

Background

The General Food Assistance (GFA) ration cuts started on 1st March 2023 with a reduction of the value voucher entitlement from \$12 to \$10. The second phase of the reduction from \$10 to \$8 started as of 1st June 2023. If additional funding is not received in the coming months, these entitlements may be further reduced in the future. The nutrition sector partners are very concerned about the impact of the ration cuts on the nutrition status of vulnerable populations particularly children and pregnant and breast-feeding women. Negative impacts on nutrition have specifically been outlined as of particular concern given the already high levels of malnutrition (high stunting, wasting, micronutrient deficiencies) among the Rohingya population, which are anticipated to deteriorate over time with the GFA ration cuts. As part of monitoring the impacts of the ration cuts on nutrition status, as of May 2023, the nutrition sector information management team in conjunction UNHCR, UNICEF and WFP, and partners initiated a data analysis exercise using existing programme data to review the trends of admissions, the average length of stay, weight gain, and non-response rates, while factoring in seasonality trends over the years.

Since the start of the ration cuts in March 2023, the general outlook from the nutrition programmes is yet to show a major impact, given that changes in nutrition status are expected to be seen over time and not suddenly. The nutrition sector and partners are working closely to strengthen community outreach programmes, strengthen the prevention of malnutrition programmes as well the quality of treatment programmes.

Next Steps

01 No-Regret Approach: Effective preparedness and a no-regrets approach are ongoing to increase the ability to prevent and respond to high mortality in the worst-case scenario due to severe acute malnutrition.

02 Mass MUAC screening will be conducted in 3rd & 4th week of June and data analyzed to complement the monitoring efforts of the ration cuts and serve as a proxy indicator of current malnutrition status.

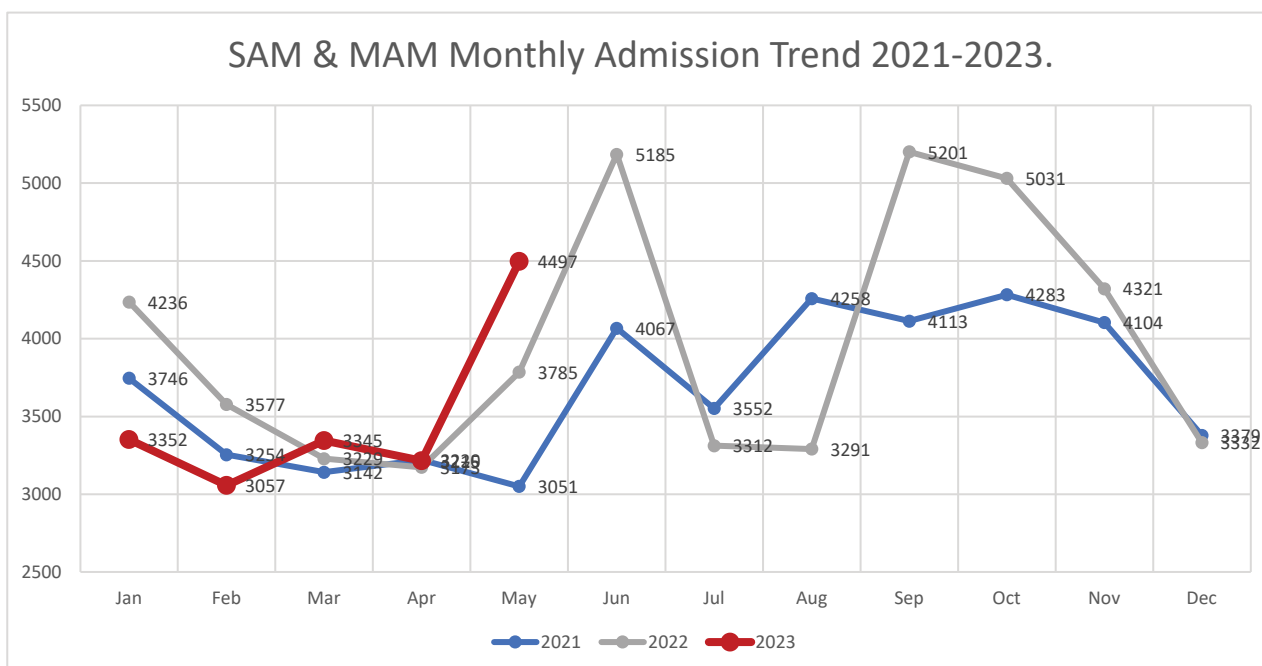
03 Monthly review of programme data by the nutrition sector including growth monitoring and promotion data to identify changes and draw trends.

04 The nutrition sector is working with implementing partners (CWW) to collect qualitative data through focus group discussions with nutrition programme beneficiaries. This data will be triangulated with the quantitative data analyses.

05 The Blanket Supplementary Feeding Programme (BSFP) and nutrition-sensitive E-voucher interventions supported by WFP are key interventions to support in minimizing the impact of the ration cut on the nutrition status of vulnerable populations specifically children under five years of age and pregnant and breastfeeding women.

06 WFP has planned a large-scale food security Post Distribution Monitoring (PDM) exercise which will include nutritional aspects as well as a qualitative assessment to support the monitoring process.

07 A cost of the diet analysis will also be conducted to project the nutrient gaps and non-affordability of nutrition-dense foods because of reduced value vouchers impacting purchasing and consumption patterns.



Nutrition Programme data Analysis (as of May 2023)

- Typically, the admissions of acute malnourished children in Outpatient Therapeutic Program (OTP)¹ and Targeted Supplementary Feeding Program (TSFP)² show a downward trend during the first quarter of every year. However, in 2023, this downward trend was not observed. Instead, there was a deviation from the usual pattern, indicating that the admission numbers did not decrease as expected during this period. Furthermore, from January - April 2022, the average reduction rate of admissions for Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) cases was approximately 9%. However, in 2023, there was only a 1% reduction observed for the same period. This indicates that there is an increasing trend in SAM and MAM admissions in 2023, contrary to the usual trend of decreasing admissions in 2021 and 2022 during the first quarter of the respective years. These observations suggest that there may have been an unexpected increase in the number of SAM and MAM cases in both OTP and TSFP programs respectively in the upcoming months (Compared to April 2023, admissions rose by 40% in May 2023, but only by 17% in 2022). See above graph.
- The average length of stay (ALOS) in both OTP (Outpatient Therapeutic Program) and TSFP (Targeted Supplementary Feeding Program) increased by approximately 6 days from 2022 to 2023. This indicates that children admitted to these programs 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 both OTP and TSFP has also slightly decreased in 2023 compared to 2022. These two programmatic analyses 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 health and nutrition programme in the future.

[1] OTP is a programme where SAM children 6-59 months treated using Ready Use Therapeutic Food (RUTF).

[2] TSFP is a programme where MAM children 6-59 months treated using a Ready Use Supplementary Food (RUSF).

Table-1: Average Length of Stay (ALOS) and Average Weight Gain (AWG) for OTP and TSFP

Programme/Year/ Criteria	OTP		TSFP	
	2022	2023	2022	2023
ALOS	64.16	70.29	68.50	74.13
AWG	3.22	3.09	1.66	1.60

The programme data also shows that the non-responder rate, particularly among OTP cases, has increased in 2023 compared to 2022. Specifically, the non-responder rate in OTP increased by 3.8% in 2023 compared to the previous year. Non-responder rate in TSFP also slightly increased (0.2%) in 2023 compared to 2022.

Table-2: Non-responder rate (as of May 2023)

Programmes	2022	2023
OTP	8.6%	12.5%
TSFP	3.3%	3.5%

Focus Group discussion with nutrition beneficiaries on Ration cut impact:

Nayapara Registered Camp (old refugee since 1992)

- The selling of general ration decreases as the amount of food they receive is not sufficient to meet their needs.
- Sharing of therapeutic and supplementary foods increase among the other siblings as they can't sell ration of small children to buy other food. Because they need full ration for the whole family.
- Increase sharing of Super Cereal among other family members that provided for children and PLWs, this is because ration food is not adequate.
- Increase selling of Super Cereal given for the PLW to buy other household needs.
- Mothers and adults reduce their food intake and the number of meals.

Camp-13 (New refugee since 2017)

- Decrease the number of fish and vegetable consumption for the family and especially the complementary feeding for young children.
- The opportunity to get loans from others during a crisis is likely to decrease.
- Mothers take less food so children can have more food/adequate amount.
- Increase the disease frequency among the children and family members as they are eating less amount of food and less diverse food.
- They can't provide extra or diversified food for complementary feeding for the children.

Camp-24 (Semi Old refugee since 2003)

- Facing challenges to meet all family requirements as they can't sell extra ration that they were receiving for the children.
- Selling of Super cereal increased.