



Situation Report

Protracted Humanitarian Crisis in Bangladesh

1 October – 31 December 2025

Highlights

Maternal health outcomes in Rohingya camps continued to improve. The Maternal and Perinatal Mortality Surveillance and Response system, coordinated by UNFPA, recorded a 22 per cent reduction in maternal deaths in 2025 compared to 2024, contributing to an overall 57 per cent decline since 2021.

UNFPA, together with the Sexual and Reproductive Health (SRH) Working Group, finalized the Family Planning Strategy 2026–2030, pending government endorsement. The strategy advances a voluntary, rights-based approach to family planning, including for refugees, and builds on progress achieved under the previous framework.

Information management products, including the Q3 GBVSS Bulletin and GBV Information Management System (GBVIMS) Factsheet, strengthened evidence-based coordination. Following a major fire in the camp, GBV actors provided psychological first aid, psychosocial support, multisectoral referrals and access to dignity kits, ensuring timely assistance for affected women, girls, and vulnerable individuals.



1,650,000

Total people affected¹



362,195

Women of reproductive age



29,052

Estimated pregnant women



241,394

People targeted w/ SRH services



565,411

People targeted w/ GBV programmes

¹ <https://rohingyaresponse.org/wp-content/uploads/2024/03/JRP-2024-2-pager-Final.pdf>

Situation Overview

Bangladesh hosts 1,177,962 registered Rohingya [refugees](#) as of December 2025. Of them, 34,498 live on Bhasan Char Island. Women and girls constitute 51 per cent of the refugee population, while 34 per cent are adolescents and youth, underscoring the scale of gender- and age-specific needs. According to UNHCR records, more than 139,000 new arrivals, of which 52 per cent are women and girls, were partially biometrically registered in 2024-2025. The lack of additional shelters has compelled many new arrivals to share already congested shelters with relatives, significantly heightening risks of gender-based violence and other protection concerns. Meanwhile, declining funding has strained essential services at a time when humanitarian needs remain high.

The addendum to the Joint Response Plan (JRP) 2025-2026 has been developed, focusing on life-saving interventions while also supporting longer-term resilience-building across sectors. UNFPA currently faces a funding shortfall of US\$ 3.05 million to deliver its most urgent Priority 1 life-saving activities. Critical interventions at risk include primary health care, secondary health care and referrals in SRH; GBV case management, psychosocial support, community-based risk identification and risk mitigation; and community-based protection and awareness sessions for adolescent and youth programming.

Following the decision to streamline humanitarian architecture in Cox's Bazar as part of the Humanitarian Reset, the working groups affiliated to the sectors were disbanded from 1 October 2025, affecting the UNFPA-led SRH Working Group and Youth Working Group. Pending Health Sector advocacy for the SRH Working Group's reactivation, UNFPA continues to provide technical leadership in SRH, including management of the Maternal and Perinatal Mortality Surveillance and Response system, supply of SRH commodities, service quality assurance, and capacity development for midwife-led services. UNFPA's leadership of the GBV Sub-Sector remains active, with strengthened alignment with Child Protection actors. The youth agenda has been mainstreamed across the JRP following integration of the Youth Working Group into the National Technical Group.

UNFPA Response

Sexual and Reproductive Health: The Family Planning Strategy (2026-2030), developed jointly by UNFPA, the SRH Working Group, the health sector and relevant government agencies, has been finalized and is pending final endorsement from the Ministry of Health and Family Affairs. UNFPA continued to deliver comprehensive midwifery-led SRH services, including maternal and newborn care, across 29 health facilities in Cox's Bazar and Bhasan Char, alongside integrated SRH-GBV services through 55 Women Friendly Spaces. A total of 85,330 SRH consultations were provided at facilities, including 29,137 SRH services delivered through Women Friendly Spaces. UNFPA-supported facilities recorded 5,561 facility-based deliveries. Additionally, 36,078 voluntary family planning services were delivered, with oral contraceptive pills remaining the most preferred method. Community health workers, educators and community influencers reached 260,678 people through outreach sessions on SRH and available services.

Gender-Based Violence: GBVIMS data showed a near-stable reporting trend in Q4 2025, with a 0.1 per cent decrease compared to Q3, alongside an increase in reported psychological violence from 17 per cent to 22 per cent. The trend signals a change in the expression of harm, not a

reduction in risk, with psychological violence emerging as a dominant daily reality, including through technology-facilitated GBV.

UNFPA sustained integrated GBV and SRH services through 66 facilities in camps and host communities, including Women Friendly Spaces, Women-Led Community Centres and a Multi-Purpose Centre. Overall, 215,159 individuals accessed GBV prevention, risk mitigation and response services, while 122,964 participated in awareness-raising sessions. A total of 48,737 individuals accessed services at these facilities for the first time. Structured psychosocial support reached 3,410 individuals, and 8,503 women and girls were referred to specialized services through established referral pathways. UNFPA also finalized a contextualized GBV Case Management module for gender-diverse populations, in collaboration with the International Rescue Committee.

Adolescents and Youth: The Alapon helpline received 1,854 calls in Q4 2025, the majority from adolescents and youth. Community-based adolescent and youth facilities recorded 79,302 visits for SRH education, life skills and psychosocial support.

Life skills education reached 2,553 adolescents, while 1,637 caregivers completed the caregiver curriculum. Gender-transformative literacy and livelihood activities, including sanitary pad production, engaging adolescents and youth, and community mobilization on child marriage, GBV prevention and MHPSS reached 14,253 people.

Results Snapshot



85,330

People reached with SRH services through health facilities
260,678 people reached through community health workers
 71 per cent female, 29 per cent male



29

Health facilities supported - 27 in Cox's Bazar and 2 in Bhasan Char



215,159

People reached with GBV prevention, mitigation and response activities
 89 per cent female, 11 per cent male



55

Safe spaces for women and girls supported



3,319

Dignity kits (124) and MHM kits (3,195) distributed



8

Youth spaces supported



7

Interagency Reproductive Health Kits (3, 6, 11, 12) provided to service delivery points



931

People reached with humanitarian cash and voucher assistance for GBV (500) and SRH (431)

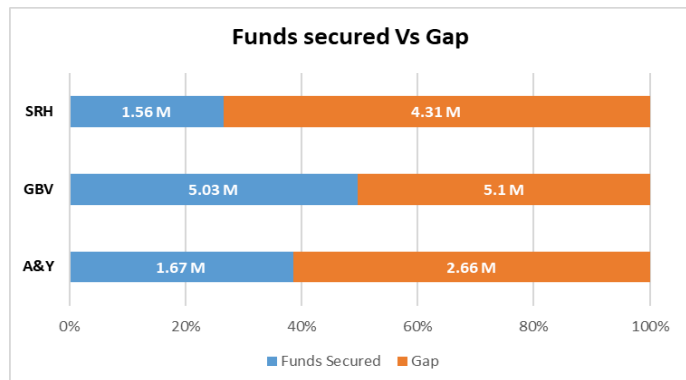
Coordination Mechanisms

UNFPA sustained technical leadership on SRH coordination, strengthening quality midwifery-led services, emergency obstetric care, referral systems, and integration with nutrition and prevention of mother-to-child transmission (PMTCT) efforts. Through partner engagement and targeted capacity development, health workers and community-level actors were equipped to improve lifesaving obstetric care, expand community awareness, and promote care-seeking and facility deliveries. UNFPA also continued to support SRH data systems, standards, and the availability of essential commodities including Interagency Reproductive Health Kits, ensuring more consistent and accountable service delivery across the response.

In protection, the GBV Sub-Sector advanced inter-sector coordination, planning, and service quality, contributing to the 2026 response framework targeting nearly 700,000 people. Joint audits identified service and infrastructure gaps, informing actions to standardize minimum standards, strengthen workforce capacity, and improve referral pathways. Engagement with women-led organizations and caseworkers reinforced survivor-centred approaches, while evidence-based products supported advocacy and monitoring. Under the leadership of the Gender-Based Violence Sub-Sector (GBVSS), partners marked the 16 Days of Activism campaign, mobilizing communities through awareness events and multi-stakeholder dialogues in Cox's Bazar. UNFPA also led the integration of youth priorities across the response architecture, ensuring youth needs and participation are systematically reflected in planning and programming.

Funding Status

Under the 2025–2026 Joint Response Plan (JRP) Appeal, UNFPA requires US\$ 5.9 million for SRH, US\$ 10.1 million for GBV, and US\$ 4.3 million for Adolescent and Youth activities. Of the total budget, US\$ 9.9 million is required for Priority 1 activities. UNFPA has a gap of US\$ 3.05 million for the Priority 1 activities and a gap of US\$ 12.05 million for the overall JRP.



Current Donors

DFAT; Denmark; ECHO; FCDO; Japan; Korea; Norway; New Zealand; SDC; The World Bank.

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