

# COVID-19 Impact on Vaccination, Food Consumption, Maternal and Child Health

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# Acknowledgement

This presentation is based on the Citizen's Platform Working Paper-08 "COVID-19 Impact on Vaccination, Food Consumption, Maternal and Child Health" by Debapriya Bhattacharya, Towfiqul Islam Khan, Fabiha Bushra Khan and Faria Tahmeen Momo.

Bhattacharya, D., Khan, T. I., Khan, F. B. and Momo, F. T. (2021). COVID-19 Impact on Vaccination, Food Consumption, Maternal and Child Health. Citizen's Platform Working Paper 8. Dhaka: Citizen's Platform for SDGs, Bangladesh.



# Structure of the Presentation

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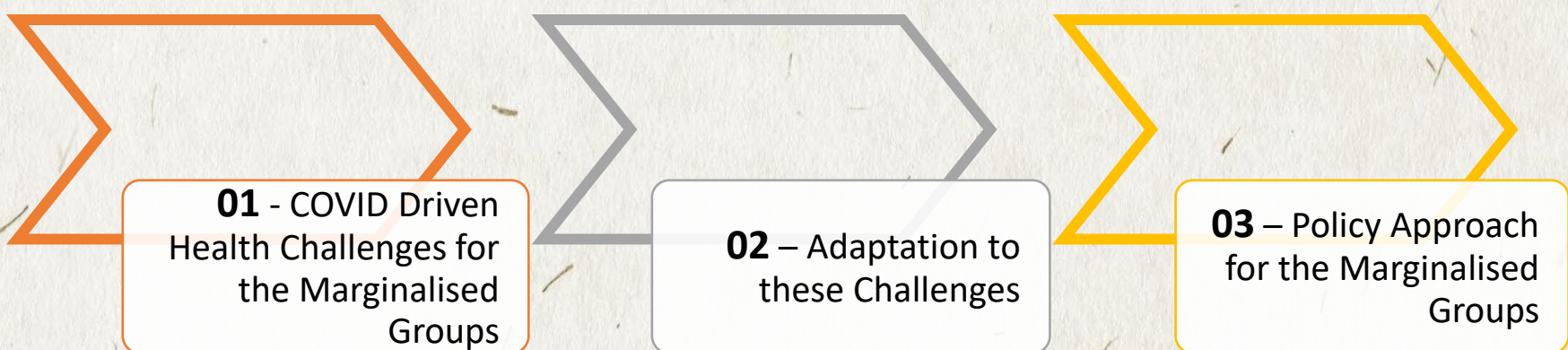
# Context

- The health repercussions of the ongoing pandemic have not been confined to COVID-19 infections and deaths only, but also have manifested in terms of increased risks of malnutrition, stunting, maternal and child health hazards.
- As the pandemic exacerbated and added new dimensions to pre-existing challenges raising the vulnerabilities of the “left behind” (LNOB) and the “pushed behind”(PNOB) population groups, their negative coping mechanisms led to such social fallouts with major medium to long-term health implications.
- Using a survey of about 1,600 households from 9 marginalised groups (LNOBs and PNOBs) conducted in February 2021, the study illustrates challenges along the health dimensions.



# Context *(contd...)*

## *Objectives of the study*



**01** - COVID Driven Health Challenges for the Marginalised Groups

What were the COVID driven challenges of marginalised groups regarding nutrition, maternal and child health and COVID vaccination?

**02** – Adaptation to these Challenges

How did the households adjust and adapt to these challenges?

**03** – Policy Approach for the Marginalised Groups

What are the holistic approaches required to support the marginalised groups in dealing with the pandemic-induced challenges and building resilience to future shocks?



# COVID-19 Vaccination and Fallouts

## *Recent literature provides evidence on COVID-19 vaccination inequalities*

- Due to low levels of digital literacy, the marginalised communities experienced difficulties to register for vaccines.
- Vaccine distribution was inadequate to cover at the grass root levels.
- Information about vaccination was insufficient
- Number of marginalised communities were not covered by complete vaccination doses
- At the initial phase of vaccine rollouts, aspirant migrants found it difficult to get the required vaccine
- There were difficulties in lowering the minimum eligibility age for the vaccines to 18 as many between the age of 18-25 years were yet to receive their NIDs
- Transgender community was either not inoculated at the mass vaccine campaigns or harassed at the centres.



# Adjustments in Nutritional Intake

## *Overview of changes in dietary patterns*

- **Marginalised households with relatively larger size resorted to reduced food consumption**
  - Statistically significant difference for LNOB HHs
  - Within groups, statistically significant difference for Indigenous HHs with larger average HH size of 4.6
- **As high as 89.6% of households which experienced job loss reported reduction in food intake**
- **For households with no job loss, the corresponding figure is also very high (77.5%)**
  - Statistically significant difference for both LNOB and PNOB HHs
  - Among LNOBs, the largest proportion of HHs with job loss and food consumption reduction were from Char, PWD and Slum
  - Among PNOBs, the highest proportion was from MSME HHs



# Adjustments in Nutritional Intake *(contd...)*

*Factors which have raised the likelihood of reduction in household food consumption*

A probit model analysis

Influencing factors ranked in terms of importance–

1. **Reduction in non-food expenditure:** “highly significant” for both groups (LNOB and PNOB) with likelihood greater for PNOB
2. **Reduction in food expenditure:** “highly significant” for LNOBs
3. **Uptake of loan:** “significant” for both groups with likelihood greater for PNOB
4. **Withdrawal of savings:** “significant” for both groups with likelihood greater for PNOBs
5. **Urban residence:** “highly significant” for LNOBs
6. **Loss of income:** “highly significant” for LNOBs



# Adjustments in Nutritional Intake *(contd...)*

*Most prevalent strategies to adjust for food consumption reduction*

**Adjustment in food consumption (% of HHs)**

| Groups     | No food reduction | Reduction in protein items | Reduction in item and protein intake | Reduction in meal item and protein intake |
|------------|-------------------|----------------------------|--------------------------------------|---|
| Char       | 17.0              | 12.0                       | 40.0                                 | 24.0                                      |
| Haor       | 18.0              | 13.0                       | 62.0                                 | 1.0                                       |
| Coastal    | 19.0              | 22.0                       | 44.0                                 | 6.0                                       |
| Slum       | 8.0               | 11.3                       | 58.3                                 | 16.0                                      |
| Dalit      | 17.0              | 18.0                       | 46.0                                 | 13.0                                      |
| Indigenous | 19.3              | 24.0                       | 52.7                                 | 2.3                                       |
| PWD        | 8.3               | 13.7                       | 54.7                                 | 16.6                                      |
| Female HHH | 14.4              | 19.8                       | 53.6                                 | 9.7                                       |
| Migrant    | 25.8              | 27.3                       | 45.9                                 | -   |
| MSME       | 10.6              | 23.3                       | 61.4                                 | 4.7                                       |
| All        | 14.4              | 18.3                       | 53.6                                 | 9.4                                       |
| PNOBs      | 17.4              | 25.7                       | 53.7                                 | 2.6                                       |
| LNOBs      | 13.6              | 16.2                       | 53.5                                 | 11.3                                      |

Source: Citizen's Platform HH Survey 2021



# Maternal and Child Care Challenges

## *Incidence of home births during COVID-19*

### **Rate of Non-institutional Births**

- Half of the women gave birth at home
- National average was 46.6% in 2019 (UNICEF 2019)

### **Non-institutional – Rural vs Urban**

- About 61.3% of rural women and 41.9% of urban women gave birth at home during the pandemic.
- National average of rural home births is 51.0% and 32.0% in urban

- High rates of home births were among LNOB households in both rural (64.8%) and urban areas (48.39%). In comparison, proportions for PNOBs were 42.9% and 33.3% respectively.
- Overall, a higher proportion of LNOB women had to give birth at home due to COVID-19 compared to PNOB.
- Within LNOBs, the highest incidence was for Indigenous women (63.6%).
- Most Migrant households opted for institutional births: only 33.3% women in rural and 25.0% women in urban delivered at home.



# Maternal and Child Care Challenges *(contd...)*

## *Missed pre natal care during COVID-19*

### Missed ANC visits

| Missed Check-up (Pregnant Women) by Rural-Urban Settlement |             |       |       |       |
|--|-------------|-------|-------|-------|
| Groups   | Rural       |       | Urban |       |
|  | All         | None  | All   | None  |
| Char   | -           | 50.0  | -     | -     |
| Haor   | 25.0        | 75.0  | -     | -     |
| Coastal  | -           | 100.0 | -     | 100.0 |
| Slum   | <b>50.0</b> | 50.0  | 7.1   | 78.6  |
| Dalit  | -           | 50.0  |       | 100.0 |
| Indigenous   | 22.2        | 66.7  | -     | -     |
| PWD  | 33.3        | 66.7  | 33.3  | 66.7  |
| Female HHH   | -           | 100.0 | -     | 100.0 |
| Migrant  | 33.3        | 33.3  | 33.3  | 33.3  |
| MSME   | -           | 100.0 | -     | 100.0 |
| All  | 23.1        | 61.5  | 6.3   | 81.3  |
| PNOBs  | 33.3        | 33.3  | 0.0   | 100.0 |
| LNOBs  | 21.7        | 65.2  | 6.7   | 80.0  |

- Half of the rural slum households missed all antenatal care visits.
- The incidence was also high for PWD (33.0%) and Migrant (33.0%) households.

Source: Citizen's Platform HH Survey 2021



# Maternal and Child Care Challenges (contd...)

## Missed post natal care during COVID-19

### Missed PNC visits

| Missed Check-up (Mother-PNC Visit) by Rural-Urban Settlement |       |       |       |       |
|--|-------|-------|-------|-------|
| Groups   | Rural |       | Urban |       |
|  | All   | None  | All   | None  |
| Char   | 12.5  | 37.5  | -     | -     |
| Haor   | -     | 92.3  | -     | -     |
| Coastal  | -     | 50.0  | -     | 66.7  |
| Slum   | 33.3  | 66.7  | 15.8  | 47.4  |
| Dalit  | 66.7  | 33.3  | 40.0  | 40.0  |
| Indigenous   | 21.1  | 52.6  | -     | -     |
| PWD  | -     | 100.0 | 25.0  | 75.0  |
| Female HHH   | -     | 50.0  | 0     | 100.0 |
| Migrant  | 16.7  | 83.3  | 16.7  | 83.3  |
| MSME   | -     | 100.0 | -     | 100.0 |
| All  | 14.8  | 63.9  | 12.7  | 69.1  |
| PNOBs  | 14.3  | 85.7  | 8.3   | 91.7  |
| LNOBs  | 14.8  | 61.1  | 16.1  | 51.6  |

- Noticeably, proportion of new mothers who did not miss PNC visit was 63.9% in rural and 69.1% in urban.
- However, the incidence of missing all PNC visits was very high among rural Dalit households (66.7%) followed by rural slum households (33.3%).

Source: Citizen's Platform HH Survey 2021

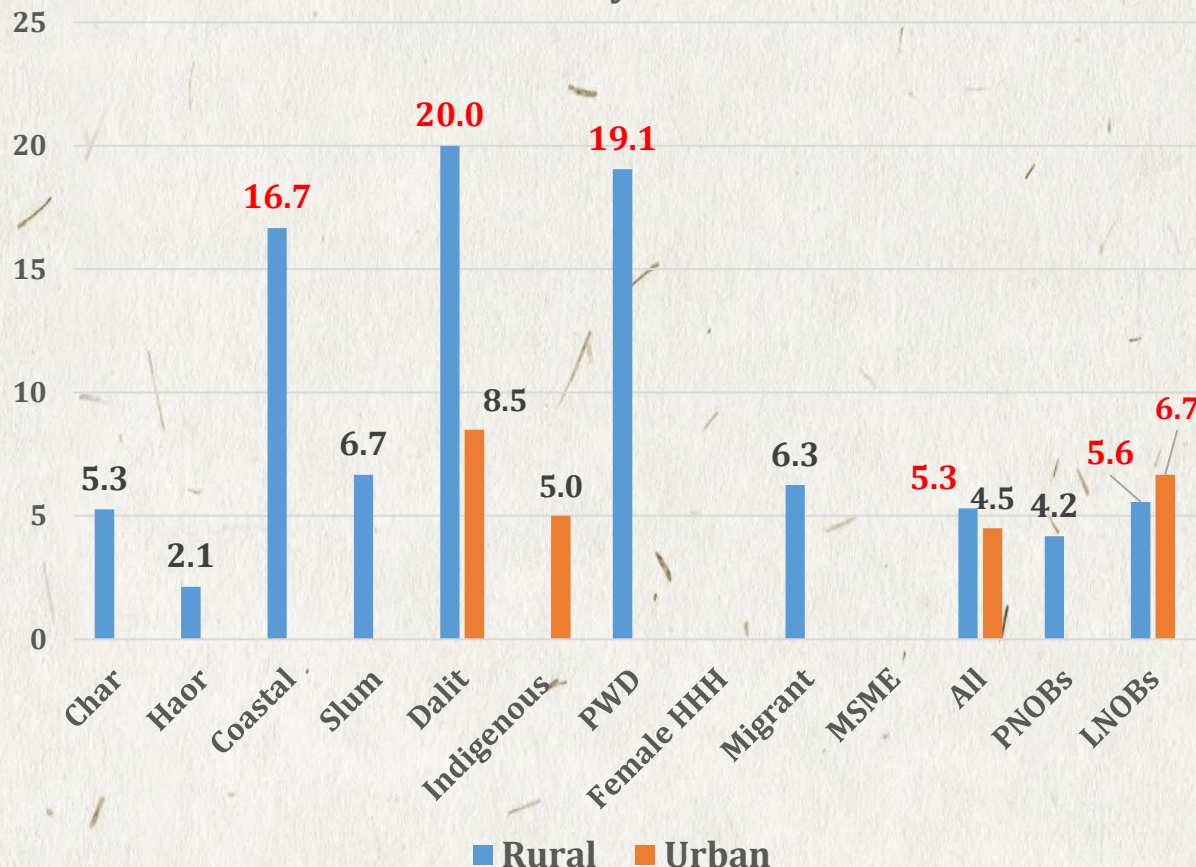


# Maternal and Child Care Challenges *(contd...)*

## Missed child immunisation during COVID-19

### Missed child immunisation

#### Missed Immunisation by Rural-Urban Settlement



- LNOB households missed their child's immunisation relatively more in both rural and urban areas.
- The proportions are higher for Dalit (20.0%) and PWD (19.0%) HHs.
- Noteworthy, in urban areas none of the communities missed immunisations except Dalit and Indigenous HHs.

Source: Citizen's Platform HH Survey 2021



# Lessons and Way Forward

## *Policies to mitigate the vaccination fallouts*

- Pursue targeted approach to locate, aware and vaccinate the marginalised
- Provide adequate digital support to people without digital literacy and access to device
- Provide sufficient vaccine information and simplified registration processes particularly for the marginalised
- Establish vaccine centres in hard-to-reach areas
- Involve NGOs to increase coverage of the marginalised communities



# Lessons & Way Forward *(contd...)*

- *Nutritional intake declined for a significantly high proportion of marginalised households irrespective of job loss status*
  - ❑ Allocate targeted direct cash transfers and food support to the most marginalised population groups particularly Char, PWD, Slum and MSME households.
- *Higher proportion of LNOB women had non-institutional births than PNOB women*
  - ❑ Allocate higher resources to public maternal health facilities to facilitate institutional child births among the disadvantage groups free of cost.
  - ❑ Involve NGOs and community workers to aware the targeted groups about the availability of cost free deliveries.
- *Higher proportion of LNOB HHs missed child immunisations (particularly Dalit and PWD households).*
  - ❑ Update the existing child immunisation database to cover the entire range of LNOB communities
  - ❑ Strengthen the engagement of government agencies with the NGOs to mitigate COVID-induced disruption in immunisation services.



# Thank You



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