

1. BACKGROUND:

As of March 2023, General Food Assistance (GFA) ration cuts have been implemented for Rohingya refugees. Initially set at \$12 per person equivalent to 2100 Kcal, the food value vouchers were reduced to \$10 in March, and further decreased to \$8 in June. These cuts are anticipated to have negative consequences on the nutritional status of the most vulnerable populations within the Rohingya refugee community, particularly children under five years of age and pregnant and breastfeeding women (PBW).

The Nutrition Sector (NS) has been diligently analyzing monthly programme data to identify emerging trends. Additionally, as part of periodic quarterly mass Mid-Upper Arm Circumference (MUAC) screening, a comprehensive MUAC measurement was done at scale in June 2023, covering over 143,000 children aged 6-59 months (95 percent of the target).

Key data elements under analysis include acute malnutrition trends, average length of stay and average weight gain, cure and non-responder rates, including weight gain and weight loss trends from growth monitoring and promotion data.

Additionally, qualitative data was gathered through key informant interviews (KII) and focus group discussions (FGDs). Nutrition data was also triangulated with food security post distribution monitoring (PDM) data.

2. KEY HIGHLIGHTS:

Since the start of the ration cuts in March 2023, the general outlook from the nutrition programmes has not been positive.

- I. Increasing trends of acute malnutrition:** Quarterly nutrition surveillance using Mass MUAC screening revealed that MUAC based acute malnutrition prevalence doubled from 1.8 percent in 2022 to 3.4 percent in 2023. It is essential to highlight that weight for height (WHZ) based wasting prevalence in refugee camps is 3 to 5 times higher than MUAC. Similarly, both Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) admissions have been on the rise compared to the same period in 2022 by 11 percent and 4 percent respectively.
- II. Increased number of moderately to severely acutely malnourished cases:** The number of children with moderate acute malnutrition deteriorating to severe acute malnutrition was higher by 21 percent in 2023 compared to 2022 as observed in higher number of transfers from Targeted Supplementary Feeding Programmes (TSFP) to Outpatient Therapeutic Programmes (OTP).
- III. Decreased cure rates and increased non-responder rates:** The overall cure rate, especially among children aged 6-59 months with SAM admitted in the OTP has declined by 3.1 percent (90.7 percent to 87.6 percent) in 2023 compared to 2022. Conversely, the non-responder rate among children 6-59 months with SAM in the OTP was also higher by 3.0 percent (8.6 percent to 11.6 percent) in 2023. There is no significant difference reported in TSFP in both performance indicators.
- IV. Increased treatment duration:** The Average Length of Stay (ALOS) for treating children aged 6-59 months with acute malnutrition in both OTP and TSFP has increased by approximately 6.7 days (64.16 to 70.84) and 3.8 days (68.5 to 72.3), respectively, comparing the same period in 2022 and 2023.

- V. Increased rate of weight loss:** Growth Monitoring and Promotion (GMP) data among children aged 6-59 months indicates a significant increase in weight loss trends from 9 percent to 13 percent before and after the ration cuts respectively.
- VI. Decrease in acceptable food consumption at household level:** According to the expanded post-distribution monitoring (mini-REVA) by WFP in May/June 2023, 78 percent of the population have insufficient food consumption, 34 percentage points increase from November 2022. Consequently, family members have been skipping one meal per day to provide enough for their children. Family members have also been sharing supplementary and therapeutic foods that are meant for treatment of acute malnutrition among children and PBW, which is corroborated by findings from Focus Group Discussions (FGDs).

3. THE IMPACT OF GFA RATION CUT ANALYSIS BASED ON SURVEILLANCE AND ROUTINE PROGRAMME DATA:

3.1 Potential impact on acute malnutrition prevalence:

Mass MUAC screening exercises are conducted every quarter. The overall prevalence of Global Acute Malnutrition (GAM) by MUAC shows an increase from 1.8 percent in April 2022 to 3.4 percent in April 2023. Similarly, between June 2022 and June 2023, there has been a consistent upward trend, with the prevalence rising from 3.0 percent to 3.7 percent. Additionally, there has been a slight increase in the percentage of at-risk children, rising from 5.8 percent in April 2023 to 6.0 percent in June 2023.

It's worth mentioning that actual wasting prevalence by WHZ is 3 to 5 times higher than MUAC according to nutrition surveys conducted in refugee camps.

Figure 1 below shows comparison of the prevalence of wasting based on nutrition surveillance by MUAC between April to June 2022 and 2023.

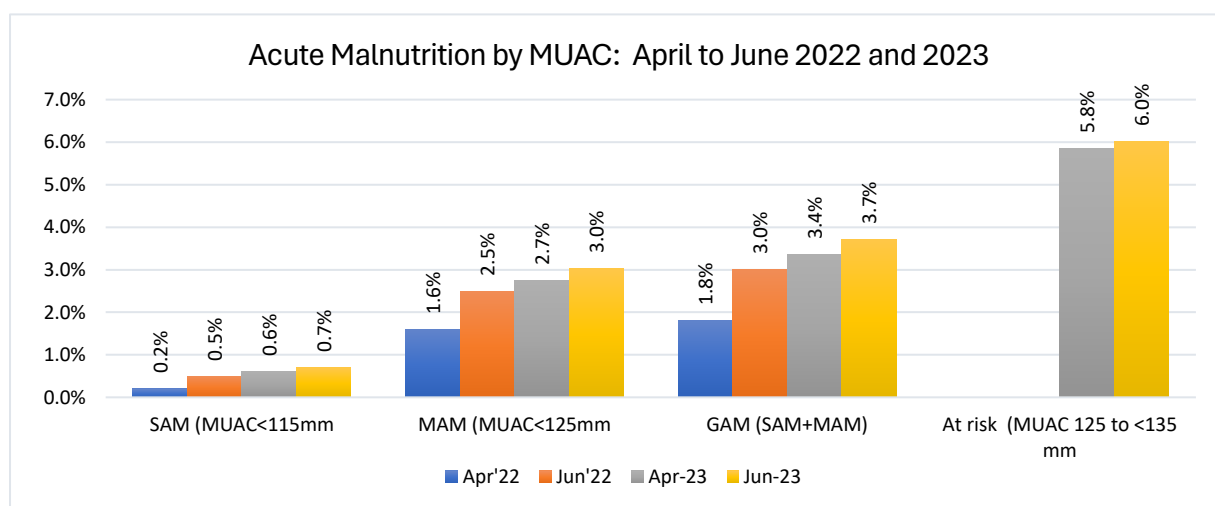


Figure 1: Comparison of prevalence of wasting based on nutrition surveillance by MUAC April to June 2022 and 2023.

3.2 Potential impact on admission into the OTP and TSFP programmes:

Since the ration cut was implemented in March 2023, both admission of children aged 6-59 months with Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) in treatment programmes is higher compared to the same period in 2022.

During the period from March to July 2023, admission of children 6-59 months with SAM was higher by 11 percent, and for MAM by 4 percent when compared to the same period in 2022.

Figure 2 shows the trends of admission of children aged 6-59 months with SAM and MAM in treatment programmes from March to July 2022 and 2023. Table 1 shows the comparison of SAM and MAM admission cases between 2022 and 2023 (March – July).

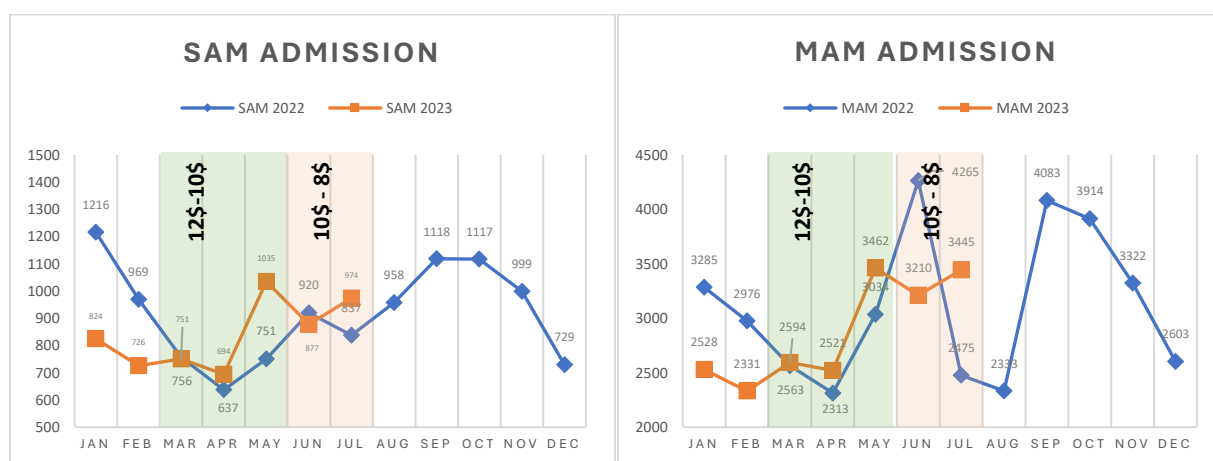


Figure 2: SAM and MAM admission trends March to July 2022-2023

Table 1: Comparison of SAM and MAM admission cases between 2022 and 2023 (March – July)

Category/Year	2022 (March- July)	2023 (March- July)	Difference
SAM	3,901	4,331	430 (11 percent)
MAM	14,650	15,232	582 (4 percent)

3.3. Potential deterioration of moderate to severe acute malnutrition

Programme data also reveals a noteworthy increase in transfers from TSFP to OTP, with a 21 percent rise in 2023 when compared to the same period in 2022. This increase may be linked to a lack of access to an adequate and diversified diet at the household level, primarily due to the impact of ration cuts, which has led to the deterioration of the nutritional status of children with Moderate Acute Malnutrition (MAM) into Severe Acute Malnutrition (SAM).

Figure 3 shows the trends of transfers from TSFP to OTP March to July 2022-2023 and table 2 shows the number of children transferred from TSFP to OTP in 2022 and 2023 (March – July).

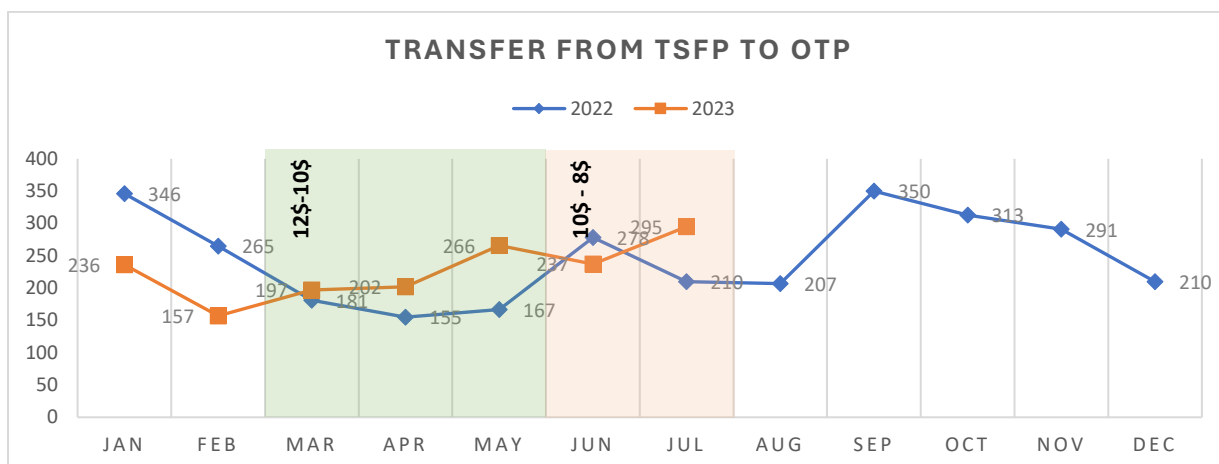


Figure 3: Trends of transfer from TSFP to OTP from March to July 2022 and 2023

The number of children transferred from TSFP to OTP increased from 991 in 2022 to 1,197 in 2023 over the same period (March – July).

Table 2: Number of children transferred from TSFP to OTP in 2022 and 2023 (March – July)

	2022 (March- July)	2023 (March- July)	Difference
Transfer from TSFP to OTP	991	1,197	206 (21 percent)

3.4. Potential impact on Cure Rates and Non-Responders in OTP and TSFP programmes

The programme data indicates that the overall cure rates, especially among OTP cases, has declined by 3.0 percent in 2023 when compared to 2022. Conversely, the overall non-responder rates¹ for OTP has increased by 3.0 percent in 2023 compared to 2022. However, no changes in the TSFP have been observed. Table 3 shows the Cured and non-responder rate in 2022 and 2023. Table-3: Cured and non-responder rate in 2022 and 2023

Criteria	Programme	2022 (Percentage)	2023 (Percentage)	Difference
Cured	OTP	90.7	87.6	- 3.1
	TSFP	96.5	96.5	0.0
Non-Responder	OTP	8.6	11.6	3.0
	TSFP	3.3	3.3	0.0

3.5 Potential impact on Average Length of Stay (ALOS) in OTP and TSFP programmes

The Average Length of Stay (ALOS) in OTP and TSFP increased by approximately 6.7 days and 3.8 days from 2022 to 2023 respectively. This indicates that children admitted to these programmes had a longer duration of stay to become cured in 2023 compared to the previous year. On the other hand, the average weight gain (AWG) in OTP has also slightly decreased in 2023 compared to 2022 although there is no major impact on TSFP. Table 3 shows the Average Length of Stay and Average Weight Gain for OTP and TSFP.

¹ Children with acute malnutrition who did not become cured within the recommended time period (90 days for SAM, 120 days for MAM) despite receiving treatment.

Table-4: Average Length of Stay and Average Weight Gain for OTP and TSFP

Programme/ Year/ Criteria	OTP			TSFP		
	2022	2023	Difference	2022	2023	Difference
ALOS (days)	64.16	70.84	6.68	68.50	72.28	3.78
AWG (g/kg/day)	3.22	3.08	-0.14	1.66	1.66	0

3.6 Potential impact on weight loss during Growth Monitoring and Promotion (GMP)

According to the Growth Monitoring and Promotion (GMP) data, there has been an increase trend of losing weight among children under 5 years of age since the ration cut started in March 2023. Subsequently, weight loss among children continued to increase until May, maintaining a consistent trend throughout June and July. Conversely, static weight increased by 1 percent in March and continued to rise thereafter.

The deterioration of weight among children would be linked to inadequate food intake, primarily due to the lack of access to food at the household level and some other risk factors and household coping mechanisms.

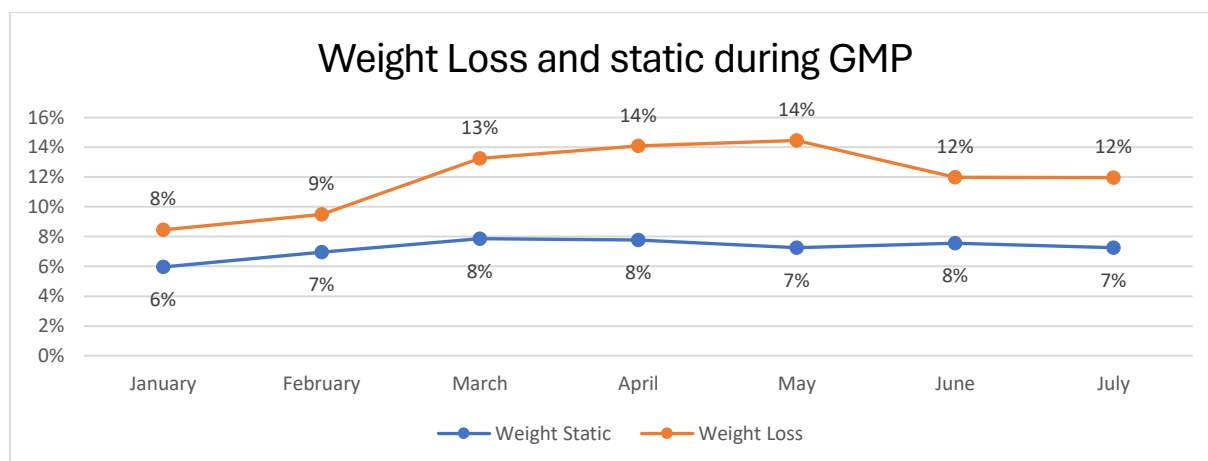


Figure 4: Weight Loss and static during Growth Monitoring and Promotion (GMP)

4. POST-DISTRIBUTION MONITORING ANALYSIS OF RATION CUT IMPACTS ON NUTRITION FROM FOOD SECURITY PROSPECTIVE

Results from the recently conducted expanded post-distribution monitoring (mini-REVA) by WFP in May/June 2023 shows an increase in vulnerability among Rohingya households. This is anticipated to increase severity of acute malnutrition of children under five, pregnant and breastfeeding women from the same households. Key findings are outlined below:

- Overall, 97 percent of Rohingya households are vulnerable, which increased by 2 percentage points from November 2022.
- 78 percent of the population have insufficient food consumption which increased 34 percentage points from November 2022.

- Households with acceptable food consumption decreased from 56 percent to 22 percent after the ration cut, with poor food consumption increasing by 7 percentage points.
- In terms of food-based coping mechanisms, majority of households are relying on less expensive foods (74 percent), an increase of 9 percentage points. The levels of borrowing food or money almost doubled from 26 percent in the last quarter of 2022 to 51 percent in May 2023. 14 percent of households reported that adults in their households skipped meals to feed their children which is 4 percentage points higher than in November 2022.
- Due to ration cuts, crisis livelihoods coping levels is at 36 percent which increased by 6 percentage points.
- 70 percent reported that the assistance lasted less than 27 days. Among them, 86 percent reported that the voucher amount was less, and 93.6 percent said it was not enough to support family needs.
- 94 percent of the respondents reported deterioration of the food and nutrition situation in their households due to the ration cuts.

5. REPORTED IMPACT OF GFA RATION CUTS BY BENEFICIARIES BASED ON FOCUS GROUP DISCUSSION AND KEY INFORMANT INTERVIEWS

To assess the GFA ration cut impact on the Rohingya Community particularly on their health and nutrition status, Concern Worldwide (CWW) conducted an assessment following Focus Group Discussions (FGDs) and Key Informant Interviews (KII) approach. A total 20 FGDs and 32 KIIs were conducted in six camps (Camp 1E, 1W, 13, 15, 21 and 24) targeting a diverse category of participants including caregivers of children under five, PLW, father groups and other key influential e.g., teachers, religious leaders, Majhi etc. to understand the impact of the ration cuts from different perspectives. The summary of FGD and KII findings are outlined as follows:

Reported effect on food management and distribution among household members:

- Households solely depend on the food rations and cannot afford extra food for the children.
- Respondents reported that parents skip meals to provide enough for their children.
- Increased sharing of Super Cereal (WSB+) and Super Cereal Plus (WSB++) among family members was reported, with some households replacing main meals with these specialized nutritious foods received from the nutrition centres.

Reported change in dietary patterns (both quantity and quality) of the households:

- Respondents reported cutting daily meal from three to two for adult members of their households.
- Families reported not being able to afford purchase of fresh and diversified foods such as fish, meat, fruits, and vegetables from the market.
- Respondents also stated that they have had to adjust food choices e.g. substituting fresh fish with dried fish to meet their protein requirements.
- Ultimately both quality and quantity of foods is decreasing day by day.

Reported health consequences because of the ration cuts:

- Child health was reported to be worse with children frequently falling ill.
- Physical weakness was commonly reported among adult members of the household.

- Skin diseases also increased as soap distribution decreased.
- Blood pressure issues were reported resulting from anxiety due to tension and food scarcity.

These programmatic analyses, along with analysis from PDM and FGDs give us an indication of the increase in the cost of the treatment of acute malnutrition which leads to an increase in the need for more funding for nutrition programmes including nutrition sensitive interventions and more focus and funds to address the risk factors, in health and WASH.

6. NUTRITION SECTOR PRIORITIES IN MONITORING THE NUTRITION STATUS OF REFUGEES

1. Rigorous monitoring and analysis of the nutrition programme data in a timely manner to ensure prompt follow up and treatment of malnourished children and ensure quality of the programmes.
2. Nutrition survey: Plans are underway to carry out a Standardized Expanded Nutrition Survey (SENS) to comprehensively determine the nutrition status of children under-five, pregnant and breastfeeding women. Preliminary results will be issued by the end of October 2023.

Call to action:

Protecting and increasing nutrition funding is essential to saving lives and ensuring the well-being of the most nutritionally vulnerable Rohingya refugees particularly children and pregnant and breast-feeding women.

The nutrition sector calls on all donors and key stakeholders to:

- **Ringfence and firewall nutrition interventions and funding:** Recognition of nutrition as a critical component of refugee assistance, ensuring that nutrition funding is prioritized and safeguarded to support the continuation of existing lifesaving prevention and treatment nutrition programmes to mitigate further deterioration.
- **Increase funding and investments:** New and additional funding to address the emerging nutritional challenges caused by the ration cuts and associated challenges. Ensure adequate resources for the scale up of key nutrition specific actions including stable supply chain of lifesaving specialized nutrition commodities as well as for nutrition sensitive actions including restoration of the full general food ration and scale up of livelihood activities to strengthen resilience.