

JOINT GBV-WASH SAFETY AUDIT 2025

An Assessment of GBV Risks and Safety in WASH Services

Rohingya Refugee Response
Cox's Bazar , Bangladesh



Acknowledgement

Appreciation is extended to the GBV Sub-Sector (GBVSS) and the Water, Sanitation, and Hygiene (WASH) Sector for their strong collaboration and joint leadership in conducting the GBV-WASH Safety Audit 2025. This report reflects the collective efforts of both sectoral partners, enumerators, volunteers and key stakeholders whose technical expertise and commitment ensured robust data collection and comprehensive analysis across 33 camps in Cox's Bazar.

Gratitude is also extended to the women, girls, men, boys, persons with disabilities, and gender-diverse individuals who generously shared their perspectives and experiences. Their voices form the foundation of this assessment and continue to guide collective action toward safer, more inclusive, and accountable humanitarian settings.

Key Summary

The 2025 WASH Safety Audit, conducted jointly by the GBV Sub-Sector and WASH Sector, assessed GBV risk mitigation across 33 refugee camps and adjacent host communities in Cox's Bazar. Using a mixed-methods approach, the audit examined safety, accessibility, functionality, inclusivity, and accountability of WASH services through checklists, interviews, and focus group discussions with diverse community members, including women, girls, persons with disabilities, and gender-diverse individuals.

Findings indicate partial progress in gender-sensitive WASH programming. As observed, most latrines (76%) and bathing facilities (81%) had locks and partitions, but gaps in privacy, lighting, safe queuing, and proximity to households left women, girls, and persons with disabilities exposed to harassment, particularly at night. Functionality remained inconsistent, with many latrines and bathing spaces partially blocked, damaged, or without water supply, while overcrowding forced some users to travel longer distances or rely on unsafe alternatives. Accessibility and inclusive design were limited—as per observation only 30% of facilities had ramps or handrails—and nearly half of gender-diverse users reported unsafe access.

Menstrual hygiene management (MHM) showed relatively strong integration, with high awareness and guidance among women and girls, though disposal and private washing or drying of materials remained challenging. Accountability and communication mechanisms were weak: visible PSEA posters and hotlines appeared in only 30% of sites, and awareness of staff misconduct reporting mechanisms was low. Hygiene promotion was widespread, yet community participation in WASH committees remained minimal, and women's voices were still underrepresented.

Overall, while coverage, MHM awareness, and gender representation have improved, systemic gaps in lighting, functionality, inclusion, and accountability continue to compromise safety and dignity, highlighting the need for sustained coordination, inclusive design, and reliable facility maintenance to ensure equitable access for all.

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Acronyms

| | |
|----------------|--|
| CFM | Complaint and Feedback Mechanism |
| CiC | Camp-in-Charge |
| CoC | Code of Conduct |
| CWC | Community Working Committee |
| FGD | Focus Group Discussion |
| GBV | Gender-Based Violence |
| GBVIMS+ | Gender-Based Violence Information Management System+ |
| IASC | Inter-Agency Standing Committee |
| IEC | Information, Education, and Communication |
| IOM | International Organization for Migration |
| ISCG | Inter-Sector Coordination Group |
| KII | Key Informant Interview |
| M&E | Monitoring and Evaluation |
| MHM | Menstrual Hygiene Management |
| MHPSS | Mental Health and Psychosocial Support |
| MPWC | Multi-Purpose Women's Centre |
| NPM | Needs and Population Monitoring |
| O&M | Operation and Maintenance |
| PSEA | Prevention of Sexual Exploitation and Abuse |
| SOP | Standard Operating Procedure |
| UNHCR | United Nations High Commissioner for Refugees |
| WASH | Water, Sanitation and Hygiene |
| WGSS | Women and Girls Safe Space |

1. INTRODUCTION

1.1. Background and Context

Humanitarian crises exacerbate existing social inequalities, increasing the risk of gender-based violence (GBV) for displaced populations, particularly women, girls, and marginalized groups. Disrupted protection systems, limited resources, and reliance on humanitarian aid heighten exposure to violence, exploitation, and abuse, making safe access to essential services a critical concern.

Cox's Bazar, Bangladesh, hosts nearly one million Rohingya refugees alongside vulnerable host communities, creating immense pressure on shelter, education, health, and WASH services. While WASH facilities are essential for survival and dignity, overcrowding, poor lighting, distance from households, lack of privacy, and limited accessibility for persons with disabilities or older adults often elevate GBV risks. Women and girls may avoid or delay using latrines and bathing spaces to reduce exposure to harassment, with serious consequences for their health and wellbeing.

Guided by global standards, including the IASC Guidelines for Integrating GBV Interventions in Humanitarian Action¹, and national policies such as the National Women Development Policy 2011 and the National Strategy on Myanmar Refugees 2019, the GBV Sub-Sector in Cox's Bazar prioritizes safety audits of WASH facilities. These audits assess infrastructure, service delivery, and community perspectives, especially of women, girls, and persons with disabilities, to identify risks, highlight protective practices, and inform inclusive, survivor-centered programming. The WASH Safety Audit 2025 provides evidence-based insights to strengthen protection, enhance accountability, and ensure safe, dignified access to WASH services for all.

1.2 Purpose and Objectives

The purpose of the 2025 WASH Safety Audit is to assess the degree to which GBV risk mitigation measures are embedded within WASH programming in Cox's Bazar and to provide practical recommendations to strengthen protective outcomes. The audit is intended to:

1. Generate evidence on the safety, accessibility, and user experiences of WASH facilities, especially for women, girls, persons with disabilities, older persons, and marginalized groups.
2. Identify gaps and risks in infrastructure, service delivery, and accountability mechanisms that heighten exposure to GBV.
3. Inform action and coordination by providing WASH actors, GBV Sub-Sector partners, and humanitarian stakeholders with concrete recommendations to enhance safety, dignity, and inclusivity in facility design and management.

1.3 Scope of the Audit

The 2025 WASH Safety Audit covered both refugee camps in Cox's Bazar, reflecting the varied contexts where water, sanitation, and hygiene facilities are accessed. Conducted between September and October 2025, the audit used a mixed-methods approach, combining sector reflection checklists to

¹ [IASC Guidelines for Integrating GBV Interventions in Humanitarian Action](#)

assess GBV risk integration with observational assessments of infrastructure, including lighting, accessibility, and functionality of water points, latrines, and bathing areas.

Key informant interviews with WASH staff, service providers, and focal points provided insights into institutional practices and operational challenges, while focus group discussions with women, girls, men, boys, persons with disabilities, and gender-diverse groups ensured community perspectives guided the analysis.

The audit captured a representative snapshot of facilities and communities across Cox's Bazar, highlighting progress since previous cycles and persistent structural barriers. While not a full-scale evaluation, the findings offer evidence to inform programming, strengthen coordination, and support advocacy with government and donor stakeholders.

2. METHODOLOGY

The WASH Safety Audit 2025 in Cox's Bazar was designed as a mixed-methods assessment combining quantitative checklists with qualitative consultations to generate a holistic picture of safety, dignity, and accessibility in water, sanitation, and hygiene services. The methodology was grounded in the IASC *Guidelines for Integrating GBV Interventions in Humanitarian Action* and adapted to the local context through the GBV Sub-Sector's validated GBV-WASH safety audit tool.²

Sampling Strategy

The GBV Safety Audit 2025 was conducted across 33 camps in Cox's Bazar using a stratified purposive sampling approach to ensure proportional representation by camp size, block distribution, and GBV risk profile. Purposive sampling was applied to prioritize high-risk locations previously identified by the GBV Sub-Sector (GBVSS) and Water, Sanitation, and Hygiene (WASH) Sector— Camp 1E,2W,4,8E,13,15,16,20Ext,21,24,25, Nayapara registered Camp— allowing deeper analysis of areas with higher GBV vulnerabilities while maintaining full camp coverage. This ensured inclusion of both programmatic perspectives from implementing partners and lived experiences from service users.

Sampling and Coverage

Four complementary data collection tools were deployed. **Reflection checklists (11)** were completed by WASH sector partners to self-assess institutional integration of GBV risk mitigation in programming. **Observational checklists(89)**, implemented during safety walks, recorded physical and functional characteristics of WASH facilities, such as lighting, locks, distance, privacy, and accessibility. **Key Informant Interviews (435)** targeted WASH staff, committee members, and service providers to capture institutional practices, challenges, and accountability systems. Finally, **Focus Group Discussions (127)** engaged different community groups—segregated by age, gender, and diversity profiles—to elicit user perspectives on risks, coping strategies, and recommendations. Together, these tools covered a representative cross-section of facilities and communities across Cox's Bazar, offering insights into both infrastructure and governance gaps.³ KIIs involved diverse stakeholders—including Women's Support Groups, community volunteers, member of community-based WASH committees, member of user

² [GBV Sub-Sector Cox's Bazar, Final Reviewed GBV Safety Audit Tool – WASH Sector \(Cox's Bazar: GBV Sub-Sector, September 2025\).](#)

³ [Sphere Project, Humanitarian Charter and Minimum Standards in Humanitarian Response \(Rugby: Practical Action Publishing, 2011\).](#)

group, member of menstrual hygiene management committee and beneficiaries aged 13 years and above—while FGDs engaged adolescent girls, women, boys, and men in safe and gender-appropriate spaces such as Women and Girls Safe Spaces (WGSS) and other community centers. All enumerators received training on GBV-sensitive data collection, confidentiality, cultural sensitivity, and the “do no harm” principle. Fieldwork, conducted over 15 working days, used standardized KoBo Toolbox forms⁴ to ensure methodological consistency.

Analysis

The 2025 WASH Safety Audit combined quantitative and qualitative analysis to capture both measurable patterns and lived experiences of WASH infrastructure, governance, and community perceptions. Using triangulation across reflection and observational checklists, key informant interviews, and focus group discussions, the audit assessed GBV risk integration at programmatic and facility levels, documenting safety features, accessibility, and inclusivity for diverse user groups. Quantitative data summarized patterns in infrastructure quality, lighting, privacy, and disability adaptations, while thematic analysis of KIIs and FGDs highlighted gaps between institutional practices and community experiences, including disparities in maintenance, safety, and accountability. Cross-checking these sources reinforced systemic issues, such as inadequate lighting or locks, and identified areas needing targeted attention, ensuring findings were both evidence-based and grounded in the realities of users.

Ethical Considerations

The audit adhered to WHO ethical and safety recommendations for research in humanitarian contexts, as well as GBV guiding principles of safety, confidentiality, respect, and non-discrimination.⁵ All participation was voluntary and based on informed consent, with clear information about the purpose of the audit and the right to withdraw at any time. No personal identifiers were collected. FGDs were segregated by gender and age, with additional groups formed for persons with disabilities and gender-diverse individuals. Female data collectors facilitated sessions with women and girls, and child protection actors were engaged when adolescents participated, using age-appropriate methods. Data collectors were trained to avoid leading questions, to skip unsafe questions, and to provide referral information in case of GBV disclosure.

3. KEY FINDINGS

3.1 REFLECTION CHECKLIST

1. Safety

Safety is partly integrated into WASH programming but remains inconsistent. While 55% of partners indicated that safety standards were fully met, 45% achieved only partial compliance. This suggests that although cultural and gender norms are considered in facility design, essential safety features such as lighting, privacy fencing, and internal locks are not always prioritized. As a result, women, girls, and

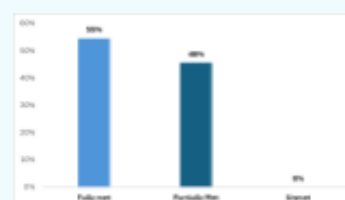


Figure: Safety Consideration in WASH Programming

⁴ Kobo Tools: [Reflection Checklist](#), [Observation Checklist](#), [KII](#), [FGD](#)

⁵ [World Health Organization \(WHO\), Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies \(Geneva: WHO, 2007\).](#)

marginalized groups continue to face risks of harassment and violence when accessing WASH facilities, particularly during nighttime or in poorly secured areas.

Accessibility

Accessibility across WASH services remains uneven, with gender-balanced staffing emerging as a key barrier. Around half of the partners reported only partial compliance in ensuring the presence of female hygiene promoters and volunteers, limiting safe and comfortable access for women and girls who often hesitate to communicate their needs to male staff. Infrastructure gaps for persons with disabilities and older people—such as the absence of ramps, grab bars, and wide doors—further constrain equitable access. The incomplete reporting on female staff presence also indicates weak monitoring and accountability, making it difficult to verify whether services truly meet inclusion and safety standards.

Inclusion and Participation

Inclusion in WASH programming shows notable progress, with 68% meeting standards fully and 32% partially. Women and girls are increasingly represented in committees and user groups, signaling improvement in gender and age diversity. However, participation remains stronger in governance than in frontline operations. The limited presence of female hygiene promoters continues to affect trust and accessibility, while marginalized groups—such as persons with disabilities and gender-diverse individuals—remain underrepresented in active leadership and decision-making roles.

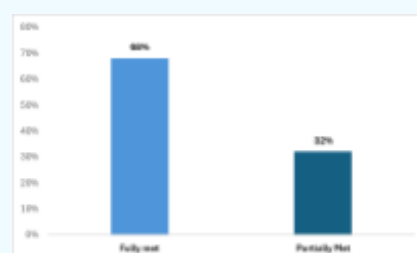


Figure: Inclusion and participation of women and girls

Dignity

Dignity considerations are partially integrated into WASH delivery, with 82% meeting standards fully and 18% partially. Progress is evident in menstrual hygiene management (MHM), where staff capacity and program integration scored high. However, significant implementation gaps persist, especially in maintaining privacy, ensuring safe timing of activities, and guaranteeing female staff presence. The absence of consistent data on complaint systems and referral pathways further undermines dignity in practice, leaving women, girls, and marginalized groups vulnerable to unsafe and undignified experiences at WASH facilities.

Accountability

Accountability remains the weakest area, with major data gaps on complaints and feedback mechanisms, PSEA awareness, and GBV integration in outreach. Several partners left these sections unanswered, revealing possible deficiencies or reluctance to report. This lack of transparency limits understanding of whether safe and confidential complaint channels exist and whether staff can respond to disclosures appropriately. The absence of systematic accountability mechanisms risks leaving protection concerns unaddressed and eroding user trust across WASH interventions.

Training and Capacity

Training coverage is relatively strong, with about 70% meeting standards fully, 27% partially, and 3% not trained at all. While staff have received training on PSEA, Codes of Conduct, and MHM, capacity on GBV risk mitigation, gender sensitivity, and rights-based approaches remains inconsistent. These gaps suggest that while foundational training exists, its reach and depth vary across organizations. Without universal coverage and

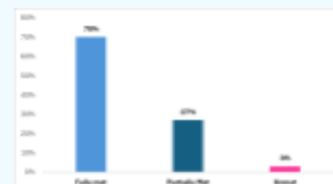


Figure: Training coverage with programme staff

regular refreshers, WASH staff may lack the competence to identify protection risks or integrate safety and dignity considerations into service delivery.

3.2 GBV OBSERVATIONAL CHECKLIST

1. Water Points

- About **80%** of routes to water points were reported safe, while **20%** raised safety concerns due to poor lighting, slippery or narrow paths, proximity to drains and latrines, and crowded areas such as tea stalls, which increased risks of harassment for women and girls, particularly at night.
- Low lighting remains a key barrier, with **61%** of respondents reporting inadequate illumination, as broken, weak, or stolen solar lights leave many areas unsafe and discourage night-time water collection.
- Most water points (84%)** are within the recommended 2–100 meters from shelters, but others are either too close or too far, imposing physical strain on elderly people, pregnant women, and persons with disabilities, especially in hilly, congested, or poorly planned areas.
- In **52%** sites, there are no means of transporting water—everyone brings their own bucket, jar or pot. Water availability schedules are not posted in any format in **44%** areas, so that community members can understand the collection time.
- 70%** of the waterpoints are not shaded.
- While **68%** of water points meet minimum coverage standards, **32%** were reported as insufficient, resulting in overcrowding, long queues, and unequal access. In some camps, taps serve over 100 users, compounded by damaged pipelines and limited supply hours.
- Although **80%** of water points are accessible to all genders and ages, **20%** face barriers for older persons, persons with disabilities, adolescent girls, and gender-diverse individuals due to uneven terrain, high or steep tap stands, lack of ramps or handrails, and social stigma. In **55%** areas, line-up are not gender segregated or safe for women and girls; similarly **55%** are not dignified for gender diverse populations.
- Only 22%** of sites provide supportive mechanisms such as lower taps or priority access.
- Only 27%** water points were displaying visible PSEA materials/posters, 30% with visible awareness messages and hotline numbers. Volunteer presence is generally strong, with 78% clearly identified by their ID card/vest and 83% trained on PSEA reporting and safe handling of SEA allegations, although some absences of some volunteers during peak times highlight the need for ongoing reinforcement.



Figure: Availability of Sufficient Latrines (1 per 4 Households / 20 People)



Figure: Light around the waterpoint and pathway



Figure: Visible PSEA awareness materials (such as posters and pamphlets) and reporting hotline

2. Latrines:

- 36%** routes to latrines were reported unsafe, primarily due to male congregation points, narrow or poorly lit pathways, steep or slippery terrain, and isolated latrines far from shelters, with night-time access is particularly hazardous.

- Most latrines (**85%**) are within 2–50 meters of shelters, but only half meet the standard of one per four households, leading to overcrowding, long queues, and hygiene challenges. Barriers such as high population density, limited space for new construction, and shared use with new arrivals further exacerbate these issues.
- Functional concerns are significant: only 62% are fully usable, while blocked drains, broken doors, structural damage, and inadequate water supply limit access.
- Gender segregation is observed in **69%** of latrines, with 72% displaying clear signage; however, **56%** of respondents reported non-compliance, with men occasionally using female latrines, particularly at night or during emergencies.
- For gender-diverse individuals, **43%** of latrines are not safely accessible due to non-inclusive designs, social stigma, and harassment risk, with no safe alternatives in many areas.
- Support for older persons and persons with disabilities is limited to **30%** of latrines, with common barriers including lack of ramps, handrails, widened entrances, and non-slip surfaces.
- Menstrual hygiene management is inadequate: **only 34%** of latrines provide disposal facilities, 24% offer platforms for hygiene items, and 22% display pictorial guidance, forcing women and girls to rely on unsanitary alternatives.
- Safety and privacy are also concerns; **76%** have doors, locks, or privacy fencing, but 24% lack these measures. Sturdy walls are present in 75% of facilities, yet **only 48%** provide full privacy, leaving many users visible to passersby and reducing safety and dignity, particularly for women, girls, and vulnerable groups.



Figure: gender-disaggregation well observed by men and women (i.e. no men are seen using the female facilities)



Figure: Latrines Out of View from High-Traffic and Communal Areas

3. Bathing Facilities:

- While **76%** of routes are considered safe, **24%** present risks from narrow or blocked pathways, isolated locations, or high-traffic areas where men gather, increasing harassment risks. Limited space between shelters in one third areas, restricting movement, emergency access, and overall safety.
- Lighting is inadequate for **56%** of facilities, and less than half are out of view from communal areas, reducing privacy.
- Most facilities (**77%**) are positioned within 2–50 meters of shelters, yet dense populations and space constraints sometimes force households to create private bathing spaces inside shelters. Coverage remains insufficient in **42%** of cases, with 58% meeting standard ratios.
- Functionality is a concern: **40%** of facilities have broken doors, missing locks, blocked drains, or structural damage.
- **Only 44%** of facilities are gender-segregated, leaving 56% relying on mixed-use units that compromise privacy and dignity, while men sometimes use female-designated spaces in 53% of cases.
- Nearly half (**49%**) of gender-diverse individuals cannot access bathing facilities safely and often rely on makeshift arrangements.
- **Only 30%** of facilities are equipped to support older persons or persons with disabilities, with ramps, handrails, or other adaptations largely absent.
- Menstrual hygiene management remains weak, with **only 30%** providing discreet disposal and 28% offering pictorial guidance on safe practices.



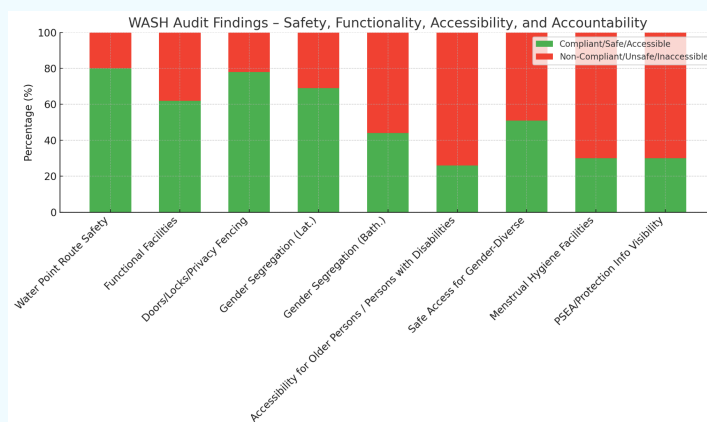
Figure: Availability of Sufficient Bathing facilities (1 per 3 Households / 20 People)

- Safety and structural quality vary: 81% have doors, locks, or privacy fencing, 73% of locks are functional, 76% of walls are sturdy, yet only 53% of facilities are fully private.
- Child safeguarding and PSEA risks persist, as **28–33%** of respondents reported some interaction between staff or contractors and children or teenage girls, while 18% observed harassment or unsafe conduct despite overall compliance training for staff and volunteers.



Overall Observation – WASH Safety, Functionality, and Inclusivity:

Overall observation exercise reveals that, most water points (approximately 80%) are accessible and within recommended distances, though 20% of routes remain unsafe due to poor lighting, slippery or narrow paths, congestion, and proximity to drains or male-dominated areas, increasing risks for women, girls, older persons, persons with disabilities, and gender-diverse individuals. Latrines and bathing facilities similarly demonstrate partial compliance with safety and privacy standards: 76%–81% of facilities have doors, locks, or privacy fencing, yet 19%–24% remain inadequately equipped, and nearly half of facilities are partially exposed to observation, compromising privacy and deterring use, particularly at night. Functionality and sufficiency are inconsistent, with 38%–42% of latrines and bathing units partially non-functional or overcrowded, forcing users to wait longer, take unsafe routes, or rely on makeshift alternatives, disproportionately affecting vulnerable groups. Gender segregation is inconsistently applied—69% of latrines and 44% of bathing facilities are sex-separated—while 49% of gender-diverse individuals cannot safely access bathing units. Accessibility for older persons and persons with disabilities is limited, with only 22%–30% of facilities equipped with ramps, handrails, or other supportive mechanisms. Menstrual hygiene management remains insufficient, with fewer than one-third of facilities providing discreet disposal points or pictorial guidance. Accountability and protection measures show partial coverage: 72%–78% of respondents reported no direct contact or intimidation from WASH staff, yet 18%–28% observed unsafe behaviors, and PSEA information is largely absent. Overall, while structural improvements have addressed some protection and accessibility needs, significant gaps persist in safe access, inclusivity, functionality, privacy, and accountability, emphasizing the need for holistic, community-centered, and gender-responsive WASH interventions.



3.3 KEY INFORMANTS' INTERVIEWS (KIIs)

Use of Specific Facilities

- Most respondents reported using tap stands or tube wells as their main water sources, with about **80%** noting proximity to their shelters. Yet, overcrowding, limited water supply, and long

waiting times were frequent challenges, with some noting that a single tube well serves 20–25 families, causing tension and time loss. Concerns about water quality were also common — *“the water is not drinkable”* and *“sometimes the color changes.”* Women and girls highlighted discomfort collecting water near tea stalls or shops where men gather, especially in the evenings. *“The tap is near, but it’s dark and crowded,”* shared one woman, *“so we fetch water early in the morning before men come.”*

- Nearly all respondents relied on communal or block-level latrines, typically within 50 meters, though insufficient numbers led to long queues and shared use. Many described unclean conditions, poor maintenance, and delayed repairs, often attributed to “budget shortages.” The lack of locks, lighting, and privacy screens increased risks for women and girls at night, prompting some to use makeshift options inside shelters for safety.
- Most respondents had access to bathing facilities, though quality, privacy, and safety varied significantly. While **three-fourths** said facilities were within safe distance, many reported broken doors, missing locks, and thin partitions, reducing privacy. Inadequate lighting and the presence of men nearby heightened discomfort, prompting some families to build small private bathing corners at home. A few also mentioned a lack of separate facilities for men, increasing congestion.
- Laundry facilities were largely **inadequate or absent**, forcing women to wash clothes near bathing areas or inside shelters. Most described open, exposed washing spots with poor drainage and no shade, creating hygiene and privacy issues. Washing menstrual cloths or undergarments in public was described as particularly uncomfortable, leading some to use tarpaulins or corners indoors. As one respondent put it, *“It would be better to have a separate space for washing clothes, so women can use it without feeling embarrassed.”* Persistent overcrowding, limited water, and lack of proper platforms continued to restrict women’s comfort and dignity.

Safety Risks and Other Challenges

Across all assessed camps, respondents identified multiple safety and accessibility challenges in using WASH facilities, disproportionately affecting women, adolescent girls, persons with disabilities, and gender-diverse individuals. Around **79%** reported facing risks such as harassment, overcrowding, unhygienic conditions, and poor lighting, particularly around waterpoints and latrines. Women and girls described discomfort collecting water from male-dominated areas near shops or tea stalls, where incidents of verbal teasing and unwanted attention were common. Persons with disabilities and older persons struggled to navigate narrow, slippery, or uneven paths, often depending on others for support. Latrine use at night emerged as a major concern — **61%** women and girls said it was unsafe to go alone due to dark surroundings, broken locks, and men loitering nearby. One woman noted, *“We fear being followed when we walk to the toilet after dark.”* In response, women and girls reported coping strategies such as going in groups, carrying small torches, or using makeshift arrangements inside shelters to manage their needs discreetly. For bathing and laundry, privacy and dignity were persistent issues, with open structures, shared use, and inadequate drainage creating discomfort and potential exposure to harassment.

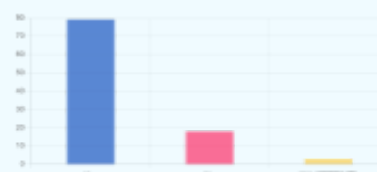


Figure: Risks and Challenges by women, girls and vulnerable population

Accessibility and Inclusion:

89% of respondents reported that latrines and bathing facilities remain open without needing to request a key, while 11% indicated that access is restricted. For those who reported restricted access, several recurring patterns and concerns were noted. Respondents shared that in many locations, latrines and bathing facilities are kept locked to prevent misuse or maintain cleanliness; however, this practice often creates inconvenience and safety risks for users. When facilities are locked, individuals must locate the person holding the key—often a Majhi (block leader) or a caretaker—which can cause delays, discomfort, or discourage use altogether, especially at night or during urgent needs. Such restrictions were seen to disproportionately impact women, adolescent girls, and persons with disabilities, who may already experience limited mobility and heightened safety concerns. For instance, women and girls may avoid using the facilities after dark due to fear of harassment, while persons with disabilities may find it difficult to reach the keyholder or wait for assistance.



Figure: latrines and bathing facilities are open without having to ask for a key

The responses revealed that most **gender-diverse individuals** currently use the same facilities as either men or women, as separate or inclusive options are rarely available. **Half of the respondents** expressed uncertainty about whether gender-diverse persons are present in their area, while others confirmed their presence but noted that they experience stigma, verbal teasing, and exclusion when accessing shared spaces. Several respondents highlighted that gender-diverse individuals often face fear, embarrassment, and discomfort in communal facilities, leading them to limit use, bathe inside shelters, or visit facilities during off-peak hours to avoid confrontation or harassment.

Participation and Gender Balanced Roles:

Only 11% of respondents are aware of active WASH-related community committees in their area, including Water Management Committees, Sanitation Committees, Hygiene Promotion Teams, Women's WASH Committees, Youth/Adolescent Hygiene Groups, O&M Sub-committees, and volunteer teams for waste management or drain cleaning. Where present, these committees oversee maintenance, hygiene promotion, and water distribution, often with NGO support (BRAC, DSK, GK, IOM). In many cases, responsibilities are informally assumed by Majhis, religious leaders, or individual volunteers.

Gender roles within committees largely follow traditional patterns: about **70%** of respondents noted that **men handle technical maintenance, facility repair, NGO coordination, and dispute resolution**, while **women focus on cleanliness, household hygiene promotion, and mobilizing other women**. Roughly **45%** observed **joint participation** of men and women in cleaning campaigns or hygiene sessions. **Women's input is respected** by **73%** of respondents, especially on hygiene, privacy, and menstrual management, but **27%** felt women have limited influence in broader decision-making. Areas with NGO facilitation reported stronger gender-inclusive participation.



Figure: opinions of women in the committees are respected

Men dominate user or maintenance groups, particularly for water points or infrastructure management, while women participate in hygiene-related or women-only groups linked to bathing facilities or awareness sessions. In **10%** of households, no member belongs to a user group due to lack of opportunity, awareness, or invitation. Women's roles include cleaning and monitoring facilities, promoting hygiene practices, ensuring safety and privacy, liaising with WASH actors, and occasionally

taking leadership or awareness-raising roles. Technical and decision-making aspects, however, remain largely male-dominated.

Hygiene Promotion:

The survey indicates that a vast majority of community members (**95%**) have received some form of information on personal hygiene, reflecting a strong baseline awareness. **Children**, in particular, have the opportunity to receive hygiene education through multiple channels including learning centres, schools, Child Friendly Spaces (CFS), madrasas, and home-based instruction from parents or caregivers. Methods include classroom lessons, practical demonstrations, peer education, storytelling, songs, and interactive activities such as games or role plays. Visual aids like posters, charts, and flipcharts, along with hygiene kits and handwashing stations, are often used to reinforce learning. However, coverage remains uneven, and some vulnerable groups—including persons with disabilities and gender-diverse populations—have limited access to these educational opportunities.



Figure: Information on hygiene promotion

Complaint and Feedback Mechanism:

Awareness of the WASH complaints and feedback mechanism is high, with **94%** knowing where to raise complaints regarding waterpoints, latrines and bathing facilities. Most respondents (**86%**) believe the mechanism is effective, although around 11% feel it is not, highlighting some concerns about responsiveness and reliability. Awareness on how to receive feedback is slightly lower at **80%**, indicating that nearly one in five community members are unsure about follow up procedures.

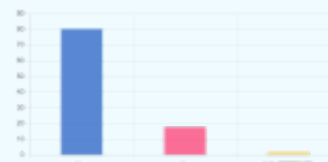


Figure: Knowledge on feedback receiving mechanism

Menstrual Hygiene Management (MHM) - Access and Practices:

****Out of 435 respondents, excluding men, female enumerators asked only women and girls to provide information on the areas below; all analysis presented uses 256 as the total participant base.*

- **Only 25%** of respondents reported being consulted on the location and design of latrines and bathing facilities, while 33% indicated they were not consulted, and 42% were unsure or did not provide a response. This highlights limited community participation in planning and decision-making. Access to female hygiene centres was reported by 47% of respondents, with **53% not accessing** these facilities, pointing to gaps in the location, quality, and usability of services.
- Regarding menstrual hygiene materials, respondents reported receiving reusable pads (40%), multipurpose cloth (32%), and disposable pads (28%). When asked about the adequacy of the materials, 54% found the quantity sufficient and **46%** considered it **insufficient**. On preferences for the type of item, 65% felt the materials were appropriate, while 35% preferred a different type, reflecting diverse needs and personal preferences. Female participation in collecting hygiene kits remained constrained by cultural norms, shyness, household responsibilities, distance, and the lack of female staff at distribution points.



Figure: Adequacy of menstrual hygiene management materials



Figure: Ability to manage menstrual hygiene

- Most respondents (**88%**) reported being able to adequately manage their menstrual hygiene, including cleaning or disposing of sanitary pads, though **12% faced difficulties**. Practices for disposal and cleaning varied widely: some used dustbins (4%), washed pads inside their homes or at bathing facilities (4%), while the majority (92%) employed a combination of methods such as wrapping and discarding in polythene, burying, burning, or washing privately.
- Challenges are primarily related to privacy, limited water supply, inadequate disposal points, poor hygiene conditions, and social stigma, which often forced women and girls to wash and dry pads secretly. Many noted insufficient space for drying reusable pads and a lack of secure collection points, making hygienic management difficult.
- In terms of information and guidance on menstrual hygiene, nearly all respondents (98%) reported receiving information. Similarly, 95% received guidance on how to use the distributed hygiene items. The main channels for information included group discussions, individual counseling, home visits, awareness sessions in Women Friendly Spaces, learning centers, peer-to-peer sessions, and distribution of printed or visual materials.
- A notable **45%** of respondents expressed a desire for more information, specifically on menstrual hygiene management, proper use and disposal of pads, hygiene practices during menstruation, reproductive health, and practical demonstrations.
- Regarding comfort in going out during menstruation for activities such as shopping, water collection, attending learning sessions, or accessing distributions, **61% reported feeling uncomfortable**, whereas 39% indicated they felt comfortable. This demonstrates that menstrual-related discomfort and privacy concerns remain significant barriers to mobility and participation.
- Access to female hygiene kits for transgender and intersex persons was reported as limited due to social stigma, restricted access, and occasional exclusion from distributions. Suggested solutions included inclusive distribution policies, private collection points, and special arrangements by WASH teams to ensure dignity, privacy, and safe access for all individuals.

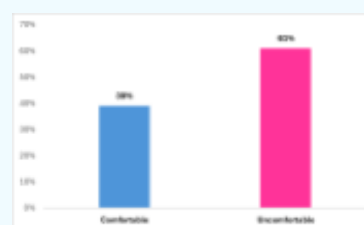


Figure: Comfort in going out during menstruation

3.4 FOCUS GROUP DISCUSSIONS (FGDs)

The findings of the FGDs not only reinforced those of the KIIs but also offered deeper, community-driven perspectives on the lived realities of accessing WASH services. They highlighted how risks and challenges are disproportionately borne by women, girls, persons with disabilities, and other vulnerable groups, while also uncovering the social and cultural dynamics that exacerbate exclusion.

Use of Specific Facilities

- Most households rely on communal water sources such as tap stands and tube wells managed by NGOs, with only a few having piped connections to their shelters. Water points are generally within 20–50 meters of homes, but in some congested or hilly blocks, distances extend up to 150–500 feet, causing minor accessibility challenges. About **80%** of routes to water points are considered safe, while the remainder raise concerns due to poor lighting, slippery or narrow paths, and proximity to drains or crowded public spaces. Women and girls reported heightened risks and discomfort in male-dominated areas, particularly at night.

- Communal latrines serve most households, with gender-segregated facilities available in some blocks, though mixed use persists in certain areas, reducing privacy. Distances are generally 30–50 meters, with some facilities up to 160 meters away in high-density or hilly areas. On average, one latrine serves 3–5 households (15–25 people), though block latrines can serve up to 50 people, highlighting gaps in coverage. Night-time use raises safety concerns for women and girls, emphasizing the need for more accessible, private, and well-lit latrine facilities. An adolescent girl mentioned, *Crowded areas make me anxious; I wish the facilities were more private.*
- Bathing facilities are mostly communal and generally gender-segregated, though many households have created private in-shelter or adjacent spaces for privacy. Most communal facilities are within a 2–5 minute walk from shelters and serve about 4–7 households, balancing practicality with limited privacy. 90% women and adolescent girls strongly prioritized secure, private spaces, reflecting both safety and cultural norms. As one woman shared, *“When men gather nearby, I don’t feel comfortable using the bath or latrine.”* Many have adapted by constructing makeshift bathing corners inside their shelters. Participants emphasized that in-shelter bathing offers comfort and control, with one noting, *“We would be happy to have a bathing place at our house—it gives comfort and privacy compared to using shared facilities.”* Overall, community feedback underscores that communal bathing areas often compromise privacy and safety, driving women and girls to prefer private, household-level arrangements as a means of protection and dignity.
- Formal laundry facilities are largely absent, forcing women to wash clothes in exposed or shared spaces near bathing areas or inside shelters. Poor drainage, lack of shade, and limited privacy make washing menstrual cloths or undergarments particularly uncomfortable. Overcrowding and limited water exacerbate these challenges.



Figure: Safety of women and girls at night on own

Safety Risks and Other Challenges

76% reported facing risks or challenges in accessing and using WASH facilities, particularly for women, girls, and vulnerable populations such as gender-diverse persons and persons with disabilities. Key challenges included crowding, lack of separate latrines for men and women, long waits in lines, insufficient water, and unhygienic conditions. **More than half** (57%) indicated that using latrines at night is unsafe with many risks— including sexual harassment or assault, inadequate lighting, broken locks, distance from shelters, slippery or uneven surfaces, and overcrowding. To cope, women and girls often travel in groups, use flashlights or torches, wait until daylight, or are accompanied by family members. Vulnerable groups, including persons with disabilities, rely on family members or volunteers for assistance.



Figure: Challenges in accessing facilities by women, girls and vulnerable population

Community Volunteer Visibility and Feedback

Nearly **89%** of respondents reported that community volunteers and aid workers are clearly identifiable through visibility items such as logo vests, ID cards, or T-shirts, while about 5% said identification was inconsistent or unclear—especially at night or when new volunteers were deployed. Community

members appreciated the support from volunteers in monitoring WASH facilities and assisting women, girls, and vulnerable persons, but requested stronger visibility measures, including more vests, badges, and lighting for night patrols to ensure recognition and trust. As one woman shared, *“We know who helps us when they wear the vest—but sometimes at night, we can’t see them, and we feel unsure who to approach.”* Greater participation of female volunteers to support women and girls’ comfort and protection has been widely recommended.



Figure: Clear identification of volunteers/aid worker

Accessibility and Inclusion:

Most respondents (around **80%**) reported that latrines and bathing facilities remain open, while about **15%** said access requires a key from a caretaker or majhi. Where keys are needed, women and girls described feeling uncomfortable or delayed in using the facilities — especially at night or during emergencies. Some noted that keyholders were often men, which further discouraged female users due to privacy concerns and social norms. Respondents also mentioned that facilities are sometimes kept locked for long periods, particularly after dark, leaving people to use unsafe open areas or makeshift options near shelters. This situation increases exposure to harassment, lack of privacy, and health risks, especially for women, girls, persons with disabilities, and older persons.

Gender-diverse individuals shared that they **do not have separate or inclusive latrines and bathing facilities**, forcing them to use either the men’s or women’s sections — both of which expose them to mockery, verbal abuse, and stigma. Many said they avoid using communal facilities during the day to escape harassment, often going late at night or early morning, which increases safety risks. Others described building temporary bathing corners near shelters for privacy, though these are unsafe and unhygienic. Frequent teasing, door-banging, and exclusion from shared facilities have left them feeling unsafe and humiliated. Several noted that even when they report incidents, community acceptance remains low, and volunteers are not always trained to handle such situations sensitively. As one respondent expressed, *“We are part of this camp too, but we feel invisible when it comes to basic needs like using a latrine.”*

Participation and Gender Balanced Roles:

Only 7% of respondents reported that at least one household member participates in a WASH-related user or community group, including Water Management Committees, Sanitation Committees, Hygiene Promotion Teams, Women’s WASH Committees, Youth/Adolescent Hygiene Groups, or volunteers for drain cleaning and facility maintenance. Participation is largely informal, with many responsibilities assumed by Majhis, religious leaders, or proactive individuals in the community rather than through structured committees. Where NGOs (BRAC, DSK, GK, IOM) facilitate engagement, participation is slightly higher, particularly in hygiene promotion and awareness activities.

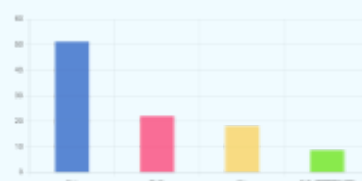


Figure: Value of women's voice in committees

Gender roles within participation largely reflect traditional norms. Men typically handle technical maintenance, repair of water points, infrastructure oversight, and coordination with NGOs, while women are more active in cleaning, promoting hygiene practices, managing household water use, and ensuring privacy and safety, particularly around latrines and bathing facilities. Women’s voices are valued by **51%** of respondents, especially

regarding hygiene, menstrual management, and safety, though broader decision-making remains male-dominated. **Both men and women** are observed participating jointly in cleaning campaigns or hygiene sessions in **roughly 25%** of cases. Barriers to participation include lack of awareness, limited opportunities, and social norms restricting women's mobility or leadership in mixed-gender groups.

Most respondents (**89%**) reported that humanitarian agencies inform the community that all services and assistance are free and should not be exchanged for anything, while **6%** said they are not informed and 5% indicated mixed or partial awareness. Awareness sessions, volunteers, and posters help convey this message, though some community members still believe they must provide something in return.

Hygiene Promotion:

95% of respondents reporting that they have received information on personal hygiene. **Children** learn about hygiene primarily through learning centres, schools, and child-friendly spaces, using interactive methods such as stories, songs, demonstrations, role-plays, and visual aids. Community volunteers, parents, and NGO staff also play a key role in reinforcing messages at home and through household visits.



Figure: Knowledge on free humanitarian aid services

Complaint Feedback mechanism:

The majority (**83%**) know where to raise complaints and concerns regarding water points, latrines, and bathing facilities, and **87%** confirmed that a system or focal point exists for the community to lodge complaints. However, **only 33%** reported being aware of a mechanism to address staff or volunteer misbehavior, indicating some gaps in awareness of channels for sensitive issues. Overall, **72%** believe the existing complaints and feedback mechanism is effective, and a similar proportion (72%) know how to receive feedback once a complaint has been submitted. Despite these positives, respondents noted challenges including limited access to complaint points, few female focal persons, delayed responses, low awareness of procedures, and insufficient follow-up, with some complaints—especially sensitive ones—remaining unresolved or uncommunicated.



Figure: Availability of complaint mechanism for volunteer/aid workers misbehavior

Menstrual Hygiene Management (MHM) - Access and Practices:

****Out of 127 groups, excluding men, female enumerators asked only women and girls to provide information on the areas below; all analysis presented uses 92 as the total FGD base.*

- Community consultation on the location and design of latrines and bathing facilities was limited, with about **46%** reporting participation, 46% indicating they were not consulted, and 8% having mixed experiences.
- Access to female hygiene centers is moderate, with **64%** having access. Facilities are often useful but sometimes distant from shelters, and improvements are needed in closer access, lighting, and female-friendly spaces.
- Menstrual hygiene items primarily include reusable pads (71%), multipurpose cloths (55%), and disposable pads (50%). About **41%** consider the quantity insufficient, and 30% would prefer

different types. Feedback highlights the need for timely, adequate, and discreet distribution, improved product quality, inclusion of soap and detergent, and safe disposal options.

- Collection of hygiene items is mostly done by women and adolescent girls, though male family members sometimes collect them due to distance, household responsibilities, or cultural restrictions. Limited mobility, safety concerns, and lack of privacy result in fewer women collecting kits, indicating a need for more accessible, culturally appropriate, and female-friendly distribution strategies.
- Approximately **67%** reported being able to clean pads appropriately, 19% could do so partially, and 14% were unable to clean pads effectively. Disposal practices varied, including the use of dustbins, burying or burning used materials, and washing and reusing pads at home. Key challenges included the lack of private washing spaces, uncomfortable material (cotton preferred), insufficient water supply, social stigma, and fear of community scrutiny.
- **98%** had received information on menstrual hygiene, and 93% reported guidance on using hygiene materials. The primary channels included group discussions and awareness sessions, individual counseling or home visits, and learning opportunities such as women and girls' safe spaces.
- **77%** expressed interest in receiving more information on hygiene-related issues, particularly menstrual hygiene management, safe disposal practices, and reproductive health. Women and girls emphasized the need for clearer, practical guidance on menstrual care, use of hygiene kits, and maintaining cleanliness amid water shortages. Many also requested adolescent-focused and life skills sessions delivered through interactive or group formats.
- **51%** reported discomfort going out during menstruation due to fear of leakage, stigma, and inadequate access to clean facilities. Only 49% felt fully comfortable moving freely during their menstrual period and this "depends," often influenced by water availability, privacy, and community attitudes.
- While a few noted that transgender and intersex individuals can access hygiene kits through regular distribution points or NGOs, the majority (over 70%) were unsure or stated there was no clear system. Teasing, and lack of gender-sensitive procedures were commonly cited barriers. Some suggested enabling trusted volunteers or gender-neutral collection points to improve safe access.



Figure: Quantity of menstrual items

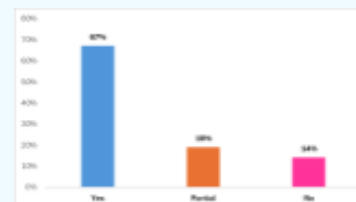


Figure: Ability to clean/dispose pads



Figure: Comfort in moving outside during menstruation

4. KEY RECOMMENDATIONS

1. Strengthen Safety and Risk Mitigation

- **Lighting and Route Safety:** Install and maintain solar lighting along all major routes to latrines, bathing areas, and water points. Establish community-led monitoring or lighting committees to prevent theft and ensure regular functionality.

- **Safe Facility Placement:** Re-plan or relocate facilities away from high-traffic or male congregation points (e.g., tea stalls, mosques, shops). Improve spacing between shelters to enhance mobility and emergency access. More in-shelter bathing facilities is highly recommended to ensure women and girls privacy and mitigating GBV risks.
- **Survivor-Centered Design:** Integrate GBV risk analysis in all WASH construction and rehabilitation plans, ensuring discreet entrances, private layouts, and visibility from safe distances rather than public vantage points.

2. Improve Functionality, Accessibility, and Inclusive Design

- **Infrastructure and Maintenance:** Increase the number of functional water points, latrines, and bathing facilities to meet Sphere standards. Prioritize regular repairs of doors, locks, and drainage systems, with clear O&M schedules and partner accountability.
- **Inclusive Access:** Equip all facilities with ramps, handrails, and widened entrances, ensuring accessibility for older persons, pregnant women, and persons with disabilities. Introduce lower taps and seating areas where feasible.
- **Gender and Diversity Inclusion:** Ensure gender-segregated and inclusive facilities, including private or gender-neutral options for transgender and intersex individuals. Strengthen community acceptance through awareness and inclusion campaigns.

3. Advance Menstrual Hygiene Management (MHM) and Hygiene Promotion

- **MHM Infrastructure:** Equip all female latrines and bathing facilities with discreet disposal bins, hygienic washing platforms, and drying spaces. Display clear, culturally appropriate pictorial guidance on MHM practices.
- **Awareness and Education:** Expand hygiene promotion through peer-to-peer learning, door-to-door outreach, and practical demonstrations in schools and Women and Girls Safe Spaces. Ensure inclusion of men and boys in awareness to reduce stigma.
- **Material Access:** Ensure adequate and regular provision of menstrual and hygiene kits, with tailored distribution methods for transgender and intersex persons, and feedback mechanisms to adapt materials to community needs.

4. Enhance Community Engagement, Governance, and Accountability

- **WASH Committees:** Standardize and strengthen committee structures across camps, ensuring representation of women, adolescents, persons with disabilities, and gender-diverse individuals. Provide leadership and monitoring training to women members.
- **Feedback and Complaints:** Strengthen the Complaint and Feedback Mechanism (CFM) by introducing multiple, safe channels—hotlines, mobile teams, boxes, and female focal points. Ensure confidentiality, timely response, and transparent feedback loops.
- **Community Oversight:** Link WASH committees with GBV, Protection, and Site Management actors for coordinated monitoring of safety risks and service quality. Regularly share updates with communities to reinforce trust and accountability.

5. Institutional Capacity, Coordination, and Sustainability

- **Capacity building and Supervision:** Provide regular PSEA, GBV risk mitigation, and child safeguarding training/refresher to WASH staff, volunteers, and contractors, ensuring supportive supervision and compliance monitoring.
- **Cross-Sector Coordination:** Strengthen collaboration between GBV, WASH, Shelter, and Site Management sectors to ensure integrated safety audits, harmonized design standards, and joint advocacy with the government.
- **Sustainability and Community Ownership:** Promote community-led maintenance models, recognizing active members through incentives or public acknowledgment. Establish long-term monitoring frameworks to track improvements in safety, accessibility, and inclusion.

5. CONCLUSION

The 2025 WASH Safety Audit demonstrates that while meaningful progress has been made in embedding protection-sensitive practices into water, sanitation, and hygiene service delivery in Cox's Bazar, significant systemic gaps remain. Findings from multiple data sources converge to show that the presence of hardware alone—such as doors, locks, and committees—is insufficient without effective management, accountability, and inclusivity.

Improvements in areas such as menstrual hygiene management (MHM) training, committee representation, and accessibility of certain facilities signal that humanitarian actors are moving toward more gender- and rights-sensitive programming. However, persistent weaknesses—including the absence of locks and lighting in some facilities, unsafe queuing systems, incomplete coverage of staff training, and the near invisibility of complaint and feedback mechanisms—continue to undermine user safety and dignity. These shortcomings were most acutely felt by women, girls, persons with disabilities, older persons, and gender-diverse populations, whose voices highlighted daily struggles with exclusion, harassment, and unsafe coping mechanisms.

The audit underscores that community trust in WASH services is fragile and directly linked to visible accountability, timely responsiveness to complaints, and the presence of safe, inclusive infrastructure. Without targeted investments in gender-neutral facilities, accessible retrofits, reliable maintenance, and universal staff sensitization, the risks of harassment, violence, and health impacts will persist.

Ultimately, the audit provides clear and actionable evidence for the WASH Sector and GBV Sub-Sector to strengthen cross-sectoral coordination, resource mobilization, and monitoring. By embedding the recommendations from this report into ongoing programming, humanitarian stakeholders can ensure that WASH facilities are not only functional but also safe, inclusive, and trusted spaces that uphold the dignity and rights of all community members.