



# JOINT GBV–SCCCM SAFETY AUDIT 2025

Assessing Environmental and Structural Factors  
Contributing to GBV Risks

Rohingya Refugee Response  
Cox's Bazar , Bangladesh

## Acknowledgement

Appreciation is extended to the GBV Sub-Sector (GBVSS) and the Shelter and Camp Coordination and Camp Management (S-CCCM) Sector for their strong collaboration and joint leadership in conducting the GBV 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 GBV Safety Audit 2025, conducted jointly under the GBV Sub-Sector and Shelter–Camp Coordination and Camp Management (S-CCCM), assessed environmental, structural and governance factors influencing GBV risks across 33 camps in Cox’s Bazar. Findings reveal both notable progress and persistent structural, safety, and inclusivity gaps.

It is important to note that the perspectives gathered through the different data collection methods—Key Informant Interviews (KIIs) with S-CCCM staff, volunteer insights, and community feedback from Focus Group Discussions (FGDs) and Observational Checklists—often highlight varying views on the same indicators. This reflects the different lenses through which these groups experience and report on safety and infrastructure.

Significant strides have been made in community consultation and inclusion, with over 90% of actors engaging women, men, boys, girls, and at-risk groups during shelter planning and assessments. Most shelters now have external locks and partitions, contributing to improved privacy and security. However, 13–16% still lack internal locks, 6% fall short of privacy standards, and over 90% have poor ventilation, compromising dignity and safety. Lighting remains a critical challenge—43% of pathways and 59% of latrines, bathing facilities, and water points are inadequately lit, heightening night-time insecurity for women and girls.

As observed, accessibility remains inadequate in 14% of sites due to the lack of ramps, handrails, and inclusive pathways for persons with disabilities and older persons, which significantly impedes their mobility and access to essential services. Some roads, latrines, bathing facilities, and shelters, are not designed as per standard to accommodate the needs of these vulnerable groups, leading to exclusion and heightened risks. Additionally, there are areas to strengthen specialized mobility support, such as wheelchairs or canes, and more caregiver assistance to help navigate the camp.

Women’s representation in camp governance and decision-making has increased but remains largely nominal, with cultural restrictions and limited childcare support constraining participation. While 90% of contingency plans now include GBV risk mitigation, female engagement in emergency preparedness and leadership is still persisting, with significant barriers such as traditional gender roles, lack of capacity-building opportunities, and inadequate support for women to balance domestic responsibilities and leadership roles..

Distribution points show strong gender-sensitive arrangements—97% maintain separate queues and prioritize vulnerable groups—but trust in complaint and referral mechanisms remains low due to irregular feedback and confidentiality concerns. Alarming, 25% of respondents reported hearing about exploitation or favors linked to assistance, underscoring the need for strengthened PSEA accountability.

Overall, while tangible progress has been achieved in embedding GBV risk mitigation across Shelter and CCCM sectors, persistent gaps in safety infrastructure, accessibility, representation, and accountability continue to expose women, girls, and marginalized groups to heightened GBV risks.

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## Acronyms

CCCM	Camp Coordination and Camp Management
CiC	Camp-in-Charge
CoC	Code of Conduct
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
KII	Key Informant Interview
M&E	Monitoring and Evaluation
MHPSS	Mental Health and Psychosocial Support
MPWC	Multi-Purpose Women's Centre
NPM	Needs and Population Monitoring
PSEA	Protection from Sexual Exploitation and Abuse
S-CCCM	Shelter and Camp Coordination and Camp Management
SOP	Standard Operating Procedure
SSR	Shelter, Settlement, and Recovery
UNHCR	United Nations High Commissioner for Refugees
WGSS	Women and Girls Safe Space
WASH	Water, Sanitation, and Hygiene



## 1. INTRODUCTION

### 1.1. Background and Context

Gender-Based Violence (GBV) is widely recognized as one of the most pervasive protection concerns in humanitarian crises, cutting across geographic, cultural, and socio-economic boundaries. It encompasses a range of harmful acts, including sexual violence, intimate partner violence, sexual exploitation and abuse, early and forced marriage, and harassment. These acts are rooted in unequal power relations and systemic gender discrimination, and are exacerbated by conditions of displacement, conflict, and disaster.

In the Rohingya refugee response in Cox's Bazar, Bangladesh—the world's largest refugee settlement—GBV risks are heightened by structural and environmental and social vulnerabilities. Severe overcrowding, fragile shelter materials, and the lack of secure internal partitions expose women and girls to threats within their own living spaces. Poor or non-functional lighting in and around latrines, bathing facilities, and pathways and markets increases the risk of sexual harassment and assault, especially after dark. The GBVIMS Q1 and Q2 2025 Factsheets<sup>12</sup> highlight that public and open spaces are widely perceived as unsafe, limiting women's and girls' participation and access to essential services. Insecure shelters, combined with inadequate complaint mechanisms and low trust in formal systems, further constrain survivors' ability to report incidents or seek confidential support. These risks disproportionately affect women, adolescent girls, persons with disabilities, older persons, and gender-diverse populations, who often face multiple, intersecting forms of discrimination and barriers to accessing services.<sup>3</sup>

The Inter-Agency Standing Committee (IASC) Guidelines for Integrating GBV Interventions in Humanitarian Action emphasize that preventing and mitigating GBV risks is a shared responsibility across all sectors—Shelter, WASH, Health, Education, Food Security, and CCCM—from preparedness through recovery.<sup>4</sup> This principle reflects the understanding that GBV is both a life-threatening protection issue and a barrier to equitable access to humanitarian assistance.

In this context, the Shelter, Settlement, and Recovery (SSR) and CCCM actors play a pivotal role in shaping physical and governance environments that determine safety outcomes. Poorly designed or managed communal facilities—such as latrines without locks, shelters lacking partitions, or governance structures that exclude women's voices—can inadvertently heighten exposure to violence. Conversely, participatory, inclusive, and risk-informed approaches to settlement planning and camp management can significantly reduce GBV risks.<sup>5</sup> For example, ensuring lockable, gender-segregated facilities, establishing safe lighting systems, integrating feedback and complaint mechanisms, and promoting women's representation in

<sup>1</sup> [GBVIMS Q1 2025 Factsheet](#)

<sup>2</sup> [GBVIMS Q2 2025 Factsheet](#)

<sup>3</sup> [Inter-Agency Standing Committee \(IASC\). Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery. Geneva: IASC, 2015.](#)

<sup>4</sup> Ibid.

<sup>5</sup> Global Shelter Cluster and CCCM Cluster. *Integrating GBV Risk Mitigation in Shelter and Camp Management Programming: Field Guidance Note*. Geneva: UNHCR and IOM, 2021.

governance structures all contribute to creating safer, more dignified environments for displaced populations.

This GBV Safety Audit 2025 report analyzed risks of gender-based violence within shelters, communal facilities, and other structures across 33 camps in Cox's Bazar. It aims to generate evidence-based insights and actionable recommendations to guide humanitarian actors in strengthening prevention, mitigation, and response through safer infrastructure, inclusive site management, and stronger accountability to affected populations.

## 1.2 Purpose of the GBV Safety Audit

The GBV Safety Audit 2025 aims to systematically identify, analyze, and address GBV-related risks across humanitarian service points and communal facilities in Cox's Bazar camps and adjacent host communities. It serves three core objectives:

1. **Risk Reduction** – identifying environmental, infrastructural, and governance factors that increase GBV risks, and recommending mitigation measures;
2. **Resilience Building** – strengthening the capacity of communities, site management, and service providers to prevent and respond to GBV through inclusive participation; and
3. **Recovery Support** – embedding survivor-centered and gender-responsive approaches into camp governance, shelter and settlement planning, and service delivery systems.

## 1.3 Scope of the Audit

This audit builds on global guidance from the IASC GBV Guidelines, with a specific focus on two operational areas critical to Cox's Bazar:

- **Shelter, Settlement, and Recovery (SSR):** assessing the extent to which shelter designs, location, and infrastructure (e.g., locks, partitions, lighting, and accessibility) contribute to safety and dignity;
- **Camp Coordination and Camp Management (CCCM):** analyzing participation, governance, referral pathways, and accountability mechanisms within camp administration, and their effectiveness in preventing and mitigating GBV risks.

## 2. METHODOLOGY

The GBV Safety Audit 2025 adopts a participatory, mixed-methods and triangulated approach that combines community consultations, structured observations, and institutional reflection to systematically identify, analyze, and mitigate protection risks for women, girls, and other vulnerable groups. It employed both quantitative and qualitative tools to capture community perspectives as well as institutional practices, ensuring a comprehensive understanding of GBV risks and responses. The methodology was guided by the *IASC Guidelines for Integrating GBV Interventions in Humanitarian Action*, ensuring that data collection

prioritized confidentiality, participation, and the principle of “do no harm.” In line with these standards, the audit recognized that GBV occurs universally, but remains under-reported, upheld participation and inclusivity by engaging women, girls, persons with disabilities, and gender-diverse groups, reaffirming that GBV risk mitigation as a shared responsibility across all humanitarian sectors, and emphasized accountability to affected populations by safeguarding their right to safe, accessible, and dignified services.<sup>6</sup>

## Sampling and Coverage

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 Shelter–Camp Coordination and Camp Management (SCCCM) 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.

A total of **470 Key Informant Interviews (KIs)**, **132 Focus Group Discussions (FGDs)**, **91 Reflection Checklists**, and **91 Observational Checklists** were conducted, capturing perspectives from both communities and institutions. **Reflection Checklists** assessed how GBV risk mitigation was integrated across key programmatic areas such as planning, implementation, coordination, and monitoring. **Observational Checklists**, conducted through structured safety walks, systematically documented environmental risks related to lighting, WASH facilities, shelter design, and overall site layout.



FGD with community men



FGD with community women

**KIs** involved diverse stakeholders—including Women’s Support Groups, Site Management Support volunteers, Disaster Management Unit members, Safety Unit Volunteers, 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** forms<sup>7</sup> to ensure methodological consistency. The audit team comprised approximately **142 enumerators** from UNHCR (30), IOM/NPM (20-25), and GBV partner agencies (80-85), producing a robust dataset that balances quantitative rigor with qualitative depth and focuses analytical weight on the most GBV risk-prone areas.

<sup>6</sup> Inter-Agency Standing Committee (IASC). *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery*. Geneva: IASC, 2015.

<sup>7</sup> KoBo Tool: [Reflection Checklist](#), [Observation Checklist](#), [KI](#), [FGD](#)



## Analysis

The analysis employed a **mixed-methods approach** to capture both the scope and depth of GBV risks across camps and adjacent host communities. Quantitative data from observation and reflection checklists, as well as the structured sections of KIIs and FGDs, were analyzed using descriptive statistics—focusing on frequency distributions and proportions. Results were disaggregated by sex, age, and respondent type (e.g., community member, service provider, committee representative) to identify variations in risk perception and service access among different groups.

Qualitative data from KIIs, FGDs, and open-ended responses were analyzed thematically, guided by core domains such as safety and privacy, accessibility, governance and participation, referral pathways, and service quality, while integrating cross-cutting themes including stigma, fear of retaliation, and intersectional vulnerabilities affecting women with disabilities and gender-diverse populations.

To enhance validity, triangulation was applied across all tools—comparing FGD findings with observation data and cross-referencing KIIs with reflection checklists to verify institutional practices. This multi-source validation ensured consistency, clarified discrepancies, and strengthened the credibility of findings.

The integrated analysis combined quantitative trends with qualitative narratives, linking statistical patterns to lived experiences. This approach enabled the development of nuanced, evidence-based recommendations to guide GBV risk mitigation and inform safer, more inclusive programming across CCCM, Shelter, and related sectors.

## Ethical Considerations

The audit strictly adhered to ethical protocols for GBV research in humanitarian settings. This included:

- **Informed consent** and clear explanation of the voluntary nature of participation.
- **Confidentiality and anonymity**, with no personal identifiers recorded.
- **Referral pathways**, ensuring that participants disclosing GBV cases were linked to available services through established GBVIMS+ protocols.
- **Do No Harm principle**, ensuring that the process of data collection did not increase risks for participants.

## 3. KEY FINDINGS AND ANALYTICAL INSIGHTS

### 3.1 REFLECTION CHECKLIST

#### ➤ KEY FINDINGS

The GBV Safety Audit 2025 under the **Shelter and Camp Coordination and Camp Management (S-CCCM) sector** provides critical insights into the extent to which partners have integrated GBV risk mitigation measures into their programmes. The reflection checklist results highlight both areas of strong compliance and persistent gaps that require targeted action. Below is a thematic narrative analysis that combines quantitative findings with qualitative reflections gathered through the checklist.

## 1. Shelter

- Community participation emerged as a core strength, with over **90% of partners confirming** that women, men, boys, girls, and at-risk groups were consulted during assessments and planning, demonstrating strong commitment to inclusive processes.
- Approximately **80% of shelter assessments systematically examined GBV risks related to shelter programming**, including safety risks in and around shelters, privacy within shelters, and engagement of male versus female community volunteers, while **9% partially considered these factors**. Privacy within standard shelters is generally maintained; however, for families with fewer than 7 members, including adults and adolescents, shelter dimensions limit full privacy, suggesting that increasing shelter size for smaller households would better support privacy and dignity.
- Specific shelter arrangements for gender-diverse populations were partially considered in **13% of cases** and not considered in **4%**, indicating gaps in inclusivity. Approximately **11% of projects** partially met provisions to ensure privacy and safety in shelters and to accommodate persons with specific needs, gender-sensitive designs, and culturally appropriate household-level site improvements. **77% of sites** had SOPs in place to ensure assistance with shelter construction for households with special shelter needs, leaving **23% without SOP coverage**.
- While **95% of SCCCM personnel, porters, and community volunteers were trained on the Code of Conduct, including PSEA**, 4% partially trained and 1% remained with no training.
- 10% still require training** on gender, GBV, women's/human rights, and social exclusion, while 86% received full training and 4% partially.
- Additionally, **87% personnel** were fully, 9% partially were capacitated on how to handle disclosures of GBV incidents safely, confidentially, and with dignity, including knowledge of camp-specific referral pathways– while **4% still lacked the knowledge**.

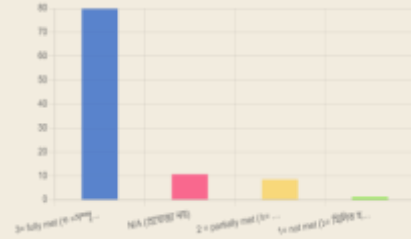


Figure 1: Examination of GBV Risks in Shelter Programming

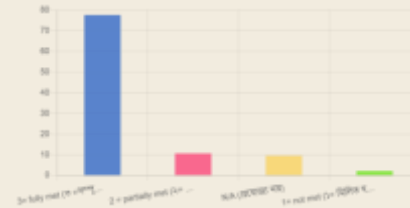


Figure 2: Shelter Design and Safety for Privacy, Accessibility, and Gender Sensitivity



Figure 3: Understanding of gender, GBV, women rights and social exclusion

## 2. Site Management and Development

- Assessment of site-level GBV risks demonstrates overall improvement, with **96% of distribution centers** fully met the standards while evaluated for safety and security risks. However, **4% of distribution centers** were not assessed, and **36% partially met standards** for male-to-female volunteer ratios and project personnel composition. Many women report discomfort or lack of interest in outdoor or technical work, which comprises much of shelter programming. Female

engagement is further constrained by cultural preferences, low application rates, and the nature of the tasks.

- While in 73% sites, inclusive camp governance structures are in place that can ensure the representation of women, persons with disabilities, older persons, and other at-risk groups in decision-making, yet 10% of them are not meaningfully or actively participating in the decision making in the committees or community representation platforms. Camp 1E, 4, 3,8E,12,13,19,22 are still to establish inclusive camp governance structures.
- **90% of CCCM-led contingency plans include GBV risk mitigation measures**, such as protection-sensitive relocation, emergency lighting, and safeguarding vulnerable households, and involve female and male community members, including persons with disabilities, in emergency drills.
- **90% of CCCM staff** regularly coordinate with GBV focal agencies at the camp level for risk identification and mitigation.
- Regarding spatial planning and risk mapping, **9% of sites** reported that spatial risk mapping with community members, especially adolescent girls, women, and persons with disabilities, was not conducted. IEC materials on assistance, referral pathways, and complaints were absent or inaccessible in **5% of sites**, limiting community access to vital information.

### 3. NFI / LPG and Distribution Points

- Distribution point safety and fairness show high compliance, with over **90% of NFIs/LPG distributions** occurring in safe areas free from potential threats, especially to women and girls.
- **97% of sites** have gender-segregated queues, and vulnerable persons—including pregnant women, child- or woman-headed households, persons with disabilities, and older persons—are prioritized in queues.
- While complaints and referral mechanisms are present in **97% of sites**, their effectiveness is hindered by low visibility, weak feedback loops, and trust deficits. Accessibility for persons with disabilities and non-literate individuals remains a concern, with some IEC materials unavailable in Rohingya or accessible formats.

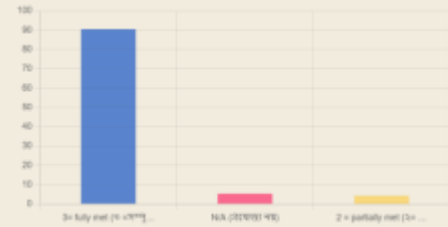


Figure 4: Safety security assessment of distribution points

## ➤ KEY ANALYTICAL INSIGHTS

The Reflection Checklist reveals that although S-CCCM partners have institutionalised GBV risk-mitigation commitments across policies, SOPs, and staff training modules, **implementation remains highly uneven**, creating variable levels of protection across camps. Most agencies demonstrate awareness of GBV principles, PSEA, and referral pathways; however, **only a portion translate this knowledge into consistent practice**, resulting in predictable strengths in some camps and persistent protection gaps in others. This inconsistency underscores a system still reliant on **individual staff initiative and camp-level discretion**, rather than a standardised, system-wide operational approach.

A recurring theme across the checklists is that **women's, adolescent girls', and other at-risk groups' participation in governance remains nominal rather than influential**. While governance structures are increasingly inclusive on paper, **10% of camps report no meaningful participation**, and several others indicate partial or symbolic involvement. Women's representatives are often consulted but do not shape decisions, reinforcing hierarchical power dynamics rather than shifting them. As a result, "inclusion" is frequently procedural, with limited effect on actual site planning, risk mapping, or contingency decisions.

The checklists also highlight the **continued marginalisation of persons with disabilities (PWDs) and gender-diverse individuals**. While their needs are acknowledged in most partners' policy commitments, practical integration into shelter design, site development, communication materials, and emergency planning is inconsistent. Several camps reported **no spatial risk mapping with PWDs** and limited adaptation of infrastructure or communication tools. This exposes a systemic gap where **conceptual inclusion has not matured into routine operational practice**, leaving structurally excluded groups insufficiently protected.

Complaint and accountability mechanisms are present in the majority of sites, yet **community trust remains weak**. Awareness of complaint options is high, but **confidence in confidentiality, follow-up, and fairness is inconsistent**. Staff acknowledge the presence of feedback systems, but they also report partial knowledge of procedures, unclear roles, or irregular feedback mechanisms. This weakens the protective value of CFMs, discourages early reporting, and perpetuates community perceptions that complaints—especially sensitive ones related to GBV or exploitation—may not lead to action.

Taken together, the Reflection Checklist indicates that S-CCCM partners have successfully built a policy foundation for GBV-sensitive site management, with strong achievements in training coverage, contingency planning, and gender-sensitive distribution arrangements. However, **the next critical step is embedding these commitments in daily operations**, ensuring that GBV risk mitigation is not dependent on individual staff behaviour or camp-level variability. Strengthening supervision, standardising implementation, institutionalising inclusive decision-making, and improving the functionality and credibility of complaint pathways will be essential for translating policy commitments into predictable protection outcomes across all camps.

## 3.2 GBV OBSERVATIONAL CHECKLIST

### ➤ KEY FINDINGS

The Observation Checklist reveals that Shelter Security & Privacy and Ventilation & Structural Safety scored the highest, with most shelters meeting basic standards. Accessibility & Inclusion showed notable gaps for persons with disabilities and vulnerable groups. Governance & Representation and Security & Protection Environment had moderate compliance, with inconsistencies in women's participation and patrol coverage. Distribution Safety & Fairness highlighted uneven gender-sensitive arrangements, while Referral Pathways & Complaint Mechanisms received the lowest scores, pointing to significant trust and functionality issues.

#### 1. Shelter

- Shelter security and privacy are largely maintained, with 91% of shelters equipped with external locks and 84% with internal locks, leaving **16%** of households without this essential protection.
- Privacy standards are strong, as **93%** of shelters prevent unwanted line-of-sight observation, and all shelters (100%) provide partition walls at the required height.
- Circulation space within partitions is sufficient in **94%** of shelters, allowing safe movement, and most shelter materials and partition measurements are appropriate.
- However, **6%** of shelters do not fully meet privacy space standards, posing dignity risks, and **14%** of shelters housing persons with specific needs are not fully accessible, with ramps and other accessibility features required.
- Sanitation facilities present notable challenges. While **90%** of latrine facilities are generally available within 50 meters for most households, the overall number remains insufficient compared to population density. In many areas, high congestion and limited space reduce the latrine-to-family ratio, forcing some households to use facilities located more than 50 meters away. Shared use between men and women is common due to the shortage of gender-segregated latrines. Some blocks maintain excellent facilities, yet the majority still face overcrowding and uneven access. Bathing facilities are comparatively better, but accessibility for persons with disabilities remains limited in some areas.
- Ventilation and structural safety are strong across most shelters, with **93%** having roof vents, windows, or openings for adequate airflow.
- Nevertheless, **7%** of shelters lack sufficient ventilation, potentially compromising health, particularly for vulnerable populations such as children and the elderly. A small proportion of shelters use substandard materials, reducing resilience to environmental hazards.



Figure 5: Observation on Internal locks



Figure 6: GBV and Exploitation Risks Associated with Shelter

## 2. Site Management & Development

- Accessibility and inclusion present key gaps, as **14%** of shelters and associated infrastructure are not accessible to persons with disabilities. Ramps, handrails, and accessible walkways are frequently missing, and services like seating and priority queues are inconsistent, increasing risks of exclusion for elderly persons, pregnant women, and persons with disabilities.
- Governance and representation also show gaps: while female staff are present in 97% of complaint desks, coverage is inconsistent, and private spaces for reporting complaints are often inadequate. Volunteers are not always identifiable, weakening trust in complaint mechanisms.

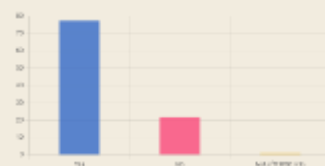


Figure 7: Visible security forces both day and night time



- Security and protection environments face multiple challenges. Security patrols are conducted by APBN police during both day and night in most camps, but patrol coverage is inconsistent in high-risk areas. In 22% of locations, there is no visible patrolling in either daytime or nighttime. Female security personnel are limited or inconsistently deployed, and in 8% of areas, female personnel are entirely absent at Camp 9,10,12,13,14,19,20,22,25. Where female personnel are present, they are often only involved in special operations or daytime patrols, leaving night-time coverage insufficient.
- Lighting across walkways, latrines, water points, bathing facilities, and health posts remains a significant concern. Solar lights are installed along major pathways, generally within 30 meters, but functionality and maintenance are problematic. 43% of walkways are not well-lit, and 59% of latrines, bathing facilities, and water points lack adequate illumination. Lights are often stolen, damaged, or non-functional, some stop working shortly after dusk, and in some blocks, spacing exceeds 30 meters, leaving long stretches poorly lit. These conditions elevate safety risks, particularly for women, girls, and persons with disabilities.
- Referral pathways and complaint mechanisms are inconsistent. Complaint boxes are sometimes unlocked or poorly maintained, and referral information is not always accessible, particularly for low-literacy populations.



Figure 8: Light availability along the walkways



Figure 9: Light availability around latrines, bathing facilities, water points, health posts and other services



Figure 10: Unawareness of the mechanism to receive feedback of reported complaints

### 3. NFI / LPG

- Distribution safety and fairness show both strengths and gaps. **95%** of NFIs and LPG distributions occur in safe areas free from potential security threats.
- Queues and waiting areas are gender-disaggregated in **97%** of sites, and vulnerable persons—including pregnant women, woman- or child-headed households, persons with disabilities, and older persons—are generally prioritized.
- However, in **12% of locations, vulnerable persons still lack access to porter or transportation services.** Gender-segregated queues and shaded seating are not consistently applied, leaving elderly, pregnant, and physically challenged persons at risk during long waits.
- Additionally, **4% of sites lack communication materials** or ongoing messaging to prevent extortion or sexual exploitation at distribution points.



Figure 11: Security in the NFI distribution sites

## ➤ KEY ANALYTICAL INSIGHTS

The Observational Checklist reveals a core structural pattern: **safety infrastructure exists across camps, but its protective value is undermined by inconsistency, uneven maintenance, and weak operational follow-through.** The presence of locks, lighting, pathways, complaint points, and distribution systems creates an impression of a well-equipped environment, yet day-to-day functionality varies so widely that predictability—the foundation of GBV risk mitigation—cannot be relied upon. This inconsistency means that similar-looking facilities produce very different safety outcomes depending on where people live and how physical features are maintained.

A second insight is that **infrastructure design often reflects technical compliance rather than user realities**, leading to environments that inadvertently exclude or endanger certain groups. The layout of pathways, the positioning of lights, and the proximity of shelters to facilities are often adequate for the average user but insufficient for people with heightened mobility or visibility needs. This highlights that GBV-sensitive design is not just about installing infrastructure but about ensuring that infrastructure aligns with the lived movement patterns of women, girls, older persons, and persons with disabilities.

The observations also point to a pattern of “**symbolic safety mechanisms**”—features that exist in form but not in function. Complaint boxes that lack privacy, patrol systems that are irregular, and signage that is present but not accessible all contribute to environments where systems appear responsive but do not meaningfully reduce risk. These gaps erode community trust and can create a false sense of safety among service providers while leaving at-risk groups unprotected.

Another systemic issue revealed by the observations is that **gaps tend to cluster in the same physical and social spaces**: poorly lit areas, isolated blocks, steep terrain, and high-traffic service points. These hotspots are where weakened infrastructure, limited visibility, and low security engagement converge, amplifying exposure to harassment and insecurity. Because these risk zones are predictable, their persistence reflects a need for closer alignment between site planning and protection analysis.

Lastly, the Observational Checklist underscores that **physical infrastructure alone cannot mitigate GBV risks in the absence of supportive systems.** Even well-built structures lose protective value when not paired with reliable patrols, clear accountability mechanisms, and accessible reporting channels. This interdependence of hardware and systems suggests that future investments must target both structural upgrades and operational strengthening to achieve sustainable safety outcomes.

## 3.3 KEY INFORMANTS' INTERVIEWS (KIIs)

### ➤ KEY FINDINGS

The KIIs gathered perspectives from site management staff, service providers, and community representatives across camps. Their testimonies provide critical insight into risks, systemic gaps, and opportunities to strengthen GBV risk mitigation.

#### 1. Shelter

- Shelter safety has markedly improved, with **87%** of shelters now equipped with external locks and partitions, significantly enhancing household privacy and security.

- However, internal locking systems remain inconsistent—13% of shelters still lack them—leaving residents, particularly women and adolescent girls in shared accommodations, exposed to intrusion and safety risks.
- While these improvements have reduced some safety concerns, **39%** of respondents reported feeling unsafe inside their own shelter, and **40%** expressed similar insecurity within their neighborhood.
- Overcrowding and the absence of adequate privacy barriers continue to undermine dignity, particularly for adolescent girls. A Site Management Volunteer highlighted, *“Overcrowding compromises both privacy and dignity, and adolescent girls are especially affected by the lack of circulation space.”*
- **Ventilation remains another key concern:** 50% of respondents reported insufficient airflow, primarily due to small or absent windows, limited shelter height, and poor circulation in tightly packed areas. Some participants noted adequate ventilation, indicating uneven progress across camps.
- In terms of safety related to shelter assistance, while most community members did not identify direct threats, **13%** had heard of incidents of physical assault, sexual violence, theft, intimidation, exploitation, or domestic violence linked to receiving shelter assistance.
- Furthermore, **11%** mentioned hearing about requests for payment or favors—including sexual favors—from personnel, mahjis, or volunteers to access assistance or serve as community volunteers. These findings point to the need for consistent supervision and stronger accountability mechanisms to safeguard the integrity of shelter interventions.



Figure 11: Safety perception inside shelters

## 2. Site Management and Development

- Site management structures demonstrate mixed progress. On a positive note, **92%** of respondents reported that porter services are safe for women, girls, and other vulnerable persons, suggesting that operational systems are largely trusted by communities.
- However, structural and mobility barriers persist: uneven terrain, narrow walkways, and the lack of ramps or handrails continue to exclude persons with disabilities, older people, and pregnant women from equitable access to shelters and basic services. *“There are no ramps or handrails, and people with disabilities are especially left behind,”* shared a Service Provider.
- Security and protection across sites remain a recurring concern. While many camps have functional security arrangements, **20%** of respondents indicated that no security personnel were present for night patrol, and **69%** called for strengthened night patrol systems. Irregular patrols, inadequate lighting, and poorly visible security personnel heighten risks of harassment and violence at night—particularly for women and girls walking to latrines or water points. A member of the Safety Unit noted, *“Night patrols are irregular, and women and girls are especially vulnerable to harassment on dark routes.”*



Figure12: Requirement of security personnel for night patrol

- Participation and governance processes within camps show limited gender inclusivity. Although community engagement platforms exist, **29%** of respondents identified prevailing cultural restrictions that discourage women from participating in camp governance. Female representatives often describe their participation as nominal, with little influence over decisions or planning. A female respondent from the Women's Support Group expressed frustration, stating, *"They ask our opinion, but decisions are already made."*
- Accountability mechanisms are in place in most camps, but functionality and awareness vary. While many key informants confirmed the presence of complaint boxes and posters, **17%** of respondents reported being unaware of how to receive feedback or follow-up to their complaints. The absence of clear feedback loops and irregular maintenance of complaint systems weaken community trust and discourage survivors from reporting sensitive issues such as exploitation or violence.
- Finally, staff capacity and professional conduct continue to require attention. While most frontline staff are trained and trusted, **4%** of respondents highlighted the need for additional training on survivor-centered approaches and PSEA. Alongside, **19%** mentioned that persons working within the site are not clearly identified in a manner (e.g. name tags, vests, t-shirts) to help people reporting issues such as violence, abuse or exploitation.
- Worryingly, **32%** reported witnessing or hearing misbehavior or concerning conduct from aid workers or volunteers, which risks eroding community confidence in service providers.



Figure 13: Cultural restriction in women engagement and participation

### 3. NFI / LPG Services

- Findings from key informant interviews reflected strong community trust in NFI and LPG distribution processes, with **95%** confirming that distribution sites are safe for women, girls, and other vulnerable groups. This demonstrates effective crowd management and improved coordination between site management and partners.
- However, accessibility challenges remain: some distribution points are located far from shelters, requiring women and girls to traverse long, or crowded routes—conditions that heighten the risk of harassment and insecurity.
- Respondents also noted that long waiting times and congestion during LPG distributions make the experience uncomfortable, particularly for older persons and pregnant women. In some camps, participants suggested returning to previous distribution points or adding secondary ones to reduce distance and waiting time.
- Although **92%** viewed porter services as safe and functional, physical barriers, poor lighting, and inadequate road conditions remain recurring concerns affecting both mobility and perceived safety.



Figure14: Safety perception about NFI/LPG Distribution Center

## ➤ KEY ANALYTICAL INSIGHTS

The KIIs reveal that protection outcomes in the camps are shaped less by the existence of formal systems and more by **how those systems are enacted by frontline personnel**. Although many staff and volunteers have received GBV, PSEA, and CoC training, the extent to which these principles guide their day-to-day behaviour varies considerably. This variation means that protection is often contingent on **individual attitudes, capacity, and discretion**, rather than on uniform application of established procedures. Such reliance on personal judgement creates unpredictable and uneven experiences of safety across camps.

A recurring pattern in the interviews is that **community trust is fragile and relational**, not institutional. Residents calibrate their sense of safety based on how they are treated during patrols, distributions, or everyday interactions—not based on the presence of complaint boxes, posters, or written protocols. Where staff demonstrate empathy, professionalism, and responsiveness, trust strengthens. But where there are signs of gatekeeping, dismissiveness, or unprofessional conduct, trust deteriorates quickly. This dynamic reinforces the perception that accountability mechanisms function only when specific individuals choose to act, rather than being guaranteed by the system itself.

The KIIs further highlight the influence of **informal power structures** on women's mobility and decision-making. Even when governance committees include women, deeply embedded norms and informal male-dominated spaces—tea stalls, volunteer clusters, youth groups, block-level gatekeepers—often dictate whose voices are heard and whose complaints are taken seriously. These informal networks can override formal processes, leaving women, adolescent girls, and marginalized groups dependent on intermediaries to navigate basic services or raise concerns.

Another insight emerging from the interviews is the **disconnect between safety infrastructure and lived experiences**. Even where physical features exist—locks, lighting, distribution controls—safety perceptions remain low when staff presence is irregular or when misconduct is observed. This illustrates that hardware alone cannot generate a sense of protection; **consistent behaviour, active supervision, and transparent follow-up** are essential for those structures to be trusted.

Overall, the KIIs underscore that strengthening GBV risk mitigation requires more than training or procedural updates. It demands **predictable supervision, stronger behavioural accountability, reduced dependence on informal intermediaries, and systems that guarantee fairness regardless of who is on duty**. In this context, respectful, reliable staff behaviour becomes an operational protection asset—equally as important as infrastructure—in shaping how safe women, girls, and at-risk groups feel within the camp environment.

## 3.4 FOCUS GROUP DISCUSSIONS (FGDs)

### ➤ KEY FINDINGS

Findings from the FGDs mostly echo and deepen those from the KIIs, especially on risks faced by women, girls, persons with disabilities, and other vulnerable groups. Insights are presented under the three Safety Audit objectives.



## 1. Shelter

- Internal locks are inconsistent; **13%** of shelters have no internal locks. Privacy is limited in **64%** of shelters; 7% have no lockable portioned door. *"As I am a widow with 2 kids and I stay in a shared unit, my neighbor tears through the tarpaulin and peeps inside, I feel helpless."*
- Overcrowding and poor sightlines compromise security. 27% of households do not feel safe inside. Most shelters are made of bamboo, tarpaulin, or plastic fencing, increasing vulnerability to intrusion, theft, and fire.
- Ventilation is insufficient in over 90% of shelters; only 2.24% have basic airflow structures and 1.49% rely on windows or doors.
- 57% of households report no consultation on shelter construction. Shelters are not accessible for persons with disabilities in 33% of cases and 20% are distant from WASH facilities. Lighting to WASH areas is insufficient for 47% of households.
- Volunteer support is gendered: 67% of volunteers are trained. Female volunteers focus on awareness, protection, GBV/SRHR, hygiene, and referrals; male volunteers handle safety, shelter maintenance, WASH, distributions, and emergency response. Protective gear is provided to 64% of volunteers. PSEA training coverage is 86%, with 82% aware of reporting channels and support services.
- Access issues include 39% of households requiring authorization to receive shelter assistance, 25% experiencing requests for payment or favors, and 25% reporting incidents of violence, theft, or intimidation. Awareness gaps persist, with 6% unaware that services are free. Complaints awareness is 89%; 84% know where to report, and 68% understand feedback mechanisms. *"We put a paper in the box, but nothing happens,"* one woman shared.
- Regarding rent, 53% live in camp-provided shelters free of charge; 15–20% pay 300–6,000 BDT, most commonly 300–700 BDT per month. Rent increases are generally every 6–12 months. 58% are unaware of support for high rental costs. In eviction or conflict cases, households approach CIC offices, site management, majhis, protection, or GBV focal points, though fear of retaliation limits reporting.



Figure 15: Lock inside and outside the shelter



Figure 16: Ventilation within the shelter



Figure 17: Child Care Arrangement for female

## 2. Site Management and Development

- Security concerns affect 67% of households. Limited access to essential services affects 46%, flooding 41%, and difficult roads 40%.
- Complaints mechanisms are insufficient for 34%, and 28% report difficulty raising site maintenance issues.



Figure 18: Safety during walk in neighborhood at night-alone or accompanied

- Pathway lighting is insufficient for 49%, while 52% report lit services. 54% use flashlights at night. Neighborhood safety is compromised: 31% feel unsafe locally, 59% feel unsafe walking at night.
- Security patrols: 51% regular, 28% partial/irregular, 20% none. Patrols mainly cover main roads; peripheral areas are underserved. One woman said, ***"We do not go out after evening because we are afraid."***
- Consultation in site management occurs for 43%, vulnerable groups sometimes consulted in 46%, and 33% report no consultation.
- Representation in camp leadership: 57% households feel represented, 21% not, 18% partial. Awareness of women or disabled persons in leadership is 47%, unaware 40%.
- Cultural restrictions limit women's engagement in 52%. Child-care support for volunteers is absent in 61%. Protective gear is provided to 76%, suitable for women in 65%.
- Emergency preparedness engagement: 82% of women and girls informed/engaged, 12% partial, 5% excluded.
- GBV risk: 41% report harassment/violence accessing services, 43% perceive risk from management practices, and 85% from camp layout/infrastructure. Only 28% know where to report site management complaints.



Figure 19: Risks of GBV due to camp layout



Figure20: Cultural Restrictions to women involvement

### 3. NFI / LPG

- Distribution site safety: 66% safe, 22% unsafe, 13% mixed. Risks include overcrowding, long waits, harassment, injuries, poor lighting, and lack of separate lines/timing for women, elderly, or disabled. One elderly woman explained, ***"We wait in the sun because there is no shaded place for us in the distribution center."***
- Natural hazard safety: 69%, some exposure 25%. Porter services safe for 72%, challenges 18%.
- Personal lighting insufficient for 43%. Clothing suitable for 57%, issues reported by 23%.
- **Firewood use persists in 45% due to insufficient LPG. Awareness of preventing exploitation: 71%, while 17% report GBV, theft, or intimidation related to NFI assistance.**
- Volunteer roles gendered: female volunteers focus on awareness, protection, household visits; male volunteers on labor, logistics, infrastructure.
- Cultural restrictions affect 54%. At-risk groups limited participation in 56%. PSEA training for volunteers: 85%; 84% know reporting; 82% know support services.
- Community complaints awareness: 79% know where to raise issues, 69% know how to receive updates, 15% unaware, 11% partially aware. Permission required in 29%, requests for



Figure21: Safety of NFI distribution points for women and girls

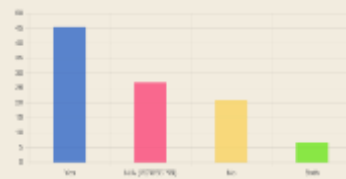


Figure22: Risks of women and girls related to women and girls

payment/favors reported by 10%. Complaints perceived secure by 76%, concerns 8%, unsure 12%.

## ➤ KEY ANALYTICAL INSIGHTS

The FGDs demonstrate that safety in the camps is shaped more by **lived social realities** than by the physical infrastructure that exists on paper. Women, girls, gender-diverse individuals, and persons with disabilities describe adapting their daily routines—avoiding certain pathways, restricting movement after dusk, travelling in groups, or relying on escorts—because **risk is perceived as embedded in the environment**. These adjustments reveal a form of “behavioural containment,” where individuals modify their lives to reduce exposure rather than expecting the environment to protect them. This indicates that infrastructural improvements alone have not yet shifted the underlying sense of insecurity.

A prominent theme across FGDs is the **disconnect between technical standards and lived dignity**. Even where shelters or facilities meet structural criteria, privacy is often experienced as insufficient due to social proximity, overcrowding, and thin or permeable materials. Women and adolescent girls frequently describe feeling watched, overheard, or exposed, illustrating that privacy is not merely a physical feature but a social experience. This highlights a need for user-centred design approaches that reflect cultural expectations of modesty, space, and separation—especially for adolescent girls and households sharing units.

FGD discussions also emphasise the **pervasiveness of harassment** as part of everyday life. Harassment—from verbal comments to intrusive staring—functions as a form of ambient gender-based control. Although individual incidents may appear minor, their cumulative impact reinforces restrictive gender norms, limits women’s autonomy, and intensifies fear of public spaces. For adolescent girls, this ongoing exposure shapes life patterns early on, narrowing mobility and participation long before overt violence occurs.

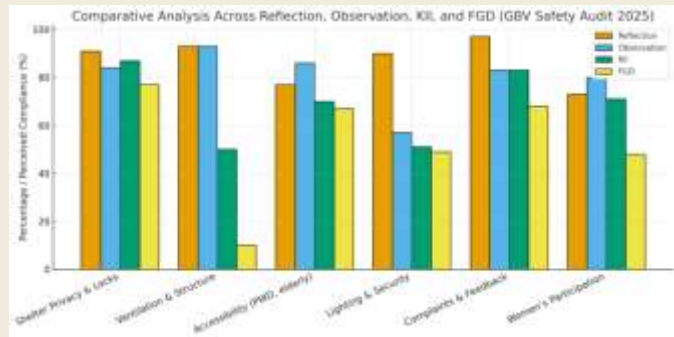
Another insight is the **central role of informal authority structures**—mahjis, volunteer groups, male-dominated spaces—in shaping women’s and marginalised groups’ safety choices. Access to assistance, the ability to raise concerns, or the decision to seek help often depends on navigating these intermediaries. Where these actors lack accountability or demonstrate gatekeeping behaviour, women’s willingness to report risks declines further.

Trust in formal complaint systems emerges as fragile and conditional. Fear of retaliation, concerns about confidentiality, and doubts about follow-up lead many participants to either avoid reporting or rely on informal channels. This illustrates that complaint mechanisms are not yet perceived as **safe, neutral, or protective spaces**, even when physically present and technically functional.

Overall, the FGDs underscore that safety is a **socially mediated experience**, shaped by gender norms, interpersonal power dynamics, and community behaviours as much as by infrastructure. Effective GBV risk mitigation therefore requires interventions that not only improve physical conditions but also transform social expectations, strengthen accountability, and shift everyday practices that normalise harassment and constrain mobility.

### 3.5 CROSS-CUTTING ANALYTICAL INSIGHTS

The comparative analysis across the Reflection Checklist, Observational Assessment, KIs, and FGDs highlights that while notable progress has been achieved in embedding GBV risk mitigation within shelter, site management, and NFI programming, several areas of improvement remain. Shelter safety and privacy measures are generally strong, with most shelters equipped with basic security and partitioning; however, consistent functionality of internal locks, persistent community security trends, ventilation, and inclusive designs for persons with disabilities still require further strengthening. Observations and community discussions revealed that although site planning has integrated safety considerations, accessibility and movement—particularly for older persons, pregnant women, and those with disabilities—remain constrained by uneven pathways, limited ramps, and insufficient lighting.



Site governance structures have become more inclusive, yet women's participation often remains symbolic, constrained by cultural norms and lack of enabling conditions such as childcare support or flexible engagement opportunities. Distribution sites are generally well managed and safe, but crowding, waiting times, and limited shaded or prioritized spaces for vulnerable groups call for operational adjustments.

Complaint and feedback systems are present across most sites, yet their visibility, confidentiality, and responsiveness need reinforcement to enhance community trust and survivor-centered response. Overall, while the foundation for safe and equitable service delivery is in place, consistent attention to quality, inclusivity, and accountability mechanisms will be essential to sustain progress and strengthen community confidence in GBV-sensitive site management and service environments.

## 4 KEY RECOMMENDATIONS

### 1. Shelter

#### Immediate Actions

- Ensure all shelters—especially shared units—have **functioning internal and external locks**, prioritising women-headed households, adolescent girls, PWDs, and gender-diverse persons.
- Provide **rapid privacy upgrades** (curtains, tarpaulin, internal latches) through volunteers, ensuring female support where preferred.
- Conduct **participatory safety walk-throughs** with women and girls to identify unsafe layouts and intrusion risks; implement quick repairs.

- Improve **ventilation using low-cost solutions** (roof vents, window cut-outs, breathable materials) without compromising privacy.
- Strengthen **PSEA awareness and monitoring** linked to shelter assistance to prevent exploitation, theft, intimidation, or abuse.

#### Long-Term Actions

- Upgrade shelters with **durable, climate-resilient materials** and gender-sensitive internal layouts (multi-section rooms, safe cooking/bathing areas).
- Embed **permanent ventilation systems** and increase spacing between shelters to reduce overcrowding.
- Introduce **solar-powered fans**, safe communal lighting, and tree shading to improve comfort and safety.
- Apply **inclusive, disability-responsive design standards**, including ramps, rails, and wider circulation spaces.
- Institutionalise **co-design mechanisms** enabling women, PWDs, and gender-diverse persons to influence shelter planning.
- Adopt a **standardised GBV-sensitive shelter safety checklist** across camps.
- Strengthen **incident monitoring and accountability** to prevent gatekeeping, exploitation, or unsafe shelter allocation.

## 2. Site Management & Site Development

#### Immediate Actions

- Strengthen **night-time security patrols**—including female personnel—covering high-risk pathways, WASH areas, and narrow routes.
- Repair and maintain **lighting across walkways and WASH facilities**, replacing broken or stolen units promptly.
- Improve **pathway safety and accessibility** (levelling, debris removal, temporary ramps).
- Provide **porter/volunteer assistance** for vulnerable groups (elderly, PWDs, pregnant women).
- Ensure CFMs are **visible, private, confidential**, and supported by female focal points; expand collection points.
- Conduct **GBV, PSEA, and safe facility usage awareness sessions**.
- Address **harassment hotspots** (markets, tea stalls, congested routes) by improving visibility and clearing obstructions.
- Clearly identify volunteers/frontline workers (vests, ID tags).

#### Long-Term Actions

- Upgrade **camp infrastructure for universal accessibility** (permanent ramps, wide walkways, handrails, accessible latrines).
- Improve **cyclone shelters** with partitions, lighting, barrier-free access, and pre-positioned dignity kits.
- Institutionalise **inclusive CCCM governance**, ensuring decision-making roles for women, PWDs, and marginalized groups.
- Conduct **regular, multi-stakeholder safety audits** with CCCM, protection, women's groups, and PWD representatives.
- Adopt **minimum GBV-sensitive site standards** for lighting, pathway safety, privacy, and accessibility.



- Redesign communal areas using **universal design principles** (smooth surfaces, ramps, resting points).
- Use **movement-pattern mapping** (day/night risk analysis) to guide lighting locations and patrol schedules.
- Promote **community-led oversight** for safety monitoring, infrastructure maintenance, and reporting of concerns.

### 3. NFI / LPG

#### Immediate Actions

- Improve **lighting, visibility, and crowd control** at distribution points, with shaded waiting areas and gender-sensitive queue systems.
- Deploy **female monitors** and mixed distribution teams.
- Provide **assisted load-carrying support** (porters, verified proxies) for vulnerable individuals.
- Strengthen **PSEA safeguards** at distribution sites, including confidential complaint options.
- Increase **awareness of distribution rights and complaint processes** using low-literacy and Rohingya-friendly formats.
- Reduce travel burdens by establishing **closer or temporary secondary distribution points**.

#### Long-Term Actions

- Establish **permanent secondary distribution points** in large or hilly camps to minimise unsafe travel.
- Install **permanent lighting** and maintain reliable security presence on distribution days.
- Mainstream **universal accessibility features** (ramps, step-free zones, priority lanes).
- Conduct **equity and gatekeeping audits** to detect informal power dynamics and unfair practices.
- Co-design **gender- and disability-sensitive distribution models** with women, PWDs, adolescents, and gender-diverse groups.
- Institutionalise **regular monitoring and community feedback** to improve efficiency, safety, and inclusivity.

### 4. CROSS-CUTTING: PROTECTION, PARTICIPATION & ACCOUNTABILITY

#### Immediate Actions

- Strengthen **survivor-centred complaint pathways** with discreet locations, female focal points, and low-literacy/PWD-friendly design.
- Improve **awareness of CFMs** through clear, visual, multilingual information and verbal explanations.
- Conduct rapid staff/volunteer **behaviour briefings**, emphasising respectful conduct, confidentiality, and non-discrimination.
- Map **high-risk zones** using women's and adolescent girls' insights; adjust site plans accordingly.

#### Long-Term Actions

- Establish **community feedback loops** sharing non-identifiable updates on complaints and actions taken.

- Implement **behavioural audits and stronger supervision** to prevent misuse of authority or gatekeeping.
- Promote **meaningful participation** by granting women, PWDs, and gender-diverse members decision-making roles in CCCM governance structures.
- Conduct **community norm-engagement initiatives** with men and boys focusing on harassment prevention, safety in public spaces, and respect for all groups.
- Pair infrastructure upgrades (lighting, pathways, shelter improvements) with **behavioral and social norm campaigns**, recognising that physical safety and social dynamics are interlinked.

## 5 CONCLUSION

The GBV Safety Audit 2025 indicates that while substantial progress has been made in Cox's Bazar, particularly in integrating GBV risk mitigation into shelter and camp management, critical gaps remain. Infrastructure improvements such as partitions and external locks are largely in place, but weaknesses persist in areas most closely linked to GBV risk, including insufficient internal locks, inadequate lighting at night, limited accessibility for persons with disabilities and older individuals, and ineffective referral and complaint mechanisms. Furthermore, governance imbalances persist, with marginalized groups such as women, persons with disabilities, and gender-diverse individuals remaining underrepresented in decision-making processes. Community trust in complaint systems remains low, and staff capacity to handle disclosures in a survivor-centered way varies, further compounding barriers to safety, dignity, and meaningful participation.

For effective GBV risk mitigation, future efforts must prioritize systematic improvements to physical environments, including enhanced lighting, secure locks, partitions, and accessibility features, alongside inclusive governance practices that ensure the active participation of marginalized groups in decision-making. Strengthening staff capacity through standardized training and embedding GBV-sensitive indicators into monitoring frameworks will ensure accountability. Additionally, functional referral pathways, trusted complaint mechanisms, and gender-responsive emergency preparedness plans are critical for supporting survivors. Achieving consistent, survivor-centered practices across all camps requires stronger inter-sectoral collaboration, cost-effective infrastructure fixes, and an unwavering commitment to ensuring that women, girls, and marginalized groups actively shape the design and monitoring of humanitarian interventions. Addressing these priorities will significantly reduce GBV risks and contribute to safer, more inclusive, and sustainable recovery pathways.