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OVERVIEW:
U.S. Congressional Representatives Dwight Evans (D-PA-03) and Andy Levin (D-MI-09) traveled to Bangladesh with CARE to see how vital U.S. investments in combating malnutrition and stunting are helping to build more resilient and healthier Bangladeshi and refugee communities. The delegation was hosted by CARE’s Chief Operating Officer Tjada McKenna and joined by a senior Congressional staffer and representatives from the Eleanor Crook Foundation, the Center for Strategic International Studies and Congressional Research Service.

With one of the fastest growing economies in the world, Bangladesh has experienced an incredible economic boom in recent years—including a sustained GDP growth rate of six to seven percent over the last 10 years. However, not all have benefitted from the economic development of the country. Today, more than a third of Bangladeshis are food insecure—36 percent of children under five years of age suffer from chronic malnutrition and 14 percent of these children suffer from acute malnutrition and wasting, and these figures are even more stark among refugee populations. These high rates of malnutrition are driven by numerous factors, including loss of arable land, severe climate events, a lack of access to clean water and sanitation, a lack of nutritional education and poor dietary diversity. In addition, many gender norms tend to devalue the health, education and decision-making power of women and girls in Bangladesh. As a result, adolescent girls have the highest rate of malnutrition in the country. The practice of child marriage is another compounding factor driving poor nutrition outcomes. Girls who tend to marry young are more likely to give birth to children with low birth weight and who will experience stunting and poor nutritional outcomes.

During this week-long trip, the delegation saw firsthand the role that U.S. investments have in combating malnutrition in Bangladesh, particularly in a complex refugee setting. The delegation learned about how nutrition-specific interventions, in the form of direct therapeutic feeding, are tackling severe and moderate acute malnutrition among children in the Rohingya refugee camps in Cox’s Bazar. The group also saw how multi-sectoral approaches are working to create sustainable gains, prevent malnutrition and stunting and build resilience among some of the most vulnerable.

Before the official start of the trip, which focused on nutrition, the delegation first had a look at labor issues and the garment sector. The delegation toured a ready-made garment factory and held a meeting with leaders working to unionize ready-made garment workers in Bangladesh.

That evening, the delegation kicked off the official Learning Tour by closing the day with a reception hosted by CARE and the U.S. Ambassador to Bangladesh Earl R. Miller. At the event, the delegation met with NGO and local academia representatives, private sector partners and representatives from the U.S. Mission and Bangladeshi government. The discussions featured the current development challenges in Bangladesh and how the U.S. government, in partnership with the Bangladeshi government and other key stakeholders, is working to improve nutrition outcomes and create opportunities for small-scale farmers, particularly women farmers throughout the country.
Below are some of the program highlights from the day:

**EMERGENCY RESPONSE TO SEVERE MALNUTRITION**

On the third day of the trip, the delegation traveled to Cox’s Bazar, located in the southeastern Bangladesh, near the Myanmar border. There, the group followed the referral process inside one of the Rohingya camps for treatment of severe acute malnutrition (SAM) and moderate acute malnutrition (MAM).

Below are some of the program highlights from the day:

### Stabilization Center

**LOCATION:** Camp 4 Rohingya Refugee Camps - Cox’s Bazar, Bangladesh

**BACKGROUND:** Stabilization centers provide 24/7 treatment for the most extreme cases of severe acute malnutrition – those children that are so wasted they are unable to eat solid foods. The center administers a WHO-recommended regime of therapeutic milk, usually over the course of a week, while the patient and mother stay at the center. Once a patient passes an “appetite test” proving they can consume solid food, they are referred to the outpatient therapeutic center for further treatment of severe acute malnutrition.

To ensure increased utilization of the stabilization center, the families of patients are supported through provision of dry food ration for family staying at home, provision of meals, psycho-social support and medical treatment for the caregiver if necessary.

**IMPACT:** Action Against Hunger has established five stabilization centers in the camps since 2017 that have admitted a total of 1,770 children under five, all of whom have fully recovered.

**DONORS:** UNHCR; State Department – Population, Refugees and Migration (PRM)

**IMPLEMENTING PARTNERS:** Action Against Hunger

### Outpatient Therapy Program (OTP) Center

**LOCATION:** Camp 14 Rohingya Refugee Camps - Cox’s Bazar, Bangladesh

**BACKGROUND:** Outpatient Therapeutic Program (OTP) centers treat children age zero to five years old for severe acute malnutrition. Patients are referred from the stabilization center to the OTP once they are able to eat solid foods, where they are treated until moving from severe to moderate acute malnutrition, at which point they are referred to the targeted supplemental feeding program centers. The OTP also refers patients to the Stabilization Center if they fail the “appetite test” or have medical complications. On admission, patients receive systematic treatment, antibiotics, deworming and referral to EPI for measles vaccination. In addition, beneficiaries receive weekly therapeutic food rations and follow-up. Beneficiaries who fail to gain weight as expected make daily visits to the OTP and receive home visits by the OTP team and ACF Mental Health and Care Practices (MHCP) team. The MHCP team monitors beneficiaries with specific needs. OTP beneficiaries are discharged once they attain and maintain the target weight for two consecutive weeks.

**IMPACT:** In 2018, UNICEF established 33 OTP sites throughout the refugee camps. The camps have treated more than 8,000 children for SAM, with a 95.4 percent treatment success rate. Furthermore, a massive Mid-Upper Arm Circumference (MUAC) screening was carried out in January 2019 where high case-load was identified, referred and treated. Screening was done again in April 2019 and the cases found were much lower than those in the initial screening. The nutrition team with community nutrition volunteers intensified efforts on community identification to ensure early detection and treatment. Action Against Hunger continues to monitor the malnutrition trend in its catchment areas. It is aiming at sustaining the continued decline of caseload while ensuring high coverage. In the past 6 months, the Action Against Hunger OTP program cured rate was 95.7 percent, the defaulter rate was 0.1 percent and the non-response rate was 3.9 percent. All non-response cases were referred to health facilities for further diagnosis and treatment.

**DONORS:** UNICEF; State Department – Population, Refugees, and Migration (PRM)

**IMPLEMENTING PARTNERS:** Action Against Hunger; CARE

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"The nutrition situation [in Bangladesh] has much improved but we have a long way to go. The numbers are still alarming."—Dr. Md Shah Nawaz
A Story from the field

Sara is a 27-year-old mother of two children. Sara came to Bangladesh with her husband and his family in 2017, fleeing violence and persecution in Myanmar. Although she says she feels safer in the camp, Sara mentioned it has been a challenge to afford and access enough nutritious food for her and her family. After giving birth to her second child, Sara noticed her daughter was struggling. The child experienced frequent diarrhea, severe loss of appetite and extremely low weight. Sara was eventually identified by one of the community nutrition promoters and brought to an OTP center where her daughter was identified to be severely acutely malnourished and was later referred to the Stabilization Center supported by Action Against Hunger. There, her daughter was admitted and closely monitored for a little over a week, given antibiotics to treat the diarrheal disease and fed on therapeutic milk until she could again consume solid foods. Her daughter was transferred back to the OTP center to receive routine growth monitoring and Ready-to-Use Therapeutic Food, including Plumpy-Nut. Finally, Sara was referred to the TFSP center for ongoing breastfeeding and nutrition counseling and additional therapeutic food rations for her daughter. Today, Sara’s daughter has seen considerable progress after moving through the referral process at all three centers. She now has an improved appetite, is eating solid foods and is well on track to achieving a healthy weight and nutritional status for her age.

Targeted Supplemental Feeding Program (TSFP) Center

**LOCATION:** Camp 14 Rohingya Refugee Camps - Cox’s Bazar, Bangladesh

**BACKGROUND:** The Targeted Supplemental Feeding Program (TSFP) is implemented when there are large numbers of malnourished individuals (prevalence of 10-14% acute malnutrition among children), or when there are large numbers of children predicted to become malnourished due to factors like poor food security and high rates of disease. TSFP aims to 1) Rehabilitate moderately malnourished children, adolescents, adults and elderly persons; 2) Prevent the moderately malnourished from becoming severely malnourished; 3) Reduce mortality and morbidity risk in children under five 4) Provide a food supplement to selected pregnant and lactating mothers; 5) Provide referrals from the Therapeutic Feeding Program. Community Nutrition Promoters (CNPs) conduct community screening for malnutrition among children in the age bracket of 6-59 months using Mid-Upper Arm Circumference tape and ensure referral to the TSFP center. Supplementary food is provided as per World Health Organization guidelines – girls and boys aged 6-59 months in TSFP receive Plumpy-sup at a ratio of 100g/child/day for 14 days. Individual counseling is given to every beneficiary according to his/her condition. Additionally, CNPs conduct home visits for those not responding to treatment, those who fail to attend treatment and defaulters. CNPs reinforce the education topics discussed at the distribution points, engaging men and other adult members of the family to influence change in attitudes towards negative traditional habits related to food/feeding and household sharing of TSFP rations.

**IMPACT:** Save the Children collaborates with the World Food Programme (WFP) on a massive food distribution that reaches 380,000 children and adults every two weeks. The food consists of rice, lentils and cooking oil distributed at 11 sites. Save the Children also collaborates with WFP on a supplemental feeding program for very vulnerable households, targeting children under age 5 and pregnant and nursing women. Already, over 52,000 children and 12,700 women have received supplemental nutritious foods.

**DONORS:** UNICEF; World Food Programme

**IMPLEMENTING PARTNER:** Save the Children

Mother-to-Mother Groups and Male Forums

**LOCATION:** Camp 14 Rohingya Refugee Camps - Cox’s Bazar, Bangladesh

**BACKGROUND:** Mother-to-Mother groups and Male Forums are groups of mothers and fathers who come together to learn about and discuss issues of infant and young child nutrition. The groups hold “courtyard sessions” in the community with the main objective being to ensure that caregivers share experiential knowledge and skills, especially on infant and young child feeding (IYCF) with guidance from a community leader trained on IYCF. Through caregivers, mothers and fathers experience an environment open to discussion and learning about IYCF information and practices. Group leaders are selected from those mothers who demonstrate optimal behaviors when caring for their children particularly on IYCF, hygiene and health-seeking behaviors. Support groups typically cover child-related issues, while in some cases general groups for women may deal with economic advancement, literacy, sanitation and other topics of individual interest. Continued on next page
Nearly two out of every three girls in Bangladesh will be married before their 18th birthday – a total of some 4.5 million child brides and nearly a fourth of those girls will wed before the age of 15. Early marriage has many harmful consequences, including health dangers associated with early pregnancy, lower educational achievement, a higher incidence of spousal violence and increased likelihood of poverty. The Ujjiban project is working to change this gender norm and keep girls in school by educating adolescents and families about the importance of education, nutrition and accessing health services through a unique multi-platform communication model that seeks to promote health-seeking behaviors.

### Ujjiban Social Behavior Change and Communication Program

**LOCATION:** Ukhia Upazila – Cox’s Bazar, Bangladesh

**BACKGROUND:** The Ujjiban project uses social and behavior change communication (SBCC) to generate demand for and increase the use of quality health services relating to maternal, neonatal, child and adolescent health; family planning; nutrition and tuberculosis services. The project works to strengthen the Bangladesh Ministry of Health and Family Welfare’s ability to plan, develop, implement and evaluate their own social and behavior change programs throughout the country. The use of SBCC helps to generate demand for and practice of quality health services relating to maternal, neonatal, child and adolescent health; family planning; nutrition and tuberculosis services. A major component of the new program will be the incorporation of entertainment education, with a plan to combine original content for TV, radio, mobile phones, print and social media to create a multi-platform experience to share and disseminate health messages and information to encourage health-seeking behaviors.

**IMPACT:** The project directly reaches 6,720 students from 93 schools and colleges in Chattogram province and 2,544 from 48 schools and colleges in Sylhet province of Bangladesh. Indirectly, the project reaches an additional 16,406 individuals and family members of the students in Chattogram and 9,624 in Sylhet.

**DONOR:** U.S. Agency for International Development (USAID)

**IMPLEMENTING PARTNER:** John’s Hopkins University, Center for Communications Programs

### Farmer Field School

**LOCATION:** Ukhia Upazila – Cox’s Bazar, Bangladesh

**BACKGROUND:** A Farmer Field School (FFS) brings together a group of farmers, livestock herdiers or fisherfolk, to learn how to shift towards more sustainable production practices, by better understanding complex agro-ecosystems and by enhancing ecosystem services. The FFS group meets regularly during a production cycle, setting up experimentation and engaging in hands-on learning to improve skills and knowledge that will help adapt practices to their specific context. The FFS empowers individuals and groups to move towards more sustainable practices and improve livelihoods. The primary objective of the program is to provide much needed income to host communities, which have been impacted by the social, economic and environmental impact of the influx of the Rohingya refugee population to Bangladesh.

**IMPACT:** The program provides support to 25,000 households of host communities in Cox’s Bazar, Bangladesh, helping to enhance food production and promote market linkages to reduce the social, economic and environmental impacts. The program has been mobilizing different categories of community farming households into Farmer Groups to build collective capacity and, in due course, generating income through improved production and market engagement. The program, in collaboration with the Department of Agriculture Extension, has formed 200 Farmer Field Schools as of September 2019.

**DONOR:** United Nations Food and Agriculture Organization (FAO)

**IMPLEMENTING PARTNER:** Shusilhan (local organization)

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**DAY 4**

**INTEGRATED INTERVENTIONS FOR A MULTI-SECTORAL RESPONSE**

On the fourth day of the trip, the group explored interventions to respond to nutrition and food security that integrate water and sanitation education, child marriage prevention, income-generation for small-scale farmers and agricultural development.

Below are some of the program highlights from the day:
TAKING ACTION BACK HOME

On the last day of the trip, the delegation sat down with a group of youth competition finalists who were participating in a nationwide cooking demonstration aimed at promoting healthier lifestyles and more nutritious food consumption across Bangladesh.

Below are some of the program highlights from the day:

Nutri-Champs Competition

**LOCATION:** Dhaka, Jashore, Sylhet, Moulvibazar, Cox’s Bazar, Chattogram and Barishal, Bangladesh.

**BACKGROUND:** Nutri-Champs is a cooking competition designed to improve nutritional status of Bangladeshi people. The competition aims to inform young people about nutritious food items and encourage them to cook and eat healthier food so that they can then influence their families’ nutrition habits. Nutri-Champs is a collaborative intervention developed by the USAID Ujjiban social behavior change communication project and USAID Feed the Future Project partners, ACDI/VOCA, Abt Associates and World Fish. Meanwhile, Feed the Future partners have been working to persuade Bangladeshis to eat more zinc-fortified rice, fish, dairy products, vitamin-packed mung beans among other nutritious items – which is why these items have been highlighted throughout the cooking competition. The corporate partners for Nutri-Champs include Chaldal.com, an online grocery and food purchasing platform, and Shwapno, a supermarket chain. They provide the items for the pantry and some of the kitchen supplies.

**IMPACT:** To date, the program has received 560 applicants, of which 140 youth have been selected from across the nation to participate. The Nutri-Champs Program will go on air after the entire competition is completed – reaching millions of households across the country. The exact reach through TV/online platforms will be assessed through JHU’s periodic monitoring surveys.

**DONOR:** U.S. Agency for International Development (USAID) – Feed the Future

**IMPLEMENTING PARTNERS:** Johns Hopkins University; Abt Associates; ACDI/VOCA; and World Fish

A Story from the field

Nepali is a 28-year-old mother of three. She recently began producing fish for household consumption in a small pond near her home. Last year, Nepali began implementing some of the techniques she learned through the training on the targeted fish feeding to increase diversity in fish populations in her pond. Even though she has yet to harvest her latest fish production, Nepali has already noticed a considerable increase in the size and diversity of the fish population and she also has begun producing vegetables around the pond to increase her family’s access and consumption of fresh vegetables as a means to diversify her children’s diets – a technique she also learned through the program. Nepali is confident this next harvest will yield ample fish to meet her household’s consumption needs for the season and that she’ll have enough fish to bring to the local market and sell for additional income for her family.
INVESTMENTS IN FOOD AND NUTRITION SECURITY AND WOMEN AND GIRLS

CARE advocates for transparent U.S. food and nutrition programs that empower small-scale farmers and women to increase their resilience, gain access to nutritious food and sustainably produce food now and in the future. Continuing—and strengthening—these programs is critical to reducing hunger and poverty. Equality for women food producers and addressing women’s nutritional needs must be at the center of any strategy to adequately address global hunger. By empowering women with the right tools and education, women farmers are better able to respond and prepare for times of uncertainty and achieve long-term food and nutrition security for themselves and their families. Eradicating hunger and malnutrition also requires enabling people to grow or buy adequate nutritious food themselves.

The Global Food Security Act (GFSA) was signed into law in 2016 and reauthorized in 2018. This historic bill resulted in the first comprehensive U.S. government global food security strategy, which included a focus on the important role of women small-scale farmers to address global hunger. However, as this law is implemented, more work needs to be done to ensure that programs are transparent and include a focus on women and that a focus on nutrition, sustainability and resilience is meaningfully integrated into programming. CARE advocates for U.S. global food and nutrition security programs, such as Feed the Future and Food for Peace, to empower small-scale and women farmers to access markets, sustainably produce enough food to feed their families and to enhance access to nutritious food.

CARE also advocates for the U.S. government to integrate gender equality and women’s and girls’ empowerment throughout all of its foreign assistance programs. Women and girls around the world face deep-rooted inequality where their rights are often not respected, and their voices are unheard. This inequality is at the center of the cycle of poverty. CARE also advocates for the timely passage of the bipartisan Safe from the Start Act (H.R. 4092), which galvanizes resources to prevent and respond to gender-based violence in humanitarian emergencies. This bipartisan bill focuses on building the capacity of humanitarian implementers in effectively identifying gender-based violence from the onset of an emergency, developing necessary responses to meet the needs of survivors and empowering women to play an active role in leading and participating in humanitarian aid.

Achieving these goals means prioritizing smart investments from national governments. But to truly be effective, these investments need to be leveraged by support from the international community, including the United States. The international affairs budget is the U.S. government’s primary funding source for international programs for emergency response and long-term development. Although the International Affairs Budget is roughly one percent of the overall U.S. budget, it is routinely targeted in budget cuts. Proposals to dramatically cut the international affairs budget raise serious concerns about the future of American leadership and how we will achieve the benefits of addressing poverty. CARE advocates for a FY2021 international affairs budget of at least $59 billion, which is in alignment with recent funding levels.

We are deeply grateful to the many people who generously gave of their time to make this visit to Bangladesh a success. CARE specifically thanks the Eleanor Crook Foundation for their generous support of the Learning Tours.