

Rohingya Refugee Response

Flash Appeal for 150,000 New Arrivals

JUNE - DECEMBER 2025



BANGLADESH

 **150,000** NEW ARRIVALS TARGETED

 **USD 84M** TOTAL REQUIRED

The Government of Bangladesh was not directly involved in the development of the flash appeal. The population figures, analysis, and needs assessments presented herein were prepared by humanitarian partners and do not necessarily reflect the official views of the Government.

Cover photo: On 29 May 2025, Morium, 23, holds her one-year-old son Isa during a visit to a UNICEF integrated nutrition facility in the Rohingya refugee camps in Cox's Bazar, Bangladesh. She and her husband fled escalating violence in Myanmar's Rakhine State, arriving in Bangladesh with their two young children in January 2025.

"In Myanmar, we had very little food, so I could only breastfeed my son. He was thin and struggled to eat or drink," says Morium. "They burned our homes and chased us away, so we came here."

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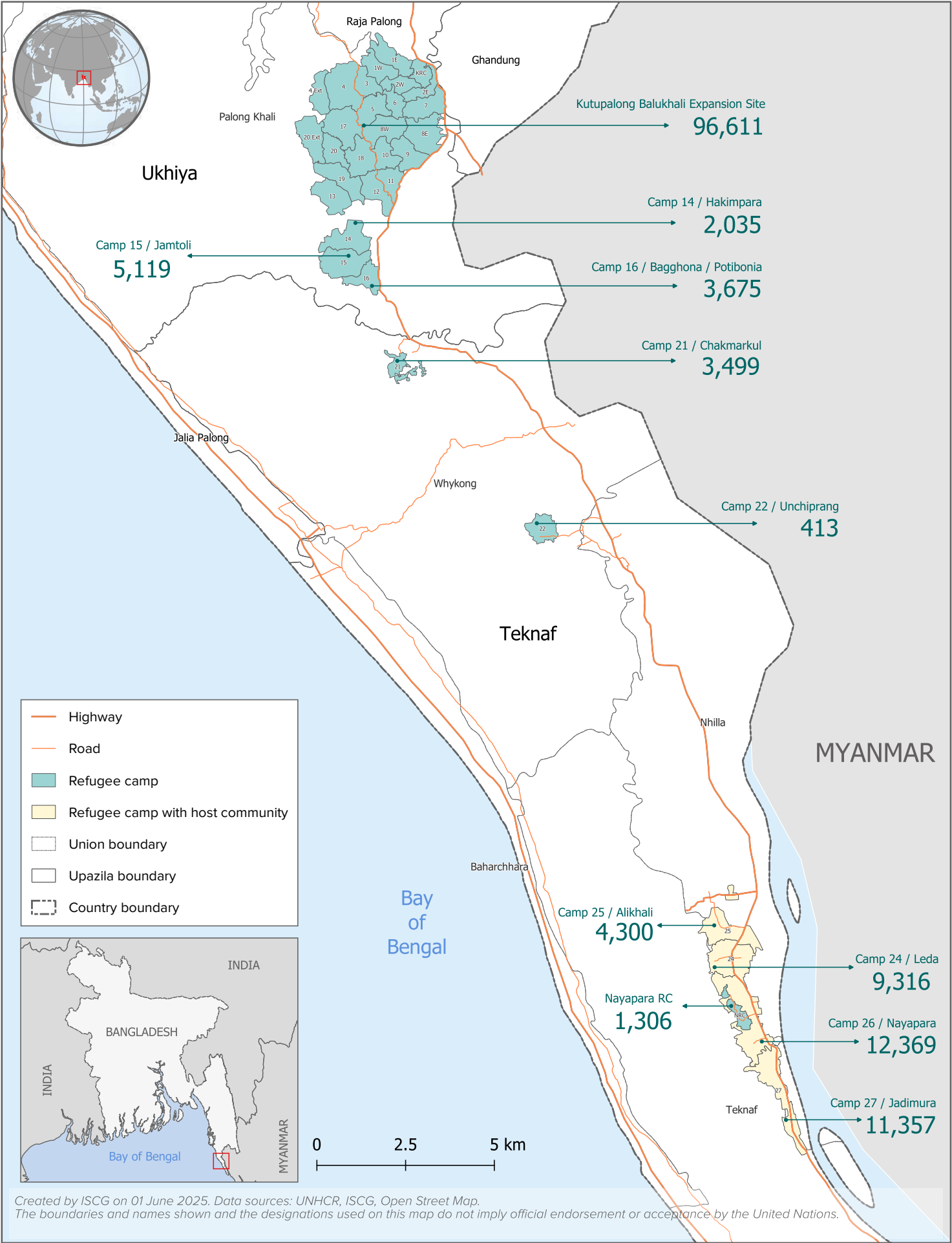
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LIST OF ABBREVIATIONS

AAP	Accountability to Affected Populations	MoHFW	Ministry of Health and Family Welfare
BCNA	Bhasan Char Needs Assessment	MoU	Memorandum of Understanding
CiC	Camp-in-Charge	NFI	Non-Food Item
CPSS	Child Protection Sub-Sector	NGO	Non-Governmental Organization
DC	Deputy Commissioner	NTF	National Task Force
EPR	Emergency Preparedness and Response	PBW	Pregnant and Breastfeeding Women
FAO	Food and Agriculture Organization of the United Nations	PSEA	Protection from Sexual Exploitation and Abuse
FSS	Food Security Sector	REVA	Refugee Influx Emergency Vulnerability Assessment
FDMN	Forcibly Displaced Myanmar Nationals	ROCT	Refugee Operations and Coordination Team
GBV	Gender-Based Violence	RRRC	Refugee Relief and Repatriation Commissioner
GBVSS	Gender-Based Violence Sub-Sector	SEA	Sexual Exploitation and Abuse
HIV	Human Immunodeficiency Virus	SEG	Strategic Executive Group
IOM	International Organization for Migration	SCCCM	Shelter-Camp Coordination and Camp Management
ISCG	Inter-Sector Coordination Group	UAV	Unmanned Aerial Vehicle
ISNA	Inter-Sector Needs Assessment	UN	United Nations
J-MSNA	Joint Multi Sector Needs Assessment	UNFPA	United Nations Population Fund
JRP	Joint Response Plan	UNHCR	United Nations High Commissioner for Refugees
LPG	Liquefied Petroleum Gas	USD	United States Dollar
LSDS	Livelihoods and Skills Development Sector	WASH	Water, Sanitation, and Hygiene
MoDMR	Ministry of Disaster Management and Relief	WHO	World Health Organization
MoFA	Ministry of Foreign Affairs	WFP	World Food Programme



Rohingya Refugee Response

Flash Appeal for 150,000 New Arrivals

KEY FIGURES: JUNE-DECEMBER 2025

150k NEW ARRIVAL REFUGEES IN NEED


54.1% Women & Girls  **45.9%** Men & Boys

Individuals
150,000



Households
39,051

 **77,875** Children (<18 yrs)
39,889 girls
37,986 boys

 **61,819** Adults (18-59 yrs)
36,077 women
25,742 men

 **10,306** Elderly (60+ yrs)
5,140 women
5,166 men

USD 84M TOTAL REQUIRED

2025 ROHINGYA REFUGEE RESPONSE FLASH APPEAL: Sector Activity Highlights



FOOD SECURITY

- Lifesaving emergency food assistance (E-Voucher)
- Fresh food corner support to extremely vulnerable group (FFC)
- Rapid food assistance/hot meal to new arrivals



HEALTH

- Epidemiology, Surveillance, and Health Information Management
- Immunization and Vaccination
- Primary Health Care Centers
- Referral services
- Rehabilitation, Physiotherapy Centre
- Secondary Health Care/Field Hospitals



NUTRITION

- Maternal and Infant Young Child Nutrition (MIYCN)-HYCF counselling and messaging for the pregnant women and caregiver of children 0-23 months
- Management of blanket supplementary feeding program (BSFP) for children 6-23 months and PBW and e-voucher program for children 24-29 months
- Management of severe acute malnutrition (SAM) of the children 6-59 months
- Management of moderate acute malnutrition (MAM) of the children 6-59 months and PBW
- In patient treatment for SAM children U5 with medical complication



PROTECTION

- Registration/Documentation
- Protection Case Management
- Protection Monitoring
- Community-Based Protection
- Engagement with the security pillar
- Legal Aid
- Assessment and analysis of the specific barriers to access to HLP rights among the new arrivals
- Legal mediation and dispute resolution support on HLP cases



CHILD PROTECTION

- Child protection situation monitoring and Child Rights Monitoring
- Community-based child protection
- Outreach activities
- Specialized services including CP Case Management, Children Associated with Armed Forces and Groups (CAAFAG) and Unaccompanied and Separated Children (UASC)
- Structured and Sustained Activities Systems strengthening and Capacity building



GENDER-BASED VIOLENCE

- GBV case management
- GBV Awareness Raising & Risk mitigation
- Psychosocial Support Activities



SHELTER-CCCM

- Vacant Shelter Repairs
- Site Development and Plot Preparation
- New Shelter Construction (MTS)
- Repurposing of existing facilities for temporary communal shelters
- NFI & LPG assistance
- Relocations, community mobilization and support
- Camp Coordination and CFM/AAP
- Emergency shelter kit distribution
- Shelter repair and maintenance



WASH

- Emergency water supply
- Hygiene - Provision of hygiene items
- Sanitation - Operation and maintenance of facilities
- Waste - Construction and operations of facilities
- Water Supply - Operation and maintenance of existing facilities (incl. treatment)



EDUCATION

- Establishment of Temporary Learning Centers (TLCs)
- Recruitment of volunteer teachers
- School or learning facility supplies



LIVELIHOODS AND SKILLS DEVELOPMENT

- Creating diversified livelihoods opportunities: Beneficiaries will be engaged in production volunteers, training support volunteers, cleaners, guards, and porters etc., unskilled volunteer roles

AT A GLANCE

SNAPSHOT OF THE ROHINGYA REFUGEE RESPONSE FLASH APPEAL

JUNE - DECEMBER 2025

 **150,000** NEW ARRIVALS TARGETED

54.1%
Women & Girls

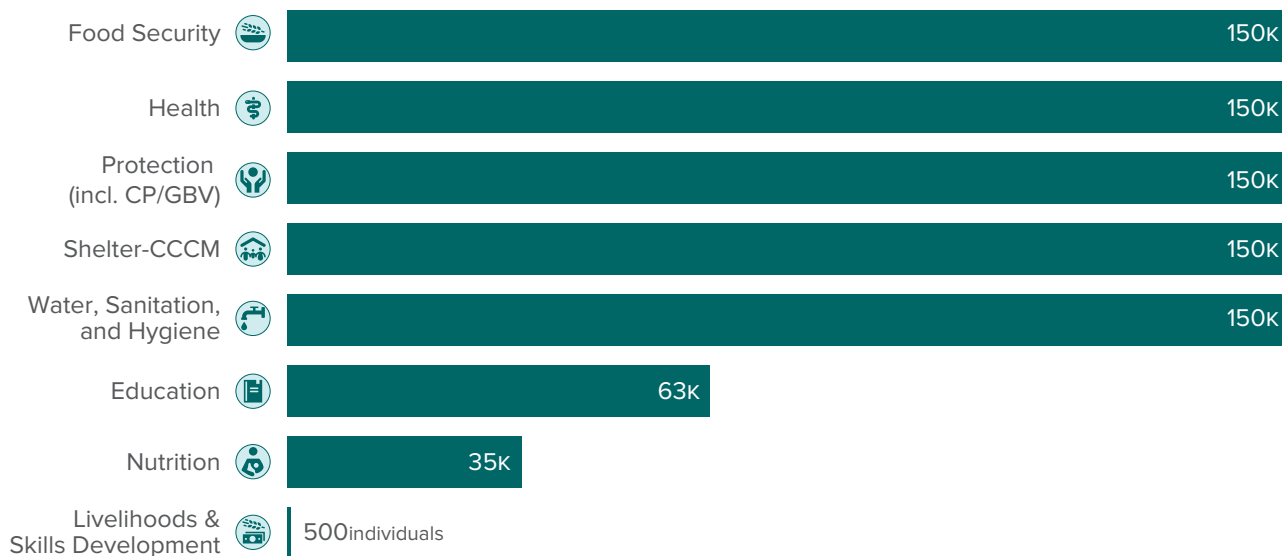


45.9%
Men & Boys

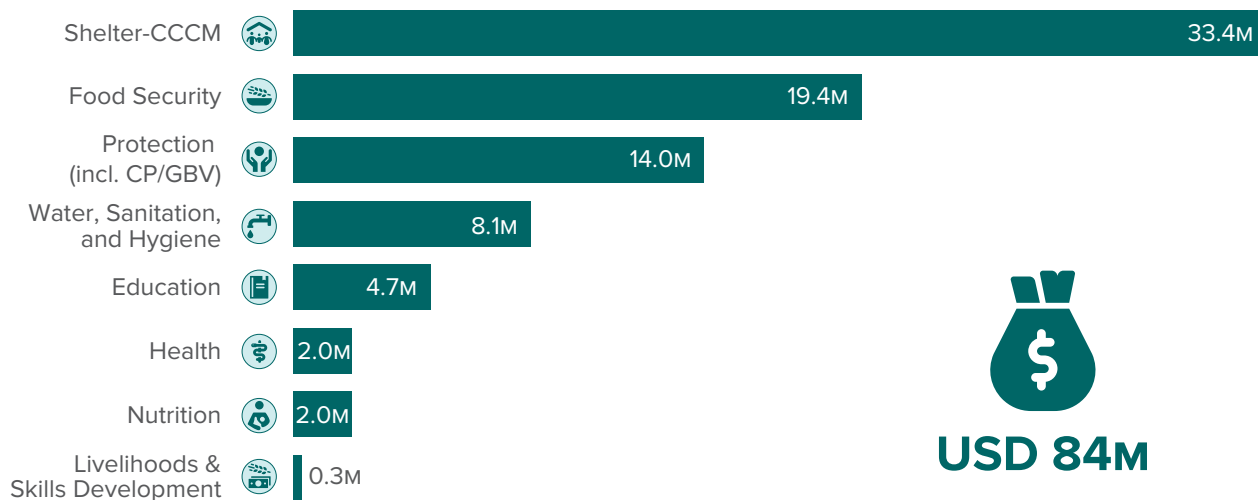
 **USD 84m** TOTAL REQUIRED



POPULATION TARGETED (2025 Rohingya Refugee Response Flash Appeal)



PRIORITIZED FUNDING NEEDS (2025 Rohingya Refugee Response Flash Appeal)




USD 84M

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CONTEXT, AND NEEDS OVERVIEW

Flash Appeal

A total of USD **84 million** is urgently required to meet the lifesaving and critical needs of estimated **150,000 additional new refugee arrivals**. 50,000 new arrivals were already accounted for in the initial JRP plan, but the numbers of new arrivals have largely overtaken these planning figures. At the date of publication of this appeal more than 120,000 people have been biometrically identified, and thousands more are waiting to be identified, and still Rohingya are crossing the border fleeing violence in Rakhine.

This appeal outlines the needs, proposed interventions, and funding required to provide emergency and essential humanitarian assistance including food, shelter, water, healthcare, nutrition, protection, and education to the new arrivals. The activities and budgets for new arrivals summarized in this Flash Appeal are aligned with the Prioritized Joint Response Plan to ensure equity across all camps. It is important to note that these activities will be undertaken within the existing camp in Cox's Bazar, and do not cover the costs associated with an extension of the camp to accommodate new shelters as this has not yet been approved by the Government of Bangladesh. Consequently, the needs outlined in this appeal are limited to lifesaving/critical activities. This appeal, spanning **1 June to 31 December 2025**, is focused exclusively on refugees and Forcibly Displaced Myanmar Nationals (FDMNs) residing in the camps. It does not include host community members, whose needs are already included in the 2025 Joint Response Plan.

Nearly Eight Years On: Overview of the crisis

Bangladesh has generously provided refuge to over one million Rohingya refugees, with more than 750,000 arriving in 2017 alone. Rohingya refugees live in temporary shelters across 33 densely populated camps in Cox's Bazar, and around 35,000 Rohingya live on the small island of Bhasan Char. Since the start of 2024, Bangladesh has faced a new influx of Rohingya refugees fleeing conflict and persecution in Myanmar, adding to the population of refugees living in the world's largest refugee camp in Cox's Bazar. In response to the renewed fighting in Myanmar and resulting influx, the Government of Bangladesh has allowed an estimated 150,000 new Rohingya arrivals to enter the camps despite concerns about the rapidly growing population and its impact on the local environment and social coexistence, almost 8 years since the 2017 influx.

In mid-November 2023, conflict erupted between the Myanmar Armed Forces and the Arakan Army in Rakhine State, which borders Cox's Bazar District in Bangladesh. As the violence escalated in January 2024, thousands of civilians were forced to flee internally and many Rohingya attempted to enter Bangladesh despite the border remaining officially closed. The people fleeing had to pass through active conflict zones and were attacked and killed by armed groups in Myanmar. To leave the country, the Rohingya had to pay people smugglers as the only available means to escape the violence, putting them at risk of abuse and exploitation. At the border, many Rohingya were intercepted by border guards while trying to enter Bangladesh, resulting in widespread detention and deportation.

Despite these enormous challenges, many thousands of Rohingya civilians managed to enter Bangladesh in 2024, and new refugee arrivals have continued in the first half of 2025. Nearly 25% of all new arrivals entered Bangladesh in August 2024, during the peak of the conflict in Northern Rakhine State including urban clashes in Maungdaw Town, and at a time when law enforcement agencies in Bangladesh were stretched due to mass protests across the country. Targeted violence and persecution in Rakhine State and the dire humanitarian situation in Myanmar have forced thousands of Rohingya to seek protection in Bangladesh and, while the exact number is not yet known, an estimated 150,000 additional Rohingya refugees are now living in the Cox's Bazar camps who were not accounted for in the initial JRP plan.

During the first half of 2025 the fighting in Myanmar has continued. Millions remain displaced within the country and humanitarian agencies estimate that more than 20 million people need urgent humanitarian assistance, including around 3 million people in Rakhine State. Since December 2024 the Arakan Army controls over 90 per cent of the territory in Rakhine and most of its border with Bangladesh.

Though open conflict in Northern Rakhine has decreased following the Arakan Army's de facto control of the State, the situation for the Rohingya remains dire, trapped between the Myanmar military and the Arakan Army and subject to forced recruitment and other abuses by both sides. Attacks on Rohingya villages in Rakhine have intensified, perpetuating the Rohingya's fear for their lives and future in Myanmar, forcing many to undertake the perilous journey to Bangladesh in desperate search of safety. New refugee arrivals speak of the targeted persecution against the Rohingya community and dire socio-economic conditions in war-ravaged Rakhine State, compelling them to flee to Bangladesh despite the enormous risks. With no end in sight to the violence in Myanmar, greater regional and international efforts are needed to end the conflict, protect the civilian population in Myanmar and create the conditions for voluntary, safe and sustainable return for the Rohingya. Strong international support is needed now more than ever to safeguard the humanitarian needs and dignity of Rohingya refugees in Bangladesh until the conditions in Myanmar are conducive for their return.

New Arrivals and Population Statistics

As of 31 May 2025, **118,966** new arrivals have been biometrically identified, representing 31,000 households. The majority (78%) are women and children, and 54% are female. Around 10% of the individuals are assessed to have specific needs, including people with disabilities, single parents, individuals with serious medical conditions, unaccompanied minors, older people at risk, and others requiring legal and physical protection.

This additional population brings the current camp population to **1,139,433 Rohingya refugees** (235,878 households), while the biometric identification exercise continues and more Rohingya refugees attempt to cross the border into Bangladesh.

The Government of Bangladesh distinguishes new Rohingya arrivals from Rohingya refugees who arrived in the 1990s or before and from Forcibly Displaced Myanmar Nationals (FDMNs) who fled to Bangladesh in 2017/18. However, the Bangladesh authorities recognize the need to provide new Rohingya arrivals with humanitarian support. While the biometric identification exercise continues in 2025 to accurately quantify and identify new arrivals now living in the camps in Cox's Bazar, the humanitarian and donor community is advocating with the Government for the new population to be biometrically registered to protect them against forced return and to facilitate equitable assistance for the entire camp population.

Following their biometric identification, new arrivals are included in the joint Government/UNHCR database linked to humanitarian assistance programmes in the camps. They have regular access to food assistance, core relief items and health/nutrition, protection, education and other basic services, but their lack of official registration as refugees creates barriers to accessing formal justice mechanisms.

Protection and humanitarian assistance to new Rohingya arrivals living in the camps is provided in line with the five strategic objectives¹ and sector response plans set out in the Joint Response Plan 2025/26, as agreed with the Government of Bangladesh and consistent with support provided to the existing Rohingya population.

Operational Assumptions

As of 31 May 2025, 118,966 new arrivals had been biometrically identified in the Cox's Bazar camps, while more Rohingya continue to come forward, and others are crossing the border into Bangladesh daily. The humanitarian response is based on a planning figure of 150,000, reflecting a forward-looking estimate informed by current trends and operational analysis. This number is anchored in several key assumptions:

- Despite fewer open clashes, Rohingya civilians continue to face persecution, forced recruitment, and limited access to basic services in Rakhine State. Continued displacement is likely. Planning for 150,000 ensures timely support for the actual number of new arrivals not already reflected in the 2025 JRP.

1. JRP 2025-26 focuses on five key objectives: 1) Work towards the early, voluntary, and sustainable repatriation of Rohingya refugees/FDMNs to Myanmar; 2) Strengthen the protection and resilience of Rohingya refugee/FDMN women, men, girls, and boys; 3) Deliver life-saving assistance to populations in need; 4) Foster the well-being of host communities, including income generation, employment, and access to basic services, with a focus on localization and capacity-building; and 5) Strengthen disaster risk management and combat the effects of climate change.

- Many more Rohingya are present in the camps, but their numbers are unverified due to fear, restrictions, or limited outreach. As biometric identification takes time, plans must account for those not yet counted to avoid underestimating.
- Underestimating the population in the camps risks undermining plans for lifesaving interventions, including food distribution, health, and protection services, if the actual population in need is higher. Planning for 150,000 new arrivals not already counted for in the 2025 JRP will ensure continuity of prioritized service delivery and assistance, and reduce the need for additional emergency appeals.

Overview of the needs

The ongoing humanitarian situation, further aggravated by the funding crisis, is affecting refugee communities in multiple ways, deepening the challenges faced by those already marginalized by gender, age, disability, and forced displacement.

Mobile protection teams monitor displacement at the border and respond to the needs of new arrivals, advocating with authorities for their access to safety, identifying needs and making referrals to appropriate services like medical care for war-wounded individuals, psychological support and family tracing to reunite children separated from caregivers during the journey. Biometric identification is the entry point for comprehensive protection and humanitarian assistance in the camps and forms a distinct part of the joint support to continuous **registration** to ensure credible population data.

The registered Rohingya population has been sharing their limited food ration for months pending the Government's agreement on registration and assistance for new arrivals, impacting the overall level of **food insecurity** in the camp and threatening the progress made to address **malnutrition**, which has been at emergency levels since 2024. Conflict-related injuries and limited access to medical assistance including vaccines in Myanmar mean that newly arriving refugees require urgent **health** support. The additional population also requires significantly increased capacity and supplies to ensure adequate standards of **water and sanitation**, without which the Rohingya camps will quickly become unsafe and uninhabitable.

New arrivals often lack the strong community ties that more long-settled refugees have developed, leaving them vulnerable to exploitation or unsafe coping strategies. Young people or unaccompanied children face heightened risk of being recruited into harmful groups. Children and adolescents may be pulled out of school to contribute however they can to support their households, or have their movements restricted for safety reasons. New arrivals are less familiar with available legal remedies and desperately need support to navigate the justice system should they become victim of a crime or require mediation to resolve a dispute.

Older people, especially those without caregivers, often face social stigma that limits their access to help. Alongside people with disabilities, they encounter serious obstacles. Many are unable to reach latrines, bathing areas, food distribution points, or health centers without assistance. Refugee children require access to basic **education** and **child protection** support to mitigate the numerous risks they face in the camps, while women and girls need specialist support to prevent and respond to **gender-based violence**, in addition to lifesaving sexual and reproductive health services.

Due to the lack of available space in the camps and ongoing discussions with the Government to allocate more land for shelter construction, fearing increased tensions with the host community, new arrivals have received minimal access to **shelter** support. This has forced new arrivals to share already cramped shelters with the existing refugee population, creating more problems while masking the full extent of the needs. In the absence of designated land for additional shelter construction and the installation of the infrastructure required to deliver adequate services and assistance, new arrivals have relied on community and kinship ties to share shelters or have squatted in vacant shelters and other structures. Some new arrivals have constructed flimsy shelters in unsafe areas of the camp or endured sleeping under the open sky.

With a population density of 47,000 people per square kilometer - one of the highest in the world - the lack of adequate shelter in the camps has resulted in overcrowded shelters, creating serious health and protection risks, especially for women, children, and persons with disabilities. The harsh environment and frequent natural disasters, including the monsoon and cyclone season with a high-risk of landslides and

flash floods, further exacerbate these dangers. Protection monitoring suggests that the increased population and lack of shelter space is contributing to a dramatic increase in a range of social issues including violent personal disputes, gender-based violence and land disputes. To make matters worse, new arrivals have been targeted by organized groups operating in the camps due to their vulnerability and lack of familiarity with legal recourse mechanisms.

Prioritized Joint Response Plan and Funding Overview

Amidst a global decline in humanitarian assistance, the Rohingya refugee response in Bangladesh is facing an increasingly precarious funding environment. With the population and needs continuing to grow, underfunding in critical areas will have disastrous consequences on already fragile conditions in the Rohingya camps and surrounding communities.

The Joint Response Plan (JRP) for 2025/26 was launched jointly by the Government of Bangladesh and the humanitarian community on 24 March 2025, with an appeal for **US\$934.5 million** to meet the needs of **1.09 million refugees** and **392,000 host community members** in 2025.

Halfway into 2025, the JRP is just **21.7%** funded² and projections for the remainder of the year are deeply concerning. Significant reductions in donor contributions in 2025 have necessitated an urgent and extensive reprioritization of activities by Sector Leads and humanitarian partners, with approximately 49% of the original JRP appeal required for “first priority” interventions considered critical or lifesaving. As of 4 June 2025, a funding gap of approximately **US\$176 million** persists for first priority needs. This is in addition to the unmet requirement of **US\$84 million** presented in this Flash Appeal to address the immediate humanitarian needs of **150,000** refugee arrivals who were not accounted for in the initial JRP plan.

Underfunding of the Rohingya response will result in largescale pipeline breaks in the coming months, with disastrous consequences for conditions in the camp where the population remains heavily dependent on humanitarian assistance. Without additional funding, severe disruptions are imminent including the halving of soap distribution in June, the closure of most Rohingya schools from July; halting LPG distribution from September; suspending primary health care services from September and stopping general food distribution from October.

Declining donor support will negatively impact both the refugee camps with a particularly detrimental effect on new arrivals, as well as the surrounding host communities who have sacrificed a lot to accommodate such a large refugee community. Vulnerable Rohingya will be forced to adopt increasingly desperate and harmful coping strategies, creating potentially long-term harm and heightening protection risks, as well as putting at risk the peaceful coexistence between communities.

Coordination

The Rohingya response is led by the Government of Bangladesh, with UN and NGO partners providing coordinated support to the Government through the delivery of lifesaving humanitarian services and assistance to more than one million refugees.

UN, NGO and donor representatives based in Dhaka provide strategic oversight and guidance on the Rohingya response in accordance with the policies and priorities of the Government of Bangladesh.

At the field level in Cox’s Bazar, the Inter-Sector Coordination Group (ISCG) ensures operational coordination of humanitarian partners, working in close partnership with the Refugee Relief and Repatriation Commissioner (RRRC) of the Government of Bangladesh and other relevant officials. Eight humanitarian sectors coordinate the programmes of more than 150 partners working under the framework of the Joint Response Plan, with activities coordinated at the camp level by a Camp-in-Charge, appointed by the Ministry of Disaster Management and Relief.

2. Source: FTS - Financial Tracking Service, as of March 31, 2025.

SECTOR RESPONSE PLAN & FINANCIAL REQUIREMENTS

FOOD SECURITY



FUNDING REQUIRED



USD **19.4M**

PEOPLE TARGETED



150,000

Government of Bangladesh: Refugee Relief and Repatriation Commissioner (RRRC), Department of Agricultural Extension

Sector Lead Agencies: FAO and WFP

SECTOR SPECIFIC RESPONSE

The Food Security Sector and its partners are working to stabilize food access and prevent critical disruptions among newly arrived refugees, who will be immediately included into the General Food Assistance through an existing cash-based transfer (e-voucher) system. The monthly food assistance promotes both dietary diversity and dignity of choice. Priority support will be provided to the extremely vulnerable groups, including female-headed or child headed households, older persons, and individuals with disabilities, through initiatives such as Fresh Food Corners (FFC), which offer nutrient-rich produce. For many, this will be the first consistent access to fresh food in months. The sector will also address increasing food insecurity caused by the sharing of existing rations, which has strained supplies across camps. Without additional funding, current food pipelines will be exhausted by October, placing both new and existing populations at serious risk. Food insecurity leads to malnutrition, illness, and harmful coping mechanisms, particularly affecting women and children. Sustained, flexible food assistance remains essential for both survival and dignity.

SECTOR ACTIVITY HIGHLIGHTS

- Lifesaving emergency food assistance (E-Voucher)
- Fresh food corner support to extremely vulnerable group (FFC)
- Rapid food assistance/hot meal to new arrivals

HEALTH



FUNDING REQUIRED



USD **2.0M**

PEOPLE TARGETED



150,000

Government of Bangladesh: Civil Surgeon (Ministry of Health and Family Welfare)
Sector Lead Agency: WHO

SECTOR SPECIFIC RESPONSE

The Health Sector will provide urgent, comprehensive health services to 150,000 new arrivals whose access to care has been severely disrupted by conflict and displacement. The response will prioritize essential curative and preventative healthcare through fixed and mobile facilities, aligned with the Government-endorsed Essential Package of Health Services (EPHS). Services will include immunization, primary healthcare, maternal and newborn care, family planning, and treatment for non-communicable diseases. Field hospitals and referral systems will manage more complex conditions, while rehabilitation and physiotherapy centers address injury recovery needs. A strong community health component will be deployed to extend outreach, surveillance, and health promotion, ensuring early detection and rapid response to disease outbreaks. The Health Sector's integrated model is designed to prevent avoidable deaths and reduce excess morbidity, especially among children, women, the elderly, and people with disabilities. Without immediate support, existing health facilities will be overwhelmed, risking widespread service disruption and preventable loss of life in an already densely populated and fragile environment.

SECTOR ACTIVITY HIGHLIGHTS

- Epidemiology, Surveillance, and Health Information Management
- Immunization and Vaccination
- Primary Health Care Centers
- Referral services
- Rehabilitation, Physiotherapy Centre
- Secondary Health Care/Field Hospitals

NUTRITION



FUNDING REQUIRED

 **USD 2.0M**

PEOPLE TARGETED

 **35,000**

Government of Bangladesh: Civil Surgeon (Ministry of Health and Family Welfare)

Sector Lead Agency: UNICEF

SECTOR SPECIFIC RESPONSE

The Nutrition Sector will prioritize a comprehensive lifesaving and essential nutrition package, both curative and preventive, provided for the targeted population including children under 5, adolescent girls, and pregnant and breastfeeding women (PBW) through the established integrated nutrition facilities in 33 camps.

Preventative nutrition services will include the counselling of maternal, infant and young child feeding for caregivers, while the provision of blanket supplementary feeding/e-vouchers for children under 5, as well as PBW and micronutrient supplementation, such as Vitamin A, will also be provided to children under 5 as well as iron folic acid (IFA) to adolescent girls and PBW. Additionally, children under 5 years will be included in the mass (MUAC) screening and de-worming campaign.

To address acute malnutrition among the new arrival population, treatment services for severe and moderate acute malnutrition targeting children under five and PBW will be given following screening, referral, and enrolment into respective nutrition programs.

Through these comprehensive responses, the Nutrition Sector will ensure the nutritional well-being of the target populations among new arrivals by ensuring access to essential and life-saving nutrition interventions.

SECTOR ACTIVITY HIGHLIGHTS

- Maternal and Infant Young Child Nutrition (MIYCN)-IYCF counselling and messaging for the pregnant women and caregiver of children 0-23 months
- Management of blanket supplementary feeding program (BSFP) for children 6-23 months and PBW and e-voucher program for children 24-29 months
- Management of severe acute malnutrition (SAM) of the children 6-59 months
- Management of moderate acute malnutrition (MAM) of the children 6-59 months and PBW
- In patient treatment for SAM children U5 with medical complication

PROTECTION



FUNDING REQUIRED

 **USD 9.7M**

Government of Bangladesh: Refugee Relief and Repatriation Commissioner (RRRC)
Sector Lead Agency: UNHCR

PEOPLE TARGETED

 **150,000**



FUNDING REQUIRED

 **USD 2.1M**

Government of Bangladesh: Ministry of Women and Children Affairs (MoWCA)
Sub-sector Lead Agency: UNICEF

PEOPLE TARGETED

 **125,000**



FUNDING REQUIRED

 **USD 2.2M**

Government of Bangladesh: Ministry of Women and Children Affairs (MoWCA)
Sub-sector Lead Agency: UNFPA

PEOPLE TARGETED

 **130,000**

SECTOR SPECIFIC RESPONSE

The growing influx of Rohingya refugees, estimated to reach 150,000, has prompted an urgent scale-up of coordinated protection efforts in response to rising needs on the ground. Registration is the first line of protection, laying the foundation for refugee access to multi-sectoral humanitarian assistance and services available in the camps. While the Government of Bangladesh is yet to permit full registration of new arrivals, it has permitted a partial biometric identification process. The Protection Sector will focus on biometric identification of new arrivals, legal assistance, protection monitoring, case management, community-based protection, and psychosocial support, targeting 150,000 individuals in the initial phase. Sustained advocacy will remain crucial to expanding protection measures and ensuring legal recognition for new arrivals.

The Protection Sector will implement a structured approach to ensure that new arrivals receive essential protection services. Biometric identification will be prioritized to establish legal identity and facilitate access to humanitarian assistance and services. Case management systems will be maintained to provide critical support to individuals who are victims of crimes or at risk of serious harm from perpetrators. Case management links directly with protection monitoring to ensure that comprehensive and timely data on the security situation in the camps is available. Legal awareness sessions will bring communities together to engage with complex issues like human trafficking and child marriage. Concerted advocacy with authorities will enable Rohingya new arrivals to access their basic rights.

Mobilizing community leaders, refugee volunteers, and focal points will enhance community-based protection mechanisms to support awareness-raising and early risk identification. Complaint and feedback mechanisms enhance accountability, while structured dialogues promote social cohesion and conflict resolution. Legal aid services will be provided to assist individuals to obtain access to justice, either in criminal courts or through mediation, in coordination with authorities.

To address housing, land and property (HLP) needs, the Protection Sector will carry out rapid assessments to identify specific barriers faced by new arrivals in accessing their HLP rights. Based on the findings, targeted services—including legal aid and mediation—will be provided to support dispute resolution and promote social cohesion. These interventions aim to prevent eviction, forced relocation, and unlawful rent demands.

Psychosocial support services will address the mental health impacts of displacement. Psychological first aid will be provided, with a focus on establishing safe spaces for vulnerable groups, strengthening mental health referral pathways, and implementing community-based support initiatives. Capacity-building for frontline workers will be prioritized to enhance their ability to provide adequate psychosocial interventions.

Child Protection services for new arrivals will be integrated into the existing child protection capacities within the camps, with an increased focus on helpdesks for family tracing and support for unaccompanied and separated children. The decision to expand activities in the camps will depend on the settlement patterns of the new families, as some camps may receive a number of new arrivals that exceed the current capacity of CP services.

GBV Sub-Sector partners will continue to ensure access to lifesaving GBV services through a survivor-centered approach for new arrivals, monitor emerging GBV risks, trends, ensure access to GBV prevention and response services for the most vulnerable groups with particular attention also to Persons with Disabilities (PwDs), gender-diverse populations, and women, children and adolescents at risk. Key response priorities will include comprehensive GBV case management, which encompasses psychosocial support, and safe, ethical and timely referrals to multi-sectorial services including information sharing on GBV response and risk mitigation. This will be complemented by the integration of GBV and Sexual and Reproductive Health (SRH) services, particularly through the Clinical Management of Rape (CMR), ensuring survivors have access to immediate medical care, including CMR kits, SRH services, and trained healthcare providers in a comprehensive, survivor-centered approach. In case of need, GBV actors will prioritise distributing the dignity kits to the women and girls who are at risk of GBV, especially in case of any hazards such as flood, cyclone, fire. If needed, the expansion of Women and Girls' Safe Spaces (WGSS) will be considered or establishing temporary safe spaces in areas with high new-arrival populations to provide safe environments for psychosocial support and referral services.

GBV risk mitigation will be integrated into all humanitarian sectors to ensure safe access to services and reduce exposure to GBV. New arrivals will be engaged in existing community-led structural/non-structural GBV prevention activities. Efforts will also include increasing access to life skills, and non-formal technical/vocational training for newly arrived women and adolescent girls, helping to reduce vulnerability and improve resilience. Economic empowerment programmes like skill development training and linkage building with livelihood opportunities will be promoted for women at risk.

To uphold and ensure consistent compliance with a zero-tolerance policy on Sexual Exploitation and Abuse (SEA), the capacity of GBV actors including refugee volunteers will be strengthened in coordination with the PSEA Network.

SECTOR ACTIVITY HIGHLIGHTS

PROTECTION	CHILD PROTECTION	GENDER-BASED VIOLENCE
<ul style="list-style-type: none"> Registration/Documentation Protection Case Management Protection Monitoring Community-Based Protection Engagement with the security pillar Legal Aid Assessment and analysis of the specific barriers to access to HLP rights among the new arrivals Legal mediation and dispute resolution support on HLP cases 	<ul style="list-style-type: none"> Child protection situation monitoring and Child Rights Monitoring Community-based child protection Outreach activities Specialized services including CP Case Management, Children Associated with Armed Forces and Groups (CAAFAG) and Unaccompanied and Separated Children (UASC) Structured and Sustained Activities Systems strengthening and Capacity building 	<ul style="list-style-type: none"> GBV case management GBV Awareness Raising & Risk mitigation Psychosocial Support Activities

SHELTER-CAMP COORDINATION AND CAMP MANAGEMENT



FUNDING REQUIRED

 USD **33.4M**

PEOPLE TARGETED

 **150,000**

Government of Bangladesh: Refugee Relief and Repatriation Commissioner (RRRC)

Sector Lead Agencies: IOM and UNHCR

SECTOR SPECIFIC RESPONSE

An estimated 150,000 newly arrived refugees, equivalent to approximately 40,540 households, based on an average family size of 3.7, are believed to be residing in the camps of Cox's Bazar, with numbers expected to reach this figure as identification continues. IOM and UNHCR, managing 17 and 16 camps respectively, will continue to provide site management, as well as core relief item and LPG assistance, to meet the immediate humanitarian needs of new arrivals.

The planned response, scheduled from June to December 2025, represents the most realistic and probable operational approach for supporting newly arrived families receiving emergency SCCC humanitarian assistance. It also considers the low likelihood of new land being allocated to them.

Flexibility is embedded in the response strategy, allowing actors to adjust programming in line with available funding, access constraints, and Government decisions. While the sector stands ready to rapidly scale-up operations, whenever required, lack of funding will significantly undermine the Sector's ability to provide adequate shelter support for an estimated 150,000 vulnerable individuals, many of whom are already exposed to seasonal risks and overcrowded conditions. The provision of shelters for new arrivals is subject to Government approval, including the allocation of new land for expansion of the camp.

SECTOR ACTIVITY HIGHLIGHTS

- Vacant Shelter Repairs
- Site Development and Plot Preparation
- New Shelter Construction (MTS)
- Repurposing of existing facilities for temporary communal shelters
- NFI & LPG assistance
- Relocations, community mobilization and support
- Camp Coordination and CFM/AAP
- Emergency shelter kit distribution
- Shelter repair and maintenance

WATER, SANITATION AND HYGIENE



FUNDING REQUIRED



USD **8.1M**

PEOPLE TARGETED



150,000

Government of Bangladesh: Department of Public Health Engineering (DPHE)

Sector Lead Agency: UNICEF

SECTOR SPECIFIC RESPONSE

The WASH Sector will ensure that all newly arrived refugees have access to safe water and sanitation and are aware of key hygiene practices. It will ensure a minimum provision of 20 litres per person per day of water through the water supply systems in the camps. Gender-segregated sanitation facilities (toilets and bathing facilities) will be constructed, considering the cultural and safety needs of different ethnic groups, women and girls as per global standards (1 latrine for 20 persons). Existing WASH facilities will be assessed, and, where required, rehabilitation/upgrades will be carried out to make them functional. The Sector will coordinate with the Government, NGOs, UN agencies (division of responsibility likely to be UNICEF 50%; UNHCR 31% and IOM 19%), and other Sectors/stakeholders for efficient delivery of WASH services. WASH services will be monitored continuously to ensure sufficient quality and access, and the Sector will ensure the WASH response overall is integrated into feedback and response mechanisms.

SECTOR ACTIVITY HIGHLIGHTS

- Emergency water supply
- Hygiene - Provision of hygiene items
- Sanitation - Operation and maintenance of facilities
- Waste - Construction and operations of facilities
- Water Supply - Operation and maintenance of existing facilities (incl. treatment)

EDUCATION



FUNDING REQUIRED



USD **4.7M**

PEOPLE TARGETED



63,000

Government of Bangladesh: Directorate of Primary Education

Sector Lead Agencies: UNICEF and Save the Children

SECTOR SPECIFIC RESPONSE

With over 63,000 newly arrived children aged 3–17 in need, the Education Sector will deliver immediate Education in Emergencies (EiE) to provide children with a routine, safety, and psychosocial stability. Temporary Learning Centers (TLCs) with WASH facilities will be established inside camps, providing structured environments where children can access learning, recreational activities, and psychosocial support. Using the Myanmar Curriculum Framework, lessons will be tailored to the learners' language and cultural context, easing the transition for children arriving from Myanmar. Volunteer teachers will be recruited and trained to support both academic instruction and the social-emotional recovery of students. In the absence of formal schools and with many children having faced interrupted education or trauma, this sector's role is critical in protecting children from harmful coping mechanisms, early marriage, and exploitation. Without urgent funding, most Rohingya schools are at risk of closing by July, leaving tens of thousands of children with no access to education or safe spaces in the camps.

SECTOR ACTIVITY HIGHLIGHTS

- Establishment of Temporary Learning Centers (TLCs)
- Recruitment of volunteer teachers
- School or learning facility supplies

LIVELIHOODS AND SKILLS DEVELOPMENT



FUNDING REQUIRED



USD **300K**

PEOPLE TARGETED



500 individuals directly

2,500 individuals indirectly

Government of Bangladesh: Refugee Relief and Repatriation Commissioner (RRRC)

Sector Lead Agency: UNHCR

SECTOR SPECIFIC RESPONSE

LSDS will extend support to new Rohingya arrivals by restoring dignity and engaging them in volunteer roles, providing them with valuable income-generating opportunities and the opportunity to contribute to various community-based activities, reducing stress and building a sense of ownership. As part of this initiative, individuals will be engaged in roles such as production volunteers, training support volunteers, cleaners, guards, and porters. The implementation of these activities will adhere to the Volunteer Engagement Guidance 2022, ensuring that all engagements are conducted in line with standards and principles agreed with the Government of Bangladesh. For women, youth and other vulnerable groups, these opportunities provide a crucial steppingstone towards a sense of normalcy and resilience. The expected impact aims at reducing dependency on aid and strengthening community cohesion.

SECTOR ACTIVITY HIGHLIGHTS

- Creating diversified livelihoods opportunities: Beneficiaries will be engaged in production volunteers, training support volunteers, cleaners, guards, and porters etc., unskilled volunteer roles

ANNEX I:

DETAILED BUDGET PER SECTOR

SECTOR (COX'S BAZAR)	Key Activities In Line With The JRP Prioritization Exercise (No camp extension)	Funding requirement
Food Security	Lifesaving emergency food assistance (E-Voucher)	\$19.4M
	Fresh food corner support to extremely vulnerable group (FFC)	
	Rapid food assistance/hot meal to new arrivals	
Education	Establishment of Temporary Learning Centres (TLCs)	\$4.7M
	Recruitment of Volunteer Teachers	
	School or Learning facility Supply, School feeding	
Health	Epidemiology, Surveillance, and Health Information Management	\$2.0M
	Immunization and Vaccination, Referral services (one time round of vaccination)	
	Scale up of Primary Health Care Centres	
	Scale up of Referral services	
	Scale up of Rehabilitation, Physiotherapy Centre	
	Scale up of Secondary Health Care/Field Hospitals	
Livelihoods and Skills Development	Beneficiaries will be engaged in production volunteers, training support volunteers, cleaners, guards, porters, and unskilled volunteer roles	\$0.3M
Nutrition	Maternal and Infant Young Child Nutrition (MIYCN)-IYCF counselling and messaging for the pregnant women and caregiver of children 0-23 months	\$2.0M
	Management of blanket supplementary feeding program (BSFP) for children 6-23 months and PBW and e-voucher program for children 24-29 months	
	Management of severe acute malnutrition (SAM) of the children 6-59 months	
	Management of moderate acute malnutrition (MAM) of the children 6-59 months and PBW	
	In patient treatment for SAM children U5 with medical complication	
Protection (including Child Protection and Gender-Based Violence)		\$14.0M
Protection	Registration/Documentation	\$9.7M
	Protection Case Management, Monitoring	
	Community Based-Protection	
	Engagement with the security pillar & Legal Aid	
Protection - Child Protection	CP situation monitoring and Child Rights Monitoring	\$2.1M
	Community-based child protection, Outreach activities	
	Specialized services including CP Case Management, Children Associated with Armed Forces and Groups (CAAFAG) and Unaccompanied and Separated Children (UASC)	
	Structured and Sustained Activities with Capacity building	
Protection - Gender-Based Violence	GBV case management	\$2.2M
	GBV Awareness Raising & Risk mitigation	
	Psychosocial Support Activities	

Shelter-CCCM	Vacant Shelters Repairs	\$33.4M
	Site Development and Plot Preparation	
	New Shelter Construction (MTS)	
	Repurposing of existing facilities for temporary communal shelters	
	NFI	
	Relocations, community mobilization and support	
	Camp Coordination and CFM/AAP	
	Emergency shelter kit distribution	
	Shelter repair and maintenance	
WASH	Emergency water supply	\$8.1M
	Hygiene - Provision of hygiene items	
	Sanitation - Operation and maintenance of facilities	
	Waste - Construction and operations of facilities	
	Water Supply - Operation and maintenance of existing facilities (incl. treatment)	
TOTAL		\$84M



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