

NS SAG MEETING

NS Coordination (In person/Virtual) | 20th February 2025 | 03:30 PM– 5:30 PM



Meeting Minute

Chair: Mr. Kibrom Tesfaselassie, Coordinator, NS

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

Participants: Concern, GK, SCI, SHED, UNHCR and WFP. See Annex 1 for detailed participant list.

Agenda

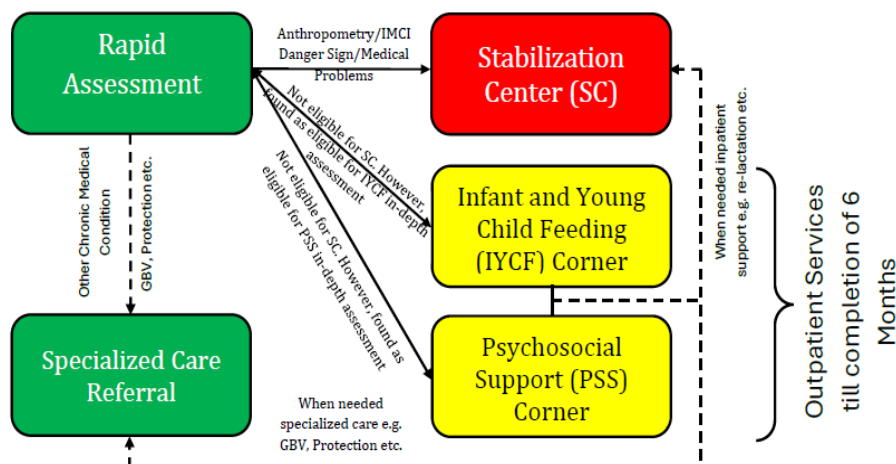
1. SoP for the management of infants less than 6 months.
2. IFA supplementation protocol.
3. To revise the categorization of nutrition activities into firewall (lifesaving) or not.
4. Selection of TWGs Lead and Co-Lead.
5. AOB
 - o Common field visit observations from NS
 - o Participation of donor in NS meetings

Welcome and Introduction

Mr. Kibrom Tesfaselassie welcomed all the participants to the Nutrition Sector SAG meeting on 20th February 2025. Representatives from all the members were presented in the meeting.

1. SoP for the management of infants less than 6 months

- The CMAM TWG has finalized the Standard Operating Procedure (SoP) for the management of infants under six months, aligning with the new WHO 2023 wasting management guidelines. In addition to the SoP, a rapid assessment form for infants under six months was developed. Both documents were presented at the SAG meeting for endorsement and discussion.
- Key discussion points-
 - ✓ This SOP provides a comprehensive and structured approach for the service flow, implementation modality, admission criteria, management, and discharge of infants under 6 months of age in line with the latest WHO guideline and evidence. It covers inpatient and outpatient management, referrals, and follow-up care.



- ✓ The activity will be integrated with the PBW registration point, and a skilled nurse will carry out the rapid assessment of all the children less than 6 month and their mothers using the rapid assessment form.
- ✓ The rapid assessment form includes multiple sections to identify issues related to malnutrition, IMCI danger signs, medical conditions, feeding challenges, and mental health concerns.
- ✓ Based on the rapid assessment findings, beneficiaries will be referred to -
 - Stabilization Centre (SC): If eligible, based on anthropometry, IMCI danger signs, or medical history.
 - IYCF Corner: For full IYCF assessment and counselling, if applicable.
 - PSS Corner: For in-depth psychosocial support (PSS) assessment if needed.
 - Specialized Care Services: Including health facilities, protection, and GBV services for specific conditions affecting the infant or caregiver (e.g., chronic medical conditions, GBV, or protection concerns).
- ✓ All the infants and caregivers must be assessed monthly. Even if the infants/ caregivers are enrolled in the outpatient, they will be assessed through rapid assessment tool as the medical issues can occur or the WAZ and/or WLZ can deteriorate anytime etc.
- ✓ SAG members inquired about the need for piloting before full implementation. The CMAM TWG clarified that similar activities were already being implemented as part of the MAMI approach in selected INF facilities in 2024. Furthermore, during the CMAM workshop, it was agreed that immediate implementation is feasible as it aligns with existing activity modalities.
- SAG members endorsed the rapid assessment form and SoP for management of infant less than 6 months. NS will circulate the documents with all partners for further circulation and initiate the implementation of the activity immediately.

2. IFA Supplementation Protocol

- To address the challenges and harmonize the IFA supplementation intervention all over 33 camps, IYCF TWG produced an IFA supplementation protocol based on the long-term discussion among several health and nutrition experts and references from the WHO. The contextualization of IFA acceptance and intake at the household level for pregnant and lactating women (PLW) was also explored. It is recommended, from both health and nutrition perspectives, that blanket IFA supplementation will help improve pregnancy outcomes and prevent anaemia among PLW.
- IYCF TWG presented the protocol to the SAG members. Following doses, duration and point of distribution of IFA tablet was suggested according to the IFA supplementation protocol-

Beneficiary group	Dosages (60mg-el+Folic acid 400mcg) per tablet	Duration	Distribution quantity per month	Point of distribution
<i>Pregnant Women</i>	<i>Daily 1 tablet</i>	<i>As soon as the pregnancy is confirmed till delivery</i>	30	<i>Integrated Nutrition Facility</i>
<i>Lactating women</i>	<i>Daily 1 tablet</i>	<i>First 3 months of lactation/ breastfeeding</i>	30	<i>Integrated Nutrition Facility</i>
<i>Adolescent girls</i>	<i>Weekly 1 tablet</i>	<i>Starting from 10 years till 19 years of age.</i>	4	<i>Community Outreach</i>

- SAG members provided recommendation to add the reference in the protocol confirming that there are no adverse effects from potential overdoses of IFA if similar doses are provided by the health sector during ANC visits. IYCF TWG informed that WHO has shared relevant references on IFA distribution. These references will be shared with SAG members, following which the protocol will be endorsed.

3. To revise the categorization of nutrition activities into firewall (lifesaving) or not.

- ISCG requested all sectors to prioritize and firewall (lifesaving) activities in response to the recent global funding crisis. NS urged the SAG members to review and categorize nutrition activities, accordingly, focusing on the following areas:

1	Malnutrition prevention activities
1.1	Blanket supplementary feeding (for children 6-23 mo)
1.2	Social Behavior Change and Communication
1.2.1	* Maternal and Infant Young Child Nutrition (MIYCN) (EBF, CF, group and individual counselling, nutrition education and messages, Mother to mother support groups, Father groups etc.), GMP, social mobilization, etc.) * CMAMI
1.2.2	Global and national nutrition celebration events (World Breastfeeding Week etc.)
1.3	Micronutrient deficiency prevention and control (VAS, Deworming, IFA etc....)
1.4	E-Voucher for children 24-59 months
1.5	Blanket supplementary feeding (PBW)
2	Malnutrition treatment activities
2.1	Stabilization Center (SC)
2.2	Outpatient Therapeutic Program (OTP) (Mang't of SAM)
2.3	Targeted supplementary feeding (TSFP) for children
2.4	Targeted supplementary feeding (TSFP) for PBW
3	Nutrition Information systems and knowledge generation
3.1	Nutrition Surveys (SENS or SMART or Coverage)
3.2	Routine Nutrition Information System
3.3	Research, Evaluation, Review and Evidence Generation
4	Capacity Building
4.1	* Formal trainings,
4.2	* On-the-job training and Monitoring and supportive supervision
4.3	* Programme review meetings

- All activities related to malnutrition prevention and treatment were classified as lifesaving. Meanwhile, activities under the nutrition information system, knowledge generation, and capacity building were recognized as critical but not lifesaving. However, as per ISCG recent terminologies introduced the “Nutrition Information systems and knowledge generation” is critical while Capacity Building is resilient.

4. Selection of TWGs Lead and Co-Lead.

- NS shared the link for the Expression of Interest (EOI) for NS TWG lead and co-lead positions, allowing NS partners to express their interest. The following responses were received by Nutrition Sector within the timeline:

List of TWGs (Alphabetical)	Interested partners (Listed alphabetically)	
	Lead TWG	Co-lead TWG
AIM	ACF, UNICEF, WFP	ACF, GK, SHED, UNHCR
CMAM	Concern, SHED, UNICEF	WFP
IYCF	GK, SCI	UNHCR, UNICEF

- SAG members decided that one agency can only lead one TWG.
- To address multiple organizations expressing interest in the same position, NS proposed two selection approaches for the TWG Chair and Co-Chair:
 - Collaborative Discussion: Partners are encouraged to convene and discuss among themselves. NS will facilitate an open environment for dialogue to help reach a consensus on the selection of one organization per position.
 - Rotational Leadership: Partners may opt for a rotational leadership model, allowing different organizations to take turns leading/co-leading throughout the year to ensure broader representation.

AOB

- **Common field visit observations from NS:** NS shared common observations from the field monitoring visits in camp in 2024 with SAG members as follows-
 - ✓ In 2024, staff demotivation was observed due to disparities in payment across organizations for similar designations. In 2025, the situation has improved following the HR harmonization exercise; however, there are still areas that require further improvement.
 - ✓ NS discussed the practice of progress tracking and the provision of justification, particularly regarding target achievement. NS recommended maintaining a balanced frequency of justification requests to ensure staff do not feel pressured to meet targets.
 - ✓ After being discharged from OTP as cured, some beneficiaries admitted to OTP follow up/ TSFP experienced a decline in MUAC, emphasizing the need for continued monitoring. The underlying causes should be further explored, and measurement monitoring by technical personnel should be increased to address this issue.
 - ✓ NS observed that all OTP child monitoring cards had at least one or two home visits recorded, **which was commendable**. However, some home visits requested from the OTP point were missing though the date of home visits are recorded in OTP Child Monitoring Card. Strengthening the tracking mechanism is necessary to ensure all home visits are properly conducted, recorded, and filled checklist attached.
 - ✓ The availability of IEC materials on cross-cutting issues, particularly on PSEA, should be increased across all INF facilities.
 - ✓ Visibility is not harmonized across all INF. NS suggested to develop a harmonized visibility of donors across all INF and requested Rajib from WFP to take the lead for the initiative.
 - ✓ The condition of WASH facilities in some locations requires improvement. There should be some spaces or at least double partitions between male and female

washrooms, and facilities should not be locked. Proper sanitation and maintenance should be ensured across all wash facilities.

- **Participation of donor in NS meetings:** Major donors are included as observers in the invitation to the Nutrition Sector coordination meetings, which is a global practice and recommended by Global Nutrition Cluster (GNC) guideline. Donors may attend the NS coordination meeting if they have specific interests. The quarterly program progress update will be discussed with all partners in CMAM TWG meetings. NS will also arrange quarterly coordination meeting separately between NS partners and donors to provide updates on the nutrition program.

Action points:

Action point	Focal point/agency	Timeline
To circulate the endorsed SoP and rapid assessment form for the management of under 6-month children	NS	ASAP (Done)
To share the reference confirming that there are no adverse effects from potential overdoses of IFA	IYCF TWG	ASAP
To call for a SAG meeting to finalize the TWG lead and co-lead	NS	10 Mar 2025

Annex 1: List of Participants

In person:

Name	Organization	Email
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For more information: [Nutrition Sector \(NS\)](#)

Website: <https://rohingyaresponse.org/sectors/coxs-bazar/nutrition/>

