



CMAM TWG Monthly Meeting

Date: 22nd June 2025, **Time:** 10.00 am to 01.00 PM,

Venue: UNICEF Office Meeting Room

Meeting minutes

Chair: Nutrition Officer, Mohammad Zahidul Manir, UNICEF.

Note taker: Programme Policy Officer, Rajib Kumar Kundu, WFP.

Agenda

1. Review of last meeting minutes and action points (10 mins)
2. Update on the analysis of MAM WHO recommendation piloting data – By WFP (30 mins).
3. Review of one-page briefing note on expected AWG Target – UNICEF (20 mins).
4. Finalization of admission and discharge guidelines (40 mins).
5. Review and finalization of the 2025 CMAM TWG annual workplan (30 mins).
6. Review of current Stabilization Center (SC) mapping and catchment areas (20 mins).
7. Discussion on the handover of SCs to the Health Sector and defining the Nutrition Sector's role in ensuring quality service delivery (20 mins).
8. Any other Business- AOB (10 mins)
 - Discussion on World Vision's proposal of collaborating with new partners to SAM/MAM through Positive Parenting, In-Kind Support and Emergency Relief.

1. Review of the action points from the previous meeting

Action point	Focal point/ agency	Timeline	Status
UNICEF will support preparation of new WHO recommendation on wasting management (updating discharge criteria, formal endorsement to update protocols, Adjusted RUTF dosing protocol) implementation from 1st July 2025	UNICEF	15 th June'25	Completed
UNICEF will prepare one pager briefing note on expected AWG target	UNICEF	30 th May'25	Completed
SCI will take necessary arrangement for opening new SC within PHC in camp 21 from 1st July 2025	SCI	15 th June'25	Ongoing
WFP will analyze the MAM WHO piloting data regarding the recommendation on RUSF ration size	WFP	15 th June'25	Completed

2. Update on the analysis of MAM WHO recommendation piloting data by WFP.

WFP presented the preliminary result of WHO recommendation (B16) piloting related to weight based RUSF distribution to Moderately Acute Malnourished (MAM) children. The piloting was conducted in two scenarios considering to provide 40-60% daily energy requirement from Specially Formulated Foods (SFFs).

- **Scenario-4:** RUSF weight-based ration to ensure 100 Kcal/Kg/Day.
- **Scenario-5:** RUSF weight-based ration to ensure 130 Kcal/Kg/Day.

Note: Other Aspects of TSFP services remained unchanged. And the result was compared with current practice (1 sachet RUSF/Day irrespective of body weight)

The summary of the key findings is below-

Scenario	Description	KPIs (%)	AWG (g/kg/day)	ALoS (Day)	RUSF Consumption
Scenario-4	100 Kcal/Kg/Day	Cure Rate: 98.0% CNR Rate: 1.5% Death Rate: 0.5% Defaulter Rate: 0%	2.1	55.3	81 Sachets (0.54 cartons)
Scenario-5	130 Kcal/Kg/Day	Cure Rate: 99.8% CNR Rate: 0.2% Death Rate: 0% Defaulter Rate: 0%	1.7	62.5	99 Sachets (0.66 cartons)
Current Practice	1 Sachet / Day (irrespective of body weight)	Cure Rate: 99.6% CNR Rate: 0% Death Rate: 0.4% Defaulter Rate: 0%	2.6	58.4	71 Sachets (0.48)

The preliminary results indicate that there is no major or significant difference in treatment outcomes between the weight-based RUSF approach and the current one-sachet-per-day approach.

Based on the key outcomes from the piloting result, the CMAM-TWG members has put forward the following recommendations-

- As there is no significant change observed in the MAM KPIs, therefore CMAM-TWG does not have any technical recommendation at this stage. The matter is referred to WFP management for an administrative decision, particularly considering the potential additional resource implications of adopting the WHO Recommendation.
- However, should WFP decide to align with WHO new Recommendation on weight-based RUSF approach, if there are no resource constraints from WFP's side, in that case, the CMAM-TWG recommends considers **Scenario-4**. This scenario requires less RUSF that **Scenario-5**, without any notable differences in MAM KPIs between two options.
- The CMAM-TWG has also requested additional in-depth analysis on the following points:
 - ✓ % of beneficiaries transferred from BSFP to TSFP / TSFP to OTP.
 - ✓ Age group trends in these transfers.
 - ✓ Any potential correlation between transfers and the issues of sharing and selling of RUSF.

These analyses are to be conducted by WFP and relevant implementing partners to better inform future programmatic decisions.



3. Review of one-page briefing note on expected AWG target – by UNICEF.

UNICEF has re-shared the outcomes of their analysis on **average weight gain (AWG)** trends for children with SAM in the Rohingya context. The analysis is based on available evidence including data from **The Lancet, FANTA and historical program data**. The result indicates some variation when compared to the global WHO benchmarks. The proposed categorization of AWG is summarized in below-

Average weight Gain (g/kg/day)	Category
≥4.0	Excellent
3.5 to <4.0	Good
3.0 to <3.5	Acceptable
2.5 to <3.0	Poor
<2.5	Very poor

As next step, The CMAM-TWG members have been requested to review the shared document and provide any additional observations or feedback by 26 June-25. Following the review, the proposed revise thresholds will be placed in SAG for their endorsement and subsequent roll out in camps. In parallel, WFP has been advised to conduct a similar analysis for MAM cases

4. Finalization of admission and discharge guidelines.

The CMAM-TWG members reviewed and addressed comments on the revised admission and discharge criteria, aligning them with the new WHO recommendations. The following key changes have been agreed upon-

- **Discharge criteria for SAM and MAM:** Previously, SAM & MAM beneficiaries were discharged following the **same anthropometric criteria (i.e. WHZ / MUAC / Both)** by which they were admitted. After the discussion, the CMAM-TWG agreed that regardless of the admission criteria in OTP / TSFP (WHZ or MUAC), beneficiaries must now meet **both WHZ and MUAC thresholds** for **two consecutive visits** to be considered as “**discharged cured**” (from the respective program OTP/TSFP).
- **OTP Follow up:** The existing practice for OTP cured beneficiaries is, they are referred to TSFP for 4 weeks as OTP follow up. The objective of this was to reduce relapse cases as earlier the interventions were not integrated. However, as the current nutrition interventions are fully integrated and comprehensive therefore CMAM-TWG recommended to remove OTP Follow up and the cured SAM children from OTP will be directly referred and enrolled in BSFP. If any child became CNR (not able to reach recovery criteria) from OTP and they are in MAM criteria, they will be referred and enrolled in TSFP.

The finalized guideline will be shared with Nutrition Sector for suggestion and if required SAG endorsement. And it is expected to implement the updated guideline from 1st July-25.



5. Review and finalization of the 2025 CMAM TWG annual workplan.

The work plan for CMAM-TWG already drafted and share with working group members for their review. The members are requested to share their comments of feedback by 26 June'25. Then CMAM-TWG will share the final work plan with Nutrition Sector.

6. Review of current Stabilization Center (SC) mapping and catchment areas.

- ✓ CMAM-TWG reviewed and endorsed the mapping of six stabilization center.
- ✓ Save the children (SCI) updated that they have dedicated 2 beds for Stabilization Center (SC) in their IPD unit at Camp-21. And they are ready to start the operation from 1st July-25. However, UNICEF and SHED team already visited SCI new SC to observe the preparation and provided one suggestion to make one dedicated corner for milk preparation. SCI well noted this suggestion and taking necessary arrangement for a dedicated milk preparation corner for their new SC. SCI also requested to UNICEF for supporting in their staff training and provide necessary OJT. UNICEF agreed to organize 2 days formal training on SC management for SCI staffs. In additional to this UNICEF and SHED team will continue to provide on the job coaching to SCI staffs to strengthen their SC management capacity.
- ✓ GK commenced operations at the KRC SC in June 2025, although it was originally planned to start earlier in the year. The establishment of this SC was reviewed and endorsed by the CMAM TWG based on identified needs.

7. Discussion on the handover of SCs to the Health Sector and defining the Nutrition Sector's role in ensuring quality service delivery.

- ✓ A comprehensive handover plan, with at least 1–2 months' advance notice, is recommended by CMAM-TWG to ensure a smooth transition. This should include joint assessments of PHC readiness and capacity-building support for PHC staff on inpatient management of severe wasting.
- ✓ A joint facility assessment is required to ensure the readiness of health sector.
- ✓ CMAM-TWG considers that the nutrition sector should engage in capacity building of health sector staffs and monitoring of activities to handhold (till December-25) and ensure smooth transition.
- ✓ Nutrition Sector will provide the necessary supplies and Health sector should report to Nutrition Sector in monthly basis as SC is one of the CMAM component and targets are included in nutrition JRP.
- ✓ As this will be an integration, so CMAM-TWG thinks that NS should ensure that there will be no additional HR will be engaged and the SC will be managed by existing Health facility staff.

8. Any Other Business (AOB).

WV New Project proposal targeting SAM & MAM Children: The CMAM-TWG discussed World Vision's proposal to support SAM/MAM beneficiaries through positive parenting and in-kind support. Members agreed that the information provided was insufficient and requested additional details, including the main objectives, expected impact, and duration of the proposed support. However, it was already requested to WV earlier to share this additional information, but they did not yet share. CMAM-TWG, request Nutrition sector coordinator to communicate with WV to share this additional information.

SAG Endorsement of Updated CMAM Guidelines:

The CMAM TWG recommends convening a SAG meeting to endorse the updated CMAM guidelines, developed based on WHO recommendations and the findings of the feasibility assessment. Upon endorsement, the CMAM TWG will initiate the necessary steps for implementation starting 1 July 2025.

Action points	Focal point/agency	Timeline
WFP management will confirm their decision on shifting to WHO Recommendation re weight-based RUSF distribution as there is no significant change in MAM KPIs from piloting result compared to current practice.	WFP	ASAP
Further analysis on % of beneficiaries transferred from BSFP to TSFP / TSFP to OTP and associated factors behind this (which age groups are more common for this transfer, any co-relation with selling and sharing, morbidity etc.).	WFP and respective partner	By Jun'25
CMAM-TWG members to review and provide their feedback to UNICEF's one pager briefing note on expected AWG target for Rohingya camp context.	All CMAM-TWGs	By 26 th Jun'25
WFP to do the similar analysis on expected AWG target for MAM children.	WFP	By 30 June'25
Implementation of updated Admission and Discharge guideline	All	1 st July'25
SCI to commence the operation of their new SC in Camp-21 from 1 st July	SCI	1 st July'25
UNICEF and SCI will bilaterally discuss to organize formal training on SC management for SCI staffs.	UNICEF and SCI	ASAP (before 1 st Jul'25).
Joint health facility assessment by Nutrition and Health sector to observe the readiness to take of SC	NS & HS	By 30 June'25
The CMAM-TWG members to review the work plan for CMAM-TWG to share their feedback.	All members	By 26 June'25.

Participants

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