



UNITED NATIONS POPULATION FUND

SITUATION REPORT

PROTRACTED HUMANITARIAN CRISIS IN BANGLADESH

April 1 — June 30, 2025

Highlights

- Heavy **rainfall and widespread waterlogging** in May and June impacted service provision, limiting access to facilities. UNFPA partners relocated pregnant women and their families closer to health facilities, tracked the situation of at-risk mothers and facilitated access to sexual and reproductive health (SRH) services and referrals.
- Following allegations of **forced Family Planning (FP)** among Rohingya refugees, UNFPA led engagement with the UN Resident Coordinator, government, the health and protection sectors and other UN agencies to reinforce the importance of voluntary Family Planning in line with the government's family planning strategy. A reporting system was launched to capture coerced FP cases.
- UNFPA began implementation of the SRH and Gender-Based Violence (GBV) (including child marriage) components of the **World Bank's Inclusive Services and Opportunities (ISO) project**, in partnership with the Ministry of Health and Family Welfare and the Ministry of Women and Children Affairs, respectively. The project will run for three years until June 2028.



1,650,000

Total people affected¹



362,195

Women of reproductive age²



29,050

Estimated pregnant women²



241,394

People targeted w/ SRH services



565,411

People targeted w/ GBV programmes

¹ [Joint Response Plan: Rohingya Humanitarian Crisis, January - December 2024.](#)

² Estimated figures are based on the Minimum Initial Services Package (MISP) for Sexual and Reproductive Health in Humanitarian Settings calculator.

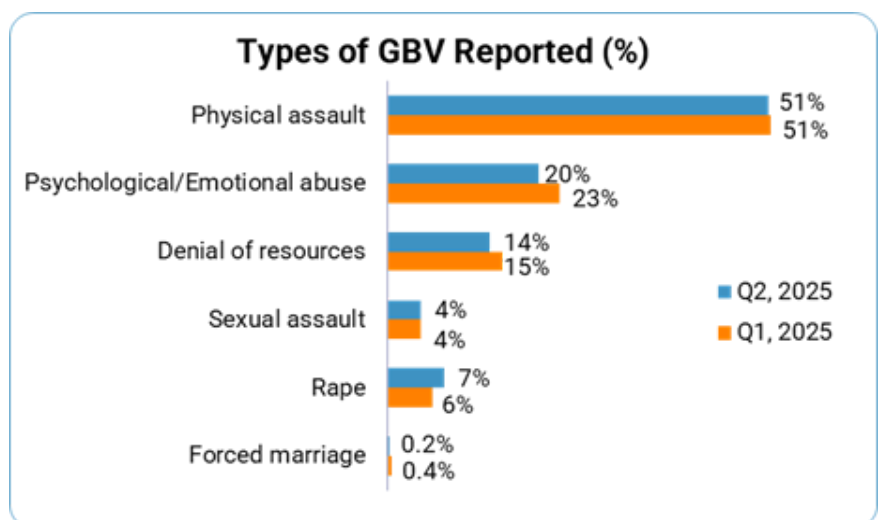
Situation Overview

Sexual and Reproductive Health

Persistent gaps remain in the timely identification of high-risk pregnancies and in the provision of postnatal care, with 40 per cent of the 11 maternal deaths in Q2 occurring within 42 days postpartum. FP service data indicate that oral contraceptive pills remain the most utilized method (49.9 per cent), followed by injectable contraceptives (33.4 per cent) and condoms (11.2 per cent). In response, UNFPA and the SRH Working Group developed joint messages on voluntary FP and engaged with the government to prevent coercive practices. This advocacy led the Refugee Relief and Repatriation Commissioner to issue directives to all Camp in Charges to refrain from coercion. An FP Risk Assessment Tool was also developed and disseminated to enable real-time reporting of any forced FP cases.

Gender-Based Violence

The GBV Information Management System (GBViMS) recorded a 4 per cent decrease in reported GBV cases between Q1 and Q2 2025. However, field observations and qualitative inputs suggest this decline reflects the growing normalization of abuse, underreporting, and harmful coping strategies driven by insecurity, restricted mobility, and worsening economic conditions.



Physical assault remains the most reported form of GBV (51 per cent), often normalized within marriages where women perceive it as part of a trade-off for protection and social acceptance. Emotional abuse is increasingly tolerated as families resort to child or forced marriage to shield daughters from external threats. Economic violence persists through financial control and restrictions on girls' access to education and services, frequently framed as protection. Despite the overall drop in GBV reporting, rape cases rose from 6 to 7 per cent, signalling both a rise in the severity of sexual violence and, in some cases, greater willingness to report. Field reports confirmed gang rapes in at least two camps, with survivors facing threats that deterred them from accessing critical services.

Adolescents and Youth (A&Y)

Due to protests by the host community, teaching volunteers, and funding constraints faced by Education Sector partners, Learning Facilities in the camps have temporarily been closed. Although some learning facilities have resumed activities (nearly 35 per cent of the total), many adolescents face uncertainty and a lack of access to education. Meanwhile, concerns around offline and online gambling are rising in Cox's Bazar, including within Rohingya camps. Limited livelihood and education opportunities, combined with the lure of instant wealth, are driving increased participation among youth.

UNFPA Response

Sexual And Reproductive Health

UNFPA continued delivering life-saving SRH services across 22 health facilities (20 in Cox's Bazar, two in Bhasan Char), focusing on midwifery-led maternal and newborn care. Integrated SRH-GBV services were provided through 55 Women and girls' safe spaces. The emergency referral system operated through a fleet of 14 ambulance services.

- UNFPA provided midwifery-led SRH services to 83,897 people, including 2,500 facility-based deliveries (54 per cent Rohingya, 4 per cent adolescents). Of the 11 maternal deaths reported in Q2, seven occurred in June – the highest monthly figure since 2022 – with hemorrhage (50 per cent) and hypertensive disorders (33.3 per cent) as the leading causes.
- Following the withdrawal of UNFPA support for midwife deployment at five UN Women-led Multi-Purpose centres in April 2025, UN Women retained three midwives, while UNFPA continued providing technical mentorship.
- A total of 17,588 antenatal care services were provided (48 per cent Rohingya, 5 per cent adolescents) and 7,479 postnatal care services (59 per cent Rohingya, 4 per cent adolescents). In Bhasan Char, UNFPA delivered 4,863 SRH services, including 86 facility-based deliveries, 365 antenatal consultations, 235 postnatal visits, and 4,177 FP services.
- As the primary supplier of reproductive health commodities, UNFPA provided over 90 per cent of essential medicines and supplies, distributing 5,400 MAMA kits, 2,947 implants, 20,900 injectables, 150 IUDs, 286,272 male condoms, 57,372 oral pills, 7,600 clean delivery kits, and five post-rape treatment kits. Community outreach on SRH services reached 287,266 people (199,948 female) across 20 camps.
- Capacity-building efforts included a training on midwifery life-saving skills for 21 midwives and training 121 healthcare providers (110 female, 11 male) from key partner organizations, all from the host community.
- Under the World Bank's ISO project, UNFPA signed agreements with the Directorate General of Family Planning – a US\$14.7M grant to provide SRH services in Rohingya camps, a \$0.5M grant to support host community health facilities, and a \$1.7M credit for health services in Cox's Bazar and Noakhali.
- On 2 June 2025, UNFPA signed a UN2UN agreement with the World Food Programme (WFP) to establish a voucher programme – in collaboration with the International Rescue Committee (IRC) – to increase facility-based deliveries in two camps.

Gender-Based Violence

UNFPA and its implementing partners continued to provide essential, lifesaving, and integrated SRH and GBV services to 195,121 people through 55 Women and girls' safe spaces, seven health facilities, 10 Women-Led Community Centres and one Multipurpose Centre.

- **People reached with GBV prevention, mitigation and response activities:** 62,723 individuals (women: 39,122; girls: 18,320; men: 3,945; boys: 1,336), including 759 Persons with Disabilities (PWD). **GBV Service delivery** in Women and girls' safe spaces reached 46,590 women and girls, including 424 PWDs, while 16,133 community members visited the 10 Women-Led Community Centres and one Multipurpose Centre.
- **Psychosocial support was provided to** 2,947 women through psychosocial support activities in the Women and girls' safe spaces. Through the Women-Led Community Centres and

Multipurpose Centre, 480 participants (50 per cent female), including 17 PWDs, received structured group psychosocial support activities.

- The service providers in the Women and Girls' Safe Spaces and Women-Led Community Centres referred 8,799 women and girls to other care providers under the existing GBV referral pathway.
- **GBV Awareness raising:** 132,398 individuals, including 3,964 PWDs, were reached through awareness raising activities.
- The **SASA! Together programme** to prevent and respond to violence against women and girls reached 4,310 community leaders who mobilized 104,331 community members, including 2,652 PWDs, with awareness messages on GBV and harmful practices.
- UNFPA facilitated a **three-day training on GBVIMS** for GBV case workers and information management officers in Bhasan Char Island in collaboration with the Protection sector.
- A total of 2,321 community members were engaged in 264 Community Watch Groups, Female Religious Teachers groups, and Women Support Groups associated with 55 Women and Girls' Safe Spaces.
- UNFPA initiated the contextualization of the GBV Case Management module for Gender Diverse Population, targeting the GBV frontline workers jointly with its partner, IRC.
- Under the World Bank's ISO project, UNFPA signed an agreement with the Ministry of Women and Children Affairs for the GBV component, which entails a \$17.5 million grant for Rohingya refugees and a \$2.5 million credit for the host communities.
- UNFPA began supporting a Cash and Voucher Assistance initiative within a Women and Girls' Safe Spaces in Camp 9, providing women and girls with access to essential dignity and hygiene items.

Adolescents and Youth (A&Y)

The A&Y programme managed eight A&Y centres, 82 Community-Based Learning Facilities and 10 host community schools.

- 111,648 visits were recorded in Q2 at UNFPA-supported adolescent and youth-responsive facilities (Youth centres, Community Houses, and schools) in Cox's Bazar.
- 4,113 adolescents (girls and boys, including 24 PWDs) participated in the Girl Shine and Champions of Change programmes, and 1,702 caregivers (including 23 PWDs) completed the caregiver curriculum. These programmes strengthen adolescents' knowledge and skills on gender equality, rights, and protection, while equipping caregivers with positive parenting practices to create safer and more supportive environments.
- 1,172 adolescent girls and 269 youth took part in life enhancement programmes, while 1,879 adolescents and caregivers engaged in Youth for Peace, sports, and theatre activities.
- 1,705 callers, mainly women and girls and young people, received Mental Health and Psychosocial Support services through the Alapon telephone helpline.
- 7,098 community members were reached through community mobilization, including six PWDs, with young people making up 5,744 of the total.
- The Girl Shine Early Marriage curriculum was integrated into six Adolescent SRH centres and 30 Community-Based Learning Facilities.
- A Training of Trainers was conducted with partner organizations for Theatre for Development, delivering performances to address and prevent child marriage.

- UNFPA began implementing the Youth4Peace methodology, adapted from the United Network of Young Peacebuilders, with modules on conflict transformation, peacebuilding, and peaceful narratives.
- In collaboration with UNHCR and IOM, UNFPA participated in the Peace and Security Campaign roll-out in six camps, where community groups shared perspectives and engaged in dialogue with Camp in Charges .

Results Snapshot



83,897
People reached with **SRH services**



22
Health facilities supported



195,121
People reached with **GBV prevention, mitigation and response** activities



55
Safe spaces for women and girls supported



310 Non-food items (such as dignity kits) distributed to individuals



8 Youth spaces supported by UNFPA



7,600 People supported by UNFPA's Reproductive health kits



300 People reached with humanitarian cash and voucher assistance for GBV and SRH

Coordination Mechanisms

SRH Working Group

- The development of a new Family Planning Strategy (2026–2030) is in progress. A Technical Working Group was formed, engaging government, partners, and UN agencies to collaborate on a joint action plan for the finalization of the strategy in collaboration with the Deputy Director of FP and the office of the Refugee Relief and Repatriation Commissioner.
- The SRH Working Group (led by UNFPA), together with the Protection Cluster, is addressing reports of forced family planning within the camp through coordinated actions and safeguards. UNFPA orientation sessions for 140 health service providers from 10 partners of the working group on voluntary FP services highlighted the importance of informed choice, medical ethics as well as respectful maternity care.
- The SRH Working Group conducted seven trainings for frontline health workers on maternal and newborn care, and obstetric and newborn life-saving skills. Additionally, UNFPA

co-facilitated trainings on respectful maternity care, clinical management of rape- intimate partner violence, long acting reversible contraceptive insertion techniques, and eStock (eLIMS) system training for SRH Working Group partners.

GBV Sub-Sector

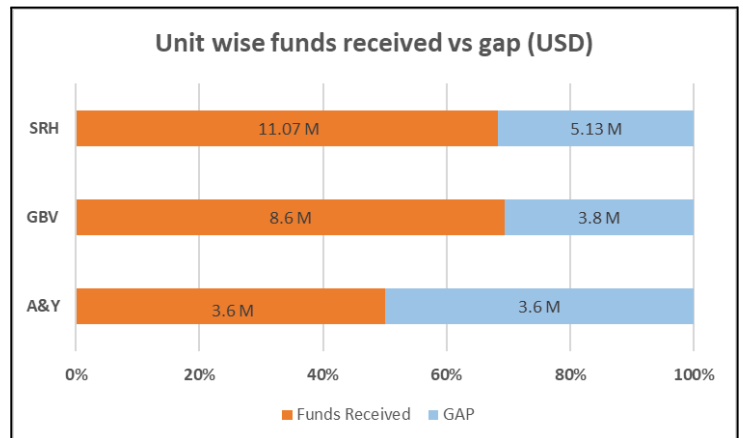
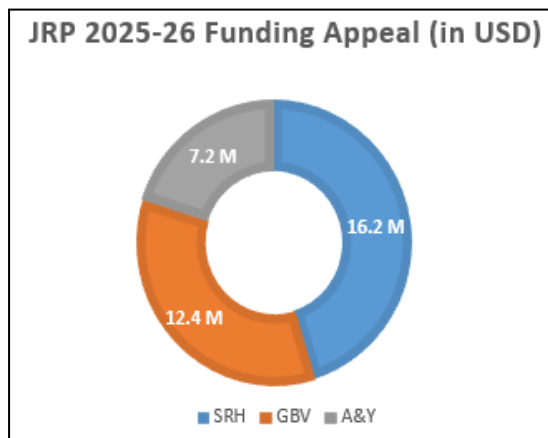
- The GBV Sub-Sector (led by UNFPA) and the Child Protection Sub-Sector developed a [guidance note on caring for child and adolescent survivors](#), which was disseminated at a town hall meeting. A 4-day training for 31 caseworkers was also organized.
- The GBV Sub-Sector developed a [5W Dashboard](#), a prioritization matrix led by the Inter-Sector Coordination Group and comprehensive [service and facility mapping](#) to optimize resource and service delivery and a [GBV risk monitoring tool](#)³. Together with the SRH Working Group, a [FP Risk Monitoring Tool](#) has been shared to report occurrences of coerced family planning.
- The GBVSS also developed and published the Q1 2025 [GBVIMS Factsheet](#) and [GBVSS Bulletin](#). Additionally, in collaboration with the Protection Sector, the GBV Sub-Sector contributed to the Joint Protection Monitoring Report and a Flash Update.

Youth Working Group (YWG)

- The YWG strategy was presented, coupled with ongoing advocacy across sectors for the disaggregation of data for individuals aged 15-24 years within the 5Ws framework.
- The YWG provided inputs on the Youth-Led Organizations Mapping exercise for host communities, aimed at strengthening coordination and providing robust support for youth-driven initiatives.
- A Youth Engagement Guidance Note was drafted, strengthening the meaningful participation of young people in programming and decision-making. The YWG has also contributed to Guidance Notes addressing Youth Networks and Sports for Protection strengthening.

³ Protection concerns for women and girls were also captured in the [Joint Protection Monitoring Report](#) and Protection Flash Update.

Funding Status



Under the 2025–2026 Joint Response Plan (JRP) Appeal, UNFPA requested \$16.2 million for sexual and reproductive health (SRH), \$12.4 million for gender-based violence (GBV), and \$7.2 million for adolescents and youth (A&Y) activities.

As of Q2 2025, UNFPA is 65 per cent funded against its total JRP appeal of \$35.86 million. While more than 60 per cent of SRH and GBV needs have been met, funding gaps remain: \$5.13 million for SRH and \$3.8 million for GBV. For A&Y, approximately \$3.6 million is still required to fully implement planned activities under the JRP.

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For more information

Catherine Breen Kamkong
 Representative
breenkamkong@unfpa.org

Gulalek Soltanova (Media Enquiries)
 Communications Specialist
soltanova@unfpa.org