

NS COORDINATION MEETING

NS coordination (In person/online) | 25 August 2025 | 10:00 AM–01:00 PM



Meeting Minutes

Chair: Owen White Nkhoma, Nutrition Specialist, UNICEF

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

Participants: ACF, Concern, Friendship, GK, MSF, SCI, SHED, UNHCR, UNICEF and WFP. See Annex I for the list of participants from each organization.

Welcome and Introductions

Owen White Nkhoma welcomed all the participants to the Nutrition Sector Coordination meeting on 25 August 2025. With a quick introduction, the main agenda of the meeting was started.

Agenda

1. Reviewing the action points of the previous meeting
2. Key highlights from ISCG
3. IM Update
4. Update from AIM/CMAM/IYCF TWG
5. Orientation on ECCD new package (UNICEF)
6. Update from the cross-cutting focal points (If any)
7. New Initiatives/challenges (Partners update)
8. AOB
 - ✓ Update on 11 sites supported by UNHCR
 - ✓ Meeting on digitalization update from partners- To agree on the date
 - ✓ Blended training on Nutrition Cluster Coordination
 - ✓ Ad-hoc SAG meeting

1. Reviewing the action points of the previous meeting:

SL	Action points	Focal point	Timeline	Status
1	Formal communication, jointly addressed to Health and Nutrition Sectors, confirming their continued support for SC operations	UNHCR	ASAP	Completed
2	Send an email to Health and Nutrition Sector Coordinators, including pictorial confirmation of the opening of the SC in Camp 21.	SCI	ASAP	Completed
3	Communicate with ISCG to confirm whether NS can be part of ISNA and coordinate with the AIM TWG to identify and finalize relevant indicators for inclusion in the survey.	NS IMO	ASAP	Completed
4	Modify PPT based on suggestions and revised targets	NS IMO	Next meeting	Completed
5	Share proposed methodology of nutrition survey 2025 with Nutrition Sector partners for initial review.	AIM TWG	ASAP	Will be presented in SAG meeting
6	Formal communication with the supporting partners on KTP RC SC immediately to agree on the next step.	GK	ASAP	-
7	Inform NS Coordinator of planned activities and budget that are going to be used in the WBW campaign.	IYCF TWG	ASAP	Completed

8	Convene a meeting to receive updates on digitalization from partners.	NS	ASAP	Discussed in AoB
9	<p>Workshop on comprehensive review of priorities for 2026</p> <p>I. Share proposed activity list for 2026 considering proposed changes in sector due to prioritization</p> <p>II. Share INF caseload/population analysis with partners</p> <p>III. Share a presentation template with partners for presenting the analysis from partners' side</p> <p>IV. Prepare color coded heat map on caseload/population</p> <p>V. Facilitate discussion session on role interaction matrix</p>	<p>-NS (I-IV)</p> <p>-SHED (V)</p>	29-30 July 2025	Completed

Discussion on Action Points-

- ✓ GK opened a Stabilization Center (SC) in KTP RC in June 2025, collocated with the Primary Health Center (PHC) of KTP RC. In July, the PHC was handed over to IRC, leading to the closure of the SC operations. This change occurred without prior information to the supporting partner (UNICEF) or the Nutrition Sector. On 25 August 2025, GK shared an email with the Nutrition Sector regarding the matter, mentioning that they would communicate with UNICEF and IRC regarding the reopening of SC. During the NS coordination meeting, GK proposed relocating the SC to Camp 2W. The CMAM TWG recommended that GK formally inform both the Nutrition Sector and CMAM TWG about this proposal as the proposition was not communicated before. The matter will be reviewed first by CMAM TWG, given the ongoing discussions with the Health Sector regarding SCs. The proposal will be further discussed in the CMAM TWG meeting scheduled for 26 August 2025.

2. Key highlights from ISCG

- ✓ The Nutrition Sector is participating in ISNA 2025. Indicators have already been shared with ISCG, and data collection is ongoing, expected to be completed by the first week of September 2025. Following this, respective sectors will analyze the data analysis and prepare reports. AIM TWG was requested to remain standby to do the same for Nutrition starting from the 2nd week of September 2025.
- ✓ ISCG is also conducting a camp-level severity analysis. While severity across camps appears to be largely similar for the Nutrition Sector, still NS will need to provide a few indicators derived from secondary data for this analysis. Respective sectors will set the standard/ cut off point for their severity.
- ✓ ISCG has initiated the JRP 2026 planning process, mainly on the estimation of the budget as per need and setting a ceiling. The discussion is ongoing and will be updated/shared with the final recommendations once finalized soon. However, two major focus areas have been identified and recommended:
 - Ensuring one or two partners are present in each camp (a practice already followed by the Nutrition Sector).
 - Harmonizing operational costs between national NGOs, international NGOs, and UN agencies. Since the Nutrition Sector has already harmonized unit costs, there are no discrepancies in this matter.

3. IM update as of July 2025

- ✓ The IM update has been updated based on the revised target for 2025 endorsed by AIM TWG.
- ✓ As of July 2025, 49% of SAM targets, 50% of MAM U5 and 54% of MAM PLW reached. IFA for PLW and Adolescent reached 62% and 82% respectively.

- ✓ 95% of the targeted children under 5 reached through the GMP services. 100% children U2 and 95% PLW receive BSFP while 93% of children O2 receive e-vouchers every month. 70% of mothers, PLW and caregivers of children received IYCF messaging and counselling as of July 2025.
- ✓ Admission trends for SAM and MAM sharply increased from June to July (highest admission in 2025) and increased by 14% and 12% respectively for SAM and MAM in 2025 compared to the same period (January to July) in 2024. For MAM PLW, the admission trend increased by 22% compared to the same period in 2024. New arrivals, population growth, and other variables, such as funding cuts in sectors which have an adverse effect on nutrition, might be the causes of this increase.
- ✓ Younger children are more prone to SAM. A higher number of children under 2 years of age were admitted to the treatment program compared to children over 2 years. 64% of children under two years of age were admitted as SAM while the admission by gender disaggregation has no major differences. For MAM children, admission by gender and age disaggregation has no major difference.
- ✓ It was also analyzed and found that previously female children were more prone to malnutrition although the difference is reducing which makes male and female admission ratio for both OTP and TSFP programme 50:50. On the other hand, although it was found that the younger children are more prone to SAM, but the deference between under 2 years and over 2 years is reducing. This year 64% of children were under 2 years of age which is the lowest in the last couple of years.
- ✓ In OTP program, 30% of children are admitted using only MUAC criteria, 57% of children admitted through only WFH and 12% admitted by both MUAC and WFH criteria while in TSFP program, 25% of children are admitted using only MUAC criteria, 60% of children admitted through only WFH and 14% admitted by both MUAC and WFH criteria. Relapses in both programs is 1%.
- ✓ Double the children in both OTP and TSFP programme are identified through WFH criteria. So, simplified protocol of using only MUAC may have huge impact on identification and hence treatment of acute malnutrition.
- ✓ In the SAM KPI, the cure rate as of July 2025 stands at 92.50%, compared to 92.65% in June 2025. Similarly for MAM, the cure rate is 99.20% which was same in June 2025.
- ✓ However, the average weight gain (AWG) for both SAM and MAM cases are 3.10 g/kg/day and 1.75 g/kg/day respectively. The average length of stay for SAM children was 70.49 days and for MAM children it was 63.94 days. Average weight gain and average length of stay of such is common in this response. As per the latest contextualized data driven guideline developed by CMAM TWG this year, SAM AWG is under the acceptable range.
- ✓ CMAM TWG was also requested to prepare similar contextualized guideline for TSFP programme as well.
- ✓ Non responders for OTP and TSFP programs are 6.74% and 0.67% respectively. The **non-responder rate** for OTP is notable—it shows some children didn't improve despite treatment, which may require further investigation (e.g., underlying illnesses, late admission, or poor treatment adherence).
- ✓ The trend of SAM children with medical complications increased from June to July this year within NS partners. Overall, 72% of targets reached (40% from NS partners and 32% from MSF). Partners mentioned that in July, the morbidity was very high, and dengue was declared as an outbreak in camps. NS will collect and analyze data from the relevant sectors (e.g.- health, WASH) and present in the next meeting.
- ✓ IN SC, the default rate is 12.9%. NS emphasized that the reason for this high default rate needs to be explored.
- ✓ 722 SAM, 2,580 MAM children and 313 MAM PLW from new arrival have been treated as of July 2025. Around 12,500 children and 2,500 PBW are receiving the BSFP services each month.

4. Update from TWGs

● AIM TWG

- ✓ The AIM TWG work plan for the 2025 nutrition survey in camps has been finalized. Training is scheduled for the first week of October, followed by data collection until the third week of October. Preliminary results are expected by mid-November, with the final report by mid-December.
- ✓ Key indicators for the 2025 nutrition survey in camps have been discussed and agreed upon. These include malnutrition, morbidity, IYCF, MDD-W, Vitamin A, deworming and IFA, ANC and PNC coverage, and key WASH indicators. Health and WASH-related indicators will be further reviewed and confirmed with the respective sectors.
- ✓ A draft TOR has been shared with AIM TWG members for initial feedback.
- ✓ The revised 2025 PIN has been developed and shared with AIM TWG members.
- ✓ Ongoing support is being provided for ISNA. AIM TWG contributed input on indicators and the questionnaire, which mainly focuses on satisfaction-level questions related to nutrition services. The data collection plan will be shared with partners for necessary support from site supervisors.
- ✓ Preliminary discussions on the NCA launch highlighted the need for further guidance from the Nutrition Sector and lead agencies (UNICEF, WFP, and UNHCR). NS suggested holding the launch virtually, enabling ACF colleagues to participate.
- ✓ UNICEF shared that MICS results currently carried out by Bangladesh Bureau of Statistics (BBS) for camp in the Cox's Bazar are expected by the end of August 2025.
- ✓ Data collection for the Anemia Causal Study has been completed. Preliminary results will be presented to AIM between October and November 2025.
- ✓ Despite all the preparation of AIM TWG for nutrition survey in Q4, 2025, NS proposed to discuss at SAG meeting on 28 Aug 2025 to agree whether to conduct nutrition survey or re-route the budget to fill the gap of priority 1 activity budget (\$4.2m gap). This is because NS has adequate nutrition programme data and secondary data from other sectors for planning purposes though many donors push for an updated GAM rate. MICS result is also expected to come soon.

● CMAM TWG

- ✓ All the INFs are now following the updated Admission and Discharge Criteria. The partners will share an analysis on average weight gain, ration utilization (mainly RUTF) and performance indicators in the next meeting from the outcomes of implementing updated Admission and Discharge Criteria.
- ✓ Child Functioning Module: IYCF-TWG completed a pilot on child functioning module (CFM) and they will present the piloting result to CMAM-TWG in the next meeting. Based on the outcomes and needs, CMAM-TWG will support accordingly.
- ✓ GK is requested to update CMAM-TWG and Nutrition Sector regarding the handover of KTP RC Stabilization Center to IRC.
- ✓ Quarterly Performance Review of CMAM-TWG: The first Quarter Performance of CMAM-TWG will be reviewed in the next meeting.
- ✓ As part of the integration of SCs with the Health Sector, UNICEF is planning to conduct inpatient SAM management training for health sector partners in the first week of September 2025. The training is open to all interested partners.
- ✓ The Nutrition Sector clarified that the maximum number of SCs has already been agreed and finalized. On 10 September 2025, there will be a discussion with all partners who are interested to continue the SC implementation in 2026 from Health Sector and participants are expected to agree on who will be engaged in SC implementation in 2026. While any partner may join the UNICEF training, this does not necessarily mean they will be part of SC implementation in 2026.

- ✓ The taskforce for health and Nutrition integration completed the joint visit and a draft recommendation is shared for further review within the taskforce. The draft report was presented in the coordination meeting to receive feedback from the NS partners and the following key points were discussed-
 - **Integration of SC with IPD of PHC:** As the integration of SC is already agreed, can proceed with the recommendation.
 - **Integrate the MHPSS activities of INF with PHCs:** s PHCs already have human resources for MHPSS counseling and NS will not have PSS counselors in 2026, this recommendation was agreed by partners.
 - **Link maternal n with midwifery services at PHC:** Partners agreed this would provide additional support to beneficiaries in-need alongside in-depth IYCF counseling at nutrition facilities.
 - **Combine community outreach activities for health and Nutrition:** Requires further discussion. UNHCR noted that in some camps, outreach volunteers are already shared between Health and Nutrition when both programs are run by the same partner, which eases coordination. However, there are pros and cons. UNHCR is requested to share a detailed note with NS by 28 August 2025. NS will convene an internal meeting to review the issue before 10 September 2025.
 - **Provide EPI services from Nutrition centers:** If the health sector is supporting the activity with their supply and human resources, NS can support with space in INF considering the coverage. However, this issue will be discussed further at the same meeting.
 - **Nutrition screening and supplementation of PLWs from PHCs:** Not agreed by partners, as this requires additional support and has cost implications.
 - **Integrate IYCF-E services with PHCs:** Partners emphasized that IYCF is a core service for preventing malnutrition. Transferring it to Health Sector midwives may compromise quality and coverage. If additional health staff are hired, cost implications arise, raising concerns over cost efficiency.

Partners stressed the importance of harmonizing definitions of colocation and integration across the sector. The last two recommendations could be feasible only if Health and Nutrition facilities are co-located. Partners also mentioned that it is essential to consider the full package of services rather than isolated activities.

● IYCF TWG

- ✓ The workplan of IYCF-E Technical Working Group (TWG) for 2025 was finalized and will be shared by IYCF TWG lead to the Nutrition Sector.
- ✓ Reviewing and developing of SOPs on eight thematic areas, including IYCF-E Programming, Complementary and Supplementary Cooking Demos, Health Education Sessions, MTMSG, Adolescent Sessions, NBF Management, and Father Support Groups were ongoing by members of IYCF TWG and will be finalized by next meeting in September.
- ✓ World Breastfeeding Week (WBW) was celebrated across the Rohingya camps under the global theme "Prioritize Breastfeeding: Create Sustainable Support Systems." from 1st–7th August 2025. In collaboration with the IYCF Technical Working Group, implementing partners have organized awareness and community engagement activities to highlight the importance of breastfeeding for child survival, nutrition, limited uses of BMS and climate resilience
- ✓ IYCF TWG lead will call ad hoc meetings with CMAM TWG for mutual understanding of the one pager SOPs of Child functioning module. But CMAM TWG requested IYCF lead and co-lead to join in CMAM TWG meeting and suggested to present the pilot findings on 26 August 2025.

5. Orientation on ECCD new package (UNICEF)

- ✓ Due to the time constraints, the orientation was deferred and is scheduled to be presented at the next nutrition sector coordination meeting.

6. Update from the cross-cutting focal points (If any)

- ✓ Due to time constraints, the update was deferred to the next meeting.

7. New Initiatives/challenges (Partners update)

- ✓ The former Executive Director of SHED passed away on 8 August 2025. A new Executive Director will be joining soon and will be introduced to Nutrition Sector partners.
- ✓ UNICEF highlighted that disability inclusion, particularly within IYCF programs, remains low. Partners are requested to strengthen efforts to improve inclusion.

8. AOB

- ✓ **Update on 11 sites supported by UNHCR:** UNHCR officially communicated that 2 sites (Camp 3 Site 2 and Camp 4 Site 2) will be closed by mid-September 2025. Verbally, they have confirmed support for the remaining 9 INFs until December 2025. The Nutrition Sector is waiting for the official letter regarding the confirmation. However, while this minutes being drafted UNHCR has confirmed via email that they will support nine INFs until 31 Dec 2025
- ✓ **Meeting on digitalization update from partners- To agree on the date:** NS requested AIM TWG to discuss and agree on the date with the partners to update on the digitalization platforms.
- ✓ **Blended training on Nutrition Cluster Coordination:** Nutrition Sector is going to arrange a blended training on "Introduction to nutrition cluster coordination" which will start from 8 September 2025. The objective of this training is to equip Nutrition Sector partners with essential knowledge and skills on coordination mechanisms, advocacy, strategic planning, and implementation to effectively address emerging situations. The training will follow a blended learning approach, combining self-paced online learning on GNC E-learning channel with two instructor led sessions. NS will circulate the nomination request to partners and partners are requested to nominate participants by 28 August 2025.
- ✓ **Ad hoc SAG meeting:** An ad-hoc SAG meeting was scheduled for 25 August 2025 at 12:30 PM. Due to time constraints and prioritization of other urgent agenda items, the meeting was decided to be deferred to 28 August 2025 at 4:30 PM. NS will share the updated meeting invitation to SAG members. The AIM TWG Lead requested all SAG members to come prepared to take concrete decisions, given the limited time available.

Summary Action Points

Action points	Focal point/agency	Timeline
To formally communicate with NS and CMAM TWG regarding the proposition of reopening the SC on camp 2W.	GK	ASAP
Other relevant Sector data to be presented together with our programme data to help explain the observed trends in admissions across OTP/TSFP	NS IMO	Next coordination
Convene a meeting before 10 September 2025 to discuss the health and nutrition integration taskforce recommendations	NS	ASAP
To discuss and agree on the date with the partners to update on the digitalization platforms.	AIM TWG	ASAP
To share the nomination of blended training	NS partners	28 August 2025
To send the updated invitation for the ad-hoc SAG meeting on 28 August 2025	NS	ASAP

Closure: Nutrition Sector is grateful to all nutrition partners for their active participation and contributions. The meeting ended at 01:00 p.m. Next meeting will be held on Monday, 29 September from 10.00 AM to 01.00 PM.

Annex 1:

List of Participants: (In person)

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