

NS SAG MEETING

NS Coordination meeting room | 23 October 2025 | 9:00 AM– 04:00 PM



Meeting Minutes

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. Finalization of Health and Nutrition Strategy

Welcome and Introduction

Kibrom Tesfaselassie welcomed all the participants to the Nutrition Sector SAG meeting on 23 October 2025. Representatives from all the members were presented in the meeting. Following a brief introduction, the meeting was started.

1. Finalization of Health and Nutrition Strategy

The Nutrition sector coordinator explained the objective of the meeting. He discussed about the current funding situation and the health and Nutrition integration discussion. The aim of the integration is cost reduction. One way of reducing the cost is to reduce the number of implementing partners in the camps. As health sector has 16 partners while nutrition has only 4, the existing partners from nutrition are proposed to remain to implement the Nutrition activities in PHC. SAG members discussed about the number of partners that Nutrition Sector requires in 2026 to implement quality activities, and it was decided that **at least 3 partners are required**. However, final agreement about the number of partners need to be discussed jointly with Health and Nutrition Sector partners.

NS coordinator also mentioned that the expected outcome of the discussion is to agree on the key element to estimate budget for 2026 to meet the deadline of JRP. The following key elements were discussed-

- Nutrition service package at PHC.
- Staff required at PHC level.
- Community Volunteers.
- How to provide BSFP service outside PHC

Nutrition service package at PHC: SAG members discussed thoroughly and finalized the proposed Nutrition service packages at PHC and Community as follows-

At PHNC level:

- ✓ Comprehensive nutrition assessment (Height, Weight, MUAC, Oedema, Z-score) for detection of acute malnutrition of children
- ✓ Treatment of Severe acute malnutrition (SAM) with complication – SC at designated PHNC
- ✓ Treatment of Severe acute malnutrition (SAM) without complication – OTP
- ✓ Management of moderate acute malnutrition (MAM) for U5- TSFP,
- ✓ Nutrition assessment of PBW at PHNC (MUAC and Weight) and treatment of acute malnutrition of PBW- TSFP
- ✓ Nutrition counselling/SBC for Pregnant and breastfeeding women during ANC and PNC

- ✓ Nutrition counselling/ SBC/ECCD for breastfeeding women /caregiver of 0-23 months of children at IYCF corner
- ✓ IFA/MMS supplementation to PBW
- ✓ Information management system

Community based Health and Nutrition activities:

- ✓ Community based screening for acute malnutrition and referral using Mid Upper Arm Circumference (MUAC), oedema for children and PBW
- ✓ Targeted home visit and follow up of children with SAM & MAM and MAM PBW
- ✓ Micronutrient deficiency prevention and control
 - Bi- annual Vitamin A supplementation campaign for children 6-59 Months
 - Bi-Annual deworming campaign for children of 24-59 Months
- ✓ Nutrition education and weekly IFA supplementation for adolescents (10-19 years girls)
- ✓ Messaging/SBC/community engagement on maternal nutrition and IYCF at household level
- ✓ Referral and follow up of absent cases of BSFP beneficiaries to the distribution site
- ✓ Sensitization/ awareness sessions/SBC with MTMSG, Father to Father support group, community influential members on key nutrition issues
- ✓ Community based screening for identification of LBW babies using portable weighing scale for newborn children and referral for management

Staff required at PHC level: followed by an in-depth discussion by the SAG members, following staff members were proposed-

Level	Designation	Category	Number
PHNC	Nutritionist	staff	1
	Nurse (OTP/TSFP)	Staff	1
	IYCF counsellor	Staff	1
	Health and Nutrition Data Officer**	Staff	1
	Measurer	staff	2
	Nutrition Commodity Assistant	staff	1
Community level	As per the estimation for this integration, 3,270 outreach volunteers and 164 supervisors are required to deliver both health and nutrition services at community level. Each volunteer will have 30 mins for a HH and will visit weekly.		

** Current HIMS officer will be responsible for nutrition data quality as well.

Additionally, it was proposed that the ANC Nurse currently responsible for ANC at PHNC level will be responsible for MAM PBW management. Also, the CFRM needs to be mainstreamed between 2 sectors.

SAG members discussed staff salary considerations for budget estimation. To ensure alignment with Health Sector remuneration, the Nutrition Sector (NS) Coordinator inquired about the salary structure of health staff. Members informed that the Health Sector's salary structure is not

harmonized. To obtain a general understanding of the range, the NS Coordinator requested UNHCR and UNICEF to coordinate with the Health Section to collect relevant salary data. In the meantime, the NS Coordinator suggested using the Nutrition Sector's existing salary structure as a reference for budget estimation. SAG members also raised concern as the number of positions is not reducing as more staff will be needed to deliver other services including BSFP.

Community Volunteers: SAG members also discussed which sector should take responsibility for managing community volunteers. Some members proposed that the entire outreach team be managed by the Nutrition Sector, while others suggested that 50% of the team could be managed by Nutrition. It was agreed that this issue requires further consultation with the Health Sector. Since appealing partners need to determine the number of volunteers to prepare their budgets, they will await final guidance from the Nutrition Sector before proceeding with the budgeting of the community volunteer component.

How to provide BSFP service outside PHC: Due to space constraints, it is not feasible to accommodate BSFP services within PHCs. The NS Coordinator requested members to share suggestions on alternative service delivery points. The following options were discussed:

- a) Some members suggested delivering BSFP services from GFA outlets; however, WFP noted that these sites are already operating at full capacity. Additionally, BSFP entails complementary activities such as anthropometric measurement, registration, and nutrition and health education that cannot be integrated into GFA outlets.
- b) It was proposed that BSFP services could be provided from the existing INFs, which could also serve as service points for vaccination centers under the Health Sector. The NS Coordinator noted that, although there are ongoing discussions to rationalize the number of facilities in camps, this could serve as a temporary solution for BSFP commodity distribution.
- c) Under the health and nutrition integration strategy, it was identified that seven PHCs can accommodate the overall nutrition caseload, including BSFP. Assuming one distribution point per camp, the remaining 26 camps could be served through existing INFs. These facilities could also be leveraged for other community-level services, such as EPI vaccination.

SAG members further emphasized the importance of maintaining BSFP services, noting the need for a well-articulated justification to advocate for the continuation of the component in the evolving response context. WFP committed to sharing relevant documents highlighting the role of INFs in service delivery. To advance this discussion, the NS Coordinator proposed convening another SAG meeting on Sunday, 26 October 2025, at 8:30 AM, to review the revised rationale for BSFP within the Rohingya Response. WFP was requested to prepare a short presentation illustrating the practical benefits of BSFP for children and pregnant and breastfeeding women (PBW), including key information on caloric and nutrient requirements.

Action points:

Action point	Focal point/agency	Timeline
To convene another SAG meeting to discuss on the revised rationale for BSFP in Rohingya Response.	WFP	26 October 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/>

