

# NS COORDINATION MEETING

NS Coordination Office (In person) | 05 May 2026 | 10:00 AM–01:30 PM



## Meeting Minutes

Chair: Owen White Nkhoma, PhD; Nutrition Sector Coordinator

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

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

### Welcome and Introductions

The meeting commenced with Owen White Nkhoma welcoming participants to the Nutrition Sector Coordination Meeting of April 2026 which was held on 05 May 2026, followed by a brief introduction and transition to the main agenda.

### Agenda

1. Reviewing the action points from the previous meeting
2. Nutrition Sector Update
  - ✓ Update on H/N integration
  - ✓ Pilot of “Common services repair and maintenance in the camps” in camps 14,15 and 16
3. IM Update
4. Nutrition Survey 2026
5. Block sharing among camp 9 and 10
6. Update from the cross-cutting focal points (if any)
7. New Initiatives/challenges (Partners update)
8. AOB
  - ✓ SAG membership
  - ✓ Coordination between SC and INF
  - ✓ Reporting timeline

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

SL	Action points	Focal point	Timeline	Status
1	Convene an orientation session on the PHC verification checklist and agree on submission timelines	NS	ASAP	Discussed in agenda 2
2	Review SC management protocol for OTP-enrolled SAM cases transitioning to MAM with complications and disseminate guidance	NS / CMAM Taskforce	ASAP	Discussed in AOB
3	Liaise with RRRC on SHED's facility rental cost issue	NS	ASAP	Resolved
4	Share measles outbreak updates with partners as available	NS	ASAP	Completed
5	Hold a bilateral meeting on block sharing between Camps 9 and 10	UNICEF, WFP, Friendship, SHED	ASAP	Discussed in agenda 5
6	Submit inputs (success stories, events, updates) for NS Bulletin Q1 2026	NS Partners	7 April 2026	Completed
7	Organize AIM Taskforce session to finalize 4W template and indicator harmonization (Cox's Bazar & Bhasanchar)	NS IMO	31 March 2026	Completed

8	Follow up with partners to confirm feasible timing for April 2026 deworming campaign	NS IMO	ASAP	Completed
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## 2. Nutrition Sector Update

### • Update on H/N integration

- ✓ The integration of the Health and Nutrition Services at health facility level, initially scheduled to commence on 1 April 2026, has delayed due to outstanding issues requiring resolution within the Nutrition sector. Due to the delays and as endorsed by the NS Strategic Advisory Group (SAG) in February, nutrition programmes are still being delivered in INFs until December 2026 with potential to modify depending on the outcomes of the joint assessment/verification exercise to be carried out by the Health and Nutrition sectors. In the interim, both Health Sector (HS) and Nutrition Sectors (NS) will advance the development of a clear integration roadmap.
- ✓ Two key components of integration were highlighted: the **community outreach package** and the **facility-based package**. While the discussions on facility-level integration are ongoing at the management level of UNICEF and WFP, community level integration will continue as planned. To progress community-level integration, a draft integrated CHNW guideline was developed, and the NS was requested to make inputs on a link that was shared by the Community Health Worker Technical Working Group (CHW TWG). It was noted that some members had not made their input and that the CHW TWG had not shared the final version. As the CHW TWG lead, UNHCR has been requested to recirculate the document to Nutrition Sector partners by 5 May 2026 for any remaining inputs and feedback. NS partners are requested to provide comments by 7 May 2026. The CHW TWG will subsequently convene a taskforce meeting to finalize the document, with the final version to be circulated by 14 May 2026. In parallel, community outreach mapping and the associated training package are to be finalized. Furthermore, the CHW TWG is requested to develop a detailed roadmap for capacity-building initiatives for community volunteers, including a clear timeline, given their role in delivering integrated health and nutrition services at community level.
- ✓ As a recap, the NS was reminded that the HS had conducted and completed an assessment of 42 PHCs and the findings were shared with the NS way back in February 2026. The assessment was conducted as both the HS and NS were getting ready to start integration on 1 April 2026. The results of the assessment indicated that integration of health and nutrition services (specifically OTP, TSFP and IYCF) was feasible in 25 PHCs without major challenges by 1 April 2026, feasible with some challenges in 11 PHCs, and not feasible in 6 PHCs. Additionally, integration of BSFP services would be possible in 7 PHCs out of the 25 PHCs by the same timeline. It is noted that this assessment focused on the integration of wasting treatment services (OTP, TSFP, and IYCF) within PHCs. Following conversations between the HS and NS, an agreement was reached to conduct a field level joint verification exercise of the PHCs in readiness for facility level integration. HS confirmed that there will be participation from the same HS PHC assessment team. It was agreed that by 20 May 2026, a joint assessment tool/checklist will be developed, field visit team members will be identified, and the visit modality will be finalized, with a minimum of three teams conducting visits to manageable number of PHCs per day as long as all PHCs are verified by 15 June. An orientation session for the assessment teams will be organized on 7 June 2026 to ensure a common understanding of the checklist and assessment process. Joint field verification visits will take place from 8–15 June 2026, and the final verification report will be submitted to the sectors by 30 June 2026. Results of the joint verification exercise will be used to develop a clear joint (HS and NS) roadmap that will be shared with senior management.
- **Pilot of “Common services repair and maintenance in the camps” in camps 14, 15 and 16:** The SCCCM Sector shared a proposal to pilot a Common Services Management Structure for facility maintenance, addressing current fragmentation across sectors and partners. The model aims to consolidate maintenance of communal infrastructure under a coordinated approach, while maintaining sectoral accountability. The pilot, to be implemented in camp 14, 15 and 16, will assess whether a consolidated approach is more cost-effective and operationally feasible. As implementing partner, SHED is working in these camps. The NS coordinator will reach out to SHED to share further information.

### 3. Key IM update as of March 2026

- ✓ As of March 2026, 21% of SAM, 20% of MAM U5 and 23% of MAM PLW reached against the target for 2026.
- ✓ The overall admission remained same for SAM and decreased 9% for MAM in 2026 compared to the same period (January to March) in 2025. For MAM PLW, the trend increased by 3% in 2026 compared to the same period in 2025.
- ✓ SAM inpatient admission trends has decreased by 56% in 2026 among children 6-59 months compared to the same period (Jan-March) in 2025.
- ✓ In the SAM KPI, the cure rate as of March 2026 stands at 91.50%. Similarly for MAM, the cure rate is 99.54%. Average weight gain (AWG) for SAM is 3.29 g/kg/day is in acceptable range based on the contextualized data driven guideline developed by CMAM TWG in 2025.
- ✓ Average length of stay is 66.74 days for SAM children which is common in Rohingya response but also indicates a bit of higher days under therapeutic programme (30 to 40 days in SPHERE Handbook Standard 2000 & 2004). The average length of stay for MAM children is 64.5 days.
- ✓ Nonresponders for OTP and TSFP programs are 7.67% and 0% respectively as of March 2026. 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). Partners suggested monitoring the non-response rate for OTP carefully as it can demonstrate the effect of changing the RUTF ration size in 2025.
- ✓ 10% and 65% of the PBW and adolescents are reached with IFA respectively. 53% of the targeted beneficiaries received IYCF services. IFA coverage for PBW is low due to shortage of supply in March 2026.
- ✓ 71% of the beneficiaries aged 6-23 months and 88% of the targeted PBW are reached with BSFP services while 29% of children aged 24-59 months received NSEP services. As of March, 85% of the unique children aged 6-59 m were screened. Low BSFP and NSEP coverage is mainly due to limited age-group targeting and funding constraints, with BSFP covering only children aged 6–23 months and no longer supporting children ineligible for NSEP, while NSEP currently targets only children aged 24–35 months.
- ✓ In host community, as of March 2026, 9% of SAM in patient, 23% of MAM U5 and 24% of MAM PLW reached against the target for 2026. 97% of the beneficiaries were reached with GMP. 56% and 26% of the PBW and adolescents are reached with IFA respectively. 13% of the targeted beneficiaries received IYCF services.
- ✓ **IM Update Presentation- [Link](#)**

### 4. Nutrition Survey 2026

- To support evidence-based planning for 2027, the NS is planning to conduct a Nutrition Survey in 2026. Following discussions, the AIM Taskforce has been reactivated and requested to initiate planning. The Taskforce highlighted that the optimal data collection window is June-July, underscoring the need for immediate commencement. It was further emphasized that validated data should be available by October 2026 to inform data-driven JRP planning.
- The AIM Taskforce will convene a meeting by 14 May 2026. The Taskforce has requested guidance from the NS regarding the use of local resources, as agreed in 2025. Considering the importance and experiences from last SENS 2024, the NS will liaise with GNC to seek international technical support. The Taskforce has been requested to share a clear roadmap following the meeting, through which the NS will support accordingly.

### 5. Nutrition Block sharing among camp 9 and 10

In 2025, one of the two INFs in Camp 10 (Site 02) was closed as a part of cost minimization plan and safety reasons. Although block sharing with Camp 9 Site 02 INF was agreed initially, it has not been implemented yet. As a result, Camp 10 Site 01 INF serves all 84 sub-blocks (~7,901 monthly;

359 daily) currently, overburdening the facility, long travel distances for the beneficiaries, delays in provision of services, and congestion. Following bilateral discussions with SHED, Friendship proposed redistributing a few sub-blocks to Camp 9 Site 02 INF, where SHED is the implementing partner. The NS agreed in principle to the proposal. SHED, however, highlighted few operational considerations that would need to be addressed prior to implementation, including government approval/ acknowledgement for serving beneficiaries from other camps, the need for additional volunteers to cover the expanded catchment area, and reporting-related implications. NS suggested addressing the operational issues through bilateral discussions with the respective programme partners to identify practical solutions and ensure continued support. Both Friendship and SHED were also requested to inform the CiCs regarding this change and advise the NS if Cox's Bazar level engagements including RRRC are required.

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

**Update from PSEA focal:** The Cox's Bazar PSEA Network requested data on the number of volunteers who received PSEA training through volunteers trained via the ToT approach. The Nutrition Sector shared the available data, which indicates that the majority of volunteers have already received the training. A few camps are yet to complete the cascade training and have committed to doing so before 15 May 2026. NS will reshare the updated data with PSEA network to confirm that 100% of Rohingya volunteers under the NS have received the training.

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

Beginning on 19 April 2026, WFP introduced a new specialized nutritious food product, Lipid-based Nutrient Supplement, Medium Quantity (LNS-MQ) also known as Plumpy Doz for children aged 6-23 months under the BSFP replacing super cereal Plus, which was previously provided to this age group.

## 8. AOB

- Effective 1 July, 2026, UNHCR will no longer be implementing nutrition programmes at Bhasan Char (BC). UNHCR therefore requested the Nutrition sector leadership to take over nutrition programmes at BC. UNICEF expressed interest to take over the Nutrition programmes at BC and will work with WFP who are already at BC. From the coordination point of view, the Nutrition sector coordinator together with UNHCR, the Health Sector and WFP (who already have operations there) is planning a visit to BC to assess the operational support required and discuss with government on any handover process that may follow.
- **SAG membership:** As the current SAG membership has expired in April-2026, the NS will conduct an election to finalize SAG members for 2026. Prior to the election, partners recommended revisiting the quota of SAG representatives in each category, considering the significant reduction in the number of partners involved in the response. NS will review the GNC guidance on SAG composition and reassess the quota accordingly. NS will also consult with UNHCR in advance, given their complete withdrawal from nutrition interventions in Cox Bazar and subsequently in Bhasan Char by 30 June 2026. Following finalization, nominations will be invited from interested partners, after which the voting process will commence.
- **Coordination between SC and INF:** Partners highlighted several operational challenges affecting effective referral and service uptake from the SC including-
  - ✓ **Transport issue:** Ambulance shortages and fuel scarcity are major barriers. Caregivers are being told to arrange their own transport to SC because of unavailability of ambulances. As one SC often serves multiple camps, beneficiaries are required to travel long distances at their own cost along with the burden of moving children and luggage across camps. This is raising concerns related to accessibility, safety and discouraging service uptake.
  - ✓ **Difference in technical understanding:** Variations in understanding and interpretation of protocols between SC and nutrition partners have resulted in eligible beneficiaries occasionally being refused from the services. This may suggest that there is some technical misunderstanding of the admissions criteria from the PHC staff. In addition, it is reported

that children referred to SC are sometimes treated as general patients at PHCs without feedback to the INF, breaking the CMAM continuum of care.

- ✓ **Long time required for establishment of linkage:** SC hotlines are frequently unreachable or unanswered. These delays often lead to "referral refusal," where caregivers change their minds while waiting for coordination.
- ✓ **Coordination & Conduct:** When caregivers leave treatment early, SC staff have occasionally used unprofessional or accusatory language toward INF teams. This friction, combined with caregiver dissatisfaction, discourages future referrals.

NS requested partners to document and share all the challenges which will be compiled and shared with the Health Sector for follow-up and actions will be taken accordingly.

- **Reporting timeline:** Partners raised concerns regarding the monthly reporting timeline to programme partners, noting that the strict reporting deadlines set by UNOCHA. The issue was discussed extensively, and partners were encouraged to address specific concerns through bilateral discussions with the respective agencies to identify feasible solutions.

### Summary Action Points

Action Points	Focal Point/Agency	Timeline
Recirculating the CHNW guideline among partners for review and feedback	CHW TWG/ UNHCR	5 May 2026
Review the CHNW guideline and provide feedback	NS partners	7 May 2026
Share the finalized CHNW guideline along with the updated outreach mapping and training package	CHW TWG	14 May 2026
Develop a joint assessment tool/checklist, identify field visit team members, and finalize the visit modality for the joint PHC assessment	CHW TWG, NS and HS	By 20 May 2026
Conduct orientation for assessment teams on the PHC assessment tool and visit modality	HS and NS	7 June 2026
Conduct field verification visits to PHCs	Assessment team	8-15 June 2026
Submission final PHC verification report	Assessment team	By 30 June 2026
Coordinate with SHED to share the additional information requested by the SCCCM Sector for the pilot initiative in Camps 14, 15, and 16	NS	ASAP
Initiate planning for the Nutrition Survey 2026 and share a roadmap with NS	AIM taskforce	ASAP
Bi-lateral discussion with program partners to identify practical solutions for block sharing issue (camp 9 and 10)	Friendship, UNICEF and WFP	ASAP
Discuss with UNHCR on their membership in SAG given their withdrawal from Nutrition	NS	ASAP
Review and the quota of SAG representatives across categories	NS	ASAP
Compile and share challenges with the Health Sector related to SC referrals and service uptake	NS	ASAP

**Closure:** Nutrition Sector is grateful to all nutrition partners for their active participation and valuable contributions. Next meeting will be held on first week of June 2026 (meeting of May 2026) from 10.00 AM to 12.30 PM.

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

<b>Name</b>	<b>Org</b>	<b>Email</b>
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