CLEAR
Covid-19 Learning, Evidence and Research Programme

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কোভিড-১৯ লার্নিং, এভিডেন্স অ্যান্ড রিসার্চ প্রোগ্রাম

Research Briefing

Impacts of Covid-19 on SRHR and MNCH in Bangladesh

April 2022

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This briefing summarises priority areas for future research as identified in the scoping paper ***SRHR and MNCH in Bangladesh: A Scoping Review on the Impacts of the Covid-19 Pandemic*** by Tabitha Hrynick, Violet Barasa and Syed Abbas from the Institute of Development Studies (IDS). The scoping paper and this briefing were commissioned for the Covid-19 Learning, Evidence and Research Programme in Bangladesh (CLEAR). CLEAR aims to build a consortium of research partners to deliver policy-relevant research and evidence for Bangladesh to support the Covid-19 response and inform preparation for future shocks.

SRHR and MNCH in the pre-Covid context

Bangladesh has made exceptional progress in women's and children's health in recent decades, despite many socioeconomic challenges. This is reflected in the country's success achieving key Millennium Development Goals (MDGs). However, progress in areas such as maternal mortality and family planning uptake have stalled in recent years, and serious barriers remain to sexual and reproductive health and rights (SRHR) and maternal, neonatal and child health (MNCH), including care quality and access, and out-of-pocket costs.

Covid-19 impacts on SRHR and MNCH

The Covid-19 pandemic has exposed and exacerbated long-standing systemic weaknesses in health and economic systems, and hugely impacted SRHR and MNCH globally, including in Bangladesh.

Health system and service impacts and disruption

The Bangladesh health system was already overstretched before the onset of Covid-19. Early on in the pandemic especially, panic and uncertainty, diversion of resources, and national lockdown led to further unavailability and acute disruption of SRHR and MNCH services, including unavailability of health workers due to fear, sickness, or redeployment; closure or reduced service hours; transportation and material resource challenges (e.g. personal protective equipment (PPE)); and provider limitations to conduct effective triage.

Service utilisation and health impacts on people

Patients also avoided health services for fear of contracting Covid-19, stigma, or forced isolation, but also due to pandemic and lockdown-related economic pressures, impacting their ability to access care. Not knowing how to access adapted services, or dissatisfaction with services provided, may also have played a role in lower utilisation. Broader health impacts to SRHR and MNCH are not yet clear, but evidence does clearly show significant increases in domestic violence and child marriage, with more economically vulnerable people, such as poor and displaced women and girls, being disproportionately affected.

Service adaptations, mitigation measures, and recovery

The government and its partners developed guidance to support continued and safe provision of essential services in the public sector,[1] and also hired thousands of personnel in June 2020 to reinforce the public health workforce and supported smaller-scale initiatives. Widespread adoption of digital and phone-based services has occurred in both the public and private sectors.

Existing data gaps and research opportunities

Considerable gaps remain in understanding how the pandemic has impacted SRHR and MNCH in Bangladesh and where this leaves policymakers, programme managers, service providers, and patients in terms of recovery, addressing negative impacts, and building more effective and resilient systems. Below are priorities for research and engagement from the short to the long term.

Service delivery, accountability, and governance

In the **short term**, there is a need to understand how service quality has been impacted by the pandemic, and the perceptions, experiences, and challenges of service users and providers around this. Such evidence, alongside emergent quantitative data on service availability and utilisation, may support more effective use of resources to ensure not just availability, but also quality and equity.

Evidence is also unavailable on pandemic impacts to sexual health and related services such as: abortion

1 Including the *National Guideline for Providing Essential Maternal, Newborn and Child Health Services in the Context of COVID-19.*

(or 'menstrual regulation'); unwanted pregnancies; menstrual hygiene; SRHR for youth, men, and single women; and sexual health and services (e.g. sexually transmitted infection (STI) screening).

Due to conservative attitudes, sexual health is generally neglected in Bangladesh, and little is known about related services, or different social groups' access to and experiences of these.

In the **medium to long term**, it is important to pay attention to what the emerging SRHR and MNCH service landscape looks like as the health system evolves in the wake of the pandemic.

Most existing evidence focuses on the early pandemic period, especially lockdown. How the characteristics of emerging landscapes interact with pre-existing constraints and realities in the health system (e.g. limited staff), community, and households (e.g. gender norms) is critical to identifying resource, policy, and action gaps. Alongside this, it is important to anticipate, monitor, track, unpack, and mitigate risks and potential future negative SRHR and MNCH health outcomes resulting from the pandemic. Quantitative outcome data must be contextualised within qualitative understandings of how and why they resulted, and how they can be addressed.

Coordination between public and private health sectors

In Bangladesh, there is limited coordination between public and private health sectors in terms of data collection and analysis, and routine operation and emergency response. In the short term, a better understanding of the role of the private sector (including for-profit formal and informal providers, as well as non-profit providers) during the pandemic is essential, as most existing evidence refers mainly to the public sector. Mapping 'who did and is doing what', and what the capacities and incentives of different actors are, may illuminate how better coordination could be achieved for improved SRHR and MNCH in rural and urban contexts in the medium to long term. Better understanding of cross-sector coordination beyond health, such as with economic and social welfare domains, will also be important for improving SRHR and MNCH, and protecting against future health shocks as public health responses.

Accountability for poor services

Another critical and underexplored governance issue is accountability for poor services in both the public and private sector, and how this can be improved for better service availability and quality. Importantly, there may also be opportunities within the emerging post-pandemic health system for marginalised groups to claim or realise health rights, such as through digital tools for accountability, or even for directly accessing services that may be considered taboo. That said, the risks of digital activity, including exclusion and privacy breaches should not be ignored.

Rights of the marginalised population and disadvantaged groups

The experiences of specific marginalised social groups with respect to SRHR and MNCH also remain either un- or underexplored in the pandemic context. In addition to the above-mentioned youth, key groups include:

- unmarried, widowed, divorced, or abandoned women;
- people with disabilities;
- gender and sexual minorities;
- sex workers;
- Hindus and other religious minorities;
- tea-garden workers;
- 'floating', or homeless populations;
- Bede ('river gypsies');
- Dalits;
- displaced populations; and
- digitally excluded groups.

Especially for people at the intersections of different marginalised socioeconomic positions and identities, additional layers of economic and social exclusion and discrimination may have further impacted their ability to access SRHR and MNCH services. Digital exclusion, which disproportionately affects women, will become increasingly important to understand and mitigate.

Innovations

Little is known about how communities themselves, as well as lower-level governance institutions (including traditional ones) and civil society networks, may have responded to the pandemic, including what kinds of innovations, adaptations, and locally based resources they have leveraged to support SRHR and MNCH. It will be important for researchers and policymakers to better understand the role of decentralised action in preventing maternal and child mortality during the pandemic, and how greater support and recognition of community-based response can contribute to resilience against future crises.

Reference

Hrynick, T.; Barasa, V. and Abbas, S. (forthcoming, 2022) ***SRHR and MNCH in Bangladesh: A Scoping Review on the Impacts of the Covid-19 Pandemic***, IDS Working Paper, Brighton: Institute of Development Studies, DOI: **10.19088/IDS.2022.028**

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