

NS SAG MEETING

NS Coordination (Virtual) | 30 June 2025 | 03:30 PM– 05:00 PM



Meeting Minute

Chair: Kibrom Tesfaselassie, NS Coordinator

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

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

Agenda

1. Endorsement of CMAM TWG proposals
 - ✓ Changes to the wasting management guidelines
 - ✓ Establishment of two SC in Camp 21 and KRC,
2. PIN and Target Revision for 2025 and estimating 2026,
3. UNHCR supported 11 INFs update (UNHCR),
4. Unit Cost update,
5. Rationalization/ Prioritization/ Mitigation measures update,
6. NS/TWG/SAG ToR Finalization,

Welcome and Introduction

Kibrom Tesfaselassie welcomed all the participants to the Nutrition Sector SAG meeting on 30 June 2025. Representatives from all the members were presented in the meeting. Following a brief introduction, the meeting was started.

1. Endorsement of CMAM TWG proposals

Changes to the wasting management guidelines:

- ✓ The CMAM TWG provided a brief update on the analysis of the piloting data related to the WHO recommendations for SAM and MAM, along with proposed key changes in the management of wasting for SAG endorsement. Below are the CMAM TWG's recommendations based on the results of the piloting exercise-
 - From the SAM WHO Recommendation Piloting Data analysis, it has been recommended that the revised RUTF ration size will be 150 kcal/kg/day, continued until the child achieves full anthropometric recovery and the resolution of nutritional oedema.
 - The key observation from MAM WHO Recommendation Piloting data analysis indicated that there are no major or significant differences in treatment outcomes between weight-based RUSF and the current one-sachet-per-day approach. Keeping in mind the resource allocation and similar output from different scenarios, the RUSF one-sachet-per-day approach will remain unchanged.
 - Change in 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).
 - Change in OTP Follow-up: The existing practice is OTP-cured beneficiaries 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, the CMAM-TWG recommended

removing OTP follow-up and that the cured SAM children from OTP will be directly referred and enrolled in BSFP. If any child becomes CNR (not able to reach recovery criteria) from OTP and they meet MAM criteria, they will be referred and enrolled in TSFP.

- Previously, a minimum Length of Stay (LoS) of eight weeks was maintained to reduce the risk of relapse in OTP, particularly when nutrition interventions were not integrated and many children were not receiving BSFP services. However, with the current implementation of integrated nutrition services across the camps, this requirement will no longer apply.
- ✓ A discussion was held regarding the selection of the RUTF ration size, noting that the piloted scenario had used 180 kcal/kg/day. However, the CMAM TWG has recommended a revised standard ration size of 150 kcal/kg/day. The TWG explained that WHO Recommendation B10 provides a flexible range, suggesting 150–185 kcal/kg/day until anthropometric recovery and resolution of nutritional oedema, or 150–185 kcal/kg/day until the child is no longer severely wasted and does not have nutritional oedema, then the quantity can be reduced to provide 100–130 kcal/kg/day, until anthropometric recovery. To avoid operational complexity at the field level, the CMAM TWG upon discussion with the member came to a consensus and opted for a simplified, standard ration size of 150 kcal/kg/day.
- ✓ SAG members emphasized the importance of closely monitoring key performance indicators (KPIs) for SAM management, particularly Average Weight Gain (AWG), in light of the proposed revision. Following a thorough discussion, SAG members endorsed all recommendations from the CMAM TWG, with the condition that AWW be monitored over the next three months and if the AWW fall below 3g/kg/day during this period, the CMAM TWG will revisit and reassess the recommendation.

Establishment of two SC in Camp 21 and KRC:

- ✓ Currently, there are five Stabilization Centers (SCs) operational across several camps. These include two SCs run by SHED in Camps 5 and 11, one by Friendship in Camp 26, and one by GK in Camp 4 Extension. Additionally, as a non-JRP partner, MSF is operating an SC in Camp 16.
- ✓ Save the Children International (SCI) has submitted a proposal to establish an SC in Camp 21. The proposal was reviewed by the CMAM TWG, taking into account the geographic isolation of Camps 21 and 22 and their significant distance from currently operational SCs. The TWG assessed the SC coverage map in light of SCI's proposal. Furthermore, the re-establishing an SC in the Kutupalong Registered Camp was also discussed in CMAM TWG, as one had been operational there in the past but was discontinued for various reasons. The CMAM TWG acknowledged that re-establishing an SC in this location could potentially benefit nearby camps and agreed it warrants further consideration.
- ✓ The NS emphasized that the sector is aware of SCI's proposal to establish an SC in Camp 21. However, there has been no formal communication with NS regarding the SC in the Kutupalong Registered Camp. The NS stated that official communication is required for the establishment of any SC. GK is requested to initiate formal communication with the NS on this matter.
- ✓ The NS also noted that if any health sector partner with the necessary resources expresses interest in taking over an SC, the NS is prepared to facilitate the immediate handover to ensure integration with Primary Health Care (PHC) services. NS has consistently maintained the position of integrating SC with PHC over the years.

2. PIN and Target Revision for 2025 and estimating 2026

- ✓ The AIM TWG revised the PiN and target figures for 2025 based on programmatic data. Following their guidance, the Nutrition Sector IMO estimated the PiN and target for 2026,

which has been shared with the AIM TWG. The Nutrition Sector noted that, during the JRP 2026 process, AIM TWG may consider revising the approach if needed.

- ✓ The Nutrition Sector is currently awaiting a decision from the AIM TWG regarding the need for a survey in 2025. As of now, no decision has been made.
- ✓ To support forward planning, the Nutrition Sector will convene a SAG meeting Monday, 7th July 2025 at 04:00 PM to discuss the operational approach for 2026 and how best to align with agency-specific strategies.

3. UNHCR supported 11 INFs update (UNHCR)

- ✓ Due to funding constraints, UNHCR will be unable to support all 11 INF from 01 October through December 2025 for fund advocacy. NS escalated the funding issue to ISCG last month (May 2025) but not received any positive feedback till date.
- ✓ As a mitigation measure, all current activities will continue unchanged until September 2025. If funding remains unresolved by September 2025, UNHCR will close two INF centers - one in Camp 3 and one in Camp 4. Currently there are two INFs in Camp 3 and two INFs in Camp 4.

4. Unit Cost update

- ✓ NS informed SAG members that it is currently using unit costs for activities based on previous JRP proposals and estimates derived from agency-reported activities. These figures are estimation, not exact.
- ✓ NS has also communicated to ISCG that unit costs are subject to change due to several factors, primarily because the bulk of NS costs relate to nutrition supplies, which are procured internationally. Furthermore, the sector operates under a defined ceiling for activity costs, which cannot be exceeded.
- ✓ It was noted with regret that the planned an in-depth review and costing of the nutrition response for the Rohingya refugees in Cox's Bazar for effective and efficient coordination and implementation could not be carried forward due to funding constraints. In the absence of an evidence-based cost analysis, the NS will continue to rely on unit costs derived from JRP proposals for future planning purposes.

5. Rationalization/ Prioritization/ Mitigation measures update

- ✓ The Nutrition Sector (NS) provided clarification on the differences between key terminologies (rationalization, prioritization, mitigation measures, and integration/co-location) and shared its official standpoint on their use and interpretation.
- ✓ As a result of NS advocacy, ISCG acknowledged the distinction between these terminologies. However, NS continues to observe varying interpretations of these terms across different forums, which is impacting decision-making processes. SAG members recommended that NS develop a reference document compiling all communication made by the NS and Health Sector (HS) to ISCG regarding the integration and co-location concepts.
- ✓ Health Sector partners have agreed to integrate Stabilization Centers (SCs) within Primary Health Care (PHC) facilities using existing resources and have identified a potential partner to implement this activity. Once formal communication is received, NS will proceed with the handover of the SC to the designated partner. A joint field visit was carried out on 30 June 2025 in Camp 11 by representatives from the Health Sector partner (IRC) and the NS CMAM TWG of NS to review the situation on the ground to expedite the process of hand overing SC to health partner.
- ✓ Additionally, the Health Sector is currently conducting a health facility assessment to evaluate its capacity to integrate NS activities using existing human resources. NS is awaiting updates from the taskforce conducting this assessment. The TF is expected to share their findings and recommendation on integration of health and nutrition.

6. NS/TWG/SAG ToR Finalization

- ✓ Most of the ToR is finalized except one from AIM TWG. NS requested the concerned TWG to finalize the ToR and share it with NS ASAP.

Action points:

Action point	Focal point/agency	Timeline
To continuously monitor the KPI of SAM management (specially AWG) for first 3 months after implementation of key changes	CMAM TWG	July-Sept 2025
To initiate formal communication with the NS on establishment of SC in KTP RC	GK	ASAP
To reach consensus about the survey requirement and modality for 2025	AIM TWG	ASAP
To convene a SAG meeting to discuss the operational approach for 2026 and how best to align with agency-specific strategies.	NS	7 th July 2025 at 04:00 PM
To produce a reference document on the discussion between HS and NS regarding integration and co-location	NS	ASAP
To share the final ToR of TWG with NS	AIM TWG	ASAP

Annex 1: List of Participants

Online:

Name	Organization	Email
Shahana Hayat	Concern	shahana.hayat@concern.net
Md. Ariful Kabir Sujan	GK	nutri_coord@gkcox.org
Sadia Islam	SCI	sadia.islam@savethechildren.org
Ruma Khondaker	SCI	ruma.khondaker@savethechildren.org
Ziaur Rahman	SHED	ziaur@shedbd.org
Vincent Kahi	UNHCR	kahivi@unhcr.org
Afrin Mortaza	UNHCR	mortaza@unhcr.org
Jecinter Akinyi Oketch	UNICEF	jaoketch@unicef.org
Mohammad Zahidul Manir	UNICEF	mmanir@unicef.org
Mohammad ASHIKULLA	WFP	mohammad.ashikulla@wfp.org
Rajib Kumar Kundu	WFP	rajib.kundu@wfp.org
Kibrom Tesfaselassie	NS	ktesfaselassie@unicef.org
Suparna Das Toma	NS	stoma@unicef.org

//////////////////// THE END //////////////////////

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

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

