

NS COORDINATION MEETING

NS Coordination Office/Virtual | 24 February 2025 | 10:00 AM–01:00 PM



Meeting Minutes

Chair: Kibrom Tesfaselassie, NS Coordinator

Note taker: Suparna Das Toma, UNV Nutrition Officer, NS

Participants: ACF, Concern, ECHO, GK, HI, MSF, SHED, USAID, UNHCR, UNICEF, WFP. See Annex I for the list of participants from each organization.

Welcome and Introductions

Kibrom Tesfaselassie, NS coordinator welcomed all the participants to the Nutrition Sector Coordination meeting held on 24 February 2025. With a quick introduction, the main agenda of the meeting was started.

Agenda

- Review previous meeting minutes
- IM Update
- Update from CMAM/IYCF/AIM TWG
- Efficiency/cost reduction of NS program
- Update on 2025 TWG leads/co-leads
- New Initiatives/challenges (Partners update)
- AOB
 - EPR plan update

Reviewing action points of the previous meeting:

SL	Action points	Focal point	Timeline	Status
1	To finalize the modality to incorporate Child Functional Module in community outreach activities.	IYCF TWG	ASAP	Ongoing
2	To share one pager on the distribution modality of IFA with NS to circulate for SAG endorsement.	IYCF TWG	02 February 2025	Completed
3	Add the indicator on “admission on both criteria (MUAC and WFH)” to the OTP and SFP reports and circulate among NS partners.	NS	ASAP	Completed
4	Identify the contributing factors responsible for poor average weight gain (AWG) and recommend appropriate measures to improve AWG outcomes.	CMAM TWG	ASAP	Ongoing
5	Circulate the ToR of TWG with all NS partners for amendment.	NS	02 February 2025	Completed
6	To circulate the EoI for the chairs and co-chairs of three TWG.	NS	February 2025	Completed
7	To obtain official documentation from RRRC regarding the need assessment submission to facilitate smooth CiC coordination at the camp level.	NS	ASAP	Ongoing
8	To share a template for NS partners to list the INFs in need of renovation or reconstruction and prioritize them accordingly.	NS	ASAP	Completed
9	Communicate with ISCG regarding the issue of rented land for integrated nutrition facility.	NS	ASAP	Completed

10	To forward the SC proposal and ToT on IYCFE shared by SCI to the respective TWG for review and guidance.	NS and IYCF/CM AM TWG	ASAP	Completed
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Discussion on Action Points-

- ✓ NS has communicated with RRRC regarding the official documentation for need assessment submission. RRRC confirmed that all CiCs have been informed that need assessment is not required from nutrition, as the activity remains the same each year; however, it may happen that newly appointed CiCs who are unaware of the message. They assured that such cases will be handled individually.
- ✓ As Camp 16 INF is situated on rented land, the implementing partner is facing challenges in carrying out activities due to issues with the landowner. As a result, the INF will be relocated from its current site at the end of February 2025. NS is actively coordinating with ISCG to resolve the matter. The implementing partner will close operations at the existing facility by end of February 2025; however, service delivery will not be disrupted, and an alternative location will be identified to ensure continuity of services.

Update from TWG

● CMAM TWG

- ✓ The SoP and rapid assessment tool for the management of infants under six months have been shared with the Nutrition Sector Coordinator for SAG endorsement. The Nutrition Sector (NS) has confirmed that the SoP has been endorsed by SAG and will be shared with the CMAM TWG. CMAM TWG can then circulate the endorsed SoP to implementing partners with a request for immediate implementation. Additionally, NS has requested CMAM TWG to organize a brief orientation for key nutrition staff on the SoP and rapid assessment tool before implementation begins.
- ✓ WHO guidelines recommendations piloting database- All SAM cases under the WHO piloting have been discharged. The database has been shared with UNICEF for analysis. Very few MAM cases are yet to be discharged. After their discharge, the database will be shared with WFP for analysis.
- ✓ Implementing Partners will share a summary of the possible reasons for high Length of Stay and poor Average Weight Gain from their program data analysis. Based on the identified key contributing factors, CMAM TWG will discuss further on the possible way forward.

● IYCF TWG

- ✓ The IFA supplement protocol has been shared to NS for SAG endorsement. SAG members provided recommendation to add the reference in the protocol confirming that there are no adverse effects from potential overdoses of IFA if similar doses are provided by the health sector during ANC visits.
- ✓ Modifications have been made to the IYCF full assessment form based on inputs from the CMAM TWG workshop to develop assessment tool and finalize SOP for the management of children under 6 months. The updated form has been shared with members for review and finalization.

● AIM TWG

- ✓ The qualitative data collection for Nutritional Causal Analysis has been completed at three out of four sites, with the final site currently in progress.
- ✓ Multiple meetings have been conducted for SENS 2024 data validation and approval. An ad-hoc meeting will be scheduled soon (Tentative 6th March 2025) to reach a consensus on the recommendations from the AIMTWG members.

IM update as of January 2025

- ✓ As of January 2025, 7% of SAM target, 8% of MAM U5 and 7% of MAM PLW reached. IFA for PLW and Adolescent reached 8% and 73% respectively. There was NO IFA supplementations for PLW in the UNHCR operated INFs as they were covered through health ANC visit.
- ✓ In January 2025, almost 97% of the targeted children under 5 received GMP as well as 79% children received BSFP and 93% E-voucher Programme as well as 84% PLW are receiving BSFP service. 28% of IYCF target reached as of January 2025. The lower BSFP coverage for children under five is due to some beneficiaries received an advance BSFP ration for January 2025 in December 2024 (in the handed over facilities). Since BSFP rations are provided monthly, these beneficiaries will be reached in February 2025.
- ✓ Admission trends for SAM and MAM increased by 25% & 29% respectively in 2025 among children 6-59 months compared to the same period in 2024. For MAM PLW, the admission trend increased by 15% compared to the same period in 2024.
- ✓ Higher number of children under 2 years of age was admitted as SAM compared to children over 2 years.
- ✓ In the SAM KPI, the cure rate as of January 2025 stands at 92.53%, compared to 92.3% in January 2024. Similarly for MAM, the cure rate is 99.27% in January 2025 compared to 98.42% as of January 2024.
- ✓ However, the average weight gain (AWG) for both SAM and MAM cases remains below standard, 3.20 g/kg/day and 1.85 g/kg/day respectively. The CMAM TWG will identify these contributing factors and recommend appropriate measures to improve AWG outcomes.
- ✓ A discussion took place on the possible contributing factors which may affect the weight gain. Some of the factors discussed were about the food selling behavior, sharing among siblings and others. WFP is conducting formative ethnographic research on SBCC to better understand the factors influencing different expected behaviors. Upon completion of the study, WFP will integrate the findings into its programs, anticipating positive behavioral changes over time. In addition, nutrition sector partners are taking other measures to prevent the selling of food such as – returning the empty sachet in the next visit.
- ✓ Overall, 10% of SC target reached (6% of the annual target from NS partners and 4% from MSF).

Efficiency/cost reduction of NS program

- ✓ NS discussed the cost efficiency and potential cost reduction of its program. The prioritization of activities was reviewed with SAG members, who classified all activities as essential ("firewall"). As a result, prioritizing NS activities is not feasible; however, mitigation measures can be adopted if the requested funding is not fully received. NS also emphasized that focusing solely on treatment while reducing prevention activities could lead to higher long-term costs. An increase in malnutrition cases would require more resources for treatment, making it a less cost-effective approach.
- ✓ There is no duplication in funding, service provision, or beneficiaries among NS partners. NS has completed the JRP exercise, ensuring that each appealing partner requests funding for specific activities and targeted camps.
- ✓ Reducing the number of integrated nutrition facilities is not feasible, as it would lead to a high service flow, making it challenging to manage while maintaining the quality of services.
- ✓ NS completed the staff optimization and harmonization exercise in the fourth quarter of 2024, ensuring that the proposed number of staff and volunteers represents the minimum required for effective program implementation.

- ✓ Regarding cost calculation per INF, UNICEF has engaged a consultant for this purpose. By the end of the year, UNICEF is expected to receive the final report on the actual costing of the overall nutrition program.
- ✓ The unit cost of each supply items is dependent on the global market as the items are externally procured. So, the overall budget is mainly determined by the global market of each unit cost of nutrition suppliers.
- ✓ Regarding supplies, UNICEF provided an update that the in-country stock of RUTF is available until June 2025, and with the RUTF in the pipeline, coverage will extend until August 2026. WFP informed that their supplies are available until July–August 2025.

Update on 2025 TWG leads/co-leads

- ✓ NS circulated the EoI for the roles of chair and co-chairs for the three TWGs and received responses from the partners. The following responses were received by Nutrition Sector within the timeline:

List of TWGs (Alphabetical)	Interested partners (Listed alphabetically)	
	Lead TWG	Co-lead TWG
AIM	ACF, UNICEF, WFP	ACF, GK, SHED, UNHCR
CMAM	Concern, SHED, UNICEF	WFP
IYCF	GK, SCI	UNHCR, UNICEF

- ✓ SAG members decided that one agency can only lead one TWG.
- ✓ To address multiple organizations expressing interest in the same position, NS proposed two selection approaches for the TWG Chair and Co-Chair:
 - Collaborative Discussion: Partners are encouraged to convene and discuss among themselves. NS will facilitate an open environment for dialogue to help reach a consensus on the selection of one organization per position.
 - Rotational Leadership: Partners may opt for a rotational leadership model, allowing different organizations to take turns leading/co-leading throughout the year to ensure broader representation.
- ✓ NS will call for another SAG meeting to finalize the TWG chair and co-chairs.

New Initiatives/challenges (Partners update)

- ✓ HI had previously halted activities under the BPRM-funded project following an official directive. However, the organization has now resumed all activities with funding from its headquarters, which will continue supporting the project until April 24, 2025.
- ✓ The first round of the deworming campaign is scheduled for the second week of April 2025. Initially planned for March, the campaign has been postponed due to Ramadan. The micro-plan must be circulated by March 7, 2025.
- ✓ ICDDRB presented the outcomes of the Sharnali 1 and 2 studies at the national level on February 19, 2025. The findings aligned with those observed in Cox's Bazar, and discussions were held regarding the cost of production. NS stated that if the product receives endorsement at national level, it will be considered for use in the Rohingya Response.
- ✓ UNICEF is supporting the construction of two INFs in Camp 1W and Camp 5. Additionally, with funding from ECHO, UNICEF plans to reconstruct the INF at Camp 10 site 2, as it is currently located in a landslide-prone and highly vulnerable area. A new site has been selected adjacent to the IOM hospital, where the INF will be co-located.

- ✓ The structure at Camp 1E, Site 1, requires reconstruction due to its vulnerability and limited vertical space. Additionally, the land is rented. Partners have requested NS to initiate advocacy efforts to secure space for reconstruction.

AOB

- ✓ **EPR plan update:** NS needs to update the EPR plan for 2025. The previous document will be shared with partners for their input, with updates expected by March 15, 2025. Following this, NS will convene a meeting to finalize the plan by the end of March 2025.

Summary Action Points

Action points	Focal point/agency	Timeline
To organize a brief orientation for key nutrition staff on the SoP for the management of children under 6 months and rapid assessment tool before implementation begins.	CMAM TWG	ASAP
To circulate the micro plan template of deworming campaign among partners	UNICEF	7 th March 2025
To initiate advocacy efforts to secure space for reconstruction in camp 1E site 1	NS	ASAP
To share the EPR document with NS partners for updating the document	NS	27 th February 2025

Closure: Nutrition Sector is grateful to all nutrition partners for their active participation and contributions. The meeting ended at around 01:00 p.m., and the next meeting will be held on Monday 24 March 2025 from 10.00 AM to 01.00 PM.

Annex 1:

List of Participants:

In person:

Name	Org	Email
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