Parveen and her daughter Maria prepare nutritious Sehri and Iftar meals at home during Ramadan. ©UNICEF/UNI765975/Rasnat

UNICEF BANGLADESH Humanitarian Situation Report No. 72

unicef for every child

Reporting Period: 1 January to 30 June 2025

Highlights

- Bangladesh continues to host 1,143,096 Rohingya refugees[1] (51.8 per cent children) from Myanmar in 33 densely populated camps across Cox's Bazar District, including 37,088 refugees (55.4 per cent children) living in Bhasan Char. In addition, 120,548 new refugees have crossed the Myanmar-Bangladesh border since 2024, as the protracted Rohingya refugee crisis enters its eighth year.
- Between January and June 2025, UNICEF reached 24% of its overall HAC target (75% for Rohingya response), delivering multi-sectoral services to 495,838 people (272,873 children, 262,579 females, and 397,491 Rohingya refugees).This is despite a significant funding gap of US$98.8 million (53% of the 2025 HAC appeal), impacting on UNICEF's ability to fully meet the priority needs of vulnerable children, women, Rohingya refugees, and persons with disabilities in Bangladesh.
- The global humanitarian funding environment has had a huge impact on Bangladesh, and especially on the Rohingya refugee response. Given the constrained funding environment, UNICEF is revising its 2025 Humanitarian Action for Children (HAC) appeal to reflect emerging priorities, including Priority 1 life-saving interventions for the Rohingya refugee response, as well as public health emergencies, and climate-related hazards.
- UNICEF has prepositioned lifesaving emergency supplies worth US$1.2million, adequate for 345,094 people in the event of an emergency. The Annual Workplan with the Ministry of Disaster Management and Relief MoDMR) has been signed, providing a framework for the capacity strengthening of Disaster Management Committees (DMCs) in up to 25 disaster-prone districts. Five contingency partnerships are ready for emergency activation and eight are under development.

Situation in Numbers

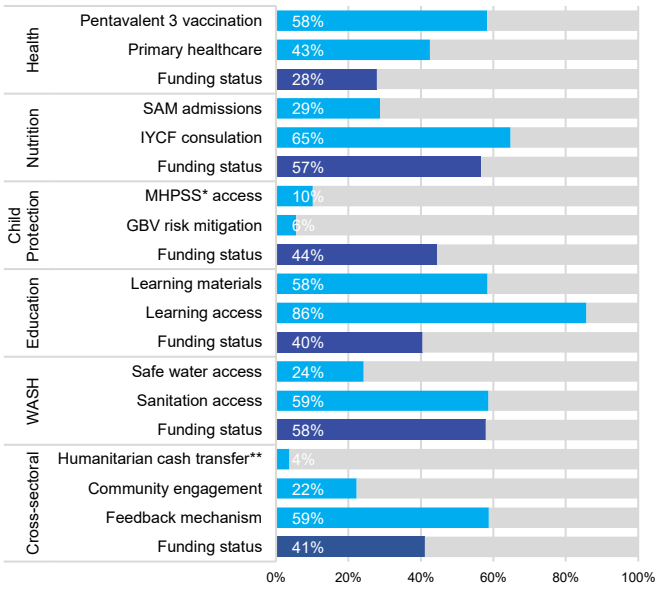
3.2 million
Children (50 per cent of girls) in need of humanitarian assistance (UNICEF HAC 2025)

7.9 million
People (51 per cent female, 41 per cent children) in need including Rohingya refugees and host communities. (UNICEF HAC 2025)

590,992
Rohingya children (51 per cent of girls) require assistance. (UNHCR, 30 June 2025)

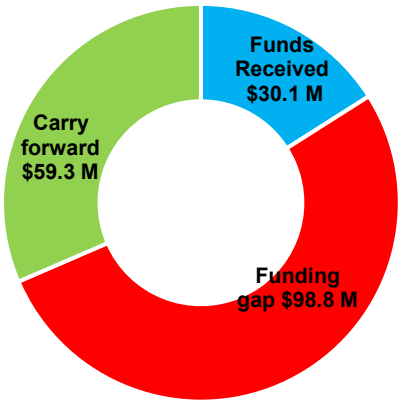
1,143,096
The total Rohingya population (51 per cent female) require assistance. (UNHCR, 30 June 2025)

UNICEF's Response and Funding Status[2,3]



UNICEF Inmediate Needs
US$188.2 M

Funding Status (in US$)



[1] GOB-UNHCR Population Factsheet 30 June 2025
[2] The funding for child protection has been primarily allocated to Cox's Bazar. However, the low response percentage (6-10%) is because there have been no major emergencies or crises triggering an immediate need for large-scale intervention in the child protection sector.
[3] While the funding for education is low, the response percentage is high (86%). This is mainly linked to the Cox's Bazar response and the fact that education activities are closely tied to the academic calendar. With the start of the new school year, a significant portion of planned education activities were activated early in the year, leading to a high response percentage.
* Mental Health and Psychosocial Support (MHPSS)
** The households for the Humanitarian cash transfer instead of individual beneficiaries

Funding Overview and Partnerships

The 2025, UNICEF's Humanitarian Action for Children (HAC) required up to US$188.2 million to meet the critical needs of people, including women and children, affected by multiple shocks in Bangladesh. However, with the current global humanitarian funding crunch, the Bangladesh HAC 2025 appeal is being revised downwards. The revised HAC appeal for 2025 will enable UNICEF, in partnership with the Government and Civil Society Organisations (CSOs), to deliver integrated services in WASH, Nutrition, Education, Child Protection, Health, and Social and Behaviour Change (SBC) services to protect children's rights in alignment with the Core Commitments of Children in Humanitarian Action across Bangladesh, including the refugee response in Cox's Bazar. The revised appeal will be closely aligned with the revised Joint Response Plan (JRP) 2025 for the Rohingya refugee crisis, based on a prioritized strategy focusing on rationalized, consolidated and cost-efficient implementation for only key Priority 1 life-saving activities[4]. This revised appeal will also re-enforce our strategies to ensure that our multi-sectoral and integrated interventions remain coherent, efficient, while enhancing rationalization of available resources and localization. The revision will ensure minimal risk of disruption and ensure the continuity of life -saving programmes and operations for the vulnerable women and children in Bangladesh due to the funding reduction, while focusing on climate resilient interventions and strengthening local capacity.

In this reporting period, UNICEF Bangladesh Country Office has received US$89.4 million (47 per cent of the 2025 funding requirements, including carry-over from 2024), leaving a funding gap of US$98.8 million (53 per cent). This includes contributions from private and public sector donors who invest in both thematic and non-thematic programmes under this year's HAC.

UNICEF expresses gratitude to the World Bank, Japan, Denmark, Norway, European Union Civil Protection and Humanitarian Aid (ECHO), the United States Government, the United Kingdom Foreign, Commonwealth and Development Office (FCDO), Global Partnership for Education (GPE), Education Cannot Wait (ECW), UNOCHA CERF, GAVI, UNICEF Gulf Area Office (GAO), UNOCHA CERF, UNICEF USA, German NatCom, Australian NatCom, Swedish NatCom, and various other UNICEF National Committees and local donors for their generous contributions to support the most vulnerable children in Bangladesh, including the Rohingya refugees.

In the context of a global decline in humanitarian funding, the situation in Bangladesh, continues to demand urgent and sustained support. The current funding environment has become challenging with the suspension of foreign aid funding for humanitarian programming globally and decrease in allocations of ODA by governments. Despite important gains for children in health, nutrition, education, WASH, and protection, widening funding gaps now risk reversing hard-won progress – placing millions of children at renewed risk and undermining the very systems meant to protect them. With a population that remains almost entirely dependent on humanitarian aid to meet their survival needs, and the country's exposure to climate-related shocks and stresses, including floods, cyclones, droughts and public health emergencies such as dengue, it is critical that both public and private donors step up efforts to ensure the continuity of life-saving services for vulnerable children and women.

To ensure the growing needs are met, flexible and multi-year donor funding for the 2025 HAC will be crucial in providing required essential support to Rohingya refugees and the most vulnerable women and children in Bangladesh. UNICEF is actively working in diversifying its resource mobilisation efforts by engaging more with non-traditional donors, including private sector partners. Additionally, cost-efficient measures such as re-prioritising critical interventions, and optimising partnerships and the use of flexible resources are being implemented. UNICEF calls on all partners to renew and strengthen their support to uphold the rights and dignity of every child affected and ensure sustained, predictable funding for the most vulnerable in Bangladesh.

Situation Overview & Humanitarian Needs[5]

Bangladesh currently hosts 1,143,096 Rohingya refugees[6] in 33 camps in Cox's Bazar District. A further 37,008 refugees have been located to Bhasan Char in Noakhali District. Children account for 51.8 per cent of the refugee population in Cox's Bazar and 55.4 per cent in Bhasan Char. 117,479 are persons with specific needs.

The overall security situation in Cox's Bazar remains fragile, marked by cross-border tensions in the Teknaf-Naikhyongchari border areas, security incidents within the camps, and the Myanmar government's temporary suspension of cross-border trade, including restricting the transport of goods from Yangon to Teknaf, since 26 January 2025. Myanmar Navy has reportedly fired on fishing boats in international waters off the coast of Teknaf. This includes Bangladeshi fishing boats.[7] Armed violence has triggered a new influx of refugees, with 120,565 new individuals biometrically recorded up to June 2025 (UNHCR).[8] The newly arrived individuals are receiving life-saving assistance, including food, medical care, and access to UNICEF-supported facilities.

[4] https://rohingyaresponse.org/wp-content/uploads/2025/07/Prioritized_JRP_2025_2PAGER.pdf

[6] GOB-UNHCR Population Factsheet 30 June 2025

[7] UNDP CARU report June 2025

[8] GOB-UNHCR Rohingya Refugee Population Dashboard June 2025

In Q1 and Q2 2025, a total of 1,634 natural and human-made disasters (including floods, landslides, windstorms, lightning, fire, road accidents, drowning etc) were recorded across the Cox's Bazar camps. These events impacted 14,283 households and 70,049 people, including approximately 36,285 children. Among those affected, 20 died, 138 were injured, and 4 were reported missing. As many as 7,738 people experienced secondary displacement. 8,997 shelters, 54 learning centres, two health facilities, 268 WASH facilities, and 955 other structures, were damaged. Notably, 399 fire incidents and 297 landslides were reported during this period, affecting 11,626 people of whom 6,022 were children. Fires led to the deaths of three people, with 41 being injured, and 1,548 being displaced. In Bhasan Char, 131 incidents (fire, drowning, windstorm, lightning, etc.) were reported, which affected 157 households and 369 individuals. Total 111 individuals were injured and 5 persons died including two children. One person was reported missing during the reporting period.

Public health emergencies[9] continue to pose significant threats to vulnerable populations in Bangladesh, particularly through recurrent disease outbreaks such as dengue. In the first half of the year, 3,055 dengue cases were reported in Cox's Bazar, an increase of 9% compared to the same period in 2024, when 1,705 cases were recorded. The number of dengue-related deaths stands at 13, down from 22 for the same period in 2024. The fatality rate is 0.69 per cent, compared to 1.58 per cent in the previous year. Meanwhile, 578,325 cases of Acute Watery Diarrhea (AWD) have been reported nationwide, representing a 2.2% decrease compared to the same period in 2024. In the Rohingya camps, 50,783 cases of AWD have been reported, representing a 6.1% decrease compared to the same period of 2024. Since June 2024, a cholera outbreak affected 581 people in the Rohingya camps. The outbreak has been controlled, and transmission contained after a mass immunization campaign with the Oral Cholera Vaccine in January 2025.

The humanitarian community continues to provide essential services in Cox's Bazar and Bhasan Char. However, children remain vulnerable. Children are at risk of water-borne disease outbreaks, malnutrition, inadequate health facilities, lack of educational opportunities for adolescents, increased insecurity, child labour, and Gender-Based Violence (GBV).

During this reporting period, UNICEF reached 24% of its overall HAC target (75% for Rohingya response), delivering multi-sectoral services to 495,838 people (272,873 children, 262,579 females, and 397,491 Rohingya refugees). UNICEF has prepositioned lifesaving emergency supplies worth US$1.2million to reach up to 345,094 people in the event of an emergency. A gap of US$ 392,247 limits UNICEF's ability to provide high impact multisectoral interventions to vulnerable households. As a component of preparedness, CERF Anticipatory Action for floods and cyclones proposals for 2025 have been approved by UNOCHA, with the potential to reach up to 100,000 people for the flood response and 150,000 for the cyclone response.

Summary Analysis of Programme Response[10]

Water, Sanitation, and Hygiene (WASH)

At National Level

As part of its WASH in emergency preparedness efforts, UNICEF, in collaboration with the Department of Public Health Engineering (DPHE), is scaling up anticipatory action (AA) for cyclones and monsoon floods across high-risk areas, including the Jamuna (5 districts) and Padma (2 Districts) River Basins and five cyclone-prone coastal districts.

A total of 681 individuals were trained under the Anticipatory Action (AA) -Cyclone framework, including 96 DPHE local level staff (engineers, mechanics, and operators), 379 community volunteers (343 male, 36 female) for WASH facility assessment at cyclone shelters, and 206 distribution volunteers (180 male, 26 female) for life-saving WASH supply distribution. In addition, orientation sessions were held for DPHE staff at district and sub-district levels, and 50 MWTP (Mobile Water Treatment Plant) operators received technical training on the maintenance and dry-run testing of 35 pre-positioned MWTPs. The initiative also included mapping of evacuation points, cyclone shelters, and WASH supply distribution sites. These targeted preparedness activities are aimed at strengthening institutional capacity, enhancing community engagement, and ensuring timely WASH response.

An adolescent girl collects safe drinking water from a climate-resilient raised tubewell in Porshuram, Feni—constructed after the 2024 floods.

[9] https://dashboard.dghs.gov.bd/pages/index.php
[10] Section updates at the national level include achievements related to Cyclones, Floods, Public Health Emergencies, and the Rohingya response. However, to specify the Rohingya response, a separate narrative is included under the section update.

In Cox's Bazar (Rohingya and Host Community)

In the Rohingya refugee response, a total of 312,846 Rohingya refugees in the camps including 162,084 females and 2,844 persons with disabilities and 33,846 members of the host community of which 18,082 females and 258 persons with disabilities, while 19,086 refugees in Bhasan Char including 9,787 females and 155 persons with disabilities accessed a sufficient quantity and quality of water for drinking and domestic needs.

320,820 refugees living in camps (164,395 females, 2,908 persons with disabilities), 51,512 host community members (27,517 females and 429 persons with disabilities) and 19,086 refugees in Bhasan Char (9,787 females, 155 persons with disabilities) accessed appropriate sanitation services

222,048 refugees living in camps (113,433 females, 1,469 persons with disabilities), 77,032 host community members (47,797 females and 376 persons with disabilities) and 19,086 refugees in Bhasan Char (9,787 females, 155 persons with disabilities) have been reached with hygiene messaging on handwashing (46 per cent of the target in camps, 73 per cent of the target in host community and 89 per cent of the target in Bhasan Char).

537,620 refugees living in camps (274,322 females, 38,506 persons with disabilities) and 36,921 refugees in Bhasan Char (18,902 females, 1,104 people with disabilities) have been reached with critical WASH supplies, especially soaps and menstrual hygiene management (MHM) kits for reproductive age women.

Nutrition

At National Level

As a response to the floods in the eastern part of Bangladesh, a total of 115,446 (154% achievement against target) children were screened using the Mid-upper Arm Circumference (MUAC), and 55,912 (200% achievement against target) pregnant and lactating women (PLW) received Infant and Young Child Feeding (IYCF) counseling. 265 children (102% achievement against target) with Severe Acute Malnutrition (SAM) were admitted to Upazila Health Complexes (UHCs) and provided cash assistance to support their treatment. 740,580 sachets of Small Quantity Lipid-based Nutrient Supplements (SQ-LNS) were administered to 9,658 children (4,780 girls) aged 6-11 months in eastern flood- affected areas (96.58% achievement against the target).

SQ-LNS distribution by CHCP in Begumganj, Noakhali

The emergency nutrition response for the north-eastern floods continued until 31 January 2025. During this period, 12,313 (100% achievement against target) under-five children were screened using MUAC, in which 72 (100% achievement against target) children aged 6-59 months with Severe Acute Malnutrition (SAM), including 35 girls, were identified and admitted for treatment.

A SMART survey was conducted in five high-risk districts—Barguna, Patuakhali, Kurigram, Gaibandha, and Netrokona—with technical support also provided for similar surveys in six additional disaster-prone districts: Satkhira, Bagerhat, Bhola, Jamalpur, Sirajganj and Noakhali. These efforts were coordinated with the Ministry of Health, involving the National Nutrition Services (NNS), Civil Surgeons, and Upazila Health and Family Welfare Officers. The surveys served as preparatory work for the Integrated Food Security Phase Classification for Acute Malnutrition (IPC AMN) workshop.

Nutrition Fair (Pushti Mela) in Noakhali

The IPC AMN workshop was held from 16 to 23 April 2025 in Cumilla BARD and the report was released in June 2025. The resulting IPC AMN report will support effective target setting during emergencies and serve as a key resource for fundraising.
The Nutrition Cluster organized meeting on 3 March and 29 May 2025. During this meeting the Cluster Coordination Performance Monitoring (CCPM) report was validated and a preparedness plan for the cyclone and monsoon floods was prepared by cluster members and endorsed by the Chair of the Nutrition Cluster (Line Director – NNS).

In Cox's Bazar (Rohingya and Host Community)

In Cox's Bazar, 6,068 Rohingya refugee children under five (including 2,954 girls and 277 children with disabilities) received treatment for severe acute malnutrition (SAM) in Integrated Nutrition Facilities (42 per cent of the target11). Between January and June 2025, 619 newly arrived children received SAM treatment. Additionally, in Bhasan Char, 214 children (including 96 girls and 2 children with disabilities) received SAM treatment (71 per cent of the target).

In Cox's Bazar, 67,509 Rohingya pregnant and lactating women (PLWs) and caregivers of children 0-23 months (188 with disabilities) received counselling and messaging on infant and young child feeding (IYCF) (67 per cent of the target). In Bhasan Char, 2,173 mothers (none with disabilities) received similar counselling and messaging to promote optimal IYCF practices (46 per cent of the target).[12]

In host communities, 421 children (231 girls) with SAM and medical complications received life-saving treatment (42 per cent of the target[13]). Additionally, 71,173 PLWs (18 with disabilities) received IYCF counselling and messaging (92 per cent of the target).

Health

At National Level

During the reporting period, a total of 39,050 infants (19,327 girls, 1,093 children with disabilities) received the pentavalent vaccine (112 per cent of the target). Additionally, 34,837 pregnant women accessed antenatal care services in flood-affected areas through UNICEF-supported programs (88 per cent of the target). Furthermore, 134,088 children under five (63,163 girls, 3,754 children with disabilities) received treatment for common childhood illnesses, including respiratory infections, diarrhea, and pneumonia, under the Integrated Management of Childhood Illnesses (IMCI) program (57 per cent of the target).

The Cyclone Remal health recovery program has been successfully completed in February 2025. 11,658 infants including 5,720 girls were vaccinated with Penta 3 in cyclone- affected areas in 2025. 3,630 pregnant women received Ante-natal care services whereas 35,820 under five years children (17,607 girls) received primary health care services. Health facilities, which received support for enhanced service delivery through the 'Reach Every Mother and Newborn' (REMN) program, are continuing operations with resources provided by their respective local health departments. UNICEF continues to support the REMN programme in 10 Upazilas as part of the flood recovery efforts.

As part of its Anticipatory Action strategy, UNICEF is supporting cyclone preparedness efforts. A sub-national workshop on health anticipatory action was held in Barisal on 17 June 2025. A total of 35 participants from 5 different districts in Barisal Division attended the workshop, representing diverse sectors and institutions. The discussions reflected a strong emphasis on timely resource mobilization, inter-agency coordination, and community engagement to enhance health sector resilience before and during cyclone events.

Barisal has reported the highest number of dengue cases compared to other divisions, with a cumulative total of 4,591 dengue cases (77% of total cases) as of 30th July. In its response, UNICEF has enhanced clinical capacity through national level resource pool (consisting of expert clinicians) creation through training of trainers (ToT) trainings, clinical management training at sub national level (especially in Barisal), dengue death review, immediate implementation of action plans by the death review committee at Sher E Bangla Medical College Hospital (SBMCH), and finally, coordinating training and awareness -raising campaigns by engaging five youth groups.
The DGHS has established 4 committees for COVID-19, including: a technical committee for COVID-19; a committee for COVID-19 Diagnosis and Laboratory Management; a committee for Essential Hospital Services Management for COVID-19, and a committee for Media and Information Management related to COVID-19. Also following the request from the Planning and Research Department of Directorate General of Health Services (DGHS), UNICEF is in the process of procuring 74,000 COVID-19 test kits.

In Cox's Bazar (Rohingya and Host Community)

A total of 50,314 children aged 0 to 11 months (including 24,631 girls from both Rohingya refugee camps and host community) received the Pentavalent-3 vaccine (39 per cent of the target), covering all antigens in the routine immunization against vaccine-preventable illnesses. In addition, 75,852 people (20,694 females, 55,158 children under five) received quality healthcare services through medical consultations including persons with disabilities (28 per cent of the target) in UNICEF-supported health facilities.

11 SAM admission is slight below the target. By end of the year, we expect to reach our target as there is a high pick in admission in 3rd and 4th quarter.

[12] The progress of IYCF services is currently "Off Track" due to disruptions caused by the IYCF counsellor's vacancy and delays in the government recruitment process. UNICEF will expand the nutrition services at the community level by delivering IYCF messaging during the Vitamin A campaign. This complements the facility-based counselling services offered at the 20-bed hospital. During the campaign, the coverage will be further increased.

[13] SAM progress is slightly Off Track due to low admissions in some Upazilas (Teknaf and Ramu), mainly caused by nurse vacancies linked to delays in government recruitment. The phase-out of the World Bank project has also reduced community screening and mobilization, likely affecting SAM case identification and referrals.

In addition, quality antenatal care services were provided to 19,848 pregnant women including adolescents and one person with disability (18 percent of the target) from UNICEF-supported health facilities.

A total of 3,155 sick newborns (1,368 girls) received quality care in UNICEF-supported health facilities (42 per cent against the target). UNICEF supported the establishment of a digital platform for six Primary Healthcare Centers to ensure a more efficient and effective data management. This digital platform can improve patient flow management and maintain emergency health records through interactive algorithms. This digitalization is aimed at ensuring data privacy, accuracy and security.

UNICEF supported a cholera vaccination campaign, reaching 1,426,958 people aged over 1 year (104 per cent of the target) with Oral Cholera Vaccines (OCV), accompanied with community engagement activities to ensure uptake and awareness. Additionally, six UNICEF-supported PHCs have been equipped with environmentally- friendly solar panels. These panels can generate clean, renewable energy, contributing to reduced air pollution and climate change mitigation. Before the solarization work, these six healthcare spent an average of US$1,324 per month on electricity supply, relying on the national grid and fuel for generators. With the installation of solar panels, they now have sufficient power backup from green energy sources, resulting in zero carbon emissions and significant cost savings.

Education

At National Level

During this reporting period, no major disasters were reported, and there was no disruption to education services or damage to school infrastructure. In March 2025, a total of 50 EiE kits were distributed across 10 government primary schools in Dacope Upazila, Khulna district, reaching approximately 1,500 children. These schools serve children from extremely poor communities susceptible to cyclone emergencies, and support was provided in response to a request from the Upazila Education Officer (UEO), Dacope.

To strengthen emergency preparedness, 1,350 EiE kits and 200 learning kits were pre-positioned in three strategic locations across the country. This measure is intended to minimize transportation time and ensure a swift response during any future emergencies. UNICEF also supported government to draft a School Risk and Vulnerability Assessment Tool in June 2025 which will be piloted and finalised in the next half of the year.

In Cox's Bazar (Rohingya and Host Community)

During the reporting period, the total enrolment across Cox's Bazar (camps), Bhasan Char, and Cox's Bazar host community programmes reached 238,276 children (121,641 boys and 116,635 girls). In the camps, average attendance rates for Early Childhood Education, Primary and Secondary programmes stood at 87.9 per cent (87.8 per cent for boys and 88 per cent for girls) as at the end of the academic year in May 2025.

UNICEF reprogrammed almost US $ 4 million from priority two and priority three activities for volunteer incentives to keep the learning facilities running for as long as possible. Further to this, UNICEF in Quarter 2 made significant cost savings within the programme. This included: (1) cancelling the end of year assessments, (2) not procuring any items for the new academic year, (3) not supplying Myanmar Curriculum (MC) textbooks and teacher guides (including to Education Sector partners), (4) reducing Implementing Partner (IP) staffing and (5) closing all the Multi-Purpose Centres (MPCs) for out of school (OOS) Bangladeshi adolescents in the host community. Additionally, (6) during the Eid holiday and academic break in June 2025, apart from the KG-Grade 2 Host Community Teaching Volunteers (HCTVs) no other volunteer received an incentive.

For the first time in the Rohingya Refugee response, volunteer teachers were not paid during the holiday period. A difficult decision was made to give notice of termination to 1,179 Host Community Teaching Volunteers (HCTVs) working in MC Kindergarten to Grade 2 due to the current funding challenges[14]. The annual cost saving from this change is approximately US $ 1.8 million. More than 25 per cent of volunteers in the Education programme are Bangladeshi, even with the reduction of 1,179 HCTVs, which is above the Government requirement.

Unfortunately, the termination of the HCTVs whose roles ended resulted in protests including blocking access to the camps and forcibly locking IP offices. To enable the 1,179 HCTV find new livelihood opportunities, UNICEF is working on a 3-month programme, modelled on the SKILFO initiative, to provide an occupational trade, functional English and work linkages. At the end of the programme, participants will be assessed, and successful completion will ensure they receive formal accreditation. 200 former KG-G2 HCTVs have signed up to join the programme.

[14] The volunteers were responsible for teaching one subject, English, which made it difficult to justify keeping them during a funding crisis. English will be taught from Grade 3 in the future, when the children are a little older for the introduction of an additional language.

Despite these difficult decisions, as well as reprogramming of funds, the gap caused by the stoppage of US funds and drops in humanitarian assistance from other countries was not fully addressed. Pipeline funding, such as from the World Bank has not been received yet. By the end of the Quarter, UNICEF was only able to open 17 per cent of our Learning Facilities for 25,850 children (7,831 girls) in secondary education. UNICEF also had enough funding to open Grade 5 classes for 1 day a week for 42,723 children (20,915 girls) and Community Based Learning Facilities (CBLFs) for overage adolescent girls in Grades 2-4 for 1 day a week. The decision was taken to open secondary classes first due to the serious protection risks facing adolescents in the Cox's Bazar camps including exploitation, forced recruitment, early and forced marriage and pregnancy and hazardous child labour. Bhasan Char education programme and the Skills Programme in the Cox's Bazar are running normally. The overall new scenario will have an impact on the quality of the programme. However, these were the best options available to try to sustain essential parts of the programme with significantly reduced funding.

The current funding gap until 31 December 2025 that will impact on the continued provision of education services to children (during the 2024/25 academic year) is US$ 7 million, for Early Childhood Education, MC Kindergarten to Grade 4 and to enabling operation of full time Grade 5 classes.

Child Protection and Gender Based Violence

At National Level

Although no major floods or cyclones occurred between January and June 2025, UNICEF, in partnership with the Department of Social Services (DSS) of the Ministry of Social Welfare (MoSW), provided Mental Health and Psychosocial Support (MHPSS) to 17,129 individuals (12,458 females and 268 PWD) comprising children, adolescents, and caregivers in response to the sudden flood in June (3.46 per cent of the target).

In partnership with the DSS and the Ministry of Women and Children Affairs (MoWCA), UNICEF supported gender-based violence (GBV) risk mitigation, prevention, and/or response interventions reaching a total of 11,374 individuals (8,619 females and 153 PWD) comprising women, girls, and boys (3.7 per cent of the target).

During the reporting period, Child Protection has prepositioned 6,027 Dignity Kits and 5,637 Family Kits in DPHE warehouses to support disaster-affected children, including adolescent girls, and families during emergencies in collaboration with the Department of Social Services (DSS).

Efforts are ongoing to strengthen the Child Protection in Emergencies Working Groups (CPiEWGs) in disaster-prone districts and establish stronger linkages with District Disaster Management Committees (DDMCs). In June, an online meeting was held with the Sylhet CPiEWG to discuss ongoing coordination and preparedness for a potential sudden onset of floods.

In Cox's Bazar (Rohingya and Host Community)

Child Protection in Emergencies is delivered as part of a child protection programme in refugee settings. The programme follows a "public health approach" that focuses on strengthening government-and community led child protection systems, equipping both Rohingya and host communities with the knowledge and tools needed to prevent and respond to child protection and GBV issues. This approach promotes sustainable and cost-effective solutions for the longer-term impact.

A total of 69,053 children and caregivers (37,012 female and 797 persons with disabilities) in Rohingya camps; 4,641 children and caregivers (2,228 female and 9 persons with disabilities) in Bhasan Char; and 22,945 children and caregivers (12,748 female and 250 persons with disabilities) in host communities, received Mental Health and Psychosocial Support (41 per cent, 22 per cent and 15 per cent of the target in Rohingya Camp, Bhasan Char and host communities respectively). This service delivery including Case Management, Psychosocial support, Life Skills-based learning, and Positive Parenting, is implemented through 82 multi-Purpose Centers, 6 Safe Spaces for Women and Girls, informal adolescent clubs, and mixed-method outreach by government social workers, NGO caseworkers, and volunteers.

A total of 17,327 children and caregivers (13,904 female and 45 persons with disabilities) in Rohingya camps; 648 children and caregivers (556 female and 1 person with disabilities) in Bhasan Char; and 4,156 children and caregivers (3,341 female and 28 persons with disabilities) in host communities, are accessing GBV prevention, risk-mitigation, and response interventions (27 per cent, 15 per cent and 8 per cent of the target in Rohingya Camp, Bhasan Char and host communities respectively). UNICEF continues to provide leadership, technical support, and financing of the Child Protection Sub-Sector. Additionally, 312 Community-Based Child Protection Committees have active child protection monitors, referral catalysts, and community champions for children.

Child rights monitoring – specifically of serious child rights violations in the context of armed violence in Cox's Bazar – is progressing through the improved Child Rights Monitoring Mechanism (CRMM). Partnerships with Save the Children and International Rescue Committee are widening the monitoring coverage and helping raise awareness among stakeholders. From January to June 2025, 186 incidents of serious child rights violations were reported, affecting 359 children. The most frequently reported violation was recruitment or use of children, with 61 incidents affecting 155 children. Abduction or kidnapping accounted for 90 incidents affecting 114 children. A recent study on Rohingya children's access to justice is informing ongoing efforts to address the needs of children in contact with the law.

The social service workforce is being strengthened through a dedicated group of 88 social workers from the Department of Social Services (DSS). UNICEF is therefore supporting the establishment of the DSS Child Protection Units in every refugee camp to increase the visibility of social workers, improve coordination, and enhance case management outcomes. Currently, 9 out of 31 Child Protection Units have been established.

UNICEF's support has been extended to the deployment of 6 DSS social workers in Bhasan Char, with the aim of reaching more vulnerable children and improving cost-efficiency.

Social and Behaviour Change (SBC) and Community Engagement & Accountability

At National Level

UNICEF, in collaboration with the Government and CSO partners, continued to support strengthening community preparedness and ensure effective emergency response. A comprehensive, community-driven, hazard-specific message repository has been developed and shared with partners for immediate dissemination during emergencies. As Co-Chair of the AAP Working Group, UNICEF facilitated the review and revision of these messages—covering cyclones, floods, earthquakes, and heatwaves—across preparedness, response, and recovery phases. These messages have also been shared with the AAP WG and Inter-cluster Coordination Group (ICCG) members.

In collaboration with the Health Section, the SBC section supported the Line Director of (Centres for Disease Control (CDC) in organizing an RCCE coordination meeting focused on dengue prevention, prioritizing the implementation of RCCE activities. Dengue prevention messages were disseminated to the different partners for community engagement and dissemination and to communities to ensure prevention action.

In Barisal Division, community engagement interventions continued to raise awareness on dengue, by involving multiple stakeholders, including youth volunteers and religious leaders. Dengue prevention messages were disseminated through various channels, such as street and boat miking.

In addition to government efforts, CSO partners organized community dialogues and consultations, engaging adolescents and youth groups in community mobilization and message dissemination.

In Cox's Bazar (Rohingya and Host Community)

In the Rohingya refugee camps, SBC, through its implementing partners, continued to implement community engagement activities promoting essential family and childcare practices, uptake of services, addressing harmful social norms, and preventing disease outbreaks including dengue and Acute Watery Diarrhoea (AWD)/Cholera, while also providing messaging on natural and man-made disasters such as cyclones, floods, landslides, and drowning. A total of 465,886 individuals (239,635 females, 8,136 persons with disabilities), were reached through various SBC interventions, which represents a 102% achievement against the HAC targets for 2025.

As part of the community complaints and feedback mechanism, 14 Information and Feedback Centers (IFCs) served as crucial channels for community complaints and feedback. Through the centres, UNICEF received and referred 65,622 complaints, feedback, and queries (36,165 from females and 3,196 from persons with disabilities), with 80 per cent of complaints successfully resolved, demonstrating the effectiveness of the support mechanisms. In the host community, UNICEF and its partners focused on community mobilization to promote positive and protective practices, increase service uptake, and address harmful social norms and practices. A total of 95,055 individuals, including 52,248 females and 1,756 persons with disabilities, were engaged in efforts to promote essential family and childcare practices, prevent disease outbreaks, and combat issues such as child marriage, violence against women and children, and support the promotion of girls' education.

Through four IFCs in host community, 11,603 individuals, including 8,918 females and 125 persons with disabilities, were referred to relevant government and non-government service providers for further assistance and support. These efforts underscore UNICEF's commitment to fostering community resilience and addressing the unique challenges faced by vulnerable and marginalized populations in the host community.

Prevention of Sexual Exploitation and Abuse (PSEA) and Child Safeguarding

The PSEA unit trained 247 staff (148 males and 99 females) from implementing partners and the third-party monitoring team in Cox's Bazar on PSEA and child-safeguarding. The Inter-agency SEA Risk Assessment has been completed, and the report has been published by PSEA Network. As the co-chair of the inter-agency PSEA network in Cox's Bazar, UNICEF's PSEA Unit contributed to all the phases of data collection, validation and publication. A common training package on PSEA for volunteers has been finalized and circulated by the PSEA Network. Pre-test, Post-test and result matrix on PSEA & Child Safeguarding have been developed for the education volunteers.

The Standard Operating Procedures (SoPs) on PSEA for Information Feedback Centres (IFCs) has been finalized and a scale-up plan for AAP & PSEA has been developed, and the implementation of a broader scale-up plan, along with a digitalized CFM is underway. Regular case management is ongoing including notification to OIAI, donor/s and Resident Coordinator's Office (RCO), victim assistance and investigation.

Humanitarian Cash Transfer (HCT)

In 2025, UNICEF provided HCT assistance to 1,675 HHs with pregnant and lactating mothers, reaching 5,090 individuals (131 person with disability), which is 4% of the HAC target for 2025. It is also completed payment reconciliation, verification and conducted PDM.

Leveraging its digital platform, the Humanitarian Cash Operations and Programme Ecosystem (HOPE), UNICEF has established a pre-crisis beneficiary database covering 133 upazilas across 16 flood-prone and 7 cyclone-prone districts. The database includes 120,554 households (HHs) (34,337 HHs in cyclone-prone areas and 86,217 HHs in flood-prone areas) with pregnant and lactating women with children aged 0–2 years.

A total of 295 volunteers and 60 staff from CSOs have been trained in HCT, PSEA, AAP, and grievance management, ensuring readiness for rapid response.

The pre-positioning of a contract with the Western Union, as a Financial Service Provider (FSP) for cash transfers, is in the final stages of review and approval, which will further enable timely disbursement of emergency cash assistance.

The Cash Working Group (CWG) has been re-constituted, and a review workshop was held on 10 March 2025 to assess progress on harmonization of cash packages and targeting criteria, and to identify inter-agency preparedness gaps. The workshop also outlined key preparedness actions for both the Dhaka CWG and the Inter-Cluster Coordination Group (ICCG).

Humanitarian Leadership, Coordination and Strategy

The JRP prioritization process has identified key Priority 1 activities to be the focus of the Rohingya Refugee response for the second half of 2025[15]. For sectors that UNICEF leads, these include case management, protection monitoring, legal aid and community-based protection and capacity building of law enforcement agencies in Protection; Child Protection Situation Monitoring and Child Rights Monitoring, community-based protection, outreach/awareness raising, case management, structured psychosocial support (PSS) and system strengthening in Child Protection. Meanwhile, costs for maintenance of water supply system and emergency water supply in WASH has been reduced, including that for hygiene items budget that has been reduced by 50% (soap, kits, MHM). In sanitation, Operations and Maintenance (O&M of waste & sludge collection) has also been prioritised among others. The revised 2025 JRP will target 1.48M people (51 per cent women and girls; 392 thousand host community) with a budget of US$ 455.6m for Priority 1 needs (out of the JRP 2025 appeal of US$934.5M for 2025) with a gap of US$ 176.1m for Priority 1 activities.

The Government of Bangladesh continues to lead the Rohingya humanitarian response in Cox's Bazar and Bhasan Char. The National Task Force chaired by the Ministry of Foreign Affairs of Bangladesh provides oversight and overall strategic guidance for humanitarian response. In addition, the National Committee on Coordination, Management and Law and Order, led by the Ministry of Home Affairs (MoHA), has been formed since December 2020. The Office of Refugee Relief and Repatriation Commissioner (RRRC) manages and provides oversight to the day-to-day operations under the Ministry of Disaster Management & Relief (MoDMR). The Deputy Commissioner (DC) leads the civil administration and coordinates the responses to the needs of Bangladeshi communities during disasters and ensures security and public order. UNICEF leads the Nutrition and WASH Sectors and Child Protection Sub-Sector and co-leads the Education Sector with Save the Children in Cox's Bazar's Rohingya response and WASH and Education sectors in Bhasan Char, in coordination with the RRRC and the relevant government departments such as department of primary and mass education, department of public health and engineering (DPHE), Department of Social Services (DSS) and others. UNICEF is a core member of the Emergency Preparedness and Response Working Group (EPRWG), and Humanitarian Access Working Group (HAWG). UNICEF is also an active member of the UN-INGO-NGO Disaster Risk

[15] https://rohingyaresponse.org/wp-content/uploads/2025/07/Prioritized_JRP_2025_2PAGER.pdf

Reduction Working Group (DRRWG) which functions in the Office of District Relief and Rehabilitation Officer (DRRO) under the Office of Deputy Commissioner (DC) of Cox's Bazar. UNICEF is also co-lead the Risk Communication and Community Engagement (RCCE) Technical Working Group (TWG) in Cox's Bazar and working relentlessly in preventing disease outbreaks.

UNICEF is one of the Strategic Executive Group (SEG) members with other UN agencies. The SEG provides overall guidance for the Rohingya humanitarian response and engages with the Government of Bangladesh at the national level. At the field level in Cox's Bazar, the ISCG Secretariat ensures the overall coordination of the response. UNICEF sector coordinators (for WASH, Education, Nutrition and CP-subsector) are active members of the ISCG. The ISCG Principal Coordinator chairs the Refugee Operations and Coordination Team (ROCT), which brings together the Heads of operational UN Agencies, members of the international and national non-governmental organizations (NGOs), and donor representatives based in Cox's Bazar. The ISCG convenes the Inter-Sector Meeting to ensure intersectoral coordination in the response. The SEG Co-Chairs are leading a process to streamline the coordination system in Cox's Bazar that will be implemented in 2025. In 2022, the humanitarian community finalized a set of Principles of Rationalization that aim to ensure that all Rohingya refugees have equitable access to all basic services in a predictable, efficient, and timely manner and that the humanitarian community is transparent and accountable in its interventions. These principles have played a key role in shaping the strategic direction of the humanitarian response and directly informed the development of the 2025–26 Joint Response Plan. Launched on March 24, 2025, the 2025–26 Joint Response Plan seeks $934.5 million to assist 1.48 million people, including 1.1 million Rohingya refugees and vulnerable host communities in Bangladesh. Coordinated by UNHCR, IOM, and 113 partners, the plan addresses ongoing displacement, limited self-reliance, and the urgent need for sustained international support.

UN Women, UNFPA, and UNICEF collaborate through the Gender in Humanitarian Action (GiHA), GBV Cluster, and Child Protection Cluster, sharing strategies, assessing tools, and implementing approaches to ensure the immediate safety and protection of women and girls in shelters. This collaboration aims to secure shelters and facilities against gender-based violence (GBV). Leveraging the AAP training conducted in 2024, UNICEF SBC section continued\s to co-lead the national AAP Working Group (WG) of the Inter-Cluster Coordination Group (ICCG) together with the BBC Media Action.

At the national level, the Inter-Cluster Coordination Group (ICCG), under the Humanitarian Coordination Task Team (HCTT), meets regularly to align its efforts with the Government of Bangladesh's response to the floods and cyclones. The Humanitarian Response Plan (HRP) elaborated in September 2024, expired in March 2024.

Human Interest Stories and External Media

UNICEF developed communication and advocacy content, such as press releases, human interest stories, social media messaging, and multimedia assets to raise awareness on and encouraging continued support to respond to all six key programmatic areas[16] of responses for Rohingya and Bangladeshi children and communities, highlighted through the UNICEF Bangladesh website and social media channels. UNICEF Bangladesh is leading among all Country Offices globally in terms of digital media outreach, with over 12 million social media followers.

Stories:

- Rebuilding Education for Climate and Disaster Resilience in Cox's Bazar
- A Path to Safe Water in a Changing Climate
- 5 things UNICEF has been doing on Menstrual Hygiene Management in Bangladesh
- From Flood to Future: Resilience through Every Drop of Water

Press releases/statements:

- 35 million children in Bangladesh had schooling disrupted by Climate Crises in 2024—UNICEF

Social Media Posts:

- How to stay safe during lightning?
- As climate change worsens – how does it impact children?
- Climate change is threatening the future of 20 million children in Bangladesh.
- 33 years ago, a cyclone forced Ruma's family to migrate to Cox's Bazar, where safe water was scarce
- To stay safe in extreme heat:
- Stay safe in the heat!

[16] They are health and nutrition, education, child protection, water sanitation and hygiene, HIV/AIDS, Social and behavioural change, and other salient child rights issues

- Keep your children safe in the heat:
- Expecting a little one? Here's how to stay safe in the heat:
- Heat exhaustion can be life-threatening! Know the signs & act fast
- To stay safe in extreme heat
- Feeling high fever, body ache, rash or nausea?
- A mother's first priority in a crisis?
- 🚨 Dengue cases are rising across Bangladesh
- Fires. Floods. Landslides.
- The first climate-resilient school in the camps
- Swiss Development and Cooperation helping protect children & families from the impacts of climate change
- Heavy rain in remote areas of Nijhum Dwip
- Emergency supplies prepositioned in multiple divisions in Bangladesh
- Water crisis in Tekna
- Access to safe drinking water in Noakhali and Feni
- Devastating fires in the Rohingya refugee camps
- Preparation goes a long way during an earthquake
- 🚨 Heat exhaustion can be life-threatening! Know the signs & act fast

For general information regarding the actions being taken by UNICEF and other humanitarian community actors for the Rohingya refugee Emergency, Cyclones, Floods, and the concerned resource requirements, please see the following documents.

- UNICEF Bangladesh Humanitarian Action for Children Appeal (HAC)
- UNICEF Bangladesh Facebook page
- 2025-26 Joint Response Plan | Rohingya Response

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Annex A. Summary of Programme Results[17]

Sector		UNICEF Response in 2025			Cluster/Sector Response in 2025[18]		
Indicator	Disaggregation	Target	Total results	Change since last report ▲▼	Target	Total results	Change since last report ▲▼
NUTRITION							
Children 6-59 months with severe wasting admitted for treatment	Girls	12,582	3,499	▲ 1,880	7,289	2,987	▲ 1,469
	Boys	12,217	3,624	▲ 1,903	7,011	3,141	▲ 1,555
	Person with Disability (PwD)[19]	340	279	▲ 147	282	240	▲ 108
Primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling	Women	313,940	203,420	▲ 114,110	136,800	117,000	▲ 37,530
	PwD[3]	4,173	206	▲ 74	18,520	15,286	▲15,176
HEALTH							
Children aged 0 to 11 months who have received the pentavalent 3 vaccine	Girls	86,404	49,678	▲ 35,892			
	Boys	86,840	51,344	▲ 36,888			
	PwD[3]	3,850	1,093	▲ 1,093			
Children and women accessing primary healthcare in UNICEF-supported facilities	Girls	162,111	105,580	▲ 90,888			
	Boys	172,482	110,886	▲ 93,210			
	Women	243,540	29,294	▲ 17,962			
	PwD[3]	-	3,759	▲ 3,755			
Pregnant women including adolescents who received antenatal care (ANC) services in UNICEF-supported health facilities	Girls	-	415	▲ 239			
	Women	161,016	19,433	▲ 9,137			
	PwD	1,551	1	▲ 1			
Sick newborns who received quality care in UNICEF-supported health facilities	Girls	4,954	1,368	▲ 647			
	Boys	6,449	1,787	▲ 914			
	PwD[3]	-	-	-			
Healthcare providers trained in detecting, referral and appropriate management of dengue cases	Men	514	-	-			
	Women	314	-	-			
	PwD[3]	-	-	-			
WATER, SANITATION & HYGIENE							
People accessing a sufficient quantity of safe water for drinking and domestic needs	Girls	345,412	107,805	▲13,334	308,100	270,447	▲ 6,335
	Boys	357,511	105,570	▲12,346	322,716	283,266	▲ 6,644
	Men	510,033	96,766	▲ 17,608	313,743	275,570	▲ 6,325
	Women	517,619	109,183	▲ 18,485	274,547	240,430	▲ 6,066
	PwD	37,656	3,991	▲ 800	-	-	-
People use safe and appropriate sanitation facilities	Girls	138,138	103,119	▲ 8,615	308,100	277,909	▲ 5,649
	Boys	151,558	102,284	▲ 6,863	322,716	291,094	▲ 5,925
	Men	190,612	88,903	▲ 10,841	313,743	282,994	▲ 5,646
	Women	192,324	100,078	▲ 12,404	274,547	247,662	▲ 5,391
	PwD	20,494	3,533	▲ 137	-	-	-
People reached with handwashing behaviour-change programmes	Girls	317,995	70,931	▲ 4,926	264,823	-	-
	Boys	332,459	64,874	▲ 4,021	277,315	-	-
	Men	465,079	82,275	▲ 4,349	270,745	-	-
	Women	471,468	100,086	▲ 7,829	232,415	-	-
	PwD	23,008	2,000	▲ 48	-	-	-
People reached with critical WASH supplies	Girls	107,098	146,558	▲ 19,710	264,823	-	-
	Boys	122,339	153,016	▲ 20,468	277,315	-	-
	Men	140,770	128,301	▲ 13,306	270,745	-	-
	Women	141,293	146,666	▲ 15,849	232,415	-	-
	PwD	20,346	39,610	▲ 16,211	-	-	-
CHILD PROTECTION & GENDER-BASED VIOLENCE							
Children and parents/caregivers accessing mental health and psychosocial support	Girls	262,165	35,970	▲ 20,636	42,791	15,735	▲ 9,177
	Boys	261,620	31,918	▲ 17,202	44,854	14,828	▲ 8,703
	Men	285,288	17,404	▲ 8,819	-	-	-
	Women	307,447	28,476	▲ 16,503	-	-	-

[17] This programme summary results include Flood, Cyclone, Public health emergency, Rohingya refugee, including Bhasan Char and Cox's Bazar host community response

[18] Cluster/Sector response covers Cox's Bazar and Bhasan Char sector-level targets and results only. UNICEF's achievement is higher compared to the cluster/sector achievements because UNICEF's covers all Upazilas of Cox's Bazar, while the cluster/sector has targeted only two upazilas.

[19] There was a challenge to collect disaggregated data for persons with disabilities in the system.

Sector		UNICEF Response in 2025			Cluster/Sector Response in 2025[18]		
Indicator	Disaggregation	Target	Total results	Change since last report ▲▼	Target	Total results	Change since last report ▲▼
	PwD	18,657	1,324	▲ 811	900	455	▲ 381
Women, girls, and boys accessing gender-based violence risk mitigation, prevention, and/or response interventions	Girls	128,274	11,143	▲ 6,885			
	Boys	128,240	7,085	▲ 3,843			
	Women	344,088	15,277	▲ 9,634			
	PwD	9,383	227	▲ 188			
People who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers	Girls	329,542	-	-			
	Boys	319,616	-	-			
	Men	429,027	-	-			
	Women	441,584	-	-			
	PwD	29,126	-	-			
EDUCATION							
Children accessing formal or non-formal education, including early learning	Girls	134,563	116,635	▲ 125	238,049	159,583	▲ 3,159
	Boys	143,498	121,641	▲ 267	250,175	153,500	▲ 2,192
	Men	-	-	-	2,612	1,636	▲ 491
	Women	-	-	-	2,720	988	▲ 154
	PwD	2,890	2,681	▲ 1,134	14,806	3,738	▲ 428
Children receiving individual learning materials	Girls	201,631	117,431	▲ 125	238,049	139,341	▲ 101,042
	Boys	209,236	122,345	▲ 267	250,175	136,766	▲ 102,729
	Men	-	-	-	2,612	685	▲ 536
	Women	-	-	-	2,720	480	▲ 38
	PwD	4,709	2,687	▲ 1,134	14,806	3,627	▲ 2,668
CROSS-SECTORAL (HCT, SBC / ACCOUNTABILITY MECHANISM							
Households reached with UNICEF-funded humanitarian cash transfers across sectors	Households	45,000	1,675	▲ 1,675			
People reached through messaging on prevention and access to services	Girls	846,247	178,861	▲ 178,861			
	Boys	837,887	178,017	▲ 178,017			
	Men	1,305,449	285,677	▲ 285,677			
	Women	1,349,279	323,431	▲ 323,431			
	PwD	65,195	11,297	▲ 11,297			
People with access to established accountability /feedback mechanisms (CFQ)	Girls	10,750	6,610	▲ 6,610			
	Boys	10,627	5,332	▲ 5,332			
	Men	59,914	35,032	▲ 35,032			
	Women	78,976	47,132	▲ 47,132			
	PwD	3,443	3,373	▲ 3,373			
People engaged in discussion and prevention actions on public health emergencies	Girls	133,142	132,544	▲ 132,544			
	Boys	140,123	130,849	▲ 130,849			
	Men	189,923	145,785	▲ 145,785			
	Women	212,374	172,995	▲ 172,995			
	PwD	15,008	9,991	▲ 9,991			

Summary of Humanitarian Programme Results (Cox's Bazar only)

Sector		UNICEF Response in 2025					Cluster/Sector Response in 2025				
Indicator	Disaggregation	Target		Total Results		Change since last report ▲▼	Target		Total Results		Change since last report ▲▼
		Rohingya	Host	Rohingya	Host		Rohingya	Host	Rohingya	Host	
NUTRITION											
Children aged 6 to 59 months with severe acute malnutrition admitted for treatment	Girls	7,548	490	3,050	231	▲1,662	7,191	98	2,954	33	▲1,469
	Boys	7,252	510	3,232	190	▲1,701	6,909	102	3,114	27	▲1,555
	CwD	208	9	279	-	▲147	280	2	240	-	▲108
Primary caregivers of children aged 0 to 23 months receiving infant and young child feeding (IYCF) counselling	Women	105,700	7,300	69,682	71,173	▲51,545	104,700	32,100	85,803	31,197	▲37,530
	PwD	1,057	1,322	188	18	▲74	17,800	720	14,587	699	▲15,176
HEALTH											
Children aged 0 to 11 months who have received pentavalent 3 vaccine	Girls	19,505	44,216	8,168	16,463	▲10,845					
	Boys	18,813	44,950	8,384	17,299	▲11,227					
	CwD	905	2,318	-	-						
Children and women accessing primary health care in UNICEF-supported facilities	Girls	27,610	6,650	19,404	5,406	▲10,118					
	Boys	32,106	10,307	24,976	5,372	▲12,672					
	Women	40,208	151,332	5,028	15,666	▲9,362					
	PwD	2,358	2,306	5	-	▲1					
Pregnant women including adolescents who received antenatal care (ANC) services in UNICEF-supported health facilities	Girls	-	-	415	-	▲239					
	Women	5,828	103,188	2,883	16,550	▲9,137					
	PwD	138	1,414	1	-	▲1					
Sick newborns who received quality care in UNICEF supported health facilities	Girls	199	2,796	249	1,119	▲647					
	Boys	315	4,142	261	1,526	▲914					
	CwD	-	-	-	-						
WATER, SANITATION & HYGIENE											
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Girls	105,034	10,840	82,571	14,788	▲7,126	264,823	3,277	238,340	32,107	▲6,335
	Boys	119,966	12,462	82,483	12,843	▲6,258	277,315	5,401	249,583	33,683	▲6,644
	Women	138,513	14,601	89,300	3,294	▲8,626	232,415	2,132	209,173	31,257	▲6,066
	Men	137,987	14,617	77,578	2,921	▲7,940	270,745	2,998	243,670	31,900	▲6,325
	PwD	20,066	1,471	2,999	258	▲66	-	-	-	-	-
People accessing appropriate sanitation services	Girls	78,202	21,680	84,328	18,212	▲8,460	264,823	3,277	238,686	39,223	▲5,649
	Boys	89,120	24,924	85,748	15,969	▲6,712	277,315	5,401	249,945	41,149	▲5,925
	Women	102,373	29,201	89,854	9,305	▲12,159	232,415	2,132	209,476	38,186	▲5,391
	Men	101,805	29,235	79,976	8,026	▲10,600	270,745	42,998	244,023	38,971	▲5,646
	PwD	14,866	2,941	3,063	429	▲96	-	-	-	-	-
People reached with handwashing behaviour-change programmes	Girls	105,034	21,680	50,067	20,864	▲4,926	264,823	N/A	-	-	-
	Boys	119,966	24,924	48,872	16,002	▲4,021	277,315	N/A	-	-	-
	Women	138,513	29,201	73,153	26,933	▲7,829	232,415	N/A	-	-	-
	Men	137,987	29,235	69,042	13,233	▲4,349	270,745	N/A	-	-	-
	PwD	20,066	2,941	1,624	376	▲48	-	-	-	-	-
People reached with critical WASH supplies	Girls	105,034	2,064	146,558	-	▲19,710	264,823	N/A	-	-	-
	Boys	119,966	2,373	153,016	-	▲20,468	277,315	N/A	-	-	-
	Women	138,513	2,780	146,666	-	▲15,849	232,415	N/A	-	-	-
	Men	137,987	2,783	128,301	-	▲13,306	270,745	N/A	-	-	-
	PwD	20,066	280	39,610	-	▲16,211	-	-	-	-	-
CHILD PROTECTION & GENDER-BASED VIOLENCE											
Children and parents/caregivers accessing mental health and psychosocial support	Girls	62,338	48,431	22,037	7,694	▲14,397	31,648	11,143	12,315	3,420	▲9,177
	Boys	65,412	47,751	21,957	6,607	▲13,848	33,164	11,690	11,966	2,862	▲8,703
	Women	32,783	34,248	17,203	5,054	▲10,284	-	-	-	-	-
	Men	28,071	21,468	12,497	3,590	▲7,502	-	-	-	-	-
	PwD	3,772	4,253	806	250	▲543	700	200	393	62	▲381
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Girls	19,744	14,625	6,786	1,098	▲3,626					
	Boys	20,764	15,395	3,515	815	▲1,088					
	Women	28,301	20,442	7,674	2,243	▲4,274					
	PwD	1,376	1,413	46	28	▲35					
People who have access to a safe and accessible channel to	Girls	129,093	49,053	-	-	-					
	Boys	124,030	47,129	-	-	-					
	Women	141,015	60,153	-	-	-					

Sector		UNICEF Response in 2025					Cluster/Sector Response in 2025				
Indicator	Disaggregation	Target		Total Results		Change since last report ▲▼	Target		Total Results		Change since last report ▲▼
		Rohingya	Host	Rohingya	Host		Rohingya	Host	Rohingya	Host	
report sexual exploitation and abuse by aid workers**	Men	135,485	57,793	-	-	-					
	PwD	12,499	5,996	-	-	-					
EDUCATION											
Children accessing formal or non-formal education, including early learning	Girls	119,450	1,700	115,149	1,486	▲125	212,615	25,434	154,317	5,266	▲3,159
	Boys	129,050	1,300	120,979	662	▲267	223,131	27,044	149,273	4,227	▲2,192
	Women	-	-	-	-	-	815	1,905	790	198	▲154
	Men	-	-	-	-	-	884	1,728	1,456	180	▲491
	CwD	2,485	41	2,672	9	▲1,134	13,123	1,683	3,532	206	▲428
Children receiving individual learning materials	Girls	119,450	1,700	115,149	1,486	▲125	212,615	25,434	137,392	1,949	▲101,042
	Boys	129,050	1,300	120,979	662	▲267	223,131	27,044	135,349	1,417	▲102,729
	Women	-	-	-	-	-	815	1,905	469	11	▲ 38
	Men	-	-	-	-	-	884	1,728	664	21	▲ 536
	CwD	2,485	41	2,672	9	▲1134	13,123	1,683	3,421	206	▲2,668
CROSS-SECTORAL (HCT, SBC / ACCOUNTABILITY MECHANISM											
Households reached with UNICEF-funded humanitarian cash transfers across sectors	Households	-	5,000	-	-	-					
People reached through messaging on prevention and access to services	Girls	94,850	17,202	106,147	22,800	▲2,902					
	Boys	99,708	18,235	108,314	18,863	▲3,513					
	Women	144,836	38,548	136,686	29,448	▲7,018					
	Men	126,168	36,015	121,137	23,944	▲5,304					
	PwD	10,987	2,651	8,229	1,756	▲422					
People sharing their concerns and asking questions through established feedback mechanisms	Girls	3,570	300	4,382	595	▲2,034					
	Boys	3,580	300	3,632	183	▲1,735					
	Women	56,050	12,000	33,374	7,603	▲17,335					
	Men	41,800	7,400	27,294	3,222	▲13,057					
	PwD	2,478	482	3,233	125	▲1.424					
People engaged in discussion and prevention actions on public health emergencies	Girls	94,850	17,202	106,147	22,800	▲2.902					
	Boys	99,708	18,235	108,314	18,863	▲3,513					
	Women	144,836	38,548	136,686	29,448	▲7,018					
	Men	126,168	36,015	121,137	23,944	▲5,304					
	PwD	10,987	2,651	8,229	1,756	▲422					

[1] Data for men is available but not covered by the HPM indicator "Number of women, girls, and boys accessing gender-based violence risk mitigation, prevention and/or response interventions"

* Rohingya column containing both Camp and Bhasan Char targets and progress

** PSEA HPM indicator status will be reported at the end of the year in the final SitRep

Annex B. Funding Status*

Appeal Sector	Funding Requirements*	Funds available						Funding gap	
		Funds Received Current Year (2025)		Total	Resources available from 2024 (Carry-Over)[20]		Total funds available	$	%
		ORE	ORR		ORE	ORR			
Nutrition	19,902,413	2,689,345	0	2,689,345	8,576,157	0	11,265,502	8,636,911	43%
Health	24,239,719	2,803,949	0	2,803,949	3,938,586	1,470	6,744,005	17,495,714	72%
Water, Sanitation and Hygiene	55,842,256	11,692,959	3,496,259	15,189,218	10,055,523	7,075,192	32,319,932	23,522,324	42%
Child Protection/GBV	26,514,089	245,757	0	245,757	4,495,401	7,034,618	11,775,776	14,738,313	56%
Education	43,392,978	2,371,276	3,370,280	5,741,556	6,641,400	5,116,806	17,499,763	25,893,215	60%
Cross-sectoral (SBC, HCT)	10,643,848	54,000	158,593	212,593	2,032,036	2,125,130	4,369,759	6,274,089	59%
Emergency Preparedness	7,705,408	3,248,435	0	3,248,435	2,184,710	362	5,433,507	2,271,901	29%
Total	**188,240,711**	**23,105,721**	**7,025,132**	**30,130,853**	**37,923,812**	**21,353,578**	**89,408,244**	**98,832,467**	**53%**

*As defined in the Bangladesh Humanitarian Action for Children Appeal for 2025, including the Recovery cost and carryover from 2024.

[20] The carryover from 2024 is approximately $59.3 million, which is 66% of the total available funds for 2025.