

The July 2026 floods disrupted essential services in Chandanaish, Chattogram. ©UNICEF/2026/Himu

unicef
for every child

Humanitarian Situation Report No. 76

Reporting Period
1 January to 30 September 2026

Bangladesh

HIGHLIGHTS

- UNICEF continued delivering life-saving assistance amid multiple emergencies, including the protracted Rohingya crisis affecting 1.2 million refugees, a nationwide measles outbreak and severe floods and landslides.
- UNICEF supported the Government's response to the nationwide measles outbreak, including the Measles-Rubella Catch-up Campaign, targeting 3.4 million children to close immunity gaps and reduce transmission.
- July floods and landslides claimed 59 lives and affected 1.28 million people, including 519,000 children. UNICEF reached over 126,000 people with emergency WASH assistance and 78,500 children, adolescents and caregivers with mental health and psychosocial support.
- In Cox's Bazar and Bhasan Char, UNICEF sustained essential services for Rohingya children, reaching 342,400 people with safe water, 232,300 children with education and 120,800 children and women with primary healthcare.
- Overall, UNICEF reached 613,100 people, including 323,000 children, with multisectoral, integrated life-saving assistance, representing 48 per cent of the annual HAC target.
- UNICEF's US$108 million humanitarian appeal remained 22 per cent underfunded, with a US$23.9 million gap threatening the continuity of essential services.

SITUATION IN NUMBERS

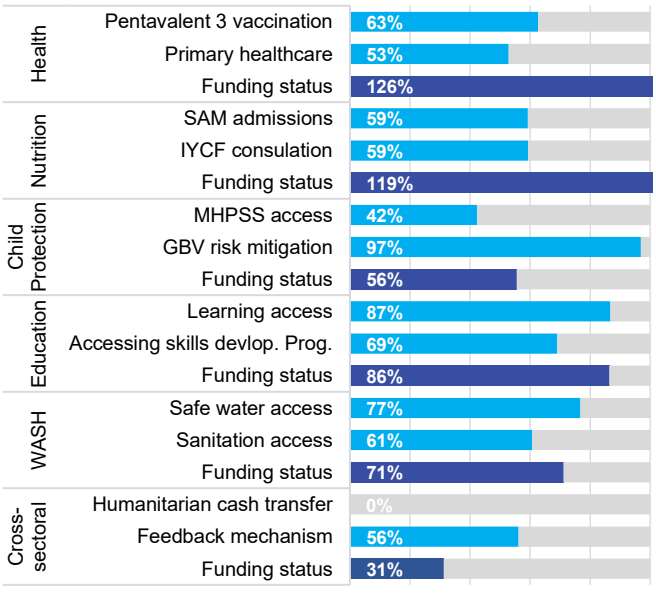
1,900,000
Children in need of humanitarian assistance[1]

4,400,000
People in need of humanitarian assistance[1]

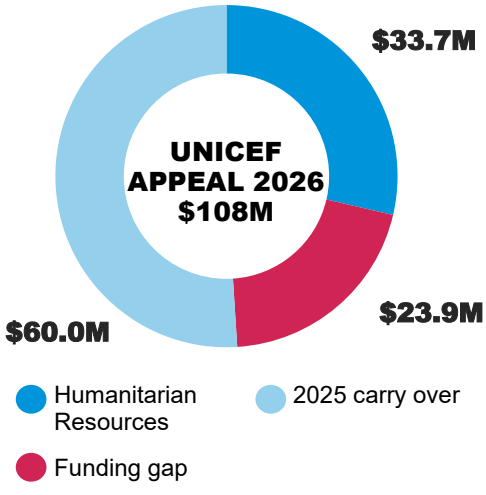
624,000
Rohingya children require assistance[2]

1,200,000
Total Rohingya population require assistance[2]

UNICEF'S RESPONSE AND FUNDING STATUS



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

Sources: 1 UNICEF HAC 2026; 2 UNHCR, September 2026

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, prioritizing critical services, improving cost-efficiency and strengthening national and local response capacities amid growing resource constraints.

UNICEF sincerely thanks its partners for their valuable and timely contributions, including the governments of Australia, Germany, Japan, New Zealand, Norway, the Republic of Korea, Sweden, Switzerland, Thailand, the United Kingdom and the United States of America; UNICEF National Committees in Canada, Germany, the Netherlands, Switzerland and Liechtenstein, the United Kingdom and the United States; the UNICEF Gulf Area Office; and the European Commission/ECHO, Gavi, the Vaccine Alliance, the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), the World Bank, various other UNICEF National Committees and local donors, in support of the most vulnerable children in Bangladesh.

The HAC appeal remained 22 per cent underfunded, with a gap of US$23.9 million. The largest gaps are in WASH (US$9.7 million, 29 per cent of requirements), child protection (US$7.1 million, 44 per cent), and education (US$4.1 million, 14 per cent). Despite ongoing prioritization and efficiency measures, funding gaps threaten the continuity of essential services, particularly WASH, education and child protection. The rehabilitation and maintenance of critical facilities, including water networks, sanitation infrastructure and learning centres, remain essential to sustain these services and protect children from further risks.

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

Between January and September 2026, a nationwide measles outbreak, seasonal dengue, severe floods and landslides in July, and the protracted Rohingya crisis placed additional pressure on essential services and heightened health, education and protection risks for vulnerable children and families. These overlapping emergencies placed additional pressure on essential services and heightened risks for children already facing poverty, displacement and limited access to healthcare, education and protection.

The measles outbreak recorded over 192,800 suspected and 21,600 confirmed cases, including 1,009 suspected and 101 confirmed deaths. Weekly cases have declined, but targeted vaccination and case management remain essential. Dengue transmission remained seasonal, with 79,600 cases and 245 deaths, mostly in Dhaka, Khulna, Chattogram and Barishal.[1]

In July, record rainfall triggered floods and landslides that killed 59 people, affected 1.28 million people in seven districts, including 519,000 children, and damaged 74,500 houses[2]. Striking communities already affected by disease outbreaks and limited services, the floods disrupted essential services, raising children's risks of disease, learning loss, family separation and psychosocial distress, particularly in the Rohingya camps and the Chittagong Hill Tracts.

Approximately 1.2 million Rohingya refugees continue to live in densely populated camps in Cox's Bazar and Bhasan Char, where insecurity, funding shortfalls and climate hazards heighten risks. With conditions for safe, voluntary and dignified return not yet in place, children and families remain dependent on sustained humanitarian assistance, while longer-term solutions remain urgently needed. Since January, the Child Rights Monitoring Mechanism documented 2,233 grave violations affecting 2,616 children, including recruitment and use, abduction and sexual violence. Fires, windstorms, landslides, lightning, floods and drowning caused over 3,600 incidents, affecting 181,700 people and at least 60 deaths,[3] and damaging 335 learning centers, 11 health facilities and more than 1,000 latrines, disrupting access to essential education, health, water and sanitation services.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health

Rohingya Response

UNICEF sustained essential primary healthcare, maternal and newborn care, and routine immunization for Rohingya refugees and host communities in Cox's Bazar and Bhasan Char, helping maintain access to life-saving services despite continued pressure on health facilities and resources. A total of 96,500 children aged 0-11 months received Pentavalent-3 vaccination, 241,000 children and women accessed primary healthcare, and 6,700 live births were delivered in UNICEF-supported health facilities. Newborn and specialized inpatient care was strengthened: 3,200 sick newborns were treated in special care newborn units, and 963 preterm and low-birthweight newborns in newborn stabilization units.

In response to the measles outbreak, UNICEF supported emergency mass vaccination. The Measles and Rubella (MR) campaign in the Rohingya camps in Cox's Bazar and Bhasan Char reached 171,100 children aged 6-59 months, and the Outbreak Response Immunization campaign, expanded to all upazilas of Cox's Bazar district, vaccinated 458,600 children in host communities. UNICEF also supported WHO and the Health Sector in extending MR vaccination to children aged 5-15 years in the camps. A 20-bed measles isolation and treatment ward at Cox's Bazar District Hospital, supported by UNICEF with medicines, equipment and surge staff, treated 2,900 suspected measles patients. Two preventive bivalent oral polio vaccine rounds in the camps reached 198,400 children under five in July-August and 204,500 children in September.

At National Level

Despite declining trends, measles transmission continued across Bangladesh, with over 192,800 suspected cases as of 30 September, requiring sustained vaccination, surveillance and case management. The measles outbreak remains an active emergency, with over 192,800 suspected cases. UNICEF continues to support the Government's response on both prevention and treatment. UNICEF supported the Government's MR Catch-up Campaign, launched on 26 September to vaccinate 3.4 million children, including 2.4 million who missed vaccination and 1 million newly eligible children aged six months and above. UNICEF pre-financed and procured 4.3 million vaccine doses, and provided technical support for planning, capacity building, social and behaviour change, cold chain, monitoring. By 30 September, the campaign had vaccinated 330,400 children, contributing to a cumulative 20.2 million children vaccinated through the national measles response. Continued surveillance, targeted vaccination and strengthened case management remain important to consolidate progress and reduce the risk of further transmission.

[1] DGHS, as of 30 September 2026
[2] Joint Needs Assessment, NAWG, 29 July 2026
[3] Daily Incidents | Displacement Tracking Matrix

To strengthen measles case management, UNICEF provided 14,700 units of essential medical supplies to 18 high-burden hospitals, deployed 25 surge health personnel to the Infectious Diseases Hospital (IDH) in Dhaka, trained more than 500 healthcare providers (including on oxygen therapy), assessed 15 hospitals across all divisions, mobilized 90 bubble continuous positive airway pressure units for severe cases and supported the National Guideline for the Management of Measles. To strengthen preparedness and response, UNICEF is procuring 229 units of paediatric intensive care equipment for four hospitals and expanding the IDH isolation unit; subject to additional resources, clinical capacity-building will be extended to more high-burden facilities.

UNICEF also supported divisional Training of Trainers on the clinical management of dengue and finalized dengue prevention and care-seeking messages. By the end of September, 54,800 people, including 11,000 children, had been treated for dengue in UNICEF-supported health facilities.

Nutrition

Rohingya Response

UNICEF and partners sustained life-saving and preventive nutrition services for Rohingya children and women. In the camps, 177,100 children aged 0-59 months were screened for wasting, 10,400 children with severe acute malnutrition (SAM) were treated through outpatient therapeutic programmes and stabilization services and 105,200 caregivers received Infant and Young Child Feeding (IYCF) counselling. Prevention was sustained at scale: 168,700 children received vitamin A supplementation, and iron and folic acid supplementation reached 21,600 pregnant and lactating women and 106,800 adolescent girls, helping prevent micronutrient deficiencies and anaemia.

In host communities, 15,400 children were screened for wasting, 729 children with SAM were treated, and 43,300 caregivers received IYCF counselling. Growth monitoring, active case finding, referral and counselling maintained access to essential services for vulnerable women and children despite resource constraints.

Following the transition of services to primary healthcare centres, UNICEF has observed declining admissions of children with complicated severe acute malnutrition, raising concerns about potential gaps in early identification, referral and access to life-saving treatment. UNICEF is working with the Health Sector to strengthen referral pathways and health workers' capacity to identify and manage complicated SAM cases, helping ensure timely access to appropriate treatment.

At National Level

As part of the measles outbreak response, UNICEF supported the Ministry of Health and Family Welfare and the Institute of Public Health Nutrition to deliver the 2026 National Vitamin A Plus Campaign, reaching 22.5 million children aged 6-59 months. To strengthen SAM management in high-burden districts, UNICEF trained 99 frontline health workers and distributed therapeutic milk to 342 health facilities, supporting treatment for approximately 9,000 children with SAM.

During the March-August lean season, 3,300 children aged 6-23 months in four vulnerable upazilas of Bandarban District received small-quantity lipid-based nutrient supplements (SQ-LNS) through Para Centres, improving access to preventive nutrition support in the Chittagong Hill Tracks (CHT).

For preparedness, the Integrated Food Security Phase Classification Acute Malnutrition (IPC-AMN) analysis projected that approximately 4 million children aged 6-59 months, could experience acute malnutrition in 2026, with six districts classified as Critical (IPC Phase 4) and 30 as Serious (IPC Phase 3) between September and December.

The Nutrition Cluster held four coordination meetings covering the cluster workplan, Cluster Coordination Performance Monitoring (CCPM), emergency preparedness, measles outbreak and flash flood response, and established a technical working group on community-based management of acute malnutrition. IPC-AMN, SAM facility and flash flood assessment findings were shared with partners to guide planning and response in high-risk areas.

Child protection

Rohingya Response

The protection environment in the camps remained of serious concern. The Child Rights Monitoring Mechanism has documented 2,233 grave violations affecting 2,616 children since January, including recruitment and use, abduction and sexual violence. Continued insecurity and displacement underscore the need for sustained community-based protection, specialized case management and referral services. Against the backdrop of continued conflict in Myanmar and the absence of conditions for safe return, sustained child protection services remain critical to addressing risks of violence, exploitation, recruitment and family separation.

UNICEF supported 173,300 children and caregivers in the camps, 28,100 in host communities and 6,400 in Bhasan Char with mental health and psychosocial support (MHPSS), strengthening emotional well-being, identifying protection concerns and facilitating referrals to specialized services provided by the Department of Social Services and NGO partners. Case management reached 8,400 children in the camps in Cox's Bazar, 1,800 in host communities and 358 in Bhasan Char, providing individualized support to children affected by violence, abuse, neglect and exploitation. Gender-based violence (GBV) risk mitigation, prevention and response services reached 33,300 children and women in the camps, 7,600 in host communities and 918 in Bhasan Char, providing safe access to survivor-centred services and referrals.

During the monsoon, community-based child protection committees, working with local authorities and service providers, strengthened community preparedness and enabled rapid response through psychosocial first aid, identification and referral of vulnerable children. Four climate-resilient multi-purpose centres provided safe temporary shelter and continuity of protection services for children and families affected by floods and landslides. Child Protection Sector coordination enabled timely information sharing and the identification and reunification of unaccompanied and separated children through focal points across the camps.

At National Level

In partnership with the Department of Social Services (DSS), UNICEF provided MHPSS to 78,500 children, adolescents and caregivers affected by the July floods. With DSS and the Ministry of Women and Children Affairs (MoWCA), UNICEF supported GBV risk mitigation, prevention and response interventions reaching 255,100 women, girls and boys. Community-based child protection systems were further strengthened through 964 Child Protection Community Hubs.

To meet immediate needs in response to floods and disasters, UNICEF provided affected families with 675 emergency family kits and 675 dignity kits including basic household items, clothing and hygiene materials. UNICEF continued to support government-led Child Protection in Emergencies (CPiE) coordination at national and sub-national levels, working through the Humanitarian Coordination Task Team to strengthen inter-cluster collaboration, and enhanced coordination between CPiE Working Groups and District Disaster Management Committees to integrate child protection priorities into local contingency plans.

Education



Rohingya refugee workers repair UNICEF-supported learning facilities damaged by the July 2026 floods in Camp 18, in Ukhiya, Cox's Bazar. ©UNICEFBD/2026/Mumit

Rohingya Response

UNICEF and its implementing partners reached 232,300 children with formal and non-formal education, 4,900 adolescents with skills development programmes, and trained 201 volunteer teachers and facilitators in pedagogy and subject knowledge.

UNICEF supported 226,500 Rohingya children (110,300 girls) enrolled in the Myanmar Curriculum from kindergarten to Grade 12 in Cox's Bazar and Bhasan Char, including 92 per cent of all secondary-grade learners. Across the wider education response, 302,900 children (154,500 girls) accessed learning opportunities, including 3,700 children with disabilities, and 277,200 of them were enrolled in the Myanmar Curriculum.

Since the start of the Rohingya response in 2017, 45 learners completed Grade 12 under the Myanmar Curriculum, the first cohort to complete secondary education. Three-quarters of them (34) are now working or volunteering (24), in further education (7) or in skills training (3).

Despite these results, more than 150,000 Rohingya children aged 5-17 (approximately 33 per cent)[4], remain outside the Sector-supported learning, highlighting persistent barriers to education and the constraints on expanding learning opportunities. Some may attend private centres and madrassahs, although comprehensive data on these enrolments are not available. Looking ahead to 2027, significant funding uncertainties threaten the continuity of education for children already enrolled, alongside efforts to reach those currently out of learning.

The Rohingya learning assessment of the Myanmar Curriculum across 31 camps and Bhasan Char identified the enablers and bottlenecks affecting learning outcomes; key findings are published on the Education Sector webpage.

Assessments identified 2,051 Rohingya learning facilities requiring repair or reconstruction, posing significant risks to children's safety and learning continuity. Following approval by the Refugee Relief and Repatriation Commissioner (RRRC), 828 facilities were prioritized for rehabilitation, including 359 requiring full reconstruction, while implementing partners completed minor repairs to 200 learning centres. Rehabilitation of the other 1,223 facilities, including 251 requiring full reconstruction, remains unfunded, and a new assessment under way may increase the number of reconstruction sites. Without timely rehabilitation, damaged facilities risk further disrupting learning and limiting children's access to safe, protective environments, particularly during the monsoon season.

[4] UNHCR, 2026

At National Level

In July 2026, floods and landslides affected an estimated 228,700 learners; 1,300 schools closed, disrupting learning for 176,400 learners, and some schools were used as temporary shelters. The Education Cluster, with government agencies and humanitarian partners, prioritized life-saving risk awareness messages, learning continuity support, emergency referrals, and the preparation of Education in Emergencies (EiE) kits and home-based learning packages for children during school closures.

To protect children's health and learning as part of the measles response, the "One Vaccine, One Life" campaign, delivered with Volunteer for Bangladesh and youth-led organizations, reached 55,550 primary school learners and more than 653,600 parents, caregivers, teachers and young people with measles prevention and vaccination messaging, and more than 250 education officials were oriented to extend outreach through the education system. UNICEF also coordinated with the Directorate of Primary Education (DPE), the Directorate of Secondary and Higher Education (DSHE) and the Directorate General of Health Services (DGHS) to support the first phase of the national Oral Cholera Vaccine campaign.

To strengthen preparedness, UNICEF supported DPE in developing the National Target Setting Plan for Disaster Management (2026-2030) and school preparedness plans for heatwaves and dengue. Ahead of the cyclone season, 480 EiE kits and 600 learning kits were pre-positioned, and procurement of 500 additional EiE kits was initiated.

Water, sanitation and hygiene

Rohingya Response

UNICEF sustained essential WASH services for Rohingya refugees, with 342,400 people accessing safe water, 337,900 using safe sanitation facilities and 230,800 reached with hygiene promotion. Sustaining these services is essential to preventing disease outbreaks and protecting children's health and dignity in overcrowded camps.

UNICEF maintained and expanded critical WASH infrastructure, including 82 water networks and 3,400 tubewells, completed seven new water networks and conducted over 25,000 water quality tests. UNICEF also maintained 15,900 functional latrines, including 1,263 newly constructed and 478 rehabilitated, and 83 faecal sludge management facilities, while hygiene promotion was supported through 1,300 handwashing stations and the distribution of menstrual hygiene.

UNICEF strengthened service delivery and local response capacity through training for 4,300 technicians, volunteers and workers, alongside 10,800 stakeholders on protection from sexual exploitation and abuse (PSEA) and 7,600 staff on environmental and social standards.

In host communities, 77,200 people gained access to safe water through one new distribution network and 18 maintained water supply facilities. Sanitation services improved through 192 newly constructed and 135 rehabilitated latrines, and faecal sludge and solid waste management supported 60,600 people. Hygiene promotion reached 27,900 people, including menstrual hygiene management sessions and hygiene campaigns.

At National Level

UNICEF and the Department of Public Health Engineering (DPHE) strengthened emergency preparedness, enabling timely access to safe water, sanitation and hygiene (WASH) services for vulnerable populations in disaster-prone areas.

At the start of the year, limited preparedness capacity and recurring flood and cyclone risks threatened access to safe WASH services. Through the WASH Anticipatory Action Framework (2025-2026), pre-financed by the United Nations

Office for the Coordination of Humanitarian Affairs (OCHA), UNICEF and DPHE pre-positioned critical supplies in 20 districts and 47 sub-districts, including 104,000 jerrycans, 20,000 hygiene kits and 20 mobile water treatment plants, sufficient for up to 240,000 people, and trained more than 1,090 frontline responders in preparedness.

Following the July 2026 floods and landslides in Chattogram Division and the Chittagong Hill Tracts, emergency WASH assistance reached over 126,000 people with safe water, hygiene kits, jerrycans and water treatment support, helping maintain access to essential services for affected families and reduce the risk of waterborne disease in flood-affected communities and community shelters.

Through WASH Cluster coordination, partners aligned preparedness and response, harmonized technical standards and minimized duplication, while accountability to affected populations (AAP), PSEA and disability inclusion were integrated into planning, capacity-building and response.

Social protection

Humanitarian Cash Transfer (HCT)

UNICEF advanced anticipatory action readiness for cash transfers in cyclone-prone areas. UNICEF verified 20,439 high-risk households, representing approximately 89,900 people, for potential cash assistance ahead of cyclones, enabling rapid disbursement when agreed anticipatory action triggers are met. Households were enrolled with the mobile financial service provider bKash to enable rapid disbursement once a trigger is activated, and national partners' capacity was strengthened. No transfers were disbursed in the reporting period as no cyclone trigger was activated.

Cross-sectoral (AAP, SBC and PSEA)

Rohingya Response

UNICEF reached 502,600 Rohingya refugees through social and behaviour change interventions, delivered by trained community volunteers, through repeated engagement sessions and household discussions. These interventions promoted positive health, nutrition, WASH, education and protection practices and strengthened preparedness for monsoon-related hazards and fire. Follow-up monitoring showed positive shifts in caregivers' knowledge, attitudes and practices, including increased care-seeking and use of essential services, better awareness of referral pathways and stronger household preparedness.

Accountability to Affected People (AAP) mechanisms were strengthened through 16 Information and Feedback Centres, supported by the digital CFRM, which received and processed 88,100 complaints, feedback and queries, with approximately 89 per cent resolved. Feedback highlighted concerns about the availability, quality and continuity of essential services, particularly WASH, health, nutrition and child protection, helping UNICEF and partners identify service gaps and prioritize corrective action. This feedback informed programme adjustments and strengthened referrals and follow-up across service providers. These mechanisms helped ensure that community concerns informed service delivery and response priorities.

Sustained demand for community engagement and feedback services, combined with the complexity of resolving multi-sector complaints, put pressure on timely responses. UNICEF is strengthening intersectoral coordination, referral and escalation pathways, and the capacity of community volunteers, IFC personnel and implementing partners.

At National Level

UNICEF supported risk communication and community engagement (RCCE) for the MR campaign, the dengue response and the flood and landslide emergencies, working with the Islamic Foundation, the Department of Mass Communication, civil society organizations, Bangladesh Betar and youth groups to generate demand for vaccination, address misinformation, promote preventive behaviors and reach children who had missed vaccination.

Through its network of approximately 275,000 mosques and religious leaders, the Islamic Foundation delivered interpersonal messages to an estimated 11 million people. For dengue prevention, partners and youth groups reached approximately one million people through awareness-raising, community dialogues and cleaning campaigns. Feedback mechanisms engaged 15,500 people during the dengue response and 4,700 during the flood and landslide response.

Community feedback and social listening informed RCCE on measles, dengue, heatwaves and lightning, helping to, tailor messages and address misinformation. As part of the AAP Working Group, UNICEF facilitated the dissemination of standardized measles and dengue messages.

Gaps remained in caregivers' knowledge of measles danger signs, home care and timely care-seeking, and in the systematic integration of AAP into partners' programmes; UNICEF intensified targeted outreach to hard-to-reach communities and continued capacity-building and technical support to institutionalize AAP.

Protection from Sexual Exploitation and Abuse (PSEA)

UNICEF strengthened PSEA and child safeguarding across the humanitarian and development response, training 779 UNICEF personnel, implementing partner staff and government officials. In the Rohingya response, risk mitigation workshops with programme sectors identified potential risks of sexual exploitation and abuse (SEA) and strengthened preventive measures. UNICEF also began revising PSEA information, education and communication materials, including child-friendly safeguarding materials, and developing a volunteer facilitator guide to strengthen community awareness of reporting channels.

UNICEF reinforced partner oversight through programme document reviews, incident tracking, and follow-up on investigation reports and corrective action plans, and supported the management of reported SEA and harassment cases, including survivor assistance and referrals. Analysis of reported concerns is informing targeted risk mitigation, while UNICEF continues to strengthen safe reporting channels, survivor-centred assistance and accountability across programmes.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

The Government of Bangladesh continues to lead the Rohingya humanitarian response, with the National Task Force providing strategic oversight and the Office of the Refugee Relief and Repatriation Commissioner (RRRC) overseeing operations in Cox's Bazar and Bhasan Char. Following the 2025 Humanitarian Reset, a streamlined coordination architecture has been introduced at both national and Cox's Bazar levels, with a stronger emphasis on localization and government leadership. UNICEF supports this transition by strengthening government co-leadership of sectors and clusters, and national and local coordination capacity.

In Cox's Bazar and Bhasan Char, UNICEF leads the Nutrition Sector and the Child Protection Sub-Sector with DSS, co-leads the WASH Sector with DPHE and the Education Sector with Save the Children. Through these arrangements, UNICEF aims to support government leadership, localisation and promote the sustainability of the response. At national level, UNICEF co-leads the Nutrition, Education and WASH clusters and the Child Protection sub-cluster with their line ministries and the AAP Working Group with BBC Media Action under the Inter-Cluster Coordination Group.

Amid declining resources and prolonged humanitarian needs, UNICEF is working with government and partners to prioritize essential services, improve delivery efficiencies and strengthen local capacities, while advocating for predictable financing and durable solutions for Rohingya refugees.

During the reporting period, UNICEF also supported government-led emergency preparedness and response coordination, including inter-cluster collaboration during the July floods and landslides, while strengthening subnational coordination and local response capacities.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

UNICEF continued to amplify the experiences and needs of Rohingya refugee children and vulnerable communities across Bangladesh, raising awareness of humanitarian priorities and mobilizing support through human interest stories, media engagement and digital communication. This content generated over 400 million impressions across UNICEF Bangladesh's social media channels, which have more than 12 million followers.

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

Stories:

- Breaking the Silence Together | UNICEF Bangladesh
- From Refugee to a Lifesaver | UNICEF Bangladesh
- The Unsung Heroes Keeping the Homes of 1.2 million People Clean | UNICEF Bangladesh
- 'Pusti Apa': A Trusted Friend to Mothers and Children | UNICEF Bangladesh
- A young mother's dreams for her child's future | UNICEF Bangladesh
- It takes a village: Parenting at the Rohingya refugee camps | UNICEF Bangladesh
- Climate Justice | UNICEF Bangladesh
- The Children We Can Still Protect | UNICEF Bangladesh
- An early dose of protection from measles | UNICEF Bangladesh
- The dangers of lead poisoning in Bangladesh | 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

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

ANNEX A - PROGRAMME RESULTS

Consolidated Programme Results – National Level

Sector and Indicator	UNICEF & IPs Response			Sector Response		
	2026 Target	Result	Progress	2026 Target	Result	Progress
Nutrition						
# of children 0-59 months screened for wasting	327,130	192,504	59%	189,200	177,128	94%
# of children 6-59 months with severe wasting admitted for treatment	18,802	11,144	59%	14,700	10,252	70%
# of primary caregivers of children 0-23 months receiving infant and young child feeding (IYCF) counselling	250,100	148,483	59%	154,800	113,554	73%
Health (including public health emergencies)						
# of children aged 0 to 11 months who have received pentavalent 3 vaccine	154,062	96,514	63%	- -	-	
# of children and women accessing primary healthcare in UNICEF-supported facilities	456,296	241,032	53%	- -	-	
# of live births delivered in health facilities in UNICEF-supported areas	25,318	6,721	27%	- -	-	
# of children and adults who were treated for dengue in UNICEF supported health facilities	17,030	54,752	322%	- -	-	
Water, sanitation and hygiene						
# of people accessing a sufficient quantity and quality of water for drinking and domestic needs	711,198	545,583	77%	1,296,717	1,129,554	87%
# of people accessing appropriate sanitation services	657,156	398,436	61%	1,296,717	1,063,788	82%
# of people reached with critical WASH supplies	832,531	588,197	71%	1,220,209	0	0%
# of people reached with handwashing behaviour-change programmes	411,198	283,289	69%	1,220,209	0	0%
Child Protection						
# of children, adolescents, and caregivers accessing community-based mental health and psychosocial support	676,487	286,231	42%	211,739	520,676	246%
# of women, girls, and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	306,609	296,940	97%	- -	-	
# children who have received individual case management	19,498	10,571	54%	56,684	18,736	33%
Education						
# of children accessing formal or non-formal education, including early learning	267,838	232,318	87%	500,724	308,025	62%
# of children receiving individual learning materials	98,665	0	0%	327,156	250,057	76%
# children and adolescents accessing skills development programmes	7,040	4,860	69%	15,617	11,460	73%
# teachers and facilitators trained in basic pedagogy and/or mental health and psychosocial support	424	201	47%	3,496	664	19%

Cross-sectoral (HCT, SBC, RCCE and AAP)						
# of households reached with UNICEF-funded humanitarian cash transfers across sectors	10,000	0	0%	-	-	-
# of people sharing their concerns and asking questions through established feedback mechanisms	165,000	92,755	56%	-	-	-
PSEA						
# of people with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	907,726	0	0%	-	-	-

ANNEX B — Programme Results

Consolidated Programme Results – Rohingya Response

Sector/Indicator	Targeted Population[5]	UNICEF & IPs Response			Cluster/Sector Response		
		2026 Target	Result	Progress	2026 Target	Result	Progress
Nutrition							
# of children 0-59 months screened for wasting	Rohingya	189,590	177,128	93%	189,200	177,128	94%
	Host	10,100	15,376	152%	0	0	
# of children 6-59 months with severe wasting admitted for treatment	Rohingya	14,890	10,415	70%	14,500	10,159	70%
	Host	930	729	78%	200	93	47%
# of primary caregivers of children 0-23 months receiving infant and young child feeding (IYCF) counselling	Rohingya	122,500	105,199	86%	122,500	105,199	86%
	Host	73,600	43,284	59%	32,300	8,355	26%
Health							
# of children aged 0 to 11 months who have received pentavalent 3 vaccine	Rohingya	36,818	26,943	73%	-	-	-
	Host	90,244	69,571	77%	-	-	-
# of children and women accessing primary healthcare in UNICEF-supported facilities	Rohingya	154,951	120,797	78%	-	-	-
	Host	137,655	120,235	87%	-	-	-
# of live births delivered in health facilities in UNICEF-supported areas	Rohingya	3,668	2,488	68%	-	-	-
	Host	7,914	4,233	53%	-	-	-
# of children and adults who were treated for dengue in UNICEF supported health facilities	Rohingya	0	0		-	-	-
	Host	0	0		-	-	-
Water, sanitation and hygiene							
# of people accessing a sufficient quantity and quality of water for drinking and domestic needs	Rohingya	366,198	342,345	93%	1,220,209	1,081,105	89%
	Host	45,000	77,241	172%	76,508	48,449	63%
# of people accessing appropriate sanitation services	Rohingya	517,156	337,873	65%	1,220,209	995,587	82%
	Host	30,000	60,563	202%	76,508	68,201	89%
# of people reached with critical WASH supplies	Rohingya	612,531	588,197	96%	1,220,209	0	0%
	Host	30,000	0	0%	-	-	-
# of people reached with handwashing behaviour-change programmes	Rohingya	366,198	230,823	63%	1,220,209	0	0%
	Host	45,000	27,885	62%	-	-	-
Child Protection							
# of children, adolescents, and caregivers accessing community-based mental health and psychosocial support	Rohingya	165,558	179,644	109%	161,347	442,344	274%
	Host	70,202	28,078	40%	50,392	78,332	155%
	Rohingya	43,979	34,252	78%	-	-	-

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

# of women, girls, and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Host	6,927	7,552	109%	-	-	-
# children who have received individual case management	Rohingya	16,954	8,774	52%	44,253	16,745	38%
	Host	2,544	1,797	71%	12,431	1,991	16%
Education							
# of children accessing formal or non-formal education, including early learning	Rohingya	257,971	232,318	90%	446,505	302,904	68%
	Host	0	0		54,219	5,121	9%
# of children receiving individual learning materials	Rohingya	0	0		317,660	250,057	79%
	Host	0	0		9,496	0	0%
# children and adolescents accessing skills development programmes	Rohingya	6,440	4,860	75%	12,877	10,110	79%
	Host	600	0	0%	2,740	1,350	49%
# teachers and facilitators trained in basic pedagogy and/or mental health and psychosocial support	Rohingya	424	201	47%	1,748	664	38%
	Host	0	0		1,748	0	0%
Cross-sectoral (HCT, SBC, RCCE and AAP)							
# of households reached with UNICEF-funded humanitarian cash transfers across sectors	Rohingya	0	0		-	-	-
	Host	0	0		-	-	-
# of people sharing their concerns and asking questions through established feedback mechanisms	Rohingya	150,000	88,069	59%	-	-	-
	Host	0	0		-	-	-
PSEA							
# of people with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations[6]	Rohingya	562,726	0	0%	-	-	-
	Host	45,000	0	0%	-	-	-

[6] PSEA HPM indicator status will be reported at the end of the year in the final SitRep

ANNEX C — FUNDING STATUS

Consolidated funding by sector*

Sector	Requirements	Funding available*			Funding gap	
		Humanitarian resources received in 2026	Resources available from 2025 (carry over)	Total resources available	Funding gap (US$)	Funding gap (%)
Nutrition	11,159,674	1,440,594	11,802,971	13,243,565	-	0%
Health	11,897,834	8,866	14,928,030	14,936,895	-	0%
Water, sanitation and hygiene	33,571,953	9,852,778	14,025,662	23,878,440	9,693,513	29%
Child protection and GBViE	15,943,129	6,433,788	2,419,787	8,853,575	7,089,554	44%
Education	29,777,021	14,510,756	11,192,344	25,703,100	4,073,921	14%
Cross-sectoral (HCT, SBC and AAP)	4,470,744	0	1,396,563	1,396,563	3,074,181	69%
Emergency preparedness	1,200,307	1,444,426	4,223,253	5,667,679	-	0%
Total	**108,020,662**	**33,691,208**	**59,988,609**	**93,679,817**	**23,931,169**	**22%**

Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.
Humanitarian resources– humanitarian funding commitments received from donors in the current appeal year.
Resources available from 2025 (carry over)– funding received in the previous appeal year that is available to respond in line with the current HAC appeal

Who to contact for further information:

Emmanuelle Abrioux
Representative a.i.
UNICEF Bangladesh
eabrioux@unicef.org

Malalay Ahmadzai
Deputy Representative a.i.
UNICEF Bangladesh
mahmadzai@unicef.org

Antonio Franco Garcia
Chief of Emergency and Field Services
UNICEF Bangladesh
afgarcia@unicef.org