

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

- **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 existing data with lot quality assurance sampling (LQAS) to identify high zero-dose (ZD) subdistrict areas.
- **Fragility, Emergencies, and Displaced Populations (FED)** 2023–2026 for Forcibly Displaced Myanmar Nationals (FDMN).

Call to Action

- **Institutionalize proven approaches** such as e-screening checklists, crash programs, and evening sessions within EPI microplans to sustain gains in identifying and reaching ZD and underimmunized (UI) children.
- **Address systemic constraints** by expediting approval of Operational Plans (OPs), ensuring uninterrupted vaccine and logistics supply, and resolving persistent workforce and salary gaps among community health care providers.
- **Strengthen monitoring and data quality** through full integration of the ZD dashboard into DHIS2, annual data triangulation, and enhanced training for frontline staff on digital tools and record accuracy.
- **Expand culturally responsive communication** by improving interpersonal counseling of frontline health workers, engaging local leaders, and tailoring materials to overcome misconceptions and language barriers in both rural and humanitarian settings.
- **Sustain government and partner collaboration** through continued use of Learning Hub evidence in EPI review meetings, national monitoring committees, and policy processes to guide scale-up and future planning.

The Learning Hub conducted **implementation research (IR)** in selected Upazilas/Wards across five districts and one city corporation, representing distinct geographical areas in Bangladesh. These areas were selected to represent hard-to-reach settings and urban zones, allowing the Learning Hub to test and evaluate interventions tailored to specific local needs. The IR areas include intervention and comparison sites that were matched based on similar demographic and health characteristics:

Geographical Location	District/City Corporation	Upazila/Zone (Area)	Type of Site
Haor (Wetlands)	Sunamganj	Dowarabazar	Intervention
		Jamalganj	Comparison
Char (River Shoals)	Gaibandha	Saghata	Intervention
		Fulchhari	Comparison
Coastal	Noakhali	Hatiya	Intervention
		Subarnachar	Comparison
Hilly	Rangamati	Kawkhali	Intervention
		Rangamati Sadar	Comparison
Plain Land	Sherpur	Nalitabari	Intervention
		Sreebordi	Comparison
Urban	Dhaka North City Corporation (DNCC)	Zone-05, Ward-26 & 30	Intervention
		Zone-05, Ward-33	Comparison

The Learning Hub also conducted a special study exploring barriers to vaccination among **FDMN** communities (including social mapping, household survey, qualitative data collection, and validation/co-creation workshops). The study was carried out in formal FDMN camps and nearby host communities in two districts in Dhaka:

District	Upazila	FDMN Camps	Host Communities
Cox's Bazar	Ukhiya	25 FDMN camps	Palongkhali and Rajapalong
	Teknaf	6 FDMN camps	Whykhyang and Hnila
Noakhali	Hatiya	Bhasan Char	—

DTP1 Trends in Bangladesh, 2019–2025

The Bangladesh dashboard has not been updated at this time, as recent EPI data are not yet available through the national DHIS2 system. According to the Learning Hub, data submission from the field has been temporarily delayed due to ongoing administrative challenges affecting reporting processes which have affected the availability of data from the Learning Hub study subdistricts (upazilas). In addition, national-level data through the electronic Joint Reporting Form (eJRF) have not been available since August 2024, preventing updates to the national trend figures. While EPI sessions and activities have continued, the corresponding data have not yet been transmitted to the national level.



Photo credit: Bangladesh Learning Hub

Implementation Research

During this reporting period, the Learning Hub continued to advance its ongoing IR across intervention and control areas in selected upazilas in three districts and the Dhaka North City Corporation (DNCC), with a focus on testing and documenting strategies to identify and reach ZD and UI children. Three interventions, in particular, have delivered consistently notable results and have been endorsed by subnational EPI managers for replication in the remaining wards and upazilas in the districts where the Learning Hub IR was carried out:

- **E-screening checklist:** A digital tool that successfully identified 1,138 ZD/UI children in five rural upazilas that served as IR intervention areas (Kawkhali, Dowarabazar, Hatiya, Nalitabari, and Saghata), of whom 963 were subsequently vaccinated. Despite technical issues and limited digital literacy among health assistants, the MOHFW and EPI have committed to training staff and strengthening device support to improve scale-up.
- **Crash programs:** A targeted approach for hard-to-reach areas, where routine EPI sessions are not feasible, vaccinating 1,834 children, including 208 ZD and 436 UI. Local EPI managers at district and subdistrict levels have endorsed this intervention for replication in the other upazilas and wards in the IR districts.
- **Evening immunization sessions:** A simple model that expanded access in DNCC, reaching 1,099 children across 119 sessions and offering a convenient option for working caregivers. Stakeholders have expressed interest in scaling the approach, though vaccine supply shortages and staff constraints remain challenges.

Cross-cutting learning from the IR study reinforced the importance of strengthening health worker communication skills and supervision and addressing systemic barriers such as weak coordination between fixed sites and outreach services and supply constraints to sustain progress in reaching ZD and UI children:

- **Interpersonal communication and coordination of service delivery:** Co-creation workshops with caregivers, community leaders, and service providers highlighted uneven caregiver contact with the immunization system, due to poor interpersonal communication of health workers and inconsistent coordination of facility-outreach teams. Training and supportive supervision are prioritized for service providers who work directly with the community, especially frontline field staff and those responsible for health education, to strengthen counseling, address persistent misconceptions about vaccines among caregivers and improve service delivery integration.
- **Implementation challenges:** Staff shortages, delayed EPI OP approval, and vaccine stock-outs limited the pace of progress, but the tested interventions have generated actionable evidence now being considered for integration into routine EPI activities.

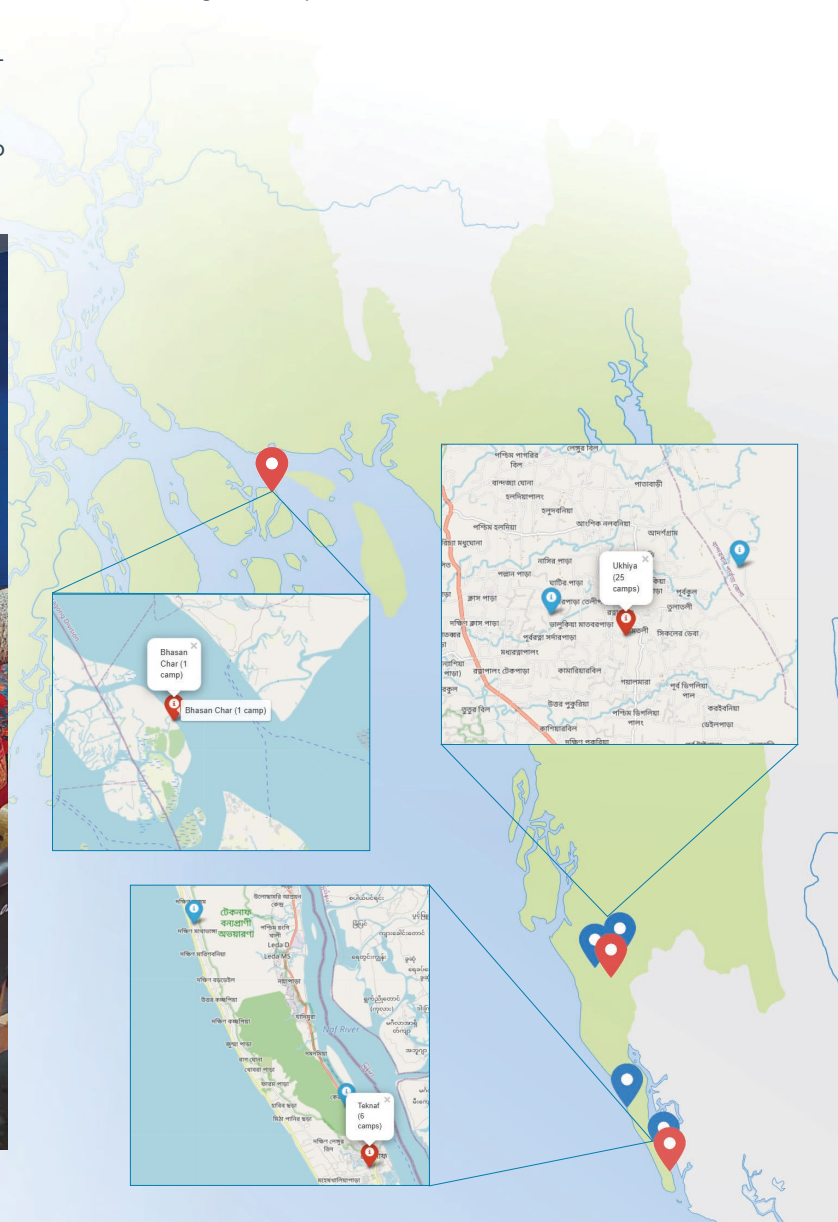
FDMN Research Spotlight

The Learning Hub completed a mixed-methods study on ZD/UI children among FDMNs and host communities, combining household surveys, social mapping, and qualitative interviews.

- Findings show low ZD prevalence but a higher burden of UI children among FDMN communities (12.5%) compared to host communities (5.8%), with lower full immunization coverage (74.8% vs. 82.6%).
- Barriers to completing vaccination in FDMN communities include child illness (63.1%), fear of side effects (15.5%), poor understanding of immunization schedules (14.9%), and persistent misconceptions around the benefits and risks of vaccinations.
- The Family Counting Number (FCN) card establishes a family's eligibility to receive food rations and social assistance in FDMN camps and serves as an external incentive for caregivers to initiate vaccination. However, high dropout rates after card issuance suggest that deeper behavioral and systemic barriers must be addressed to ensure children continue on to full immunization.
- Language gaps hinder effective communication about immunization services in FDMN camps, as most frontline providers do not speak Rohingya, reducing clarity and trust in services.
- Results underscore the importance of strengthening demand generation and building intrinsic motivation for vaccination completion, while addressing systemic barriers such as long wait times, overcrowding, and lack of skilled vaccinators in FDMN camps.
- The Learning Hub has shared the evidence and learning from this special study with stakeholders in MOHFW, EPI, WHO, UNICEF, and other partners to inform design of targeted service strategies in displacement contexts.



Photo credit: Bangladesh Learning Hub



Key Insights, Decisions, and Use of Learning Hub Results

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 - Rolling review of DHIS2 data** revealed a rise in high ZD burden areas, with the number of rural upazilas classified as high ZD increasing from 227 in 2023 to 385 in 2024. The severity of these hotspots also intensified, as the threshold for classification in the top 10 high ZD upazilas rose from 12.6 percent ZD in 2023 to 21 percent in 2024. In urban areas, city corporation zones meeting the high ZD criterion ($\geq 2\%$ ZD) doubled from 17 to 34.
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 - Operational plan (OP) approval delays from MOHFW** contributed to vaccine, logistics, and HR shortages, risking further expansion of ZD/UI pockets. EPI and DGHS officials acknowledged OP approval delays as a driver of supply and HR gaps, shaping dialogue on risk mitigation.
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 - Modified EPI schedules** successfully expanded access in specific geographies, with crash programs reaching hard-to-reach areas (1,834 children vaccinated, including 208 ZD and 436 UI) and evening sessions serving working caregivers in urban slums (1,099 children across 119 sessions).
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 - E-screening checklist** identified 1,138 ZD/UI children (963 vaccinated) in five IR upazilas (Kawkhali, Dowarabazar, Hatiya, Nalitabari, and Saghata) and demonstrated potential to offset workforce shortages.
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 - Community engagement in FDMN camps** raised awareness but caregiver contact remained uneven (85% of FDMN caregivers and 57% of host caregivers reported being contacted).
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 - FDMN children** face persistent underimmunization with barriers including child illness, fear of side effects, lack of schedule awareness, and misconceptions.

Use of Learning Hub Results

- Civil surgeons in Sherpur and Sunamganj endorsed **expansion of Learning Hub-tested interventions** (e-screening, crash programs, evening sessions) to additional upazilas.
- ZD/UI institutionalized as a **standing agenda item** in monthly EPI review meetings from union to national level.
- Civil surgeons requested refresher training and expanded rollout of the **e-screening checklist**, citing its potential to mitigate health assistant shortages.
- Learning Hub data informed Bangladesh's **Equity Accelerator Fund (EAF) application** and the inclusion of ZD/UI indicators in the **Coverage Evaluation Survey (CES) 2023** using the adapted WHO Behavioral and Social Drivers of Vaccination tool.
- Prototype ZD/UI dashboard** developed with EPI and Jhpiego, enabling subnational managers to track ZD prevalence, coverage, and dropouts at union/ward level.
- Validation and co-creation workshops** (including with Refugee Relief and Repatriation Commissioner and camp authorities) generated recommendations based on FDMN findings such as recruiting more female vaccinators, improving counseling, and strengthening government-NGO coordination.