

# NS COORDINATION MEETING

NS Coordination Office/Virtual | 26 May 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, Friendship, GK, MSF, SCI, SHED, UNHCR, UNICEF, WFP and WVI.  
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 May on 26 May 2025. With a quick introduction, the main agenda of the meeting was started.

### Agenda

1. Review of previous meeting minutes
2. IM Update
3. Update from AIM/CMAM/IYCF TWG
4. Discussion on challenges (Reaching New arrival)
5. Health and Nutrition Integration update from Task force
6. Update on Rationalization
7. WVI Presentation on NFI support to SAM and MAM
8. New Initiatives/challenges (Partners update)
9. AOB
  - ✓ SAG Membership
  - ✓ Reminder about ERP review and finalization

### 1. Reviewing action points of the previous meeting:

SL	Action points	Focal point	Timeline	Status
1	Compare the new arrival data with UNHCR BIE and deworming campaign and share with partners.	NS IMO	By this week	Completed
2	GK to share the WHO piloting database for analysis to CMAM TWG lead and co-lead.	GK	ASAP	Completed
3	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	Completed
4	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	Ongoing
5	Separate agenda will be taken discussing the challenges faced by the partners reaching out the New arrival children at camps	NS	Next Coordination Meeting	Completed

### Discussion on Action Points-

- ✓ The Nutrition Sector (NS) has communicated with WFP regarding Wi-Fi connectivity in the Integrated Nutrition Facilities (INFs). WFP clarified that the existing connectivity was installed specifically to support the nutrition-sensitive e-voucher program and has limited capacity, primarily for daily data uploads. For INFs without on-site connectivity, staff currently upload

the data by taking tablets to offices where internet connectivity is available. WFP is coordinating with its IT department to sustain support for the ongoing intervention. If increase in connectivity required by any partners, WFP can communicate with IT department to facilitate the support.

## 2. IM update as of April 2025

- ✓ As of April 2025, 29% of SAM target, 32% of MAM U5 and 34% of MAM PLW reached. IFA for PLW and Adolescent reached 43% and 79% 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. 69% of mothers, PLW and caregivers of children received IYCF messaging and counselling as of April 2025.
- ✓ Admission trends for SAM and MAM slightly decreased from March to April but increased by 19% & 20% respectively in 2025 compared to the same period (January to April) in 2024. For MAM PLW, the admission trend increased by 32% 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 March to April this year is possibly because of the 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. 67% and 53% 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 OTP programme, 32% of children are admitted using only MUAC criteria, 55% of children admitted through only WFH and 12% admitted by both MUAC and WFH criteria while in TSFP programme, 27% of children are admitted using only MUAC criteria, 58% of children admitted through only WFH and 14% admitted by both MUAC and WFH criteria. Relapse in both programme is 1%.
- ✓ In the SAM KPI, the cure rate as of April 2025 stands at 93.12%, compared to 93.51% in March 2025. Similarly for MAM, the cure rate is 99.27% in April 2025 compared to 99.37% as of March 2025.
- ✓ However, the average weight gain (AWG) for both SAM and MAM cases remains almost static, 3.15 g/kg/day and 1.79 g/kg/day respectively compared to previous. The average length of stay for SAM children was 70.25 days and for MAM children it was 64.18 days.
- ✓ Non responder for OTP and TSFP program is 6.13% and 0.61% respectively.
- ✓ The trend of SAM children with medical complications (SC) increased from March to April this year within NS partners. Overall, 36% of SC target reached 20% from NS partners and 16% from MSF).

## 3. Update from TWGs

### • CMAM TWG

- ✓ In the last CMAM TWG meeting, UNICEF presented the results of the piloting of the WHO SAM treatment recommendation across three scenarios. Following the presentation, an open discussion was held regarding the adaptation of the recommended changes, especially on the RUTF ration size. Final decision will be raised to SAG for endorsement.
- ✓ UNICEF analyzed data from 1,926 SAM children in OTPs across 16 camps (July–Dec 2024) and reviewed global/national guidelines related to AWG. Bangladesh's national CMAM guidelines recommend an AWG of  $\geq 5$  g/kg/day for successful recovery in outpatient settings. Similarly, FANTA guidance suggests an AWG of over 4 g/kg/day for cured discharges in outpatient care. According to recent global evidence including publications in the Lancet, findings show that field-level AWG often falls below 4 g/kg/day. In Cox's Bazar, due to challenges like illness, low food intake, and caregiver adherence

make achieving ideal AWG targets in OTPs particularly challenging. The group agreed to develop a one-pager to guide stakeholders on realistic weight gain expectations.

- ✓ SCI proposed establishing a new Stabilization Center (SC) in Camp 21. TWG members shared feedback on the proposal. SCI is currently revising the proposal and the update will be shared in the next meeting.
- ✓ CMAM TWG developed and shared the Eid holiday distribution strategy with implementing partners.

#### ● 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.

#### ● AIM TWG

- ✓ The Nutrition Causal Analysis (NCA) Uptake Workshop is scheduled for 27 May 2025, engaging all sectors and working groups. The key objective is to develop actionable recommendations, and an implementation plan based on the contributing risk factors identified in the analysis. AIM TWG has requested active participation from all Nutrition Sector partners to ensure a successful event.
- ✓ AIM TWG is planning a meeting to finalize the nutrition assessment calendar, address sector-wide data gaps, and plan on the timeline and preparations for the 2025 Nutrition Survey.
- ✓ Partners were updated on the progress of the Anemia Causal Analysis. With support from implementing partners, the cluster mapping has been completed, and the questionnaire has been finalized and endorsed by the Nutrition Sector. RISE International, in partnership with Mitra Association, will lead the study. Training is planned for June 2025, following Eid, with data collection to commence thereafter. AIM TWG will provide support at all stages if needed.
- ✓ The Nutrition Sector has recommended that AIM TWG initiate work on revising the 2025 JRP targets by forming a task force. This will support the development of targeted advocacy messages for the second quarter.
- ✓ Nutrition Sector requested to share the work-plan of all TWG (April 2025-March 2026) within 5<sup>th</sup> June 2025.

#### Discussion on challenges (Reaching New arrival)

- ✓ Partners discussed the challenges in reaching the full number of new arrivals as reported by UNHCR's BIE, highlighting several factors that are impacting coverage-
  - Some new arrivals are residing outside the camp boundaries, making it difficult for nutrition volunteers to reach them, as they fall outside designated catchment areas.
  - During the registration process, some individuals from host communities living near the camps were mistakenly registered as new arrivals, inflating the reported beneficiary numbers.
  - Frequent movement of new arrival beneficiaries between camps further complicates efforts to conduct consistent screenings.
- ✓ NS will coordinate with other sectors to verify whether they are encountering similar challenges.

#### Health and Nutrition Integration update from Task force

- ✓ The task force has already drafted a checklist, and the Health Sector plans to carry out assessments across all health facilities. The Nutrition Sector has contributed additional questions to the checklist to help explore potential areas for integration between the Health and Nutrition sectors.
- ✓ As part of the assessment, the task force is advised to visit at least two INF (one co-located with a health facility and another operating independently) to gain a comprehensive understanding of nutrition program operations. Nutrition Sector focal points within the task force will represent the sector during these joint visits.
- ✓ The integration initiative is driven by the goal of reducing costs. The task force will evaluate which activities could be absorbed using existing human resources. The Nutrition Sector has expressed full support for this process and has requested the Health Sector to share the proposed timeline for the joint visits.

Following the completion of the task force's final report, a joint workshop will be convened with the Health and Nutrition sectors to make a final decision on integration. We hope the TF to finalize the report and recommendations by the end of June 2025.

### Update on Rationalization

- ✓ ISCG has requested all sectors to discuss rationalization strategies with a focus on cost-efficiency during the meeting scheduled for 29 May 2025. NS updated partners on several proposed measures that will be discussed in the meeting:
  - Integration of SC with Health Sector.
  - Health and Nutrition Integration from Rationalization and cost-efficiency lens.
  - Reduced ration size for SAM children without complication based on the successful piloting result of WHO 2023 recommendations.
  - For BSFP preventive activities, exploration of alternative ration options.
  - Only PSS screening can be conducted at the INF level and referral to PHC or GBV center for MHPSS services.
  - Reduced number of Cooking Demonstration Promoters, with one promoter assigned for two INFs to conduct the sessions.
  - Discontinuation of the CFM due to the lack of relevant complaints and the very low volume of submissions. Besides, there are also multiple CFM mechanism across all camps, so nutrition beneficiaries can use an alternative CFM platform within the camp.
- ✓ NS will convene a SAG meeting with NS partners on 3<sup>rd</sup> June 2025 to further deliberate on the rationalization proposals.

### WV Presentation on NFI support to SAM and MAM

- ✓ World Vision (WV) is currently implementing a child protection project in camp and proposing to collaborate with nutrition partners to address malnutrition issues. WV requested NS to consider the scope to give in-kind support to the nutrition beneficiaries based on the number of MAM & SAM children or to those family. NS asked for a brief introduction of the proposal by WV in the NS coordination meeting to discuss the issue with NS partners. WV presented the following key points-
  - The project is titled "Joining Forces for Food Security and Child Protection in Emergency (JF-FS-CPiE)", and is currently being implemented in six Rohingya camps (1E, 1W, 8E, 13, 15, and 16) and two host communities (Ratnapalong and Palongkhali), targeting vulnerable children and adolescents, as well as their parents and caregivers.
  - The goal of the project is to enhance the protection and well-being of girls and boys in emergency settings through lifesaving, gender-sensitive, and inclusive interventions focusing on child protection and nutrition-sensitive food security.
  - Under this initiative, WV is proposing to implement the following activities:

Activity	Covered Topics	Target Group
PSS & Life Skills Session	<ul style="list-style-type: none"> <li>• Healthy Diet &amp; Lifestyle</li> <li>• Diversified &amp; Balanced Diet</li> <li>• WASH, Early/Forced Marriage</li> <li>• Nutrition Risk, Malnutrition</li> </ul>	Child & Adolescent
Positive Parenting Session	<ul style="list-style-type: none"> <li>• Nutrition Risks, Malnutrition</li> <li>• Protection, Care</li> <li>• Balanced Diet</li> <li>• WASH &amp; Hygiene, Early/Forced Marriage</li> <li>• Aspect on Malnutrition</li> </ul>	Parents/ Caregiver of Child & Adolescent
In kind & NFI Support	Case management assessment and provision of NFI support (soap, clothes, blankets, dignity kits, etc.) based on needs.	Vulnerable Individuals/Families of MAM/SAM Children & Adolescent
Emergency Relief	Through referral	Serious medical condition (including serious injury), Child Mother, Separated children, Unaccompanied children

- WV also plans to provide orientation sessions for nutrition actors in the targeted camps to help them identify high-priority child protection cases eligible for the proposed support.
  - Additionally, WV is seeking support with IEC materials such as flashcards, to use during nutrition-related sessions.
- ✓ NS partners raised questions regarding the selection criteria for Non-Food Item (NFI) distribution, indicating the need for further discussion. NS recommended that WV share the project's operational guidelines, allowing NS partners to review and provide feedback.
- ✓ Since key details such as overall project targets, duration, specific selection criteria, referral system mechanisms, and adherence to the 'Do No Harm' principle when offering incentives to malnourished children were not included in the initial presentation, NS partners emphasized that these aspects require further clarification and dialogue.

### New Initiatives/challenges (Partners update)

- ✓ WFP is currently developing a new nutrition prevention strategy aligned with the updated WHO guidelines. As part of this strategy, WFP plans to phase out the use of Super Cereal (SC) and Super Cereal Plus (SC+) for the prevention of malnutrition in both pregnant and breastfeeding women (PBW) and children aged 6-23 months. For children, SC+ will be replaced with lipid-based nutrient supplements (LNS), while for PBW, a nutrition-sensitive e-voucher approach will be introduced. WFP will deliver a detailed presentation at a later stage to explain the implementation modality, nutritional content, and expected outcomes. The new approach is scheduled for rollout in 2026.
- ✓ WFP also discussed with partners the ongoing concern of nutrition supply being sold, an issue of heightened importance amid current funding constraints. In response, WFP is introducing several control measures, including:
- Bi-weekly distribution of BSFP supplies
  - Cutting open nutrition packets and transferring contents into containers to discourage resale

WFP also acknowledged the increased workload due to this change in distribution modality. To manage this, it was agreed that complementary services such as health education, anthropometric measurements, Growth Monitoring and Promotion (GMP), and registration will be conducted monthly, while beneficiaries will collect their rations on a bi-weekly basis. Partners agreed in principle with the proposed changes. However, final decisions on the implementation modality will be determined by NS SAG members as per recommendation of the task force. The new approach will be launched following the Eid holidays.



**AOB**

- ✓ **SAG Membership:** The current Strategic Advisory Group (SAG) includes only one international NGO, while the minimum standard requires representation from at least two. The Nutrition Sector (NS) will circulate an email for nomination.
- ✓ **Reminder about ERP review and finalization:** The Emergency Response Plan (ERP) has been developed for NS previously followed by a two-day workshop in 2023 which requires an update in 2025. NS has already shared the draft document with partners for their review and feedback. All partners are requested to provide their inputs, with the final version to be completed by the end of June 2025, followed by a half-day session with all partners to finalize the document.

**Summary Action Points**

Action points	Focal point/agency	Timeline
To share the work-plan of all TWG (April 2025-March 2026)	TWG focal points	5 <sup>th</sup> June 2025.
To coordinate with other sectors to check the number of new arrivals they are covering	NS	ASAP
To convene a SAG meeting with NS partners on rationalization	NS	3 <sup>rd</sup> June 2025
To share the project's operational guidelines, allowing NS partners to review and provide feedback.	WV	ASAP
To circulate an email inviting nominations from international and national/local NGOs to join the SAG as volunteer members	NS	ASAP
To arrange half-day session with all partners to finalize the ERP document	NS	Last week of June

**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 23 June 2025 from 10.00 AM to 01.00 PM.

**Annex 1:****List of Participants:**

In person:

Name	Org	Email
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