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Humanitarian ration cuts: impacts on vulnerable groups

Huma Haider
Independent Consultant
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Question

What do we know about the impact of humanitarian ration cuts on vulnerable groups?

Contents

1. Summary

Humanitarian ration cuts have had a wide range of devastating impacts on individuals, households, groups, and communities, who rely on this aid for survival. Humanitarian rations can include in-kind transfers, food vouchers or cash transfers: the focus in this report is on in-kind food rations. Adverse impacts of ration cuts include:

- Malnutrition and disease
- Inability to purchase/barter trade necessities
- Educational shortfalls
- Mental health issues and illnesses
- Gender-based violence
- Negative coping strategies
- Harmful effects on host communities.

In the past decade, humanitarian needs have increasingly outpaced the budgets of humanitarian organisations. The impact of the COVID-19 pandemic on the global economy has also led to a decline in donations to the UN's World Food Programme (WFP) and the UN's Refugee Agency (UNHCR), which in turn has significantly reduced the food rations of refugees, and/or cash allowances (Manirambona et al., 2021). Given these shortfalls, humanitarian organisations are forced to prioritise among the many assessed needs (Beltramo et al., 2019). There is not much evidence, however, of the effectiveness of targeting strategies (Beltramo et al., 2019).

Differing personal characteristics and experiences (e.g. professional background, education, gender, age, access to the labour market, access to overseas remittances) play a crucial role in determining displaced persons' level of self-reliance; and the degree to which they will be adversely affected by ration cuts (Horstmann et al., 2019; Easton-Calabria & Omata, 2018). Research on Rohingya settlements in Bangladesh, for example, finds that nearly 70% of female-headed households suffered from food shortages compared to 50% of male headed ones (Akter et al., 2021). Cuts in food rations can thus exacerbate socio-economic inequities among beneficiaries of humanitarian assistance (Easton-Calabria & Omata, 2018).

This report discusses various impacts of humanitarian ration cuts on vulnerable groups, and on displaced persons as a whole—identified through a broad survey of academic, donor, and non-governmental organisation (NGO) literature and news reporting on different aspects of ration cuts. The focus is primarily on refugee populations and sub-groups of refugees, such as women and children. There was inadequate information on impacts on the elderly, persons with disabilities, LGBTQI+ communities, and ethnic or religious minorities. The elderly and persons with disabilities are often overlooked in the design and implementation of programming; and in data collection (Jote & Tekle, 2022; Nisbet et al., 2022). Much of the literature also centres on sub-Saharan Africa.

Malnutrition: Prolonged insufficient food assistance will likely contribute to a rise in the prevalence of acute malnutrition among refugees (Mohmand, 2019). Food ration cuts have produced negative coping strategies, including: reducing the number of meals; skipping eating for entire days; limiting portion sizes; restricting consumption by adults in favour of children;

and/or dietary changes, such as eating fewer kinds of food groups and relying on less preferred or inexpensive foods (Abou-Rizk et al., 2021; UN, 2020; Mohmand, 2019; Weldeyohannis, 2018).

Malnutrition is very common in refugee children (Nisbet et al., 2022). A recent study (spanning 2010-2017) on refugee children under 5 years of age living in camps in Chad, finds that a 50% reduction in general food distribution (GFD) rations had adverse effects on child growth: children 24–59 months were more at risk of stunting, whereas children 6-24 months was more at risk of wasting (Fenn et al., 2021). Research on Rohingya refugee and Bangladeshi adolescents in Bangladesh in the midst of ration cuts during the COVID-19 pandemic finds that 21% of adolescent respondents felt hungrier in the past four weeks; and that 87% are less likely to eat meals containing protein (e.g. fish, meat and vegetables), with girls more likely to report this than boys (Guglielmi et al., 2020a and 2020c). A study on Syrian refugees in Lebanon finds that poor dietary diversity greatly affected the nutritional status of children and women of reproductive age, particularly among pregnant and lactating women (PLW) (Abou-Rizk et al., 2021).

Disease incidence and outcomes: High quality nutrition is essential in maintaining health and preventing disease that results from poor nutrition (Manirambona et al., 2021). Children in humanitarian settings are extremely vulnerable to iron deficiency anaemia and other micronutrient deficiencies, due in part to: inadequate food rations and insufficient micronutrient composition (Jemal et al., 2017). Research on Kebribeyah refugee camp in Ethiopia, conducted during 2010, reveals that the prevalence of anaemia was 1.6 times higher in households that did not consume the entire ration (shared their ration or sold part of it) than those that consumed the entire ration; and 1.9 times higher in households where the duration of the ration lasted 15–20 days compared with those in which the ration lasted 26–30 days (Jemal et al., 2017).

Cuts in food rations in East Africa, leading to irregular dietary patterns in refugee camps, has also produced challenges for patients with type 1 diabetes, who need to inject insulin multiple times a day (Boulle et al., 2019). Research on Somali refugees in Ethiopia and on Syrian refugees finds that limited food aid rations may not provide the dietary intake needed to prevent deterioration in their health (Kohrt & Carruth, 2020; Elliott et al. 2018). Cuts in rations to individuals with HIV/AIDS could also have a detrimental effect on disease progression. The WFP's food assistance for HIV-infected individuals in Zambia finds that food assistance increased calorie consumption, which also has implications for better adherence to antiretroviral therapy (Tirivayi & Groot, 2017).

Access to essential items: Where food rations are cut, refugees may find their purchasing power limited, impeding their access to trading markets within and outside camp settlements (Oliver & Ilcan, 2018). Some refugees often sell part of their rations to pay for other types of food and/or other essentials (e.g. soap, school fees and supplies, medicines, candles) (Brigham et al., 2021; Betts et al., 2019; Oliver and Ilcan 2018). A study on Uganda reveals that cuts in rations can affect women's income and savings, as women may sell part of their rations to invest in small businesses such as retail shops (Wilman et al., 2022). Cuts in the provision of non-food items can also impact on refugee well-being. In South Sudan, the unavailability of 'mamma kits' (containing basic sought after supplies like mosquito netting, soap, a basin, and cloth)—which used to be distributed at antenatal centres and served as an incentive to attend—has resulted in lower uptake of preventative care and facility-based childbirth services (Gee et al., 2018).

School implications: Cuts to the provision of a daily healthy meal in learning facilities can inhibit the ability of children, who may already be malnourished, to stay healthy, alert and motivated to

take part in learning (Di Santo & Scott, 2020). School feeding may also influence household decisions to send children to school (Gelli et al., 2018). A study on school feeding programmes in Central America finds that in the first year of WFP assistance, enrolment increased by 28% for girls and 22% for boys (Crea et al., 2021). The links between GFD and household decisions regarding child schooling are less direct (Gelli et al., 2018). The receipt of food aid may positively influence household educational decisions by freeing up labour and financial resources that would otherwise be directed toward obtaining food. At the same time, families receiving food aid may use savings from food purchases to invest in productive activities in which children participate, thus reducing school attendance (Gelli et al., 2018).

Mental health issues: There is evidence of the association between depression, food insecurity and poor dietary diversity, suggesting a relationship between micronutrient deficiencies and mental health disorders (Abou-Rizk et al., 2021). In addition, the struggle to provide food daily can exacerbate effects on mental health (Abou-Rizk et al., 2021; Manirambona et al., 2021). Research on the mental health status of Syrian mother refugees in Lebanon finds that nearly one-third were suffering from post-traumatic stress disorder and/or moderate to severe depression, with a strong relationship observed between poor maternal mental health and food insecurity (Abou-Rizk et al., 2021). Other research on Uganda also finds that women refugees in particular experienced additional stress as they bore much of the responsibility for their families' food intake (Wilman et al., 2022). A study conducted in Northern Uganda finds that declines in food security affected the psychosocial well-being of adolescents (Meyer et al., 2019).

Gender-based and other violence: Cuts in food rations have increased the vulnerability of many women in refugee communities to acts or threats of violence (Wilman et al., 2022). In Uganda, there have been reports of women being battered by their husbands whenever their food rations run out (Masinde & Achan, 2020). Focus group discussions with refugee women in Tanzania also revealed that delays in collecting firewood, when firewood rations are not available, can lead to conflict with their partners, often resulting in violence towards women (Johnstone et al., n.d.). The decline in food security has also led to an increase in caregiver violence against adolescents (Meyer et al., 2019).

Negative coping mechanisms: Other coping strategies, aside from direct reductions in food consumption discussed above, include: indebtedness; selling assets; child labour; pursuit of risky livelihoods; transactional sex; and early marriage (Akter et al., 2021; WFP, 2021a; UN, 2020). Research on Kalobeyei camp in Kenya found that 89% of refugee households in the sample are indebted towards their shopkeepers, which can lead to a cycle of dependency, and stress (Sterck et al., 2020). Women are also at risk of gender-based violence when they are unable to repay their debt. Shopkeepers too may feel pressure to provide credit to their customers, who may also be their neighbours—which may lead to business losses (Sterck et al., 2020).

Resorting to risky livelihood options is another coping strategy, such as in the case of displaced persons from Myanmar in Thai and Burmese camps (Hortstmann et al., 2019). Their desperate situation increases vulnerability to exploitative practices, including female trafficking. Men often leave the camp to work on their fields across the border (Horstmann et al., 2019). Delayed or reduced food rations have also driven desperate refugees in Uganda back to South Sudan in search of food, with reports of the deaths of some refugees upon return (Patinkin, 2017).

Child marriage has also been reported in South Sudan, Uganda, and among Rohingya refugees, to alleviate the pressure of ration cuts: marriages entail the creation of new households that

could access other rations (Wilman et al., 2022; Melnikas et al., 2020; UN, 2020). Refugee women in the Nakivale refugee settlement in Uganda have also opted in some cases to have more children to secure additional food rations for their family (Oliver & Boyle, 2019).

Host community and external relations: Tensions may rise between refugees and locals when food rations are cut: this was the case with Osire refugee camp in Namibia, as neighbouring farmers grew increasingly concerned about trespassing and theft stemming from refugee vulnerability (Oliver & Ilcan, 2018). Cuts in food rations and cash transfers that directly reduce the ability of refugees to purchase or barter goods can also hurt the local economy and purchasing power of host populations, as was the case with Kakuma camp in Kenya (Alix-Garcia et al., 2019). In addition, cuts can undermine the ability of refugees in camps to assist their external social networks. Some South Sudanese refugees, for example, allocate a portion of their monthly food ration, such as cooking oil and beans, for relatives back home who are struggling (Stites & Humphrey, 2020).

2. Background

The United Nations Refugee Agency (UNHCR) reports that 80% of the world's displaced people are in countries or territories suffering from acute food insecurity and malnutrition (Nisbet et al., 2022; Fenn et al., 2021). Humanitarian organisations, such as the WFP and the UNHCR, rely entirely on donors' contributions to administer programmes for refugees and internally displaced persons (IDPs) (Verme & Gigliarano, 2019). While UNHCR's budget financing reached historic highs in 2016, humanitarian needs continue to grow at an even faster pace, with multi-dimensional crises, such as the combination of conflicts and droughts in South Sudan, Somalia and the Republic of Yemen, leading to food shortages (Beltramo et al., 2019; Verme & Gigliarano, 2019). While the humanitarian approach to refugee assistance assumes that refugee situations and camps are temporary, in practice, most refugee crises are protracted, with refugees living in long-term camps, surviving on monthly food rations (Fenn et al., 2021; Sterck & MacPherson, 2019).

The impact the COVID-19 pandemic on the global economy has led to a decline in donations to the WFP and UNHCR, which in turn has significantly reduced the food rations of refugees, and/or cash allowances (Manirambona et al., 2021). Funding shortfalls have forced WFP to cut its monthly assistance for refugees in the East and Horn of Africa and the Great Lakes, for example—by up to 60% in Rwanda, 40% in Uganda and Kenya, 30% in South Sudan, 23% in Djibouti and 16% in Ethiopia (WFP, 2021a). Given these shortfalls, humanitarian organisations are forced to prioritise among the many assessed needs (Beltramo et al., 2019). There is not much evidence, however, of the effectiveness of targeting strategies (Beltramo et al., 2019).

Vulnerable groups and households: While information on women and children in humanitarian aid programming is available; the elderly and persons with disabilities are often overlooked in the design and implementation of programming (Jote & Tekle, 2022; Nisbet et al., 2022). They are often not identified or counted in registration or data collection exercises, resulting in limited reliable data on the number and profile of displaced persons with disabilities; and little age-disaggregated data on the elderly (Jote & Tekle, 2022; Weldeyohannis, 2018). There are very few nutrition-specific interventions targeting older people in humanitarian situations, in contrast to PLW and children under five years old, for whom intensive and targeted nutrition assistance is well-established practice (Weldeyohannis, 2018).

Cuts in food rations and/or emphasis on self-reliance as a policy or out of necessity can exacerbate socio-economic inequities among beneficiaries of humanitarian assistance (Easton-Calabria & Omata, 2018). Differing personal characteristics, experiences, and background elements—such as prior professional background, education, gender, age, opportunities to access the labour market, access to overseas remittances—play a crucial role in determining displaced persons' level of self-reliance (Horstmann et al., 2019; Easton-Calabria & Omata, 2018). However, blanket 'self-reliance' approaches tend to neglect differences in refugees' individual vulnerabilities and strengths in the pursuit of self-reliance (Easton-Calabria & Omata, 2018). A study on coping mechanisms and food aid in Southern Tigray, Ethiopia finds, for example, that illiterate headed households are more vulnerable to food aid dependency than literate headed household (Kahsay et al., 2021).

Research on resilience of Rohingya settlements in Bangladesh finds that nearly 70% of female-headed households suffered from food shortages compared to 50% of male headed ones (Akter et al., 2021). Women's greater likelihood of having inconsistent and poor income opportunities, compared to males, makes them more vulnerable to food insecurity—particularly disabled, elderly and female-headed households (Akter et al., 2021). Humanitarian 'cash for work' programming is limited to specific categories (e.g. drain, road, shelter construction), which many locals claim discriminates by gender, with a ratio of 70% male and 10% female Rohingya participation (Akter et al., 2021). Research on Rohingya adolescents also finds that those living in female-headed households are less likely to receive enough meat and fish due to inadequate family incomes (Guglielmi et al., 2020b).

Access to remittances and social networks can also influence the degree of vulnerability of households to ration cuts. Research on the promotion of a 'self-reliant' model in Buduburam refugee camp in Ghana finds that successes were achieved only because refugees in the camp had access to remittances from diaspora that enabled them to sustain businesses (Easton-Calabria & Omata, 2018). Households that do not have such access to remittances or to communal support from fellow refugees are likely to be more vulnerable. A study on South Sudanese refugees found that many respondents neither receive nor send assistance of any kind due to lack of means and few social connections beyond their immediate neighbours or relatives within the camp (Stites & Humphrey, 2020). In such cases, monthly food rations are the only resource to which they have access (Stites & Humphrey, 2020).

3. Malnutrition and disease

Malnutrition

Refugee populations are experiencing food ration cuts in the recommended daily food basket of 2100 kilocalories/per day due to funding shortfalls in humanitarian aid programmes (Tanner at al., 2021). This has resulted in inadequate food intake, increasing food insecurity and malnutrition among the refugees (Tanner et al., 2021). Food insecurity is negatively correlated with dietary diversity and with calorie intake—both of which can be adversely affected to ration cuts (Sterck & MacPherson, 2019). Prolonged insufficient assistance will likely contribute to a rise in the prevalence of acute malnutrition and micronutrient deficiencies among refugees (Mohmand, 2019). Refugees in Nyarugusu camp in Tanzania, for example, have continuously encountered food shortages. Due to funding cuts since 2017, the WFP has provided 62% of the recommended daily food basket (Obodoruku, 2018). Funding cuts have also occurred in the

past: a nutrition survey at the end of 2004 found that, due to the recurrent shortage in the food supply, 37% of refugee children age 5 and under was chronically malnourished; and 25% of refugee children over age 5 were underweight (Obodoruku, 2018).

In Rwanda, severe food insufficiency in refugee camps are expected to have numerous adverse effects, including but not limited to undernourishment, vitamin deficiency, and high rates of infections (Manirambona et al., 2021). In Uganda, over 400,000 refugees are considered to be at crisis hunger levels and 135,130 children acutely malnourished as of 2020, with WFP cuts in food rations and cash-based transfers exacerbating the situation (Abebe & Maunganidze, 2021). In Ethiopia, while the WFP continues to provide specialised fortified foods to young children and PLW in refugees camps, support will be now be limited only to children under 2 years of age, instead of the current provision to under 5 years old (WFP, 2021b). This is despite over six in 10 refugee children in Ethiopia already experiencing critical levels of anaemia—with levels of acute malnutrition, micronutrient deficiencies, and anaemia expected to rise (WFP, 2021b; UN, 2020).

Wasting and stunting in children: Malnutrition is very common in refugee children (Nisbet et al., 2022). Stunting (low height-for-age (HAZ)) is widely used as a measure of chronic malnutrition and/or linear growth faltering in children (Fenn et al., 2021). Changes in the prevalence of stunting in populations is considered to be an indicator of a shift (positive or negative) in the nutrition situation due to public health and nutrition programming (Fenn et al., 2021). Children with wasting (low weight-for-age (WHZ)) are considered too thin, with weak immune systems, leaving them vulnerable to developmental delays, disease and death (UNICEF, n.d.). Greater attention is given to wasting in children under 5 years of age than to stunting in policy and programming (Fenn et al., 2021). There is growing evidence, however, of a higher risk of mortality in children who are both stunted and wasted (Fenn et al., 2021). Currently, the global proportion of children who are stunted is estimated to be 21.3%, amounting to 144 million children worldwide. Almost half of this burden occurs in protracted and fragile contexts where roughly 24% of the world's population lives (Fenn et al., 2021).

A recent study on refugee children under 5 years of age living in camps in Chad, spanning 2010-2017, finds that a 50% reduction in general food distribution (GFD) rations in 2014, due to funding constraints, had adverse effects on child growth for both age groups (6–24 months and 24–59 months) (Fenn et al., 2021). Trends in stunting and wasting before and after the ration cut indicate that growth had either slowed down or worsened: children 24–59 months were more at risk of stunting, whereas the younger age group was more at risk of wasting[1] (Fenn et al., 2021). The provision of small quantity lipid based nutrient supplements (SQ-LNS), introduced for all children aged 6–23 months, was not enough to sustain progress that had been made in nutrition status prior to the ration cut; and to offset the dual burden of stunting and wasting (Fenn et al., 2021).

Adolescents: Research on Rohingya refugee and Bangladeshi adolescents in Cox's Bazar, Bangladesh finds that difficulty accessing nutritious food was a key concern, exacerbated during the COVID-19 pandemic (Guglielmi et al., 2020b). Data at the household level reveals that households across both camp and host communities exhibit a high degree of food insecurity, with 58% of households reporting cutting back on food served to boys and/or girls (Guglielmi et

[1] In the period following the ration change, children 24–59 months saw a significant decrease in mean HAZ of 0.04 per year (p=0.02, 95% CI=−0.07 to –0.01) and for the younger age group, there was a significant decrease in mean WHZ of 0.06 per year (p=0.03, 95% CI=−0.12 to –0.01) (Fenn et al., 2021).

al., 2020c). Teenagers noted cuts in monthly rations and a reduction from three to two meals per day. Quantitative data shows that 21% of adolescents claimed they felt hungrier in the past four weeks as a result of COVID-19, with Bangladeshi adolescents 27% more likely to report this compared to Rohingya adolescents (23% and 18% respectively) (Guglielmi et al., 2020c). Girls are also more likely to report hunger than boys in camps (22% versus 14%); and in host communities (27% versus 18%) (Guglielmi et al., 2020a).

The study also finds that 87% of adolescent respondents are less likely to eat meals containing protein (e.g. fish, meat and vegetables), with girls more likely to report this than boys (Guglielmi et al., 2020a and 2020c). Such shortfalls in protein rich-foods were also more common in female-headed households (Guglielmi et al., 2020b).

Pregnant and lactating women: Research on two refugee camps in South Sudan finds that poor nutrition is a general health concern, and a key concern and stressor during pregnancy (Gee et al., 2018). At the time of the study, the population relied heavily on food aid; however allocated food rations were cut by 30% due to funding constraints (Gee et al., 2018). At the same time, acute malnutrition rates were up to 15% in South Sudan camps (critical) and the anaemia rates for women of reproductive age and children 6–59 months were up to 55% (high) and 31% (medium-high), respectively (Gee et al., 2018). A study on Syrian refugees in Lebanon finds that poor dietary diversity greatly affected the nutritional status of children and women of reproductive age, particularly among PLW (Abou-Rizk et al., 2021). Further, proper nutrition during the first 1000 days, from conception to the child's second birthday, are considered to lay the foundations for optimal growth and healthy life of the child (Abou-Rizk et al., 2021).

Different access mechanisms: A shift from food rations to food vouchers could potentially raise dietary diversity (with a larger number of food groups consumed). There is limited information, however, on the merits of these differing mechanisms (Sterck et al., 2020). If the content of in-kind rations is less diverse than the preferred diet of beneficiaries, food vouchers (or cash transfers) are expected to increase dietary diversity; whereas if the content of in-kind rations is more varied than the preferred diet of beneficiaries, food vouchers (or cash transfers) could reduce dietary diversity (Sterck & MacPherson, 2019). Recent research on Rohingya refugee children in Bangladesh finds that children in households receiving the food ration were more likely to be stunted (36%) compared to children in households receiving the e-voucher (27%); while measures of wasting are comparable across the two groups. The difference in stunting could be due to the greater ability of households to purchase a wider range of foods with an e-voucher, resulting in more rapid growth in height (Raza et al., 2021; Hoddinott et al., 2020). A study based in Ecuador also finds that while food vouchers led to relatively larger increases in household dietary diversity, food rations led to relatively larger increases in calories consumed (Hoddinott et al., 2020). Other research emphasise that while more diverse diets (from smaller quantities of more diverse food) can support better mental and physical health, smaller quantities of food intake can also lead to health issues (Johnstone et al., n.d.).

Food shortage coping strategies

As a social protection tool, GFD aims at preventing households from adopting detrimental coping strategies in the face of food insecurity and other humanitarian crises (Gelli et al., 2018). Food ration cuts have had a negative impact on the food security and nutrition situation of refugee households, forcing them to use negative coping strategies to meet basic needs (Mohmand,

2019). These include: reducing the number of meals; skipping eating for entire days; limiting portion sizes; restricting consumption by adults in favour of children; and/or dietary changes, such as eating fewer kinds of food groups and relying on less preferred or inexpensive foods (Abou-Rizk et al., 2021; UN, 2020; Mohmand, 2019; Weldeyohannis, 2018). Many older people require double protection in that they require care and protection themselves, while simultaneously supporting children, grandchildren and aging spouses: older people often choose to give their ration to younger family members (Weldeyohannis, 2018).

Women: Women globally have a slightly higher prevalence of food insecurity compared to men (Nisbet et al., 2022). In many cultures, women are in charge of food preparation for the household: they are likely to prioritise the food needs of children and spouses, cutting back on their own intake and portion sizes (Nisbet et al., 2022). Women may thus consume a more monotonous diet and be exposed to a higher risk of malnutrition due to: the maternal buffering to feed children first and sex inequalities within societies (Abou-Rizk et al., 2021). A study on Syrian refugee mothers living in Lebanon finds that poor dietary diversity and low meal frequency are potential coping mechanisms against food insecurity among mothers: they increasingly reduced the number of meals eaten per day and portion sizes; and restricted food consumption by adults for the sake of children (Abou-Rizk et al., 2021).

For discussion of other negative coping strategies, see section 8.

Disease incidence and outcomes

High quality nutrition—a balanced diet and food sufficient in calories—is essential in maintaining health and preventing disease that results from poor nutrition (Manirambona et al., 2021)

Anaemia in children: Children in humanitarian settings are extremely vulnerable to iron deficiency anaemia and other micronutrient deficiencies, due in part to: inadequate food rations; insufficient micronutrient composition; and limited access to health services (Jemal et al., 2017). The prevalence of anaemia in refugee camps of sub-Saharan Africa, especially in Kenya and Ethiopia, is among the highest in the world (Jemal et al., 2017). A study done in Kakuma refugee camp in Kenya revealed an anaemia prevalence of 61.3% in children aged 6–59 months (Jemal et al., 2017). Research on Kebribeyah refugee camp in Ethiopia, conducted in 2010, reveals that anaemia is a severe health problem, with a prevalence of 52.4% among study participants.[2] This represents an increase from 12.8% in 2001, possibly attributable to: insufficient food ration; sharing/selling part of the food ration; poor personal hygiene of the child; and nutritional problems such as stunting and wasting (Jemal et al., 2017). Anaemia was prevalent in all age groups but was highest among children aged 18–29 months (Jemal et al., 2017). The prevalence of anaemia was 1.6 times higher in households that did not consume the entire ration (either shared their ration with neighbours/other families or sold part of it) than those households that consumed the entire ration; and 1.9 times higher in households where the duration of the ration lasted 15–20 days compared with those in which the ration lasted longer, 26–30 days (Jemal et al., 2017).

Diabetes: Cuts in food rations has led to food insecurity and irregular dietary patterns in refugee camps. Research on two camps in East Africa finds that this has produced challenges for patients with type 1 diabetes, who need to inject insulin multiple times a day, without which they

[2] Disaggregated by degree of severity into mild, moderate and severe: 5.3%, 36.6% and 10.5%, respectively (Jemal et al., 2017).

could be at risk of life threatening hypoglycaemia (Boulle et al., 2019). Research on Somali refugees in Ethiopia finds that dependence on limited food aid rations has caused or exacerbated diabetes (Kohrt & Carruth, 2020). The diabetes patients who had experienced recent temporary displacements reported lacking some or all of the fresh ingredients (e.g. fruits and vegetables) their doctors recommended to maintain their digestive health, humoral flows, and ability to resist or recover from infections (Kohrt & Carruth, 2020). These patients also experienced chronic weight loss, loss of appetite, lethargy, weakness, high cholesterol, high triglycerides, and persistently high HbA1c even while taking prescribed medications and/or insulin. They described type-2 diabetes not as a chronic condition, but rather an acute and life-threatening disease, with reports of patients having died of complications of diabetes (Kohrt & Carruth, 2020). Research on Syrian refugees with diabetes also reveals concerns that the necessary dietary intake to prevent deterioration in their health has been challenged by financial constraints and cuts in humanitarian rations for refugees (Elliott et al. 2018).

HIV/AIDS: Cuts in rations to individuals with HIV/AIDS could also have a detrimental effect on food consumption, food security and disease progression. The WFP's food assistance initiative for HIV infected individuals and their households in Lusaka, Zambia aimed to protect these households from food insecurity, fuelled by high food prices and recurrent droughts, through a monthly food ration (Tirivayi & Groot, 2017). A study on the programme finds that food assistance increased the Food Consumption Score (FCS), which is correlated with per capita calorie consumption, mainly through an increase in the consumption of pulses, vegetable oil and corn-soya blend food items (Tirivayi & Groot, 2017). Food assistance also decreased the proportion of households with poor food consumption (food insecurity) and increased the proportion of households with acceptable food consumption (Tirivayi & Groot, 2017). The observed improvements in frequency of food consumption and dietary diversity have implications not only on household nutrition and food security, but also on the efficacy of HIV treatment for the infected patient: studies demonstrate a link between food transfer programmes and improvements in adherence to antiretroviral therapy (Tirivayi & Groot, 2017).

4. Access to essential items

Purchasing power

Food rations are, theoretically and legally, seen as strictly intended for food and as a tool to improve the food security of displaced persons (Puglia, 2019). However, with few livelihood and income-generating options in many refugee camps, food rations are considered to be a key aspect of camp economies, providing a tool of empowerment for refugees (Betts et al., 2019). As such, where food rations are prematurely reduced or eliminated, refugees may find their purchasing power limited, impeding their access to trading markets within and outside camp settlements (Oliver & Ilcan, 2018). Some refugees often sell part of their food rations to pay for other types of food and/or basic needs (Brigham et al., 2021). Fresh foods like vegetables, meat and fish may not be included in the food ration; thus if refugees want to obtain these items, they have to sell something for barter trade (Betts et al., 2019). The sale of rations is also used to obtain other essential household needs, such as soap, sugar, salt, school fees and supplies, medicines, candles for lighting, or plastic sheeting for house roofs (Oliver and Ilcan, 2018).

In Dollo Ado, Ethiopia, for example, monthly food rations became a key asset for all refugees, serving as a reliable source of income and livelihood strategy inside the camps; and as a well-

established market mechanism for food trade (Betts et al., 2019). Some refugees, mostly women, collectively organise to sell food rations. Once refugees receive their food rations at distribution centres, they sell it to Somali Ethiopian traders, who sell items in Kenya, Ethiopia and Somalia (Betts et al., 2019).

Research on the impact of the COVID-19 pandemic on the food and nutrition security of refugees finds that about 25% of the refugees surveyed used to sell some of their food rations before the pandemic; dropping to 15% during the pandemic[3] (Brigham et al., 2021). Of those who did sell during the pandemic, they sold a smaller share of their rations than before (Brigham et al., 2021). A research survey conducted in the Dollo Ado camps shows that the number of households willing to admit to selling part of their food ration is relatively low: an average of 10% across the camps (Betts et al., 2019). Respondents may be reluctant to admit to selling food rations for fear of losing their ration entitlement (Brigham et al., 2021; Betts et al., 2019).

Research on the Nakiavale refugee settlement in Uganda also finds that refugees sold some of their food rations at local markets in order to purchase other essential household items like soap and sugar (Oliver and Ilcan, 2018). Another study on Uganda reveals that women often sell part of their rations and invest in small businesses such as retail shops (Wilman et al., 2022). Thus, the cut in rations has also affected the overall income and savings of women (Wilman et al., 2022). In the case of Rohingya adolescents in Bangladesh, cut-backs on rice distribution, both as a commodity and as a form of revenue, have also limited the ability to buy other things like chicken and fish (Guglielmi et al., 2020b).

Different access mechanisms – case study: Kenya

In comparison to in-kind assistance, cash transfers in humanitarian assistance are often seen as enhancing the autonomy of beneficiaries, reducing costs, and boosting local markets (Sterck et al., 2020). However, with funding shortfalls, the role of cash-assistance has also often been stripped to its bare minimum: enough money to buy food to survive (Puglia, 2019).

There is various research on the case of Kenya and different mechanisms of humanitarian assistance utilised in Kakuma and Kalobeyei camps. Given the absence of other income in Kakuma camp, it is very common for refugees to resell part of their food rations at a low price to allow for purchase of other types of food and non-food items. By contrast, refugees living in Kalobeyei can choose to buy the food they prefer through the Bamba Chakula programme of mobile money transfers, which is restricted to food items and to specific shops (without additional transaction costs) (Sterck & MacPherson, 2019). In 2019, Bamba Chakula transfers were replaced for a portion of households by unrestricted cash transfers (Sterck et al., 2020).

Research demonstrates that the introduction of unrestricted cash transfers reduced the share of households reselling food to obtain cash, which has had positive impacts on asset holding and subjective well-being (Sterck et al., 2020). Refugees who prefer unrestricted cash transfers reported a series of benefits, including: the ability to purchase food from a greater range of retailers; and the ability to use their assistance on non-food necessities (e.g. shoes, clothing,

[3] The real numbers of refugees that sold/sell some of their rations are probably higher, because only 260 out of the 420 refugees in the study answered this question. This is likely because many refugees did not want to answer the question because they were afraid that rations could be cut if WFP knew they sold some of them (Brigham et al., 2021).

utensils, and wood or charcoal), without first having to sell food rations at below-market prices to buy other essentials (Sterck et al., 2020).

Despite these noted benefits, the majority of refugees do not benefit from these advantages due to reliance on indebtedness as a coping mechanism for inadequate assistance. A study of Kalobeyei camp finds that a staggering 89% of sampled households are indebted towards their retailers (Sterck et al., 2020). Cash-based assistance has contributed to higher levels of debt than in-kind food aid as the former have provided more effective forms of collateral (e.g. ATM cards) (Sterck et al., 2020).

For further discussion on indebtedness, see Section 8. Negative coping mechanisms.

Non-food rations

Different types of non-food item (NFI) kits have proliferated over the years, for example hygiene kits (soap, water containers, toothbrushes, combs and menstrual hygiene management materials); and safety kits (solar lights, phone chargers, whistles and padlocks) (Ferron, 2017). Inadequate supply in non-food rations, such as shortfalls in the supply of firewood for cooking, water containers and soap, can increase the risk of protection-related issues among refugee women and children (Mohmand, 2019). In South Sudan, the unavailability of mamma kits (containing basic sought after supplies like mosquito netting, soap, a basin, and cloth)—which used to be distributed at antenatal centres and served as an incentive to attend—has resulted in lower uptake of preventative care and facility-based childbirth services (Gee et al., 2018).

Reduction in non-food rations can also result in greater sales of food rations and indebtedness. In Kenya, for example, delays in UNHCR's core relief items programme, resulted in delays in the distribution of firewood, which forced refugees to resell food to obtain cash for cooking fuel, thereby lessening their food ration (Sterck et al., 2020).

5. School implications

Nutrition is key to a child's healthy development. Food rations and, in some cases, the provision of a daily healthy meal in learning facilities, may be the sole source of nutrition for children (Di Santo & Scott, 2020). The decline in these sources of food can inhibit the ability of children, who may already be malnourished, to stay healthy, alert and motivated to take part in learning (Di Santo & Scott, 2020).

School feeding as an incentive: School feeding may influence household decisions to send children to school, particularly as attendance is usually an explicit conditionality to receive this food (Gelli et al., 2018). A study on school feeding programmes operating in Central America finds that in the first year of the WFP assistance, enrolment increased by 28% for girls and 22% for boys (Crea et al., 2021). Providing take-home rations also reduced girls' dropout rates (Crea et al., 2021). A study on the WFP's school feeding and take-home rations in Mali finds that the two programmes had diverging impacts in terms of children's schooling: school feeding had a large positive effect on enrolment rates (with an 11% increase in the probability of enrolment); and on grade attainment (Gelli et al., 2018). The school feeding effect was slightly larger for girls, who achieved an additional 0.6 years than for boys (Gelli et al., 2018). In contrast, the receipt of

GFD did not affect enrolment nor grade attainment; instead it increased absenteeism by more than half a school-day per week for both boys and girls (Gelli et al., 2018).

In the Dollo Ado camp in Ethiopia, some refugee parents voiced resistance to the provision of food aid through school feeding centres, as if only prepared food is provided, refugees cannot sell a portion onward for cash and decide how much they eat and how much they sell, depending on the household situation (Betts et al., 2019).

Dropout as a coping mechanism: Compared with school feeding programmes, the links between GFD and household decisions regarding child schooling are less direct (Gelli et al., 2018). GFD aims at preventing households from adopting detrimental coping strategies in the face of food insecurity and other shocks (Gelli et al., 2018). In the case of education, this involves school drop-out or larger absenteeism due to increased reliance on child labour to make up for shortfalls in rations (Gelli et al., 2018). The receipt of food aid may thus positively influence household educational decisions by freeing up labour and financial resources that would otherwise be employed in food production and consumption: GFD in Ethiopia, for example, promoted schooling for younger boys after a drought. At the same time, however, families receiving food aid may use savings from food purchases to invest in productive activities in which children participate, thus reducing school attendance (Gelli et al., 2018).

6. Mental health issues

Poverty and food insecurity are well documented as factors associated with psychological distress, anxiety and depression: the struggle to provide food daily can exacerbate effects on mental health (Abou-Rizk et al., 2021; Manirambona et al., 2021). There is also evidence in the literature on the association between depression, food insecurity and poor dietary diversity, suggesting a relationship between micronutrient deficiencies and mental health disorders (Abou-Rizk et al., 2021). In Rwanda, for example, lack of food and poor nutrition—and associated stress—has resulted in psychological distress and influenced the mental health of refugees, who have already suffered mental and physical wounds from conflict (Manirambona et al., 2021).

Refugees are more likely to experience poor mental health compared to the local population, including higher rates of depression and anxiety disorders (Manirambona et al., 2021). Research on the mental health status of Syrian mother refugees in Lebanon finds that nearly one-third were suffering from post-traumatic stress disorder and/or moderate to severe depression (Abou-Rizk et al., 2021). A strong relationship was observed between poor maternal mental health and food insecurity (Abou-Rizk et al., 2021). Other research on Uganda also finds that women refugees in particular experienced additional stress as they bore much of the responsibility for their families' food security (Wilman et al., 2022). A study conducted in Northern Uganda finds that declines in food security affected the psychosocial well-being of adolescents, who began doubting their parents, due to household stress, and suffered from depression (Meyer et al., 2019).

7. Gender-based and other violence

Cuts in food rations have increased the vulnerability of many women in refugee communities to acts or threats of violence (Wilman et al., 2022). Food rations to refugees have been halved, for example, in some parts of Uganda (Meyer et al., 2019). News on refugee women and girls during

the COVID-19 pandemic reports that women are being battered by their husbands whenever their food rations run out—and that they are still expected to be able to produce food (Masinde & Achan, 2020). The decline in food security has also led to an increase in caregiver use of violence against adolescents due to irritability and frustration (Meyer et al., 2019).

Firewood rations: Refugees rely on woodfuel to cook food that is usually sourced from areas surrounding their camps. When firewood rations are not directly provided, the task of collecting firewood is usually carried out by women and girls, which leaves them open to protection risks such as violence and rape as they source wood outside of the camps for long periods (Johnstone et al., n.d.). Focus group discussions with refugee women in Tanzania revealed that delays in collecting firewood can lead to conflict with their partners, often resulting in violence towards women (Johnstone et al., n.d.). A study from Kenya finds that the provision of firewood to refugees reduced the incidence of rape during periods when households are fully stocked with firewood; however, there was a corresponding increase in non-firewood related rape during the same period (Johnston et al., n.d.).

Gender-based violence often emerges as part of negative coping strategies. See the following section 8.

8. Negative coping mechanisms

Cuts in food rations and cash transfers have forced those affected to use negative coping strategies to meet basic needs, such as specific strategies related to reduction in food consumption (see 'food shortage coping strategies' in Section 3) (WFP, 2021a; Mohmand, 2019).

In East, Horn of Africa and the Great Lakes, coping strategies have included: reduction in food consumption; taking loans at high interest; selling assets; and child labour (WFP, 2021a). It is reported that over 80% of refugees in South Sudan are resorting to begging; transactional sex; or early or forced marriage to be able to afford food (UN, 2020). Research on Rohingya settlements in Bangladesh finds that 70% of refugees adopted three coping mechanisms to deal with economic vulnerability and food insecurity during COVID-19: (1) selling rations; (2) borrowing from friends, relatives or loan sharks; and (3) relying on support from non-governmental organisations (Akter et al., 2021).

Indebtedness

For many refugees, indebtedness is a coping strategy against shocks or unanticipated expenses, stemming from recurrent delays in the transfer of food and non-food assistance (Sterck et al., 2020). Where refugees cannot rely on family, friends or neighbours to assist, households often turn to their retailers to bridge the funding gap (Sterck et al., 2020). As noted, research on Kalobeyei camp in Kenya found that 89% of refugee households in the study sample are indebted towards their shopkeepers (Sterck et al., 2020). Households with an employed adult are 8% less likely to be indebted than households where all adults are unemployed (Sterck et al., 2020). While borrowing food from retailers may serve as a life-saving safety net, indebtedness also comes with negative consequences and leads to a cycle of debt and dependency (Sterck et al., 2020). In turn, indebted households are more likely to be food insecure, more likely to be dissatisfied with their lives, and less likely to have savings (Sterck et al., 2020). In addition, indebted households have low negotiating power, face high prices, and are prevented from

selecting between competing retailers (Sterck et al., 2020). Shopkeepers too may feel pressure to provide credit to their customers, who may also be their neighbours. This, in turn, may lead to losses in their business (Sterck et al., 2020).

Facing the uncertainty of food insecurity and the social pressures exerted by their creditors, many indebted refugees experience feelings of stress, anxiety, helplessness, and fear: indebtedness is significantly and negatively associated with subjective assessments of well-being (Sterck et al., 2020). Growing debts owed to shopkeepers also complicates relationships between retailers and customers: in some cases, debt can subject women to the coercive strategies of some male shop owners, putting them at risk of sexual harassment and gender-based violence when they are unable to repay their debt (Sterck et al., 2020).

Labour implications and premature return

Given common restrictions on refugees entering the labour markets in host countries and other obstacles to developing livelihoods, the vast majority of refugees inevitably have to depend at least in part upon food rations (Easton-Calabria & Omata, 2018). In the case of Kakuma camp, for example, there are few livelihood options, little to no access to commercial markets, and lack of viable farming possibilities within the camp. As such, the possibility to attain self-reliance remains very challenging, regardless of how much support NGOs provide or how diligently refugees strive to achieve it (Easton-Calabria & Omata, 2018). The Kalobeyei settlement, situated close to the Kakuma camp aims to promote greater refugee-host interaction, sharing markets, schools and hospitals. Nonetheless, in both camps, there are few income-earning opportunities; and the few jobs available are usually offered by NGOs (Betts et al., 2020).

Research on displaced persons from Myanmar in Thai and Burmese IDP camps find that many of them have sought out risky livelihood strategies in order to compensate for drastic cuts in humanitarian food rations in the region (Hortstmann et al., 2019). Their desperate situation increases vulnerability to abuses and exploitative practices by employers and authorities—including cases of trafficking, especially of female victims (Horstmann et al., 2019). Men also often leave the camp during the rainy season to work on their fields across the border, despite the risks involved (Horstmann et al., 2019). Many refugees living on the Thai-Burma border and humanitarian organisations working with them have been concerned that the reduction in food aid and refocus on projects dealing with the return of migrants would lead to unsafe return (Sebro, 2016). Refugees cited fears of imprisonment and fear of torture upon their return to Myanmar, in addition to the lack of any means of survival if they were to return (Sebro, 2016).

Funding gaps and delayed or reduced food rations (including a 50% cut in WFP rations in 2016 with exceptions for those considered vulnerable; and further delays in 2017) have also driven some desperate South Sudanese refugee families in Uganda back to South Sudan in search of food (Patinkin, 2017). It was reported, for example, that at least eight refugees from Palorinya were killed in South Sudan in October 2017 after returning to look for food (Patinkin, 2017).

Negative coping mechanisms affecting women and girl children

The lack of income-generating opportunities and cuts in rations has created negative coping mechanisms, whereby women seeking employment are exploited and may even be subject to trafficking—as has been reported in camps along the Thai-Myanmar border (Horstmann et al., 2019). In South Sudan, it has also been reported that refugees are resorting to transactional sex

to be able to afford food (UN, 2020). International NGOs operating in Uganda also reveal that the reduction in women's incomes during COVID-19 lockdowns and increased food insecurity from ration cuts have increased women's vulnerability to sexual exploitation (Wilman et al., 2022).

Child marriage: Child marriage has been reported in South Sudan and Uganda to gain access to food and address food insecurity from the cutting of rations (Wilman et al., 2022; UN, 2020). There are also reports in the case of Rohingya refugee girls in Bangladesh that the camps themselves encourage child marriage as food rations are distributed by household and marriages entail the creation of new households (Melnikas et al., 2020). The standard policy is to allot the same amount of food to each family, regardless of the actual size of the family. Child marriage allows the girl married off to be counted under the ration of the other family, giving her original family one fewer mouth to feed—and potentially securing more food for the families overall (Chakraborty, 2019; MacGregor & Ratcliffe, 2017).

Reproductive labour: Refugees in Uganda have routinely experienced declining WFP food rations, resulting in inadequate quantity and quality of food for refugees to sustain themselves and their families. Refugee women in the Nakivale refugee settlement have opted in some cases to have more children to secure additional food rations for their family (Oliver & Boyle, 2019).

9. Host community and external relations

Research on food security in protracted refugee situations finds that tensions may rise between refugees and the surrounding farming community when WFP and UNHCR assistance (e.g. food rations and cooking fuel) is cut or withdrawn. This was the case, for example, with Osire refugee camp, Namibia, as neighbouring farmers grew increasingly concerned about trespassing and theft stemming from refugee vulnerability (Oliver & Ilcan, 2018).

Linkages to host economy: There is various literature that discusses how refugees can have positive effects on host communities through their market interactions; however, these same interactions can also increase the risk for host households that are integrated into them (Alix-Garcia et al., 2019). Cuts in food aid rations and cash transfers that directly reduce the ability of refugees to purchase or barter goods are likely to also hurt the host populations that have grown accustomed to living near the camps (Alix-Garcia et al., 2019). In Kenya, for example, cuts in rations and variations in remittances to refugees in Kakuma camp resulted in decreases in the number and quantity of food items purchased by Turkana households near the camp. This demonstrates the dependence of the local economy on refugee cash transfers and the negative impact of reductions in these refugee transfers on both refugees and the Turkana host community (Alix-Garcia et al., 2019).

Linkages to social networks: Research on South Sudanese refugees in Uganda explores the role of social connectedness, resulting in the flow of goods, most often food items, from Uganda to South Sudan (Stites & Humphrey, 2020). Refugees who were better off, such as those with businesses in towns, may send food into South Sudan, especially if they have relatives living in the Protection of Civilian (PoC) sites. Some who live in camps also allocate a portion of their monthly ration, such as cooking oil and beans, for relatives back home who are struggling (Stites & Humphrey, 2020). A cut in rations could thus result in the inability to support relatives in need.

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About this report

This report is based on six days of desk-based research. The K4D research helpdesk provides rapid syntheses of a selection of recent relevant literature and international expert thinking in response to specific questions relating to international development. For any enquiries, contact helpdesk@k4d.info.

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