

# NS COORDINATION MEETING

NS coordination (In person) | 24 November 2025 | 10:00 AM–12:30 PM



## Meeting Minutes

Chair: Kibrom Tesfaselassie, Nutrition Sector Coordinator

Note taker: Mohd Mostakim Ali, IM Officer, NS

Participants: Civil Surgeon, RRRC, 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

Kibrom Tesfaselassie welcomed all the participants to the Nutrition Sector Coordination meeting on 24 November 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 - JRP update
  - ✓ Update on H/N integration and SAG meeting decisions
3. IM Update
4. Task force creation for MMS
5. PHC visits by nutrition managers & site supervisors
6. Update from the cross-cutting focal points (if any)
7. New Initiatives/challenges (Partners update)
8. AOB

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

SL	Action points	Focal point	Timeline	Status
1	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	Completed
2	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	Completed
3	To convene a meeting for finalizing the PIN and target for 2026.	NS IMO	2 November 2025	Completed

### 2. Nutrition Sector Update

- ✓ **Highlights from ISCG – JRP update:** Nutrition Sector appealing partners submitted their nutrition proposal to NS and four projects out of six were approved while the other one project was rejected by the PRT in the PRT meeting on 16 November 2025. Nutrition Sector followed up with all appealing partners to clarify the feedback by the PRT and submitted all the approved final project to ISCG.

This year ISCG has informed that there will be no HPC project submission. IM unit of ISCG and respective sectors will work together to upload the final project in the ISCG Rohingya response platform once the JRP is published.

- ✓ **Update on Health and Nutrition integration and SAG meeting decisions:** Integration of Health and Nutrition at implementation level is MUST as instructed/directed by UNRR. Following that direction, both sectors have started working on this agenda.

NS called a SAG meeting on 12 November 2025 to discuss the reduction of cost for health and nutrition integration. With the integration of services, overall costs are expected to decrease due to shared staffing such as AAP focal points, cleaners, and guards and the elimination of annual expenses for INF infrastructure maintenance and renovation. However, there will be no cost savings from having a common volunteer, as both sectors will maintain their current number of community health workers (CHWs) to meet service scope and household visit frequency requirements. Consequently, additional investment will be needed to upgrade community volunteers from semi-skilled to skilled levels, resulting in a net zero cost-saving from this. Nevertheless, Nutrition Sector managed to reduce cost because of various new initiatives including de-prioritization of activities e.g., replacement of super cereal by LNS for BSFP, reduction of ration size, strengthening of PSS referral to GBV/MHPSS, utilization of in-house capacity, SC integration etc.

SAG members also discussed the minimum requirement to implement the nutrition services within PHC and agreed that there must be at least 3 rooms of 100 sft. to provide quality services and also required at least 1MT of storage capacity. While the full integration including BSFP at PHC is recommended where feasible. Without this minimum requirement from the PHCs, integration may not be feasible unless otherwise instructed by the UNRC/Lead agency.

NS has communicated to participants that its preparedness for integration is transparent and inclusive, actively engaging all NS partners to ensure a smooth transition from INF to PHCC in 2026. However, HS has only requested health partners to allocate one room (or two rooms where feasible) without requiring any further adjustments or layout modifications. Please note that since NS will deploy nutrition staff to PHCC, adequate space is essential for anthropometric measurements, OTP/TFP, and IYCF services. NS is fully committed to integrating these activities without adding extra human resources wherever possible - like Stabilization Center (SC) where the services is being integrated without additional human resources.

The Civil Surgeon and RRRC focal points advised that both the health and nutrition sectors should engage in further discussions to develop a solution. They also recommended adopting a phased approach for integrating health and nutrition services.

### 3. IM update as of October 2025

- ✓ As of October 2025, 72% of SAM, 73% of MAM U5 and 77% of MAM PLW reached against the revised target for 2025. IFA for PLW and adolescents reached 97% and 88% respectively. Based on the comparison of last couple of years, it is expected not to reach 100% of SAM and MAM target as the admission drops in last quarter of each year.
- ✓ 95% of the targeted children under 5 reached through the GMP services. 100% children 06-23 mo age and 96% PBW receive BSFP while 94% of children 24-49-month age receive e-vouchers every month. 80% of mothers, PLW and caregivers of children received IYCF messaging and counselling as of October 2025.
- ✓ Admission trends for SAM and MAM decreased from September to October surprisingly as normally last couple of years peaked in October. However, the overall admission increased by 9% and 6% for SAM and MAM respectively in 2025 compared to the same period (January to October) in 2024. For MAM PLW however, the admission has increased from Sept to October, and the trend increased by 17% as of October 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 overall increase but the drop from September to October is mainly because of the reduction of morbidity in children. The admission trend was triangulated with the health sector morbidity (ARI, AWD, Bloody diarrhoea) trend and was found the case of diseases reduced from August 2025.

- ✓ In the SAM KPI, the cure rate as of October 2025 stands at 92.18%. Similarly for MAM, the cure rate is 99.21%. However, the average weight gain (AWG) for SAM is 3.10 g/kg/day. The average length of stay for SAM children was 69.34 days and for MAM children it was 63.85 days.
- ✓ Non responders for OTP and TSFP programs are 7.05% and 0.68% 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 has started decreasing from July and continues to decrease as of October this year within NS partners. Overall, 123% of targets reached (62% from NS partners and 61% from MSF).
- ✓ IN SC, the default rate is 13.5% which indicates children who **left the program before completion** of treatment. The main reason behind this high default rate is that the mothers don't want to stay in the SC without their other family members including other children.

#### 4. Task force creation for MMS

UNICEF has planned to introduce Multiple Micronutrient Supplementation (MMS) in the Rohingya Response in 2026. NS has agreed that this initiative will be managed through a Task Force (TF) which is why it was requested for the nomination of one staff member from L/NNGOs and one from INGOs to join the MMS Task Force including the UN agencies.

Key objective of MMS TF will be:

- Is MMS required? Aiming to avoid overdosing, if any.
- If provision of MMS is required, then MMS TF is expected to develop SOP or Operational Guideline.

**GK from NNGO and ACF from INGO have expressed their interest in being part of this TF.**

#### 5. PHC visits by nutrition managers & site supervisors

- ✓ NS SAG decided to visit the PHC to start the discussion at the field level and to see the scope of integrating nutrition services at both PHC and community level. Considering the time limitation, It was an important visit for Nutrition to check PHC by PHC as part of preparatory work before the implementation starts in January 2026 and NS informed Health Sector about this visit earlier along with a questionnaire to gather information for decision making.
- ✓ NS also shared the strategy after incorporating NS SAG members inputs, draft operational plan including roll-out timeline with Health Sector although NS is being informed that the HS is sharing the draft strategy with their partners where there is no clear indication of “how” to implement nutrition under PHC.
- ✓ NS acknowledged that an assessment was conducted by HS during our very initial H&N integration discussion when none of the sectors had adequate information and pre-requisites for integration. NS IMO requested that PHC assessment data or report but didn't receive anything from HS.
- ✓ This PHC visit by Nutrition Managers and Site supervisors was not to request/direct PHC managers to give instruction about integration but to start initiating discussion at the field level and information is being shared uniformly. NS is looking for six rooms for full integration, including BSFP where feasible and three rooms without BSFP.

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

- ✓ The PSEA Network coordination team and Nutrition Sector focal have shared the plan and list with all sectors' focal points and have requested follow up with the focal points to ensure that the volunteers joined the training on time. The training has already started from 23 November 2025, and it will continue till 18 December 2025.

## 7. New Initiatives/challenges (Partners update)

- ✓ **ACF study:** ACF has presented a study on a no-product approach for SAM and MAM management in Sylhet and Teknaf, conducted in collaboration with IPHN and NNS, with ethical approval from BMRC. This approach is designed to function even during funding gaps and supply chain disruptions.

With the required collaboration and approvals, the next phase will expand the study to camp and host communities to generate evidence for decision-making in constrained settings.

A dissemination event on the completed research is planned for the first week of December to share detailed findings with stakeholders, in coordination with the RRRC, the CS Office, and the Nutrition Sector.

- ✓ **MUAC and VAS Campaign:** UNICEF, in collaboration with Nutrition Sector partners, is planning to conduct the second round of the Vitamin A campaign with mass MUAC screening in all 33 FDMN camps in Cox's Bazar from 07–11 December 2025. The campaign aims to reach approximately 159,840 children aged 6–59 months with Vitamin A supplementation, and to screen the same number of children for acute malnutrition as part of our ongoing nutrition surveillance.

NS has already started taking necessary steps for Government approval and partners are requested to support as usual.

## Summary Action Points

Action points	Focal point/agency	Timeline
NS will engage in further discussions with HS to reach a consensus on how the implementation process will be carried out.	NS	-
NS to compile and analyses PHC visits by Nutrition Managers and Site supervisors	NS	30 Nov 2025
Sector to follow up with respective camp focal and partners on volunteers PSEA training.	NS	25 Nov 2025
Sector to follow up with Government for VAS approval.	NS	30 Nov 2025

**Closure:** Nutrition Sector is grateful to all nutrition partners for their active participation and contributions. The meeting ended at 12:30 p.m. Next meeting will be held on Monday, 10 December from 10.00 AM to 12.30 PM.

## Annex 1:

### List of Participants: (Online)

Name	Org	Email
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**List of Participants: (In Person)**

Cox's Bazar, Bangladesh  
**NUTRITON SECTOR**

Nutrition Sector Coordination Meeting  
Date: 24/11/2025

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Nutrition Sector Coordination Unit, Cox's Bazar, Bangladesh

Cox's Bazar, Bangladesh  
**NUTRITON SECTOR**

Nutrition Sector Coordination Meeting  
Date: 24/11/2025

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Nutrition Sector Coordination Unit, Cox's Bazar, Bangladesh

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