

# NS COORDINATION MEETING

NS coordination (In person) | 22 January 2026 | 10:00 AM–12:30 PM



## Meeting Minutes

Chair: Kibrom Tesfaselassie, Nutrition Sector Coordinator

Note taker: Md. Lalan Miah, IM Officer, NS

Participants: Concern, Friendship, 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 22 January 2026. 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 (L/N NGO focal point)
  - ✓ Update on H/N integration
3. IM Update
4. Update from the cross-cutting focal points (if any)
5. New Initiatives/challenges (Partners update)
6. AOB

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

SL	Action points	Focal point	Timeline	Status
1	To maintain 40 INF from 2026 as decided by SAG	All Partners	2026	Completed
2	To check the possible reasons behind the low achievement of SAM and MAM children.	All Partners	Next meeting	Completed
3	To reshuffle the schedule of VAS and consider the reserved date if possible so that volunteers can join the PSEA training. Otherwise, considering the number of volunteers who will miss the training, NS will request the PSEA network for another training or will request our UN agency who can support on that.	All Partners, NS	December 2025 (for reshuffle the schedule) Q1, 2026; PSEA network to organize similar meetings in 2026	Completed Awaiting

### 2. Nutrition Sector Update

- ✓ **ISCG Updates**
  - It was informed that in 2026 the ISCG will be renamed as the Rohingya Coordination Platform (RCP).
  - Ongoing discussions within ISCG highlighted concerns that the humanitarian response is largely dominated by UN agencies, with limited representation of local and national NGOs.
  - Discussions are ongoing on ensuring **at least one representative** from local/national NGOs.

✓ **JRP Updates:**

- The JRP is almost finalized and has now been handed over to MoFA.
- The JRP has already been reviewed by the donor community.
- Key budget-related questions were raised by ISCG:
  - P1 budget shows no significant change compared to 2025 (USD 44.9M total; P1: USD 41.7M or 93%).
  - For 2026, a revised budget ceiling of USD 29.9M was discussed.
  - The budget was reduced from USD 44.9M to USD 31.4M, mainly affecting P1.
  - Participants were requested to check the detailed explanation shared by Kibrom via email.

✓ **Update on H/N integration:**

- The Health and Nutrition Integration approach will be implemented through the support of two to three dedicated working groups.
- The Community Health and Nutrition Volunteers (CHNV) TWG will focus on:
  - Reviewing the required number of communities volunteers.
  - Finalizing training documents by mid-February.
  - Conducting training sessions in March.
- Operational guidelines for the integration approach have been drafted.
- Community guidelines are still awaited by the working group.
- Partner's requested NS to share all relevant documents once they are received from the working groups.
- Primary Health Care (PHC) feasibility assessments are currently ongoing and being led by health partners. Upon completion of the Health Sector PHC feasibility assessment, the Nutrition Sector (NS) will:
  - Review of the assessment findings.
  - Conduct joint verification with nutrition assessment teams, including physical field visits in collaboration with health partners.
- Consolidated findings will be shared with NS partners for review and feedback.
- **Stabilization Centers (SC):** At camp 26, PHC is supported by IOM and SC was supported by UNHCR. UNHCR informed us that they will not continue supporting the SC at the end of December. Then we communicated with IOM to increase the HR as the human resources in that PHC is less than the standard staffing of PHC (as of Sectoral guidance). We mentioned that with the limited HR we cannot add SC responsibilities. At least provide us standard HR for PHC so that we can add SC responsibilities. IOM finally informed us that they cannot maintain standard HR due to budget limitation. We also informed HS regarding the situation. After exploring all the possible options (among the HS), we informed NS that we are temporary closing the SC.

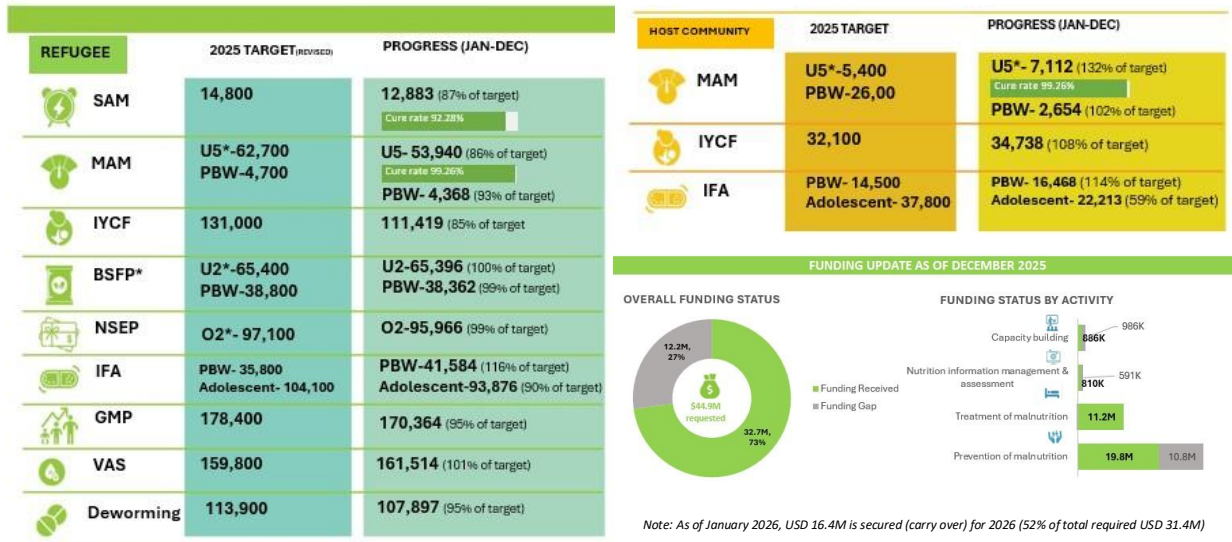
✓ **Camp 26 – SC and PHC Operational Constraints:**

- **Friendship** is currently facing operational constraints, particularly at the **Camp 26 SC**. At Camp 26, Primary Health Care (PHC) services are supported by IOM, while the SC was previously supported by UNHCR. UNHCR has formally informed that they will cease SC support at the end of December. Following this, discussions were held with IOM and Friendship and IOM confirmed that they are unable to provide support due to budget limitations. The Health Sector (HS) was formally informed of the situation. After exhausting all feasible options within the Health Sector, the issue was escalated to the Nutrition Sector (NS).

- ✓ TWGs will be **restructured and renamed as Task-Force–based AIM, CMAM TWGs.**

### 3. IM update as of December 2025

## Summary of Key Results 2025



- ✓ As of December 2025, 87% of SAM, 86% of MAM U5 and 93% of MAM PLW reached against the revised target for 2025. **The key reason for low achievement:**
  - Reduced number of dengue, cholera, ARI, unexplained fever, and AWD in November–December 2025 compared to the previous months may contribute to lower SAM admissions.
  - Closure of three INFs at the end of December 2025 affected staff and volunteer motivation to work which may lead to reduced admissions.
  - Comparatively lower outreach screening and referral of at-risk children particularly in camps where health and nutrition outreach is managed by the same volunteers.
  - Lower-than-expected identification of new arrivals due to population movement, which was factored in target calculation.
  - Early identification of children as MAM through weekly screenings and quarterly mass MUAC screening.
- ✓ The overall admission is increased by 10% and 3% for SAM and MAM respectively in 2025 compared to the same period (January to December) in 2024. For MAM PLW, the trend increased by 18% in 2025 compared to the same period in 2024.
- ✓ In the SAM KPI, the cure rate as of December 2025 stands at 92.28%. Similarly for MAM, the cure rate is 99.23%. However, the average weight gain (AWG) for SAM is 3.12 g/kg/day. The average length of stay for SAM children was 68.79 days and for MAM children it was 63.72 days.
- ✓ Nonresponders for OTP and TSFP programs are 7.03% and 0.67% respectively as of December 2025. The **non-respondent 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 December this year within NS partners. Overall, 141% of targets were reached (70% from NS partners and 71% from MSF).
- ✓ SAM inpatient admission trends increased by 27%\* in 2025 among children 6-59 months compared to the same period (Jan-Dec) in 2024.
- ✓ **IM Update Presentation [Link](#)**

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

- ✓ Gender and GBV: NS emphasized to Increase focus on Gender and GBV, with the need to ensure GBV considerations are adequately addressed across programmes.

**5. New Initiatives/challenges (Partners update)**

- ✓ No new initiatives/challenges were discussed
- ✓ WFP has revised the target group for E-vouchers for children planned for 2026 targeting 24-35 months children which was 24-59 month earlier
- ✓ Nutrition Sector suggested quarterly budget monitoring and forecasting to UN agencies.

**6. AOB**

- ✓ NS partners also discussed the Business Continuity Plan (BCP) for the upcoming election preparedness. Key emergency preparedness measures include pre-positioning supplies for one month at the INF level, advance distribution to beneficiaries, and temporary centre closures from 11–14 February, with reopening planned on 15 February.
- ✓ The CMAM Taskforce was requested to convene a meeting on micro-planning and ensure necessary follow-up actions are implemented after the election preparedness activities.

**Summary Action Points**

Action points	Focal point/agency	Timeline
To share a table summarizing the overall JRP funding status and budget ceilings.	NS	2026
To share all relevant documents once they are received from the three working groups.	NS/TWGs	ASAP
To circulate the PHC feasibility assessment findings to NS partners for review once received from the Health Sector.	NS/Health Sector	ASAP
To convene a meeting on micro-planning and ensure necessary follow-up actions are implemented after the election preparedness activities.	CMAM Task Forced	4 <sup>th</sup> week of January 2026

**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 last week of February 2026 from 10.00 AM to 12.30 PM.

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