

NS COORDINATION MEETING

NS Coordination Office/Virtual | 06 May 2025 | 10:00 AM–12:30 PM



Meeting Minutes

Chair: Kibrom Tesfaselassie, NS Coordinator

Note taker: Mohd Mostakim Ali, Information Management Officer, NS

Participants: Concern, Friendship, GK, HI, MSF, SHED, SCI, UNHCR, UNICEF, WFP, Health Sector. 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 for April 2025 held on 06 May 2025. With a quick introduction, the main agenda of the meeting was started.

Agenda

- Review of previous meeting minutes
- IM Update
- Update from AIM/CMAM/IYCF TWG
- Nutrition Supply and funding status
- SAG meeting update and discussion on way forward (SENS 2024)
- INF structure assessment 2025
- New Initiatives/challenges (Partners update)
- AOB

Reviewing action points of the previous meeting:

SL	Action points	Focal point	Timeline	Status
1	To analyze the contributing factors for relapse.	CMAM TWG	April 2025	Will be discussed in upcoming meeting
2	To reassess the data of new arrival during the mass MUAC screening to identify the children who are not reached yet by the partners.	NS partners	April 2025	Completed
3	NS to share the number of new arrivals U5 children by camp (if possible, at block level) for purpose tracking. Noticed that the coverage of nutrition services seems low.	NS IMO	ASAP	Completed
4	NS to share the work plan for the Deworming campaign including the supervision matrix.	NS	ASAP	Completed
5	To coordinate with HI to obtain disability data from their assessment across 30 camps.	NS	ASAP	Completed
6	To share the IYCF ToT training materials and agenda in advance with NS partners	IYCF TWG	ASAP	-
7	To present the digitalized FCRM system at NS coordination meeting	Concern Worldwide	28 April, 2025	In next coordination meeting

Discussion on Action Points-

- ✓ All the meeting minutes from the last coordination meeting were approved without any comments.
- ✓ The disability dataset from HI can be accessed based on the request to UNHCR who are the programme partner for HI. HI cannot share the data directly with any partner but based on the request they can channel it to UNHCR.
- ✓ The IYCF ToT proposal has been revised by the TWG which was submitted by SCI. They will prepare training modules for trainers for both 1 day training and 2 days training. The TWG were requested to advise if one day training will be feasible or not.

IM update as of March 2025

- ✓ As of March 2025, 22% of SAM target, 24% of MAM U5 and 25% of MAM PLW reached. IFA for PLW and Adolescent reached 35% and 78% respectively.
- ✓ 102% of the targeted children under 5 reached through the GMP services as well as 88% children received BSFP and 96% E-voucher Programme as well as 90% PLW are receiving BSFP service every month. Nearly 50% of mothers, PLW and caregivers of children received IYCF messaging and counselling as of March 2025.
- ✓ Admission trends for SAM and MAM slightly decreased from February to March but increased by 22% & 24% respectively in 2025 compared to the same period (January to March) in 2024. For MAM PLW, the admission trend increased by 31% compared to the same period in 2024. New arrivals, population growth, and other variables, such as cuts from many sectors which have an adverse effect on nutrition, might be the causes of this increase. The decrease of SAM and MAM from February to March this year is because of the advance distribution of supply in February due to Eid vacation and handover of 10 sites to Friendship.
- ✓ Younger children are more prone to malnutrition. A higher number of children under 2 years of age were admitted to the treatment programme compared to children over 2 years. 69% and 54% of children under two years of age were admitted as SAM and MAM respectively while the admission by gender disaggregation has no major differences.
- ✓ In both OTP and TSFP programme, around 30% of children are admitted using only MUAC criteria, around 55% of children admitted through only WFH and 15% admitted by both MUAC and WFH criteria.
- ✓ In the SAM KPI, the cure rate as of March 2025 stands at 93.51%, compared to 93.23% in February 2025. Similarly for MAM, the cure rate is 99.37% in March 2025 compared to 99.36% as of February 2025.
- ✓ However, the average weight gain (AWG) for both SAM and MAM cases remains below standard, 3.20 g/kg/day and 1.82 g/kg/day respectively. The average length of stay for SAM children was 69.61 days and for MAM children it was 64.53 days.
- ✓ Non responder for OTP and TSFP programme is 5.78% and 0.48% respectively.
- ✓ The trend of SAM children with medical complications (SC) decreased 25% from February to March this year within NS partners. Overall, 28% of SC target reached 16% from NS partners and 12% from MSF).
- ✓ Through the deworming campaign (13-17 April), 105,804 children aged 24–59 months (49 per cent girls) received deworming tablets, achieving 108% of the target (97,950 children) while 158,506 children aged 6–59 months were screened for malnutrition using MUAC, covering 97 percent of the target (163,155 children).
- ✓ 60,400 pregnant women and caregivers of young children received tailored IYCF counselling and messages through the campaign.
- ✓ The campaign also successfully reached newly arrived refugee children. A total of 9,632 (4,925 boys and 4,707 girls) children were screened as new arrivals and 6,408 children received deworming tablets although UNHCR BIE of new arrivals shows a total of 22,120 children under five years of age as of 1 May 2025. NS IMO agreed to compare the new

arrival data with UNHCR BIE and deworming campaign figures at camp level and share with partners for the purpose of tracking.

Update from TWG

● CMAM TWG

- ✓ A meeting will be called next week to finalize the piloting exercise of WHO guideline recommendations on ration size and discharge criteria. The decision from the TWG will be sent to SAG for approval and the TWG is hopeful to roll out this decision from July 2025.
- ✓ SCI proposed to open a new SC in camp 21. The TWG will review the proposal in the upcoming meeting and will act accordingly.
- ✓ The TWG is also analyzing the possible reasons for high LOS and poor AWG.
- ✓ GK was also requested to share the WHO piloting database for analysis with CMAM TWG lead and co-lead otherwise it will not be possible to come up with a final decision. If there are any issues of data regarding the handover from WVI, then a bi-lateral discussion can be made.

● IYCF TWG

- ✓ The TOR and 2025 workplan for the TWG was shared with the members for review and feedback if any.
- ✓ Based on the national IYCF guideline, a context-specific SOP for IYCF-E interventions will be prepared. A new home-visit checklist for volunteers will be developed, and the CMAM checklist will be reviewed and updated to include items on responsive feeding, SBCC, and mother-to-mother support group sessions.
- ✓ A discussion about the harmonization of ECCD and PSS programming across INF has also taken place. UNICEF supported camps received training while UNHCR supported camps yet to receive the training, guideline, reporting and record keeping documents.

● AIM TWG

- ✓ An adhoc AIM TWG meeting will be conducted followed by this coordination meeting today to update on the IPC AMN exercise conducted from 16 to 23 April 2025 in Cumilla district.
- ✓ The classification was distinguished by Rohingya camps, host communities in Ukhia and Teknaf (JRP area), and other upazillas of Cox's Bazar district. Bhasanchar were also taken into consideration. PIN was also calculated for the classification which will be presented in the adhoc meeting for validation.
- ✓ The TWG is also planning a detailed meeting where assessment calendar and other aspects will be discussed.
- ✓ The Lead and Co-lead also attended the orientation session conducted by the Sector to familiarize the common platform including mailing list, drive link etc.
- ✓ The questionnaire for the Anemia study has been shared with the partners for review and comments if any by agreed timeline.
- ✓ Data collection for the MICS survey has started and is expected to be completed by June 2025 and the final report by the end of the year.
- ✓ The NCA draft report was shared with the respected focal points including Food Security and livelihood, WASH, Heath, MHPSS, Gender for review and feedback. There will be two workshops on the final findings on 20 May and 27 May online and face to face respectively. The invitation has been shared by the Sector already.

Nutrition Supply and funding status

- ✓ NS appealing partners has received USD 23.3M (51.9% of total USD 44.9M requested for JRP 2025) with a commitment of USD 9.2M (20.4% of total requested) keeping the gap of USD 12.4M (27.7% of total requested) as of March 2025. However, the prevention activities still require USD 8.1M whereas the treatment activities still require USD 3.2M to fill the gap and continue the life savings assistance.
- ✓ UNICEF reported that there is no supply gap for 2025. However, WFP has some gap at the last quarter of 2025 especially Super Cereal Plus. This is also important to keep in mind that most of the nutrition supplies are procured from outside of the country, which requires at least 6 months to reach and distribute at the camps. For example, if there is supply gap in the first quarter of 2026, nutrition sector partners require funding confirmation by the donors in mid-2025 to be able to distribute those supplies from January 2026.

SAG meeting update and discussion on way forward (SENS 2024)

- ✓ Based on AIM TWG recommendation, the SAG decided not to validate the SENS data for 2024. So, the SENS 2024 report will not be published under the umbrella of the Nutrition Sector.
- ✓ NS coordinator also requested TWG to advise and explore whether to conduct a rapid assessment or full assessment or revised caseload based on existing programme data.

INF structure assessment 2025

The INF Structure Assessment 2025 was presented during the meeting. Data was collected in February 2025, covering several aspects including INF area, renovation needs, accessibility, rent payment, WASH facilities, and power supply. The following key findings were shared:

- According to the most recent approved standard by SAG, each INF should have a minimum area of 900–1000 sqm. However, only 8 INF currently exceed 1000 sqm in area, while 9 INF are under 300 sqm. Additionally, 11 INF layouts are not standardized or not fully aligned with Sector recommendations.
- Out of 45 INF assessed, 35 require renovation ranging from minor to major works. Partners highlighted that Camp 1E Site 1 poses a high risk and requires renovation, while Camp 10 Site 2 requires relocation as it has severe landslide issue.
- Six INF face accessibility issues due to their hilltop locations, and 9 INF are not adequately accessible for persons with disabilities.
- Twenty facilities are operating in rented spaces, with an estimated annual rental cost of approximately USD 56,000. Partners have requested a breakdown of costs by implementing partners. NS will circulate the revised presentation to all partners.
- Six INF rely on purchasing drinking water from vendors based in Teknaf. Additionally, 9 INF use separate water sources for drinking and general purposes.
- Six INF lack gender-specific toilets. Of the 39 INF with gender-segregated washrooms, 23 do not have sufficient spacing between male and female facilities. Furthermore, 34 out of 45 INF lack disability-friendly toilet facilities. The NS will follow up with partners regarding the functionality of toilets reported in the assessment.
- Among the 21 INF facilities that rely solely on solar power, 11 reported issues with inadequate supply or malfunctioning solar systems.

New Initiatives/challenges (Partners update)

- ✓ The Nutrition Sector is very open to discuss on Health and Nutrition Integration further although there were a couple of discussions with the Health Sector. The definition of integration and co-location varies from person to person. From the cost efficiency point of view, camp 11 integration of health and nutrition facility is NOT an ideal example because there was no reduction in cost at all compared to other health and nutrition

facilities which are not co-located. NS will be very happy if health partners can manage some of nutrition activities i.e., Stabilization Center (SC) in health facility without additional human resources.

- ✓ Camp 10, Site 2 is under risk of a landslide as it is situated at the top of the hill which needs to be relocated urgently. There is one IOM health post nearby which is closed. The partner with the support of UN agencies will be liaising the CiC to shift to former IOM facility.
- ✓ Mobile network and internet connectivity is an issue in some of the camps. Initially there were some Wi-Fi connections at the INF installed by ETS sector but due to abolition of the ETS Sector, maintenance of those routers became a challenge and getting new connectivity is far away from reality. NS to liaise with WFP to get support for NS partners, if any. Otherwise, this matter will be discussed at ISCG level.
- ✓ There are some returnees from Bhasanchar who are currently staying in Cox's Bazar camps and are not willing to go back. Partners ask if we need to provide services to these populations. Like as new arrival NS advised providing services as nutrition is one of the critical life saving assistance.

AOB

- ✓ HI are in the process of hiring an international consultant to analyze the ST based on what they will plan for future expansion. They also introduce another new colleague named Dr. Sadia Afroz who will be coordinating the Stimulation Therapy (ST) activities with Nutrition Partners replacing Kaniz Fatema.

Summary Action Points

Action points	Focal point/agency	Timeline
Compare the new arrival data with UNHCR BIE and deworming campaign and share with partners.	NS IMO	By this week
GK to share the WHO piloting database for analysis to CMAM TWG lead and co-lead.	GK	ASAP
To follow up with the respective partners on the colocation of health facilities and the functionality of WASH facilities as reported in the INF Structure Assessment, and to share the final analysis with all partners.	NS	ASAP
NS to liaise with WFP to get support on Wi-Fi connectivity at the INF if any. Otherwise, this matter will be discussed at ISCG level.	NS	ASAP
Separate agenda will be taken discussing the challenges faced by the partners reaching out the New arrival children at camps	NS	Next Coordination Meeting

Closure: Nutrition Sector is grateful to all nutrition partners for their active participation and contributions. The meeting ended at around 12:30 p.m., and the next meeting will be held on Monday 26 May 2025 from 10.00 AM to 12.30 PM.

Annex 1:
List of Participants:
In person:

Nutrition Sector Coordination Meeting



Date: 06 May 2025

Name	Sex	Designation	Organization	Contact No.	Email	Signature
Mohd Mostakim Ali	M	IMO	NS	0172446708	mmostali@unicef.org	[Signature]
Rajib Kumar Kundu	M	PPD-Nut	WFP	01822896185	rajib.kundu@wfp.org	[Signature]
Mahabubul Haqun	M	PPD-DA	WFP	0171302908	mahabubul.haqun@wfp.org	[Signature]
Md. Ashikulla	M	PPD-Nut	WFP	01766695486	mohammad.ashikulla@wfp.org	[Signature]
Fatama Karim	F	Gr. Project manager	HI	01711200157	f.karim@hi.org	[Signature]
ZIANUR RAHMAN	M	Deputy Director	SHED	01737-065702	Zianurshed@shed.org	[Signature]
Sadia Islam	F	Coordinator Nutrition	SCI	01886786399	sadia.islam@savethechildren.org	[Signature]
Dewan White Nkhona	M	Nutrition Specialist	UNICEF	01847329232	white@unicef.org	[Signature]
JECINIEY DIKETCH	F	Nutrition MENTOR	UNICEF	01701202810	jdiketch@unicef.org	[Signature]
Kibrom Tefasale	M	NS Coordinator	NS	01701208902	ktefasale@unicef.org	[Signature]

Nutrition Sector Coordination Unit, Cox's Bazar, Bangladesh

Nutrition Sector Coordination Meeting



Date: 06 May 2025

Name	Sex	Designation	Organization	Contact No.	Email	Signature
Md. Mahubur Mureshed Khan	M	Sr. Nutrition & FS Associate	UNHCR	01860621721	khanmd@unhcr.org	[Signature]
Nura Nusrat Jahan	F	Programme Specialist	Concern world wide	01844822826	nura.nusrat@concern.net	[Signature]
Dr. Tarmora Sadween	F	Program officer- RMNCAH	WHO/HS	01701208822	sadween@who.int	[Signature]
Md. Lalon Miah	M	IMO	UNICEF	0174422293	mlmiah@unicef.org	[Signature]
Md. Zahidul Manir	M	NO	UNICEF	01819522545	mmanir@unicef.org	[Signature]
Dr. Sadia Afroz	F	TSRH	HI	0632467166	s.afroz@hi.org	[Signature]
Dr. Kamrun Nahar	F	Medico Support	MSF		msfj-bangladesh-medico-support@patis.msf.org	[Signature]
Md. Arifal Khatun	M	Nut coord	GTK	01717657024	nutri_coord@gtk.org	[Signature]

Nutrition Sector Coordination Unit, Cox's Bazar, Bangladesh

Online participants:

Name	Org	Email
Hasan Morshed	Friendship	hasanmorshed@friendship.ngo
Md. Habibur Rahman	Friendship	habibur7065@friendship.ngo
Suparna Das Toma	NS	stoma@unicef.org

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