

NS COORDINATION MEETING

NS coordination (In person) | 27 October 2025 | 10:00 AM–12:30 PM

Meeting Minutes

Chair: Kibrom Tesfaselassie, Nutrition Sector Coordinator

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

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

Welcome and Introductions

Kibrom Tesfaselassie welcomed all the participants to the Nutrition Sector Coordination meeting on 27 October 2025. With a quick introduction, the main agenda of the meeting was started.

Agenda

1. Reviewing the action points of previous meeting
2. Nutrition Sector Update
 - ✓ Highlights from ISCG
 - ✓ Update on H/N integration and SAG meeting decisions
 - ✓ Prioritization of activities
 - ✓ Technical Working Group
3. IM Update
4. Update from AIM/CMAM/IYCF TWG
5. Update from the cross-cutting focal points (if any)
6. New Initiatives/challenges (Partners update)

1. Reviewing the action points of the previous meeting:

SL	Action points	Focal point	Timeline	Status
1	To formally communicate with NS and CMAM TWG regarding the proposition of reopening the SC on camp 2W	GK	ASAP	-
2	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	Completed
3	Convene a meeting before 10 September 2025 to discuss the health and nutrition integration taskforce recommendations	NS	ASAP	Completed
4	To discuss and agree on the date with the partners to update on the digitalization platforms.	AIM TWG	ASAP	-
5	To share the nomination of blended training	NS partners	28 August 2025	Completed
6	To send the updated invitation for the ad-hoc SAG meeting on 28 August 2025	NS	ASAP	Completed

Discussion on Action Points-

- ✓ GK informed that the proposal to reopen the Stabilization Center (SC) in Camp 2W was initially scheduled for discussion in the CMAM Technical Working Group (TWG) meeting. However, as the TWG is currently non-functional, the discussion has been pending. Additionally, GK management has decided not to proceed with reopening the SC in Camp 2W, considering that only two months remain in 2025 and the area is already covered by other SCs.

- ✓ Regarding the update on the digitalization platform, the AIM TWG informed that the discussion could not take place during the last meeting due to competing priorities. Furthermore, as the program implementation strategy is currently being realigned, the digitalization of the platform is not considered a priority at this stage.

2. Nutrition Sector Update

- ✓ **Highlights from ISCG:** The key discussion point in the ISCG meeting was the JRP 2026 process. The proposed timeline for the JRP was shared during the town hall meeting, with appealing partners requested to submit their project proposals between 2–9 November 2025. However, given the short submission window, ISCG may consider revising the timeline.

Another key agenda item focused on the JRP submission for the Health and Nutrition Sectors. As per the UNRR decision, both sectors will remain separate due to their distinct accountability frameworks. The Nutrition Sector emphasized that, in line with this decision, appealing partners should submit proposals separately to the Nutrition and Health sectors.

However, the Health Sector and ISCG highlighted the need to minimize duplication of activities, noting that both sectors will be operationally integrated in 2026. The proposals are as follows-

- One proposal suggested that all appeals be submitted under the Health Sector, with joint review by both sectors and segregation of activities between sectors in same document. A challenge identified with this approach is that some Nutrition Sector partners lack the mandate to appeal under Health.
- An alternative proposal was to include only the supply budget under the Nutrition JRP, while placing the operational budget under Health.
- Another proposition is to cover the community outreach cost by Nutrition while PHC related cost can be covered by Health for the simplicity of management.

The Nutrition Sector Coordinator reiterated and escalated the sector's position to the lead agency, emphasizing that the JRP for 2026 should remain separate for both operational and supply budgets across the two sectors. The discussion is still ongoing. NS coordinator will communicate with all NS partners with final decisions.

- ✓ **Update on H/N integration and SAG meeting decisions:** Health and Nutrition integration at implementation level is non-negotiable. A draft Health and Nutrition integration strategy is already being shared with the SAG members for review and comment. The document has not been finalized yet.

During the SAG meeting, the proposed list of Nutrition Sector (NS) activities for 2026 and related staffing arrangements were discussed. Partners emphasized that the roles and responsibilities of each PHC staff member contributing to nutrition activities should be clearly defined in the strategy document.

One participant highlighted that the draft strategy mentions seven PHCs with adequate space to accommodate all nutrition activities. Based on this, it was suggested that full integration of nutrition interventions be prioritized in these PHCs. Additionally, the govt of Bangladesh changed the frequency of ANC and PNC visits. As all the PBWs are going to PHCs 8 times during ANC checkups, it is feasible to incorporate the BSFP PBWs in the integrated activity lists.

Partners further raised concerns about limited space within PHCs and inquired about designated areas for nutrition activities. It was acknowledged that a single room would not be sufficient to deliver all planned interventions effectively and maintain quality. Hence, all essential infrastructure and space requirements must be clearly reflected in the strategy document.

Nutrition Sector partners recommended organizing a daylong workshop to finalize the strategy, ensuring a shared understanding of the 2026 activity scope and implementation modality. The NS Coordinator agreed to convene this meeting on 29 October 2025, with a full-day review session. The NS team will circulate the meeting invitation, live document link, and a nomination form for participants' inputs. Each organization is requested to nominate at least two representatives to participate in the review.

The NS Coordination team reiterated that all nutrition partners must be actively involved in the development and review of the strategy. Partners also suggested that once finalized, the strategy should be formally approved by the respective Heads of Agencies.

- ✓ **Prioritization of activities:** According to UNRR, the JRP needs to be as per need. However, due to funding constraints for 2026, ISCG anticipates a reduced allocation for Priority 1 activities compared to 2025. The indicative budgets are as follows:
 - Priority 1: USD 29 million
 - Priority 2: USD 2.6 million

ISCG also shared a glossary of priority definitions, indicating that all prevention and host community activities should fall under Priority 2. The NS IMO will circulate this glossary to all partners. However, the Nutrition Sector maintains that prevention activities should remain under Priority 1, given their critical importance. The NS will communicate this position to ISCG and relevant coordination platforms.

- ✓ **Technical Working Groups:** As per ISCG directives, all Technical Working Groups (TWGs) were deactivated in October 2025. Recognizing the ongoing need for technical expertise on specific issues, it was agreed that TWGs may be restructured into Taskforces. These Taskforces can be activated as needed and convene meetings through the sector coordination office to address technical priorities.

3. IM update as of September 2025

- ✓ As of September 2025, 65% of SAM targets, 66% of MAM U5 and 69% of MAM PLW reached. IFA for PLW and Adolescent reached 88% and 87% 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. 74% of mothers, PLW and caregivers of children received IYCF messaging and counselling as of September 2025.
- ✓ Admission trends for SAM and MAM increased from August to September and increased by 11% and 9% respectively for SAM and MAM in 2025 compared to the same period (January to September) in 2024. For MAM PLW, the admission trend increased by 20% compared to the same period in 2025. 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. The admission trend was triangulated with the health sector morbidity (ARI, AWD, Bloody diarrhoea) trend. Although the case of diseases reduced last month but the SAM and MAM admission increased due to the deworming campaign last month.
- ✓ 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. 65% 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.
- ✓ The trend by only MUAC admission for both OTP and TSFP programme is similar. In TSFP programme 73% of children over 2 years of age admitted through only WFH criteria while in OTP programme it's 56% only. The rate of over 2 children admission by only WFH criteria is much higher in TSFP programme making the admission by age variation null.

- ✓ In the SAM KPI, the cure rate as of September 2025 stands at 92.28%. Similarly for MAM, the cure rate is 99.19%.
- ✓ However, the average weight gain (AWG) for SAM is 3.09 g/kg/day. The average length of stay for SAM children was 69.63 days and for MAM children it was 63.80 days. Average
- ✓ Non responders for OTP and TSFP programs are 6.90% 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 decreased from August to September this year within NS partners. Overall, 99% of targets reached (55% from NS partners and 44% from MSF).
- ✓ IN SC, the default rate is 13.3%. NS emphasized that the reason for this high default rate needs to be explored.

4. Update from former TWGs

- **AIM**

- ✓ As the survey was postponed due to the expectation of MICS survey result which was supposed to be disseminated by 20 October 2025. However, the MICS is not published yet. NS coordinator informed that the issue is escalated to the relevant stakeholder for follow up.
- ✓ Partners expressed the need to receive the PIN and target figures for 2026. To address this, the AIM Taskforce will be activated and will convene a meeting on Sunday, 2 November 2025 to finalize the PIN. Once finalized, NS IMO will share the validated figures with all partners.

- **CMAM**

- ✓ CMAM TWG mentioned that the weight gain threshold were finalized by CMAM TWG. It was agreed during the NS Coordination Meeting that these thresholds will be applied consistently for future report analyses.
- ✓ In 2025, the CMAM TWG reviewed several WHO recommendations. Additional recommendations remain pending for further assessment. To continue this work, the CMAM Taskforce will be activated to review and align these remaining recommendations.

- **IYCF**

- ✓ Review and development 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 completed by members of IYCF. The IYCF taskforce will be activated for the endorsement of the SOPs.

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

- ✓ No updates from cross-cutting issues.

6. New Initiatives/challenges (Partners update)

- ✓ No challenges mentioned by the partners.

Summary Action Points

Action points	Focal point/agency	Timeline
To inform appealing partners regarding the decision on budgeting components (such as supply, operational, community outreach etc.) of JRP 2026 between 2 sectors.	NS coordinator	ASAP
To convene a daylong workshop to finalize the health and integration strategy, ensuring a shared understanding of the 2026 activity scope and implementation modality.	NS	29 October 2025
To convene a meeting for finalizing the PIN and target for 2026.	NS IMO	2 November 2025

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, 24 November from 10.00 AM to 12.30 PM.

Annex 1:

List of Participants: (In person)

Name	Org	Email
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