Families from the Bede community wade through floodwater in Fulgazi, Feni, with their children as they move toward a cyclone shelter on 10 July 2025.UNICEF Bangladesh/2025/Satu

UNICEF BANGLADESH Humanitarian Situation Report No. 73

unicef for every child

Reporting Period: 1 January to 30 September 2025

Highlights

- Over 1.2 million Rohingya refugees remain in highly congested settlements in Cox's Bazar, where children face overcrowding and rising insecurity. Since January 2025, 133,651 new arrivals have further strained services. Nationally, children are impacted by recurrent health emergencies, including the ongoing dengue outbreak.
- Children need urgent nutrition support to prevent acute malnutrition, timely health care to curb disease outbreaks, protection from violence and exploitation, and safe water and sanitation. Rohingya children experience severe education disruption due to funding cuts and deteriorating learning facilities.
- UNICEF reached 563,033 people (44% of the revised HAC 2025 target) with lifesaving, multisectoral services, including treatment for 907 children with severe acute malnutrition, vaccination of 87,898 infants, and WASH support to 561,000 refugees.
- UNICEF has received $93.7 million by September 2025, leaving a $50.8 million funding gap. UNICEF urgently requires US$ 10 million to sustain critical services in the camps, particularly in Education and WASH.

Situation in Numbers

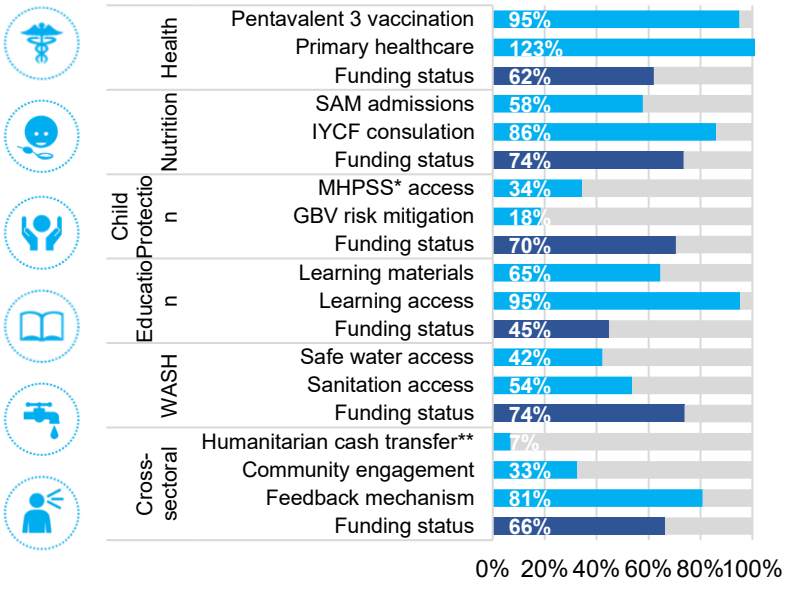
3.3 million
Children in need of humanitarian assistance (UNICEF Revised HAC 2025[2])

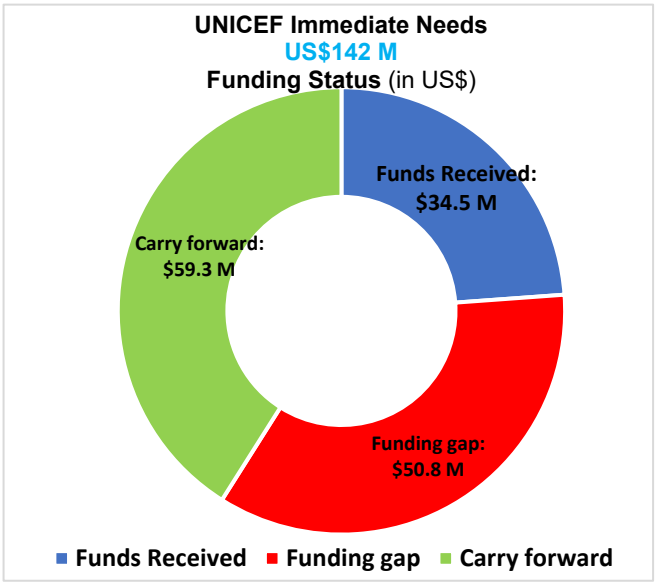
8.1 million
People in need including Rohingya refugees and host communities.
(UNICEF Revised HAC 2025)

604,728
Rohingya children require assistance. (UNHCR, 30 September 2025)

1,162,939
The total Rohingya population require assistance. (UNHCR, 30 September 2025)

UNICEF's Response and Funding Status[1]





[1] The 123 per cent over-achievement in the number of children and women accessing primary healthcare is attributed to the additional support provided through the ECHO-funded 2024 Eastern Floods early-recovery intervention.
[2] Bangladesh Appeal (2025) (Rev.1Sep2025) / General - HAC
* Mental Health and Psychosocial Support (MHPSS)
** The households for the Humanitarian cash transfer instead of individual beneficiaries

Funding Overview and Partnerships

The Humanitarian Action for Children (HAC) appeal 2025 was revised in the second half of 2025 to address the changing humanitarian funding context with a focus on critical Priority 1 life-saving needs among Rohingya refugees. The revised HAC 2025 appeal seeks US$142 million to meet the critical needs of vulnerable women and children affected by multiple crises across Bangladesh, such as the protracted Rohingya refugee crisis, climate- related hazards such as floods, cyclones and public health emergencies. In partnership with the Government and Civil Society Organizations (CSOs), UNICEF continues to deliver integrated, multi-sectoral interventions in WASH, Nutrition, Education, Child Protection, Health, Social and Behavior Change (SBC), and Humanitarian Cash Transfers.

The appeal prioritizes life-saving interventions under Priority 1, emphasizing rationalized, cost-efficient, and localized delivery. It is aligned with the prioritized Joint Response Plan (JRP) 2025 for the Rohingya refugee response, and the Humanitarian Response Plan (HRP) 2024-25 for Cyclone and Monsoon Floods.

UNICEF Bangladesh expresses its sincere gratitude to all donors for the contributions received. As of September 2025, UNICEF Bangladesh has received a total US$93.7 million (64 per cent) of its revised appeal, leaving a gap of US$50.8 million (36 per cent). UNICEF thanks both public and private donors, including Australia, Denmark, the European Union (ECHO), Education Cannot Wait (ECW), GAVI, the Global Partnership for Education (GPE), Japan, Norway, the Republic of Korea, the United States Government, the United Kingdom (FCDO), UNOCHA CERF, the World Bank, and UNICEF National Committees in Australia, Germany, Japan, Switzerland, the Netherlands, and the United States, as well as local donors, for their continued support to vulnerable children, including the Rohingya refugees.

Amid a global shrinking in humanitarian funding, Bangladesh continues to require urgent and sustained support to address increasing needs among Rohingya refugees and vulnerable communities impacted by climate-related emergencies. The reduction in foreign aid and official development assistance threatens to reverse gains in child survival, health, education, WASH, and protection – placing millions at renewed risk. To meet these unmet needs, flexible and multi-year funding remains vital to safeguard children's rights and sustain humanitarian operations across Bangladesh. UNICEF calls on all partners to renew and strengthen their commitment to ensure predictable and sustained support for the most vulnerable in Bangladesh.

Situation Overview & Humanitarian Needs

As of 30 September 2025, Bangladesh continues to host 1,162,939 Rohingya refugees[3] across 33 camps in Cox's Bazar District. This figure includes 37,056 refugees living in Bhasan Char, Noakhali District.

The overall security situation in Cox's Bazar remains fragile, marked by cross-border tensions in the Teknaf–Naikhyongchari border areas and security incidents within the camps. Clashes were reported regularly during the reporting period between various armed groups in Myanmar, triggering new refugee arrivals.

New arrivals continue to approach UNHCR registration sites in Cox's Bazar to undergo biometric identification, enabling them to access humanitarian assistance. As of 30 September 2025, a total of 133,651 individuals (35,187 families) completed registration since the beginning of the exercise in late 2024[4]. These newly- arrived individuals are receiving life-saving assistance, including food, medical care, and access to UNICEF-supported facilities.

In 2025, a total of 2,567 natural and human-induced disasters were recorded across Cox's Bazar camps. These events affected 23,187 households and 110,659 people, including approximately 57,543 children. Among those impacted, 32 people died, 210 were injured, and 5 remain missing, while 10,671 individuals experienced secondary displacement. In Bhasan Char, 227 incidents - including fires, drowning, windstorms, and lightning - were recorded, affecting 382 households and 1,311 individuals. Among them, 175 people were injured, and nine lost their lives, including three children.

The humanitarian community continues to provide essential services under Priority 1 ring-fenced life-saving activities identified by partner agencies in Cox's Bazar and Bhasan Char. However, children remain highly vulnerable in both the camps and host communities. They face persistent risks of water-borne disease outbreaks, malnutrition, inadequate access to health services, and limited opportunities for higher education, particularly for adolescents. Growing insecurity in and around the camps also heightens the risk of child labour, forced recruitment by armed groups, and gender-based violence (GBV), further undermining the protection and well-being of children.

Public health emergencies[5] continue to pose significant risks to vulnerable populations in Bangladesh, particularly through recurrent disease outbreaks such as dengue and acute watery diarrhoea (AWD). As of 30 September 2025, a total of 46,786 dengue cases have been reported nationwide, with the cumulative number of dengue-related deaths since January 2025 being 195, higher by 180 compared to deaths recorded between January and September 2024. In the Rohingya camps, 7,960 confirmed dengue cases and six deaths were reported between January and September 2025, representing a 34.8 per cent decrease compared to 12,216 cases recorded during the same period in 2024. This

[3] GOB-UNHCR Population Dashboard 30 September 2025
[4] Document - Joint Government of Bangladesh - UNHCR Population Dashboard Bhasan Char as of September 2025
[5] https://dashboard.dghs.gov.bd/pages/index.php

reduction can be partly attributed to targeted prevention measures in the camps. The National Malaria Elimination Program (CDD, DGHS) distributed a substantial number of Long-Lasting Insecticidal Nets this year as part of dengue prevention efforts. In addition, UNICEF and other partners prioritized dengue awareness-raising activities at both health facility and community levels, contributing to improved prevention practices among camp populations.

AWD continues to impact Bangladesh, with the cumulative number of AWD cases having reached 1,667,587 as of 30th September 2025, around the same number as the cases reported in 2024. In the Rohingya camps, 89,240 AWD cases were reported between January and September 2025, 10.3 per cent lower than the 99,451 cases recorded in the corresponding period in 2024, the result of successful messaging on hygiene. Additionally, from January to September 2025, 54 cholera cases were confirmed in the Rohingya camps and one case in the host community.

During this reporting period, UNICEF reached 44% of its overall revised HAC 2025 target (71% for Rohingya response), delivering multi-sectoral services to 563,033 refugees and other populations affected by climate-related emergencies. To strengthen emergency preparedness, UNICEF has prepositioned lifesaving supplies worth US$1.42 million across the country, sufficient for up to 277,060 people in the event of an emergency. However, the HAC 2025 (revised) has a funding gap of US$ 50.8 million (36%), that requires intensified fundraising to ensure that all vulnerable women and children in need are reached with high-impact and multi-sectoral interventions.

Summary Analysis of Programme Response[6]

Water, Sanitation, and Hygiene (WASH)

At National Level

UNICEF, in collaboration with the Department of Public Health Engineering (DPHE), continues to strengthen emergency response, preparedness, anticipatory action, and climate-resilient WASH programming to address both immediate humanitarian needs and long-term resilience building in Bangladesh.

During the first half of the year, UNICEF and DPHE scaled up anticipatory action (AA) for cyclones and monsoon floods across high-risk locations, including the Jamuna and Padma River Basins and five coastal districts. A total of 681 individuals, including DPHE staff, community and water distribution volunteers, were trained under the AA–Cyclone framework. Additionally, 50 Mobile Water Treatment Plants (MWTPs) operators received technical training on the maintenance and dry-run testing of 35 pre-positioned MWTPs.

To strengthen emergency preparedness and supply systems, UNICEF and DPHE assessed WASH facilities in 1,200 cyclone shelters and evacuation points across five cyclone-prone districts to identify suitable sites for MWTP installation and strategic supplies pre-positioning. The rollout of the Digital Supply Management System (DSMS) for the DPHE was supported through one Training of Trainers (ToT) session for 10 participants from four central warehouses and two national orientation workshops for 82 participants from 41 disaster-prone districts. Conducted at DPHE facilities, these workshops optimized resources and improved transparency, accountability, and real-time tracking of emergency supplies, enabling faster, evidence-based decision-making during emergencies.

In the third quarter of 2025, UNICEF and DPHE completed the Eastern Flood Early Recovery Project. The project emphasized equitable site selection, community resilience, and construction of climate-resilient, inclusive WASH infrastructure designed to withstand floods. The project reached 33,232 individuals, including 931 persons with disabilities. The installation of 10 solarized community water networks, 175 flood-resilient raised-platform tube wells, and 125 twin-pit latrines with pit-changer features were completed. A total of 929 hygiene promotion sessions (266 in schools and 663 in communities) reached 20,519 people including 575 persons with disabilities. The sessions focused on handwashing and hygiene, menstrual hygiene management (MHM), personal hygiene, and the proper use of purification tablets, and were accompanied by pictorial guidelines to support sustainable operations and maintenance.

As of 30 September 2025, a total of 64,571 persons (1,043 persons with disabilities) accessed a sufficient quantity and quality of water for drinking and domestic needs (20 per cent of the target). Additionally, 4,654 persons (88 persons with disabilities) accessed appropriate sanitation services (7 per cent of the target). Furthermore, 47,568 persons (946 persons with disabilities) were reached with hygiene messaging on handwashing (36 per cent of the target[7]).

Preparations were also advanced for the “Outsmarting Dengue” pilot project, which applies innovative WASH-based strategies for dengue prevention. The Terms of Reference and Concept Notes for pilots in Dhaka and Cox’s Bazar were finalized, and coordination was undertaken with the Jahangirnagar University and the Pesticide Administration, which issued a No Objection Certificate for the mosquito larval control products such as SumiLarv 2MR, used in household water storage containers to prevent breeding. Their procurement was initiated, with implementation planned for March 2026.

[6] 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.
[7] The underachievement is mainly due to the programme’s focus on completing recovery activities from the 2024 flood. In addition, the absence of major disasters during the reporting period reduced the demand for emergency WASH responses, leading to lower coverage against the annual target.

In Cox's Bazar (Rohingya and Host Community)

In the Rohingya refugee response, a total of 312,846 Rohingya refugees in the camps, 67,317 members of the host community and 20,853 refugees in Bhasan Char accessed a sufficient quantity and quality of water for drinking and domestic needs (62 per cent of the target).

A total of 323,638 refugees living in the camps, 59,538 host community members and 20,853 refugees in Bhasan Char accessed appropriate sanitation services (58 per cent of the target).

In addition, 224,940 refugees living in the camps, 98,459 host communities and 20,853 refugees in Bhasan Char were reached with hygiene messaging on handwashing (49 per cent of the target).

Furthermore, 561,035 refugees living in the camps and 36,921 refugees in Bhasan Char were reached with critical WASH supplies, including soaps and menstrual hygiene management (MHM) kits for women of reproductive age (106 per cent of the target[8]).

Toslima (11), along with other members from her community, collects drinking water from a nearby collection point at Camp 8W for Rohingya refugees in Ukhiya, Cox's Bazar. ©UNICEF/UNI869918/Imtiaz Mahbub Mumit

Nutrition

At National Level

From January to September 2025, UNICEF supported life-saving nutrition interventions in collaboration with the Ministry of Health and Family Welfare (MoHFW), the National Nutrition Services (NNS), and the Institute of Public Health Nutrition (IPHN). A total of 420 children aged 6–59 months (218 girls) with severe wasting were admitted for treatment (58 per cent of target), while 62,565 primary caregivers of children aged 0–23 months received Infant and Young Child Feeding (IYCF) counselling (86 per cent of target).

To strengthen evidence-based programming, a SMART survey was conducted in eleven high-risk districts. The results informed Bangladesh's first-ever IPC Acute Malnutrition (AMN) analysis, completed in April 2025, with the final report released in June to guide emergency target-setting and resource mobilization. The analysis projected that 1.6 million children under five will suffer from acute malnutrition in 2025, with several districts and refugee camps classified in IPC AMN Phase 3 (Serious). Key drivers include poor dietary diversity, high diarrheal disease prevalence, and inadequate WASH services. A high-level dissemination workshop is planned for October 2025.

Since January 2025, the Nutrition Cluster held four coordination meetings, during which the Cluster Coordination Performance Monitoring (CCPM) report was validated, and members updated their preparedness activities for cyclone and monsoon response. The Line Director of NNS endorsed key documents, including the CCPM report and findings from Save the Children's Child Profile Estimates and Costing Model Project in cyclone-prone areas. Following the recent government restructuring that abolished the Line Director–NNS position, the Institute of Public Health Nutrition (IPHN) has assumed leadership, with its director now serving as Cluster Chair.

Newly arrived Rohingya mothers with their babies receive nutrition-related counselling from a nutritionist at the INF at Camp 18, Ukhiya in Cox's Bazar. ©UNICEF/UNI870044/Imtiaz Mahbub Mumit

In Cox's Bazar (Rohingya and Host Community)

In Cox's Bazar, 9,599 Rohingya refugee children under five (including 387 children with disabilities) received treatment for severe acute malnutrition (SAM) in Integrated Nutrition Facilities (66 per cent of the target). Additionally, in Bhasan Char, 308 children (including 143 girls and two children with disabilities) received SAM treatment (103 per cent of the target).

In Cox's Bazar, 76,784 Rohingya pregnant and lactating women (PLWs) and caregivers of children 0-23 months received counselling and messaging on infant and young child feeding (IYCF) (76 per cent of the target). In Bhasan Char, 2,477 mothers received similar counselling and messaging to promote optimal IYCF practices (53 per cent of the target).

[8] The overachievement is due to the influx of new arrivals in the camps.

In host communities, 733 children (406 girls) with SAM and medical complications received life-saving treatment (73 per cent of the target) and 105,984 mothers received counselling and messaging to promote optimal IYCF practices (137 per cent of the target)[9].

Health

At National Level

Following the successful completion of the Cyclone Remal Health Recovery Programme and the Eastern Flood Response in Feni and Noakhali in June 2025, the Government of Bangladesh has transitioned to routine health service delivery in the affected areas. The logistics systems, micro plans, and trained workforce established during the emergency response are now being leveraged to sustain and expand maternal, newborn, and child health (MNCH) services. Renovated health facilities and strengthened service delivery mechanisms supported by UNICEF have improved the quality, accessibility, and resilience of routine care in these regions. UNICEF's field offices continue to monitor service delivery to ensure that emergency response investments are institutionalized within the national health system and continue to benefit communities beyond the recovery phase.

As part of its Anticipatory Action (AA) strategy, UNICEF continues to support cyclone preparedness and early action planning in the coastal divisions. Building on the recommendations of the Barisal Division workshop held in June 2025, another AA workshop is being planned in Chattogram Division, bringing together stakeholders from all remaining cyclone-prone coastal districts to ensure comprehensive national coverage and harmonized preparedness planning across the coastal belt.

Barishal Division remains amongst the most dengue-affected areas in 2025, with Barguna District identified as a hotspot. A survey conducted by the Institute of Epidemiology, Disease Control and Research (IEDCR) detected Aedes larvae in 76 per cent of the households, indicating persistent breeding conditions. In response, UNICEF allocated funds for Health and SBC activities, including the training of 600 health practitioners, mobilization of youth and religious leaders, and support for awareness campaigns, reaching over 5,500 people.

The Directorate General of Health Services (DGHS) continues to coordinate the national COVID-19 response, focusing on surveillance, testing, and health facility readiness. As per a request from the DGHS, UNICEF delivered 74,000 COVID-19 test kits to DGHS, with an additional 7,100 kits currently being procured to strengthen the ongoing diagnostic and preparedness capacities across the country.

In Cox's Bazar (Rohingya and Host Community)

By the end of September 2025, a total of 87,898 children aged 0–11 months (43,018 girls) received the Pentavalent-3 vaccine, covering all antigens under the routine immunization programme. This represents 69 per cent of the annual target. In addition, 105,158 people accessed quality healthcare services through medical consultations in UNICEF-supported facilities (102 per cent of the targe[10]).

UNICEF team joined a classroom session on dengue awareness at a school in Barguna, where students learn how to protect themselves and their communities from mosquito-borne diseases. ©Hasnain Ahmed

Quality antenatal care services were provided to 24,136 pregnant women, including adolescents (88 per cent of the target), while 4,683 sick newborns (2,157 girls) received specialized care in six UNICEF-supported health facilities (60 per cent of the target). Notably, the lives of 855 small and sick Rohingya newborns (18.2 per cent of total treated cases) were saved through the Special Care Newborn Unit (SCANU) and six Newborn Stabilization Units (NSUs), underscoring the impact of UNICEF's maternal and newborn health interventions.

To enhance efficiency and data quality, UNICEF continued supporting the digitalization of six Primary Healthcare Centres (PHCs), introducing an electronic data platform to streamline patient flow, ensure emergency health record management, and strengthen data privacy, confidentiality and accuracy. All six PHCs have also been equipped with solar power systems, generating clean and reliable energy while reducing carbon emissions and operational costs. Previously, these facilities spent an average of US$1,324 per month on electricity; the transition to solar energy has eliminated these expenses and improved service continuity during power outages.

[9] The overachievement was driven by stronger service delivery, improved reporting, and higher demand. New Upazila managers and permanent staff boosted performance and data accuracy, while new medicines and ongoing community awareness efforts increased clinic visits. WFP and IMCI-N programmes, along with seasonal disease outbreaks, also contributed to higher attendance.

[10] The initial 2025 HAC target was set at 272,686 children and women to be reached with essential health services. However, due to funding constraints, activities under the Host Community Program – Reaching Every Mother, Every Newborn (REMEN) were discontinued. Additionally, the PMTCT program at the Rohingya Camp 16 health facility was suspended to allow resource reallocation in support of other NGO partners. Consequently, the target was revised to 102,737 and proposed for adjustment in June 2025. The current achievement figure reflects actual reported data.

Earlier in 2025, UNICEF also supported a cholera vaccination campaign, reaching 1,426,958 people aged over one year (104 per cent of the target). The high achievement is due to extensive community engagement to promote vaccine uptake and awareness.

Education

At National Level

During this reporting period, no major disasters occurred, and education services continued without disruption of learning or damage to school infrastructure. In March 2025, a total of 50 Education in Emergencies (EiE) kits were distributed across 10 government primary schools in Dacope Upazila, Khulna District, benefiting approximately 1,500 children. These schools serve children from extremely poor and cyclone-prone communities, and support was provided following a formal request from the Upazila Education Officer (UEO), Dacope.

To strengthen preparedness and ensure timely response in future emergencies, 1,350 EiE kits and 200 learning kits have been pre-positioned in three strategic locations nationwide. This initiative aims to reduce transportation time and facilitate rapid deployment when crises occur.

On the system-strengthening front, UNICEF supported the government in drafting a School Risk and Vulnerability Assessment Tool in June 2025. A stakeholder consultation workshop to review and validate the tool was held in September 2025. Following the workshop, the revised version has been shared with 20 selected schools from 20 multi-hazard-prone upazilas for field testing. Once finalized, the tool will be rolled out to all government primary schools and integrated within the Integrated Primary Education Information Management System (IPEMIS) to institutionalize risk-informed planning and monitoring.

In Cox's Bazar (Rohingya and Host Community)

Throughout 2025, UNICEF continued to deliver education services for Rohingya refugees and host community children in Cox's Bazar and Bhasan Char, despite severe funding constraints. By the end of September 2025, total enrolment across all programmes reached 240,029 children, including 117,565 girls, reaching 99 per cent of the target. In the camps, average attendance stood at 88 per cent for Early Childhood Education and Primary, and 89 per cent for Secondary programmes, while in Bhasan Char, attendance averaged 87.8 per cent for boys and 88 per cent for girls at the close of the academic year in May 2025.

In view of the shrinking funding for the Rohingya humanitarian response, UNICEF reprioritized and reprogrammed nearly US$4 million from non-critical activities to sustain volunteer incentives and ensure that learning facilities could remain operational. Additional prioritization measures (amounting to more than US$5 million) included cancelling end-of-year assessments, suspending procurement of any new supplies for the new academic year, pausing the distribution of Myanmar Curriculum (MC) textbooks and teacher guides, reducing Implementing Partner (IP) staff, and closing vocational skills programmes for out-of-school Bangladeshi adolescents in host communities.

Additionally, UNICEF made the difficult decision to phase out 1,179 Host Community Teaching Volunteers (HCTVs) teaching English in MC Kindergarten to Grade 2. While learning outcomes will be negatively affected, a smaller group of 187 HCTVs continued to support Grades 1 and 2 on a rotational basis, ensuring continuity while generating annual savings of approximately US$1.5 million. Despite this reduction, Bangladeshi volunteers still represent more than 25 per cent of the education workforce, which is above government requirements. Following the termination, protests temporarily disrupted access to several camps and Implementing Partner offices. To support affected volunteers, UNICEF launched a redesigned Skill-Focused Literacy (SKILFO) programme providing occupational training, functional English, and work linkages, with 181 former HCTVs currently enrolled and working toward formal accreditation.

14-year-old Kulsum* (centre) interacts with a fellow pupil during their physics class at the learning centre in Camp 18 for Rohingya refugees in Cox's Bazar, Bangladesh, on 31 August 2025. © UNICEF/UNI880984/Satu

Despite these difficult decisions and the reprogramming of funds, the funding gap prevails, caused by the suspension of U.S. contributions and reduced humanitarian assistance from other donors. Following the closure of classes as a result of funding cuts, UNICEF successfully reopened Grades 5–12 full-time and Grade 4 for one day per week, with 2,016 learning facilities (44 per cent) operational and 79,595 children (36,625 girls) attending classes. Persistent challenges remain, notably the deteriorating condition of learning centres, which are built from temporary materials such as bamboo and require regular repairs due to the harsh weather and frequent climate-related hazards (including fires) in Cox's Bazar. The current funding gap through 31 December 2025 will affect the continued provision of education services during the 2025/26 academic year. This primarily impacts Early Childhood Education, Myanmar Curriculum

(MC) Kindergarten, and Grade 1. Following successful fundraising efforts, UNICEF secured additional support from the Education Cannot Wait (ECW) First Emergency Response (FER).

Child Protection and Gender Based Violence

At National Level

In partnership with the Department of Social Services (DSS) under the Ministry of Social Welfare (MoSW), Mental Health and Psychosocial Support (MHPSS) services were provided to 17,129 individuals (including 12,458 female and 268 persons with disabilities), comprising children, adolescents, and caregivers, in response to the sudden-onset floods in June 2025 (9 per cent of the target). These services strengthened community-based coping mechanisms and enhanced the capacity of government and NGO social workers to deliver structured psychosocial support in line with the Child Protection Minimum Standards (CPMS).

In collaboration with the Ministry of Women and Children Affairs (MoWCA) and DSS, UNICEF supported gender-based violence (GBV) risk mitigation, prevention, and response interventions reaching 11,374 individuals, including 8,619 female and 153 persons with disabilities (9 per cent of the target). Activities included dissemination of lifesaving information on referral pathways, capacity building of case workers, and strengthening of survivor-centred response services within national and subnational systems.

To ensure readiness for potential disasters, 6,027 Dignity Kits and 5,637 Family Kits are prepositioned in Department of Public Health Engineering (DPHE) warehouses for immediate distribution to disaster-affected children, adolescents, and families, in collaboration with DSS. These contingency supplies form part of the national child protection preparedness framework and will support rapid MHPSS and GBV response during future emergencies.

UNICEF continued to work with government counterparts to strengthen Child Protection in Emergencies Working Groups (CPiEWGs) across disaster-prone districts. Coordination between CPiEWGs and District Disaster Management Committees (DDMCs) was enhanced to ensure child protection priorities are integrated into local contingency plans. In June 2025, a virtual coordination meeting with the Sylhet CPiEWG reviewed preparedness actions, identified capacity gaps, and updated district-level emergency response mechanisms ahead of the monsoon season.

In Cox's Bazar (Rohingya and Host Community)

UNICEF has continued to implement Child Protection and GBV in Humanitarian Action as part of the broader child protection programme in Bangladesh. In Cox's Bazar and Bhasan Char, critical, lifesaving services for Rohingya refugee children are anchored in more upstream systems-strengthening activities for the benefit of all children in the country. Prioritisation of activities has considered the importance of resilience and bridging the humanitarian-development nexus towards more sustainable outcomes.

UNICEF DED Ted Chaiban visited the Korail Slum in Dhaka, to witness first hand the remarkable spirit of the community and the powerful impact of child protection and WASH innovations. © UNICEF/UNI848751/Rasnat

A total of 110,624 children and caregivers in Rohingya camps, 6,061 children and caregivers in Bhasan Char, and 35,468 children and caregivers in the host communities, received Mental Health & Psychosocial Support (66 per cent, 29 per cent and 23 per cent of the target in Rohingya Camp, Bhasan Char and host communities respectively). A package of quality services comprising case management, psychosocial support, life skills-based learning, and positive parenting guidance, is implemented through 85 multi-purpose centers, six safe spaces for women and girls, 7,806 informal adolescent clubs, and mixed-method outreach by government social workers, NGO caseworkers, and volunteers. Additionally, 312 Community-Based Child Protection Committees (CBCHPs) have active child protection monitors and are effectively functioning as champions for children and referral catalysts for the most vulnerable.

A total of 29,411 children and caregivers in Rohingya camps, 917 children and caregivers in Bhasan Char, and 7,057 children and caregivers in the host communities, are accessing GBV prevention, risk-mitigation, and response interventions (46 per cent, 21 per cent and 14 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.

Investment in strengthening the social service workforce has seen improved case management outcomes for children in the Rohingya camps, host communities, and Bhasan Char. Deployment of government social workers (including establishing 9 out of a total of 33 Department of Social Services' Child Protection Units) has been a significant step

towards linking and facilitating access of children to specialised services and support. Government social workers have also been deployed on rotation to Bhasan Char with a view to building a sustainable legacy through the nexus approach.

The situation of armed violence continues to impact children. Serious child rights violations perpetrated by armed groups have been documented through the Child Rights Monitoring Mechanism (CRMM) throughout the reporting period. From January to September 2025, 1,065 incidents affecting 1,626 children were reported. Recruitment and use of children was the most often reported violation, with 377 incidents affecting 655 children, most of whom were boys. Abduction or kidnapping accounted for 293 incidents affecting 387 children. Twenty (20) children were reported to have been killed and 265 injured due to the actions of armed groups in the reporting period. Reports of sexual violence have increased considerably, with 115 children reported to have been affected. Attacks on, or use of, learning centres, schools, and other facilities serving children were reported in two incidents affecting three boys. In contrast, denial of humanitarian access was reported in one incident affecting as many as 36 children.

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

At National Level

UNICEF, together with the Government of Bangladesh and civil society partners, continued to ensure effective emergency response and strengthen community preparedness. A repository of life-saving messages on floods and cyclones has been prepositioned with partners for rapid dissemination during crises. As Co-Chair of the AAP Working Group, UNICEF is supporting a nationwide mapping of social service and accountability mechanisms to enhance AAP capacity and multi-sectoral coordination. The Working Group also reviewed and updated key emergency messages on cyclones, floods, earthquakes, and heatwaves, shared with AAP and ICCG members to ensure coherence in communication.

In collaboration with the Health Section and the Centres for Disease Control (CDC), UNICEF's SBC Section organized an RCCE coordination meeting on dengue prevention and supported partners in disseminating messages to promote community-led action. In Barisal Division, youth volunteers, religious leaders, and CSO partners continued dengue awareness campaigns through street miking, community radio, and interpersonal communication, mobilizing communities for prevention and collective action.

In Cox's Bazar (Rohingya and Host Community)

In the Rohingya refugee camps, UNICEF's SBC programme, through UNICEF partners, promoted essential family and childcare practices, increased service uptake, addressed harmful social norms, and supported disease prevention efforts for dengue and AWD/cholera, alongside messaging on cyclones, floods, landslides, and drowning. In total, 487,412 people (including 11,742 persons with disabilities) were reached - achieving 105 per cent of the 2025 HAC target[11].

Through 14 Information and Feedback Centres (IFCs), UNICEF received 97,453 complaints and queries (52,790 female, 4,180 persons with disabilities), with 76 per cent resolved. Efforts are underway to further improve resolution rates and reinforce community accountability.

In the host communities, 114,097 people (including 2,685 persons with disabilities) were engaged in activities promoting positive behaviours, increased service use, and prevention of child marriage and violence. Additionally, four IFCs referred 16,835 individuals (341 persons with disabilities) to relevant service providers. These efforts continue to strengthen community resilience and inclusive access to essential services while closing the feedback loop.

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

During the first half of 2025, the PSEA unit trained staff from implementing partners, UNICEF, and third-party monitors on PSEA and child safeguarding. UNICEF also supported the completion of the Inter-Agency SEA Risk Assessment and contributed to the development of common training materials for volunteers.

In the third quarter, the unit expanded its reach, training an additional cohort reaching a total of 461 partner and third-party staff (259 males, 202 female) and 280 UNICEF staff. As co-chair of the inter-agency PSEA Network in Cox's Bazar, UNICEF contributed to all stages of the SEA Risk Assessment, finalized in June 2025, and supported the development of a three-year PSEA strategy through a consultative workshop with network members. The SoP for referral and survivor assistance is nearing completion.

The Standard Operating Procedures (SoPs) on PSEA for Information and Feedback Centres (IFCs) and the AAP–PSEA scale-up plan have been finalized, with implementation now underway. A digitalized complaint and feedback mechanism (CFM) has been established and piloted, while discussions are ongoing at the inter-agency level to design a unified

[11] The overachievement was mainly due to intensified dengue awareness activities. Additional sessions, household visits, and use of multiple communication channels enabled UNICEF and partners to reach a wider audience than initially planned.

reporting channel. Regular case management continues, including notifications to OIAI, donors, and the Resident Coordinator's Office (RCO), along with survivor assistance and investigations.

Humanitarian Cash Transfer (HCT)

Since the beginning of 2025, UNICEF has provided Humanitarian Cash Transfers (HCT) to 1,675 flood-affected households in six upazilas (sub-districts) of Cumilla and Noakhali, targeting pregnant and lactating women with children aged 0–4 years (7 per cent of the target). Each household received BDT 6,000 (approximately 60 per cent of the Minimum Expenditure Basket) through mobile money transfers, reaching 5,090 individuals, including 131 persons with disabilities.

Morjina holds her son Abubakkar at their home in Comilla. Pregnant during the 2024 floods, she endured weeks of standing water and later used UNICEF's emergency cash transfer for medical care. ©UNICEF/UNI865828/Rasnat

Special attention was given to mothers who continued antenatal care (ANC) and delivered in health facilities despite the floods. A total of 116 such breastfeeding mothers received targeted cash support, demonstrating the value of linking health and social protection interventions during emergencies.

During the first half of 2025, UNICEF advanced preparedness for humanitarian cash assistance by completing payments and post-distribution monitoring (PDM) for affected households, training 295 volunteers and 60 CSO staff on HCT, PSEA, AAP, and grievance management, and expanding the Humanitarian Cash Operations and Programme Ecosystem (HOPE) database. The system now includes 120,554 pre-identified households across 133 Upazilas (sub-districts) in 16 flood-prone and 7 cyclone-prone districts, enabling faster response activation. The Cash Working Group (CWG) was also reconstituted, and a national workshop in early 2025 identified key priorities for harmonization and inter-agency preparedness.

Community engagement remained central to programme implementation. Community volunteers conducted door-to-door visits and facilitated 90 meetings with over 1,100 community members, to share information, collect feedback, and build community trust.

A contract with the Western Union, UNICEF's Financial Service Provider (FSP) for cash transfers, is in the final stages of approval and will enhance the speed and flexibility of emergency cash and anticipatory action disbursements.

Humanitarian Leadership, Coordination and Strategy

A JRP prioritization process was conducted in mid-2025 to respond to the evolving funding environment. This process identified Priority 1[12] life-saving activities for implementation during the second half of the year. The revised JRP allocates US$455.6 million for Priority 1 needs, leaving a funding gap of US$67.6 million as of 1 September 2025[13]. To address additional humanitarian pressures, a Flash Appeal was launched on 15 July 2025, requesting US$84 million to meet the urgent needs of approximately 150,000 newly- arrived Rohingya refugees.

In alignment with the JRP 2025 prioritization process, UNICEF and partners realigned its programming, focusing on safeguarding critical cross-sectoral activities under Priority 1, with funding reprogrammed to implement Priority 1 activities in Education, WASH, Child Protection, Health, and Nutrition in the second half of 2025, with a budget estimated at US$47.5 million. Of this amount, US$5.5 million remains unfunded as of September 2025, despite extensive fundraising efforts and the reprogramming of resources initially allocated to Priority 2, 3, and resilience activities.

Overall, in Bangladesh, the humanitarian community is proposing a lighter coordination structure for the Rohingya response in the ISCG secretariat, sector coordination and the National Coordination Architecture, with rationalization and localization emphasizing operational multi-sectoral efficiencies (such as integration, co-location of services, increased role of Rohingya refugees in service provision), to promote sustainability and demonstrate value for money. UNICEF has worked to significantly reduce costs and increase sustainability in response by integrating health and nutrition sectors and merging health and nutrition volunteers.

The Government of Bangladesh continues to lead the Rohingya humanitarian response in Cox's Bazar and Bhasan Char. The National Task Force (NTF), chaired by the Ministry of Foreign Affairs, provides strategic oversight, while the Ministry of Home Affairs chairs the National Committee on Coordination, Management and Law and Order. The Office of the Refugee Relief and Repatriation Commissioner (RRRC) manages daily operations under the Ministry of Disaster

[12] Priority 1 needs are defined in the prioritized 2025 Joint Response Plan as humanitarian activities budgeted at the absolute minimum required to save lives through basic assistance/services. https://data.unhcr.org/en/documents/details/117794, pg. 4
[13] ISCG JRP Sector funding analysis, as of September 1, 2025

Management and Relief (MoDMR). The Deputy Commissioner of Cox's Bazar leads the civil administration, coordinating responses for host communities and maintaining law and order.

UNICEF leads the Nutrition and WASH sectors and the Child Protection Sub-Sector and co-leads the Education Sector with Save the Children in Cox's Bazar and Bhasan Char. Coordination is maintained with relevant government departments, including the Department of Public Health Engineering (DPHE), the Department of Social Services (DSS), and the Directorate of Primary and Mass Education (DPE). UNICEF is also an active member of key coordination bodies, including the Core Technical Task Team (CTTT) of the Emergency Preparedness and Response Working Group (EPRWG), the Humanitarian Access Working Group (HAWG), and the UN-INGO-NGO Disaster Risk Reduction Working Group (DRRWG).

UNICEF co-leads the Risk Communication and Community Engagement (RCCE) Technical Working Group in Cox's Bazar, contributing to disease prevention and strengthened community engagement. However, to streamline coordination and reduce operational costs, the Inter-Sector Coordination Group (ISCG) decided to discontinue all sector-level working groups as of 1 October 2025. The Terms of Reference (TORs) of cross-cutting thematic working groups, including the EPRWG and the PSEA Network, are being reviewed to determine future arrangements.

At the national level, UNICEF continues to co-lead the AAP Working Group with BBC Media Action, under the Inter-Cluster Coordination Group (ICCG). UNICEF also works closely with UN Women and UNFPA through the Gender in Humanitarian Action (GiHA), GBV Cluster, and Child Protection Cluster to ensure the safety and dignity of women and girls in shelters and community spaces.

UNICEF is a member of the Strategic Executive Group (SEG), which provides overall direction for the Rohingya humanitarian response and engages with the Government of Bangladesh at the national level. At the field level, the ISCG Secretariat ensures inter-sectoral coordination through the Inter-Sector Meeting and the Refugee Operations and Coordination Team (ROCT). The SEG Co-Chairs are currently leading a process to streamline the coordination architecture in Cox's Bazar, in line with the 2025 rationalization principles and the broader humanitarian reset.

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[14] 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!
- 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

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

- 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[15]

Sector		UNICEF Response in 2025			Cluster/Sector Response in 2025[16]		
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	9,712	5,441	▲ 1,942	7,289	4,738	▲ 1,751
	Boys	9,403	5,619	▲ 1,995	7,011	4,985	▲ 1,844
	Person with Disability (PwD)[17]	262	389	▲ 110	282	345	▲ 105
Primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling	Women	287,752	247,810	▲ 44,390	136,800	133,804	▲ 16,804
	PwD[3]	3,814	260	▲ 54	18,520	17,906	▲ 2,620
HEALTH							
Children aged 0 to 11 months who have received the pentavalent 3 vaccine	Girls	72,794	68,065	▲ 18,387			
	Boys	72,994	70,541	▲ 19,197			
	PwD[3]	1,156	1,093	0			
Children and women accessing primary healthcare in UNICEF-supported facilities	Girls	84,242	116,730	▲ 11,150			
	Boys	92,278	123,483	▲ 12,597			
	Women	47,926	34,853	▲ 5,559			
	PwD[3]	-	3,759	0			
Pregnant women including adolescents who received antenatal care (ANC) services in UNICEF-supported health facilities	Girls	-	647	▲ 232			
	Women	58,087	23,489	▲ 4,056			
	PwD	425	1	-			
Sick newborns who received quality care in UNICEF-supported health facilities	Girls	3,462	2,157	▲ 789			
	Boys	4,962	2,526	▲ 739			
	PwD[3]	-	-	-			
Healthcare providers trained in detecting, referral and appropriate management of dengue cases	Men	137	-	-			
	Women	84	-	-			
	PwD[3]	-	-	-			
WATER, SANITATION & HYGIENE							
People accessing a sufficient quantity of safe water for drinking and domestic needs	Girls	248,422	120,026	▲ 12,221	308,100	271,732	▲ 1,285
	Boys	254,393	115,116	▲ 9,546	322,716	284,617	▲ 1,351
	Men	288,553	108,042	▲ 11,276	313,743	276,792	▲ 1,222
	Women	309,388	122,403	▲ 13,220	274,547	241,859	▲ 1,429
	PwD	44,946	4,440	▲ 449	-	-	-
People use safe and appropriate sanitation facilities	Girls	182,750	108,634	▲ 5,515	308,100	278,142	▲ 233
	Boys	191,827	107,208	▲ 4,924	322,716	291,335	▲ 241
	Men	184,028	90,682	▲ 1,779	313,743	283,254	▲ 260
	Women	202,487	102,159	▲ 2,081	274,547	247,791	▲ 129
	PwD	39,572	3,646	▲ 113	-	-	-
People reached with handwashing behaviour-change programmes	Girls	201,877	81,002	▲ 10,071	264,823	-	-
	Boys	210,585	72,239	▲ 7,365	277,315	-	-
	Men	213,814	85,403	▲ 3,128	270,745	-	-
	Women	232,861	105,608	▲ 5,522	232,415	-	-
	PwD	38,229	2,087	▲ 87	-	-	-
People reached with critical WASH supplies	Girls	144,005	148,897	▲ 2,339	264,823	-	-
	Boys	150,520	155,484	▲ 2,468	277,315	-	-
	Men	127,790	146,280	▲ 17,979	270,745	-	-
	Women	145,690	147,295	▲ 629	232,415	-	-
	PwD	37,039	44,307	▲ 4,697	-	-	-
CHILD PROTECTION & GENDER-BASED VIOLENCE							
Children and parents/caregivers	Girls	122,204	54,130	▲ 18,160	42,791	23,415	▲ 7,680
	Boys	122,948	49,231	▲ 17,313	44,854	21,324	▲ 6,496
	Men	117,716	25,913	▲ 8,509	-	-	-

[15] This programme summary results include floods, cyclones, public health emergencies, Rohingya refugees, including Bhasan Char and Cox's Bazar host community response

[16] 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.

Sector		UNICEF Response in 2025			Cluster/Sector Response in 2025[16]		
Indicator	Disaggregation	Target	Total results	Change since last report ▲▼	Target	Total results	Change since last report ▲▼
accessing mental health and psychosocial support	Women	128,515	40,008	▲ 11,532	-	-	-
	PwD	8,541	1,880	▲ 556	900	790	▲ 335
Women, girls, and boys accessing gender-based violence risk mitigation, prevention, and/or response Interventions	Girls	57,222	17,159	▲ 6,016			
	Boys	57,375	10,886	▲ 3,801			
	Women	149,472	20,714	▲ 5,437			
	PwD	4,166	293	▲ 66			
People who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers	Girls	234,920	-	-			
	Boys	226,830	-	-			
	Men	281,684	-	-			
	Women	291,324	-	-			
	PwD	22,481	-	-			
EDUCATION							
Children accessing formal or non-formal education, including early learning	Girls	120,524	117,565	▲ 930	238,049	159,583	-
	Boys	131,430	122,464	▲ 823	250,175	153,500	-
	Men	-	-	-	2,612	1,636	-
	Women	-	-	-	2,720	988	-
	PwD	2,570	2,690	▲ 9	14,806	3,738	-
Children receiving individual learning materials	Girls	182,226	118,361	▲ 930	238,049	142,668	▲ 3,327
	Boys	191,910	123,168	▲ 823	250,175	139,562	▲ 2,796
	Men	-	-	-	2,612	685	-
	Women	-	-	-	2,720	480	-
	PwD	4,244	2,696	▲ 9	14,806	3,627	-
CROSS-SECTORAL (HCT, SBC / ACCOUNTABILITY MECHANISM							
Households reached with UNICEF-funded humanitarian cash transfers across sectors	Households	24,200	1,675	-			
People reached through messaging on prevention and access to services	Girls	680,803	207,914	▲ 29,053			
	Boys	669,765	206,367	▲ 28,350			
	Men	1,026,281	333,575	▲ 47,898			
	Women	1,062,260	372,837	▲ 49,406			
	PwD	53,282	16,596	▲ 5,299			
People with access to established accountability /feedback mechanisms (CFQ)	Girls	9,947	8,704	▲ 2,094			
	Boys	9,725	7,307	▲ 1,975			
	Men	60,247	49,548	▲ 14,516			
	Women	79,816	63,702	▲ 16,570			
	PwD	5,278	4,551	▲ 1,178			
People engaged in discussion and prevention actions on public health emergencies	Girls	151,247	142,698	▲ 10,154			
	Boys	151,986	143,262	▲ 12,413			
	Men	196,571	172,509	▲ 26,724			
	Women	216,828	202,038	▲ 29,043			
	PwD	15,984	14,468	▲ 4,477			

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	4,817	406	▲1,942	7,191	98	4,674	64	▲1,751
	Boys	7,252	510	5,090	327	▲1,995	6,909	102	4,925	60	▲1,844
	CwD	208	9	389	-	▲110	280	2	345	-	▲105
Primary caregivers of children aged 0 to 23 months receiving infant and young child feeding IYCF) counselling	Women	105,700	77,300	79,261	105,984	▲44,390	104,700	32,100	101,008	32,796	▲16,804
	PwD	1,057	1,322	242	18	▲54	17,800	720	17,171	735	▲2,620
HEALTH											
Children aged 0 to 11 months who have received pentavalent 3 vaccine	Girls	19,505	44,216	12,303	30,715	▲18,387					
	Boys	18,813	44,950	12,719	32,161	▲19,197					
	CwD	905	-	-	-	-					
Children and women accessing primary health care in UNICEF-supported facilities	Girls	26,452	6,650	29,454	6,506	▲11,150					
	Boys	29,943	10,307	36,025	6,920	▲12,597					
	Women	9,998	17,128	8,439	17,814	▲5,559					
	PwD	1,792	467	5	-	-					
Pregnant women including adolescents who received antenatal care ANC) services in UNICEF-supported health facilities	Girls	-	-	647	-	▲232					
	Women	5,745	21,142	4,326	19,163	▲4,056					
	PwD	136	290	1	-	-					
Sick newborns who received quality care in UNICEF supported health facilities	Girls	372	2,796	403	1,754	▲789					
	Boys	521	4,142	452	2,074	▲739					
	CwD	-	-	-	-	-					
WATER, SANITATION & HYGIENE											
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Girls	141,941	10,840	83,079	24,350	▲10,070	264,823	43,277	236,487	35,245	▲1,285
	Boys	148,147	12,462	83,017	19,746	▲7,437	277,315	45,401	247,642	36,975	▲1,351
	Women	142,910	14,601	89,692	12,706	▲9,804	232,415	42,132	207,547	34,312	▲1,429
	Men	125,007	14,617	77,911	10,515	▲7,927	270,745	42,998	241,775	35,017	▲1,222
	PwD	36,759	1,471	3,012	385	▲140	-	-	-	-	-
People accessing appropriate sanitation services	Girls	141,941	21,680	85,902	21,824	▲5,186	264,823	43,277	239,715	38,427	▲233
	Boys	148,147	24,924	88,034	18,284	▲4,601	277,315	45,401	251,022	40,313	▲241
	Women	142,910	29,201	90,246	10,471	▲1,558	232,415	42,132	210,380	37,411	▲129
	Men	125,007	29,235	80,309	8,959	▲1,266	270,745	42,998	245,075	38,179	▲260
	PwD	36,759	1,471	3,076	482	▲66	-	-	-	-	-
People reached with handwashing behaviour-change programmes	Girls	141,941	21,680	50,575	30,427	▲10,071	264,823	-	-	-	-
	Boys	148,147	24,924	49,406	22,833	▲7,365	277,315	-	-	-	-
	Women	142,910	29,201	75,494	30,114	▲5,522	232,415	-	-	-	-
	Men	125,007	29,235	70,318	15,085	▲3,128	270,745	-	-	-	-
	PwD	36,759	1,471	1,637	450	▲87	-	-	-	-	-
People reached with critical WASH supplies	Girls	141,941	2,064	148,897	-	▲2,339	264,823	-	-	-	-
	Boys	148,147	2,373	155,484	-	▲2,468	277,315	-	-	-	-
	Women	142,910	2,780	147,295	-	▲629	232,415	-	-	-	-
	Men	125,007	2,783	146,280	-	▲17,979	270,745	-	-	-	-
	PwD	36,759	280	44,307	-	▲4,697	-	-	-	-	-
CHILD PROTECTION & GENDER-BASED VIOLENCE											
Children and parents/caregivers accessing mental health and psychosocial support	Girls	43,637	21,794	35,996	11,895	▲18,160	31,648	11,143	17,574	5,841	▲7,680
	Boys	45,788	21,488	35,834	10,043	▲17,313	33,164	11,690	16,653	4,671	▲6,496
	Women	22,948	15,412	25,750	8,039	▲11,532	-	-	-	-	-
	Men	19,650	9,661	19,105	5,491	▲8,509	-	-	-	-	-
	PwD	2,640	1,914	1,275	337	▲556	700	200	648	142	▲335
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Girls	11,846	5,850	6,820	2,077	▲1,013					
	Boys	12,458	6,158	6,802	1,329	▲3,801					
	Women	16,981	8,177	11,703	3,651	▲5,437					
	PwD	826	565	102	38	▲66					
People who have access to a safe and accessible channel to report sexual exploitation and abuse by aid workers**	Girls	129,093	49,053	-	-	-					
	Boys	124,030	47,129	-	-	-					
	Women	141,015	60,153	-	-	-					
	Men	135,485	57,793	-	-	-					
	PwD	12,499	5,996	-	-	-					
EDUCATION											
Children accessing formal or non-formal education, including early learning	Girls	113,459	1,700	116,079	1,486	▲930	212,615	25,434	154,317	5,266	▲33
	Boys	124,871	1,300	121,802	662	▲823	223,131	27,044	149,273	4,227	▲326
	Women	-	-	-	-	-	815	1,905	790	198	▲14
	Men	-	-	-	-	-	884	1,728	1,456	180	-
	CwD	2,383	41	2,681	9	▲9	13,123	1,683	3,532	206	▲111
Children receiving individual learning materials	Girls	113,459	1,700	116,079	1,486	▲930	212,615	25,434	140,719	1,949	▲3,327
	Boys	124,871	1,300	121,802	662	▲823	223,131	27,044	138,145	1,417	▲2,796
	Women	-	-	-	-	-	815	1,905	469	11	-
	Men	-	-	-	-	-	884	1,728	664	21	-
	CwD	2,383	41	2,681	9	▲9	13,123	1,683	3,421	206	-
CROSS-SECTORAL HCT, SBC / ACCOUNTABILITY MECHANISM											
Households reached with UNICEF-funded humanitarian cash transfers across sectors	Households	-	4,200	-	-	-					
	Girls	107,312	22,845	107,661	23,101	▲1,815					
	Boys	109,222	20,584	109,769	20,833	▲3,425					

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	
People reached through messaging on prevention and access to services	Women	146,845	40,993	143,232	38,356	▲15,454					
	Men	130,976	37,855	126,750	31,807	▲13,476					
	PwD	11,667	2,947	11,742	2,685	▲4,442					
People sharing their concerns and asking questions through established feedback mechanisms	Girls	5,430	750	6,335	701	▲2,059					
	Boys	5,330	600	5,464	310	▲1,959					
	Women	61,220	12,450	46,455	10,448	▲15,926					
	Men	46,520	7,700	39,199	5,376	▲14,059					
	PwD	4,398	518	4,180	341	▲1,163					
People engaged in discussion and prevention actions on public health emergencies	Girls	107,312	22,845	107,661	23,101	▲1,815					
	Boys	109,222	20,584	109,769	20,833	▲3,425					
	Women	146,845	40,993	143,232	38,356	▲15,454					
	Men	130,976	37,855	126,750	31,807	▲13,476					
	PwD	11,667	2,947	11,742	2,685	▲4,442					

[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)[18]		Total funds available	$	%
		ORE	ORR		ORE	ORR			
Nutrition	15,689,508	2,962,345	0	2,962,345	8,576,157	0	11,538,502	4,151,006	26%
Health	13,566,847	4,469,180	0	4,469,180	3,938,586	1,470	8,409,236	5,157,611	38%
Water, Sanitation and Hygiene	3,786,504	11,692,959	3,496,259	15,189,218	10,055,523	7,075,192	32,319,932	11,466,572	26%
Child Protection/GBV	7,949,161	1,121,457	0	1,121,457	4,495,401	7,034,618	12,651,476	5,297,686	30%
Education	40,653,949	3,059,350	3,370,280	6,429,630	6,641,400	5,116,806	18,187,836	22,466,112	55%
Cross-sectoral SBC, HCT)	6,592,493	54,000	158,593	212,593	2,032,036	2,125,130	4,369,759	2,222,734	34%
Emergency Preparedness	3,794,273	4,071,100	0	4,071,100	2,184,710	362	6,256,173	-	0%
Total	**142,032,735**	**27,430,391**	**7,025,132**	**34,455,523**	**37,923,812**	**21,353,578**	**93,732,914**	**50,761,721**	**36%**

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

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