NS COORDINATION MEETING

NS Coordination Office (In person) | 11 June 2026 | **10:00 AM–01:20 PM**

Cox's Bazar, Bangladesh NUTRITION SECTOR

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, SHED, UNHCR, UNICEF, WFP 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 May 2026 which was held on 11 June 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
   - ✓ Funding update
   - ✓ ISNA update
3. IM Update
4. Nutrition Survey 2026
5. Update from the cross-cutting focal points (if any)
6. New Initiatives/challenges (Partners update)

1. Reviewing the action points from the previous meeting:

SL	Action points	Focal point	Timeline	Status
1	Recirculating the CHNW guideline among partners for review and feedback	CHW TWG/ UNHCR	5 May 2026	Completed
2	Review the CHNW guideline and provide feedback	NS partners	7 May 2026	Completed
3	Share the finalized CHNW guideline along with the updated outreach mapping and training package	CHW TWG	14 May 2026	Ongoing
4	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	Completed
5	Conduct orientation for assessment teams on the PHC assessment tool and visit modality	HS and NS	7 June 2026	Completed
6	Conduct field verification visits to PHCs	Assessment team	8-15 June 2026	Revised date 15-18 June 2026
7	Submission final PHC verification report	NS	By 30 June 2026	-
8	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	Completed
9	Initiate planning for the Nutrition Survey 2026 and share a roadmap with NS	AIM taskforce	ASAP	Completed

10	Bi-lateral discussion with program partners to identify practical solutions for block sharing issue (camp 9 and 10)	Friendship, UNICEF and WFP	ASAP	Completed
11	Discuss with UNHCR on their membership in SAG given their withdrawal from Nutrition	NS	ASAP	-
12	Review and the quota of SAG representatives across categories	NS	ASAP	-
13	Compile and share challenges with the Health Sector related to SC referrals and service uptake	NS	ASAP	Completed

Discussion on the action points:

- ✓ The CHNW Guideline will be recirculated for final review and comments with the partners who could not review yet. The guideline is expected to be finalized by 18 June 2026. The only outstanding issue relates to determining the number of volunteers per sector, which will be finalized through further discussion between the sectors. The CHNW training package will also be reshared with Nutrition Sector (NS) partners for review and feedback. A meeting is scheduled for 25 June 2026 to finalize the training package.
- ✓ A challenge related to referrals to stabilization centres (SCs) was raised concerning transportation for patients referred from integrated nutrition facilities (INFs) to SCs. The issue had been discussed with Health Sector (HS). In response, HS requested NS to explore options for arranging transportation support during emergency. Following discussion, partners concluded that the NS is not in a position to provide transportation services for referred patients. NS will communicate this decision to the HS and engage in further discussions to identify potential alternative solutions and agree on the way forward.

2. Nutrition Sector Update

- **Update on H/N integration**

✓ Progress and actions undertaken by both sectors regarding health and nutrition integration since 2025 have been regularly communicated and documented in the Rohingya Coordination Platform (RCP). Partners were informed that Health and Nutrition Integration is one of the transformative actions/agendas being tracked by RCP. RCP maintains a dashboard along with the tracker to reflect the overall progress of integration. The same information is also shared with NS partners regularly to ensure transparency and clarity regarding decisions and progress.

✓ It was noted that, progress on health and nutrition integration has been slower than expected from the perspectives of donors and RCP. A meeting will be held on 16 June 2026 in Dhaka with representatives from WHO, WFP, UNHCR, and UNICEF, along with the HS and NS Coordinators, to review the overall integration process and identify areas where senior management may support to accelerate progress.

- **CHW TWG presentation on proposed number of volunteers per sector**

✓ The community health workers technical working group (CHW TWG) presented its proposal on household coverage and the required number of community volunteers following internal consultations with HS.

✓ Based on the proposed integrated package of Health and Nutrition activities, it was estimated that each household visit would require approximately 18-20 minutes. Assuming a 7-hour working day, a volunteer would be able to visit approximately 16 households per day, equivalent to 95-100 households per week over a six-day work schedule.

✓ Based on an estimated caseload of 240,000 households, the proposal projected a requirement of approximately 2,400 volunteers. Given that the Health Sector currently has 1,650 skilled volunteers, the CHW TWG proposed that the Nutrition Sector fill the remaining gap of 750 volunteers. The TWG noted that retaining all existing Health Sector volunteers would be more cost-effective, as they are already skilled and engaged in a broader range of activities, while

Nutrition Sector volunteers are semi-skilled although the educational background across both sectors is similar.

- ✓ The proposed household visit frequency for nutrition activities was bi-weekly, whereas Health Sector activities were planned on a weekly basis. Following an in-depth discussion, partners recommended maintaining weekly household visits aligning the nutrition component with the Health Sector schedule.

- ✓ NS partners recalled that both sectors had previously agreed that the total volunteer requirement following integration would be shared equally between the HS and NS. Consequently, NS partners emphasized that the 50:50 sharing arrangement should be maintained when determining volunteer contributions from each sector. Regarding volunteer capacity, partners noted that volunteers from both sectors would require training on the revised integrated package; therefore, the associated training costs would be comparable.
- ✓ NS Partners also sought clarification on the decision whether the same organizations would be responsible for both outreach activities and PHC services because it was agreed that at least 50% of the camps will have the same partners running the PHC and outreach activities. The CHW TWG focal point responded that this would become clearer during the outreach mapping exercise and emphasized that effective coordination of activities would be the primary consideration.
- ✓ The outreach activities for both sectors need to be carefully reviewed as clearly the time depends on the number of activities that each volunteer will perform. Following the discussion, partners recommended a joint review of the integrated community package to assess whether the proposed 18-20 minutes per household visit would be sufficient to deliver all required health and nutrition interventions effectively.

- **Funding Update[1]:**
  - ✓ NS appealing partners have received USD 25.7M (82% of total USD 31.4M requested for JRP 2026) with a commitment of USD 658K (2% of total requested) keeping the gap of USD 5M (16% of total requested) as of April 2026. However, the prevention activities still require USD 2.6M whereas the treatment activities still require USD 1.9M to fill the gap and continue the life savings assistance.
  - ✓ According to the priority, USD 24.7M is received and USD 544K is committed leaving USD 3.5M gap for 1st priority activity. USD 855K is received and USD 85K is committed leaving USD 1.4M gap for 2nd priority activities. For resilience, USD 145K is received and USD 29K is committed while USD 21K is gap.
  - ✓ NS requested all appealing partners to provide **funding updates on monthly basis** to the Nutrition Sector to facilitate effective resource mobilization and enable timely advocacy efforts when required. WFP informed that they need to discuss internally and inform NS accordingly. Other partners agreed on the proposal and NS will follow up with the partners for update.

- **ISNA update**

  - ✓ The RCP is planning to conduct the Inter-Sector Needs Assessment (ISNA) in the Cox's Bazar refugee camps and Bhasan Char, with data collection tentatively scheduled between the last week of July and August 2026. RCP is currently finalizing the indicators for the assessment. It was clarified that indicators covered through sector-specific assessments would not be included in the ISNA. As the Nutrition Sector is conducting a SMART Survey, the corresponding outcome-level nutrition indicators have been excluded from the ISNA. Three nutrition-related indicators on service accessibility, barriers to access, and beneficiary satisfaction were proposed for inclusion. In addition, a qualitative component has been incorporated into the ISNA, under which the Nutrition Sector proposed one indicator. All proposed indicators were discussed and shared through the AIM Taskforce.

[1] The status of funding update might be different than that of RCP because of the variance in calculation method.

3. Key IM update as of April 2026

- ✓ As of April 2026, 30% of SAM, 28% of MAM U5 and 32% of MAM PBW reached against the target for 2026.
- ✓ The overall admission increased by 6% for SAM and decreased 4% for MAM in 2026 compared to the same period (January to April) in 2025. For MAM PBW, the trend increased by 6% in 2026 compared to the same period in 2025.
- ✓ A review of admission trends showed that SAM inpatient admissions among children aged 6–59 months decreased by 28% in 2026 compared to the same period (January–April) in 2025. Admissions were found to be particularly low in several camps. Partners highlighted the need to strengthen tracking of referred beneficiaries. Also, there is a need to conduct follow-up visits to the SC facilities to identify technical assistance needs. So, NS activated CMAM Taskforce tasked with developing the SC referral tracking tool and initiating technical support visits to SCs, and presenting the findings and recommendations at the next NS coordination meeting.
- ✓ Analysis of age-disaggregated admission data for SAM remained relatively consistent between 2025 and 2026. In contrast, MAM children indicated a decline in admissions among children aged 24–59 months which contributed to the rise in admission among children aged 6-23 months in 2026 compared to the same period in 2025. Participants discussed several possible contributing factors. It was noted that GMP activities were dropped in 2026, and the children aged 36–59 months enrolled in the Nutrition Sensitive E-Voucher Programme (NSEP) had experienced disruptions in service provision due to funding constraints. As a result, these age groups were only screened in community for MUAC and not subject to full anthropometric assessments, potentially leading to missed admissions based on weight-for-height z-score criteria. Partners were informed that alternative services (provision of super cereal plus) for this age group is resumed from June to August 2026 only for the monsoon period, which may contribute to an increase in MAM admissions during the coming months.
- ✓ In the SAM KPI, the cure rate as of April 2026 stands at 91.60%. Similarly for MAM, the cure rate is 99.60%. Average weight gain (AWG) for SAM is 3.26 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 65.86 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 63.72 days.
- ✓ Nonresponders for OTP and TSFP programs are 7.61% and 0.29% respectively as of April 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).
- ✓ 11% and 65% of the PBW and adolescents are reached with IFA respectively. 60% of the targeted beneficiaries received IYCF services. IFA coverage for PBW is low due to shortage of supply in April 2026. Partners inquired about the update of MMS roll out in camps. UNICEF will inform the update which will be cascaded to the NS partners.
- ✓ 73% 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 April, 87% 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 April 2026, 13% of SAM in patient, 30% of MAM U5 and 32% of MAM PLW reached against the target for 2026. 97% of the beneficiaries were reached with GMP. 83% and 39% of the PBW and adolescents are reached with IFA respectively. 15% of the targeted beneficiaries received IYCF services.
- ✓ **IM Update Presentation- Link**

4. Nutrition Survey 2026

- ✓ The AIM Taskforce convened two meetings to discuss the Nutrition Survey 2026 and agreed on several key action points. It was agreed that NS would seek technical support from GNC for the survey. A tentative timeline was proposed, with data collection expected to be completed by July 2026 and analysis of the survey findings finalized by mid-August 2026. The estimated budget for the survey is approximately USD 100,000.
- ✓ It was agreed that interested agencies will be invited to contribute to the survey through both technical and financial support, ensuring a more inclusive and collaborative process.
- ✓ The Nutrition Sector has already discussed with GNC and they tagged NS with ACF-Canada as focal for SMART survey team and an initial meeting has been conducted between NS, AIM TF, GNC and SMART team. As an action point of that meeting, a draft ToR has been developed and shared with ACF-Canada. As the Nutrition Sector will assume responsibility for Bhasan Char from July 2026, it was agreed that Bhasan Char would be included in the survey coverage. However, ACF raised concerns regarding accessibility to Bhasan Char, and discussions are ongoing to identify a feasible approach for data collection in the area.
- ✓ Partners sought clarification on the data-sharing arrangements, particularly regarding access to survey data, given that the survey is being conducted under the Nutrition Sector. It was clarified that members of the AIM Taskforce would have access to survey data during the data collection phase for quality assurance and monitoring purposes. However, access to the cleaned dataset following completion of the survey would be governed by the applicable data protection and data-sharing policies for UNICEF as the main contracting agency.

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

Update from PSEA focal: PSEA capacity assessment mapping is ongoing by the PSEA network of Cox's Bazar and the deadline for submission is 18th June 2026. All partners including UN are requested to response to the request by PSEA network.

6. New Initiatives/challenges (Partners update)

No update from partners.

7. AOB

- ✓ NS received feedback on the Q1 2026 Bulletin and addressed them. Bulletin will be published soon. NS requested partners to provide more comprehensive updates for the next bulletin that adequately reflect the full range of Nutrition Sector activities and achievements.
- ✓ Effective from June 2026, the Nutrition Sector is required to submit aggregated reports for Bhasan Char to the RCP. As GK is the implementing partner in Bhasan Char, NS requested GK to share the relevant reports covering the period from January to June 2026 to facilitate reporting and data consolidation.

Summary Action Points

Action Points	Focal Point/Agency	Timeline
Re-share the CHNW guideline for final comments	NS	14 June 2026
Finalize the CHNW operational guideline	CHW TWG/ UNHCR	18 June 2026
Share the CHNW training package with NS partners for review	NS	ASAP
Convene a meeting with NS partners to finalize the CHNW training package	NS	25 June 2026
Communicate with HS regarding the decision on transportation of patients from INF to SC	NS	ASAP
Share funding updates on monthly basis to NS	Appealing partners	Each month

Developing the SC referral tracking tool and initiating technical support visits to SCs, and presenting the findings and recommendations	CMAM taskforce	By next NS coordination meeting
Share update on the MMS roll out in camps	UNICEF	ASAP

Closure: Nutrition Sector is grateful to all nutrition partners for their active participation and valuable contributions. Next meeting will be held in the last week of June from 10.00 AM to 1:00 PM.

Annex 1:

Table: List of Participants

Name	Org	Email
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