

NS COORDINATION MEETING

NS Coordination Office (Hybrid) | 24 August 2026 | 10:00 AM–02:00 PM



Meeting Minutes

Chair: Owen White Nkhoma, PhD; Nutrition Sector Coordinator

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

Participants: Concern Worldwide, Friendship, GK, MSF, NGO Platform, SCI, 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
 - ✓ Health and Nutrition Integration
 - ✓ Update from the taskforce
 - ✓ Nutrition Survey 2026
 - ✓ OCHA 2nd allocation
3. Monsoon and emergency stockpiling (update from AP and IP)
4. IM Update
5. Update from the cross-cutting focal points (if any)
 - ✓ Sector SEA Risk Mapping and Mitigation Workshop
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	Consolidate and share NS partners' comments and feedback on the PHC verification assessment findings with HS	NS	ASAP	Completed
2	Share ToR for integration taskforce	Concern	ASAP	Completed
3	Provide input in the PowerPoint template on CHNV training module	NS partners	21 July 2026	Completed
4	Arrange one workshop to finalize the CHNV training package	NS	22 July 2026	Completed
5	Convene meeting with interested appealing partners for the funding contribution in Nutrition survey 2026	NS	ASAP	Completed

2. Nutrition Sector Update

• Health and Nutrition Integration

- ✓ Health Sector and Nutrition Sector jointly conducted a verification assessment to the PHC. During the PHCs results validation process, it was noted that a few PHCs had different recommendations from either Health or Nutrition Sector partners. The Coordination team from Health and Nutrition therefore visited those particular PHCs for further verification. After completing the visits by both sector coordinators, 12 PHCs were now confirmed to be eligible

for full integration of the nutrition package including BSFP. Of these, 11 PHCs are planned for integration by October 2026, while integration of one PHC is planned for January 2027. Although one additional PHC was identified as technically suitable for full integration, it was not recommended for integration due to the geographical location of the Health and Nutrition facilities in Camps 1E and 1W. A taskforce, led by Concern Worldwide and comprising representatives nominated by both the Health and Nutrition Sectors, has been established to operationalize the integration.

- ✓ The **11 PHCs identified for integration** were reviewed individually during the meeting, and the corresponding affected INFs were identified and agreed upon as follows:

Camp	Name of PHC	Affected INF	IP	Co-location
Camp 01E	BRAC PHC 454	1W site 1	GK	Co-located with 1W Site 1
Camp 03	IOM-034	3 site 1	GK	
Camp 04 Ext.	GK/UNHCR-208	4 Ext site	GK	Yes
Camp 09	IOM-093	9 site 1	SHED	Yes
Camp 11	IRC_PHCC_443	11 site	SHED	Yes
Camp 17	RTMI/UNICEF	17 site	SHED	
Camp 18	RTMI/UNICEF-179	18 site	SHED	
Camp 25	IRC-268	25 site	Friendship	Yes
Camp 26	TDH-564	26 site	GK	
Camp 27	TDH-416	27 site	Friendship	
Nayapara RC	RHU/ IRC/ GK/ RTMI/ Ipas/ UNHCR/ UNFPA-594	NRC site 1	GK	Co-located with NRC site 1

- ✓ The **community training package** has been finalized and endorsed by SAG.
- ✓ The **number of Nutrition Sector volunteers** under the integrated community outreach model was discussed. Although previously, it was agreed to have a total of 3,200 community volunteers (1,600 volunteers from each sector), considering recent strategic changes to the integration model, as well as differences in the workload and service packages of the Health and Nutrition Sectors, it was agreed that the Nutrition Sector will retain its existing outreach volunteers and transition facility-based volunteers from the 11 INFs proposed for integration into the outreach team. NS partners including HS agreed with the proposed approach.
- ✓ Considering the changes in work modalities and workload, a proportion of the volunteers will be upgraded as skilled volunteers while others will remain semi-skilled/unskilled. The need to **develop common and harmonized messages** for field-level dissemination was highlighted to prevent misinformation and ensure consistent communication. The Nutrition Sector will lead the development of the key messages with support from partners' communication teams. The draft messages will be shared with the partners and Health Sector for review before being disseminated to partners.
- ✓ The need to **inform relevant government stakeholders, particularly the RRRC and CiCs** in the relevant camps, was also discussed. Both sectors will develop a letter jointly to share with RRRC office. These actions will be tracked through the integration action tracker developed by the Health and Nutrition Integration Task Force.
- ✓ It was agreed that the **capacity-building process for the integrated outreach team** should be initiated as soon as possible. The Nutrition Sector currently has 41 outreach supervisor positions, and it was proposed that the same number of supervisors continue under the integrated outreach package. The Health Sector currently has around 166 outreach supervisors, resulting in a total of 207 supervisors to be trained. The Health Sector was requested to share the list of outreach supervisors with the Nutrition Sector to facilitate planning for the training. UNICEF will support the organization of the training. Upon receiving the list of Health Sector outreach supervisors, the Nutrition Sector will develop and share a tentative training plan and budget.
- ✓ The number of staff and **volunteers for Nutrition at the facility level** under the integrated PHNC model was discussed. Participants discussed the caseload and the potential requirement for volunteers at specific service points. The meeting also noted that certain activities are common to both the Health and Nutrition Sectors and may potentially be shared, subject to further discussion and agreement within the Health and Nutrition Integration Task Force.

- ✓ Considering the limited time available for operationalizing the integration, it was agreed that the Nutrition Sector will proceed with the previously agreed eight facility-level staff under the integrated PHNC model. The staffing arrangement may be reviewed and adjusted if implementation challenges arise following integration. The requirements for facility-level volunteers will be further discussed in the Health and Nutrition Integration Task Force meeting.
- **Nutrition Survey 2026**
 - ✓ An inception meeting was held with ACF Canada, during which the survey protocol and proposed implementation timeline were reviewed. The draft protocol and questionnaire were subsequently shared with Nutrition Sector partners for feedback, which will be consolidated and shared with ACF Canada for finalization. The questionnaire was also circulated to relevant sectors for their inputs.
 - ✓ The recruitment of enumerators and survey supervisors has been completed. For the household listing exercise, enumerators will receive an orientation on 24 August 2026, with household listing expected to commence from 25 August 2026. Training of enumerators is scheduled to commence on 30 August 2026, followed by data collection in the Cox's Bazar camps and subsequently in Bhasan Char.
 - ✓ Due to policy-related constraints, ACF will not be able to conduct field operations directly in Bhasan Char. Therefore, a third-party vendor, Innovision, will be engaged to conduct data collection in Bhasan Char, while ACF Canada will provide remote technical support throughout the data collection process. ACF also informed that the Survey Manager appointed by ACF would not be able to travel to Bhasan Char to support the data collection team. However, as agreed during previous discussions, the survey manager is expected to provide support to survey implementation in both locations. As a way forward, a separate Survey Manager will be recruited through Innovision. The Survey Manager will participate in the enumerator training and subsequently support the data collection process in Bhasan Char. To support survey quality assurance, local technical resources will be utilized during implementation. It was proposed that one to two members of the AIM Task Force may support the survey team in Bhasan Char during data collection.
 - ✓ To ensure the quality of the survey, local technical resources will be utilized. 1-2 people from AIM taskforce can support the team in BC during the data collection. UNHCR requested to inform the data collection date in BC in advance to avoid overlap with other planned activities.
 - ✓ There is urgency of ensuring that survey data are available by October 2026 to inform the planning of the 2027 Joint Response Plan (JRP). While some activities have experienced delays, the current plan is to obtain preliminary results by mid-October 2026.
 - ✓ A dedicated committee would be established to ensure the quality of the survey implementation. Survey data will be regularly reviewed, and timely feedback will be provided to the respective teams.
 - ✓ Participants noted that the Child Protection Sector had shared several proposed questions for consideration. Inputs and proposed questions from relevant sectors will be reviewed for potential inclusion in the survey. However it was highlighted that a Nutrition Causal Analysis conducted in 2025 had identified sectors and factors influencing the nutritional status of children. The findings of the analysis will be considered when reviewing potential cross-sectoral questions and indicators. The inclusion of relevant inputs from other sectors will be further discussed during the upcoming AIM Task Force meeting.
- **Update from the taskforce**
 - ✓ **Health and nutrition integration taskforce:** The Task Force comprises 18 members, with equal representation from the Health and Nutrition Sectors (9 members from each sector). A meeting was convened on 16 August 2026, during which the Terms of Reference (ToR) were reviewed, and an action tracker was developed. The revised ToR and action tracker were subsequently shared with members. Key discussions focused on the operationalization of Health and Nutrition integration. Members from both sectors will conduct joint visits to the facilities identified for integration to assess and identify required modifications by 31 August 2026. Given the number of activities and specific actions to be completed, the Task Force will meet on a weekly basis to monitor progress and follow up on agreed action points.

- ✓ **CMAM taskforce:** CMAM taskforce convened meetings with the members to discuss the referral challenges and way forward. Members reviewed the admission and discharge protocol, updated the referral section in the protocol, and revised the SC Transfer Slip accordingly. The Task Force is currently working on developing a live referral tracking tool which will support to monitor beneficiary referrals from INFs to SCs, including admission or refusal at the SC and the final outcome of each referral.
- **OCHA 2nd allocation**
 - ✓ The US Government has confirmed USD 145.9 million in funding through UN OCHA as 2nd allocation for life-saving and critical interventions, covering the implementation period from 1 October 2026 to 30 September 2027. Nutrition, Health, Protection, WASH, and Food Security are considered as the prioritized sectors. OCHA has indicated that applications will not be restricted to appealing partners but all partners in the response that have been vetted by OCHA and found as best fit. So, all Nutrition sector partners are welcome to apply. The funding from OCHA will not be capped for sectors and will be based on needs.
 - ✓ Initially, the allocation proposed for the Nutrition Sector was based on the 2026 funding gap. However, as the allocation is also expected to cover a significant portion of 2027 (January–September), the Nutrition Sector communicated to OCHA that the proposed allocation does not reflect the actual funding needs for the timeframe. Upon OCHA's suggestion, the Nutrition Sector subsequently shared a sector-level proposal reflecting the actual funding requirements across the entire period.
 - ✓ Based on recent discussions, OCHA is bit of flexible for selection of activities. Activities under JRP 2027 will be categorized as life-saving and critical interventions rather than “priority 1” activities. The NS SAG endorsed the following activities as Nutrition Sector life-saving and critical interventions for JRP 2027-
 - a. Management of severe acute malnutrition (SAM) for children under-five
 - b. Management of moderate acute malnutrition for children U5 and pregnant and breastfeeding women
 - c. Prevention of malnutrition through blanket supplementary feeding for children 6-23 month with LNS
 - d. Nutrition sensitive E-Voucher for children 24-59 months
 - e. Nutrition sensitive E-Voucher for PBW (NEW)
 - f. Micronutrient deficiency prevention and control (Vitamin A, IFA, MMS and Deworming)
 - g. Maternal and Infant Young Child Nutrition (MIYCN)
 - h. Management of malnutrition for infants under 6 months
 - i. Community outreach activities for management and prevention of severe and moderate acute malnutrition
 - j. Nutrition Information Management and Assessment
 - k. Capacity building (Trainings)
 - ✓ OCHA confirmed that the forthcoming funding allocation will not cover coordination or host community activities. An Allocation Board meeting is scheduled for 27 August 2026, during which the allocation strategy will be discussed and the proposal is expected to be approved. The allocation is expected to officially launched on 30 August 2026, when the sector-wise allocation amounts will be communicated.
 - ✓ Currently, community outreach activities for both the Health and Nutrition Sectors are funded by UNHCR in BC, as the activities are implemented through an integrated approach. UNHCR is including the funding requirement for this outreach component in OCHA proposal and will discuss with the sector coordinators regarding this continuation of funding for these outreach activities.
 - ✓ SHED and Friendship are included in the list of organizations eligible for OCHA funding. However, SHED will not submit a proposal for Nutrition Sector funding for camp but will submit proposal for the country pool. Similarly, Friendship will not submit a proposal for Nutrition Sector activities but will submit a proposal for Health Sector activities.

3. IM update

- ✓ As of July 2026, 54% of SAM, 54% of MAM U5 and 60% of MAM PBW reached against the target for 2026.
- ✓ The overall admission increased by 7% for SAM and increased 4% for MAM in 2026 compared to the same period (January to July) in 2025. For MAM PBW, the trend increased by 10% 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 13% in 2026 compared to the same period (January-July) in 2025.
- ✓ In the SAM KPI, the cure rate as of July 2026 stands at 90.99%. Similarly for MAM, the cure rate is 99.58%. Average weight gain (AWG) for SAM is 3.25 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 66.14 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 61.72 days.
- ✓ Nonresponders for OTP and TSFP programs are 8.26% and 0.33% respectively as of July 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) specially in camp 24, 26 and NRC.
- ✓ SAM in-patient KPI showed that cure rate is 53%, defaulter rate is 11% and medical transfer rate is 35%. Cure rate is very low and medical transfer is very high. Participants suggested cross-checking the data for medical transfer.
- ✓ 32% and 75% of the PBW and adolescents are reached with IFA respectively. 76% of the targeted beneficiaries received IYCF services. IFA coverage for PBW is low due to shortage of supply as of July 2026.
- ✓ 77% of the beneficiaries aged 6-23 months and 89% of the targeted PBW are reached with BSFP services while 91% of children aged 24-59 months received NSEP services. As of July, 91% of the unique children aged 6-59 m were screened.
- ✓ In host community, as of July 2026, 27% of SAM in-patient, 50% of MAM U5 and 54% of MAM PLW reached against the target for 2026. 97% of the beneficiaries were reached with GMP. 55% and 27% of the PBW and adolescents are reached with IFA respectively. 21% of the targeted beneficiaries received IYCF services.

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

Sector SEA Risk Mapping and Mitigation Workshop: PSEA network will organize one day workshop engaging the Nutrition Sector partners with the aim of strengthening capacity to identify and mitigate Sexual Exploitation and Abuse (SEA) risks within nutrition programming. The workshop will target management-level personnel from humanitarian agencies and organizations working within the Nutrition Sector. The PSEA Network requested confirmation of a specific date to facilitate planning, and 13 October 2026 was agreed as the proposed workshop date upon discussion with NS partners.

5. New Initiatives/challenges (Partners update)

- WFP update the participants that effective 1 September 2026, WFP will replace Super Cereal and Fortified Vegetable Oil provided under the Blanket Supplementary Feeding Programme (BSFP) with a monthly Nutrition Value Voucher (USD 5) for the pregnant and breastfeeding women who are not acutely malnourished. The voucher can be redeemed at Fresh Food Corners (FFC) within the General Food Assistance (GFA) outlets to purchase nutritious foods. Partners were requested to ensure the dissemination of key messages, including reminders to beneficiaries to redeem the USD 5 voucher within the applicable timeframe. The GFA team will also be engaged to reinforce these messages. WFP further informed participants that partners

have started distributing a 28-day ration to children aged 6-23 months. In addition, the emergency nutrition support for children aged 36-59 months will be discontinued by the end of August 2026.

- Participants discussed the recent changes in nutrition products and the need to monitor beneficiary satisfaction. Several changes have been introduced over the past year, including the transition from Super Cereal Plus to LNS-MQ, IFA to MMS, the reduction in RUTF ration size, and the recent introduction of the USD 5 voucher for PBW. WFP informed participants that an assessment had been conducted and indicated that the changes to LNS-MQ were well accepted by beneficiaries. The Nutrition Sector noted that ISNA includes an indicator related to beneficiary satisfaction which could be explored to further assess beneficiary perceptions of the recent changes.
- SHED presented concerns regarding salary benchmarking considering the rising cost of living. It was highlighted that, given the high cost of living in the area, current salary levels may place some staff at risk of falling below the poverty line. SHED also highlighted the continued increase in inflation, which reached 8.8 per cent in 2025, as well as the Government's announcement of a revised pay structure effective from 1 July 2026, citing inflation and increased living costs as key considerations. The issue will be further discussed during the next Sector Coordination Meeting. To facilitate a more informed discussion, SHED was requested to prepare:
 - ✓ A baseline comparison between the Government salary structure and the current Nutrition Sector salary structure;
 - ✓ An analysis of the additional financial implications for the Sector under the proposed salary structure; and
 - ✓ A comparison of relevant salary structures across other sectors.
- Friendship raised concerns regarding the current staffing structure for Camp 20 and Camp 20 Extension. At present, the two camps are supervised by one Site Supervisor and two Community Nutrition Supervisors. It was highlighted that the Site Supervisor has distinct reporting responsibilities and is currently responsible for reporting for two facilities, resulting in an increased workload. Friendship considered that one Community Nutrition Supervisor could adequately manage the approximately 20 volunteers across the two camps. Friendship therefore proposed revising the staffing modality to include two Site Supervisors and one Community Nutrition Supervisor for the two camps. The proposal will be further discussed during the next meeting, where alternative options will also be explored.
- Partners discussed the proposed programme footprint across the camps for 2027. Concern Worldwide expressed interest in expanding its geographical coverage from **eight to ten camps**. This request needs to be further discussed with WFP and UNICEF. WFP confirmed that no changes are currently planned to its programme footprint for 2027. The Nutrition Sector will arrange a meeting with the relevant appealing partners implementing programmes in the camps to further discuss the proposed arrangements and way forward.

Summary Action Points

Action Points	Focal Point/Agency	Timeline
Develop harmonized key messages for volunteers in relation to the package developed for community outreach volunteer supervisors and share with the Health Sector for review on volunteer skill level.	NS	ASAP
Inform relevant government stakeholders, including RRRC and CiCs in the relevant camps, regarding the integration and changes in service delivery points	NS	ASAP
Share the list of Health Sector outreach supervisors with the Nutrition Sector to support planning of the integrated outreach supervisor training.	HS	ASAP

Develop and share a tentative training plan and budget for capacity building of the integrated outreach supervisors	NS	ASAP
Further discuss and finalize the requirement and modality for facility-level Nutrition volunteers under the integrated PHNC model.	NS with support of Health & Nutrition Integration Task Force	ASAP
Prepare a baseline comparison of Government and Nutrition Sector salary structures, including the financial implications of the proposed salary revision and comparison with other sectors.	SHED	Before next Sector Coordination Meeting
Further discuss Friendship's proposed staffing structure (NS and CNS) for Camp 20 and Camp 20 Extension and explore alternative options.	NS partners	Next Sector Coordination Meeting
Convene a discussion with relevant appealing partners on the proposed programme footprint and coverage arrangements for 2027.	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 September from 10.00 AM to 1:00 PM.

Annex 1:

Table: List of Participants (In person)

Name	Org	Email
Sunmoon Ahmad	Concern	sunmoon.ahmad@concern.net
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Table: List of Participants (Online)

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