

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.

Across data sources, deeper analytical patterns also emerged. The level of safety and dignity users experience varies significantly across camps, reflecting uneven implementation of GBV-sensitive standards. Women's participation in WASH structures remains largely symbolic, with limited influence over decisions that affect their daily mobility and privacy. Persons with disabilities, older persons, and gender-diverse individuals continue to face structural barriers due to non-inclusive design and weak representation in governance spaces. The social environment—such as male congregation points, night-time visibility, and harassment risks—often undermines the protective value of infrastructure, leading many women and girls to adjust their routines or adopt coping strategies like avoiding facilities at night. Trust in complaint and feedback systems remains fragile, particularly for reporting sensitive concerns, reducing early identification of risks. These insights highlight the need to strengthen consistent implementation, meaningful participation, inclusive design, and trusted accountability mechanisms to ensure WASH systems translate into predictable safety outcomes for all users.

Contents

Acknowledge.....	1
Key Summary	2
Acronyms	4
1. Introduction	
1.1 Background and Context	5
1.2 Purpose of the GBV Safety Audit	5
1.3 Scope of the Audit	5
2. Methodology	6
3. Key Findings and Analytical Insights	
3.1 Reflection Checklist	7-10
3.2 Observational Checklist.....	10-14
3.3 Key Informant Interviews (KIIs)	14-19
3.4 Focus Group Discussions (FGDs)	19-25
3.5 Cross-Cutting Analytical Insights	25-26
4. Key Recommendations	26-27
5. Conclusions	27-28

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 assess GBV risk

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

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 group, member of menstrual hygiene management committee and beneficiaries aged 13 years and above—while

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 \(Rugby: Practical Action Publishing, 2011\).](#)

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 AND ANALYTICAL INSIGHTS

3.1 REFLECTION CHECKLIST

➤ KEY FINDINGS

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. Women, girls, and marginalised groups may face risks when facilities are located far from shelters or require passing through isolated areas.

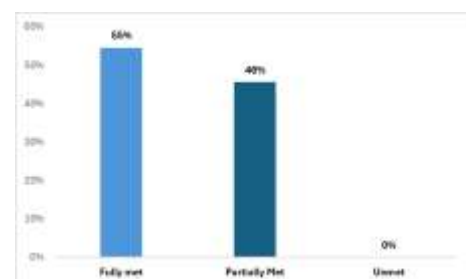


Figure: Safety Consideration in WASH Programming

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* \(Geneva: WHO, 2007\).](#)

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.

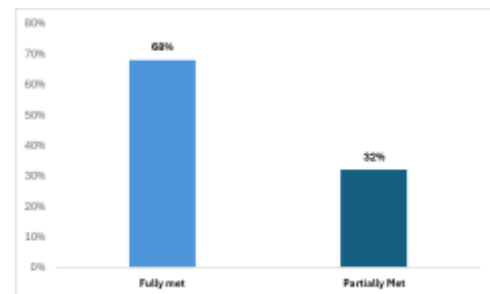


Figure: Inclusion and participation of women and girls

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. While foundational training exists, its reach and depth vary across organizations. Without universal

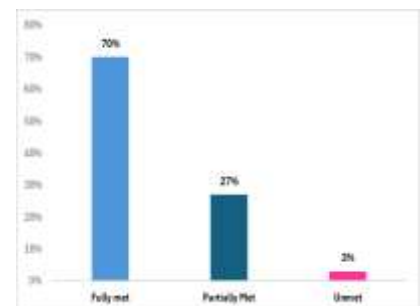


Figure: Training coverage with programme

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

➤ **KEY ANALYTICAL INSIGHTS**

The Reflection Checklist suggests that GBV-sensitive WASH programming is now widely recognised as a normative expectation across partners, but its application remains uneven and highly context-dependent. Safety, accessibility, dignity and inclusion are all present in policy language and guidance, yet the patterns of partial compliance indicate that GBV risk mitigation is still treated as an added layer rather than a non-negotiable core of WASH service delivery. This creates a “patchwork” of practice in which some camps benefit from consistently safer facilities, while others rely on ad hoc measures that can fluctuate with staff turnover, funding cycles or individual commitment.

Across domains, the data point to a persistent gap between **representational inclusion** and **substantive influence**. Women and girls are increasingly visible in WASH committees and user groups, but their presence is not yet matched by systematic influence over decisions on siting, design, maintenance or queuing arrangements. Similarly, the checklist reveals that persons with disabilities and gender-diverse individuals are acknowledged in policy but remain largely peripheral in routine planning and monitoring. This suggests that inclusion is still conceptual and projectised, rather than structurally embedded in how WASH systems are designed, resourced and governed.

Dignity and menstrual hygiene management appear relatively stronger on paper—with high levels of integration into programming and training—but the reflection responses show that dignity is not yet an organising principle for all aspects of service delivery. Gaps in privacy, female staff availability, and safe timing of activities reveal that the ability of women and girls to manage their hygiene without shame, fear or exposure is still contingent on local arrangements rather than guaranteed by design. This disconnect between strong MHM “coverage” and weaker implementation of privacy and staffing standards underscores that dignity is vulnerable to slippage when operational pressures rise.

The checklist also exposes **accountability as a structural weak point**. The fact that several partners left accountability and complaints sections incomplete is itself a critical signal: either systems are weak or they are not being actively used and monitored. Where complaint and feedback mechanisms, PSEA messaging and GBV-sensitive outreach are not clearly reported, communities are effectively being asked to trust services without robust assurance that harms, misconduct or design flaws will be acknowledged and remedied. This undermines community confidence and limits early detection of GBV-related risks around WASH facilities.

Finally, training and capacity-building efforts, while relatively widespread, have not yet translated into consistently rights-based practice. The coexistence of strong training coverage with persistent safety, accessibility and accountability gaps suggests that learning is not systematically reinforced through supervision, performance management or joint monitoring with GBV actors. In practice, this means that the quality of GBV risk mitigation at WASH facilities still depends heavily on the attitudes and initiative of individual staff members, rather than on predictable institutional systems.

Taken together, the Reflection Checklist indicates that the sector has largely completed the “awareness and policy” phase of integrating GBV into WASH, but has not yet fully entered the phase of **standardised, enforceable, and routinely monitored practice**. The next step is to move from partners stating that safety, accessibility and dignity are priorities, to demonstrating that they are **non-negotiable operational**

standards that shape every design decision, maintenance plan, staffing pattern and complaint response across all camps.

3.2 GBV OBSERVATIONAL CHECKLIST

➤ KEY FINDINGS

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 is 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.

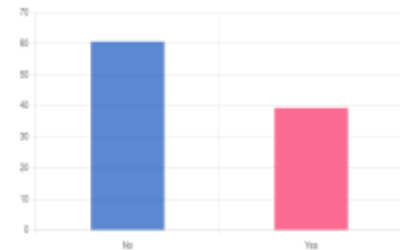


Figure: Light around the waterpoint and pathway



Figure: Visible PSEA awareness materials

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

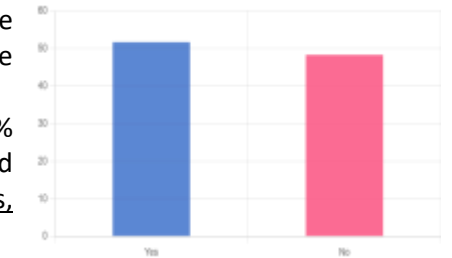


Figure: Latrines Out of View from High-Traffic and Communal Areas



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

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.

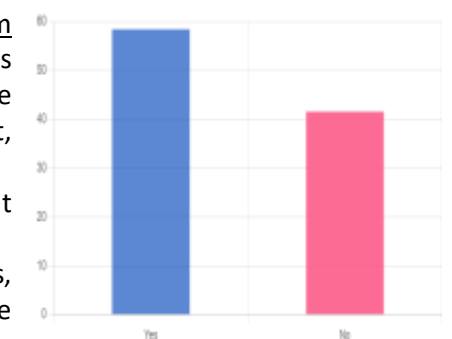


Figure: Availability of Sufficient Bathing facilities (1 per 3 Households / 20 People)

- **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.
- 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.

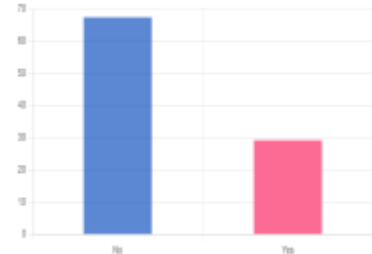
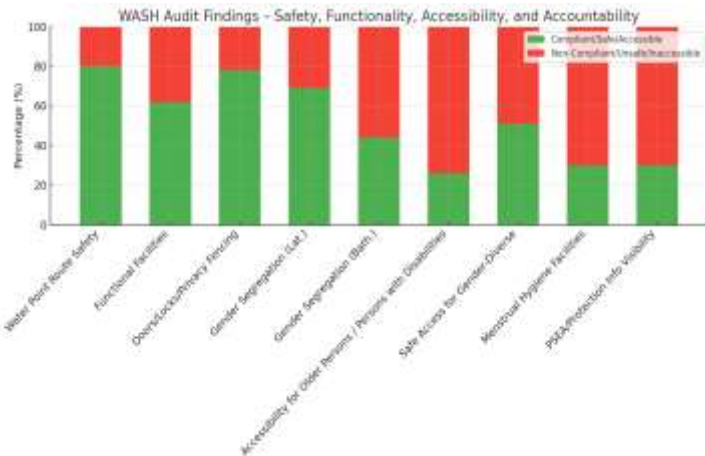


Figure: Direct contact between WASH teams (especially males) or contractors/contractors with teenage females

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 across several facilities.

➤ **KEY ANALYTICAL INSIGHTS**

The GBV Observational Checklist shows that **physical infrastructure alone does not guarantee safety**. Water points, latrines, and bathing facilities often meet basic coverage norms on paper, yet their actual placement, condition, and surrounding environment create uneven protection outcomes. Facilities may be “present” and technically within recommended distances, but when they are located near male congregation points, along narrow paths, or in poorly lit or congested areas, women, girls, and other at-risk groups experience them as risky rather than protective. This highlights a fundamental gap between engineering standards and user-centred safety.

The observations also underline that **time of day and movement patterns are critical dimensions of risk**. Routes that appear acceptable during daylight become threatening at night due to weak or non-functional lighting, isolated locations, and the presence of loitering men. Women and girls adapt by travelling in groups, avoiding certain locations, or shifting use to early morning hours, which indicates that WASH access is being shaped by fear and restriction rather than by free, dignified choice. This temporal dimension is not fully captured by static coverage indicators but is central to GBV risk mitigation.

A consistent thread across water points, latrines and bathing units is the **tension between coverage and quality**. Efforts to maximise the number of users served per facility—especially in dense or space-constrained camps—have led to overcrowded, overused, and partially non-functional structures. Where doors, locks, drainage, ramps or handrails are missing or damaged, the “coverage” achieved is fragile and exclusionary. In practice, this means that the same infrastructure that signals progress in quantitative terms is experienced as unsafe, humiliating, or physically inaccessible by those with the least power—particularly persons with disabilities, older people, gender-diverse individuals, and adolescent girls.

The checklist further reveals that **privacy is structurally fragile and easily eroded**. Even where doors, walls and partitions exist, small design decisions—such as the height of walls, visibility from communal areas, or the orientation of entrances—can leave women and girls exposed to observation and harassment. In many locations, facilities are only “partially private,” forcing users to compromise between meeting basic hygiene needs and protecting their dignity. This partial privacy is particularly harmful for menstrual hygiene management, where inadequate disposal points, washing areas and drying space increase shame and drive women and girls to unsafe alternatives inside shelters.

The observational data also show that **inclusion remains peripheral rather than mainstreamed**. Adaptations for persons with disabilities and older persons—such as ramps, handrails, lower taps or non-slip surfaces—are present in only a subset of facilities and often appear as exceptions rather than standard practice. Gender-diverse individuals, in particular, are structurally invisible in the design of WASH spaces, compelled to use facilities that expose them to stigma and harassment. This pattern indicates that inclusive design is still treated as an add-on in specific locations rather than a non-negotiable standard applied across all new construction and rehabilitation.

Finally, the checklist highlights that **accountability and protection measures are visually and practically inconsistent**. In some sites, volunteers are clearly identifiable and PSEA messaging is visible, signalling a degree of organisational presence and oversight. In others, the absence of posters, hotline information,

or visible complaint options creates a sense of isolation and reinforces the perception that inappropriate behaviour or safety concerns may go unnoticed. In this way, the environment around WASH facilities communicates to users whether they are entering a monitored, rights-respecting space or a space where they are effectively on their own.

Taken together, the GBV Observational Checklist suggests that the WASH environment in Cox's Bazar is **not neutral**: it actively shapes who can access services safely, at what times, and under what conditions. GBV risk mitigation therefore cannot be reduced to the presence of infrastructure alone; it requires continuous attention to where and how facilities are sited, how they are maintained, how different groups move through these spaces, and what signals of protection and accountability are visible to users.

3.3 KEY INFORMANTS' INTERVIEWS (KIIs)

➤ KEY FINDINGS

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.

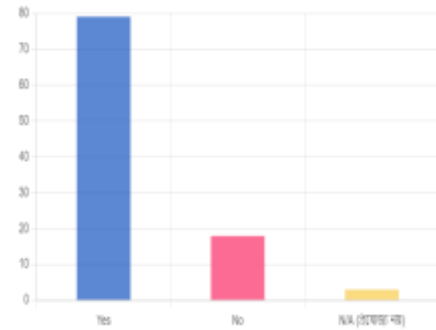


Figure: Risks and Challenges by women, girls and vulnerable population

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.

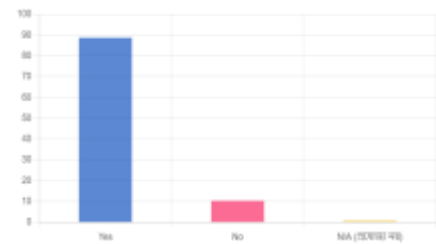


Figure: latrines and bathing facilities are open without having to ask for a key

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.

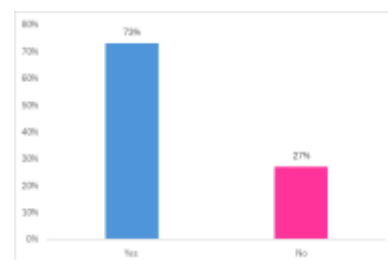


Figure: opinions of women in the committees are respected

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.

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.

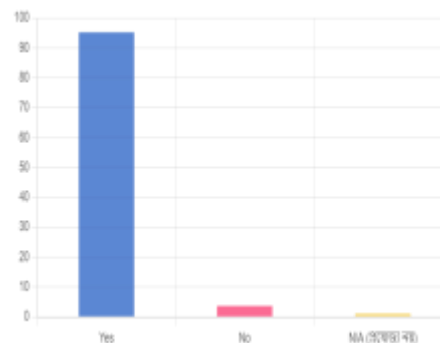


Figure: Information on hygiene promotion

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



Figure: Knowledge on feedback receiving mechanism

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.

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.
- 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.

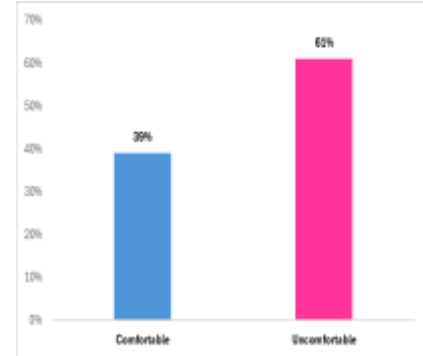


Figure: Comfort in going out during menstruation

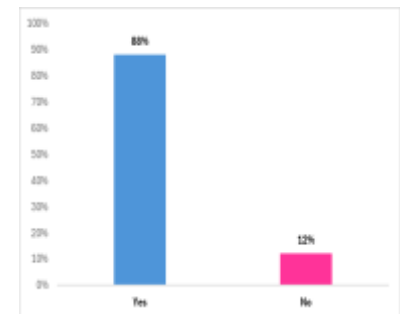


Figure: Ability to manage menstrual hygiene

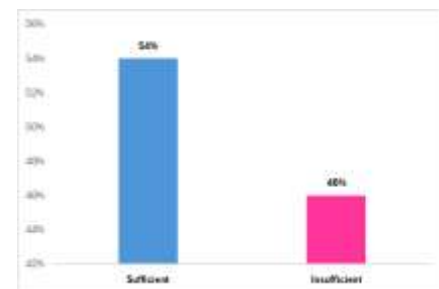


Figure: Adequacy of menstrual hygiene management materials

- 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.

➤ **KEY ANALYTICAL INSIGHTS**

The KIIs highlight that access to WASH facilities is shaped as much by **social relations and power dynamics** as by physical infrastructure. Even where water points, latrines, and bathing facilities are technically “available” and within recommended distance, overcrowding, tension in queues, and the presence of male-dominated spaces (tea stalls, shops, gathering points) turn routine tasks into negotiated and sometimes risky encounters. Women and girls repeatedly adjust their routines—fetching water at dawn, using latrines in groups, or resorting to makeshift facilities inside shelters—not because infrastructure is absent, but because the **social environment around it is not consistently safe or welcoming**.

The interviews also show that **governance of WASH services is informal, uneven, and often personalised**. In many locations, Majhis, religious leaders, or a few proactive individuals effectively mediate access, maintenance, and problem-solving, while formal WASH committees remain weak, invisible, or unknown to most residents. This blurs lines of responsibility: community members are unsure whether to approach NGOs, volunteers, Majhis, or caretakers when problems arise. As a result, people’s experiences of safety and responsiveness depend heavily on the attitudes of a small number of influential individuals, rather than on predictable, system-wide arrangements.

A recurring insight is the **gap between women’s recognised knowledge and their actual decision-making power**. Respondents acknowledge that women’s perspectives on hygiene, privacy, and menstrual management are valuable and increasingly solicited, yet technical and strategic decisions—such as siting of facilities, repair priorities, or queue management—remain largely in male hands. Women are expected to keep facilities clean, mobilise other women, and promote hygiene, but rarely to lead discussions on infrastructure design or to challenge unsafe placement. This pattern reinforces a form of “gendered division of responsibility” where women carry the burden of coping and adaptation, while men retain control over critical decisions.

The KIIs also reveal that **inclusion of marginalised groups remains largely aspirational**. Persons with disabilities and older people frequently depend on others to reach facilities or navigate difficult paths, while gender-diverse individuals face stigma, teasing, and harassment when using communal WASH spaces. In practice, this means that some groups manage risk by self-exclusion—limiting use of facilities, going only at off-peak hours, or improvising unsafe alternatives near shelters. Such coping strategies are a sign that **infrastructure is not yet designed or governed with their rights and dignity at the centre**.

On accountability, the interviews suggest a **two-tier system of trust**. Communities are relatively comfortable raising routine complaints about broken taps, dirty latrines, or blocked drains and often perceive these mechanisms as functional. However, channels for reporting staff or volunteer misconduct, harassment, or more sensitive concerns are much less visible and understood. Awareness of such mechanisms is uneven, female focal points are not consistently accessible, and follow-up is not always communicated back. This split means that WASH systems are more attuned to fixing technical faults than to addressing **power abuses or protection failures**, even though both are integral to dignified service delivery.

Finally, the KIIs underline that menstrual hygiene management, while increasingly supported through information and kit distribution, still **sits at the intersection of infrastructure gaps, social norms, and mobility restrictions**. Women and girls navigate privacy constraints, stigma, and limited space for washing and drying materials, which in turn affects their ability to move freely, attend learning spaces, or participate in community life during menstruation. For transgender and intersex persons, access to hygiene materials is further constrained by social exclusion and the absence of gender-sensitive distribution procedures. These patterns indicate that MHM is not only a technical supply issue, but also a marker of whose bodies and needs are fully recognised within WASH programming.

Taken together, the KIIs show that WASH facilities in Cox's Bazar operate within a dense web of social norms, informal authority, and unequal power relations. Strengthening GBV-sensitive WASH therefore requires not only better-designed and maintained infrastructure, but also **shifts in governance, participation, and accountability** so that community members—especially women, girls, persons with disabilities, older people, and gender-diverse individuals—can rely on systems rather than personal negotiations to access safe, dignified services.

3.4 FOCUS GROUP DISCUSSIONS (FGDs)

➤ KEY FINDINGS

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.

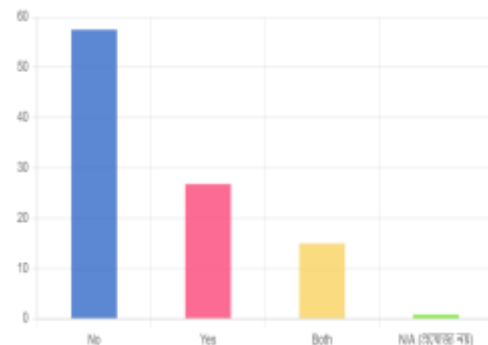


Figure: Safety of women and girls at night on own

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.

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.

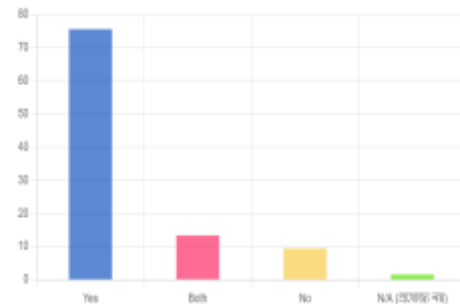


Figure: Challenges in accessing facilities by women, girls and vulnerable population

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.

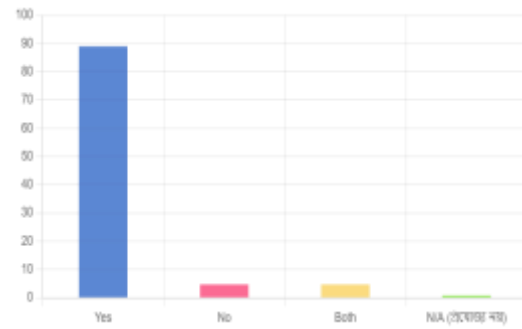


Figure: Clear identification of volunteers/aid worker

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.

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.

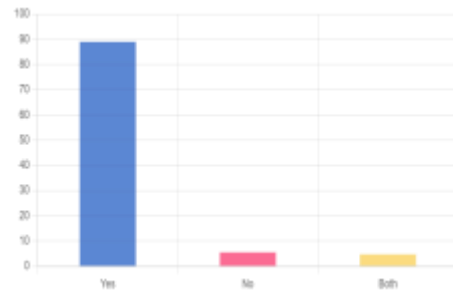


Figure: Knowledge on free humanitarian aid

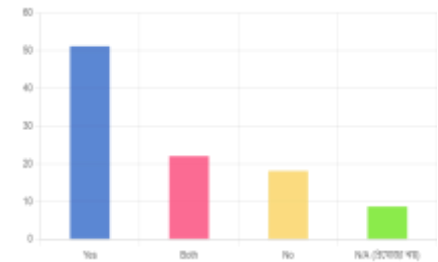


Figure: Value of women's voice in committees

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.

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.

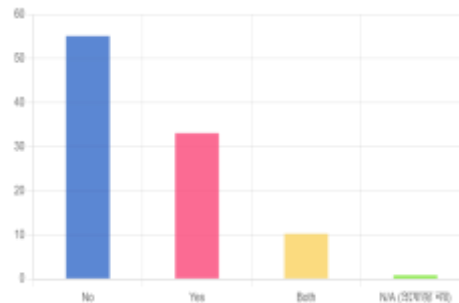


Figure: Availability of complaint mechanism for volunteer/aid workers misbehavior

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

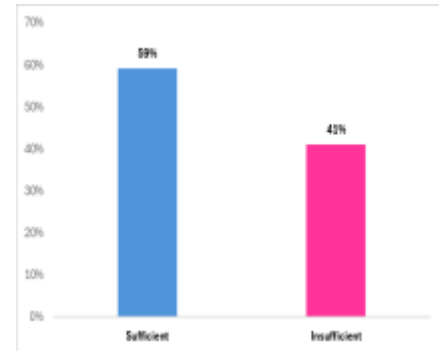


Figure: Quantity of menstrual items

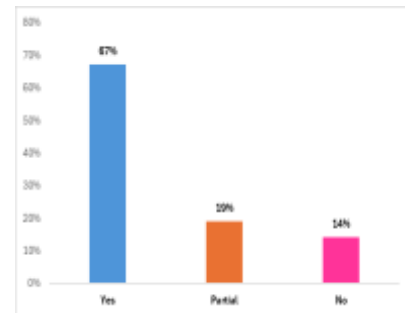


Figure: Ability to clean/dispose pads

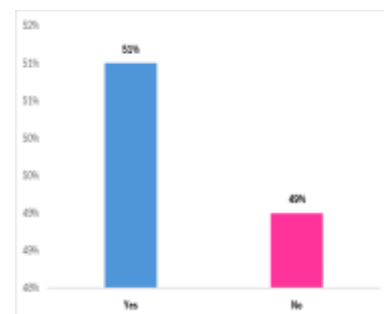


Figure: Comfort in moving outside during menstruation

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.

➤ KEY ANALYTICAL INSIGHTS

The FGDs reveal that WASH access is shaped less by the physical availability of facilities and more by the **social environment surrounding their use**. Women, girls, and other at-risk groups consistently described modifying their daily routines—timing, routes, companions, and methods of use—not because infrastructure is absent, but because their lived experience of safety is unpredictable. This indicates that the functionality of WASH facilities cannot be separated from the broader social context in which they are embedded.

Across groups, participants highlighted that **privacy and dignity are fragile and easily compromised**, even when facilities appear adequate from a structural standpoint. Women and girls spoke about feeling watched, judged, or hurried, suggesting that privacy is not merely a technical issue but a social one. Their preference for in-shelter washing or makeshift privacy arrangements underscores that the psychological burden of maintaining modesty remains high, particularly in cramped camp environments.

The FGDs also demonstrate that **mobility restrictions—both real and perceived—shape who can safely access WASH services**. Fear of harassment, the presence of loitering men, and community surveillance were repeatedly mentioned as deterrents, especially during the evening or early morning hours. These constraints disproportionately affect women, adolescent girls, older persons, and persons with disabilities, resulting in unequal access and reinforcing existing gender and social hierarchies.

A notable theme is the **limited collective voice of women in decisions about WASH facility placement, design, and management**. While women shoulder the day-to-day responsibility for household hygiene, they often lack the authority to influence decisions that directly affect their safety and comfort. This mismatch between responsibility and influence mirrors wider power dynamics in camp life, where male leaders or informal authorities continue to shape decisions even in domains where women’s perspectives are essential.

The discussions also reveal that **social stigma remains a powerful barrier**, particularly around menstrual hygiene management and the needs of gender-diverse individuals. Women and girls described having to hide drying materials, manage menstruation discreetly, and avoid certain facilities to escape shame or gossip. Gender-diverse participants, where mentioned, were described as navigating WASH spaces cautiously due to fear of ridicule or harassment. These insights illustrate that stigma is not only interpersonal but embedded into how communal WASH space’s function.

Finally, community members consistently linked their sense of safety to the **presence, attitude, and accountability of volunteers and frontline staff**. Trust is highest where staff are visible, approachable, and respectful. Conversely, inconsistent presence or unprofessional behaviour quickly reduces users’

confidence, leading to avoidance of facilities even when they are well maintained. This reinforces a broader pattern seen across tools: safety in WASH spaces is as much relational as it is infrastructural.

Taken together, the FGDs show that WASH facilities are not neutral spaces—they are influenced by gender norms, power dynamics, stigma, and unequal mobility. Effective GBV-sensitive WASH programming must therefore attend not only to physical structures but to the social realities that determine how, when, and by whom these facilities are actually used.

3.5 CROSS-CUTTING ANALYTICAL INSIGHTS

Triangulation across the Reflection Checklist, Observational Checklist, KIIs, and FGDs reveals a consistent picture: while WASH actors have made notable progress in integrating GBV-sensitive approaches into policies and routine programming, **these commitments have not yet translated into predictable safety, dignity, and inclusion across all sites**. The four tools collectively highlight system-level patterns that extend beyond individual findings and point toward deeper structural challenges.

Across datasets, the most prominent theme is the **gap between institutional commitment and frontline implementation**. Training, SOPs, and awareness exist, yet practices vary widely between camps and even between facilities within the same camp. This inconsistency means that user experience—particularly for women, girls, persons with disabilities, older persons, and gender-diverse individuals—remains dependent on local conditions, staff initiative, and informal governance rather than on standardised, enforceable protections.

All tools also highlight that **participation does not consistently translate into influence**. Women and girls are increasingly present in committees and consultations, but their perspectives rarely shape decisions about facility placement, maintenance prioritisation, safety measures, or accountability systems. Furthermore, the needs of persons with disabilities and gender-diverse individuals remain insufficiently recognised, indicating that inclusion is acknowledged conceptually but not structurally embedded in WASH operations.

A third cross-cutting pattern is that **the social environment frequently undermines the protective potential of infrastructure**. Even where facilities meet technical standards, factors such as harassment, crowding, poor visibility, nighttime movement restrictions, and community surveillance continue to limit safe access. As a result, many users rely on coping strategies—modifying usage times, traveling in groups, or creating in-shelter alternatives—which reflect an environment where safety is not guaranteed but individually negotiated.

Finally, all tools converge on the insight that **accountability systems are present but not yet trusted or consistently operationalised**. While communities often know where to report routine WASH-related issues, reporting mechanisms for sensitive concerns—such as harassment, misconduct, or violations of privacy—remain unevenly visible and inconsistently responsive. The absence of feedback loops reinforces perceptions that more serious complaints may not lead to corrective action, weakening confidence in the system as a whole.

Taken together, these cross-cutting insights indicate that the WASH sector has progressed beyond awareness-building but has not yet achieved consistent, system-wide implementation of GBV-sensitive standards. This underscores the need for stronger oversight mechanisms, meaningful participation of marginalised groups, safer social environments around facilities, and more credible accountability structures. These themes form the conceptual foundation for the recommendations presented in the next section.

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:** Strengthen collaboration between WASH committees and GBV, Protection, and Site Management actors to ensure coordinated monitoring of safety risks, environmental concerns, and user experiences. Facilitate regular community updates and participatory safety walks to reinforce transparency 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.