

# Rohingya Refugee Response

Bangladesh



## Inter Sector Needs Assessment ISNA 2025

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Cox's Bazar

**BANGLADESH**



The findings of the Inter-Sector Needs Assessment 2025 (ISNA 2025) are current as at December 2025. As the situation evolves, including responses and field-level interventions, differences may arise between the report findings and subsequent developments and related data.

The publication was developed and produced by RCP (formerly ISCG) with technical contributions from Sectors, Cross Cutting Working Groups. The findings were validated in several fora led by the respective Sectors, Working Groups and RCP. The findings herein aim to provide useful and relevant information to guide the Rohingya Refugee Response in terms of planning, coordination, resource mobilization and advocacy.

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### Overall lead and coordination



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#### SECTORS



#### CROSS CUTTING WORKING GROUPS



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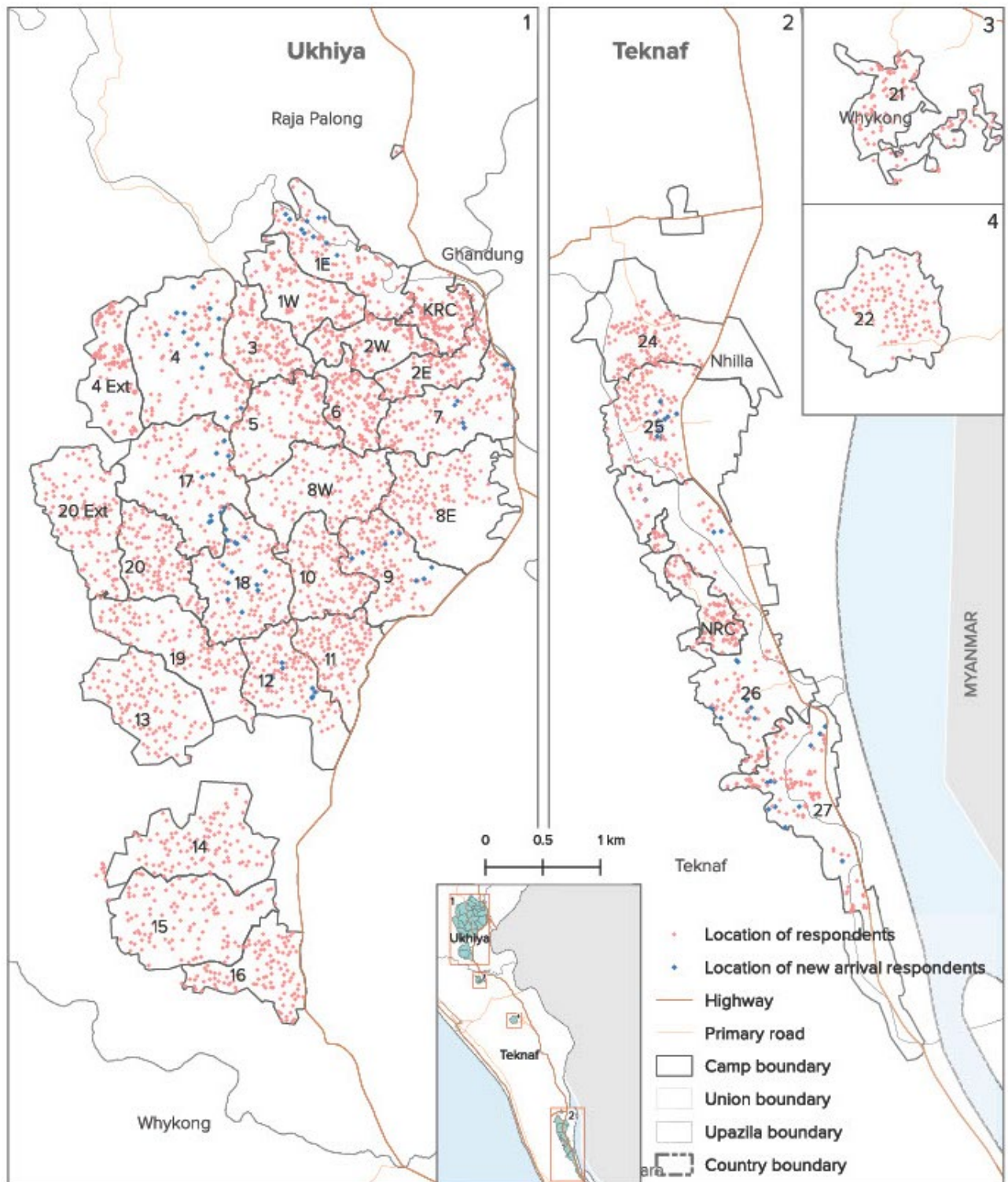
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Created by ISCG on 15 December 2025 | Data sources: Bangladesh Bureau of Statistics, ISCG, Open Street Map.  
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

## Executive Summary

The crisis and humanitarian situation in the Rohingya camps in Cox's Bazar remain highly fragile despite significant investment over the eight years since the largescale influx in 2017. The results of the Inter-Sector Needs Assessment (ISNA) 2025, revealed that funding shortfalls, infrastructure fatigue, refugee population growth including new arrivals and policy restrictions that present limits for refugees' self-reliance showed indicators of worsening multi-sector outcomes and increased household vulnerability. These challenges were further compounded in 2025 by a reduction in humanitarian funding and increasing unpredictability of resource flows, which constrained partners' ability to sustain coverage and service quality across sectors.

**Deterioration of essential services and living conditions:** The ISNA 2025 findings indicate that life-saving assistance coverage remains broadly intact; however, living conditions are deteriorating. Compared to 2024, the results of ISNA 2025 showed a decline in key essential services. Water access at the household level, although within standards, has declined, while 88% of households reported deteriorating shelter conditions and limited capacity to self-repair. Approximately 14,394<sup>1</sup> households are exposed to flood risks and 34,391<sup>2</sup> households are living in landslide risks areas and face increasing vulnerability to flooding and landslides that occur on a yearly basis in the camps. The Health Sector continues to provide extensive primary health care coverage, yet incidents of communicable and non-communicable diseases pose serious public health concern. As with nutrition, despite full coverage, admissions of severe and moderate wasting rose by 13% and 11% respectively while anemia prevalence is critically high at 38% for children under five.

**Economic restrictions and harmful coping mechanism:** Food assistance coverage remains high, and food consumption outcomes improved with the reinstatement of full rations. However, 35% of households are still fully dependent on humanitarian aid, and for those able to secure income, sources are largely informal, short-term and insufficient. Structural barriers, including self-imposed restricted movements, limited markets, and financial exclusion, continue to suppress livelihood opportunities. Cash programming and initiatives such as homestead gardening provide some relief, but reach is limited, and access to land and water is a challenge. Indications of negative coping strategies, including child labor, child marriage and the selling of assistance are prevalent across Sectors, undermining protection, education and nutrition outcomes.

Following renewed escalation of violence in Myanmar's Rakhine state, newly arrived Rohingya households since 2024 have been relatively worse off across multiple Sectors, such as shelter insecurity, limited access to WASH and non-food items, increased risks of eviction, and high rental payments.

**Protection and security environment:** Despite the perception of improved security and safety conditions in the camps, largely due to the government-facilitated truce among organized groups, ISNA 2025 shows Rohingya households continue to experience cases of abduction for ransom, extortion, theft, forced recruitment, especially among children, and gender-based violence. As with 2024, fear-driven movement restrictions, particularly at night, are prevalent among refugees, especially women, which limits access to basic services, including livelihoods, and further contributes to psychological distress. New arrivals face heightened risks, such as their shelter conditions, access to non-food items, rent payments and possible eviction.

The response has exerted considerable effort to encourage Rohingya households to make use of community feedback mechanisms. However, resolving complaints has declined, and community leaders and informal channels remain the preferred route for dispute resolution, thus, raising concerns about accountability and exploitation. At the same time, women, youth and persons with disabilities remain under-represented in decision-making processes.

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<sup>1</sup> Cox's Bazar SCCCM Sector (2025), Flood Risks Assessment Post Disaster 2024/2025

<sup>2</sup> Cox's Bazar SCCCM Sector (2025), Landslide Risks Assessment Post Disaster 2024/2025

**Disproportionate impact on vulnerable groups:** The results of ISNA 2024 and 2025 showed consistent disproportional impact on youth, persons with disabilities, women, girls and older persons. In 2025, some 98,769<sup>3</sup> Rohingya are persons with disabilities, more than half of whom face challenges accessing humanitarian services while 74% require assistive devices. Youth (15-24 years old) comprise 19% of the refugee population yet are largely under-represented in camp governance and have limited access to initiatives that improve their life skills. Results showed that youth face elevated risks of early marriage, school drop-out, trafficking, recruitment by organized groups, limited access to education, limited skills development and safe spaces. Women and girls experienced reduced mobility and heightened exposure to gender based violence. Older people remain particularly vulnerable during emergencies during limited emergency support.

## Background

As of December 2025, there are some 1.177 million (245, 221 families) Rohingya refugees of which 921,064 are living in 33 camps in Teknaf and Ukhiya Upazillas.<sup>4</sup> This includes 141,532 new arrivals (33,890 families) who have settled in the camps since 2024. The Rohingya population is predominantly young (majority under 18 years old) with an average household size of 5.5 members.

The Inter-Sector Needs Assessment (ISNA) 2025 provides an overview of the humanitarian situation of Rohingya refugees in Cox's Bazar following eight years of emergency and protracted displacement. Covering all eight Sectors (Food Security, WASH, Shelter and Camp Coordination and Camp Management, Livelihood and Skills Development, Health, Nutrition, Education and Protection) and two Sub-Sectors (Child Protection and Gender-Based Violence), ISNA 2025 highlights a fragile and increasingly strained response environment. The assessment also identifies prevailing risks and vulnerabilities, including the cross-cutting themes of energy and environment, emergency preparedness and response, disability inclusion, accountability to affected populations, youth and prevention from sexual exploitation and abuse.

ISNA 2025 is a convergence of analysis from data collected through the ISNA household survey, Public Health Needs Assessment (PHNA), Education Needs Assessment (ENA) and other secondary Sector data. ISNA carried out a survey for refugees in the camps using a total sample size of 3,465 households, separately Health Sector surveyed 2,014 households for PHNA, and Education Sector covered 1,081 households for ENA. Rohingya household respondents were selected through stratified probability random sampling proportional to the population size of each camp. The survey utilized shelter footprints in selecting the respondent households. The results are disaggregated at camp and upazila level by gender and age. The assessment excludes qualitative data, except for references made from key informant interviews and focus group discussions carried out by Sectors to support the analysis.

The assessment was carried out by RCP, with technical inputs from Sectors and Working Groups. Data collection was carried out by IOM/NPM and UNHCR/ACTED. The assessment focuses exclusively on the situation of refugees living in Cox's Bazar camps and is based on quantitative data collected from August 12 to September 10, 2025. Data analysis also covers information from secondary sources as at December 2025.

The assessment covers data and analysis of the overview of the needs, response gaps and perception of services in refugee camps only. It does not provide an in-depth analysis of the needs as these are specifically addressed in separate assessments carried out by the Sectors or cross-cutting groups. These Sector assessments target specific group of respondents (eg. children, women) and indicators with data that requires collection by subject-matter experts or persons with specialized training.

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<sup>3</sup> Humanity Inclusion (2025), Identification and Assessment of Persons with Disabilities at Household Level

<sup>4</sup> UNHCR (2025, December). [Document - Joint Government of Bangladesh - UNHCR Population Dashboard as of December 2025](#)

## Household demographics

The ISNA household survey used the August 2025 population figures of 1,156,001 Rohingya refugees, among whom 921,064 are living in Ukhiya and 204,819 in Teknaf, while 37,056 are currently hosted in Bashan Char. This number includes the 133,651 refugees considered as new arrivals since 2024.<sup>5</sup>

The survey covers the 33 camps with a sample size of 3,465 (2,731 (79%) households (HH) in Ukhiya, 734 (21%) household in Teknaf) only (excluding Bhasan Char). Most respondents were within the 25-40 age group (55%), followed by the 41-59 age group (24%), the 18-24 age group (12.4%), and those above 60 years old (8.6%). Fifty-seven (57.8%) of respondents were heads of households (female 11.7% and male 88.3%). In total, 19,198 household members were included in this survey.

Figure 1. Number household respondents per camp (total respondents 3,465 households – average sampling size per camp)

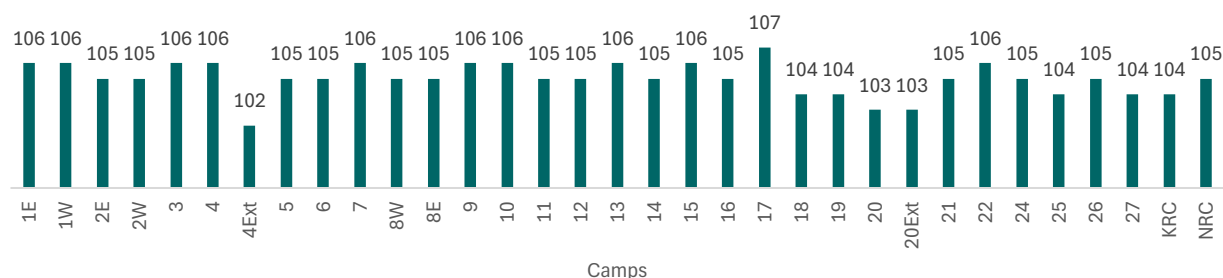
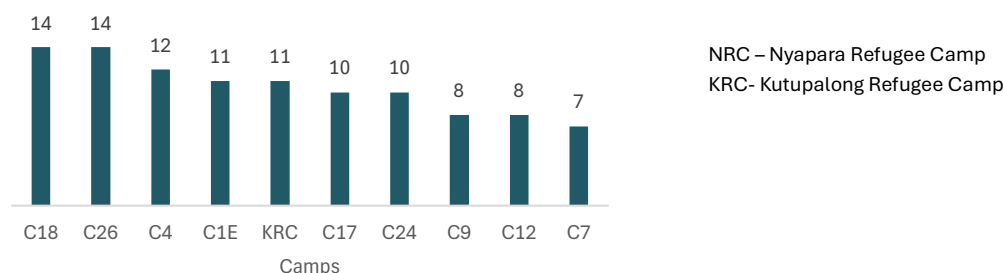


Figure 2. Number of new arrival household respondents (105 individuals)



**Rohingya household members.** The average size of a Rohingya household (HH) is 5.5 individuals. The average age is 21 years, with 44% of HH members falling within the 18-59 age range, 52% between 0-17 years (children) and 4% aged 60 and above (elderly). A total of 3,691 Rohingya household members, or 19% are youth aged 15-24.

Figure 4. Percentage of households by age and gender

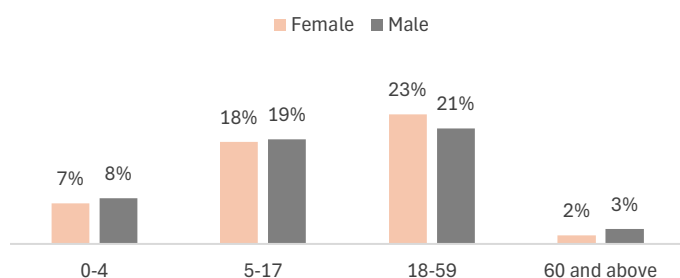
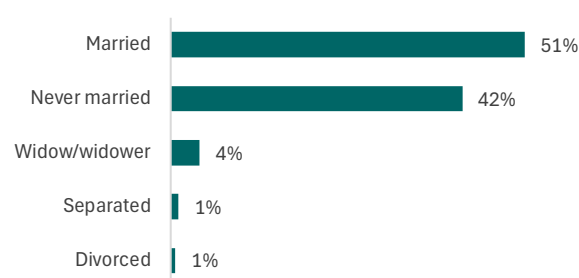


Figure 3. Percentage of household by civil status



<sup>5</sup> UNHCR (2025, August). [Joint Government of Bangladesh - UNHCR Population Dashboard as of August 2025](#)

Of Rohingya households surveyed, 18% were heads of households, 15% spouses, and 60% were children. Many households also included extended family members such as grandchildren (3%), children-in-law (2%), grandparents/parents/parent-in-law (1%), siblings and other relatives (1%), and guests (0.6%).

While the number of persons with specific needs is underreported in the camps, the Joint Government of Bangladesh and UNHCR registration (as of September 2025) indicates at least 12%<sup>6</sup> of refugees are persons with at least one specific need. A detailed breakdown of these needs is shown in Table 1.

Table 1: Number of Cox’s Bazar refugees with specific needs<sup>7</sup>

Specific need	Number (individuals)	Male	Female
Persons with disability <sup>8</sup>	98,769	48%	52%
Single parent/caregiver	22,645	4%	96%
Legal & physical protection needs	7,117	55%	45%
Serious medical condition	4,476	43%	57%
Unaccompanied/separated children	3,387	47%	53%
Other specific needs	2,487	3%	97%
Children at risk	2,579	9%	91%
Older person at risk	2,382	30%	70%

Note: Figures refer to the whole population of Cox’s Bazar camps, not the survey respondents

### **New arrival Rohingya households**

For the purpose of this survey, the sampling frame for new arrival Rohingya households is 17,098 who entered Cox’s Bazar from September 2024 – August 2025. The sample size for new arrival refugees is 105 (70 households in Ukhiya and 35 households Teknaf) across 10 camps.

New arrivals’ needs have been presented separately in the findings under each section of this report. Like other refugees, the new arrivals’ profile is 48.9% male and 51.1% female respondents. Among them, 14.2% are aged 18-24, 49.5% are aged 25-40, some 23.8% aged 41-59 and 12.4% are aged 60 and above. Household heads are predominantly male at 96%, with an average household size of 5.5. Household composition includes 14% aged 0-4, some 37% aged 5-17, some 42% aged 18-59 and 7% aged 60 and above. Most household members are female at 51%, while 7% are single-headed households.

## **Cross – Sector Summary**

ISNA 2025 findings indicate that the Rohingya response has largely maintained access to lifesaving services. However, the data signals a gradual shift in the nature of vulnerability across the camps. The current challenge is less about gaps in service coverage and more about the gradual erosion of living conditions, resilience, and household coping capacity.

Across sectors, coverage remains relatively high. Yet outcomes reveal increasing strain: malnutrition admissions are rising, chronic illness burden is growing, school attendance fluctuates, complaint resolution rates have declined, and negative coping mechanisms persist. These patterns suggest that maintaining service presence is no longer sufficient to stabilize wellbeing. Eight years into the Rohingya response, vulnerability is no longer defined by gaps in service coverage but by the cumulative effects of economic restrictions, infrastructure fatigue, environmental exposure, and

<sup>6</sup> UNHCR (2025, September). Government of Bangladesh – Population Factsheet, September 2025. [Joint Government of Bangladesh - UNHCR Population Dashboard as of September 2025](#)

<sup>7</sup> Ibid

<sup>8</sup> Government of Bangladesh and UNHCR are jointly working to register all persons with disability (PWD) in the camps, and this number will likely increase as the verification of PWD is on-going.

constrained household self-reliance. ISNA 2025 findings indicate that while life-saving assistance remains broadly accessible, Rohingya households are increasingly exposed to layered and compounding risks across sectors.

Economic fragility remains the central driver of vulnerability. Approximately 35% of Rohingya households are fully dependent on humanitarian assistance, while available income opportunities remain informal and irregular. Negative coping mechanisms, including borrowing or selling food and non-food items, child labor, and child marriage, are increasingly normalized as households attempt to manage financial strain. These coping strategies directly undermine gains in food security, nutrition, education, and protection outcomes.

Overcrowding and environmental exposure further amplify risks. More than 34,391<sup>9</sup> Rohingya households are living in flood risks and 14,394<sup>10</sup> and landslide risks area. Shelters deterioration is increasing with many households unable to access materials or financial means to undertake necessary repairs with only 2 years of life span. Unreliable lighting increase vulnerability to fire, while women and girls face heightened risks in accessing communal latrines and public spaces. Infrastructure gaps, intersect with health, gender, child protection and mental health outcomes.

Protection risks persist despite improved perception of overall safety. Theft, abduction, forced recruitment and extortion remain prevalent in the camps. Households imposed self-restriction at night, withdraw from communal facilities, or rely on informal power structures to resolve disputes. Psychological pressure remains widespread due to overlapping of household stress such as rental (new arrival), income and safety.

Youth and women experience disproportionate exclusion in several areas such as declining school enrolment, access to life skills, safe spaces, and meaningful participation in governance spaces. Young people felt disengaged, and some are increasingly vulnerable to forced recruitment. Women's participation in economic activities is minimal, while unpaid domestic care burden has increased. Gender-related risks associated with access to basic needs have increased, thus reflecting intersect between economic needs and protection vulnerability.

Across Sectors, while awareness of complaint channels has slightly improved, resolution rates have declined, and informal structures continue to be the preferred option for dispute resolution. Reduced closure of feedback loops may erode trusts and early identification of emerging vulnerabilities.

These dynamics converge most strongly among households experiencing layered exposure: economic pressure combined with environmental risk, limited participation, and protection threats. Vulnerability is increasingly cumulative rather than isolated within a single sector.

The response must now try to address structural drivers of vulnerability, in addition to service gaps.

## Inter – Sectoral Vulnerability Analysis for ISNA

The 2025 inter-sector vulnerability analysis indicates that the humanitarian response remains operational and continues to provide broad access to essential services; however, outcome indicators across several sectors show increasing strain. The highest concentration of vulnerability cluster around protection risks, deteriorating nutrition outcomes, shelter congestion, youth vulnerability, and emerging pressures within the health system. Protection related indicators, including GBV linked to economic coping, psychological distress, and eviction risks among new arrivals, rank at the upper end of the vulnerability scale. Nutrition indicators also rank among the higher vulnerability levels, driven by increasing admissions for wasting and persistently elevated levels of anemia and stunting, signaling structural fragility despite broad service coverage. Shelter vulnerability is driven by high overcrowding, infrastructure deterioration, and the continued exposure of shelters to environmental hazards in high-risk slope areas, while youth indicators reflect long-

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<sup>9</sup> Cox's Bazar SCCC Sector (2025), Flood Risks Assessment Post Disaster 2024/2025

<sup>10</sup> Cox's Bazar SCCC Sector (2025), Landslide Risks Assessment Post Disaster 2024/2025

term risks linked to school dropout, disengagement, and limited participation pathways. Health indicators also point to growing strain as households increasingly report chronic illness and long-term health conditions, gaps in access to essential medicines, and continued mental health needs, despite the continued availability of primary health services. Across these domains, vulnerability is less the result of service absence and more the cumulative effect of economic restriction and prolonged exposure to protection risks.

In contrast, food assistance, access to WASH services, and basic health care currently register comparatively lower levels of vulnerability, indicating that core life-saving systems remain functional. However, these sectors remain vulnerable to operational, or funding shocks and limited household self-reliance. The overall pattern reveals compounded systemic risk such as economic restrictions, environmental exposure, infrastructure and shelter deterioration, rising chronic health needs, and governance gaps interact across sectors, concentrating vulnerability among new arrivals, adolescents, persons with disabilities, and households in high-risk locations. While immediate life-saving conditions remain relatively stable, structural vulnerability continues to deepen. Without sustained and predictable investment, particularly in protection, nutrition stabilization, health service continuity, youth engagement, and infrastructure maintenance, vulnerability levels are likely to escalate rather than plateau. Overall, the analysis suggests that vulnerability in the camps is increasingly shaped by the interaction of economic fragility, environmental exposure, infrastructure fatigue, and protection risks rather than by single-sector service gaps. The table below shows the level of vulnerability for each indicator.

Table 2: Vulnerability level for identified Sectoral indicators.

Indicator	Data	Level
Safety and security concerns (ISNA)	15%	3
Prevalence rate of stunting in children 0-59 months (Nutrition monitoring)	41.2%	3
HHs with major shelter damages (ISNA)	42%	3
Acute food insecurity (IPC)	20% (214,792 HHs)	3
Reduced coping index (HHs adopted at least 1 coping strategy) (IPC)	95%	3
Households with psychological distress (ISNA)	28.4%	3
Prevalence of anemia among children 6-59 months (SENS)	38%	3
Limited access to essential medicine (ISNA)	14%	3
Persons with disability with health condition (PHNA)	38.1%	3
Persons with limited access to medicine (PHNA)	14%	3
Maternal mortality rate per 100,000 live births (Health monitoring)	124/100LB	3
Households reporting disputes/conflict in their communities (ISNA)	12%	2
Households approached for recruitment (ISNA)	8.4%	2
Households at risks of eviction (ISNA)	6%	2
Households using tap stand (water network) (ISNA)	70%	2
Households reporting visible waste in vicinity (ISNA)	8%	2
Children 5-18 enrolled and attended learning facility regularly (ENA)	58%	2
HHs with timely LPG refills (refill gaps/delays from 5-10 days) (ISNA)	60%	2
Shelters situated on or directly adjacent to slopes identified as high risks (ISNA)	17%	2
Households reporting unsafe access to GBV services (ISNA)	4%	1
Non-functional recommended Health Facilities (PHNA)	5%	1
Reported cholera cases per week (Health monitoring)	0.1	1
Penta 3 vaccination coverage (%) among children under 1 year old (Health monitoring)	93%	1
Reported measles per week (Health monitoring)	1	1

**BOX 1: Methodology used for inter-sector vulnerability classification**

The Refugee Coordination Platform (RCP, formerly ISCG) applied a context-adapted methodology to classify **inter-sector vulnerability** based on selected sectoral indicators, indicated by the Sectors. While the approach draws conceptually from the

IASC Humanitarian Needs Overview (HNO) severity framework<sup>11</sup>, it was adjusted to reflect the specific characteristics of a protracted refugee context, where structural fragility, protection risks, and funding dependency are key determinants of vulnerability. The objective of the analysis was not to generate a new composite vulnerability index, but rather to interpret existing sector indicators through a structured, risk-based lens to identify areas of heightened fragility and cross-sector exposure to deterioration. The inter-sector vulnerability classification developed under ISNA represents an important step toward strengthening collective analysis across sectors. While its practical application in 2026 remained limited, the exercise established a first common analytical framework to compare and aggregate sectoral vulnerability information. By identifying which needs, populations, and locations face the highest levels of vulnerability, such an approach can support more strategic prioritization of needs and clearer targeting of assistance in a context of constrained humanitarian funding. It also provides an evidence base to strengthen cross-sector coordination, highlight overlapping vulnerabilities, and inform more integrated and cost-effective response planning, strategic prioritization, and advocacy. The analysis was based on the consolidated indicator table (see Table 2).

**Key features of the methodology**

Existing sector indicators and available monitoring data were grouped and interpreted through a simplified vulnerability categorization. Indicators originally scored on a 1–5 scale were consolidated to align with the three-tier classification used in this exercise. In practice, original scores of 4 and 5 were grouped under Vulnerability Level 3 (High), reflecting the upper band of the simplified scale applied for inter-sector comparison. Indicators corresponding to mid-range values were categorized under Vulnerability Level 2 (Moderate–High), capturing situations where services remain operational, but systems show visible strain, increased demand, or elevated risk of deterioration if constraints persist. Indicators reflecting relatively stable conditions and functioning service delivery were classified under Vulnerability Level 1 (Low), indicating that while risks remain present in a protracted displacement context, they are not currently associated with acute system stress or immediate protection concerns.

This simplified three-tier classification allows for a consistent interpretation of diverse sector indicators while maintaining analytical comparability across sectors. The approach focuses not only on service availability but also on outcome trends, system pressure, and exposure to structural risks that may affect the stability of humanitarian assistance in the camps.

This approach ensures that inter-sector vulnerability reflects not only whether services are available, but also whether outcomes are stable, under strain, or at risk of deterioration. The focus is therefore on system fragility, exposure to shocks, and protection implications rather than service presence alone. Vulnerability was classified into three levels:

Table 3: Three-tiered levels of vulnerability

Level 3 – High Vulnerability	Level 2 – Moderate–High Vulnerability	Level 1 – Low Vulnerability
<ul style="list-style-type: none"> <li>• Evidence of severe or potentially severe harm or loss of life</li> <li>• Life-threatening conditions or immediate protection risks</li> <li>• Imminent collapse of critical services</li> <li>• High likelihood of rapid deterioration without intervention</li> </ul>	<ul style="list-style-type: none"> <li>• Largest population groups affected</li> <li>• Visible strain on systems and service delivery</li> <li>• Reduced capacity</li> <li>• Elevated risk of deterioration if constraints persist</li> </ul>	<ul style="list-style-type: none"> <li>• Services functioning at minimum standards, (delivery of basic services continues)</li> <li>• Systems remain fragile and dependent on sustained funding</li> <li>• Risks present but not currently acute</li> </ul>

The inter-sector vulnerability analysis was sector-led and validated.

- Participating Sectors identified a limited set of context-relevant vulnerability indicators through internal technical consultation.
- Sector Coordinators validated both the selection of indicators and their interpretation (thresholds)
- Scoring relied on the results of ISNA, existing monitoring data and sector reporting systems.
- The RCP Secretariat consolidated sector inputs to ensure coherence, comparability, and cross-sector interpretation.

Sectors included in this round are Protection (including gender-based violence), Nutrition, Health, Education, Shelter-CCCM, WASH and Food Security. Inclusion was based on data availability, agreed indicators, and the capacity to apply consistent

<sup>11</sup> IASC is a comprehensive approach to assessing severity of humanitarian crises and disasters. Designed to provide a shared understanding of crisis severity and ensure that all those affected received necessary assistance and all those affected are receive the necessary food assistance. Severity classification using this framework is applied to IDP contexts. [IASC Technical Manual, Joint and Intersectoral Analysis Framework \(JI AF\) 2.0.pdf](#)

classification. This collaborative approach ensured that inter-sector vulnerability classification remained grounded in operational realities while maintaining inter-sector consistency.

### **Limitations**

The methodology relies on existing indicators that were not originally designed specifically for vulnerability classification. However, these indicators were used to track down the humanitarian needs of the response in most of the needs assessment from previous years. Data coverage and indicator robustness vary across sectors as data came from different sources and collected using different methodologies. The simplified three-tier classification inevitably reduces or simplifies the complexity of operational realities and should therefore be interpreted as indicative rather than definitive. In addition, vulnerability in a protracted refugee context is strongly influenced by funding continuity and policy constraints, which cannot be fully captured through quantitative indicators alone.

The analysis also reflects the limited availability of comprehensive socio-economic indicators within the current monitoring framework or any other data sources. While economic pressure and reduced household coping capacity are widely recognized as key drivers of vulnerability in the camps, consistent indicators on household income, debt burden, and purchasing power remain limited across sectors. As a result, economic fragility is primarily captured indirectly through coping indicators, protection risks, and food security monitoring rather than through a dedicated economic vulnerability framework.

In addition, the policy framework governing the Rohingya response considers the entire refugee population as requiring humanitarian assistance. As a result, vulnerability classification does not function as a mechanism to determine eligibility for assistance, but rather as an analytical tool to identify relative levels of risk, system pressure, and emerging sectoral vulnerabilities within a population that is universally considered in need. The analysis therefore focuses on highlighting areas of heightened fragility and potential deterioration rather than distinguishing between populations in need and those not requiring support.

### **Recommendations for the next inter sector vulnerability analysis**

For the next ISNA cycle, the inter-sector vulnerability methodology should evolve from a largely descriptive exercise into a structured, decision-oriented tool that directly informs prioritization, targeting, and planning across the response. A concise inter-sector guidance note should be developed early in the cycle to define core vulnerability dimensions, protection risk, system fragility, coping capacity erosion, and exposure to funding shocks—and set minimum standards for indicator selection and thresholds. A small technical reference group of sector focal points and IM colleagues can help ensure consistency and comparability. Camp-level analysis should also be systematically integrated to identify geographic clusters of compounding risk by combining, for instance, service coverage, population density, environmental exposure, malnutrition trends, and protection incidents. This would enable more granular and phased prioritization, particularly under funding constraints.

Stronger alignment with sector-specific vulnerability frameworks, especially Food Security—is equally critical. Structured cross-sector dialogue should ensure that multidimensional risks such as severe protection concerns, disability, high malnutrition, shelter fragility, disaster exposure, and limited-service access can inform food vulnerability categorization without replacing sector criteria. Improved data interoperability aligned monitoring cycles, and scenario-based analysis of funding reductions or service contraction would further strengthen evidence-based advocacy and contingency planning. Clearer thresholds, broader sector participation in classification, and institutionalizing the process before key planning milestones will enhance transparency, credibility, and collective ownership—ensuring inter-sector vulnerability analysis becomes a practical input to JRP prioritization and recalibration.

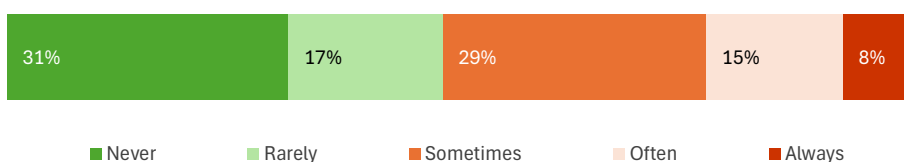
## Findings and analysis: Cross-cutting working groups

### Disability

There are two key sources of 2025 data regarding persons with disabilities: the ISNA and Identification and Assessment of Persons with Disability at Household Level<sup>12</sup>, led by Humanity Inclusion. The latter household survey provides individual household information on persons with disability while ISNA data is based on a random sampling survey. ISNA also provides additional information on needs and vulnerabilities of persons with disability.

In August 2024, at least 23,447 persons with disabilities were identified in the camps.<sup>13</sup> After a house-to-house visit in 2025, the number recorded reached 98,769 individuals<sup>14</sup> which is a significant increase in caseload of persons in need of targeted assistance. To support this, the household survey in ISNA 2025, the household survey showed approximately 9.7% of Rohingya have at least one disability.

Figure 5. Persons with disabilities with difficulty accessing services or assistance



ISNA 2025 survey results also showed that among persons with a disability, at least 52% report challenges in accessing humanitarian assistance, such as education, health services, shelter support, or other kinds of assistance, which is an improvement from 79% who reported having similar challenges in 2024.

Among the household members who have a disability, 16% reported using an assistive device, 58% expressed they are in need while 26% can continue performing daily activities without an assistive device. Most (61%) of persons with disabilities expressed requiring support or assistance in accessing different services.

**New arrival Rohingya households:** Among new arrivals, 9.4% of respondent household members reported having at least one disability. Among these, difficulty walking and climbing steps was the highest reported disability at 5%, followed by difficulty seeing even after wearing glasses at 4.4%, difficulty hearing even after wearing a hearing aid at 4.2%, difficulty remembering or concentrating at 3.8%, difficulty with self-care at 3.2%, and difficulty understanding or being understood at 2.2%. Most (70%) Rohingya refugees with disability expressed the need for access to assistive devices, 49% reported experiencing challenges in accessing humanitarian assistance and 55% reported needing support or assistance in accessing humanitarian services

**Response gaps, risks and vulnerabilities:** Persons with disabilities in the camps are disproportionately affected by prevailing risks and hazards such as landslides, flooding and fire incidents, and many camp facilities remain physically inaccessible to persons with disabilities.<sup>15</sup> There remains limited trained staff and technical expertise to support persons with disabilities with rehabilitation support, and further mainstreaming and intentional integration of initiative for persons with disability is needed across all Sectors.<sup>16</sup>

<sup>12</sup> Humanity Inclusion (October, 2025), Identification and Assessment of Person with Disability at Household Level.

<sup>13</sup> UNHCR (2024), [Joint Government of Bangladesh – UNHCR Population Factsheet, as of August 31, 2024](#)

<sup>14</sup> Humanity Inclusion (October, 2025), Identification and Assessment of Person with Disability at Household Level.

<sup>15</sup> [Sector-Specific-Barriers-and-Enablers-Assessment-Report\\_December-2024\\_DFAT\\_ISCG\\_HI-Final-.pdf](#)

<sup>16</sup> [Disability-Inclusion-Sectoral-Need-Analysis\\_July-2025\\_DFAT\\_ISCG\\_HI\\_Final.pdf](#)

**What has changed since 2024**

In 2025, the documented cases of persons with disability are at 98,769 compared to 28,070 in 2024 and reflects improved identification and potential reach for services. Access to assistance has also improved compared to 2024. However, services need to catch up as vulnerability remains high in critical areas such as physical barriers to the use of facilities, safety in emergencies and engagement in community activities.

Key indicators	2024	2025	Change/s
Persons with disabilities	23,447 <sup>17</sup>	98,769	*
Persons with disabilities with challenges in accessing assistance	79%	52%	+
Older persons in camps	4%	4%	
Persons with disabilities in need of assistive device	n/a	74%	-

**Recommendations**

- Ensure physical access to facilities such as WASH, shelters, health posts, learning centers, and evacuation routes.
- Ensure access to communication and information.
- Reduce stigma through staff and community sensitization.
- Design inclusive projects and ensure mandatory targeting for Persons with Disabilities.
- Ensure the active consultation of diverse groups in all project phases to promote inclusive decision making.
- Produce accessible information materials for all activities and ensure communication strategies are also accessible.
- Conduct periodic inclusion assessments to identify status and guide improvements.

**BOX 2: Disability**

Disability cuts across all Sectors, influencing access to services, safety during emergencies, and the ability to participate in community life. Without intentional inclusion, people with disabilities face compounded risks in health, shelter, protection and during emergencies.

**What the data shows**

- **Scale:** 9.7% of the Rohingyas report at least one disability (survey); population data identifies 98,769 people with disability (house-to-house assessment)
- **Access:** 52% face challenges in accessing assistance (down from 79% in 2024)
- **Assistive devices:** 74% require devices, only 16% currently use one
- **New arrivals:** 70% require assistive devices; 49% report access constraints

**Inter-Sector Consequences**

- **EPR:** reduced evacuation capacity during floods, fires and landslides
- **Health/Nutrition:** delayed or foregone care due to inaccessible facilities or services
- **Shelter/WASH:** physical barriers restrict safe use of latrines, bathing areas and shelters

**Priority Risks**

- Injury during emergencies
- Service exclusion despite overall coverage
- Reinforced dependency and isolation challenges

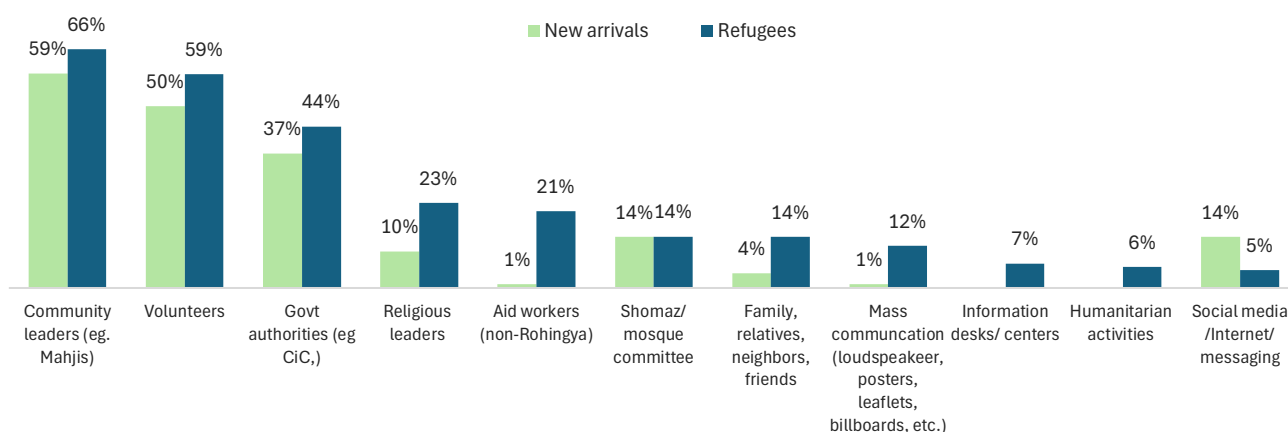
<sup>17</sup> UNHCR (2024), [Joint Government of Bangladesh – UNHCR Population Factsheet, as of August 31, 2024](#)

## Accountability to Affected Populations (AAP)

**Information sources:** Among Rohingya households, the most frequent source for receiving information are community leaders (66%), volunteers (59%) and government authorities (44%). These results reflect contextual factors such as influence, visibility, and activity in daily camp life. New arrivals showed a stronger tendency to rely on social media, possibly reflecting differences in exposure as compared to relatively longer-term Rohingyas. These findings mark a notable shift from the previous year<sup>18</sup>, where volunteers (94%), community leaders (77%), and aid workers (66%) were ranked as the primary sources for information.

The shift may be linked to the reduced presence of aid workers and volunteers and continued reliance on Mahjis for coordinating service-delivery. However, persistent challenges associated with Mahjis—such as exploitation, extortion, and bribery—remain a key concern.<sup>19</sup> These patterns point to systemic gaps in accountability and declining community trust in leadership positions of camp hierarchy. In contrast, more community-owned groups such as Shomaz/Mosque Committees were widely viewed as among the most respected and credible by community members.<sup>20</sup>

Figure 6. Preferred sources of information in the camps



**Reach and reception:** Perceptions of communication clarity remain relatively high, with 89% of Rohingya households indicating that information is easy to access and understand. The decline from 99% in 2024 may be linked to reduced Communication with Communities (CwC) initiatives, limited availability of IEC (Information, Education, and Communication) materials in preferred languages (Rohingya, Burmese) and accessible formats (audio-visual), and the increasing complexity of service delivery systems, criteria, and frequent changes in the evolving camp context. Reported access to sufficient and timely communication about aid declined in 2025 (85% Rohingyas; 70% new arrivals), down from 97% among Rohingyas in 2024, likely due to reduced outreach activities and service disruptions.

**Meaningful participation:** Perceptions of inclusion in decision-making remain relatively high, with 82% of Rohingyas and 81% of new arrival households reporting that their opinions on assistance and services were always considered. This marks a notable improvement from 66% in 2024 among Rohingyas, perhaps due to recent increased community engagement initiatives around service reductions, particularly those focused on participatory prioritization, strengthening collective accountability mechanisms, and supporting local leadership.

**Respectful engagement:** 93% of Rohingya households reported feeling they were always treated with respect and dignity by aid workers, representing a slight decline from 97% in 2024. This may be linked to increased reports of misconduct and negative experiences when engaging with community feedback mechanisms (CFMs). In some cases, up to 28% of complaints went unanswered by service providers for months, while up to 89% were unresolved—often perceived by communities as a lack of acknowledgement.

<sup>18</sup> [Cox's Bazar: 2024 Inter-Sector Needs Assessment \(ISNA\) Full Report](#)

<sup>19</sup> ["Community Consultations on 2025 Prioritized JRP," September 2025, AAP TWG](#)

<sup>20</sup> "Community Structures in the Rohingya Rohingya Response," October 2025, AAP TWG & Protection Sector

**Awareness:** Around 78% of Rohingya households reported being aware of how to formally report issues to aid workers—a 6% improvement from the previous year. However, challenges remain, likely stemming from gaps in standardization and harmonization across reporting systems. In contrast, most new arrival households (56%) indicated that they were unaware of such processes and access points or how to utilize them, underscoring the urgency for targeted awareness-raising and equitable access to ensure all groups can share their concerns. Despite improved CFMs understanding, reported usage remains proportionally low (44% of Rohingya households, 14% of new arrival households).

Figure 8. Percentage of households who are aware of CFMs and how to formally report a complaint to aid workers

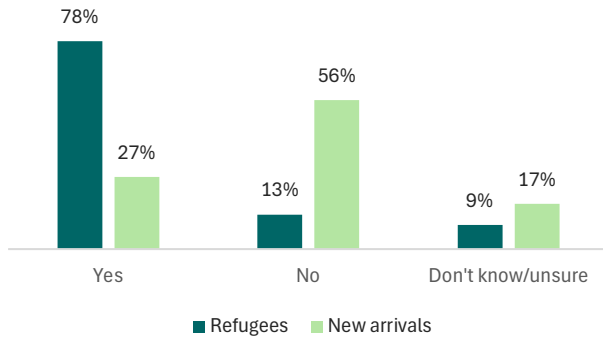
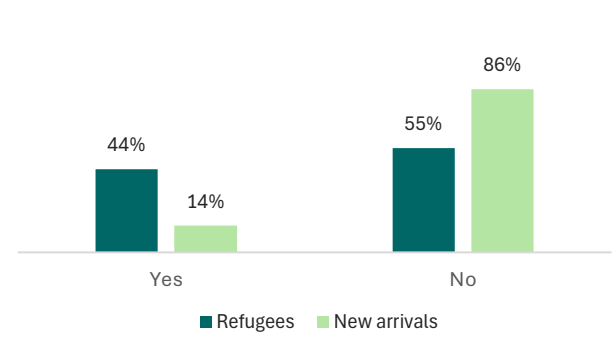


Figure 7. Percentage of households who have submitted a complaint using formal mechanisms



**Response rate:** Among Rohingya households that had previously submitted a report via a CFM, 30% reported not receiving a reply—a marked improvement from 43% the previous year. This may suggest progress in CFM functioning and efforts to follow-up with Rohingyas, even if their issue was not resolved; however, data from 2025 show that over one-quarter of complainants did not receive any update on their case for several months, regardless of the eventual outcome.

**Resolution:** Among Rohingya households that both submitted a complaint and received a reply through CFM, 52% reported that their issue was fully resolved. This is a sharp decline from 83% in 2024, when a majority of respondents expressed satisfaction with complaint outcomes—likely due to recent operational constraints amid higher caseloads. Furthermore, 2025 CFM reports reveal that up to 89% of complaints may remain unresolved by service providers even after several months. Factors contributing to this may be stricter prioritization, eligibility constraints, and decreased service availability. Limited satisfaction with CFM engagement is likely driven by delayed and low-quality feedback loop closure, amid consistently high expiration rates for complaints about key life-saving sectors.

Figure 9. Reasons households are not fully satisfied with CFM process

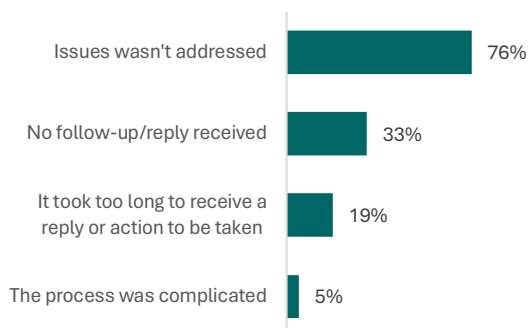
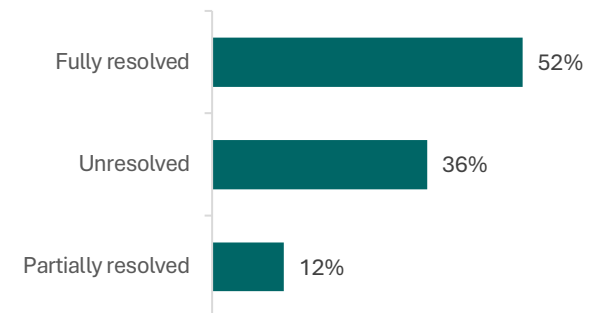


Figure 10. Percentage of households reporting outcome of their complaints



**Preferences:** Among Rohingya households, information desks (61%) and helplines (29%) were mentioned most frequently when listing preferred CFM channels. New arrivals showed a stronger preference for consultations/meetings and were generally less inclined to favor helplines. Overall, these findings highlight the need to maintain a balance between in-person, face-to-face modalities and more confidential or private reporting options. The variation underscores the importance of a multi-channel approach that accommodates different groups to ensure they are comfortable reporting issues.

**What has changed since 2024**

While perceived participation improved, system performance slowed down, especially the resolution of complaints, driven by service limitations, prioritization constraints, and reduced partner capacity.

Key indicators	2024	2025	Change/s
Top information source on important topics	Volunteers (94%), community leaders (77%), aid workers (66%)	Volunteers (58%), community leaders (65%), government authorities (44%)	-
Info quantity & relevance	97%	85%	-
Info reach & reception	99%	89%	-
Meaningful participation	66%	82%	+
Respectful engagement	97%	93%	-
CFM awareness	72%	78%	+
CFM usage	45%	45%	
Feedback loop closure	57%	70%	+
Complaint resolution	83%	52%	-

**Recommendations**

- Foster and support engagement with trusted and respected community structures and groups through a unified strategy that promotes inclusive community representation and governance.
- Standardize and coordinate key messaging to ensure it is culturally appropriate and delivered in preferred languages and formats for wider acceptance and understanding.
- Invest in timely, transparent, and accessible communication on critical services to support positive coping mechanisms and informed decision-making.
- Promote meaningful participation in decision-making processes, particularly regarding changes to assistance and cost-saving measures.
- Close the feedback loop by ensuring consistent complaint responses, timely resolutions, and accountability of service providers for providing quality follow-up and feedback.
- Strengthen quality assurance and monitoring systems by enhancing efficiency and effectiveness of CFMs through harmonization and rationalization.

**BOX 3: Accountability to Affected Populations**

AAP underpins trust, service quality, and protection. Weak communication, unresponsive feedback systems, and declining community agency undermine fairness, safety, and dignity—core to principled humanitarian response.

**What the data shows**

- **Information access:** 89% find information easy to understand (down from 99% in 2024)
- **Feedback use:** 44% used CFMs; only 52% report resolutions (down from 83% in 2024)
- **Preferred channels:** Community leaders remain dominant, despite risks of exploitation
- **New arrivals:** 56% unaware of any formal reporting mechanisms

**Inter-Sector Consequences**

- **Protection:** reliance on informal power structures increases risks of exploitation and reduces representation and inclusion; decreased access to life-saving information on services limits informed decision-making
- **Other Sectors:** unresolved complaints could escalate to tension or negative coping mechanisms, and delayed feedback could undermine trust in services

**Priority Risks**

- Normalization of unresolved grievances
- Increased informal dispute resolution and corruption
- Reduced reporting of sensitive issues or concerns of the Rohingyas

## Energy and Environment (EEN)

The provision of Liquefied Petroleum Gas (LPG) continues to be a cornerstone of environmental protection efforts in the Rohingya camps and adjacent vulnerable host communities. By reducing dependency on firewood, LPG distribution plays a vital role in preserving vegetation and conserving fragile ecosystems.

According to the ISNA 2025, 99% of Rohingya households received LPG assistance, however, 64% reported using firewood as a complementary cooking fuel to bridge gaps, an increase from 23% in 2024, while LPG assistance levels remained unchanged. This includes 20% who use firewood for heating. Despite near-universal coverage, one-third of Rohingya households experienced gaps of less than 5 days, while 60% reported gaps of 5 to 10 days. During these periods, firewood was primarily purchased (53%) or collected (53%) within the camps, with 30% of households citing safety and security risks associated with firewood collection. Additionally, 7% reported collecting or buying firewood outside the camps, further increasing exposure to protection risks.

Encouragingly, 85% of households observed no decline—or even an increase—in vegetation within the camps over the past year. Rohingyas also recognize the protective value of vegetation, with 80% affirming that planted slopes are more stable, particularly in the face of climate hazards such as strong winds, landslides, floods, and heatwaves.

However, significant gaps remain in environmental awareness and engagement where 55% reported no understanding of climate change impacts, and 87% had never participated in climate-related discussions or activities. Only 15% had engaged in communal environmental initiatives, such as tree planting, wildlife protection, or cleaning campaigns.

Lighting still emerged as a major safety concern, with 45% of households citing inadequate or poorly maintained public lighting, a decrease from 57% in 2024. A majority or 89% of women and girls identifying lack of lighting at night as their primary safety concern.

While LPG distribution has achieved high coverage, the continued reliance on firewood during supply gaps poses both protection and environmental risks. These risks would likely escalate in the event of any reduction in LPG supply. Furthermore, there is a pressing need to integrate climate change awareness into existing programming, using culturally appropriate and accessible formats to foster community understanding and resilience.

### ***What has changed since 2024***

Despite stable LPG coverage, reliance on firewood has increased sharply, reversing environmental and protection gains. While perceptions of vegetation stability improved, community engagement in climate action and environmental stewardship remains very limited, weakening long-term resilience.

Key indicators	2024	2025	Change/s
Households receiving LPG	98%	99%	-
Households still using firewood	23%	64%	-

### Recommendations

- Maintain and strengthen LPG distribution to ensure uninterrupted access and promote efficient usage to reduce firewood use.
- Engage communities on climate risks, emphasizing the link between environmental degradation and hazards such as slope failure and flooding.
- Increase and maintain public lighting, particularly in high-risk areas, to improve safety and protection, especially for women and girls.
- Strengthen nature-based solutions within disaster risk management (DRM) activities, including reforestation and slope stabilization.
- Incorporate a Blue-Green Network approach into site planning to enhance ecological connectivity, water management, and climate resilience

### BOX 4: Energy and Environment

Energy and environmental conditions directly influence protection, health, shelter safety, and climate resilience in the camps. When access to clean energy is disrupted or the environment deteriorates, communities face heightened risks—including increased exposure to protection concerns, fire hazards, and climate-related shocks—disproportionately affecting women, girls, and persons with disabilities.

#### What the Data Shows

- **LPG coverage:** 99% of Rohingya households receive LPG assistance.
- **Fuel gap coping:** 64% use firewood as a complementary fuel during LPG gaps (↑ from 23% in 2024).
- 60% report LPG interruptions lasting 5–10 days; one-third experience gaps under 5 days.
- **Protection risks:** 30% report safety concerns linked to firewood collection; 7% collect or purchase firewood outside camps.
- **Lighting:** 45% cite inadequate or poorly maintained public lighting; 89% of women and girls identify poor lighting at night as their primary safety concern especially going to latrines.
- **Environmental engagement:** 55% lack awareness of climate change impacts; 87% have never participated in climate-related activities.

#### Inter-Sector Consequences

- **Protection:** Firewood collection increases exposure to harassment, GBV, and movement restrictions.
- **Shelter/EPR:** Environmental degradation heightens risks of slope failure, flooding, and fire incidents.
- **Health:** Indoor air pollution and burn risks persist during LPG gaps.
- **Gender:** Women and girls bear disproportionate safety risks related to lighting and fuel collection.

#### Priority Risks if Unaddressed

- Increased protection incidents linked to fuel access and night-time mobility
- Accelerated environmental degradation and slope instability
- Escalation of fire hazards and indoor health risks
- Reduced climate resilience amid worsening funding constraints

## Emergency Preparedness and Response (EPR)

The year 2025 saw a decrease in the number of natural disasters and major hazards in the camps, however specific Rohingya households remain vulnerable to existing risks. According to SCCCM Sector, more than 14,394 households are exposed to flood risks, and 36,216 households are at landslide risks. These households living in high-risk slope areas face increasing vulnerability to flooding and landslides that occur on a yearly basis in the camps.

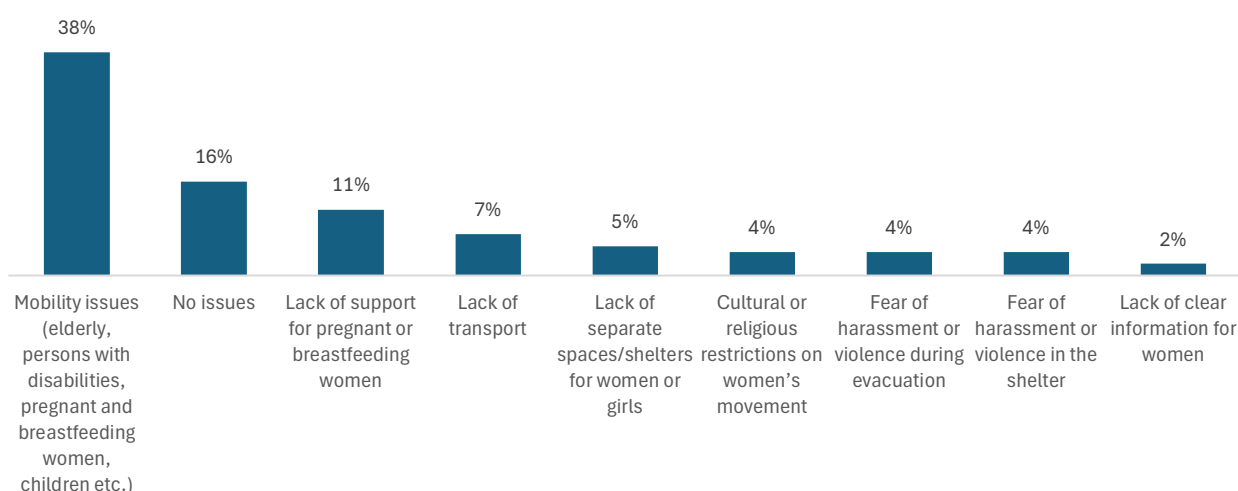
### Incidents overview in 2025

- **Fire** incidents increased (640 to 683), but overall impact has declined, with fully damaged shelters dropping sharply (2,072 to 107) and fewer affected households, displaced individuals, injuries, and deaths - indicating better preparedness and quicker response.
- **Landslides**, while fewer in number (634 to 528), affected more than twice as many individuals, reflecting increased settlement on high-risk slopes. However, injuries and fatalities slightly declined.
- Impact of **windstorms** has reduced, with fewer incidents (1,492 to 1,384) and a sharp decrease in shelter damage, affected individuals, and displacement—likely due to improved preparedness and stronger early-warning uptake.
- **Flooding** incidents significantly decreased (129 to 58) with lower shelter damage, fewer affected households, and reduced displacement; one flood-related death was recorded in 2025.
- **Drowning** cases reduced (30 to 21) and fatalities decreased (16 to 11), though the hazard remains high-risk due to consistently elevated mortality.
- **Lightning incidents** increased from 2 to 9, with more households and individuals affected, but no deaths were reported.

In ISNA 2025, Rohingya households cited windstorms (22.1%) as the most common hazard in the camp, landslides (21.4%), and fire incidents (14.5%). Throughout the year, households also experienced waterlogging (4%), flooding (3%), drowning (2%) and wildlife attacks (0.5%). Most households expressed that these hazards caused damage to shelter (39%), infrastructure (18%) or facilities (3%), injury (7%) and loss of life (4%).

**Evacuation during emergencies:** Majority or 63% of the Rohingya households feel confident that all their family members would be able to evacuate safely. While some 26% of households indicated that only some members of the household can be safely evacuated in the event of disaster and 11% expressed that they are unsure or have no capacity to evacuate. Rohingya households considered the elderly (26%), persons with disability (23%), children (23%) and pregnant women (22%) are the most vulnerable family members in the event of disasters.

Figure 11. Challenges experienced by household members during evacuation



Rohingya households noted that mobility constraints (44%), less knowledge or understanding of the risks and preparedness messages (19%), lack of access to opportunities to participate in training and awareness (12%), insecurity and fear to lose their residence during temporary relocation (12%) are the reasons that impact the ability to evacuate during emergencies. To mitigate the impact of hazards in the camps, Rohingya households recommended increasing volunteers (22%) and mass awareness activities (22%), outreach to more vulnerable groups such as elderly, persons with disabilities, children and pregnant women (15%), for more training to volunteers (11%), stronger shelters (11%) and increasing female volunteers (5%).

**Household preparedness:** Similar to 2024, Rohingya household's top 5 preparedness actions include securing important documentation (26%), tying down shelters/house (25%), stocking food/water/ medicines (18%), monitoring early warning messages (10%) and following preparedness advisory messages.

Half of respondents indicated that in-kind support is the most critical need to reduce hazard impacts, followed by cash assistance (21%) for addressing immediate expenses during emergency. Additionally, 15% emphasized the importance of strengthening community-based early warning systems, while 12% highlighted the need for guarantees to protect their houses and properties during temporary relocation. Together, these priorities underline the community's need for a combination of material aid, financial support, security assurances, and improved preparedness mechanisms.

**New-arrival Rohingya households:** Around 70% of new-arrival households are located in high or very-high hazard zones. Shelter and fire risks are pronounced as 93% live in bamboo or tarpaulin shelters, 93% cooked indoors, and half rely on firewood—reflected in 42% identifying fire as their primary threat. Access to multi-hazard information is uneven with only 40% receive monthly updates, 25% always, 8% weekly, and 28% irregularly. During 2025 emergencies, 68% received early-warning alerts while 29% did not. Alerts were mainly delivered by DMU/SMS volunteers (44%), Mahjis (18%), sector volunteers (14%), and mass channels (11%), predominantly through verbal communication (74%), with fewer via cyclone flags (22%) or printed materials (4%).

Preparedness remains limited as some households reported tying down shelters (18%), stocking supplies (16%), safeguarding documents (15%), or relocating temporarily (11%), over one-third (35%) took no action, and only 9% participated in formal preparedness sessions. During emergencies, reliance on informal community structures is strong: 70% sought support from Mahjis, followed by Camp-in-Charge (11%) and DMU/SMS volunteers (10%), underscoring the central role of local networks in crisis response.

While the number of major disaster incidents declined in 2025, particularly fires, floods, and windstorm damage, exposure has intensified due to increased settlement in high-risk areas. Improvements in early warning uptake have reduced damage, but household-level preparedness and inclusive evacuation capacity have not kept pace with rising vulnerability.

### **Recommendations**

- Risk informed comprehensive site planning and development.
- Disaster and climate resilient shelters and facilities for relocation / evacuation.
- Increase household coverage with EPR basic measures and coping mechanisms.
- Improved policies and guidelines (SOP, allocated and harmonized contingency coverage, regulations on security of tenure/rental issues, policy on evacuation in HC).
- Integrate DRR/DRM/EPR in education curriculum.
- Alignment and inclusion in government policies and plans.
- Improved capacity of volunteers and community leaders (eg. Mahjis).
- Inclusive and people centered, end-to-end early warning system for all hazards.
- Strengthen ERP/DRM coordination mechanisms.
- Partnerships and collaboration with government line agencies (FSCD, BMD, CPP, DRRO, RRRRC).

### BOX 5: Emergency Preparedness

Emergency preparedness underpins survival, protection, and service continuity in a highly hazard-prone camp environment. Recurrent climate-related shocks—combined with overcrowding, degraded infrastructure, and limited evacuation capacity—mean that gaps in preparedness disproportionately affect the most vulnerable and rapidly cascade across all sectors.

#### What the Data Shows

- **Exposure:** Over 14,394 households face flood risks and 36,216 households remain exposed to landslide risks.
- **Evacuation capacity:** 63% of households feel confident all members could evacuate safely; 37% report partial or no evacuation capacity.
- **Most at risk:** Elderly (26%), persons with disabilities (23%), children (23%), and pregnant women (22%).
- **New Arrivals:** 70% live in high/very-high hazard areas, 93% stay in bamboo/tarpaulin shelters, 93% cook indoors, and 50% rely on firewood—resulting in 42% identifying fire as the top perceived threat. As preparedness actions, prioritizing securing documents (26%), tying down shelters (25%), stocking supplies (18%), and monitoring early warnings (10%) were most common, though 35% took no preparedness action.

#### Inter-Sector Consequences

- **Protection (including GBV & CP):** Limited evacuation capacity heightens injury, mortality, and separation risks for vulnerable groups.
- **Shelter/CCCM:** Recurrent damage accelerates shelter deterioration and displacement, especially among new arrivals with low-resilience shelter materials.
- **Energy & Environment:** High reliance on firewood and indoor cooking elevates fire risk and contributes to environmental degradation exacerbates disaster impacts and recovery time.
- **Health/Nutrition:** Disasters disrupt access to care, health services, continuity of treatment, and nutrition support.
- **Food Security:** Recurrent disaster events including new arrivals impacted the emergency hot meal and fortified biscuit distribution.
- **WASH:** Limited capacity in terms of emergency WASH facilities repair and contingency stocks.
- **Education:** Education services disrupted until recovery.
- **LSDS:** Alternative income generation and regular programs interrupted.

#### Priority Risks if Unaddressed

- Increased Preventable loss of life among persons with disabilities, elderly, and children
- Repeated displacement and asset loss undermining resilience
- Escalating humanitarian caseloads during monsoon and cyclone seasons
- Deterioration of community trust in preparedness and response systems

## Prevention against Sexual Exploitation and Abuse (PSEA)

The ISNA 2025 survey identifies ongoing gaps in Rohingya community awareness related to PSEA messaging. Though overall awareness efforts have improved from 26% in 2024 to 54% in 2025, only 22% of the Rohingya households reported receiving messages on how to safely and confidentially report inappropriate behavior by aid workers, where to go for help, or assurances that reporting will not affect access to aid. In contrast, 78% of Rohingya households received core prevention messages, such as that aid is free, that no money or personal favors should ever be requested by aid workers, and that sexual exploitation and abuse are strictly prohibited. This shows that while prevention messaging is widely reaching the community, information on safe reporting options remains limited. These gaps in reporting awareness directly influence how people choose to raise concerns and whom they trust when seeking help. Although 62% stated that safe and confidential ways to report concerns about humanitarian workers exist in their camps, a strong preference for informal reporting channels persists. Seventy percent (70%) of Rohingya households indicated they

would report sensitive issues to the Camp-in-Charge (CiC) and 38% to the Majhi. Combined, these two informal channels account for 51% of reporting preferences, reflecting the community’s perceptions of trust, accessibility, and familiarity. The preference for these informal channels is driven by factors such as approachability (75%), community presence (53%), and perceived effectiveness (38%) (see Figure #). By comparison, formal mechanisms remain less preferred. Only 30% favor complaint boxes and 12% prefer reporting directly to humanitarian staff.

Figure 12. Reasons for preference to report SEA cases through informal channels

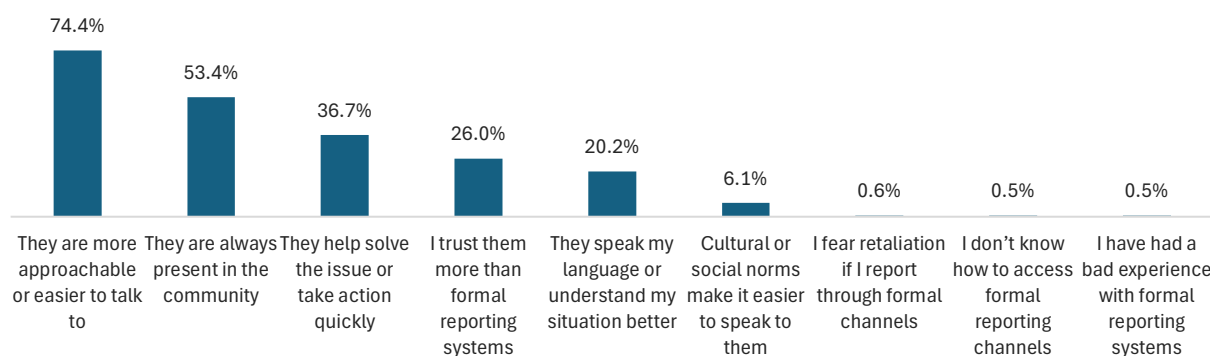
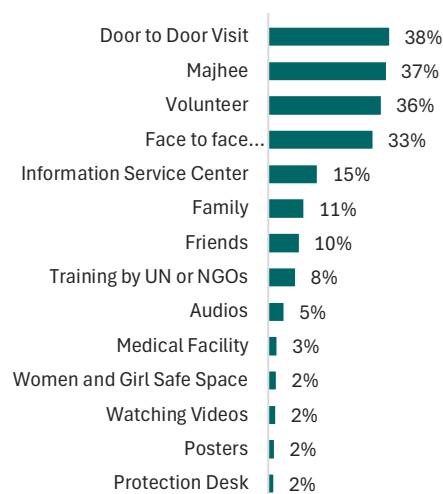


Figure 13. Sources of information



Heavy reliance on informal mechanisms presents serious protection risks, as these channels may not guarantee confidentiality or a victim-centered response.

In terms of information sources, the most common channels for receiving PSEA-related messages were community meetings (58%), door-to-door visits (38%), Majhis (37%), volunteers (36%), and face-to-face communication with aid workers (33%). These patterns reinforce the central role of field staff, community leaders, and volunteers in disseminating information.

**New arrival Rohingya households:** Newly arrived households overwhelmingly prefer reporting sensitive issues, such as inappropriate behavior by humanitarian workers, to informal channels, such as Majhis (62%) and CiC (56%) while only 5% preferred to report to volunteers, and less than 10% chose formal mechanisms such as complaint boxes, safe spaces, or health facilities. No respondents selected legal aid providers, law enforcement, or psychosocial service providers, and only 14% indicated they did not know where to report. This pattern reflects a strong reliance on informal structures and a limited understanding of or trust in formal reporting systems.

The data also shows that only 25% of new arrival households know where to report sensitive issues, while 58% do not know, and 16% are unsure, indicating a critical gap in awareness and orientation upon arrival. While 53% of newly arrived households reported receiving some form of messaging or awareness session stating that humanitarian workers are prohibited from requesting money, favors, or inappropriate relationships in exchange for aid or services, the content of the messaging reveals further gaps. Although 97% of respondents received the message that humanitarian aid is free, and 68% received information that it is wrong for aid workers to ask for personal favors, only 6.45% received information

about safe and confidential reporting options. No respondents reported receiving messages about hotlines, complaint boxes, or trusted reporting channels. This imbalance in messaging, focusing on aid entitlements but not on reporting rights, limits the community’s ability to seek help or hold perpetrators accountable.

**Service gaps** are also evident in the delivery of PSEA-related information. According to ISNA 2025, over 40% of new arrivals reported receiving no PSEA messages before or after arriving at the camp. Among those who did receive messages, the sources were predominantly informal such as 74% Majhis, 50% family members, 31% face-to-face communication with aid workers, and 19% volunteers. Meetings accounted for 10%, while formal sources such as information service centers (3%) and multimedia tools like audios (8%) were far less common. Notably, no respondents mentioned protection desks, posters, safe spaces, or training by humanitarian organizations. These findings highlight the central role of community leaders and informal networks in information dissemination but also expose the limited reach and visibility of formal systems, which are essential for ensuring safe, confidential, and victim-centered reporting.

Humanitarian actors should strengthen collaboration with local power structures and enhance the capacity of front-line staff to deliver clear and consistent PSEA awareness messages. At the organizational level, it is also essential to reinforce systems and competencies that ensure a victim-centered, safe, confidential, and accountable response to SEA concerns, in line with inter-agency expectations. These efforts are critical to building community trust and increasing the use of safe, accessible, and formal reporting channels.

**What has changed since 2024**

Overall awareness has increased, but significant gaps remain in understanding safe and confidential reporting options, especially among new arrivals. While most households received prevention messages that aid is free and SEA is prohibited, communication on victims’ rights and how to report concerns safely has been far less prioritized. As a result, many community members show a continued preference for informal channels.

Key indicators	2024	2025	Change/s
Households receiving PSEA messages	26%	54%	+
Households with knowledge where to report SEA	59%	66%	+

**Recommendations**

- Strengthen community-level awareness initiatives with a focus on available reporting mechanisms and victims’ rights, ensuring outreach across all gender and age groups.
- Enhance PSEA messaging at registration points for new arrivals to ensure early and consistent communication.
- Enhance community-based safeguarding systems by developing the capacity of Rohingya community volunteers.
- Provide joint training for local power structures in collaboration with the Protection Sector, GBV Sub-sector and the RRRRC PSEAH Focal Point
- Ensure that all implementing partners are assessed using the UN Common PSEA Assessment Tool or the Network-developed tool and provide support to IPs and national NGOs to strengthen their internal PSEA capacity.

### **BOX 6: Prevention of Sexual Abuse and Exploitation**

PSEA is essential to programmatic and operational excellence, ensuring that humanitarian assistance is delivered in a safe, and dignified manner. When community awareness is low, trust in formal reporting mechanisms is limited, and reliance on informal power structures persists, the risks of exploitation and abuse increase. These gaps can silence victims, delay safe reporting, and weaken accountability across the response. The risks are particularly acute for women, girls, children, and newly arrived Rohingya refugees, who often face greater vulnerability and additional barriers to seeking support.

#### **What the Data Shows**

- **Awareness:** 54% of Rohingya households received PSEA messages (up from 26% in 2024); only 22% received information on *safe reporting* mechanisms.
- **Reporting knowledge:** 62% of Rohingyas know where to report SEA; only 25% of new arrivals have this knowledge.
- **Preferred reporting channels:** Informal actors dominate—CiC (70%), Majhi (38%); followed by formal channels such as complaint boxes, hotlines, and aid staff.
- **Trust gaps:** 29% are unsure whether safe and confidential reporting mechanisms exist; 9% believe none exist.

#### **Inter-Sector Consequences**

- **Protection/GBV:** Under-reporting of SEA incidents and delayed victim support.
- **AAP:** Erosion of trust in complaint and feedback systems.
- **Health & MHPSS:** Delayed access to medical and psychosocial care for victims.

#### **Priority Risks if Unaddressed**

- Compromised safe programming and reduced operational effectiveness.
- Normalization of SEA and under-reporting.
- Retaliation risks for victims who rely on informal or unregulated reporting channels.
- Impunity for perpetrators and weakened deterrence.
- Reduced community confidence in humanitarian assistance, reporting pathways, and overall accountability.
- Risk of reduced donor confidence and increased compliance concerns that may affect funding.

## Youth <sup>21</sup>

**Learning and education for youth:** In ISNA 2025, access to non-formal education for refugee youth aged 15-24 has slightly improved, with 74% of young people unable to enroll compared to 90% in 2024. However, enrolment for girls remains very low with only 27% compared to boys at 73%, highlighting gender disparities that persist in education for youth. Majority of refugee youth enrolled in education are learning the Myanmar curriculum (35%), private tutoring (34%), Madrasah (19%), Accelerated Myanmar curriculum (6%) and only 3% in Skills Development. While economic and age-related concerns continue to impede education access, 19% of refugee youth attend Madrasahs for education as an alternative compared to 6% in 2024.

**Barriers to education:** Economic constraints (53%), age (29%) and child marriage (27%) are the main reasons for school dropouts. Other reasons include gender-related barriers (19%), child labor (12%), lack of qualified teachers (11%), safety concerns (10%), low quality of education (10%), and trauma or displacement (5%). These findings signify the complex interplay of financial hardship, social norms, and cultural limitations that restrain learning continuity. To improve access to education, refugee youth prioritize the need for financial support (53%), access to materials (32%), safe learning spaces (31%) and qualified teachers (24%)

**Youth safety and protection concerns:** There is an increase in the proportion of youth who feel safe in the camps, from 78% in 2024 to 85% in 2025. This is a notable improvement of community safety perceptions, possibly linked to improvements in safety conditions or greater awareness about the protection mechanisms in the camps. The table below shows five factors affecting safety and protection for refugee youth.

Table 4: Factors affecting safety and protection of youth: key changes in 2024 and 2025

Factors affecting safety		2024	2025	Change/s
Risks associated with protracted displacement, absence of legal framework	Fear of violences, especially gang related	67%	60%	+
	Uncertain future	58%	55%	+
	Lack of legal protection	32%	35%	-
Sense of helplessness and reduced autonomy	Limited economic prospects	13%	31%	-
	Dependence on humanitarian assistance	12%	22%	-
Physical and structural vulnerabilities	Insecurity during dark hours	12%	28%	-
	Lack of privacy	13%	26%	-
	Insecurity linked to statelessness	12%	27%	-
Mental and psychological	Psychological distress	27%	23%	+
	Trauma from past experiences	7%	17%	-
Protection risks	Gender based violence	16%	15%	+
	Discrimination and stigma	17%	14%	+

**Youth perceptions and coping mechanisms:** Refugee youth perceptions reflect a trend of uncertainty and limited opportunities such as prospects for education, employment and durable solutions. Safety and privacy were also considered persistently challenging due to overcrowded living conditions (39%), insecurity at night due to inadequate lighting (29%), limited camp infrastructure, and lack of privacy and space, all of which contribute to protection and psychological risks.

Overall, 36% of youth (female 57%, male 43%) reported lacking consistent access to safe spaces for social interaction. Barriers included feeling unsafe (47%), gender restrictions (42%), household chores (40%), childcare responsibilities (28%), and the absence of dedicated youth spaces (25%). These findings highlight the intersection of protection, gender, and participation challenges, particularly affecting female youth whose mobility and access to safe environments

<sup>21</sup> The youth members of each respondent refugee households were interviewed for ISNA (for questions related to the youth). For the Youth Working Group 's full report, please contact the Youth Working Group through [www.rohingyaresponse.org](http://www.rohingyaresponse.org)

remain limited, thus impacting peer interaction, social cohesion, and psychosocial well-being – critical to youth development in displacement.

Youth reported various coping mechanisms to address these challenges. The most common was socializing with friends (56%), underscoring the role of peer support in psychosocial well-being. However, thoughts of returning to Myanmar (22%) and considering migration (16%) reflect frustration and uncertainty about the future. Marriage (21%), school dropout (11%), and risk behaviors such as substance use (8%) and gambling (4.5%) are means of coping through harmful or restrictive means. Only 12% cited youth-friendly spaces as a coping strategy, indicating limited access to safe, structured outlets for engagement.

**Youth empowerment and participation:** Majority (72%) of the refugee youth feel they are unable to contribute to their communities or take leadership roles. The barriers impacting these opportunities include lack of skills to engage in leadership roles (29%), no mechanisms to contribute (29%), not feeling safe to participate (14%), and not being taken seriously (13%). Engagement in humanitarian programming is limited, with 85% reporting they are not involved in planning, implementation or monitoring of programs. Access to livelihood skills training remains limited, as 67% expressed that they have not received life skills training (eg. communication, problem-solving, decision-making). One-third of youth report being unable to access safe spaces to socialize with peers and 42% face gender related social and cultural barriers that hinder community participation and meaningful engagement. The absence of structured engagement pathways and the prevalence of restrictive norms have resulted in a large population of idle and disempowered youth, underscoring the need for coordinated, cross-sectoral interventions to promote youth inclusion, agency, and civic participation.

**Youth literacy and language skills:** While most (82%) speak their mother tongue Rohingya, 42% can also read and 20% can write in English, 30% can read and 28% can write in Burmese. Around 10% reported they could not read or write any language.

**What has changed since 2024**

Perceived safety improved modestly in 2025 such as access to education, improved feeling of safety and opportunities to engage in community activities or take leadership. While access to safe space has become a growing concern among the youth.

Key indicators	2024	2025	Change/s
Youth without access to education	81%	75%	+
Youth reported not feeling safe	22%	15%	+
Youth without access to safe spaces	24%	36%	-
Youth reported having no opportunity to contribute to their community or take leadership roles	75%	72%	+

**Sector specific recommendations for youth**

- **Education:** Ensure access to alternative and flexible learning pathways, including age-appropriate options for out-of-school children and adolescents. Expand pathways to post-secondary and higher education and adopt a life-course approach that provides adaptable learning opportunities for young people who are unable to attend formal schooling.
- **Livelihood:** gender sensitive market relevant skills training, transition to safe-income opportunities, development of ‘green’ livelihoods.
- **Health:** health services to promote youth needs, sexual education, sexual and reproductive health (SRH) and mental health and psychosocial support (MHPSS).
- **Protection:** defines unique risks and needs for youth, safe space for young people, safe channels to voice peace and security concerns, PSS support in youth programs, and promote inter-generational dialogue platforms.

### **Cross Cutting Theme recommendations for youth**

- Services adapted to age, gender, disability need to address youth specific challenges.
- Mechanisms for safe and meaningful engagement of youth in leadership, participation and decision making.
- Mainstreamed youth age-gender in data.
- Cross sector collaboration to respond to youth needs.
- Peer to peer learning to strengthen youth networks.
- Social cohesion and peacebuilding.
- Youth led initiatives

### **BOX7: Youth**

Youth represent nearly one-fifth of the refugee population but remain largely excluded from education, livelihoods, and decision-making. This leads to long-term protection and social cohesion risks.

#### **What the Data Shows**

- **Education:** 75% lack access to education; girls' enrolment significantly lower (see Education Sector)
- **Participation:** 72% report no opportunity to contribute or lead (down from 75% in 2024)
- **Safe spaces:** 36% lack access (up from 24% in 2024)
- **Coping:** Rising school drop-out, early marriage, migration intentions.

#### **Inter-Sector Consequences**

- **Protection:** Higher exposure to recruitment, trafficking, GBV.
- **Livelihoods:** Long-term dependencies or inability to navigate complex challenges in the camps.
- **Education:** Missed education leads permanent learning loss for adolescents.

#### **Priority Risks if Unaddressed**

- Young Rohingya refugees emerges with limited skills in almost all aspects thus eroding dignity.
- Increased recruitment and criminal exposure especially with security risks in the camps

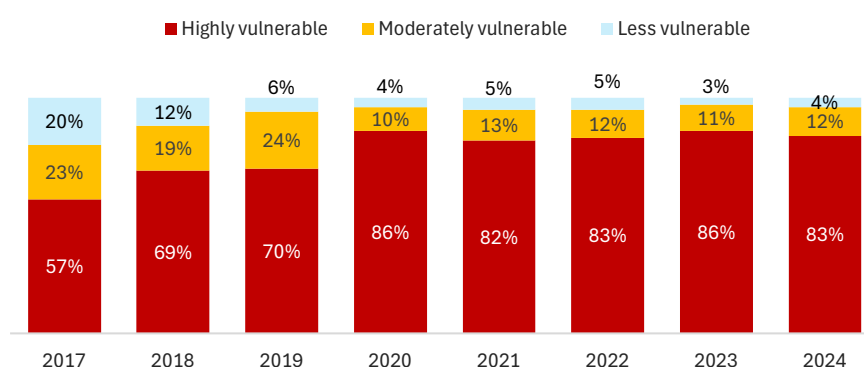
## Findings and analysis: Sectors

### Food Security

This analysis combines data from both the Rohingya Influx Emergency Vulnerability Assessment (REVA)-8<sup>22</sup> and ISNA 2025.

**Food Vulnerability<sup>23</sup>:** Vulnerability has evolved differently across communities with time, funding, assistance level, and other socio-economic factors. REVA 8 (2025) shows that overall vulnerability has declined compared to 2023. In the camps, 95% of households remained moderately to highly vulnerable, reflecting a slight 2% decrease from 2023. The proportion of highly vulnerable Rohingya households fell to 83%, a 3% reduction from 2023 — mainly due to a gradual economic recovery and an increase in food rations (full ration reinstated) since the last quarter of 2024.

Figure 14. Overall food vulnerability levels (2017-2024)



Among Rohingya households, new demographic characteristics were found to contribute to high vulnerability such as women-led households (14%) and households with single heads (single/widow/divorced/separated) (14%). The most common factors contributing to vulnerability were households with children under five, with adolescents, two or more children, more family members, crowding index<sup>24</sup>, and dependency index<sup>25</sup> higher than 1.5.

The REVA 8 reported the proportion of Rohingya households with inadequate food consumption is 35% (poor and borderline) declined significantly compared to the inadequate consumption by 70% compared to last year. Meanwhile, the share of households with acceptable food consumption increased from 30% to 65% over the same period. This increase in acceptable food consumption may be partially attributed to the shift to full food ration since the last quarter of 2024.

**Coping mechanisms:** REVA 8 reported the use of negative consumption-based coping strategies significantly declined, marking a recovery from the distress caused by ration cuts in 2023 and part of 2024. Rohingya households adopted less severe coping mechanisms to meet their food needs. Furthermore, 31% of households rely on less preferred or cheaper food as one of the most used coping strategies. Food borrowing also declined significantly from 29% to 12% in 2024 compared to 2023. Moreover, 7% of households reported having to reduce the meal portion size and 2% of Rohingya

<sup>22</sup> WFP (2025, June). *Bangladesh Rohingya Influx Emergency Assessment (REVA- 8)*. [REVA-8 Report, June 2025 - Bangladesh | ReliefWeb](#)

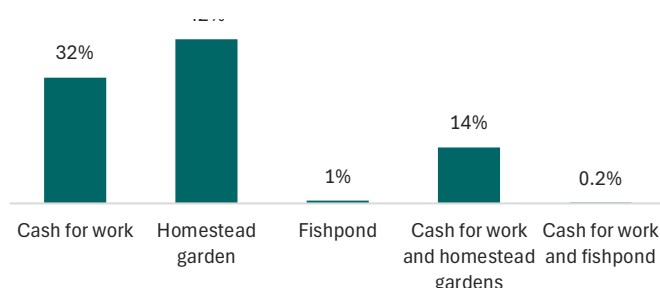
<sup>23</sup> Vulnerability is a composite WFP corporate indicator that measure the ability of the household to meet the essential needs triangulated with adopted coping strategies and food security status. This vulnerability index discounts humanitarian assistance.

<sup>24</sup> The crowding index is a measure used to determine how many people are living within a given household space. It indicates the level of congestion in a living area.

<sup>25</sup> The dependency index measures the proportion of dependents (young and elderly) compared to the working-age population.

households reported reducing the number of daily meals. Overall, the proportion of households relying on food-based coping strategies decreased and this shift is likely due to WFP’s return to the increased e-voucher assistance modality.

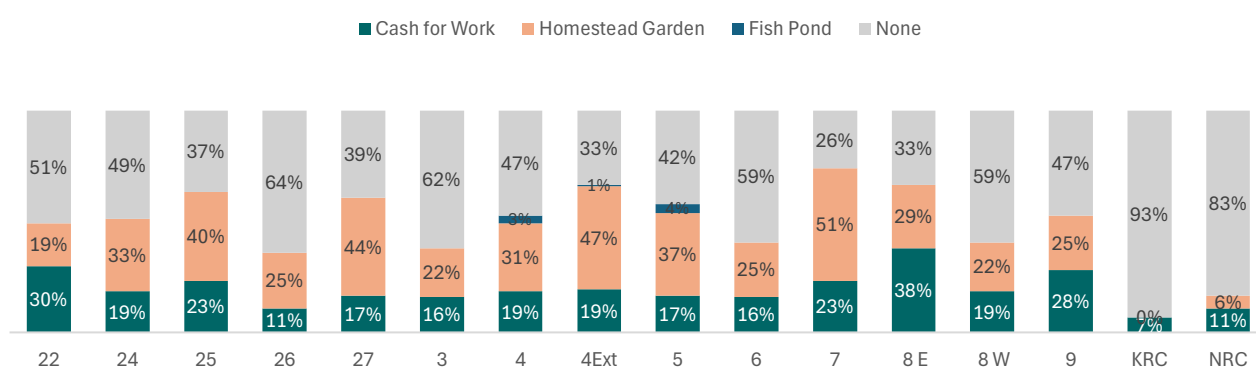
Figure 15. Rohingya households engaged in resilience activities in the camps



**Sector priority needs and gaps:** The Food Security sector’s key priority needs include provision of lifesaving food assistance, combating malnutrition, boosting resilience and livelihoods, and strengthening emergency preparedness and response. In 2025, 100% of Rohingya households received food assistance, and in addition 44% received fresh food voucher.<sup>26</sup> To build household resilience, 32% of households engaged in cash for work (CfW) activities, 42% in homestead gardens and only 1% in fishpond activities.

Only 32% of Rohingya households have access to CfW activities. Among these, 14% of households received less than 5 days of CfW, 60% received 6-10 days, 16% for 11-15 days and 10% for more than 15 days. Earnings were not sufficient with the majority (60%) of Rohingyas, especially for those who received a CfW opportunity with less than 4,000 BDT. Incentives received through CfW are primarily spent purchasing additional food items (98% of households), medicines (69%), hygiene kits (8%) and paying back debts (8%). Below is the distribution of households with access to CfW, homestead gardens and fishponds per camp (see Figures # and #).

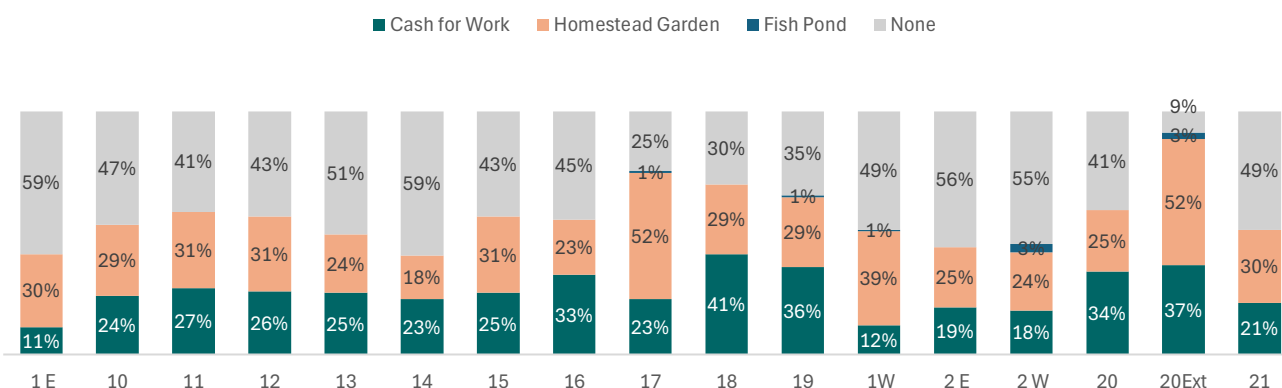
Figure 16. Household with access to cash for work, homestead gardening and fishpond per camp (Camp 1E-21)



Note: One household can have access to more than one support or activity.

<sup>26</sup> Cox’s Bazar Food Security Sector Progress Monitoring update as of October 2025

Figure 17. Households with access to cash for work, homestead gardening and fishpond per camp (Camps 22-KRC-NRC)



To help Rohingyas obtain access to additional food sources, 42% of households have homestead gardens and 60% of these households are sustaining these gardens for more than 3 years. Among them, 71% report that gardens have been beneficial to the household, and 88% note an improvement in their family’s diet diversity since starting homestead gardening. Produce from homestead gardens were primarily consumed and some sold to the market for earnings.

**Insufficient resilience building:** Resilience-building initiatives do not cover even half of the household in the camps and thus, families are still almost entirely dependent on humanitarian aid. Any funding cuts increase vulnerability. Homestead gardening initiatives have shown some positive impacts, though remain a challenge due to limited access to land and water, underfunding and inability to fully bridge the food security gap. Funding assistance shortfalls specifically for food production and resilience have increased desperate coping mechanisms such as child labor, child marriage, gender-based violence, borrowing money, selling food and non-food items to survive and cover the basic needs.

**What has changed since 2024**

Food consumption score has improved following reinstatement of full rations, while highly vulnerable households have also slightly declined from 86% (2024) to 83% (2025). Fresh food voucher coverage has increased from 33% (2024) to 44% (2025). However, this could also mean that the number of extremely vulnerable groups for FFC has also increased. In 2025, 35% of Rohingya households remains fully dependent on humanitarian aid for food assistance.

Key indicators	2023	2024	2025	Change/s
*Food consumption score (poor-borderline)	70%	35%	n/a	+
*Highly Vulnerable HHs	86%	83%	n/a	+
*Moderately vulnerable	12%	11%	n/a	+
*Less vulnerable	3%	5%	n/a	-
*Negative coping: selling food assistance	17%	15%	n/a	+
*HHs with general food assistance	100%	100%	100%	+
**HHs with fresh food voucher	n/a	33%	44%	+
**HHs with cash for work	n/a	15%	32%	+
**HHs with homestead gardens	n/a	47%	42%	-
**HHs with both cash for work + homestead gardens	n/a	n/a	14%	

\*REVA 7-8, \*\*ISNA 2024-2025

## Recommendations

- Protection sensitive vulnerability-based prioritization of most vulnerable households for food assistance.
- Create the ability to produce home-grown food and build resilience.
- Self-reliance and income-generating programs should adopt more precise targeting and prioritization approaches.
- Expanding self-reliance initiatives within the camps and increasing income-generating opportunities will significantly reduce vulnerability and dependence on aid.

### BOX 8: Food Security

#### Sector Snapshot

- **Vulnerability**<sup>27</sup>  
**High/Stressed (3) – Acute food insecurity** (20% or 214,792 households: 1) have food consumption gaps that are reflected by high or above - usual acute malnutrition and 2) are marginally able to meet minimum food needs but only by depleting essential livelihood assets or crisis-coping strategies<sup>28</sup>)  
**High/Stressed (3) – Reduced coping mechanism** (95% of households adopted at least one negative coping strategy and 72% HH using more than one negative coping strategy<sup>29</sup>)
- **Coverage:** Stabilized with funding availability (100% General Food Distribution)
- **Resilience coverage:** 32% of Rohingya households managed to secure other alternative means for basic food needs
- **Primary risk driver:** funding volatility and livelihood restrictions

#### Priority Risks

- **Food instability.** Any further reduction in ration value or fresh food voucher coverage will rapidly reverse recent gains in food consumption and trigger a resurgence of negative coping strategies. Targeted assistance to the most vulnerable households could potentially mitigate the impact.
- **Aid dependency:** With 35% of households fully reliant on humanitarian aid and limited livelihood diversification, vulnerability remains structurally high and shock-sensitive
- **Impact on malnutrition:** Changes in ration composition and exclusion from supplementary vouchers risk worsening child malnutrition and anemia trends.

#### Inter-Sector Linkages

- **Nutrition:** Improvements in food consumption following ration reinstatement have stabilized acute food insecurity; however, exclusion of children 24–59 months from the FFC voucher and reduced ration value could risks undermining gains in wasting and anemia reduction.
- **Health:** Incidents of chronic illness among 34% of households in camp (up from 19% in 2024) will likely increase when sick members of households are unable to have sufficient access to nutritious food.
- **Livelihood:** Limited income opportunities prevent transition from assistance dependence to resilience, keeping food security outcomes highly sensitive to funding volatility.
- **WASH:** Any reduction in food diversity combined with declining hygiene conditions increases susceptibility to communicable disease, further worsening nutritional outcomes.

<sup>27</sup> The Food Security Sector (FSS) uses the Integrated Food Security Phase Classification (IPC) framework, which categorizes food security conditions into five phases: *Minimal/None*, *Stressed*, *Crisis*, *Emergency*, and *Catastrophe/Famine*. For the purposes of the ISNA severity analysis, these phases were aligned with the three-tier severity scale used in the assessment. Accordingly, **Minimal/None** was classified as **Low**, **Stressed** as **Moderate**, and **Crisis** as **High** severity.

<sup>28</sup> Bangladesh: Acute Food Insecurity Current Situation for April and Projection for May - December 2025 | IPC - Integrated Food Security Phase Classification. [Bangladesh: Acute Food Insecurity Current Situation for April and Projection for May - December 2025 | IPC - Integrated Food Security Phase Classification](#)

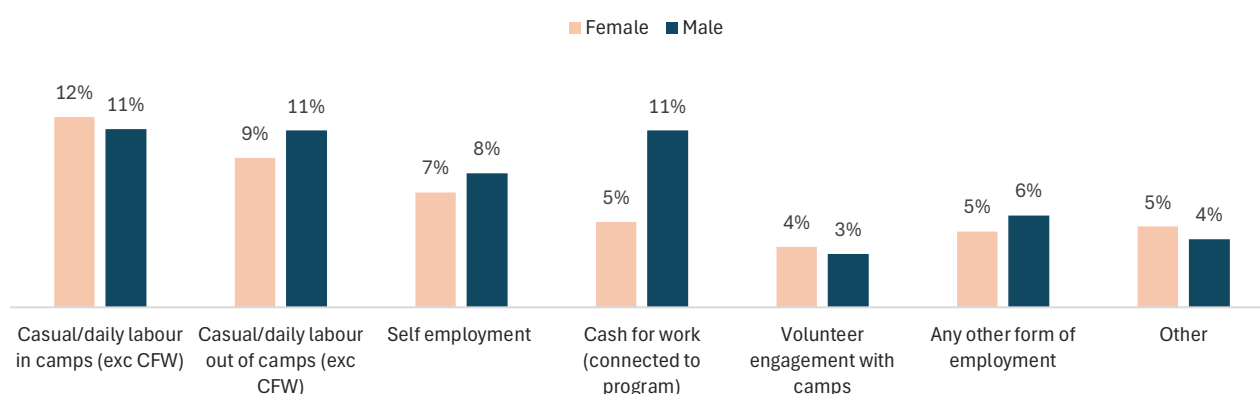
<sup>29</sup> Ibid.

## Livelihoods and Skills Development

The 2025 ISNA showed a decrease in the proportion of refugee households with access to income generating activities across all sources. Approximately 65% of refugee households have at least one source of income – an 8% reduction from 2024, while 35% are fully reliant on humanitarian aid. Among households with sources of income, the most common are casual or daily labor, within the camps at 23% and outside camps at 20%, self-employment through small business or trade (15%), and cash for work linked to humanitarian activities (16%).

These types of sources of income are predominantly irregular and informal, characterized by low wages, unstable access, and reliance on temporary work opportunities. The refugee households engaged in casual labor remain high at 43% (inside and outside camps combined), underscoring the persistent lack of diversified and sustainable income opportunities. Similar to 2024, ISNA 2025 results showed continued dependence on humanitarian assistance mainly due to limited access to livelihood opportunities in the camps, constrained by policy restrictions.

Figure 18. Sources of income of refugees by gender



**Sector priorities and gaps:** In 2025, a total of 19,415<sup>30</sup> refugees were reached with different livelihood skills development and income generation activities. However, this falls short of at least 40,951<sup>31</sup> target refugees in need of livelihood and income generation opportunities in 2025. There is a strong need to expand livelihood options beyond casual labor and cash-for-work. Refugees require access to skill-building, market linkages, and enterprise development opportunities to establish small-scale and home-based businesses. Access to capital, tools and inputs is very restricted and limited and thus hinders refugee opportunities to transition from self-dependency to self-sufficiency.

### Recommendations

- More diversified sustainable livelihood sources, through expansion of livelihood options and formalize economic activities beyond volunteer, engagement, cash for work and casual labor.
- Access to financial and productive resources including market access outside the camps.
- Private sector engagement and thus, a more favorable policy framework for refugees.
- Financial inclusion through access to financial services such as- Mobile Financial Services, Banking services etc. and reduced regulatory barriers that prevent the development of savings, lending and cooperative models. This should include access to micro-enterprise opportunities that are essential for long-term economic inclusion.

<sup>30</sup> Cox's Bazar LSIDS Sector Progress Monitoring Update as of October 2025

<sup>31</sup> Cox's Bazar LSIDS JRP Monitoring Plan 2025.

- Model for cooperation between humanitarian and development actors linking skills with market demand and future policy shifts.

### **BOX 9: Livelihoods and Skills Development**

Livelihood opportunities for Rohingya refugees remain highly constrained in 2025, with income sources largely informal, irregular, and insufficient to meet household needs. Although some of the new policy shifts on SIM card distribution and Mobile Financial Services regulatory framework are being considered and discussed, they have brought some flexibility. But there is a broader need of acceptancy for the advocacy points of engagement of private sector and allowing diversified entrepreneurship opportunities in the camps. While most households report at least one income source, dependence on humanitarian assistance remains significant, and economic vulnerability continues to drive negative coping strategies and protection risks.

- Income: 65% of Rohingya households have at least one source of income (down 8% from 2024)
- Sources of income: most common source of income is casual or daily labor (23% inside camps and 20% outside camps). Income is predominantly irregular and informal with unstable access

#### **Priority Risks**

- Income instability contributes directly to child labor, forced recruitment, debt dependency, and GBV exposure.
- Continued reliance on casual labor and cash-for-work limits resilience and prevents meaningful self-reliance transition.
- Lack of structured economic engagement increases idle time, migration aspirations, and susceptibility to organized groups resulting in youth exclusion

#### **Inter-Sector Linkages**

- **Food Security:** The lack/limited opportunities for income and livelihoods will force households to remain dependent on food assistance; any reduction in ration value immediately translates into negative coping.
- **Protection & Child Protection:** Increased child labor, recruitment risks, forced marriage, and exploitation.
- **GBV:** lack of income and male unemployment are linked to increased intimate partner violence and household conflict.
- **Youth:** Lack of safe and structured economic engagement pathways and lack of digital education platforms and scope of implementing the knowledge increase idle time, migration aspirations, and susceptibility to organized groups.

## Education

*The analysis presented in this Section is based on the results of the Education Needs Assessment (ENA) 2025 with 1,081 refugee households in the camps, encompassing a total of 3,347 children aged 3-18 years.*

ENA 2025 results show that 14% of refugee households with children aged 3–18 have at least one child who is not enrolled in school or pre-primary education which is for 3- and 4-year-olds which is not compulsory education. Overall, 34% of children aged 5–18 years (33% of boys and 35% of girls) are not attending any learning facility, an improvement from 41% in 2024.

**Children’s access education:** According to the Education Sector’s enrolment monitoring, 30% of targeted children aged 3-18 are not enrolled in any learning facility by end of October 31, 2025, which is close to the ENA finding of 34%. The highest drop of enrolment was recorded in August 2025, at 52%, due to facility closures linked with funding cuts, which slightly recovered (by 11%) in October and fully in November.

Analysis of enrolment trend shows that the proportion of children dropping out of education is highest for the 15-18 years old age bracket at 37 per cent

**Children’s attendance in school:** ENA reports that among the Rohingya children aged 5-18 interviewed, 59% are enrolled and regularly attending schools<sup>32</sup>. This proportion is significantly lower than the regular attendance reported in 2024 at 96%. This can be attributed to the closure of most learning facilities in July and August due to funding constraints. Attendance is higher among children 6-15 (65%), followed by children 3-5 (46%) and children 15-18 at 55%. No significant gender differences were observed in enrolment or regular attendance at learning facilities

**Barriers to accessing learning facilities:** Like 2024, majority of Rohingya children at 92% reported feeling safe in walking to learning facilities (age 3-5 at 91%, age 6-14 at 93% and adolescents aged 15-18 at 88%). The slightly lower rate for adolescents’ perception of safety is due to travelling longer distances for Grade appropriate classes and insecurity fears, especially for adolescent boys. Girls and boys reported similar safety levels at 92% and 91%.

**Safety of children:** Children reporting feeling unsafe cited social conflicts as the main reason such as fighting between children (33%) and harassment and teasing by strangers 27%. Harassment concerns are prevalent among adolescent girls, who are at risks of gender-based violence, and unwanted attention. Thus, families believe that restricting their daughter’s mobility after menarche acts as a safety precaution.

Figure 19. Status of enrolment of Rohingya children by age group (2025)

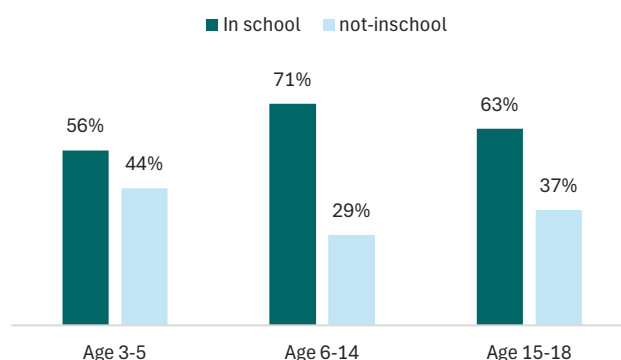


Figure 20. Children age 3-18 enrolled and regularly attending classes (2025)

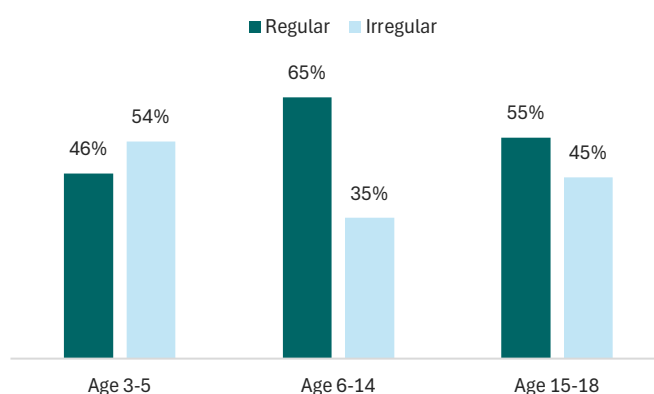
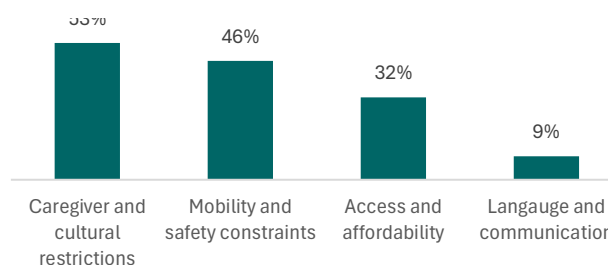


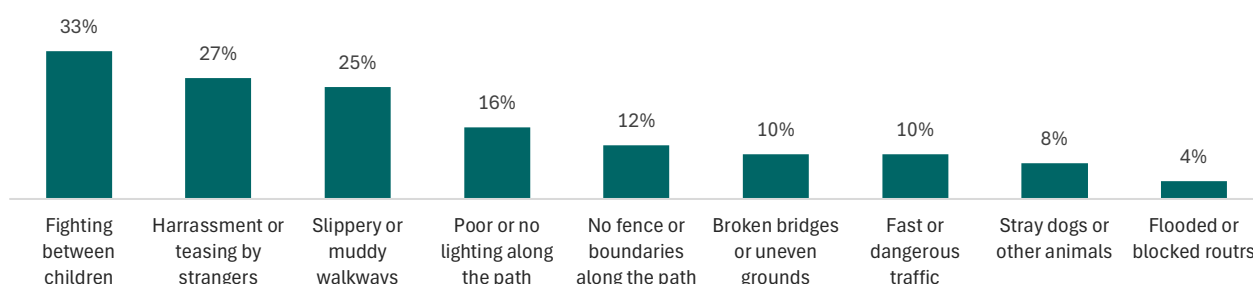
Figure 21. Barriers to children unable to go to school



<sup>32</sup> Regular attendance refers to attending learning facilities on at least 80% of the days they are open.

The physical condition of paths and walkways around the camps were a concern for 25 % of households who reported this as a barrier for their children’s education, 10% of households also reported dangerous traffic as a concern. While the environment conditions pose hazards to the safety of Rohingya children, primary safety concerns arrive from vulnerabilities due to poverty, limited resources and the lack of traditional community protection mechanisms. ENA reports that parents’ personal experiences with violence coupled with a general sense of insecurity in the camps relates to perceptions that children’s journeys to learning facilities are inherently risky, especially for the girls, who face unique risks while travelling alone. Boys reported concerns about incidents of potential recruitment or exposure to gang activities.

Figure 22. Reasons for children feeling unsafe on their commute to school



**Barriers to children’s access to education:** Majority of refugee households (53%) reported cultural barriers or restrictions as the main reason for children not being enrolled or dropping out of school. Cultural restrictions include families restricting their daughter’s mobility after puberty, early marriage, hesitation due to absence of female teachers.

Mobility and safety concerns were cited by 46% of refugee households combining safety concerns with cultural attitudes on mixed-gender classes and unaccompanied travel for girls. Other barriers are availability of school learning materials and overcrowded facilities running multiple shifts with shortened class times (38%). Basic learning materials are provided for free by Education Sector partners and recycling of Myanmar Curriculum textbooks is encouraged to reduced costs. Since the beginning of the response, including for the implementation of the previous curriculum, the Learning Competency Framework Approach (LCFA), Learning Facilities operate a double shift model.

Language barriers (9%) compounded these challenges, as lessons in unfamiliar languages added to the perception that education provided little practical value.

Some 75% of children in learning facilities have at least three or more learning materials (eg. textbooks, workbooks, exercise books, notebooks, pens/pencils/erasers, visual aids, or storybooks). In addition, 58% have met the minimum standard for sufficient lighting, ventilation, learning materials, safe drinking water and safe and accessible WASH facilities.<sup>33</sup>

**Recommendations**

- Ensure adolescent girls’ safety in education by arranging girl-only classes with female volunteer teachers, implement a walking bus system with female volunteers and establish mother-to-mother advocacy networks. Community and religious leaders should be mobilized to support girls’ education. Many of these practices are already being implemented by Education Sector partners.

<sup>33</sup> A learning facility is considered to meet the minimum quality standards if it demonstrates the presence of all essential infrastructural, environmental, and learning-support conditions required to provide a safe, inclusive, and conducive learning environment. Assessing whether a facility meets minimum requirement is based functional lighting, ventilation, availability of drinking water, separation on girls and boy’s toilet, availability of handwashing facilities, clean and accessible latrines, presence of blackboard, availability of textbooks/workbooks, and availability of desks and chairs. Learning facilities were assess using a monitoring checklist coordinated by Education Sector and data collected by camp focal points.

- Prioritize measures to improve the physical environment in learning facilities such as installing temporary bamboo partitions for separate toilet blocks, installing battery operated fans where feasible, use, source and recycle materials for seating, and strengthen resource sharing between facilities.
- Continue initiatives to strengthen volunteer teacher professional development in subject knowledge, pedagogy and language skills alongside and supportive peer-to-peer practices such as volunteer teacher learning cycles and peer classroom observation.
- Engage communities through visual information boards at community points, community group meetings and sensitization activities, and common messaging shared by community volunteers.
- Inclusion of children with disabilities through home-based education services and implementing improvements in learning facilities to support mobility of children with disabilities which some Education Sector partners are practicing.

**What has changed since 2024**

The proportion of children aged 3–18 not enrolled in school declined from 51% in 2024 to 34% in 2025, indicating improvement in access especially considering an increase in population (childbirth and new arrivals). Many primary learning facilities were closed or partially open in July and August due to the funding crisis which was when the ENA data was collected. Households reporting regular attendance therefore dropped substantially to 58% during this time. The highest dropout rates are observed among adolescents aged 15–18, with 37% leaving school in this age group. Girls remain slightly more likely to be out of school than boys, particularly after puberty.

Key indicators	2024	2025	Change/s
HHs without any children in school	22%	14%	+
Children aged 3-18 not in school	51%	34%	+
Children feel safe to travel to and from school	93%	92%	/

**BOX 10: Education**

**Priority Risks:**

- Adolescent dropout and early marriage: High dropout among adolescents increases exposure to child labor, early marriage, and recruitment by organized groups.
- Reduced resources: Will impact the quality of education provided in the camps.

**Inter-Sector Linkages**

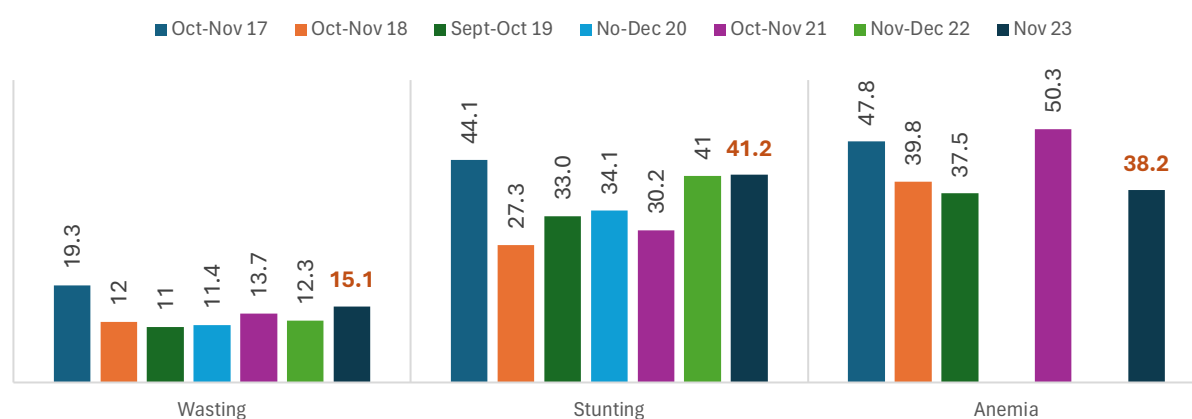
- Livelihoods: Household financial stress contributes directly to school dropout and increased child labor, particularly among adolescents.
- Protection: Disengagement from structured learning environments heightens adolescents’ exposure to recruitment, exploitation, early marriage, and other protection risks.
- WASH: Inadequate gender-segregated sanitation facilities and limited menstrual hygiene support negatively affect girls’ attendance, retention, and dignity.
- Health & MHPSS: Psychological distress linked to insecurity, overcrowding, and protracted displacement affects children’s concentration, motivation, and overall learning outcomes.

## Nutrition

The results presented in this Section is based three sources such as the ISNA 2025, NCA 2025, Nutrition Program Database.

Despite efforts to address malnutrition in the Rohingya refugee camps in Cox's Bazar, malnutrition remains an issue of concern and is persistently high. The Standardized Expanded Nutrition Survey (SENS) conducted in 2023 shows that two-thirds (66.7%) of children aged 6-59 months are affected by at least one form of malnutrition (wasting, stunting, underweight, and anemia). Global acute malnutrition (hereafter referred to as wasting) remains at 15.1 %, stunting at 41.2 % and anemia among children aged 6 to 59 months at 38.2 %. referring to Figure 1 for trends of malnutrition from 2017 to 2023.

Figure 23. Trend of malnutrition in the camps<sup>34</sup>



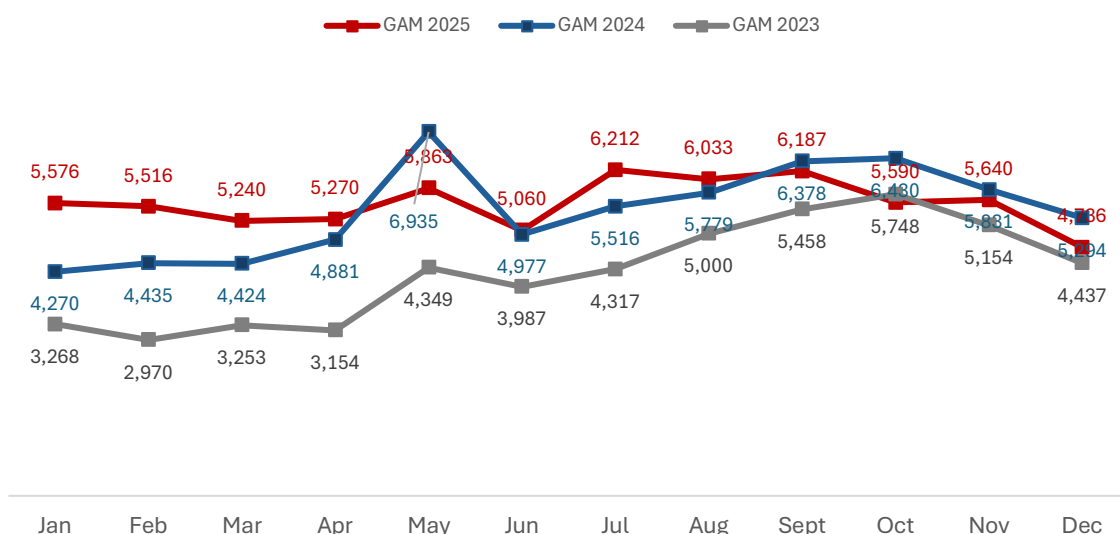
Wasting prevalence is almost 1.5 times higher among children 6-23 months (19.0%) compared to children 24-59 months (12.7%). There are no marked major differences in prevalence by sex (15.3% for females vs. 16.6% for males).

Nutrition Sector program data shows continuing increase in malnutrition admissions in the past 3 years. In 2025, overall wasting admissions among children increased by 4 percent. Severe acute malnutrition admissions rose by 10 percent, while moderate wasting admissions increased by 3 percent compared to 2024 (see Figure 2). The reported increase in severe wasting is of great concern and will likely put children with severe wasting at risk of increased morbidity and death. Children with wasting are 11 times more at risk of dying than children without<sup>35</sup> if preventive and treatment nutrition services are not timely offered and scaled up.

<sup>34</sup> Cox's Bazar Nutrition Sector, Progress Monitoring Update, 2017-2023

<sup>35</sup> Maternal and child undernutrition and overweight in low-income and middle-income countries, Lancet 2013

Figure 24. Monthly trend of malnutrition (2023-2025)<sup>36</sup>



**Risk factors for malnutrition:** The current deteriorating nutrition situation is an interplay of multiple factors in various systems such as food, health, WASH and social protection. The General Food Assistance (GFA) ration has been erratic. The GFA which reduced from US\$12 to US\$10 per person in March 2023, and then to US\$8 in June 2023, may have contributed to this decline. The GFA, however, increased to US\$12.5 in August 2024 and slightly reduced to US\$12 in April 2025. Erratic GFA ration may increase the risk of malnutrition among vulnerable groups, including children under the age of five years, pregnant and lactating women.

The 2023 SENS shows that only 26.9 per cent of children aged 6 to 23 months consume food from more than five of the eight global recommended food groups meaning that their diets are not diverse enough to meet their nutritional needs. The children ate less legumes, eggs, dairy products and “other” (non-vitamin A rich) fruits and vegetables. The nutritional causal analysis (2025) report categorizes 20 risks factors that are likely to influence the incidence of undernutrition (wasting and stunting) in the camps. The major risks factors include non-optimal breastfeeding practices, non-optimal complementary feeding practices, low access to income sources, inadequate accessibility, availability and quality of water at household level, poor sanitation practices, poor food and environmental hygiene practices.<sup>37</sup>

In line with the NCA findings, the current ISNA study confirmed that risk factors for malnutrition occur and are very well linked to the WASH, Livelihoods and Food security systems/sectors as follows:

- WASH – The WASH section (refer to page xxx) of this report highlights availability of clean drinking water, hygiene practices of the households and sanitation services in the camps being critical.
- Livelihoods – the livelihoods sector reports instability of household income forces refugees to resort to negative coping mechanisms such as borrowing food (19%), reduced or skipping meals (16%) or collecting wild vegetables or edible plants to supplement food (1%) (see the Livelihood section results)
- Food security – under the Food security results, it is reported that children of 24-59 months were excluded from extremely vulnerable individual (EVI)-fresh food corner (FFC) voucher (USD 3) which acted as an additional

<sup>36</sup> Cox’s Bazar Nutrition Progress Monitoring Update 2023, 2024, 2025

<sup>37</sup> [Nutrition Causal Analysis \(NCA\) Report 2025](#)

support to the most vulnerable families. This may negatively impact on the nutrition status of children in the long run.

**Access to nutrition services:** The ISNA survey findings revealed that almost 99.5% of refugee households have a child 0-59 months old, of these 93% have reported access to nutrition services while 88% of new arrivals managed to receive nutrition services in the past three months. Additionally, the satisfaction rate among those who received nutrition services is 99.8%. For children under five, the barriers to access nutrition services include unavailability of UNHCR data card (31%), family refusal (14%), lack of information about available services, distance to facility (4%), lack of follow-up from volunteers, poor prior experience (2%) and other reasons (39%). The required follow up visits by nutrition volunteers were reported by 90% of refugee households and 88% of new arrivals undergoing treatment in the last three months. Majority of the refugee households reported accessing the nutrition facilities in the camps except for some 8.5% who experienced challenges such as: longer waiting times (80%), distance of facility (59% and inaccessibility of roads especially during monsoon or flooding (15%). Among refugees, persons with disability (17%) and gender-related barriers (9%) have greater difficulties in access. Nutrition services remain unavailable for the elderly and children over five years of age.

### Recommendations

- Continue to provide services among children under five and their mothers/caregivers including pregnant and breastfeeding women and adolescent girls with minimum nutrition service package.
- Re-prioritizing activities based on the funding projected for 2026 and exploring collaboration with other sectors including Health, WASH, Food Security, and SBC, etc. to integrate services to minimize cost.
- Adopt WHO new protocol for management of severe acute malnutrition without medical complication, reducing the RUTF ration size from 1.5 cartons to 1 carton per child to help reduce treatment costs.
- Reform blanket supplementary program for children and pregnant and breastfeeding women (PBW) using alternative products such as lipid based nutrient supplements for children under 2 years old and e-voucher for children 24-59 months old.

### What has changed since 2024

While access to nutrition services remains high (93% for Rohingya refugees; 88% among new arrivals), barriers such as lack of documentation, waiting times, and physical inaccessibility persist. Nutrition outcomes are increasingly influenced by shifts in food security, WASH service reliability, and livelihood instability, reflecting further exacerbation of vulnerabilities compared to previous years.

#### BOX 11: Nutrition

- **Vulnerability**  
**High (3): Stunting** – 41.2% prevalence of stunting for children 0-59 months<sup>38</sup>  
**High (3): Anemia prevalence** – Anemia prevalence as high as 38% for children under five.
- **Malnutrition:** 13% increase in severe malnutrition cases and 11% increase in moderate wasting compared to 2024.
- **Service coverage:** 93% of Rohingya households with children under 5 report access to nutrition services, 88% for newly arrived households
- **Access gaps:** including documentation barriers, distance to facilities, waiting time and disability related constraints

#### Priority Risks

- Continued increases in severe and moderate wasting admissions signal systemic stress across food, WASH, and health systems.
- Funding shifts and exclusion of supplementary vouchers threaten progress in child nutrition outcomes.
- Persons with disabilities and new arrivals face continued service access challenges.

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<sup>38</sup> UNHCR Bangladesh 2023 Standardized Expanded Nutrition Survey (SENS). [https://rohingyaresponse.org/wp-content/uploads/2024/01/2023\\_BAN\\_CXB-SENS-FINAL-EXEC-SUMMARY\\_4-JAN-2024.pdf](https://rohingyaresponse.org/wp-content/uploads/2024/01/2023_BAN_CXB-SENS-FINAL-EXEC-SUMMARY_4-JAN-2024.pdf)

### Inter-Sector Linkages

- **Food Security:** Adjustments to general food assistance and fresh food voucher coverage directly influence dietary diversity and malnutrition trends.
- **WASH:** Poor sanitation and water access exacerbate malnutrition through repeated infection cycles.
- **Health:** Reduced immunization coverage and limited prenatal services increase vulnerability of pregnant women and children under five.
- **Livelihoods:** Income instability affects caregiver feeding practices and access to diversified foods.

## Health

*The analysis presented in this Section is based on the results of the Public Health Needs Assessment (PHNA) 2025 with 2,014 refugee households in the camps and 320 medical workers and health managers, as well as the Health Sector 4W data.*

**Access to health care:** Access to health care among refugee households remains stable and strong. More than 90% continue to rely on NGO-run primary health care facilities, typically located within a 30-minute travel distance. Outpatient consultations exceed 400,000 per month<sup>39</sup>, amounting to more than four consultations per person annually, which is double the global benchmark. Inpatient demand also remains high, with approximately 10,000 monthly admissions<sup>1</sup> and bed occupancy rates of about 70% for at least 48-hour stay. Although the proportion of households reporting difficulties in accessing care dropped from 22% (2024) to 16% (2025), the remaining group continues to face barriers. Among these households, the most commonly reported challenges include long waiting times (54%), gaps in service availability (39%), and limited transportation options (22%), which continue to affect the patient experience. Overall, refugee households report improvements in perceived quality of care, with more than 84% rating services as excellent, good, or satisfactory.

**Access to medicines:** Access to medicines among refugee households has improved modestly, although availability at health facilities remains inconsistent. Around 10% of households continue to rely on private or unauthorized sellers because medicines are not always available at health facilities. Most households obtain medicines through NGO-run clinics or pharmacies (95%) or private pharmacies (35%). The proportion of households reporting difficulties obtaining medicines declined from 24% (2024) to 16% (2025). However, stockouts persist, particularly for medications related to non-communicable diseases, pediatric conditions, hepatitis, gynecologic care, psychiatric treatment, and dialysis. The increasing number of insulin-dependent patients<sup>1</sup> highlights growing pressures related to chronic disease management and the need for sustained medicine availability and follow-up.

The overall disease burden reflects a dual challenge. Infectious diseases such as skin infections and diarrheal illnesses remain the most commonly reported conditions, while acute respiratory infections have increased significantly and vector-borne diseases such as dengue and chikungunya add further strain. At the same time, the prevalence of long-term non-communicable diseases has risen sharply, with more than 33% of households in 2025 reporting at least one member living with a chronic condition, compared with 19% in 2024. This pattern illustrates the coexistence of communicable and chronic conditions and underscores the need for a balanced and integrated health service approach.

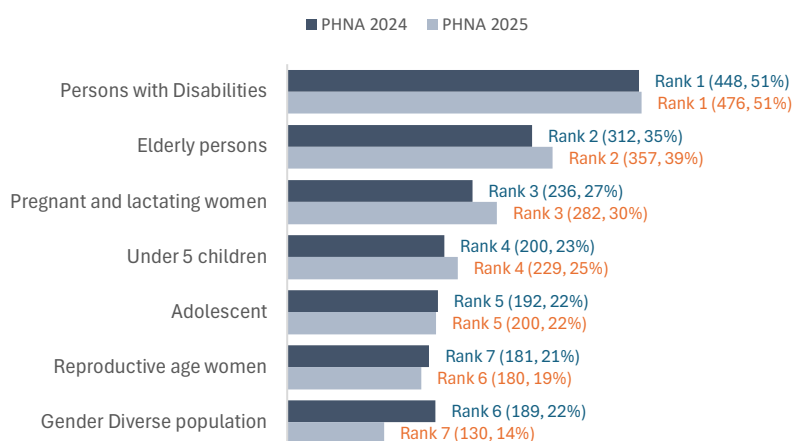
**Health awareness:** Similar to 2024, community health workers (96%) continue to shape health awareness in the camps. They remain the most trusted and frequently used source of health information, followed by health workers at clinics and hospitals (55%), community meetings (44%) and community leaders (34%). Household knowledge to prevent common health problems remains broadly stable, with around two thirds of households reporting sufficient knowledge (64% in 2024 to 66% in 2025).

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<sup>39</sup> Cox's Bazar Health Sector Monthly 4W Report as of October 2025

**Maternal and child health** indicators are shown concerning declines. Prenatal coverage has declined from 47% (2024) to 35% (2025), while the percentage of children who are not fully vaccinated increased from 19% (2024) to 28% (2025). These trends may be associated with multiple factors, including vaccine hesitancy, parental concerns about side effects, vaccine shortages, and disruptions in outreach activities. Newly arrived households face even higher risks, with 43% of their children reported as not fully vaccinated compared with long-term residents. Ensuring that new arrivals are rapidly included into primary healthcare and immunization services is essential to prevent avoidable illness and reduce inequities.

Figure 25. Vulnerable groups with the least access or more difficulties in accessing health services



**Mental and psychological health conditions** remain a concern, although reported distress levels have declined from 32% (2024) to 22% (2025). Approximately one in five households (19%) includes at least one person experiencing emotional distress severe enough to affect daily functioning. Adults account for the majority of cases (73%), though children and adolescents also show notable levels of psychological vulnerability (27%). Most individuals experiencing distress report difficulties performing essential daily tasks (91%). Access to mental health support has improved substantially, increasing from 39% to 48%, while access for persons with disabilities has also risen from 48% to 58%. These gains likely reflect efforts to expand service availability following the PHNA 2024 findings, along increased community awareness and engagement with mental health services.

Across the refugee population, children under five (46%), pregnant and lactating women (45%), and women of reproductive age (29%) are consistently identified as the most vulnerable groups. Persons with disabilities are perceived to have the lowest access to appropriate care, followed by older adults, pregnant and lactating women, young children, and adolescents. These disparities persist even though most households report no gender-related barriers to accessing health services, which indicate that providers are generally sensitive to gender-specific issues (95%).

From the household perspective, primary healthcare, including Primary Healthcare Centres (PHCs) and Health Posts (HP), remains the most critical service to sustain and strengthen (54%), followed by secondary healthcare or Field Hospitals (41%), and services for non-communicable diseases services (38%). Other priorities identified by households include referral and transport services, community health programs, immunization, and maternal and child health support. These priorities are consistent with the Health Sector’s service utilization patterns, which show continued high demand for both primary and secondary care.

**Recommendations**

- Sustain primary health care services and reinforce secondary healthcare capacity, including stronger referral pathways to ensure timely management of acute and complex cases.

- Scale up disease surveillance, epidemiology and immunization activities to improve early detection, outbreak control, and routine vaccination coverage.
- Target underserved and newly arrived households with equitable, accessible services through focused outreach, first-contact enrollment, and continuous follow-up.
- Maintain key technical working groups to address quality and technical gaps identified in recent assessments, ensuring strengthened coordination across SRH, epidemiology and surveillance, MHPSS, and community health and nutrition services.

### What has changed since 2024

Health service utilization remains high and access to care has slightly improved. However, the health profile of the population is evolving. Non-communicable diseases and long-term conditions are becoming more prominent, increasing demand for continuous treatment and medicines. At the same time, declines in prenatal care and routine childhood immunization point to emerging gaps in maternal and child health services.

Key indicators	2024	2025	Change/s
Primary source of care – NGO supported facilities	93%	91%	-
Households with long term health condition	19%	34%	-
Households with members experiencing emotional distress	32%	22%	+
Persons with disabilities experiencing emotional distress	48%	38%	+
Households with difficulty obtaining medicines	22%	14%	+

#### BOX 12: Health

- **Vulnerability**

**High (3): Access to medicine:** 14% of Rohingya households reported difficulty obtaining medicine<sup>40</sup>

**High (3): Person with disability with mental illness:** 38.1% of Rohingya reported with mental illness

**Low (1): Vaccination:** 93% Penta 3 vaccination coverage (%) among children under 1 year old

**Low (1): Measles:** 1 measles case per week

#### Priority Risks

- **Burden of chronic disease:** The proportion of households reporting at least one member with a long-term condition increased from 19% in 2024 to 33% in 2025, indicating growing demand for primary and secondary health services. Rising numbers of insulin-dependent and other NCD patients require consistent medicine availability and regular follow-up. Disruptions in supply or continuity of care may increase the risk of preventable complications, morbidity, and mortality.
- **Gaps in immunization:** The proportion of households reporting that children are not fully vaccinated increased from 19.3% in 2024 to 27.8% in 2025. In 2025, new arrivals reported a substantially higher rate of incomplete vaccination (43.3%) compared with long-term residents (25.9%), which may increase vulnerability to vaccine-preventable disease outbreaks in densely populated camp settings.
- **Reduced prenatal coverage:** The proportion of households reporting prenatal care declined from 47% in 2024 to 35% in 2025, raising concern for increased risk of preventable maternal and neonatal complications if access to antenatal services, outreach, and follow-up are not strengthened.

#### Critical Inter-Sector Linkages

- **Nutrition:** noted increase severe and moderate wasting admissions reflect underlying food insecurity, poor infant feeding practices, and WASH-related disease burden, requiring integrated service delivery.
- **WASH:** water availability decline and sanitation challenges elevate risks of diarrheal disease, skin infections, and vector-borne illness, compounding strain on primary health services.
- **Shelter/CCCM:** overcrowding, poor ventilation, and shelter deterioration could contribute to acute respiratory infections and mental health stressors.

<sup>40</sup> Cox's Bazar Health Sector Monthly Bulletin (1-31 October). <https://rohingyaresponse.org/wp-content/uploads/2025/12/Health-Sector-Coxs-Bazar-monthly-Bulletin-October-2025.pdf>

- **Protection:** exposure to organized group violence, abduction, and insecurity exacerbates psychological distress, while limited movement after dark restricts timely access to care.

## Protection (including child protection and gender-based violence)

### *Protection*

*The analysis presented in this Section is based on the results of the Inter-Sector Needs Assessment 2025 and Quarterly Joint Protection Monitoring Reports 2025 of the Protection Sector.*

Refugees reported a slight improvement in the overall security environment with 53% of households reporting never feeling unsafe in comparison to 38% in 2024. A total of 22% of the households cited concerns “once or twice”, 16% “several times and 7% of refugees' household reported feeling unsafe always. Newly arrived refugees, on the other hand, reported a higher sense of safety (76%) in the camps. This might be attributed to their recent experiences in conflict-affected areas in Rakhine State. This overall improvement in security is largely attributed to the continued truce among organized groups led by the Government of Bangladesh in November 2024. Only 5 confrontations were recorded in the month of March resulting in a drop of 29% in the number of serious security incidents<sup>41</sup>.

Theft and robbery (48%) were the main security concern reported. Theft often involved aid materials and household items like mobile phones, solar batteries, stoves, livestock and NFIs, occurring both during the day and at night. This surge in theft appears to be linked to lack of income opportunities and a rise in gambling-related activities. Abduction and kidnaping remains a concern for communities with 27% of the households reporting it as a security concern. Refugees are usually requested to pay BDT 20,000–500,000 for ransom and perpetrators reportedly include organized groups, criminal gangs, host community members and refugees.

A total of 23% of the households reported the presence of organized groups as a security concern and 11% pointed out the presence of trafficking/smuggling groups. During 2025, there were reports of organized groups allegedly requesting families to provide a young male to engage in the conflict in Rakhine by means of gathering and door-to-door visits<sup>42</sup>. Coercive mobilization through block meetings, including requests for “support” payments in some locations continued to be registered in 2025. Approximately 9% of the households reported family members being approached, pressured or threatened to join organized groups with refugees pointing out to men (86%), children (15%), adult women (9%) and girls (2%) as those being targeted. Recruitment activities -including through gatherings- have persisted in 2025 through lists being collected by organized groups for recruitment purposes<sup>43</sup>.

Among refugee households who reported security concerns: 86% said to avoid moving after dark and 57% restricted themselves to their home to remain safe. Nearly half of the households (47%) reported reduced sleep to stand on guard in case there were attempts of robbery or criminal activity. As a protection mechanism, refugees reported moving in groups (38%), avoiding specific areas (23%), and for women, have men accompany them at night (22%). Due to persistent insecurity, 13% of refugee households avoid communal facilities like latrines at nighttime and 9% withdraw from any social activity. A total of 5% of the households indicated having to relocate due to security concerns. During the last quarter of the year, the HLP working group registered 94 cases of relocation (or request for relocation) as a result of threats and fear of criminal groups activities mainly in Teknaf area (Camps 24, 25 and 26).

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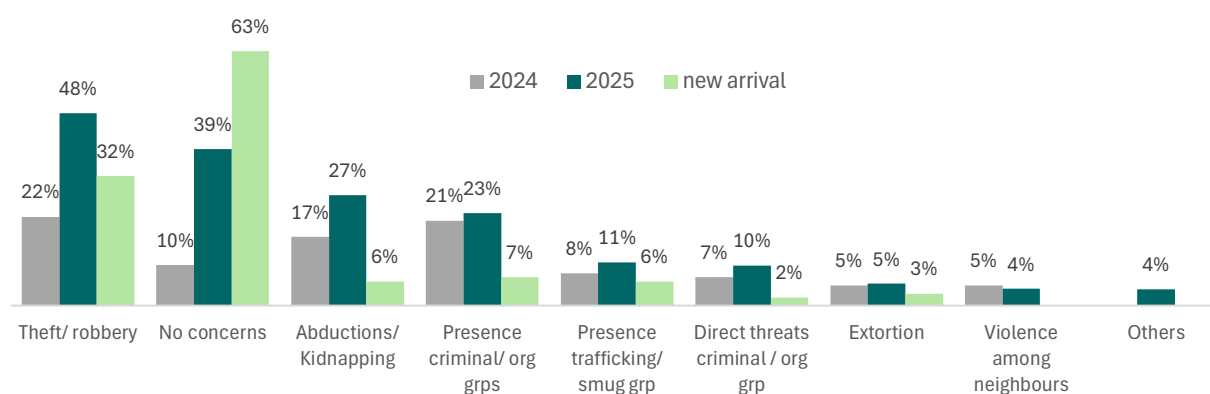
<sup>41</sup> Cox's Bazar Protection Sector [Joint Protection Monitoring Report, Quarter 2, 2025](#)

<sup>42</sup> Cox's Bazar Protection Sector [Joint Protection Monitoring Report, Quarter 4, 2025](#)

<sup>43</sup> *Ibid*

From the new-arrival households who reported concerns, 74% avoid moving at night and 47% restrict to their homes. Data from the joint-protection monitoring report<sup>44</sup> notes that new arrivals without protection networks were asked to pay BDT 2,000–7,000 to “support” organized groups, reinforcing concerns of safety and the need to stay at home, particularly after dark. Additionally, the absence of humanitarian workers and CiCs during nighttime hours limits refugees’ ability to seek support when they may need it most.

Figure 26. Security issues that refugee households are most concerned of in the past 6 months of 2025 compared to 2024



Reported restrictions on refugees’ freedom of movement declined by 4% but remains significant in 2025. Among households, 13% said someone in their family experienced restrictions to move freely and safely in their area over the past six months in comparison to 17% in 2024.

Respondents pointed out that within their family members, men faced the highest risks when moving through the camps (80%) followed by adult women (32%), adolescent boys (23%) and adolescent girls (15%). Movement restrictions concerns were reported to be affecting less the elderly population, particularly elderly men at 3% and elderly women at 1%. This demographic perception should be read in line with the type of restrictions refugees cited: fear of being abducted (81%), presence of organized or criminal groups (54%) and fear of direct threats by organized and/or criminal groups (49%). Refugees also cited fear of harassment against women and girls (24%) as a key barrier to free movement, along with concerns about robbery when shelters are left unattended (12%). The perception that men and boys are disproportionately affected by security incidents aligns with findings from protection monitoring reports which show that men accounted for 71% and boys for 14% of all victims of serious security incidents. Men also represented 64% of abduction and kidnapping cases, followed by boys (27%), women (5%), and girls (4%)<sup>45</sup>.

Presence of law enforcement agencies inside the camps through patrolling was cited by refugees (70%) as the main measures to prevent and respond to security situations in their blocks. Households also reported community awareness programs (43%) followed by more protection spaces and safe shelters (29%) as effective measures to prevent protection risks while new arrivals highlighted access to justice (48%), improved street and public space lighting (44%) and increased security patrols (40%).

<sup>44</sup> Ibid

<sup>45</sup> Cox’s Bazar Protection Sector [Joint Protection Monitoring Report, Quarter 4, 2025](#)

Figure 28. Reasons for movement restrictions

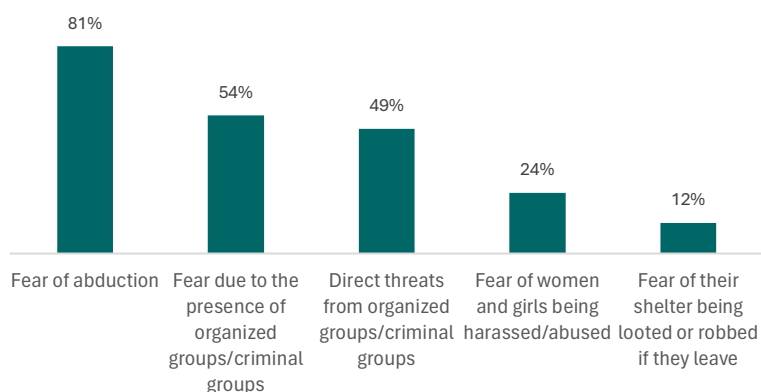
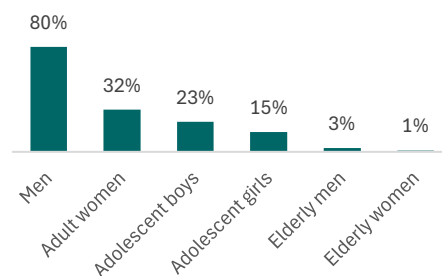


Figure 27. Household members that experience movement restrictions in the camps



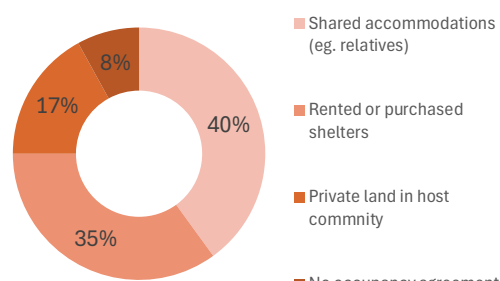
**Psychological distress:** There was a slight reduction in the proportion of households reporting at least one member experiencing signs of psychological distress within the past six months, 28%, compared to 33% in 2024. Among those affected, difficulty sleeping (51%) and fearfulness (49%) were most frequently cited, followed by nightmares (42%), depressive symptoms (32%), and psychological trauma (22%). Other refugees reported loss of hope, difficulty coping with daily tasks, suicidal thoughts, fearfulness, low motivation, and social withdrawal. Although these may appear less prevalent, they significantly impact daily functioning. Higher number of psychological distresses were reported in Camp 24 (52%), Nayapara Registered Camp (51%), Camp 11 (49%), Kutupalong Registered Camp (38%) and Camp 20 (35%). New arrivals who reported higher levels of depression (59%), trauma/flashbacks (55%), and nightmares (48%) and fewer citing difficulty sleeping (14%). The overlapping presence of multiple symptoms further suggests that many newly arrived individuals are experiencing co-occurring forms of psychological distress.

**Housing, Land and Property:** Most refugees reported paying no fees in the shelters assigned to them by the Government of Bangladesh (80%); however, some remain at risk as refugees are unable to secure legal contracts and obtain written tenure agreements. The absence of legal recognition continues to increase refugees’ vulnerability to arbitrary rent increases, forced evictions, and other land-related disputes, even on land designated as public.

One in nine households (11%) pay rent to the host community and 4% are living on private land. Security of tenure remains extremely low, with 80% reporting not having any written document to proof while 19% have agreed to tenure by means of a verbal agreement, and 1% of the households have a written agreement. These informal arrangements have significantly increased protection risks for some refugees; particularly for new arrivals in 2025. Women, the elderly, and persons with disabilities continue to face heightened vulnerability due to limited access to secure housing. These patterns are consistent with findings from 2024, where 89% reported no written documentation and only 8% reported verbal agreements.

**New arrival households** reported more precarious occupancy arrangements and higher immediate costs: 40% of newly arrived refugees are staying in shared accommodation -often with their relatives, 35% are getting their own shelters in the camps (either by paying monthly or by means of a one-off payment) and 17% are living on private land within the host community (usually paying rent). Among new arrivals, 35% are reported paying rent, compared to 11% for refugees living in the camp for longer. New arrivals are paying nearly twice as much in rent compared to longer-term refugee households: 46% of new arrivals paying 1,000 BDT or more per month, while only 14% of those who have been in the camps longer pay for the same amount. A total of 20% of newly arrived refugees reported paying between 500-1000 BDT and 34% are paying 500 BDT or less. In contrast 18% of refugees occupying shelters for longer pay between 500-1000 BDT and 68% reported paying 500 BDT or less.

Figure 29. Occupancy arrangements for new arrivals

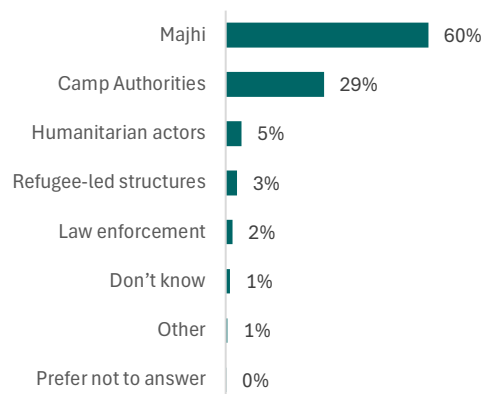


On the means of paying rent, most of the refugees (82%) pay with money, while 14% pay by sharing their food with landowners and 1% by working for them. For new arrivals, a total 90% said to be paying rent with money and 7% by sharing food. This suggests that a considerable percentage of refugees still struggle to meet their rent needs and must restore sharing their food by exposing vulnerable members of their family (children and elderlies as well as chronically ill members) to potential malnutrition.

A total of 32% of newly arrived refugees reported fear of eviction in the coming 6 months in comparison to 6% for other refugees. In addition, as per another study done by the Protection Sector, 10% of new arrivals have experienced evictions since 2024 (some even more than one time), while other refugees have reported this less than 1%. Between January and June 2025, a total of 2,809 HLP cases were recorded across the Rohingya camps, an average of 16 incidents per day<sup>46</sup>. This figure is consistent with the same period covered in 2024 and underscores that HLP challenges remain widespread and unresolved despite ongoing interventions

**Representation and co-existence:** About one in eight refugee households (12%) reported having a dispute in the past six months. Among those, 72% signaled disagreements over shared resources, waterpoints, WASH facilities, paths and stairs, as the main reason. Disputes over land and shelter issues was also cited by 17% of the households. Tensions with host communities (5%) was reported together with tensions between new arrivals and refugees (3%). Some of these incidents are linked to newly arrived refugees constructing makeshift shelters adjacent to existing ones or renting shelters in nearby host communities<sup>47</sup>.

Figure 30. Refugee preferences to represent their interest in the camps



<sup>46</sup> Cox's Bazar Protection Sector [Housing, Land and Property Overview for the Rohingya Response, Jan-Jun 2025](#)

<sup>47</sup> Joint Protection Monitoring Report, Quarter 2, 2025 [https://rohingyaresponse.org/wp-content/uploads/2025/08/Joint-Protection-Monitoring-Report-Quarter-2\\_2025.pdf](https://rohingyaresponse.org/wp-content/uploads/2025/08/Joint-Protection-Monitoring-Report-Quarter-2_2025.pdf)

When households were asked which actor they seek support from to address disputes and conflicts, 75% cited Majhi's followed by Camp Authorities such as CiCs (16%). This informal mechanism prevails as an option to resolve disputes as Majhi's have influence in the outcome of conflict-resolution options; this, however, has contributed to ongoing instances of bribery and corruption. Refugees also expressed a preference for refugee-led structures to a lesser extent (3%); particularly in both KRC and NRC-managed camps (registering 42% and 34% respectively) where election processes were established in 2015 as an alternative to the Majhi system. Preference for humanitarian actors was cited also (5%) and for law enforcement (2%).

Refugee community maintains a majority preference for the traditional Majhi system (64%), followed by Camp Authorities (22%), and humanitarian actors (10%). However, camp-level suggest different levels of preference where other representation options are available. In NRC, KRC and camps 11, 19, 17, 22, 25 and 1W expressed lower levels of preference for the Majhi system.

**Risks and vulnerabilities:** Refugees continue to face significant movement restrictions due to fear and the presence of organized and criminal groups operating within the camps. Women and girls continue to feel unsafe when leaving their shelters to access latrines and water points. These risks are heightened during nighttime due to scarce lighting and limited law enforcement patrolling. Abduction-for-ransom and kidnapping remains the main risk for refugees with demands ranging from BDT 20,000 to 500,000 followed by coercive mobilization and recruitment of refugees<sup>48</sup> (including of children). Households continue to report being approached, pressured or threatened to join organized and criminal groups. Tactics include block meetings and gatherings, door to door visits, "support" payments, extortion and threats. Disputes and tensions remain high and could further deteriorate because of overcrowding and decreased service availability (water points, latrines, health facilities, paths). Refugees face ongoing risks related to insecure housing and tenure arrangements. New arrivals are particularly vulnerable to arbitrary rent increases, forced evictions, and land-related disputes with a growing number forced to share accommodation or pay rent—often without formal agreements—exposing them to exploitation and eviction. Prevalence of psychological distress including depressive symptoms, psychological trauma, sleep disruption, fearfulness and nightmares. This cluster reduces daytime functioning, drives further avoidance after dark and lowers confidence to seek help. Distress is highest in several large camps where night-route exposure, crowding and rent pressure overlap. Lack of access to small-scale livelihood opportunities, recreational activities, vocational and educational training poses a significant protection risk for refugees. Budget constraints and reduced humanitarian funding have increased dependency on aid, undermining self-reliance and resilience. Without meaningful engagement in productive activities, refugees face heightened vulnerability, including exposure to exploitation, negative coping mechanisms and social tensions. Limited access to impartial and accountable representation mechanisms increases protection risks, especially for vulnerable groups and continues to limit possibilities of participation for refugees who heavily rely on Majhi's to resolve disputes.

### Recommendations

- Sustained engagement with relevant authorities is required to address ongoing security concerns within the camps, including abduction, extortion, coercive recruitment, and organized criminal activity. Increased patrolling, improved lighting in public areas, and strengthened access to justice mechanisms remain critical to restoring refugees' sense of safety and freedom of movement.
- Strengthen in community-based protection and structured youth engagement is needed to mitigate recruitment risks and negative coping strategies. Expanding recreational activities, skills development initiatives, and refugee-led mechanisms will be key to strengthening resilience and social cohesion.

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<sup>48</sup> Cox's Bazar Protection Sector [Joint Protection Monitoring Report, Quarter 2, 2025](#)

- Advocacy efforts should prioritize enhanced safeguards against forced eviction and exploitative rental practices, particularly affecting newly arrived refugees. Strengthening legal assistance, dispute resolution mechanisms, and housing, land and property monitoring remain essential

**What has changed since 2024**

The perception of safety in the camps has improved. However, data shows that persistent protection risks have become embedded in negative coping mechanisms as a result of aid dependency, financial difficulties, overcrowding in shelters and presence, pressure and influence from organized armed groups.

Key indicators	2024	2025	New arrivals	Change/s
Households feel safe in the camps	38%	53%	76%	+
Households with safety concerns in the camps	59%	45%	32%	+
Households reported movement restrictions	17%	13%	n/a	+
Households with psychological distress	33%	28%	28%	+
Households possibly at risk of eviction	2%	6%	32%	-

**BOX 13: Protection**

- **Vulnerability**

- **High (3): Psychological distress** (28.4% of Rohingya households reporting at least one member of HH with psychological distress)

- **Moderately high (2): Disputes and conflicts** (12% of Rohingya households reporting dispute or conflicts within their block or camps)

- **Moderately high (2): Forced recruitment** (8.4% of Rohingya households reporting at least one member approached or threatened for recruitment)

- **Moderately high (2): Eviction** (6% of Rohingya households report that their household is at risk of being evicted now or within the next 6 months)

- **Movement restrictions:** 86% of households avoid movement at night, women and girls withdraw from the markets, learning centers and services, and unsafe public spaces increases harassment risks
- **Eviction and housing insecurity:** 32% of new arrivals fear eviction, informal rental arrangements may increase risks for exploitation
- **Risks of coercion and recruitment of young men and boys:** lack of livelihood and learning opportunities continue to increase vulnerability to forced recruitment and exploitation and abuse.
- **Groups at higher risk:** Young and adult men, adolescent boys and girls, female headed households, new arrivals and persons with disabilities.

**Priority Risks**

- Forced recruitment and abductions continue to expose men and adolescent boys to severe protection risks.
- Fear of eviction remains high (32%), and insecure tenure arrangements increase exploitation and displacement risks, particularly for new arrivals
- Lack of income opportunities and aid dependency continue to contribute to a rise in incidents of theft and social tension coupled with an increase in gambling activities by refugees that see this as a form of investment.
- General sense of insecurity in the camps prevails. Ongoing gatherings and meetings led by organized groups—either encouraging refugees to join armed conflict in Myanmar or pressuring them to return under adverse conditions—continue to heighten fear among the refugee population. These groups often rely on coercion and other forms of undue influence, contributing to growing anxiety and instability in the camps.

## Child Protection

The analysis presented in this Section is based on the results of Child Protection Situation Monitoring (CPSM) 2025, Child Rights Monitoring Mechanism (CRMS) 2025 of the Child Protection Sector. Data is collected through actual incidents monitoring, key informant interviews and focus groups discussions.

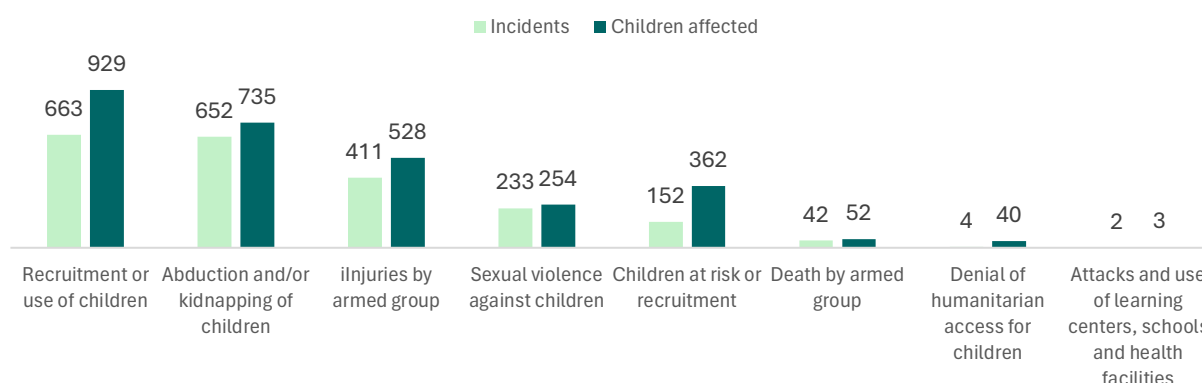
**Serious Child Rights Violations:** The past 12 months have seen a significant increase in reports of serious violations against children in the context of armed violence<sup>49</sup>. From **January to December** 2025, the Child Rights Monitoring Mechanism (CRMM) documented 2155 incidents of serious violations affecting 2903 children.

This includes 663 incidents of recruitment or use by armed groups affecting 929 children (821 boys, 8 girls, and 100 unknown) and 652 incidents of abduction affecting 735 children (586 boys, 118 girls, and 31 unknown).

Focus group discussions as part of Child Protection Situation Monitoring (CPSM) suggest that armed groups recruit children to fight in Myanmar’s internal conflicts, or are used as porters, lookouts, or smugglers. There is a widespread sense of fear in the camps, with families worried about the safety of their teenage sons. At the same time, focus groups reveal that communities are showing increasing resistance to armed groups, especially the lure of joining voluntarily.

Sexual violence against children, particularly girls, is another serious violation documented. In 2025, the CRMM recorded 233 incidents of sexual violence affecting 254 children (215 girls, 13 boys, 26 unknown). 47.21% of the incidents have been verified. Qualitative data confirms that girls are mostly impacted, facing significant assaults like gang rapes by linked by criminals and their affiliates. Sexual violence against boys occurs but is massively underreported.

Figure 31. Serious child rights violations (January-December 2025)



**Child labor:** Child labor remains a widespread protection failure in Rohingya refugee communities. Evidence suggests an increase in 2025. Community-based monitoring reveals that in the first quarter of 2025, 65% of key informants reported children in their community were engaged in labor; this figure rose to 66% by the second quarter and continued to climb to 73% in the third quarter. This steady increase continues an alarming trend, solidifying child labor not as an aberration but as a normalized and necessary survival strategy for households pushed to the brink of economic collapse.

The primary driver is overwhelmingly poverty, as confirmed by 28% of survey respondents who directly linked child labor to household economic need. The exhaustion of positive coping mechanisms in the face of chronic economic stress and acute shocks like aid cuts has left families feeling they have "no choice" but to send their children to work. This

<sup>49</sup> The Arakan Rohingya Salvation Army (ARSA), and Rohingya Solidarity Organization (RSO) are the dominant armed groups. Recent reports show Arakan Rohingya Army (Nobi Hossain Group) to also be responsible for violations. Islami Mahas, Munna Group, Shofi Group, Salman Shah Group, Rafiq Group, Rashil Group, Rubel Group, Fotiya, Shanaz Bibi, Jamal Group, and Robber/Hill Group have all been reported as perpetrators.

dynamic has led to the normalization of child labor within the community, lowering social stigma and rendering interventions focused solely on awareness-raising largely ineffective, as they clash with the lived reality of survival. An endline evaluation of one child protection project found a critical unintended consequence- for households that relied on children's earnings, the reduction in child labor led directly to "heightened financial strain," demonstrating that single-sector interventions can be actively harmful without addressing underlying economic vulnerability. The only interventions likely to reverse this trend are those that directly address the underlying economic desperation through robust livelihood support or cash assistance.

The nature of the work performed by children is often hazardous and varies by gender. In the camps, boys are commonly engaged in physically demanding tasks such as carrying heavy LPG gas cylinders, hauling firewood, working as porters, or laboring in construction. Refugees also risk exploitation by seeking illegal work outside the camps on farms or in brick kilns. Girls are more often engaged in "hidden" and unpaid domestic work, including cooking, cleaning, and caring for younger siblings, which, while culturally accepted, deprives them of education and childhood. The Joint Protection Monitoring Report of Quarter 2 (April - June 2025) found that 82% of refugee households noted physical health problems among working children, while 77% observed signs of psychological distress such as sadness, fear, and withdrawal. The sacrifice of education perpetuates an intergenerational cycle of poverty, trapping another generation into a future of limited opportunities.

**Child Marriage:** Mirroring the trend in child labor, reports of child marriage remained elevated through Q1–Q3 2025. Community monitoring shows a rise from 30% of key informants in Q1 to 35% in Q2, followed by a broadly steady level in Q3 (*32% of KIs reporting marriages in the last month*). Qualitative evidence confirms that child marriage is widely used as a coping mechanism for families facing economic hardship and, critically, as a flawed response to perceived insecurity. Child marriage is a harmful and rights-violating practice, and its mention here reflects reported coping narratives—not endorsement or legitimization of those rationales.

This practice is further cemented by a profound lack of opportunities for girls. With limited access to formal education or skills training, adolescent girls are often perceived as having no viable future pathway other than marriage. As one Rohingya boy noted in a focus group, *"If our sisters could earn skills or income, our parents wouldn't marry them off so soon"*. This highlights that effective strategies against child marriage must be two-pronged: they must simultaneously address the physical insecurity in the camps while also empowering girls with the education and skills that provide credible alternatives to child marriage.

**Physical and Emotional Maltreatment:** The proportion of communities where key informants reported child neglect increased from approximately 63% in the first quarter to 69% in the second and slightly decreased to 64% in the third quarter. Reports of domestic violence affecting children followed a similar trajectory, rising from 41% in Q1 to 46% in Q2, and reaching 49% in Q3. These increases are directly linked to the toxic stressors of camp life: extreme overcrowding, financial desperation, and rising substance abuse, particularly of "Yaba" (methamphetamine), which has been correlated with an escalation in domestic violence incidents. In line with CPMS Standard 16<sup>50</sup>, the response should systematically promote positive parenting (practical skills for calm, consistent, nurturing caregiving) and non-violent discipline (setting limits without hitting, insults, or threats) to reduce punitive practices in the home.<sup>51</sup>

The lack of accessible, child-friendly justice means that cases of violence, abuse, and neglect rarely result in accountability. This perpetuates cycles of impunity and undermines children's trust in formal protection systems.

The mental health and psychosocial wellbeing of caregivers is critical and largely unaddressed vulnerability. By the third quarter of 2025, over 62% of communities reported that caregivers needed psychosocial support. Caregivers themselves admit to taking out their frustrations on their children, feeling trapped by stress and hopelessness. This

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<sup>50</sup> CPMS Standard 16: The child-protection standard on physical/humiliating punishment that promotes positive parenting and non-violent discipline in humanitarian settings

<sup>51</sup> The Alliance for Child Protection in Humanitarian Action, 2019; WHO et al., 2016; UNICEF, 2016

deterioration in caregiver mental health diminishes their parenting capacity, leading to lashing out (violence) or emotional withdrawal (neglect).

Neglect and violence within the home showed a marked dip in March attributed to pre-Ramadan social dynamics<sup>52</sup>, before rising sharply through Q2 and Q3 to their peak levels. The line for Sexual Violence Risk would show a steady increase throughout the year. Sexual violence risk (e.g. risk of rape or assault) remained around 21–27% of communities reporting throughout, higher than in 2024.

### Recommendations

- Scale up child recruitment prevention and response, strengthen early and safe reporting, align messaging through the CAAFAG interventions, and intensify advocacy with RRR, ISCG, and donors on rising recruitment risks.
- Increase the role of community volunteers and Government actors (DSS, MoWCA, MoYS) in prevention and response service delivery by strengthening coordination, expanding presence in camps, and enhancing their capacity to support prevention, identification, and referrals.
- Advance CP/GBV integration, transitioning fully to the integrated facility model in line with 2026 guidance.

### What has changed since 2024

Serious child rights violations increased in 2025 such as recruitment and abduction particularly targeting adolescent boys. Reported cases of child labor continued to increase and appeared to be normalized due to financial challenges and difficulties within families. Child marriage and child labor have emerged as a coping response especially for young girls.

Key indicators	2024	2025	Change/s
Reported child rights violations	141	2,155	-
Death by Armed Group	14	42	-
Injuries by Armed Group	8	411	-
Recruitment or use of children	49	663	-
Sexual violence against children	2	233	-
Attacks and use of Learning Centers, Schools and health	2	2	-
Abduction and/or kidnapping of children	60	652	-
Child labor	64%	66%	-

#### BOX 14: Child Protection

- Serious child rights violations: increased from 141 (2024) to 2155 (2025)
- Gendered impact: boys disproportionately affected by recruitment; girls disproportionately affected by sexual violence

#### Priority Risks

- Sharp increases in recruitment and abduction expose adolescent boys to security risks and long-term trauma.
- Household economic desperation is embedding harmful practices or coping mechanisms such as child labor and child marriage, risking intergenerational poverty and rights violations.
- The rising sexual violence against girls reflects heightened vulnerability and underreporting concerns.
- Care giver distress, financial strain, overcrowding, and substance abuse contribute to increasing neglect and violence within the home.

<sup>52</sup> Pre-Ramadan social dynamics" refers to the cultural and religious practices observed in the weeks leading up to the holy month of Ramadan. Key informants and community members often describe this as a period of heightened spiritual preparation, self-reflection, and a collective focus on performing good deeds and resolving conflicts. This can result in a temporary, conscious effort to reduce negative behaviors and intra-familial tensions, leading to a short-term decrease in reported incidents of violence and neglect before the month of fasting begins.

**Inter-Sector Linkages**

- **Livelihoods:** the absence or very limited opportunities for livelihood is the primary driver of child labor, early marriage, and recruitment vulnerability.
- **Education:** school dropout among adolescents increases exposure to labor exploitation and armed group recruitment.
- **Protection:** organized group presence and insecurity directly contribute to recruitment, abduction, and fear among families.
- **GBV:** child marriage and sexual violence are closely linked to broader gender inequality and household economic dependency.
- **Shelter/CCCM:** overcrowding and lack of privacy contribute to domestic violence and child neglect.
- **MHPSS/Health:** caregiver psychosocial distress significantly reduces positive parenting capacity and increases risk of child maltreatment

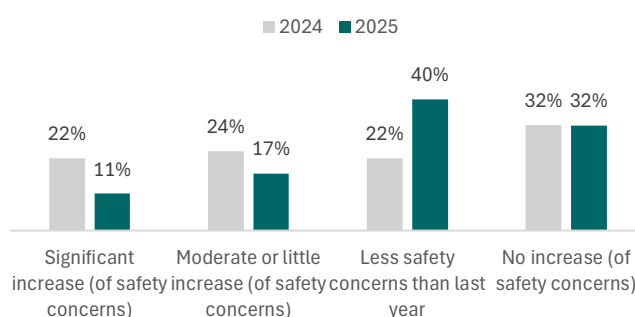
## Gender Based Violence

The analysis presented in this Section is based on the results of Inter-Sector Needs Assessment 2025 and Gender Based Violence Information Management System (GBVIMS) 2025.

ISNA 2025 results showed some improvements in the safety and security concerns of the refugee households in the camps. This is reflected in the decrease in the proportion of refugee households reporting safety concerns; 28% of women and girls reported compared to 46% in 2024 and 34% of men and boys compared to 52% in 2024. However, gender related risks associated with basic needs have considerably increased from 13% in 2024 to 39% in 2025.

**Household Coping Mechanisms.** ISNA 2025 results indicated 39% of refugee households resorts to negative coping strategy to meet basic needs. There are 31% of refugee households buying food on credit or borrowing money from relatives, neighbors, or shopkeepers, making it the most common coping mechanism among refugee households. This dependency disproportionately affects women and girls, as families facing mounting debt pressures resort to harmful coping strategies, including child or forced marriage, sending adolescent girls for domestic labor, or coercive relationships to secure basic needs.<sup>53</sup> For new arrivals temporarily hosted by relatives, dependence on the host household further reinforces patriarchal control, limiting women’s decision-making power and autonomy further exposing them to GBV. Seventeen percent (17%) sold food or non-food relief items (e.g., dignity kits, portions of rations) heightening protection risks.<sup>54</sup> GBVIMS Q2 report indicate increased intimate partner violence and, in extreme cases, femicide when women resist the sale of household assets such as their jewelry, utensils or ration cards; some men reportedly sell rations to fund gambling or support multiple households, leaving women and children without food; and some women sell menstrual hygiene items, increasing exposure to urinary and reproductive tract infections due to inadequate menstrual hygiene management. A further 8% of refugee households sold personal belongings such as refrigerators, televisions, jewelry, or solar panels reflecting progressive asset depletion and long-term economic decline; emerging drivers, including online gambling and drug use among men, intensify economic stress and household tensions, exacerbating women’s economic dependency and exposure to GBV, with disputes over asset

Figure 32. Change in safety and security concerns for Rohingya women and girls



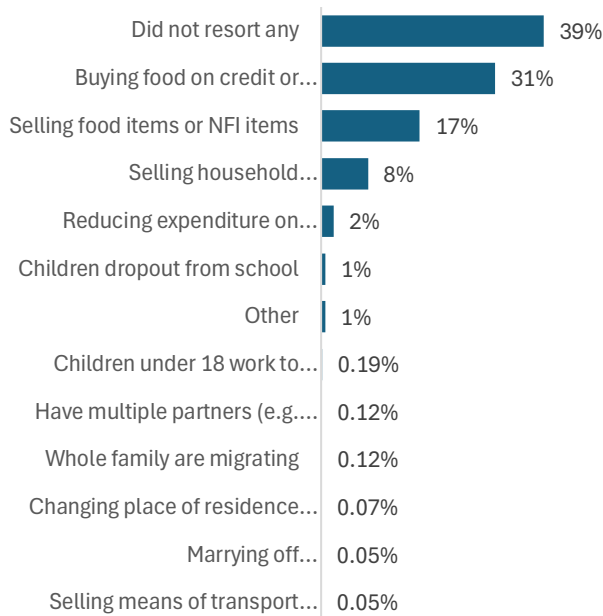
<sup>53</sup> Cox’s Bazar Protection Sector, [Joint Protection Monitoring Report, Quarter 1, 2025](#).

<sup>54</sup> Cox’s Bazar GBV Sub-Sector, [GBVIMS Fact Sheet, Quarter 2, 2025](#)

sales linked to marital conflict and intimate partner violence.

**Safety and security.** While most refugee households reported “feeling generally safe” (see figure #) within their communities, this perception masks a deeper trend of normalization of insecurity rather than genuine improvements. GBVIMS monitoring in Q1, reports that organized groups entered shelters and coerced women and girls into performing household labour, subjected them to sexual harassment, and pressured them to participate in night patrols, reinforcing a climate where silence is perceived as safer than disclosure. Forty percent (40%) of refugee households who reported “less safety concerns” are likely influenced by prolonged exposure to insecurity, social fatigue, and fear of retaliation if risks are openly discussed.<sup>55</sup> In addition, behavioral patterns suggest otherwise such as, women and adolescent girls withdrew from public spaces including markets, learning centers, madrassas, and Women and Girls Safe Spaces citing fear of harassment, abduction, and surveillance by unknown men and organized groups.<sup>56</sup> In addition, GBVIMS also reports that adolescent girls avoid going to learning facilities due to fear of being followed or targeted. There are about 17% of new arrival refugee households reporting a moderate increase in insecurity, particularly among new arrivals, widows, and female-headed households. This group face increased protection risks while accessing basic services due to limited social networks, economic pressures, and controlling household dynamics.

Figure 33. Rohingya households resorting to coping mechanisms to meet basic needs



**Safety in home steads:** ISNA 2025 results showed that 96% of refugee households reported feeling safe inside their shelters and 4% do not feel safe. The home remains the primary site of violence showing that 89% of reported GBV incidents in Q1 and Q2 of 2025 occurred inside the survivor’s own shelter, such as intimate partner violence, psychological abuse, denial of resources, and marital rape.<sup>57</sup> Among the refugee households reported not feeling safe, economic dependency on the perpetrator (22%) stands out as the main reason. In the camps where livelihood opportunities are extremely limited, this dependency has trapped many women in abusive relationships. Survivors often tolerate violence for the sake of social protection, food security and shelter for the new arrivals, reinforcing a cycle of control and silence. Lack of privacy or personal space (18%) reflects overcrowded shelters and shared living arrangements within the camps. Women and adolescent girls have reported little or no privacy for changing clothes, or resting, which increases vulnerability to abuse and domestic tension. Fear of retaliation for seeking help (11%) further compounds this, as many survivors are threatened by family members or perpetrators if they attempt to disclose GBV incidents or access services. Although smaller in percentage, threats or intimidation from household members (6%), domestic violence (6%), and intimate partner violence (5%) reveal the persistence of violence within family settings. According to GBVIMS data, the majority of GBV perpetrators are relatives or intimate partners, confirming that the home remains unsafe for many women and girls. Female-headed households, widows, divorced women, and newly arrived refugees were more likely to report insecurity due to the absence of male protection and exposure to theft, harassment, or exploitation.<sup>58</sup>

<sup>55</sup> Cox’s Bazar Protection Sector [Joint Protection Monitoring Report, Quarter 1, 2025](#)

<sup>56</sup> Cox’s Bazar GBV Sub-Sector [GBVIMS Factsheet, Quarter 2, April-June 2025 Bulletin, 2025](#)

<sup>57</sup> Ibid

<sup>58</sup> Cox’s Bazar Protection Sector [Joint-Protection-Monitoring-Report-Quarter-2\\_2025.pdf](#)

**Safety in the community:** Nineteen percent (19%) of refugee households reported not feeling safe in their community due to the presence of organized groups or criminal activity (34%), reflecting persistent exposure to coercion, intimidation, and night-time movements of organized groups. Secondly, fear of harassment or assault in public spaces (26%), which particularly restricts women’s and girls’ mobility to markets, water points, distribution sites, and pathways after dark; third, poor lighting or poorly maintained public spaces (20%) which further compounds protection risks, especially around latrines and bathing areas; and weaker social protection.

Locations in the community that women and girls find unsafe. The ISNA results indicate that risk environments are highly time- and location-specific: during the day, women and girls report heightened vigilance in and around markets, distribution points, water points, and along main pathways, where crowding, queuing, and male-dominated spaces increase exposure to harassment; after dark, risks consolidate around poorly lit or isolated areas, latrines, bathing facilities, pathways, and shelters.<sup>59</sup>

Figure 35 Reasons for not feeling safe for women and girls in the community they live in

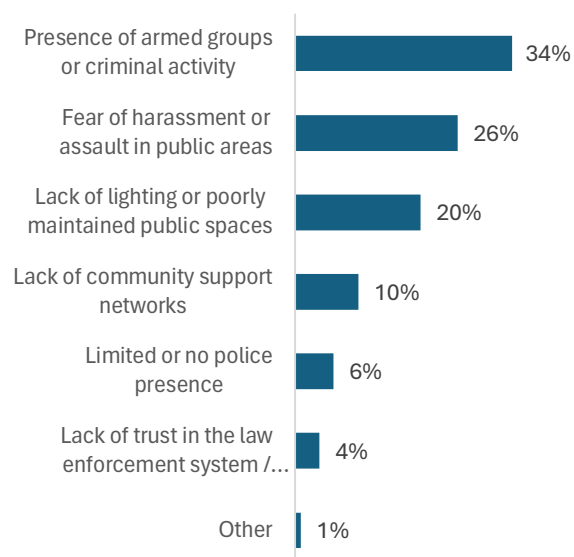
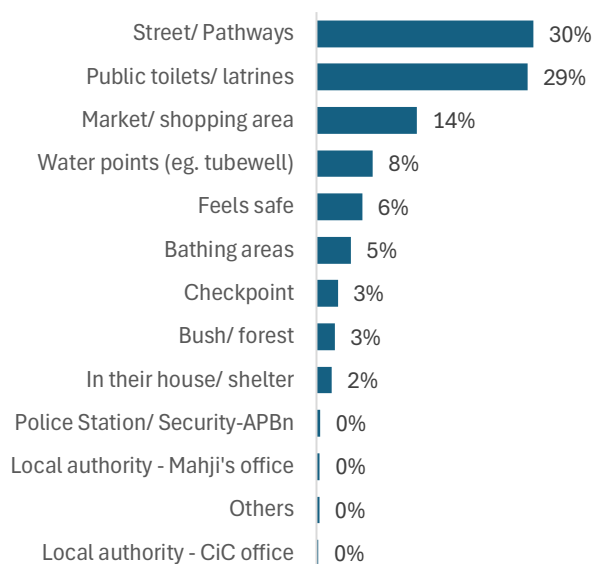


Figure 34. Locations that women and girls find unsafe at nighttime



While GBViMS data confirms the survivor’s residence as the primary incident location, it also records streets/pathways and service points as recurrent sites of non-partner harassment and assault, underscoring mobility-linked risks outside the home. The absence or failure of lighting on key routes to latrines, bathing areas, further constrains movement and after hours, particularly for adolescent girls, people living with disabilities, and female-headed households. Collectively, the pattern points to a daytime burden of public harassment and a night-time convergence of structural risks, lighting, isolation, and organized groups presence.

**Awareness and access to GBV services in the camps.** Eighty-nine (83%) of refugee households have knowledge about the following GBV services in the camps such as women and girls’ safe spaces (WGSS) (56%), followed by women-led community centers (17%), multi-purpose women centers (12%), and health and nutrition facilities (11%). On the other hand, 24% of refugee households reported having no knowledge of any GBV-related services. Amongst formal and specialized structures, WGSS (Shanti Khana) is the most preferred GBV service point or point of referral in cases of gender based related cases for 27% of refugee households, followed by health facilities (10%), and multi-purpose women centers (5%). CiCs (23%) and Mahji (18%) are also considered preferred sources of support along with community leaders and family members (2%), community dispute and resolutions mechanism (1%). These are

<sup>59</sup> Cox’s Bazar GBV Sub-Sector [GBViMS Factsheet, Quarter 2, April-June 2025 Bulletin, 2025](#)

considered informal or non-specialized structures that reflect the gaps in trusts and fear of formal GBV services. It also underscores the community power dynamics and social pressure.

Refugee households cited law enforcement (24%) not their preferred point of referral for any GBV cases, followed by Mahji (16%), CiC (7%), legal aid service providers (7%), community-based dispute mechanisms (6%) and WGSS (5%). The findings show a complex referral landscape shaped by trust, accessibility, and perceived speed of resolution. Although confidence in formal justice mechanisms remains low due to fear of retaliation, intimidation, and lengthy legal processes, survivors increasingly approach APBn and CiC as first points of help. This shift is not because these mechanisms are survivor-centered, but because they are seen to resolve disputes faster, particularly in cases of physical assault, forced marriage, or household conflicts—where survivors or families seek immediate intervention rather than long legal proceedings.

### What has changed since 2024

Gender-related risks associated with basic needs have increased in 2025, reflecting growing link to gender based violence and household financial strain. Although perception of safety has improved, the gender related risks could be normalized, forcing women and girls to adapt rather than reducing the actual risks.

Key indicators	2024	2025	Change/s
Risks associated with basic needs	13%	39%	-
Households reported safety and concerns for the women and girls	46%	28%	+
Households reported safety and concerns for the boys and men	52%	34%	+
Households are aware of GBV services	94%	90%	-
Households reported that women and girls have access to specialized reproductive services	87%	95%	+

### Recommendations

- Advocate for income-generating activities for refugees and host communities, including through market-based programming and vocational training, to mitigate negative coping mechanisms and reduce GBV incidences.
- Increase awareness campaigns on GBV prevention focusing on the rights of women and girls and available services.
- Enhance access to GBV specialized services through improved coordination with relevant service providers in camps and host communities.
- Mitigate GBV risks through mainstreaming GBV considerations across sectors in the Rohingya response through a multi-sectoral approach.
- Promote localization through collaborating with Women Lead organization and Local NGOs to enhance program reach and effectiveness in GBV programming.
- Promote peace and security by designing programs that work closely with the local community involving women and youth to ensure their safety and security.
- Continue the social behavioral change interventions to ensure transformation of gender norms and promote the reporting of GBV.
- Advocate for favorable laws and policies that promote the well-being of GBV survivors to reduce dependence on the traditional justice system.
- Continuously strengthen the capacity of GBV service providers to respond effectively to GBV and non-GBV survivors.

#### BOX 15: Gender Based Violence

- **Vulnerability**  
**Moderately high (2): Safety and security** 15% of Rohingya households reporting significant increase on safety and security concern for boys and 11% for girls.  
**Low (1): Safe access to services** 4% of Rohingya households reporting unsafe access to services.
- **Gender risks linked to basic needs:** increased from 13% (2024) to 39% (2025)
- **Negative coping:** 39% of households using harmful coping strategies (debt, property/asset sales, forced arrangements)

- **Primary GBV incident location:** 89% of households reported incidents occurring inside the survivor's shelter
- **Case management:** 60% of survivors decline to act against perpetrators

### Priority Risks – 2025

- **Overcrowded shelters:** with 89% of incidents occurring inside shelters, overcrowding, economic dependency, and lack of privacy reinforce cycles of intimate partner violence and silence.
- **Negative coping mechanism:** debt, asset depletion, and sale of food and dignity items are directly increasing child marriage, coercive relationships, and forced domestic labor for girls.
- **Normalization and underreporting:** improved perception of safety masks withdrawal from public spaces and reduced disclosure, risking hidden escalation of violence.
- **Weak survivor-centered response:** preference for informal structures (CiC, Majhi) limits confidentiality, accountability, and consistent survivor protection.
- **Movement restrictions for women and girls:** fear of harassment in markets, water points, and poorly lit pathways reduces access to services, learning spaces, and livelihoods.

### Inter-Sector Linkages

- **Livelihoods:** women's dependency (financially) to men and income instability could lead to intimate partner violence, forced marriage, and exploitative coping mechanisms.
- **Food Security:** negative coping mechanism such as sale of rations and borrowing on credit increases household conflict, financial coercion, and survivor vulnerability.
- **Shelter/CCCM:** overcrowding, lack of privacy, and poor lighting amplify risks of violence within the home and along communal pathways.
- **WASH:** unsafe and poorly lit communal latrines and bathing areas restrict mobility and increase risks of harassment especially at night
- **Protection:** reliance on informal dispute mechanisms weakens survivor-centered response
- **Health:** survivors experiencing violence face reproductive health complications, untreated trauma, and limited psychosocial recovery if access barriers persist.

## Shelter - CCCM

*The analysis presented in this Section is based on the results of the Inter-Sector Needs Assessment 2025.*

**Shelters:** Ninety seven percent of Rohingya households occupy regular Rohingya shelters (MTS, MTS with bamboo) and in the past 2 years only 3% managed to upgrade their shelters (lifespan of shelter is 2-years). Only 12% of Rohingya households have built extensions, of which 66% were self-funded, underscoring limited programmatic support for shelter management and a reliance on self-help solutions where feasible. There are 49% of Rohingya households who have private bathrooms inside shelter and 7% outside, 25% uses communal bathrooms and 19% have no bathroom access, thus highlights WASH-Shelter interfaced vulnerabilities. When Rohingya households improve shelters, materials were provided primarily by Shelter partners (63%) or bought locally (31%).

**Damages and maintenance barriers:** The pattern of shelter damage is mainly due to pervasive, routine maintenance needs rather than damage caused by disasters or external factors. The most reported shelter problems by Rohingya households are roof leakages (25%), damaged wall coverings (22%) and pest damage (12%), while 11.4% report no visible damage. Over half (57%) undertook no repairs in the past 12 months and Rohingya households cited barriers such as lack of materials/tools (60%) and lack of funds (32%). These constraints prevent achievable minor repairs and hinder self-recovery. For households that did carry out improvements, Sector partner supplied most materials, validating the role of agencies in enabling repairs.

**Space, overcrowding and domestic functionality:** Seventy-four percent (74%) of Rohingya households report adequate settlement space while 26% do not. Site overcrowding severity is predominantly very high at 52%, 6% high and medium congestion at 36% prevailing overcrowding and congestion in camps. Most Rohingya households reported having functional cooking space (63%) and sleeping space (59%). Some functional issues are linked to rain leakage/weak infrastructure, and overcrowding.

Overcrowding is described by 52% of Rohingya households as “very high”, with almost 26% noting that available space is insufficient for their needs. The main impacts fall on sleeping arrangements (29%), privacy (19%), and cooking spaces (16%), with children’s play, studying, and social activities increasingly restricted. Although 74% of Rohingya households report “adequate” space, closer analysis reveals major internal layout issues that hinder everyday domestic functioning, from cooking to sleep and family interaction.

Rohingya households cite several challenges because of shelter conditions such as insects/rodents (17%), overcrowded space (22%), damaged or inadequate structures (16%), lack of bedding (15%) and thermal discomfort (11%).

**Non-Food Item (NFI) gaps and coping mechanisms:** Assistance gaps in NFI remain critical, echoing through health, dignity, and self-recovery capacity. The main items missing within households include:

- Mosquito nets (missing in 22% of households)
- Bedding (21% missing)
- Cooking utensils (14%)
- Lighting sources (12%)
- Water containers (11%)
- Shelter repair materials (12.3%)

Rohingya households employ various coping strategies, including reducing usage or skipping needs (24%), borrowing (19%), or purchasing items at great hardship (15%). There are at least 17% of Rohingya households expressed that they are not coping well with the absence of these items, signaling urgent humanitarian need and acute protection risks if support is delayed.

**Energy and lighting:** Solar lamps are the primary source of lighting for 59 % of Rohingya households but 42% reports reliability issues such as poor charging (34%), battery failure (23%), limited power duration (19%) and inadequate maintenance support (4%). These issues push households to use candles (20%) and battery torches (18%), increasing fire risk and reducing lighting reliability for protection, child study time and communications.

**Community participation and site management:** Community engagement and accountability mechanisms are not fully leveraged, as only 12% of Rohingya households feel they are actively involved in site decisions, while 34% would welcome greater participation.

Figure 36. Level or area and site overcrowding

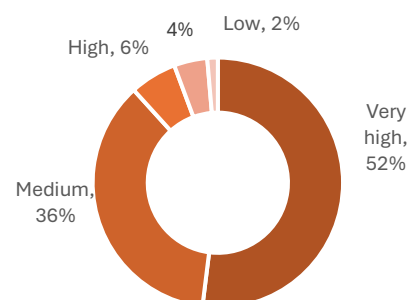
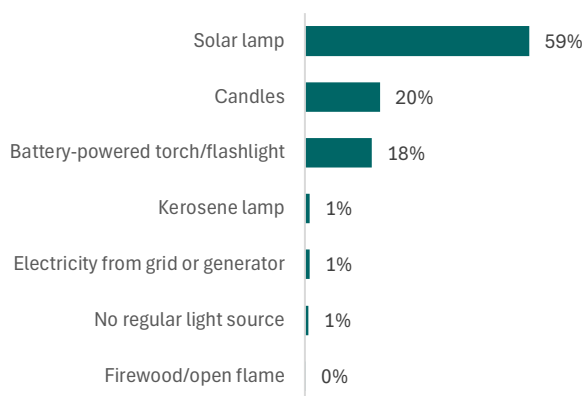


Figure 37. Types of energy for lighting in Rohingya households



Consultation on site works remains inconsistent, with 29% reporting they were not consulted and a further 26% indicating that processes are selective or untimely.

Service monitoring and feedback capacities are vastly insufficient. Rohingya households cite priority site management needs include information/help desks (28%), maintenance brigades (24%), and complaints or feedback systems (18%). Hazard perception is mixed, such as nearly half believe camp hazards are addressed and some 47% reveal that some or many risks remain unmanaged.

**Risks and vulnerabilities:** The shelters and infrastructure in the camps are acutely vulnerable to climate shocks, as shown by at least 1,400 shelters damaged by recent monsoons. There are 14,394 Rohingya households living in flood risk areas<sup>60</sup> and 34,391 Rohingya households living in landslide risks areas<sup>61</sup>. The camps also experience yearly incidents of flooding, floor erosion and inadequate drainage create continuing flood risks. The lack of systemic maintenance and unreliable energy provision compounds these threats.

Vector control is hindered by gaps in mosquito net distribution, structural defect of the shelters offering pest harborage, and reduced sleep quality due to insects/rodents. Solar system failures drive candle use, dramatically raising fire risks. Chronic overcrowding, privacy deficits, and poor domestic functionality erode mental wellbeing and social cohesion, while spatial constraints disrupt nutrition, child development, and household stability.

New-arrival Rohingya households face both acute and compounded long-term vulnerability such 19% living in self-built shelters with 27% reporting unsafe or insecure accommodation. Their NFI needs, especially for cooking utensils, water containers, and basic bedding are extreme.

**New arrival Rohingya households**

**Shelter arrangement:** New arrival Rohingya households have been living in the camps between 3-6 months (65%), 1-2 years (24%), 7-12 months (10%) and less than 3 months (1%). Majority of these households are hosted by relatives/friends/another family (38%), renting shelter from the host community (28%) and constructed its own shelter (19%). Majority of the Rohingyas lived in a regular Rohingya shelter (78%) while 15% are currently hosted in emergency shelters (recently relocated or new arrival shelter set-up).

Figure 38. Types of shelter of new arrival households

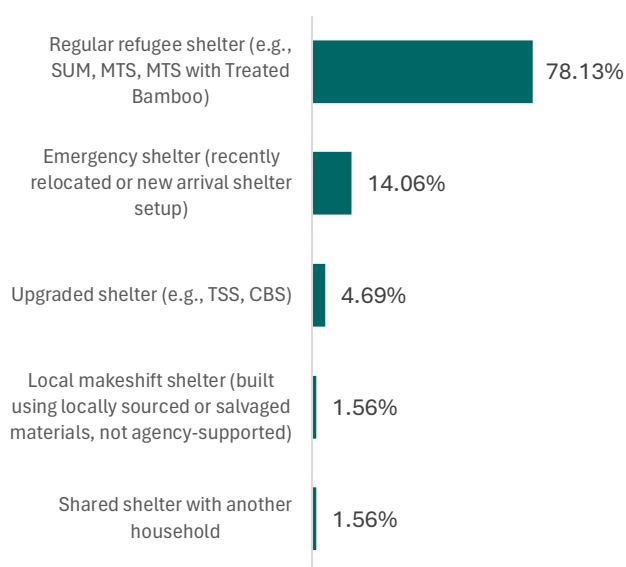
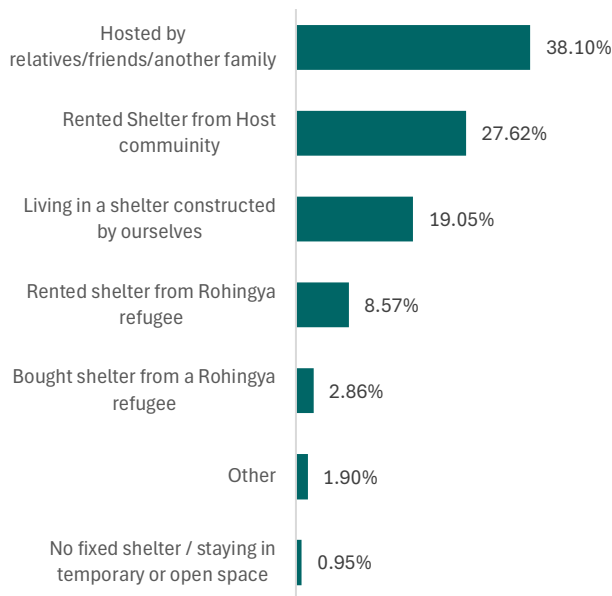


Figure 39. Types of shelter arrangement of new arrival households in the camps



<sup>60</sup> Cox’s Bazar SCCC Sector Flood Risks Assessment 2024/2025 Post Disaster

<sup>61</sup> Cox’s Bazar SCCC Sector Landslide Risks Assessment 2024/2025 Post Disaster

**Shelter condition:** Newly arrived Rohingya households noted that their shelters have a weak structure (94%), unsafe at night (71%) and highly exposed to thieves (53%). They also noted privacy concerns for women/girls (24%) and exposed to risks associated with potential natural disasters and overcrowded (41%). Despite overcrowding, 61% of Rohingya noted they have adequate space. For those who reported inadequate space (39%), the main challenges include: sleeping (68%), maintaining privacy (56%), storing household items (52%), cooking (36%) and receiving newly arrived relatives (36%). These safety and security concerns are similar to those reported by other Rohingya households in the camps.

**Use of energy:** The main source of energy for cooking is firewood (50%) followed by LPG (43%) and other sources such as sharing LPG with neighbor (7%) or no other cooking arrangement (1%). Households acquire firewood from the nearby areas (33%), purchasing from vendors (32%). Other ways of acquiring the energy needed for cooking include humanitarian assistance (26%), borrowing/sharing from others (8%).

The main source of lighting is solar lamp (63%), battery powered torch/flashlight (38%), candles (27%), or generator (7%), while 8% of households noted they do not have a regular source for light.

**Non-food items:** The newly arrived Rohingya households reported that cooking utensils (83%), water containers (72%), shelter materials (70%), bedding (64%) and lighting (65%) are the main non-food items they urgently need. In order to cope, household resort to borrowing/sharing these items from neighbors (59%) or not coping at all and it is causing serious challenges for 26% of households.

Figure 41. Ways for household to cope with missing NFIs

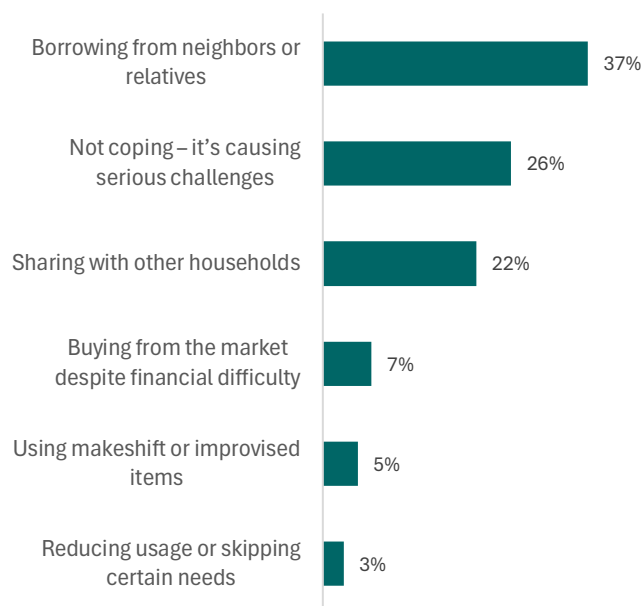
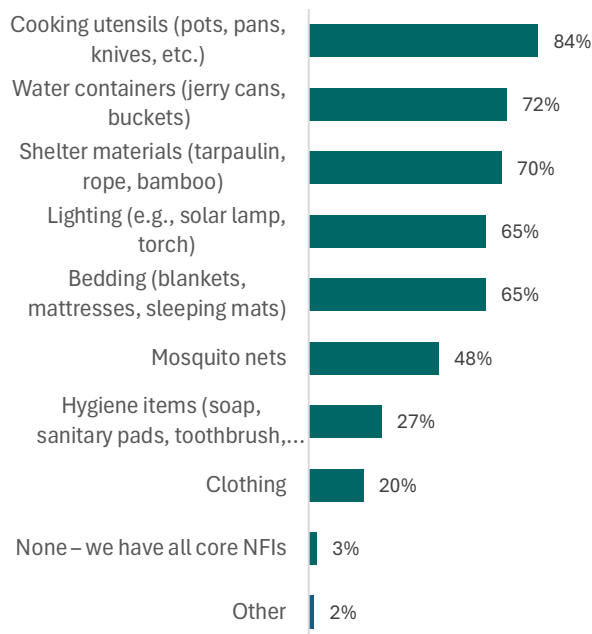


Figure 40. Core NFIs missing in newly arrived Rohingya households



**Services needed:** Majority of newly arrived Rohingya households expressed the need to have a source of income either through volunteer work or cash for work, training for skills development (66%). They also identified the need to have access to information or help desks (33%), participation in community activities (10%), and mechanism for reporting complaints (6%). Around 17% noted that they do not know any services available on site and 7% expressed they do not need services. The majority, 88%, have not received any training or awareness on shelter and site management.

**Representation in the camp:** Since arrival in the camps, 92% of newly arrived Rohingya households noted that they do not have any representation in any community or leadership structure in the camp. However, a few mentioned they were

able to participate in disaster management unit (1%), women’s committee (1%), WASH committee (1%), and community-based protection group (1%) and 4% have no knowledge of any community or leadership structure in the camp.

**Recommendations:**

- Address high overcrowding through advocacy for land, decongestion and improved site planning by Macro & Meso planning.
- Scale up care-and-maintenance to address widespread leakage and wall damage by provision repair materials, tools, and funds to reduce the 57% repair gap.
- Prioritization of slope management and site development for families living in High-Risk areas
- Strengthen participation mechanisms to increase the 12% involvement rate.

Continuous monitoring should assess shelter conditions, NFI sufficiency, energy reliability, participation rates, and hazard management cycles. The sector urgently calls for resource mobilization to shift from reactive emergency distributions to predictable, scaled support programming. Government policy dialogue is needed on managed site expansion and market integration, while community-led solutions and technical capacity-building are vital to sustain progress.

Integrated, cross-sector approaches—linking shelter, WASH, health, protection, and site management—must be mainstreamed to accelerate resilience, uphold dignity, and mitigate risks in the face of climate and humanitarian shocks. The humanitarian community and donors are urged to close funding gaps and invest in sustained, scalable SCCCM interventions.

**What has changed since 2024**

Shelter conditions in the camps continue to weaken in 2025, showing cumulative deterioration in shelter structures and materials. Understanding the type of materials used (temporary), and a significant majority of households are unable to undertake repairs over the past months largely due to financial constraints contributed to this condition. Overcrowding remains a significant concern.

Area	ISNA 2024	ISNA 2025	Trend
Shelter Damage	Concerned especially about insufficient living space 52%	High, worsened w/ new arrivals (roof leakage 55,5%, damaged walls (47,4%)	Status quo
NFI Gaps	Insufficient core NFI (bedding, floor mats) 36%	Most-missing NFIs: Mosquito nets (84%), bedding (81%), cooking utensils (52%), repair materials (47%), lighting (46%), water containers (43%).	Deterioration
Site Safety - Hazards Managed	98% satisfaction on the response of humanitarian agencies to hazards	Hazards are partly managed, more unmanaged, 48.72% feel safe and hazards are addressed. 36.45% report that some hazards remain	Slight deterioration
CCCM Participation	54% are aware of any committees active within the site. 31% with no follow-up on their complaints.	Only 12.4% actively involved; consultation gaps hinder effective community participation	Slight deterioration
Community involvement in the camp	54%	12%	Deterioration
Shelter repair	-	48%	

#### BOX 16: Shelter / CCCM

- **Vulnerability**  
**Moderately high (2): Access to LPG** – 60% households reported interruption of access for less than or equal to 7 days  
**High (3): Shelter damage** – 42% households reported more than two types of shelter damage  
**High (3): Risks areas** – over 34,000 households living in high landslide and flood risks areas
- **Shelter conditions:** 88% report deteriorating shelter conditions, 57% conducted no repairs in the past 12 months, 52% reported high overcrowding
- **Contributing factors:** 2-year shelter lifespan without renewal cycles, reduced funding for repair kits
- **Most affected:** 19% of new arrivals built unsafe shelters, 14,394 households living in flood-risk areas, 34,391 living in landslide risks areas, female headed households, accessibility gaps for persons with disabilities
- **Risks:** monsoon season could escalate structural collapse, energy failures increase fire risks, overcrowding in shelters heightens exposure to GBV, mental health strain and conflict.
- **Non-food items:** 17% of households report that they are not coping well with the absence of basic NFIs, only 59% of households have access to solar lighting

#### Priority Risks

- **Monsoon driven shelter deterioration:** Upcoming monsoon season poses high risk of shelter collapse, slope erosion, and displacement, particularly in densely populated high-risk zones.
- **Escalating fire hazard and energy instability:** Solar lighting gaps increase reliance on candles and informal lighting sources, heightening fire risk in tightly clustered shelters.
- **Overcrowding induced protection risks:** Severe congestion and lack of privacy intensify gender-based violence risks, intra-household tension, and psychological distress.

#### Inter-Sector Linkages

- **Protection & GBV:** Overcrowded shelters, limited privacy, and poor lighting increase risks of domestic violence, sexual exploitation, and social conflict, night-time mobility restrictions further heighten vulnerability.
- **Health:** Structural damage, roof leakage, pest infestation, and inadequate ventilation elevate risks of respiratory illness, vector-borne disease, and sleep deprivation.
- **WASH:** Households lacking private bathing facilities and adequate drainage face hygiene and dignity risks, particularly for women and girls.
- **Emergency preparedness:** Concentration of households on high-risk slopes increases exposure to landslides and flooding, placing pressure on emergency response capacity.

## WASH

**Access to clean water:** ISNA 2025 highlighted the need to reinforce water quality monitoring with only 70% of refugee households using tap-stands<sup>62</sup> as their primary source of drinking water with the remaining 30% collects water from deep tubewell (18%), piped water (8%), shallow tubewell (3%), hand-pump (1%). Majority of refugee households in camps (83%) and in host communities (62%) reported they have access to sufficient water to meet all their household needs. Refugee households collect an average of 24 liters per person per day (l/p/d), a 1-liter increase compared to 2024. Although well above the target 20l/p/d, this average is still below the average water collected in 2023 (28l/p/d) and 2022 (26l/p/d). If water availability continues to decrease, this will become a serious issue (social cohesion, health, well-being) and should be addressed as seriously as food.

<sup>62</sup> Water from tap-stands is generally safer than water from handpumps on tubewells (deep/shallow) in Ukhiya and Teknaf.

Figure 43. Average number of liters of domestic water per person per day

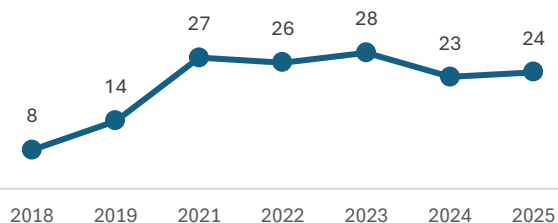
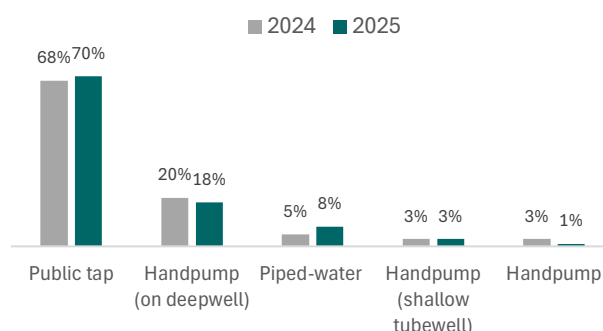


Figure 42. Sources of drinking water in the camps

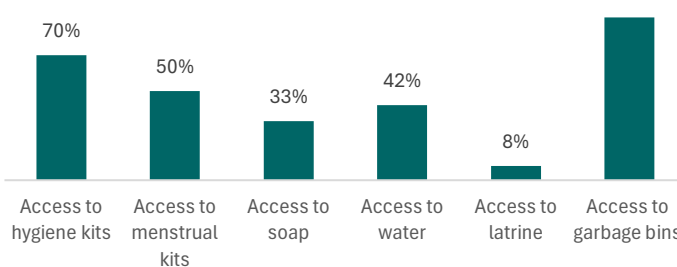


**Waste management:** After years of progress, many indicators related to waste management are dropping in 2025. Only 8% of refugee households reporting visible waste in their vicinity, the same in 2024. Waste management practice remains inconsistent as around 50% of refugee households reported that they sometimes see waste in their neighborhood. There is a decline in household management of waste with only 71% segregating waste compared to 84% in 2024. In addition, there is shortage of garbage bins as 25% the refugee households have only 1-2 garbage bins. To reinforce waste management in the camps, 88% of refugee households reported benefiting from door-to-door collection system every day.

**Hygiene:** In the previous years, the response has been adapting different ways to deliver menstrual kits for women and girls due to funding challenges. This year only 72% of women and girls reported receiving menstrual kits within the standard of 6 months, thus this leaves 28% have challenges accessing menstrual kits. Alternatives are available in case of insufficient menstrual kits such as 58% uses cloths. Soap is available for 90% of the refugee households, however 98% noted that that they received reduced amount of soap. While hygiene access and satisfaction levels are generally positive, any future reduction in the supply of hygiene materials is likely to affect both access and satisfaction.

**Community engagement in WASH:** While 88% of refugee households are satisfied with the cleanliness and functionality of the WASH facilities, participation in cleaning campaigns remains low at only 37%. Despite this, 77% of refugee households expressed willingness to voluntarily carry out minor repairs and maintenance of WASH facilities. This reflects strong community ownership potential.

Figure 44. Households with challenges in accessing WASH services



**Risks and vulnerabilities in WASH:** ISNA 2025, continue to highlight challenges for 75% women and girls on safety and access to using communal latrine at night, a 3% increase compared to 2024. Security and privacy concerns has led most female family members bathing areas within shelters instead.

**New arrival Rohingya households:** Newly settled refugees in the camps faces significant gaps in WASH services households without hygiene kits (70%), no menstrual kits (43%) for women and girls, no soaps (33%), and 8% lack access to latrine. Only 58% of newly arrived refugees have access to adequate water.

**What has changed since 2023**

Since 2023, WASH services have remained broadly functional but show gradual erosion in adequacy and quality. While water access remains above minimum standards, fewer households report sufficient supply, and hygiene support has

weakened, with reduced soap quantities and declining access to menstrual hygiene kits. Household waste segregation has dropped, reflecting maintenance fatigue and reduced community engagement. Safety concerns around communal latrines—particularly at night—persist with limited improvement, and newly arrived households face wider access gaps. Overall, the shift is from coverage stability to growing concerns around service quality, dignity, and safety.

Key indicators	2023	2024	2025	Change/s
Households reporting having enough water to meet their HH needs	86%	86%	83%	-
Average liter of domestic water collected per person per day	28	23	24	-
Collection rate of household waste (per gram/per person/per day)	98	94	70	-
Women and girls accessing menstrual kits	-	83%	72%	-
Households reporting having soap	90%	85%	90%	+
Households segregating waste at HH level (Observation)	n/a	84%	71%	-
Households using tap-stand as primary source of water	n/a	68%	70%	+
Women unable to buy menstrual pads (if their needs are unmet)	n/a	n/a	83%	

**Recommendations:**

- Policy/Guidance around community led repair and maintenance of WASH facilities strengthen community ownership and engagement.
- Ensure the 2 bins for proper waste segregation at household level.
- Soap remains important for maintaining hygiene practices and coping mechanism to tackle insufficient soap needs to be explored.
- Further strengthen collaboration on MHM for WASH-livelihood
- Transition from hygiene promotion to community engagement.
- Produce locally multi-purpose soap (cheaper) to continue soap distribution as per standards

**BOX 17: Water, Sanitation and Hygiene**

- **Vulnerability**  
**Moderately high (2): Access to tap-stand water** – only 70% of Rohingya households have access to tap-stand water as primary source for drinking  
**Moderately high (2): Visible waste in vicinity** – 8% of Rohingya households reporting visible waste
- **Safety concerns:** 75% of women and girls report challenges to accessing communal latrines at night
- **Waste collection:** despite 88% of households reporting door-to-door waste collection, the current system may strain due to funding constraints
- **New arrivals:** significant gaps in hygiene kits (70%), soap (33%), and adequate access to water (58%).
- **Water:** 83% Rohingya household report having access to sufficient water (down from 86% in 2024).

**Priority risks**

- Reduced menstrual kit access and soap quantity gaps risk dignity erosion and increased reproductive health issues.
- Gradual reduction in water availability, if sustained, could impact health outcomes and social cohesion.
- Declining household waste segregation and maintenance participation may increase vector and environmental risks.

**Inter-Sector Linkages**

- **Nutrition:** Inadequate sanitation and hygiene practices directly increase diarrheal disease incidence
- **GBV & Protection:** Poor lighting and unsafe access to communal latrines at night restrict women’s mobility and increase exposure to harassment and assault.
- **Shelter:** Lack of household-level bathing facilities forces adaptation within overcrowded shelters, reducing privacy
- **Health:** Declining waste segregation and water quality monitoring elevate risks of outbreak-prone diseases.



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