NS COORDINATION MEETING

NS Coordination Office (In person) | 20 July 2026 | **10:00 AM–02:00 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, Friendship, GK, SHED, 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 July 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
   - ✓ Preliminary results of PHC verification assessment
   - ✓ Update on CHNW guideline
   - ✓ Nutrition Survey 2026
   - ✓ Funding analysis
3. Monsoon and emergency stockpiling (update from AP and IP)
4. IM Update
5. Update from the cross-cutting focal points (if any)
6. New Initiatives/challenges (Partners update)
   - ✓ *SHED Presentation: Discussion on Humanitarian Workforce Retention: Salary Benchmarking in Light of Rising Cost of Living and Harmonization with other sectors*
   - ✓ *WFP Update*

1. Reviewing the action points from the previous meeting:

SL	Action points	Focal point	Timeline	Status
1	Re-share the CHNW guideline for final comments	NS	14 June 2026	Completed
2	Finalize the CHNW operational guideline	CHW TWG / UNHCR	18 June 2026	Discussed in 2nd agenda
3	Share the CHNW training package with NS partners for review	NS	ASAP	Completed
4	Convene a meeting with NS partners to finalize the CHNW training package	NS	25 June 2026	Completed Partners are providing inputs in the template
5	Communicate with HS regarding the decision on transportation of patients from INF to SC	NS	ASAP	-
6	Share funding updates on monthly basis to NS	Appealing partners	Each month	-
7	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	Will convene initial meeting by 30 July 2026
8	Share update on the MMS roll out in camps	UNICEF	ASAP	-

Discussion on the action points:

- ✓ The CHNW guideline was recirculated to partners for a final round of review and comments. Concurrently, discussions between the Health Sector (HS) and Nutrition Sector (NS) continued on the proposed number of Community Health and Nutrition Workers (CHNWs) per sector, as well as the time allocation and frequency of household visits. It was agreed to maintain a total of 3,200 CHNWs (1,600 per sector) while retaining the previously agreed time allocation and weekly frequency of household visits.
- ✓ The Nutrition Sector communicated its decision to the Health Sector regarding transportation support for patients requiring referral to Stabilization Centers (SCs). Due to the absence of dedicated ambulance services, NS partners are not in a position to support the transportation of SC patients. The Health Sector Coordinator was requested to communicate this decision to SC implementing partners and facilitate any necessary follow-up.
- ✓ Appealing partners were requested to provide monthly funding updates to support ongoing resource monitoring and planning. However, few partners did not submit their updates within the agreed timeline. As the Refugee Coordination Platform (RCP) had also requested the same information and asked the Nutrition Sector to follow up with the concerned partners, the Nutrition Sector reiterated its request and urged the respective partners to submit their funding updates with sector and RCP as soon as possible.
- ✓ The CMAM Taskforce was assigned to develop a SC referral tracking tool and initiate technical support visits to SCs during the previous coordination meeting. However, due to other competing priorities, the first taskforce meeting has not been convened yet but is planned by 30 July. The HS informed that it is also developing a similar beneficiary tracking tool and proposed harmonizing these tools to ensure consistency across sectors. NS agreed that the CMAM Taskforce will first prepare an initial draft, which will then be shared with HS for joint review and harmonization.
- ✓ UNICEF provided an update on the rollout of Multiple Micronutrient Supplements (MMS) across the camps. The rollout has commenced in 14 Integrated Nutrition Facilities (INFs) supported by SHED, as the distribution of Iron and Folic Acid (IFA) supplements remains a commitment under the OCHA-funded project implemented by Friendship. UNICEF further informed partners that the phased transition to MMS is planned to be completed across all 33 camps by October 2026.

2. Nutrition Sector Update

- **Preliminary results of PHC verification assessment**

✓ The PHC verification assessment data collection was completed from 15 to 18 June 2026 across 42 PHCs. The raw dataset along with an initial analysis were shared with the Health Sector which they validated with their implementing partners, as the assessment was conducted at PHCs. Following the validation process, the Health Sector and Nutrition Sector jointly reviewed the findings and identified the preliminary results, which were presented during the meeting as follows:

Categories	Aug 2026	Sept 2026	Oct 2026	Nov 2026	Jan 2027	Total	Grand Total
PHC ready for full integration with BSFP+NSEP		9			2	**11**	**42**
PHC ready for OTP/ TSFP/IYCF integration (without BSFP)	1	5	2	3	1	**12**	
Integration NOT possible	15					**15**	
Pending re-assessment and validation	4					**4**	

✓ Nutrition Sector partners requested a camp-wise review of the assessment findings. Due to time constraints, the meeting reviewed the 11 PHCs identified as "ready for full integration with BSFP + NSEP." Partners provided comments and observations, which will be shared with the

Health Sector for further review and validation. It was agreed that the remaining PHCs under the other categories will be reviewed during the first session of the workshop scheduled for **22 July**, which will also focus on reviewing the CHNV training package.

- ✓ It was also shared that the integration of health and nutrition services will start from 1st October 2026 where it's possible to integrate full nutrition package including BSFP. Nutrition services in the remaining INFs will continue under the existing service delivery model while both sectors further assess additional PHCs to identify future integration opportunities.
- ✓ It was also agreed to establish an Integration Taskforce, which will guide both sectors on the operationalization of facility-based integration and oversee a smooth transition of nutrition services from INFs to PHCs. Concern Worldwide agreed to take lead for this TF and will develop a TOR and convene meetings with the members. NS will communicate with Health Sector on the need for them to nominate partners, who will be affected by the integration to be part of the Task force.
- ✓ Partners also discussed that the proposed integration model is expected to have significant budgetary implications. Appealing agencies therefore requested strategic guidance from the Nutrition Sector before incorporating integration-related changes into their Joint Response Plan (JRP) planning and budgeting process in the coming year.

- **CHW Update on CHNW guideline**

- ✓ A meeting was convened with partners to advance the finalization of the CHNW training package. During the meeting, training schedules for both CHNW Supervisors and CHNWs were developed. A standardized PowerPoint template was shared with partners to facilitate the consolidation of training content, with an initial deadline for submission by 7 July 2026. As a few partners were unable to submit their inputs within the allocated timeline, the Nutrition Sector requested all remaining inputs by 21 July 2026. A one-day workshop was subsequently scheduled for 22 July 2026 to review, consolidate, and finalize the training package.
- ✓ The Community Health Worker Technical Working Group (CHW TWG) will convene a meeting with Nutrition Sector partners on 23 July 2026 to develop a roadmap for the rollout of the community outreach package.

- **Nutrition Survey 2026**

- ✓ UNICEF is in the process of finalizing the agreement with ACF UK. The administrative processes, including the ToRs approval, have been completed. A budget review meeting between UNICEF, the Nutrition Sector, and ACF UK is scheduled for 20 July at 2:00 PM. Following the budget review and any required revisions, the contract is expected to be finalized by end of July 2026.
- ✓ Several appealing partners have expressed interest in contributing financial support to the survey. Once the survey budget is finalized, the Nutrition Sector will convene a meeting with the interested partners to discuss funding contributions. Following this discussion, UNICEF will explore the necessary administrative arrangements to facilitate financial contributions from partner organizations.
- ✓ ACF Canada will provide remote technical support for the implementation of the survey in Bhasan Char, while a third-party organization will be engaged to collect the data.
- ✓ The survey timeline was also discussed. Upon completion of the contracting process, the AIM Taskforce, in collaboration with ACF, will review and revise the implementation timeline, taking into account both data requirements and the operational feasibility of conducting the survey maintaining quality.
- ✓ Partners inquired about the publication of the MICS survey findings for the Rohingya refugee population. It was clarified that the data has not been validated by the Government and, therefore, has not been officially published yet.

- **Funding Analysis:**

- ✓ It was agreed that the Joint Response Plan (JRP) should be taken into consideration when reporting funding analysis. Partners were requested to carefully verify any reported surplus funding and inform the Nutrition Sector and the RCP, along with a clear justification, to ensure that accurate information and supporting rationale are available in case of any queries. As JRP

funding is primarily allocated to Priority 1 activities, any identified surplus may be utilized for Priority 2 and 3 activities, provided there is adequate justification and alignment with programmatic priorities.

3. Monsoon and emergency stockpiling (update from AP and IP)

Due to the time constraints, the update was deferred and is scheduled to be discussed at the next nutrition sector coordination meeting.

4. IM update

- ✓ As of June 2026, 45% of SAM, 45% of MAM U5 and 50% of MAM PBW reached against the target for 2026.
- ✓ The overall admission increased by 8% for SAM and increased 3% for MAM in 2026 compared to the same period (January to June) in 2025. For MAM PBW, the trend increased by 7% in 2026 compared to the same period in 2025. The admission of MAM cases increased sharply from May to June 2026. Partners discussed the possible reasons for the spike. It was discussed that due to starting of BSFP for over 2 children (36-59 month), more children are coming to the INFs which enabling full screening and the identification of previously undetected MAM cases.
- ✓ A review of admission trends showed that SAM inpatient admissions among children aged 6–59 months decreased by 33% in 2026 compared to the same period (January-June) in 2025.
- ✓ In the SAM KPI, the cure rate as of June 2026 stands at 91.51%. Similarly for MAM, the cure rate is 99.58%. Average weight gain (AWG) for SAM is 3.27 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 66.03 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 62.46 days.
- ✓ Nonresponders for OTP and TSFP programs are 7.77% and 0.32% respectively as of June 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).
- ✓ 22% and 72% of the PBW and adolescents are reached with IFA respectively. 71% of the targeted beneficiaries received IYCF services. IFA coverage for PBW is low due to shortage of supply in June 2026.
- ✓ 76% of the beneficiaries aged 6-23 months and 89% of the targeted PBW are reached with BSFP services while 87% of children aged 24-59 months received NSEP services. As of June, 90% of the unique children aged 6-59 m were screened.
- ✓ In host community, as of June 2026, 22% of SAM in patient, 43% of MAM U5 and 47% of MAM PLW reached against the target for 2026. 97% of the beneficiaries were reached with GMP. 48% and 24% of the PBW and adolescents are reached with IFA respectively. 19% of the targeted beneficiaries received IYCF services.

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

Due to the time constraints, the update was deferred and is scheduled to be discussed at the next nutrition sector coordination meeting.

6. New Initiatives/challenges (Partners update)

Due to the time constraints, the update was deferred and is scheduled to be discussed at the next nutrition sector coordination meeting.

Summary Action Points

Action Points	Focal Point/Agency	Timeline
Consolidate and share NS partners' comments and feedback on the PHC verification assessment findings with HS	NS	ASAP
Share ToR for integration taskforce	Concern	ASAP
Provide input in the PowerPoint template on CHNV training module	NS partners	21 July 2026
Arrange one workshop to finalize the CHNV training package	NS	22 July 2026
Convene meeting with interested appealing partners for the funding contribution in Nutrition survey 2026	NS	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 August from 10.00 AM to 1:00 PM.

Annex 1:

Table: List of Participants (In person)

Name	Org	Email
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Table: List of Participants (Online)

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