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The Bangladesh Learning Hub (October 2023–December 2025) is led by the [International Center for Diarrhoeal Disease Research, Bangladesh \(icddr,b\)](#) with partners [Jhpiego](#) and [RedOrange Communications](#).

Grants in Bangladesh

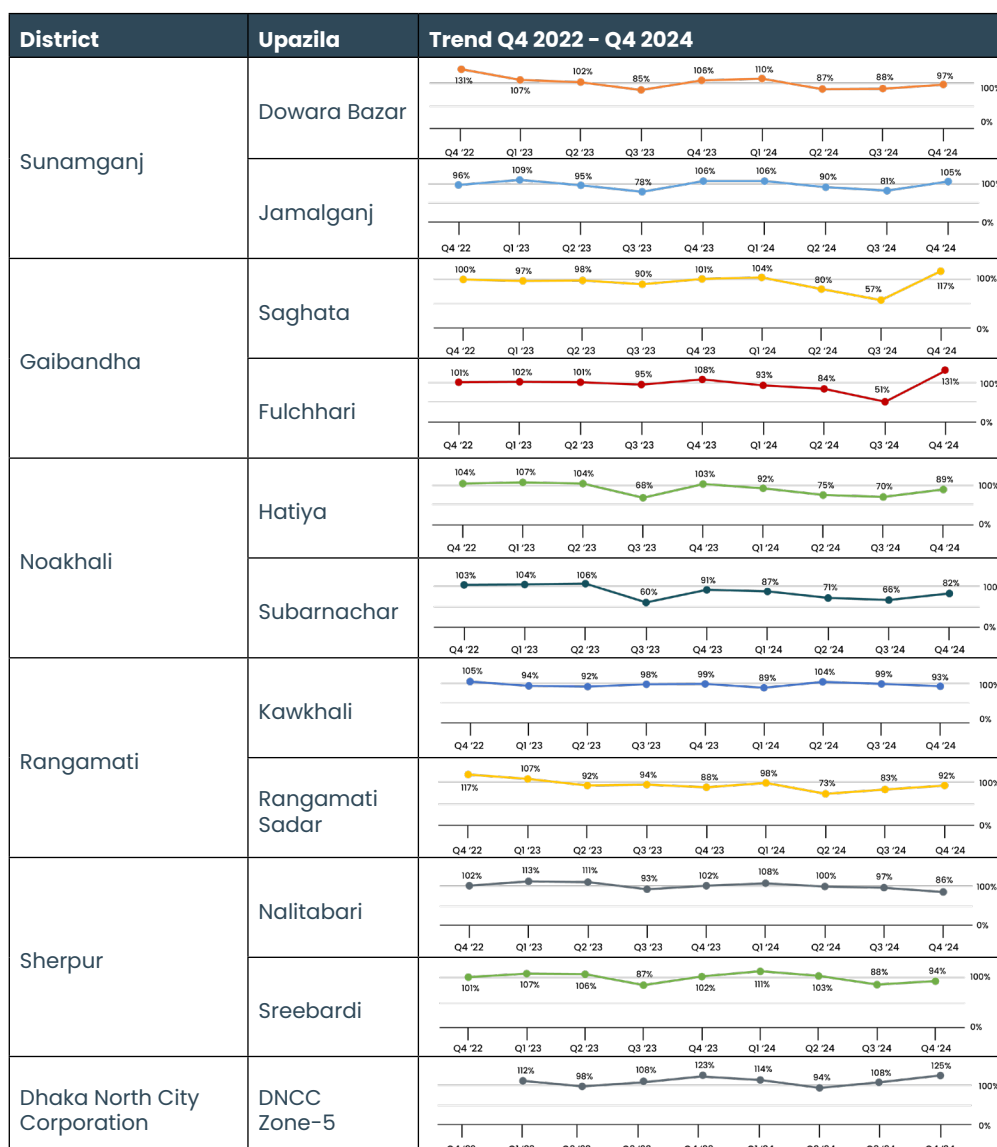
- **Equity Accelerator Funding (EAF)**: currently in design.
- **Health System Strengthening (HSS-3) (October 2019–December 2025)**: targets 16 districts and four City Corporations. The Bangladesh Learning Hub generates evidence in three of the HSS-3 targeted districts. The Learning Hub used triangulation of data from routine systems and coverage surveys followed by lot quality assurance sampling (LQAS) to identify high zero-dose (ZD) subdistrict areas (Upazilas).
- **Fragility, Emergencies, and Displaced Populations (FED) 2023–2026** for forcibly displaced Myanmar nationals (FDMN).

Definitions

Zero-Dose (ZD) Children: Children who have not received any dose of diphtheria, tetanus, and pertussis-containing vaccine (DTP1).

Under-Immunized (UI) Children: Children who have received DTP1 but have not received DTP3.¹

¹ In Bangladesh this is the Pentavalent series.



Study Sub-Districts (Upazilas) in Bangladesh: Trends in DTP1 Coverage from Q4 2022 to Q4 2024

(Source: Bangladesh DHIS2 reported in Bangladesh CLH Quarterly Progress Report)

This figure displays sub-national data from the Bangladesh DHIS2 on DTP1 coverage over a 24-month period, Q4 2022 to Q4 2024. During Q1 through Q3 of 2024, DTP1 coverage trended downward in most upazilas, with the exception of Kawkhali Upazila. Saghata and Fulchhari upazilas, located in Gaibandha district, experienced the most substantial decreases in coverage, falling to 57% and 51% respectively. Coverage then increased in Q4 of 2024 across most upazilas, most dramatically in Saghata and Fulchhari.

The timing of these drops corresponds with a wave of political unrest and violence across the country that ultimately led to the removal of the prime minister in August 2024. It is possible that immunization efforts were affected or ultimately halted during this period. It is promising to note that coverage trended upward in most upazilas in Q4, suggesting service resumption.

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FDMN Research Spotlight

In 2024, the Learning Hub carried out a cross-sectional study in three FDMN refugee camps and two adjacent host communities in Cox's Bazar district to assess vaccination coverage and barriers to uptake in this specific population. The study used mixed methods, including a household survey and social mapping exercise.

Preliminary results from a household survey and social mapping exercise in three FDMN refugee camps and two nearby host communities in Cox's Bazar district indicate lower prevalence of ZD children than in other parts of Bangladesh where the Learning Hub works. For children ages 4.5–23 months, 0.5% in the three camps and 0.2% in the two host communities were identified as ZD children. Host communities had a slightly higher proportion of fully vaccinated children (83%) than FDMN camps (75%), but the overall high coverage in both communities is noteworthy. The study revealed differences in coverage by FDMN camp location and age of the child when they entered Bangladesh, which warrant further exploration.

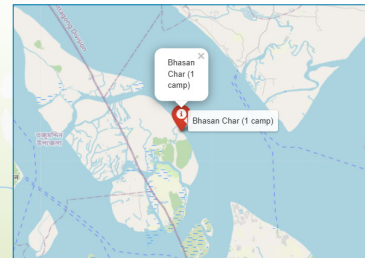
Caregivers of ZD and UI children in both FDMN camps and host communities noted various reasons for not vaccinating children, including child illness when vaccines were due, intention to vaccinate at a later time, and fear of side effects. These findings will be explored in greater depth through qualitative data collection, which is set to take place in the first half of 2025.

Key

-  – Camps
-  – Host communities

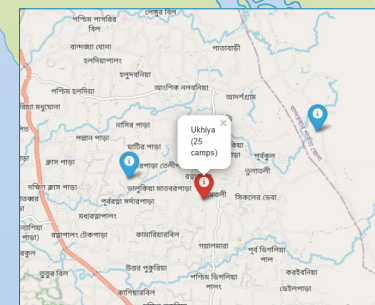
Note: There was no host community near Bhasan Char because it is surrounded by an estuary that meets the Bay of Bengal and River Meghna.

Bhasan Char (1 camp) of Hatiya upazila in Noakhali district



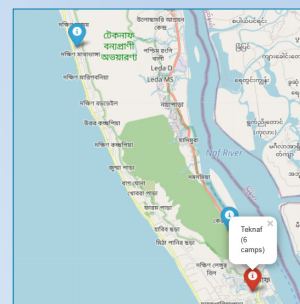
• Ukhiya (25 camps) upazila of Cox's Bazar district

• Two unions from Ukhiya (Palongkhali and Rajapaleng)



• Teknaf (6 camps) upazila of Cox's Bazar district

• Two unions from Teknaf (Whykhyang and Hnila)



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Key Insights, Decisions, and Use of Learning Hub Results

Insights: Special populations

Preliminary results from a household survey and social mapping exercise conducted among FDMN and host communities indicate that, while both populations were supportive of vaccination, mobility constraints and service delivery gaps (including long wait times in the FDMN camps) are significant barriers to immunization for these populations. Additionally, the surveys found that FDMN are more likely to use NGO-managed clinics, while host populations seek services at private facilities. Findings from the survey will be further explored through interviews with caregivers and will be used in ongoing discussions with the MOHFW, EPI, WHO, and UNICEF to inform the design of tailored immunization strategies for refugee and host communities.

Use: Evidence-informed practices emerging from implementation research conducted in the Learning Hub study upazilas

Based on evidence generated through the Learning Hub implementation research, civil surgeons in two Learning Hub districts have proposed scaling up three promising interventions to additional upazilas: crash programs, evening sessions, and e-tracking. Regularly engaging MOH, EPI, and other partners during quarterly sub-national and national committee

meetings has facilitated learning, problem solving, and adaptation of these interventions:

- **Crash programs** are short-term intensive efforts to increase vaccination in areas where coverage is lagging. Originally launched in Saghata upazila in response to evidence generated by the Learning Hub, crash programs have been positively received and further scaled to other rural upazilas. This intervention has been recommended in areas with facilities where human resources shortages have affected routine EPI activities.
- **Evening EPI sessions**, proposed by the Learning Hub, have successfully improved access to vaccination services for working mothers in urban areas, and, as a result, the Dhaka North City Corporation (DNCC) and EPI are exploring the expansion of these sessions to additional locations. However, vaccine supply shortages and staffing constraints remain challenges that require ongoing attention.
- The **e-screening checklist** has successfully identified ZD and UI children at multiple service points, but technical issues and limited digital literacy among health assistants have hindered its full adoption. In response, the MOHFW and EPI have committed to training health workers and addressing technical challenges to improve use of the checklist.

Implementation Research Challenges

During July–December 2024, implementation of immunization interventions faced multiple operational challenges, affecting service delivery, accessibility, and effectiveness:

- **Vaccine shortages:** Shortages of PCV, Pentavalent, IPV, MR, and OPV in five of the six intervention areas hindered routine immunization (RI) efforts, impacting planned vaccination sessions and interventions aimed at reducing ZD/UI children.
- **Insufficient budget allocation:** Lack of funds for transportation impeded the ability to reach hard-to-reach areas, disrupting RI and crash programs.
- **Adverse weather conditions:** Heavy rain and challenging travel conditions resulted in cancellation or reduced attendance at EPI sessions, particularly in Kawkhali and Hatiya, limiting access to immunization services.
- **HPV vaccination campaign:** Immunization services in Learning Hub study areas were disrupted by the nationwide campaign aimed at integrating the HPV vaccine into the country's RI program for girls aged 10–14 years.
- **Vacant human resources posts:** Political unrest disrupted the recruitment of health assistants, leaving many posts vacant. Additionally, community health care providers experienced delayed salary payments, further impacting their motivation and effectiveness in RI activities.
- **Political unrest:** Bangladesh experienced disrupted immunization activities between July–August 2024, postponing planned EPI workshops and meetings, canceling RI sessions and community engagements, impeding facility usage, which collectively slowed implementation efforts causing missed program targets.