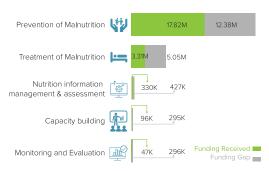
2023 PIN and Target





↑↓ 106K Host Community

Funding Status by Activity



Note: Prevention and treatment of malnutrition is the most critical priority needs where *USD 17.4M are still needed*

NS 2023 JRP Partners



Note: Out of 5 INGOs, 2 are strategic partners

SENS SURVEY

The nutrition survey was carried out from 7th November – 3rd December 2022 led by UNHCR in collaboration with UN agencies UNICEF and WFP; implemented Concern Worldwide with support from Action Against Hunger and Nutrition Sector partners Eco-Social Development Organization (ESDO), Gonoshasthaya Kendra (GK), Relief International (RI), SHED and SARPV. The approvals through the National Nutrition Services (NNS) and the Refugee Relief

SENS HIGHLIGHTS

- The overall prevalence Global Acute Malnutrition (GAM) rates (12.3%) among children 6-59 months remains High according to WHO/UNICEF classification (10 - <15% = high).
- Chronic malnutrition Stunting) among children was found 41% which is above the Very High/Critical WHO/UNICEF threshold of ≥30%
- Nutrition status by MUAC (<210mm) among pregnant and lactating women with overall prevalence of <2.0.
- Crude and under-five mortality rates are well below emergency levels of CMR rates of<1 death/10,000/day and U5MR rates of 2 death/10,000/day.
- Health nutrition programme coverage was good with over 90% coverage of measles vaccination among children 9-59 months, vitamin A supplementation among children 6-59 months.
- Women of reproductive health programme coverage was > 75% (Antenatal care coverage of and Iron Folic supplementation >)
- Access to protected sources of drinking water across all the camps was above 95% across the three surveys.
- Owning a mosquito net of any kind is very common > 95 in across all the camps, but LLIN was below the UNHCR standards of >80%









On 5 March 2023, in Cox's Bazar, Bangladesh, a severe and extensive fire erupted in Rohingya refugee Camp 11 in the afternoon. The flames burned for approximately three hours before local firefighters and authorities managed to control the situation by 5 pm. Multiple humanitarian assets were damaged and completely burned including one integrated nutrition facility (INF).

Coordination with RRCC: The Refugee

Coordination with RRCC: The Refugee Relief and Repatriation Commissioner (RRRC) took charge, and humanitarian partners immediately arrived on the spot to assess the

impact and establish a harmonized response. Nutrition response: Nutrition implementing partner SHED with the support of UN agencies and other international NGOs provided porridge for children under five years and pregnant and lactating women. All nutrition services resumed after 48 hours through the establishment of a temporary nutrition site using tents and a rub hall to ensure timely lifesaving nutrition services.

Community mobilization: Trained community nutrition volunteers traced all the malnourished children who were already

enrolled in the nutrition programs in the affected blocks to visit the temporary sites for support. (SAM) children (95%) and 79 Moderate Acute Malnutrition (MAM) children (98%) were located and received treatment at the nutrition site that served as a temporary structure.

Reconstruction of the nutrition center: With the support from CERF funds (\$1.2 million) construction of a Health and Nutrition facility within the same location will begin soon.

AAP TRAINING



Accountability to Affected Populations (AAP) is an approach that helps humanitarian and development actors to ensure quality and responsive programming in line with the evolving needs of affected populations and communities.

To promote understanding of the AAP concept and mainstream AAP in the nutrition programme of Cox's Bazar, Nutrition Sector has organized several training programmes for the nutrition implementing partners with the support of CARE Bangladesh. In total 58 staff were recently trained (42 male and 16 female) in November 2022 and 42 staff (28 male and 14 female) in February 2023.

The overall goal of the AAP is to provide information on the AAP and Core Humanitarian Standard (CHS) framework to strengthen the understanding of partners' staff and for the effective application of AAP in nutrition programmes. The training aims to reinforce the knowledge and skill of program staff on the AAP concept and promote



an understanding of how to apply the key principles of AAP across the programme cycle. Understanding the context using the AAP lens is important, whether in a development or emergency setting.

The training also emphasized that AAP-

- Should be an integrated approach and not be viewed as a standalone activity, aimed at improving programme quality, effectiveness and accountability while preserving, protecting, and enhancing the rights and dignity of vulnerable people and communities.
- Current level of AAP capacity among implementing agencies, there are many simple measures that can help ensure AAP is more systematically integrated into their programmes.

The training module also included 'minimum AAP elements' that need to include from country-level strategy and policy to field-level operational plan. Protection from Sexual Exploitation and Abuse (PSEA) had been included in the training module as it is interlinked with AAP.



- Emergency Response Preparedness (ERP) Planning Workshop was completed successfully on March 21, 2023, in collaboration with UNICEF, CARE, and ISCG. Emergency Response Preparedness (ERP) will assist the Nutrition Sector partners in strengthening their capacities to timely and effectively respond to potential Nutrition crises.
- The ERP workshop has been guided by the outlines of a step-bystep process describing how to undertake ERP planning developed by the Global Nutrition Center. During the workshop lessons learned from previous emergencies at Cox's Bazar have been discussed and documented
- Nutrition ERP plan for Cox's Bazar is drafted and all minimum and advanced Preparedness Actions (PAs) in a work plan were listed during the following activities carried out in group discussion: (i) Identification



of disaster risks, (ii) Predicting crisis scenario against which the ERP planning, (ii) Mapping capacities for the response, (iv) Planning for operational arrangements required to scale up. (v) Estimate the needs of vulnerable groups, (vi) Undertake response analysis and design (for immediate response delivery), (vii) Anticipate any obstacles that could slow down and hinder the timely implementation of the humanitarian response, (vii) Identify prioritized interventions, forecast budget requirements, (viii) Define preparedness actions.

 At the workshop's closing ceremony, the honorable Civil Surgeon of Cox's Bazar Dr. Mahbubur, and RRRC health coordinator Dr. Toha both attended and motivated all 24 participants from 12 nutrition partners. A Task Force has been formed to finalize the ERP planning and develop/ review the existing contingency plan for fire and monsoon.

OMAIR CURED FROM MAM WITHIN 28 DAYS

During daily community screening by Relief International's community nutrition volunteer (CNV), a 26-month-old child Omair Hosson was identified with MAM and referred to the Nutrition Center for nutritional support. When Omair came to the facility with his mother on Feb 2, 2023, he was measured and confirmed according to the TSFP admission criteria. Omair's initial measurements were as follows:

MUAC: 12.7 cm, Weight: 8.2 kg, Height: 75.5 cm, WHZ: <-2 SD, Edema: No, Medical complication: No



At TSFP, the dedicated CMAM nurse checked Omair for medical complications (Fever, Fast breathing, Vomiting, History of Diarrhea, Dehydration, etc.) but found none. She probed for the reason for Omair's losing weight, the mother informed the nurse that he had been having fever and skin rashes for the last week. The mother took Omair to the Primary Health Centre where the doctor prescribed medication. Though Omair recovered from a fever after taking the medication, his nutritional status deteriorated and became MAM as per weight for height Z score. As Omair already took antibiotics for his fever, the nurse didn't give him Amoxicillin syrup. She also asked his mother about his vaccination status and found all the required vaccinations were completed and recorded on the vaccination card. CMAM nurse gave Omair 14 sachets of RUSF for 14 days and advised his mother on the key messages to ensure hygiene complementary feeding along with RUSF consumption. At last, she reminded Omair's mother to come after 14 days for the next follow-up visit. Omair was

followed up at TSFP regularly and his nutritional status improved gradually. After 28 days, on 02 March 2023, Omair reached the discharge criteria of TSFP for two consecutive visits which are as follows:

MUAC: 12.8 cm, Weight: 8.4 kg, Height: 75.6 cm, WHZ: >-2 SD, No Edema and No, Medical complications:

As Omair reached the discharge criteria, he was referred to BSFP. He received WSB++ on admission at BSFP and now he is being regularly followed up at Nutrition Sensitive Education Program. His mother is also receiving health sessions on different nutrition education topics such as hygiene, complementary feeding, Causes and prevention of malnutrition, child nutrition, and the importance of a balanced diet.

MD. ABBAS FOUGHT BACK TO NORMAL LIFE

"I was so worried about his health those days!! My child is healthy now. I am grateful to SHED for their help. I pray that SHED may grow and help many mothers like me." -Mother of Abbas

Abbas, a child of Majuma and Ridwan from Camp-8E, Balukhali, Ukhiya, Cox's Bazar, was born into an extremely poor family. His father was a day laborer in Nay-Thar-Daung, Myanmar who was also victimized by Myanmar Army like others. He with his family entered Bangladesh on foot after four hours of walking after Eidl-Azha in 2017.

Ridwan and Majuma were illiterate. Since entering this region, they had no food and shelter and their life became full of misery. After a few days, they started to get food ration from the Balukhali Makeshift Army distribution center. Other organizations including SHED also helped them to achieve their basic needs and come back to normal life.

SHED nutrition center's community nutrition volunteer (CNV) found Majuma during screening as pregnant and referred her to the center in BSFP pregnant and lactating component on 12th January 2022. She received IYCF

services, IFA, WSB+, and promotional messages from this component, and was healthy and aware of her pregnancy. Abbas was then born on 9th April 2022 safely without any delivery complications and both mother and child got services in BSFP PLW and CMAMI components till 25th October 2022 after that she was discharged.

On that day Abbas was admitted to the outpatient therapeutic program (OTP) by MUAC (11.3.cm) as severely acute malnourished with a good appetite and no medical complications. He attended every visit and received systematic treatment. IYCF counselor counseled her mother about malnutrition, hygiene, and care. He was discharged as cured from OTP on 3rd January 2023 with MUAC 12.5 cm. After seven days, he was admitted to TSFP and got RUSF for 28 days and is now admitted at BSFP U5. His family is very happy and grateful to SHED for getting these services and to see their child getting better.



LAILA BEGUM AND HER BABY MD. KAISEL



In February 2023, Laila Begum brought her two-month-old baby, Md. Kaisel, to Action Against Hunger's Balukhali Stabilization Center (BMS SC) for emergency nutrition support. Md. Kaisel had lost weight and was not receiving adequate breast milk. At admission, he weighed 2.97 kilograms and had a height of 51.5 cm, with a weight for height Z score below -2 SD.

Laila Begum said that her baby had not had breast milk since he was born, so she had started giving him breast milk substitutes (BMS). Laila lives at Camp 12, and as a refugee, Laila Begum had limited resources to seek help for herself and her baby. However, when the ESDO Integrated Nutrition Center outreach team approached her, she realized that Md. Kaisel was significantly underweight for his age.

As Md. Kaisel was younger than six months old, and the doctor in charge discussed the possibility of re-lactation with Laila Begum. Initially, she did not believe she could produce breastmilk again, as her previous babies had also required BMS for the first six months

ACF introduced "Supplementary Suckling Technique (SST)," a diluted F100 formula every two hours, and care for Laila Begum, Md. Kaisel started gaining weight again, and after ten days of intervention, with only breastmilk. Besides the SST, ACF provided psychosocial, breastfeeding, and care practice counseling to Laila Begum.

In 14 days of services, Md. Kaisel gained 130 grams, was fully stabilized with breastfeeding, and was released from the services.

HONAISA BIBI GOT CURED FROM SC

In the month of October-2022, the OTP Nurse from camp-4 Site-1 identified a SAM child. Due to the congenital absence of Epiglottis, the child was barely thriving. Her name is Honaisa Bibi, Age- 7 months, daughter of Md. Jaber & Hasina living in Block-B-21 in camp- 4. As the child failed the appetite test, the nurse referred her to the camp-4 extension stabilization center for inpatient management. After completing treatment from SC, the Nurse

found her Weight for Height <-3SD Z score & MUAC 100 mm and admitted her to the OTP program by WFH Z score on 27th October 2022 after she passed the appetite test.

Honaisa Bibi, was the 1st child. After taking a history from the caregiver we found that the mother is an adolescent and by the time she has conceived again and expecting another child.

this total period, the child's WFH Z score did not meet the discharge criteria for consecutive 2 visits. Thus, she was discharged as Nonresponder in January 2023. Following this, the child was admitted again to

cm, MUAC 114 mm & Z score <-1SD.

From the admission time till the 4th visit the child's nutritional status was improving gradually, the MUAC reached 121 mm also

OTP Corner on 2nd February 2023 based on

MUAC criteria. During this time the child's age

was 11 months, weight was 5.5 kg, height 63.4

the weight and height increased to 6.1 kg and 63.7 cm respectively. After the last visit, the caregiver of Honaisa didn't come to the follow-up visit timely because the mother was admitted to the hospital and gave birth to her 2nd child. After a week of absence, the mother came to the nutrition center and Nurse found

that Honaisa's weight faltered to 5.8 kg, MUAC

fell to 113 mm as well, height was 63.7 cm and

the WFH Z score was <-1SD. Our Nurse and

IYCF counselor gave her proper counseling

and gave all the services that she is entitled to

in our nutrition center.



weight was 4.3 kg, height 60.2 cm, MUAC 110mm, W/H <-3SD with no edema. During every visit, the caregiver received Health & Education session about Personal hygiene, how to feed RUTF, and how to take care of her child. The child's growth status was improving gradually. At the 12th visit, the child's weight

was 5.9 kg, height 63.4 cm, MUAC 115 mm,

and the weight for height <-1SD Z score. In

During admission time, beneficiaries received

therapeutic food (Plumpy Nut) from the OTP

Corner. The nurse instructed the caregiver on

how to feed medicine as well as at the home

level. At the time of admission, the child's

Abbreviation

BSFP Blanket Supplementary Feeding Program IFA Iron and Folic Acid **IYCF** Infant and Young Child Feeding MAM Moderate Acute Malnutrition NS Nutrition Sector Nutrition Sensitive E-Voucher **NSEV** PLW Pregnant and Lactating Women SAM Severe Acute Malnutrition SC Stabilization Center TOR Term of Reference TWG Technical Working Group U5 Children Under 5 years VAS Vitamin A Supplementation

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About Nutrition Sector

The Nutrition Sector was established in 2016 during the Rohingya refugee influx in Cox's Bazar, with the goal to provide coordinated nutrition interventions. To ensure effective delivery of services, the Sector collaborates with 13 partners, including the Government of Bangladesh. This collaboration allows the Sector to operate at the forefront of nutritional interventions. The Sector has a Strategic Advisory Group that advocates for strategic priorities and supports contingency plans. Currently, the Sector comprises three technical working groups, namely, the Infant and Young Child in Emergency Working Group, the Community Management of Acute Malnutrition Working Group, the Assessment and Information Management Working Group. These working groups guarantee compliance with international standards. This first quarterly bulletin for the Nutrition Sector in Cox's Bazar in 2023 showcases the sector's achievements, updates, and emergency responses. The bulletin highlights the sector's success in strengthening humanitarian nutrition coordination, which has led to a predictable and accountable response. In addition, it captures the high-level brainstorming workshop that was held to enhance the sector's capabilities to address potential nutrition crises. Additionally, the bulletin features survey findings and success stories that illustrate the sector's outstanding work. The sector's commitment to cutting-edge humanitarian responses is evident in this bulletin, which doubles as a testament to its unwavering dedication. Consequently, the Sector has been able to provide effective nutritional interventions to those in need.

