UNICEF Bangladesh

Humanitarian Situation Report No. 75

unicef for every child

Reporting Period: 1 January to 30 June 2026

Highlights

- UNICEF continues delivering life-saving assistance amid multiple humanitarian challenges, including the protracted Rohingya refugee crisis affecting 1.2 million refugees and a nationwide measles outbreak.
- Bangladesh had reported more than 100,000 suspected measles cases and 625 suspected deaths across all 64 districts, with children under five accounting for 81 per cent of cases. UNICEF supported the Government's Emergency Measles-Rubella Campaign, reaching 18.5 million children to help interrupt transmission.
- In Cox's Bazar and Bhasan Char, UNICEF sustained essential services for Rohingya children, reaching 341,300 people with safe water, 229,850 children with education, 169,700 children with nutrition screening, and 157,100 children and women with primary healthcare.
- Across all humanitarian responses, UNICEF reached 433,330 people (34 per cent of the HAC target), including 234,100 children, with integrated life-saving assistance.
- The overall 2026 HAC appeal of US$108 million nonetheless remains 24 per cent underfunded, with the most critical sector gaps in Child Protection (44 per cent) and WASH (33 per cent). Despite these constraints, prioritization efforts have protected the most critical services, with 90 per cent of life-saving interventions funded.

Situation in Numbers

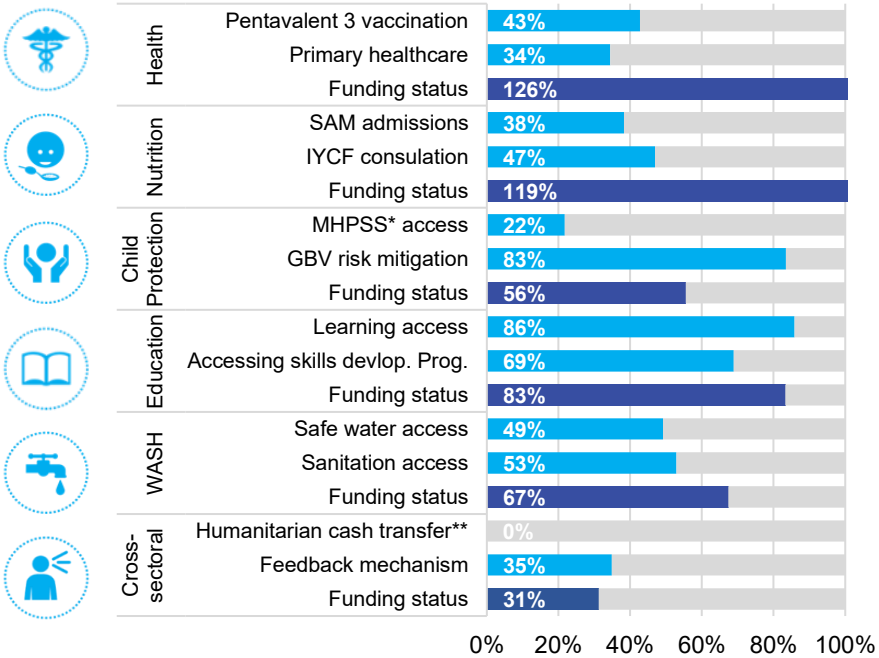
1.9 million
children in need of humanitarian assistance (UNICEF HAC 2026)

4.4 million
people in need including Rohingya refugees and host communities (UNICEF HAC 2026)

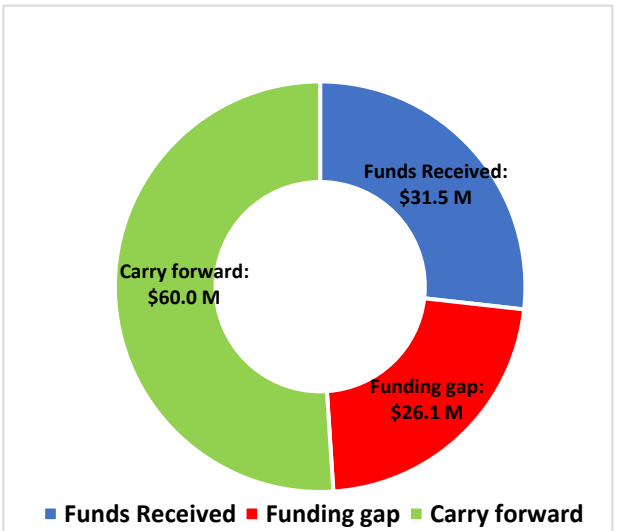
624,000
Rohingya children require assistance (UNHCR, June 2026)

1.2 million
total Rohingya population require assistance (UNHCR, June 2026)

UNICEF's Response and Funding Status



UNICEF Appeal 2026
US$ 108 million
Funding Status (in US$)



*Funding available includes funds received in the current year; carry-over from the previous year; and repurposed funds with agreement from donors.

Funding Overview and Partnerships

The 2026 Humanitarian Action for Children (HAC) appeal requires US$108 million to address the humanitarian needs of Rohingya refugees, vulnerable host communities, and children affected by climate-related disasters and public health emergencies in Bangladesh. UNICEF continues to support the Government of Bangladesh and partners in delivering life-saving and multi-sectoral assistance, whilst pursuing prioritisation, resilience and cost-efficiencies.

UNICEF sincerely thanks Australia, the World Bank, the United States of America, Japan, the European Commission/ECHO, Germany, New Zealand, Norway, the Republic of Korea, Gavi, the Vaccine Alliance, Sweden, Switzerland, Thailand, and the United Kingdom Foreign, Commonwealth and Development Office (FCDO), as well as the Canadian UNICEF Committee, Committee for UNICEF Switzerland and Liechtenstein, German Committee for UNICEF, Netherlands Committee for UNICEF, UNICEF Gulf Area Office, United Kingdom Committee for UNICEF, United States Fund for UNICEF, UNOCHA and various other UNICEF National Committees and local donors for their generous contributions to support the most vulnerable children in Bangladesh.

As of June 2026, the HAC appeal has a funding gap of US$26.1 million, with critical gaps in WASH (US$10.9 million) and child protection (US$7 million). Aligned with the Joint Response Plan (JRP) prioritization, UNICEF has protected life-saving interventions in the Rohingya response. While the overall HAC appeal remains 24 per cent underfunded, Priority 1 interventions are 90 per cent funded, leaving a US$5.6 million gap, with the largest shortfall in education (US$3.7 million). Without sustained funding, UNICEF and partners will be unable to maintain essential services for vulnerable children, families and communities.

Situation Overview & Humanitarian Needs

Bangladesh continues to face compounding humanitarian challenges during the first half of 2026, driven by the protracted Rohingya refugee crisis, a nationwide measles outbreak and recurrent climate-related hazards.

The measles outbreak remained the most acute public health emergency. As of 30 June, more than 100,000 suspected measles cases and 12,000 confirmed cases had been reported, including 625 suspected and 93 confirmed deaths across all 64 districts. Children under five account for 81 per cent of reported cases. Cases began to stabilise following the nationwide Emergency Measles-Rubella Campaign, but the outbreak remains active.

Approximately 1.2 million Rohingya refugees live in densely populated camps in Cox's Bazar and Bhasan Char, where insecurity, funding shortfalls and climate hazards continue to heighten humanitarian risks. Since January, the Child Rights Monitoring Mechanism documented 1,439 grave violations affecting 1,645 children, including recruitment and use, abduction and sexual violence. Fires, windstorms, landslides, lightning and floods, caused more than1,300 incidents, affecting 49,200 people and resulting in at least 24 deaths.[1]

Summary Analysis of Programme Response

Health

Rohingya Response

UNICEF continued to support essential primary healthcare, maternal and newborn care, and routine immunization for Rohingya refugees and vulnerable host communities in Cox's Bazar and Bhasan Char. A total of 65,800 children aged 0-11 months received Pentavalent-3 vaccination through routine immunization, 157,100 children and women accessed quality primary healthcare services, and more than 4,200 live births were safely delivered in UNICEF-supported health facilities, supporting safe childbirth and improved maternal and newborn care.

UNICEF also strengthened newborn and specialized inpatient care through newborn stabilization units, Special Care Newborn Units and integrated nutrition stabilization services, providing life-saving treatment for sick and preterm newborns. During the reporting period, 325 sick newborns received life-saving care in Special Care Newborn Units (SCANUs) and 530 preterm, low-birthweight and sick newborns treatment in newborn stabilization units. Meanwhile, 2,139 newborns from host communities received specialized care through SCANUs.

In response to the measles outbreak, UNICEF supported emergency mass vaccination across the camps and host communities. In the Rohingya camps, the emergency Measles and Rubella vaccination campaign reached 67,000 children aged 6-59 months, with post-campaign monitoring confirming 96 per cent coverage. In the surrounding host communities, UNICEF supported district authorities to expand the Outbreak Response Immunization campaign to all upazilas in Cox’s Bazar district, vaccinating 458,600 children.

UNICEF also supported measles case management by establishing a 20-bed measles isolation and treatment ward at Cox's Bazar District Hospital, providing essential medicines, equipment and operational surge support. The ward

[1] Daily Incidents | Displacement Tracking Matrix

treated 1,946 suspected measles patients. UNICEF also supported the Health Sector to assess additional facilities for measles isolation and treatment centres in the camps.

At National Level

UNICEF supported the rollout of the Emergency Measles-Rubella Vaccination Campaign, reaching 18.5 million children, helping identify and vaccinate previously missed, unregistered and mobile children. Despite high campaign coverage, cases and deaths continued throughout the period, reflecting accumulated immunity gaps and the time required to interrupt widespread transmission. This reinforced the need to strengthen routine immunization and case management alongside outbreak response to reach persistently missed children and prevent future outbreaks.

In response to the measles outbreak, UNICEF procured and distributed 14,700 units of respiratory care, clinical and monitoring equipment across 18 hospitals, deployed a 25-member medical surge team to the Infectious Disease Hospital (IDH) in Dhaka, and trained frontline healthcare workers on infection prevention and control. UNICEF also supported the development of the National Guideline for the Management of Measles to strengthen the quality and consistency of case management.

To strengthen preparedness and response capacity for current and future outbreaks, UNICEF supported readiness assessments of 15 district and tertiary hospitals across seven divisions, identifying critical gaps in infection prevention, contact tracing and paediatric critical care. UNICEF also supported investments in paediatric intensive care equipment, including ICU beds and ventilators, and the expansion of a dedicated isolation unit at the Infectious Disease Hospital in Dhaka.

Ahead of the peak dengue season and as part of preparedness, UNICEF supported the Ministry of Health and Family Welfare and the Directorate General of Health Services (DGHS) to strengthen clinical management capacity through the training of 135 physicians on standard clinical management guidelines, with cascade trainings planned across all divisions. These investments strengthened Bangladesh's capacity to respond to the current measles outbreak while improving preparedness for future public health emergencies.

Nutrition

Rohingya Response

UNICEF and nutrition partners screened 169,700 children aged 0-59 months for wasting, while 6,800 children with SAM received life-saving treatment through outpatient therapeutic programmes and stabilization services. In addition, 87,300 caregivers received Infant and Young Child Feeding **(**IYCF) counselling on exclusive breastfeeding, complementary feeding and maternal nutrition.

Prevention nutrition services were sustained at scale, with 168,700 children received vitamin A supplementation, while iron and folic acid supplementation reached 9,300 pregnant and lactating women and more than 94,000 adolescent girls, helping prevent micronutrient deficiencies and anaemia.

In host communities, 10,400 children were screened for wasting, 441 children with SAM received treatment, and 30,000 caregivers received IYCF counselling. Community-based services, including growth monitoring, active case finding, timely referral and counselling, helped maintain access to essential nutrition services for vulnerable women and children despite resource constraints.

Effective January 2026, management of children with severe wasting and other medical complications transitioned from the Nutrition Sector to Primary Health Care centres under the Health Sector. UNICEF observed lower admission of complicated SAM cases, raising concern that children with medical complications may not be identified and referred for timely treatment. In response, UNICEF is working with the Health Sector to strengthen referral pathways and build the capacity of health workers through refresher trainings on treatment protocols.

At National Level

As part of the measles outbreak response, UNICEF supported the Ministry of Health and Family Welfare (MoHFW) and the Institute of Public Health Nutrition (IPHN) to deliver the 2026 National Vitamin A Plus Campaign, reaching 22.5 million children aged 6–59 months, including 29,100 children with disabilities. UNICEF supported the campaign through procurement of vitamin A supplies, technical assistance to IPHN and targeted operational support in high-priority districts, contributing to high nationwide coverage.

UNICEF also strengthened nutrition case management in measles-affected districts, distributing therapeutic nutrition supplies and training 99 frontline health workers in the management of severe acute malnutrition in high-burden facilities.

The Nutrition Cluster, in coordination with the Food Security Cluster, WFP and WHO, strengthened emergency preparedness by completing an Integrated Food Security Phase Classification Acute Malnutrition (IPC-AMN) analysis. The analysis projected that approximately 4 million children aged 6–59 months, across both the national population and the Rohingya refugee camps, could experience acute malnutrition during 2026, with six districts classified as Critical (IPC Phase 4) and 30 as Serious (IPC Phase 3) between September and December.

Based on these findings, UNICEF pre-positioned contingency nutrition supplies, including therapeutic milk, anthropometric equipment and small-quantity lipid-based nutrient supplements (SQ-LNS), to support rapid emergency responses in high-risk districts.

Child Protection and Gender-Based Violence

Rohingya Response

The protection environment in the camps remained of serious concern. During the reporting period, 1,439 incidents of grave child rights violations affecting 1,645 children were documented through the Child Rights Monitoring Mechanism (CCRM), including recruitment and use of children, abduction and sexual violence. UNICEF and partners continued verification and referral of affected children to appropriate protection services.

Against this backdrop, UNICEF supported 83,000 children and caregivers in the camps, 16,200 in host communities and 2,500 in Bhasan Char with mental health and psychological support services, strengthening emotional well-being, identifying protection concerns and facilitating referrals to specialized services by the Department of Social Services and NGO partners.

Child protection case management reached 5,300 children in the camps in Cox's Bazar, 1,100 in host communities and 187 in Bhasan Char, providing individualized support for children affected by violence, abuse, neglect and exploitation, while reinforcing family and community-based protective environments. Gender-based violence (GBV) risk mitigation, prevention and response services reached 17,100 children and women in the camps 5,000 in host communities and 428 in Bhasan Char, providing safe access to survivor-centred protection services and referrals.

Following the closure of one implementing partner's child protection programme in several camps, UNICEF rapidly reassigned case management services to existing partners, ensuring continuity of services through outreach and neighbouring Multi-Purpose Centres, while four climate-resilient multi-purpose centres were completed. UNICEF-led Child Protection Sub-Sector coordination enabled rapid gap-filling and prevented service interruptions across affected camps.

At National Level

At the national level, UNICEF supported 45,400 vulnerable children through child protection management. Community-based child protection systems were further strengthened through 685 Child Protection Community Hubs, which provided case identification, referrals, psychosocial support and awareness raising, linking vulnerable children and families with formal protection services.

More than 140,000 children (57 per cent girls) were reached with key child protection in emergencies (CPiE) messages to reduce protection risks, while over 93,000 parents and caregivers participated in awareness and preparedness activities.

Following the government transition, UNICEF supported the Ministry of Women and Children Affairs (MoWCA) to reconvene the CPiE Cluster, to strengthening emergency coordination and preparedness. Ahead of the monsoon season, more than 6,000 family and dignity kits were pre-positioned, while the Department of Social Services (DSS) established a roster of social workers to support emergency responses.

Education

Rohingya Response

UNICEF and its implementing partners reached 89 per cent of the annual HAC target for children accessing education, 69 per cent for adolescents accessing skills development programmes, and 47 per cent for volunteer teachers and facilitators trained in basic pedagogy.

During the reporting period, the Education sector, co-led by UNICEF and Save the Children International (SCI), reached 302,800 learners, including 154,450 girls, in the Rohingya community. This included 266,400 children enrolled in Myanmar Curriculum classes from kindergarten to Grade 12. UNICEF alone supported 229,850 learners (111,400 girls) in Cox's Bazar and Bhasan Char, including 93 per cent of all secondary-grade learners in the response.

For the first time since the Rohingya response began, 47 learners are expected to complete Grade 12 under the Myanmar Curriculum – marking the first cohort to complete upper secondary education in the Rohingya response. Despite these achievements, more than 150,000 Rohingya children aged 5-18 (approximately 34 per cent, based on UNHCR population data)[2] remain outside the Education Sector-supported learning opportunities. Limited resources currently constrain the ability of UNICEF and Education Sector partners to expand programming to reach these children. Some may be accessing alternative learning arrangements, including private centres and madrassahs, although comprehensive data on these enrolments are not available.

[2] UNHCR, 2026

The Rohingya Learning Assessment, a system-level evaluation of the effectiveness of the Myanmar Curriculum, neared finalization, with findings intended to guide education policy, planning and implementation to improve learning outcomes.

Assessments identified significant rehabilitation needs across 2,051 learning facilities. Of these, 654 were prioritized for repair or reconstruction - including 286 requiring full reconstruction, having collapsed or become structurally unsafe. To date, 200 learning centres with minor damage have been repaired by implementing partners, helping restore safer learning environments for children. A further 1,397 facilities remain without funding for repair, of which 300 require full reconstruction - a significant safety and continuity risk that heightens the likelihood of learning disruptions for children.

At National Level

Education services across Bangladesh continued with limited disruption despite the nationwide measles outbreak, with UNICEF and Education Cluster partners prioritizing preparedness, anticipatory action and targeted support for vulnerable children.

Through the UNICEF-supported "One Vaccine, One Life" campaign, delivered jointly with Volunteer for Bangladesh and youth-led organizations, 55,550 primary school learners and more than 653,600 parents, caregivers, teachers and young people were reached with measles prevention and vaccination messaging. UNICEF also supported orientations for more than 250 education officials to strengthen outreach through the government education system.

UNICEF supported the Directorate of Primary Education to strengthen disaster preparedness within the education system through the National Target Setting Plan for Disaster Management (2026–2030), including school emergency planning, teacher preparedness and climate resilience.

UNICEF and Education Cluster partners also developed school preparedness plans for heatwaves and dengue, supporting learning continuity during school disruptions. To strengthen emergency preparedness, 480 Education in Emergencies kits and 600 learning kits had been pre-positioned for rapid deployment during future emergencies. Leadership transitions within the Education Cluster temporarily affected coordination and preparedness. UNICEF supported continuity through structured onboarding of new government counterparts, regular coordination meetings and strengthened standard operating procedures.

WASH

Rohingya Response

UNICEF sustained essential WASH services for Rohingya refugees, with 341,300 people accessing safe water, 337,800 people using safe sanitation facilities, and 220,900 people reached with hygiene promotion activities, contributing to improved health, dignity and protection.

UNICEF maintained and expanded critical WASH infrastructure across the camps, providing safe water through 80 water networks, 1,900 tap stands and 3,400 handpump tubewells, while completing six new water distribution networks and 154 public tap stands during the reporting period. Sanitation services were sustained through 15,900 functional latrines, including 729 newly constructed, alongside fully operational sludge management and solid waste treatment systems, helping ensure safe, equitable and environmentally sustainable WASH services for Rohingya refugees. UNICEF also strengthened local operational capacity and promoted safeguarding, environmental compliance and protection from sexual exploitation and abuse (PSEA) across WASH programmes.

In host communities, 8,000 people gained access to safe water, 9,900 accessed improved sanitation services and 25,900 benefited from hygiene promotion activities, including menstrual hygiene management and hygiene awareness in schools and health facilities.

Despite funding constraints, UNICEF prioritized life-saving WASH services to maintain essential support for refugees and vulnerable host communities. Shared water systems serving both refugees and host communities continued to promote equitable access, reduce tensions and support more sustainable and government-aligned service delivery. However, sustaining these gains will require predictable, multi-year funding to maintain infrastructure and strengthen local capacity.

Through WASH Sector coordination, UNICEF and partners harmonized service delivery across refugee and host communities, reducing duplication and addressing priority gaps.

At National Level

At the national level, UNICEF and the Department of Public Health Engineering (DPHE) strengthened emergency preparedness and climate-resilient WASH systems ahead of the monsoon and cyclone seasons.

Under the WASH Anticipatory Action Framework (2025–2026), pre-financed through OCHA, UNICEF and DPHE pre-positioned critical emergency supplies across 20 districts and 47 sub-districts, including 104,000 jerrycans, 20,000 hygiene kits and 20 mobile water treatment plants to support up to 240,000 people. UNICEF strengthened

government-led emergency response capacity by training more than 1,090 frontline responders, improving local contingency planning and readiness for rapid deployment of emergency WASH services.

A 33 per cent funding gap limited the scale-up of anticipatory action, preparedness activities and support to local partners. UNICEF and DPHE responded by prioritizing the highest-risk districts and concentrating available resources on targeted pre-positioning and capacity strengthening. The experience underlines the importance of sustained and flexible preparedness financing to protect children and communities before disasters strike.

Through WASH Cluster coordination, partners aligned preparedness actions and harmonized technical approaches, reducing duplication and strengthening collective response capacity.

Community Listening, Engagement & Accountability

Rohingya Response

UNICEF reached 502,600 Rohingya refugees through social and behaviour change interventions, delivered via repeated community-based sessions and household-level discussions led by community volunteers. Follow-up monitoring showed caregivers increasingly sought timely health, nutrition, WASH, education and protection services, alongside improved household preparedness for monsoon and fire-related risks.

Accountability to Affected People (AAP) mechanisms reinforced community engagement efforts. Fourteen Information and Feedback Centres, utilizing the digital Community Feedback and Response Mechanism (CFRM), received and processed 54,400 complaints, feedback messages and queries, including 29,600 from women and 2,100 from persons with disabilities, with approximately 80 per cent resolved. Community feedback primarily focused on WASH, health, nutrition and child protection services, helping UNICEF and partners identify priority concerns, improve service delivery and strengthen accountability to affected communities.

High demand for community engagement and feedback services, combined with the complexity of resolving multi-sector complaints, feedback and concerns, continues to place pressure on response timeliness and case resolution. To address this, UNICEF is strengthening coordination with sector partners and building the capacity of volunteers and Information and Feedback Centre staff to improve the quality and timeliness of responses.

At National Level

As of June 2026, UNICEF reached 759,900 people with life-saving childcare and risk communication messages through social and behaviour change (SBC) and community engagement interventions. Feedback mechanisms also engaged 7,100 people during the dengue response and 3,100 during flood preparedness ahead of the monsoon season.

As part of the measles outbreak response, UNICEF and government partners delivered a nationwide multimedia campaign through mass media, digital platforms and community networks to drive demand for vaccination and Vitamin A supplementation. Beyond promoting uptake, community engagement helped families recognize measles symptoms and reach referral and vaccination sites. With UNICEF support, the Islamic Foundation mobilized religious leaders across 275,000 mosques during the measles campaign, reaching an estimated 10 million people with key vaccination messages. Community and social listening informed risk communication on measles, dengue, heatwaves, Nipah virus and lightning, helping address misinformation and promote preventive behaviours.

UNICEF trained 95 government officials on AAP and community engagement, completed a national mapping of government social accountability mechanisms, and co-led the national AAP Working Group, enhancing coordinated community feedback and consistent risk communication across emergency responses. Variation in partners' application of community engagement quality standards remains a challenge. UNICEF is addressing this through targeted capacity-building and the roll-out of common quality standards.

Humanitarian Cash Transfer (HCT)

UNICEF advanced anticipatory action readiness for cash transfers in cyclone-prone areas, verifying household data, building national partners' capacity, and enrolling households with the mobile financial service provider bKash to enable rapid disbursement once a trigger is activated. To date, 20,439 high-risk households (approximately 89,900 people) have been verified across cyclone-prone districts to receive multi-purpose cash transfers in the event of a cyclone emergency. This includes 1,940 high-risk households (approximately 8,340 people) across five cyclone-prone districts, prioritizing pregnant and lactating women, and women-headed households as part of Bangladesh Anticipatory Action Framework.

Prevention of Sexual Exploitation and Abuse and Child Safeguarding

UNICEF strengthened safeguarding across the humanitarian response, equipping frontline staff to prevent and respond to sexual exploitation and abuse. During the reporting period, 342 implementing partner staff were trained on PSEA and child safeguarding, and 37 staff from newly selected partners received orientation on UNICEF's safeguarding standards.

As co-chair of the national PSEA Network, UNICEF led the development of its first engagement strategy building on the 2025 risk assessment. UNICEF also strengthened national capacity for survivor-centred response by supporting specialist investigator training and capacity building for civil society organizations. The digital Complaint, Feedback and Response Mechanism remained operational, providing an accessible and confidential channel for reporting, referral and survivor support.

Humanitarian Leadership, Coordination and Strategy

The Government of Bangladesh continues to lead the humanitarian response, with the National Task Force serving as the highest policymaking body and the Office of the Refugee Relief and Repatriation Commissioner (RRRC) coordinating government entities and camp administration in Cox's Bazar and Bhasan Char. Following the 2025 Humanitarian Reset, a leaner and more efficient coordination architecture has been implemented at both national and Cox's Bazar levels, with a stronger emphasis on localization and government leadership. UNICEF is supporting this transition by strengthening government co-leadership of sectors and clusters, reinforcing national coordination capacity and the long-term sustainability of the response.

In Cox's Bazar and Bhasan Char, UNICEF co-leads the Nutrition, WASH and Child Protection sectors with the relevant government departments and co-leads the Education Sector with Save the Children. Through these co-leadership arrangements, UNICEF aims to support government leadership and promote the sustainability of the humanitarian response. At the national level, UNICEF continues to co-lead the Nutrition, Education and WASH clusters and the Child Protection sub-cluster with their respective line ministries and co-leads the Accountability to Affected People (AAP) Working Group with BBC Media Action under the Inter-Cluster Coordination Group.

Human Interest Stories and External Media

UNICEF produced communication and advocacy content, including press releases, human interest stories and social media materials, to raise awareness of humanitarian needs and mobilize support for Rohingya refugees and vulnerable Bangladeshi children and communities. Between January and June 2026, this content reached over 89.8 million people, including 74.4 million through measles-related posts and 15 million through content on the Rohingya response, across UNICEF Bangladesh's social media channels, which have more than 12 million followers.

Stories:

- A young mother’s dreams for her child’s future | UNICEF Bangladesh
- It takes a village: Parenting at the Rohingya refugee camps | UNICEF Bangladesh
- Frequently asked questions about measles in Bangladesh | UNICEF Bangladesh
- “I feel so guilty for not vaccinating my child when I had the chance” | UNICEF Bangladesh
- Small Hands, Big Change | UNICEF Bangladesh
- An early dose of protection from measles | UNICEF Bangladesh
- The Children We Can Still Protect | UNICEF Bangladesh
- “Our work, our community, our well-being.” | UNICEF Bangladesh

Press releases and statements:

- Statement by UNICEF on the landslides in the Rohingya refugee camps in Cox’s Bazar
- Australia strengthens UNICEF support for Rohingya children and host communities with USD 11.4 million multi-year contribution
- Brutality against children must stop | Statement Attributable to Rana Flowers
- First-ever certification for volunteer teachers strengthens quality education in the Rohingya Refugee Camps
- Protecting Every Child: Nationwide Measles-Rubella Vaccination Campaign in Bangladesh
- Bangladesh launches emergency measles-rubella campaign with UNICEF, WHO and Gavi to protect over 1.2 million children in 30 upazilas
- The Government of Japan and UNICEF partner to support 36,000 Rohingya children’s health, learning and survival through $1.4 million assistance

For further information on the UNICEF and inter-agency humanitarian response and funding requirements for the Rohingya refugee response, cyclones and floods, please refer to the following documents:

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

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Annex A: Summary of Programme Results

Sector / Indicator	UNICEF Response in 2026				Cluster/Sector Response[3]		
	Disaggregation	Target	Total results	Change since last report[4] ▲▼	Target	Total results	Change since last report ▲▼
Nutrition							
# of children 0-59 months screened for wasting	Girls	162,408	88,941	-	92,708	83,734	-
	Boys	164,722	91,100	-	96,492	85,931	-
	Person with Disability (PwD)[5]	4,035	921	-	2,838	921	-
# of children 6-59 months with severe wasting admitted for treatment	Girls	9,258	3,564	-	7,203	3,264	-
	Boys	9,544	3,636	-	7,497	3,363	-
	PwD	257	221	-	219	220	-
# of primary caregivers of children 0-23 months receiving infant and young child feeding (IYCF) counselling	Women	250,100	117,324	-	154,800	93,573	-
	PwD	2,953	68	-	1,506	68	-
Health							
# of children aged 0 to 11 months who have received the pentavalent 3 vaccine	Girls	75,561	32,334	-			
	Boys	78,501	33,458	-			
	CwD	3,084	-	-			
# of children and women accessing primary healthcare in UNICEF-supported facilities	Girls	176,801	50,929	-			
	Boys	186,095	48,407	-			
	Women	93,400	57,774	-			
	PwD	7,629	-	-			
# of live births delivered in health facilities in UNICEF-supported areas	Girls	12,543	2,049	-			
	Boys	12,775	2,129	-			
	PwD	378	-	-			
# of children and adults who were treated for dengue in UNICEF-supported health facilities	Girls	4,773	429	-			
	Boys	4,680	452	-			
	Men	-	-	-			
	Women	7,578	-	-			
	PwD	233	-	-			
WASH							
# of people accessing a sufficient quantity and quality of water for drinking and domestic needs	Girls	161,636	88,720	-	328,669	286,820	-
	Boys	165,628	87,783	-	337,142	294,589	-
	Men	185,863	80,098	-	339,140	295,077	-
	Women	198,071	92,731	-	291,766	253,068	-
	PwD	13,322	2,552	-	-	-	-
# of people accessing appropriate sanitation services	Girls	160,453	89,436	-	328,669	269,475	-
	Boys	166,672	92,077	-	337,142	276,310	-
	Men	156,570	78,279	-	339,140	278,323	-
	Women	173,461	87,984	-	291,766	239,680	-
	PwD	9,092	2,239	-	-	-	-
# of people reached with critical WASH supplies	Girls	200,449	157,813	-	311,336	-	-
	Boys	207,558	164,667	-	320,847	-	-
	Men	202,090	138,314	-	317,771	-	-
	Women	222,434	156,836	-	270,255	-	-
	PwD	12,285	47,421	-	-	-	-
# of people reached with handwashing behaviour-change programmes	Girls	103,108	54,851	-	311,336	-	-
	Boys	108,236	52,341	-	320,847	-	-
	Men	94,725	65,632	-	317,771	-	-
	Women	105,129	73,930	-	270,255	-	-
	PwD	4,922	1,501	-	-	-	-
Child Protection & GVB							
# of children, adolescents, and caregivers accessing community-based mental health and psychosocial support	Girls	160,899	36,197	-	50,610	7,582	-
	Boys	159,755	36,186	-	50,610	7,165	-
	Men	173,698	35,563	-	55,259	8,043	-
	Women	182,135	39,156	-	55,260	8,628	-
	PwD	9,659	1,441	-	3,024	2,403	-
# of women, girls, and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Girls	101,946	85,548	-			
	Boys	32,902	63,710	-			

[3] Cluster/Sector response covers Cox's Bazar and Bhasan Char sector-level targets and results only. Sometimes UNICEF's achievement is higher compared to the cluster/sector achievements because UNICEF covers all Upazilas of Cox's Bazar, while the cluster/sector has targeted only two upazilas.
[4] This is the first reports of the year 2026, hence no Change since last report

Sector / Indicator	UNICEF Response in 2026				Cluster/Sector Response[3]		
	Disaggregation	Target	Total results	Change since last report[4] ▲▼	Target	Total results	Change since last report ▲▼
	Women	171,761	106,604	-			
	PwD	4,137	1,873	-			
# children who have received individual case management	Girls	9,694	3,131	-			
	Boys	9,804	3,429	-			
	PwD	241	628	-			
Education							
Number of children accessing formal or non-formal education, including early learning	Girls	131,438	111,424	-	247,942	157,292	-
	Boys	136,400	118,425	-	252,782	150,631	-
	CwD	2,649	2,845	-	-	3,774	-
Number of children receiving individual learning materials	Girls	50,319	-	-			
	Boys	48,346	-	-			
	CwD	691	-	-			
Number of children and adolescents accessing skills development programmes	Girls	3,220	2,593	-			
	Boys	3,220	2,255	-			
	Men	200	-	-			
	Women	400	-	-			
	CwD	81	42	-			
Number of teachers and facilitators trained in basic pedagogy and/or mental health and psychosocial support	Men	320	24	-			
	Women	104	177	-			
	CwD	4	-	-			
Cross Sectoral (HCT, SBC, RCCE AND AAP)							
Number of households reached with UNICEF-funded humanitarian cash transfers across sectors	Households	10,000	-	-			
Number of people sharing their concerns and asking questions through established feedback mechanisms	Girls	4,732	3,377	-			
	Boys	5,018	2,757	-			
	Men	74,250	23,343	-			
	Women	81,000	28,073	-			
	PwD	1,920	2,181	-			
PSEA							
Number of people with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Girls	211,835	-	-			
	Boys	218,431	-	-			
	Men	229,027	-	-			
	Women	248,433	-	-			
	PwD	15,287	-	-			

Summary of Programme Results for the Rohingya Response

Sector		UNICEF Response					Cluster/Sector Response				
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 0-59 months screened for wasting	Girls	92,899	5,151	83,734	5,207	-	92,708	-	83,734	-	-
	Boys	96,691	4,949	85,931	5,169	-	96,492	-	85,931	-	-
	CwD	2,838	88	921	-	-	2,838	-	921	-	-
Children aged 6 to 59 months with severe acute malnutrition admitted for treatment	Girls	7,296	456	3,320	244	-	7,105	98	3,239	25	-
	Boys	7,594	474	3,439	197	-	7,395	102	3,344	19	-
	CwD	223	8	221	-	-	218	2	220	-	-
Primary caregivers of children aged 0 to 23 months receiving infant and young child feeding (IYCF) counselling	Women	122,500	73,600	87,323	30,001	-	122,500	32,300	87,323	6,250	-
	PwD	1,225	1,259	68	-	-	1,225	281	68	-	-
Health											
Children aged 0 to 11 months who have received pentavalent 3 vaccine	Girls	17,877	44,300	8,899	23,435	-					
	Boys	18,941	45,944	9,243	24,215	-					
	CwD	322	2,527	-	-	-					
Children and women accessing primary health care in UNICEF-supported facilities	Girls	52,776	60,853	18,337	32,592	-					
	Boys	56,275	64,278	18,979	29,428	-					
	Women	50,636	12,524	39,054	18,720	-					
	PwD	1,597	3,854	-	-	-					
	Girls	1,753	3,989	809	1,240	-					

Live births delivered in health facilities in UNICEF-supported areas	Boys	1,915	3,925	864	1,265	-					
	PwD	37	222	-	-	-					
Children and adults who were treated for dengue in UNICEF supported health facilities	Girls	-	-	-	-	-					
	Boys	-	-	-	-	-					
	CwD	-	-	-	-	-					
WASH											
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Girls	93,820	9,288	86,574	2,146	-	311,336	17,333	275,844	10,976	-
	Boys	97,558	10,678	85,550	2,233	-	320,847	16,295	284,270	10,319	-
	Women	92,619	12,510	90,834	1,897	-	270,255	21,511	239,446	13,622	-
	Men	82,201	12,524	78,351	1,747	-	317,771	21,369	281,545	13,532	-
	PwD	3,662	1,260	2,469	83	-	-	-	-	-	-
People accessing appropriate sanitation services	Girls	132,800	6,192	86,274	3,162	-	311,336	17,333	254,024	15,451	-
	Boys	138,511	7,118	89,437	2,640	-	320,847	16,295	261,784	14,526	-
	Women	131,043	8,340	85,876	2,108	-	270,255	21,511	220,505	19,175	-
	Men	114,802	8,350	76,255	2,024	-	317,771	21,369	259,274	19,049	-
	PwD	5,172	840	2,140	99	-	-	-	-	-	-
People reached with critical WASH supplies	Girls	157,189	6,192	157,813	-	-	311,336	-	-	-	-
	Boys	164,092	7,118	164,667	-	-	320,847	-	-	-	-
	Women	155,231	8,340	156,836	-	-	270,255	-	-	-	-
	Men	136,019	8,350	138,314	-	-	317,771	-	-	-	-
	PwD	6,125	840	47,421	-	-	-	-	-	-	-
People reached with handwashing behaviour-change programmes	Girls	93,820	9,288	44,848	10,003	-	311,336	-	-	-	-
	Boys	97,558	10,678	45,390	6,951	-	320,847	-	-	-	-
	Women	92,619	12,510	67,608	6,322	-	270,255	-	-	-	-
	Men	82,201	12,524	63,040	2,592	-	317,771	-	-	-	-
	PwD	3,662	1,260	1,429	72	-	-	-	-	-	-
Child Protection & GBV											
Children and parents/caregivers accessing mental health and psychosocial support	Girls	53,506	21,410	21,908	5,396	-	39,511	11,099	5,555	2,027	-
	Boys	54,446	20,995	22,582	4,943	-	39,512	11,098	4,895	2,270	-
	Women	31,560	14,035	19,746	3,373	-	41,162	14,098	8,113	515	-
	Men	26,045	13,763	21,288	2,510	-	41,162	14,097	7,727	316	-
	PwD	1,656	1,966	614	93	-	1,613	1,411	2,367	36	-
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Girls	9,323	2,997	4,432	1,225	-					
	Boys	9,149	-	2,722	814	-					
	Women	25,507	3,930	10,405	3,005	-					
	PwD	440	194	156	15	-					
Children who have received individual case management	Girls	8,409	1,285	2,565	566	-	22,126	6,215	2,019	23	-
	Boys	8,545	1,259	2,936	493	-	22,127	6,216	2,106	12	-
	Women	-	-	-	-	-	-	-	-	-	-
	Men	-	-	-	-	-	-	-	-	-	-
	PwD	170	71	588	40	-	443	348	427	4	-
Education											
Children accessing formal or non-formal education, including early learning	Girls	126,406	-	111,424	-	-	219,923	28,019	154,452	2,840	-
	Boys	131,565	-	118,425	-	-	226,582	26,200	148,350	2,281	-
	Women	-	-	-	-	-	-	-	-	-	-
	Men	-	-	-	-	-	-	-	-	-	-
	CwD	2,580	-	2,845	-	-	10,538	1,280	3,671	103	-
Children receiving individual learning materials	Girls	-	-	-	-	-	160,609	4,898	77,063	-	-
	Boys	-	-	-	-	-	157,051	4,598	77,962	-	-
	Women	-	-	-	-	-	-	-	-	-	-
	Men	-	-	-	-	-	-	-	-	-	-
	CwD	-	-	-	-	-	7,497	224	507	-	-
Children and adolescents accessing skills development programmes	Girls	3,220	-	2,593	-	-	6,513	1,385	6,129	815	-
	Boys	3,220	-	2,255	-	-	6,364	1,355	3,981	535	-
	Women	-	400	-	-	-	-	-	-	-	-
	Men	-	200	-	-	-	-	-	-	-	-
	CwD	64	17	42	-	-	129	27	78	23	-
Teachers and facilitators trained in basic pedagogy and/or mental health and psychosocial support	Women	104	-	177	-	-	864	864	314	-	-
	Men	320	-	24	-	-	884	884	169	-	-
	PwD	4	-	-	-	-	-	-	-	-	-
SBC and AAP											
Households reached with UNICEF-funded humanitarian cash transfers across sectors	Households	-	-	-	-	-					
People sharing their concerns and asking questions through established feedback mechanisms	Girls	3,000	-	3,095	-	-					
	Boys	3,000	-	2,533	-	-					
	Women	75,000	-	26,528	-	-					
	Men	69,000	-	22,277	-	-					

	PwD	1,500	-	2,122	-	-					
PSEA											
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Girls	144,019	9,288	-	-	-					
	Boys	150,361	10,678	-	-	-					
	Women	142,981	12,510	-	-	-					
	Men	125,365	12,524	-	-	-					
	PwD	5,627	1,260	-	-	-					

[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
***There is no HAC budget for screening activities in Bhasan Char. UNICEF only supports SAM treatment supplies; therefore, no separate screening target or budget is included. The SAM treatment target is reflected under screening for consistency, but the screening indicator should be excluded for Bhasan Char.

Annex B

Funding Status*[6][7][8]

Appeal Sector	Funding Requirements (HAC 2026)	Funds available*			Funding gap	
		Funds Received Current Year (2026)	Resources available from 2025 (Carry-Over)	Total funds available	$	%
Nutrition	11,159,674	1,447,844	11,802,971	13,250,815	-	0%
Health	11,897,834	8,866	14,928,030	14,936,895	-	0%
Water, sanitation and hygiene	33,571,953	8,596,408	14,025,662	22,622,070	10,949,883	33%
Child protection, GBViE and PSEA	15,943,129	6,433,788	2,419,787	8,853,575	7,089,554	44%
Education	29,777,021	13,591,056	11,192,344	24,783,400	4,993,621	17%
Cross-sectoral (HCT, SBC and AAP)	4,470,744	0	1,396,562	1,396,563	3,074,181	69%
Emergency preparedness	1,200,307	1,391,920	4,223,253	5,615,173	-	0%
Total	**108,020,662**	**31,469,882**	**59,988,609**	**91,458,491**	**26,107,239**	**24%**

*As defined in the Bangladesh Humanitarian Action for Children Appeal for 2026, including the Recovery cost and carryover from 2025

[6] 2026 Allocations are exclusively for the year 2026 and exclude all subsequent years' allocations in case of multi-year grants.
[7] All 2027 allocations have been excluded where respective grants are under process for NCE and the revised expiry dates are in 2027.
[8] Grant SH250011 has both Humanitarian and Development components where **$14 million** will be implemented in Cox's Bazar for Rohingya Refugee purpose and **$6 million** will be implemented in other divisions of Bangladesh for Development purpose. 2026 National allocation of **$3.14M** for Child Protection section has been excluded from 2026 HAC available resources.