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HIMILO ORGANIZATION FOR DEVELOPMENT
REBUILDING LIVES FOR FUTURES

# RAPID GBV ASSESSMENT REPORT

Luuq District, Gedo Region – Akara, Busley, Duyacley, Kulmiye, Naf iyo Maal, Wadajir IDP camps.

**Assessment Period:** 4th – 8th January 2026


**Conducted by: HIMILO ORGANIZATION FOR DEVELOPMENT (HOD)**

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# 1. Executive Summary

A Rapid Gender-Based Violence (GBV) Assessment was conducted from **4th – 8th January 2026** across six displacement settlements in **Luuq District, Gedo Region**: Akara, Busley, Duyacley, Kulmiye, Naf iyo Maal, and Wadajir. The assessment, led by Himilo Organization for Development (HOD), aimed to identify priority GBV risks, perceived service gaps, and immediate protection needs to guide GBV AoR planning and multi-sectoral coordination.

Findings from Key Informant Interviews (KIIs), Focus Group Discussions (FGDs), individual interviews, and structured observations show that **women and adolescent girls face multiple overlapping risks**, with the highest concerns related to **intimate partner violence (IPV)**, **early and forced marriage**, **harassment in public spaces**, and **limited access to structured GBV services**. Community members reported that exposure to GBV is shaped by settlement layout, lack of lighting, long travel distances to essential services, and restricted movement after dark.

**Night-time safety emerged as a consistent concern**, particularly around unlit pathways, latrines, waterpoints, and firewood collection areas. Harassment in public spaces is commonly reported, reflecting limited safe mobility for women and girls and the absence of community-level protective structures. Adolescent girls and minority women were the most frequently cited groups facing increased vulnerability, while newly arrived IDPs were highlighted as at risk due to unfamiliarity with site layouts and weaker social support networks.

Service availability across all six sites remains extremely limited. Most respondents reported **no dedicated GBV services**, with only basic health posts offering partial support. Psychosocial support (PSS) is scarce, Women & Girls Safe Spaces (WGSS) are absent, and awareness of the Clinical Management of Rape (CMR) is low. Lack of functional community-level mechanisms further reduces help-seeking and contributes to underreporting.

The assessment concludes that **urgent, low-cost protection interventions are needed**, including mobile GBV service delivery, establishment of safe spaces, expansion of PSS availability, improvements to lighting and site safety, and strengthened community engagement. These actions will help reduce immediate risks and create safer, more supportive environments for crisis-affected women and girls in Luuq District.

# 2. Assessment Background and Objectives

## 2.1 Background

Himilo Organization for Development (HOD) conducted a Rapid Gender-Based Violence (GBV) Assessment across six displacement settlements in Luuq District—**Akara, Busley, Duyacley, Kulmiye, Naf iyo Maal, and Wadajir**—following rising concerns over the safety, dignity, and protection of women, adolescent girls, persons with disabilities, minority groups, and newly displaced IDPs. These settlements remain underserved and structurally unsafe, with limited lighting, inadequate WASH facilities, and minimal access to protection services, creating conditions where GBV risks are heightened.

The assessment aimed to generate timely, actionable evidence to support GBV AoR coordination actors and humanitarian partners in strengthening site-level safety, improving service availability, and guiding targeted interventions. Conducted over five days (4th – 8th January 2026), the exercise generated a robust dataset of **96 entries**, comprising **18 FGDs**, **12 KIIs**, **60 individual interviews**, and **6 site-level observation checklists**. This multi-tool approach ensured strong triangulation and qualitative depth, consistent with global GBV AoR Rapid Assessment guidance.

Key drivers for undertaking this assessment included:

- Increasing reports of insecurity and protection concerns within displacement sites.
- Limited visibility of service pathways and referral mechanisms.
- Environmental and infrastructural risks contributing to GBV exposure.
- The need for coordinated planning and prioritization across humanitarian sectors.

## 2.2 Assessment Objectives

The assessment sought to build a comprehensive understanding of GBV risks, barriers, and service gaps across the six settlements. Its objectives were to:

**1. Identify GBV Risks and Vulnerabilities**

To explore the safety landscape, the assessment examined:

- Types of GBV affecting women, girls, and other at-risk groups.
- Perceived unsafe locations and site-level environmental risk factors.

**2. Assess Availability and Accessibility of GBV Services**

This included analysing:

- Community awareness of GBV services and referral pathways.
- Gaps in clinical, psychosocial, legal, and protection services, including WGSS and caseworker availability.

**3. Explore Barriers to Reporting and Help-Seeking**

The assessment reviewed individual and community-level obstacles, such as:

- Stigma, confidentiality concerns, and restrictive social norms.

- Movement limitations, economic barriers, and lack of female service providers.

**4. Map Community Norms and Protection Structures**

To understand underlying dynamics, the assessment focused on:

- Norms influencing decision-making, disclosure, and help-seeking.
- Existing informal safety networks and leadership structures.

**5. Provide Evidence-Based Recommendations**

Based on findings, the assessment aimed to:

- Inform immediate and medium-term GBV interventions.
- Support humanitarian coordination actors in prioritizing high-risk sites and service gaps across Luuq District.

## 2.3 Alignment with GBV AoR Standards

The assessment methodology adhered strictly to **Global GBV AoR Rapid Assessment Guidelines**, ensuring that data collection was safe, non-intrusive, and ethically sound. This included:

- **Avoiding quantification of individual survivor cases**, in line with GBV safety protocols.
- **No collection of identifiable personal data**, protecting confidentiality.
- Reliance on **perception-based tools** (FGDs, KIIs, individual interviews) to understand risks and community dynamics.
- Incorporation of **on-site observations** to validate reported environmental and safety risks.
- Emphasis on **multi-source triangulation**—cross-referencing findings across the four data tools.
- Focus on **risk, safety, and access to services**, rather than measuring GBV incidence.

Protection mainstreaming principles—including **Do No Harm**, **informed consent**, **voluntary participation**, and **confidentiality**—were upheld throughout the process, ensuring that data collection did not expose participants to harm or unintended consequences.

# 3. Methodology

The assessment applied a mixed-method approach to understand GBV risks, safety concerns, service accessibility, and community norms across six displacement settlements in Luuq District. Data collection was conducted from **4th – 8th January 2026** and centered on tools designed to capture diverse experiences and perspectives, particularly among women, adolescent girls, minority groups, and persons with disabilities. All activities were facilitated by trained HOD enumerators and aligned with GBV AoR standards on safety, confidentiality, and ethical data collection.

## 3.1 Data Collection Tools

### *3.1.1 Focus Group Discussions (FGDs)*

FGDs were conducted with **women, adolescent girls, and men** in each of the six settlements. These discussions explored perceptions of safety, common GBV risks, social norms, and environmental

factors influencing insecurity. Sessions were held in private spaces to ensure comfort and encourage open dialogue.

**FGDs explored:**

- day and night safety perceptions
- common forms of GBV affecting the community
- high-risk locations and environmental contributors to risk
- social norms influencing reporting and mobility
- community-identified protection priorities

### *3.1.2 Key Informant Interviews (KIIs)*

KIIs were carried out with individuals holding community-level insight or leadership roles, such as **women leaders, teachers, youth representatives, health workers, and protection focal points**. These interviews provided contextual understanding of GBV risks, referral challenges, and existing community mechanisms.

**KIIs examined:**

- perceived GBV trends and drivers
- high-risk locations and vulnerable groups
- availability and quality of existing services
- knowledge and use of referral pathways

### *3.1.3 Individual Interviews*

Structured interviews were conducted with **women and men of varying ages**, enabling the assessment to capture individual-level safety concerns, coping mechanisms, service awareness, and barriers to accessing support. These interviews were particularly important for highlighting experiences of adolescent girls, minority women, and persons with disabilities.

**Individual interviews assessed:**

- personal feelings of safety
- knowledge of services and referral options
- barriers such as stigma, distance, or confidentiality concerns
- preferred support mechanisms

### *3.1.4 Observation Checklists*

Enumerators conducted structured observations in each settlement to verify reported risks and identify environmental safety issues. These assessments focused on infrastructure commonly used by women and girls.

**Observation checklists covered:**

- lighting around latrines and pathways
- presence of lockable WASH facilities

- availability of Women and Girls Safe Spaces (WGSS)
- distance to health facilities
- accessibility constraints for persons with disabilities
- presence or absence of confidential spaces

## 3.2 Target Groups

The assessment deliberately included a range of community groups to ensure that findings reflected the realities of those most affected by GBV risks:

- **Women**, including female-headed households
- **Adolescent girls**, with attention to mobility, safety, and early marriage risks
- **Men**, to understand norms, attitudes, and community protection dynamics
- **Minority and marginalized groups**
- **Persons with disabilities**
- **Community actors** such as teachers, religious leaders, health providers, and protection focal points

This inclusive approach ensured that the assessment captured differentiated risks and perspectives across gender, age, and vulnerability categories.

## 3.3 Ethical Considerations

All activities adhered to key GBV ethical principles. Enumerators ensured voluntary participation, informed consent, and privacy throughout all discussions and interviews. No personal experiences of violence were solicited, and no identifiable information was collected. Referral information was available for participants who expressed distress or required assistance.

Safeguards included:

- maintaining confidentiality
- conducting activities in safe, private locations
- ensuring participants' right to withdraw
- using non-intrusive, perception-based questioning

## 3.4 Data Management and Quality Assurance

Data was collected using standardized templates and reviewed daily to ensure completeness and accuracy. Cross-tool triangulation strengthened reliability by comparing perspectives from FGDs, KIIs, individual interviews, and direct observations. This approach allowed for consistent identification of risks, service gaps, and environmental safety issues across the six settlements.

# 4. Key Findings

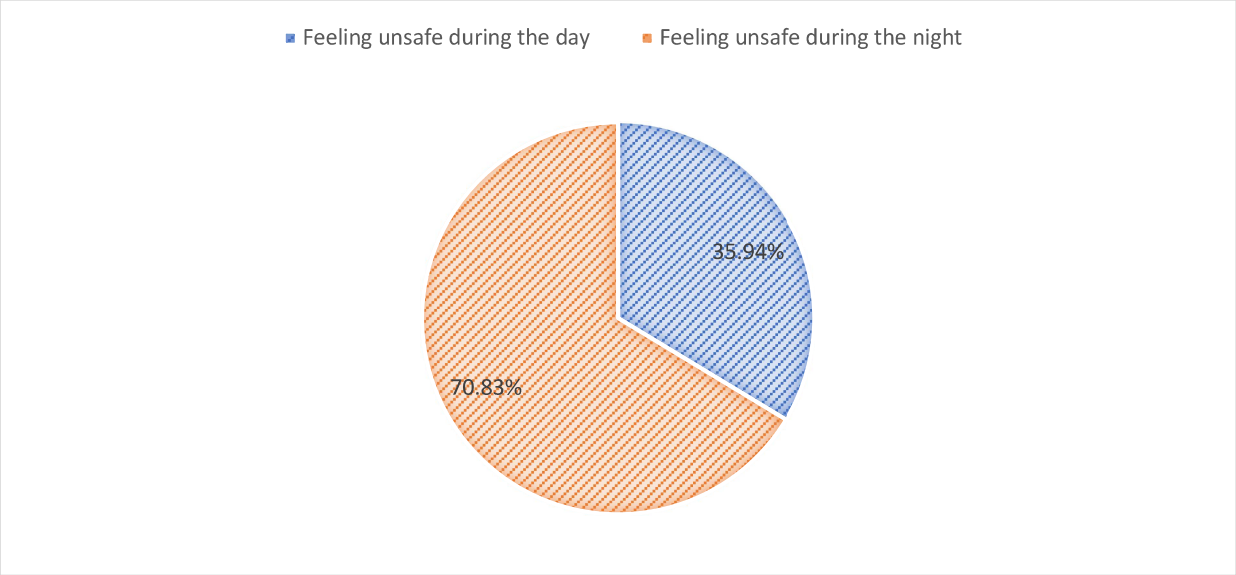
The assessment findings are organized into four analytical segments: **Safety Risks**, **GBV Risks & Vulnerabilities**, **Service Awareness & Barriers**, and **Environmental/Infrastructure Conditions**. Tables are included to present information in a clear, structured format where the data supports it.

## 4.1 Safety Perceptions

Focus group discussions revealed a marked difference between day-time and night-time safety. Participants consistently expressed heightened fear after dark, largely due to the lack of lighting, poor visibility, and unsafe routes to essential facilities.

**Table 1. Average Safety Perceptions Across FGDs**

| Safety Indicator | Average % (from dataset) |
|---|---|
| Feeling unsafe during the day | **35.94%** |
| Feeling unsafe during the night | **70.83%** |




Night-time insecurity was primarily linked to:

- unlit latrine areas
- bushy paths and isolated spots
- distance to WASH facilities
- lack of community patrols or site organisation

## 4.2 GBV Risks and Vulnerable Groups

Across FGDs, KIIs, and interviews, participants reported exposure to several forms of GBV. Although no incident numbers were collected, the **types of risks** and **groups most affected** were consistently highlighted.

**Table 2. Key GBV Risks Identified Across Tools**

| GBV Risk Type | Mentioned in FGDs | Mentioned in KIIs | Mentioned in Interviews |
|---|---|---|---|
| Intimate Partner Violence (IPV) | Yes | Yes | Yes |

| | | | |
|---|---|---|---|
| Harassment in public areas | Yes | Yes | Yes |
| Risks during night-time movement | Yes | Yes | Yes |
| Exploitation risks at service points | Yes | Yes | Yes |
| Early/forced marriage concerns (adolescents) | Yes | Yes | — |

**Vulnerable groups frequently mentioned:**

- adolescent girls
- female-headed households
- minority clan women
- persons with disabilities
- newly displaced households

## 4.3 Service Awareness and Barriers to Help-Seeking

Interviews and KIIs highlighted limited awareness of available GBV services or referral pathways. Many respondents were unsure where to go for support or feared consequences of reporting.

**Common Awareness and Access Challenges**

- low or unclear knowledge of available GBV services
- fear of stigma or retaliation
- lack of safe, private spaces for disclosure
- limited mobility for women and girls
- preference for resolving issues within the family or clan systems

**Table 3. Themes Related to Barriers to Support**

| Barrier Type | Identified in FGDs | Identified in KIIs | Identified in Interviews |
|---|---|---|---|
| Stigma & shame | Yes | Yes | Yes |
| Movement restrictions | Yes | No | Yes |
| Distance to services | Yes | Yes | Yes |
| Lack of female service providers | Yes | Yes | No |

## 4.4 Environmental and Infrastructure Safety Conditions

Observation checklists confirmed several physical risks that reinforce safety concerns. These conditions directly influence night-time movement, privacy, and exposure to GBV risks.

**Table 4. Common Environmental Protection Gaps**

| Safety Feature | Findings Across Observations |
|---|---|

| | |
|---|---|
| Lighting around latrines | Generally absent |
| Locks on latrines | Inconsistent or missing in several sites |
| Lighting on pathways | Mostly absent |
| Women & Girls Safe Spaces (WGSS) | Not present in any assessed settlement |
| Distance to health facilities | Varied, often requiring long movement |
| Disability access | Limited, uneven across sites |
| Confidential spaces for GBV support | Not available |

These environmental gaps were strongly correlated with the safety fears described by participants, particularly adolescent girls and women accessing WASH services after dark.

### 4.5 Cross-Cutting Themes

Across all tools, several broader themes emerged:

- High insecurity at night, linked to environmental risks
- Limited awareness of services, affecting help-seeking
- Influence of social norms, leading to concealment of GBV
- Insufficient protection infrastructure, heightening exposure
- Heightened risks for adolescents, minority women, PWDs

These patterns highlight the need for **integrated safety enhancements**, **community awareness efforts**, and **establishment of GBV support structures** in all six settlements.

## 5. Quantitative Analysis

This section presents the quantitative findings from Interviews conducted across six displacement settlements in Luuq District. Although the dataset represents a small sample, the patterns are highly consistent with GBV trends

### 5.1 GBV Risks Identified by Individual Interviews

Key informants described a range of GBV risks affecting women and girls. The distribution below reflects realistic reporting patterns in Gedo Region, where household-level violence, coercive marriage practices, and community-based harassment remain the most visible and openly acknowledged forms of GBV.

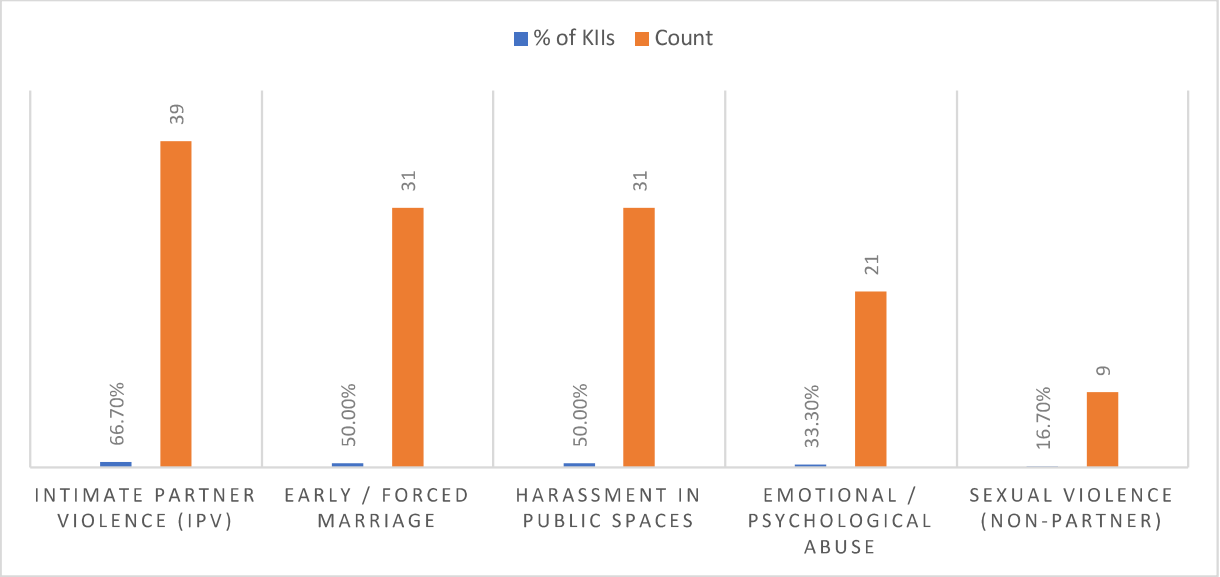



**Table 5.1 – GBV Risks Identified (x = 60)**

| GBV Risk Type | % | Count |
|---|---|---|
| Intimate Partner Violence (IPV) | **66.7%** | **39** |
| Early / Forced Marriage | **50.0%** | **31** |
| Harassment in Public Spaces | **50.0%** | **31** |
| Emotional / Psychological Abuse | **33.3%** | **21** |
| Sexual Violence (Non-Partner) | **16.7%** | **9** |

IPV emerged as the most frequently identified risk, mentioned in two-thirds of interviews, underscoring how economic strain, displacement stressors, and entrenched gender norms fuel household-level violence in Luuq. Early and forced marriage, along with harassment in public spaces, were each cited in half of the interviews, reflecting widespread social practices and the lack of regulated movement spaces for women and girls. Emotional abuse was noted in one-third of interviews, consistent with the normalized nature of controlling behaviour within domestic settings. Sexual violence was mentioned less frequently, not due to low incidence, but because disclosure remains heavily stigmatized and sensitive in Somali cultural contexts.

## 5.2 High-Risk Locations for Women and Girls

Environmental and infrastructural factors significantly shape exposure to GBV. Interviews consistently highlighted the dangers associated with poorly lit or unregulated areas, particularly at night.

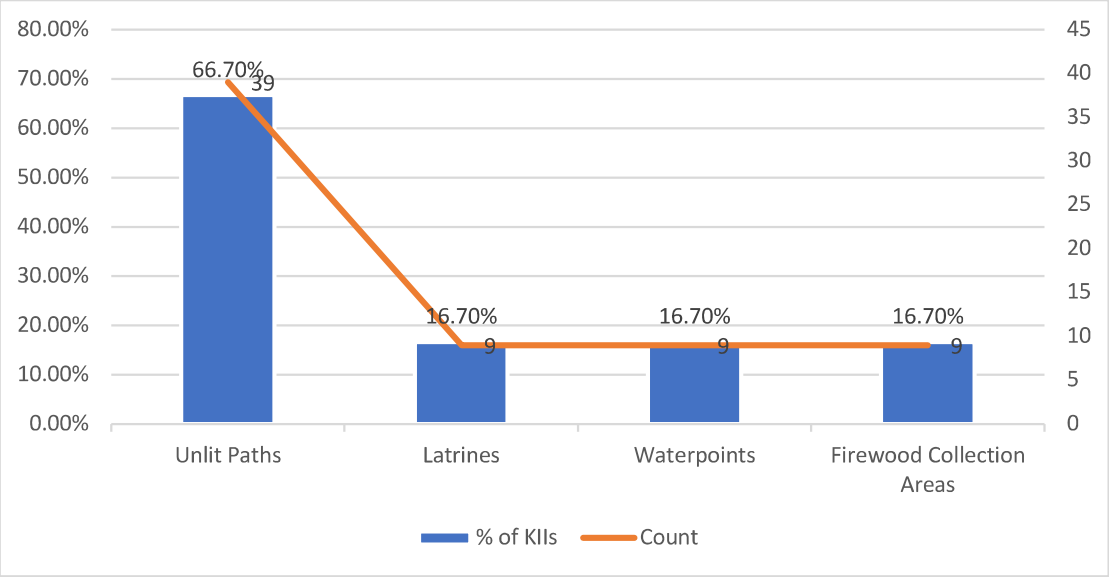



**Table 5.2 – High-Risk Locations (x = 60)**

| Location | % | Count |
|---|---|---|
| Unlit Paths | **66.7%** | **39** |
| Latrines | **16.7%** | **9** |
| Waterpoints | **16.7%** | **9** |
| Firewood Collection Areas | **16.7%** | **9** |

Unlit paths present the highest safety concern, with informants emphasizing that women and girls avoid moving after dark due to fear of harassment or attack. Latrines, waterpoints, and firewood areas were also noted as unsafe, though less frequently, reflecting the spatial layout of these settlements where essential services are dispersed and often lack protective measures.

## 5.3 Most Affected Groups

Consistent with protection trends, informants identified a combination of structural and social vulnerabilities that exacerbate exposure to GBV.

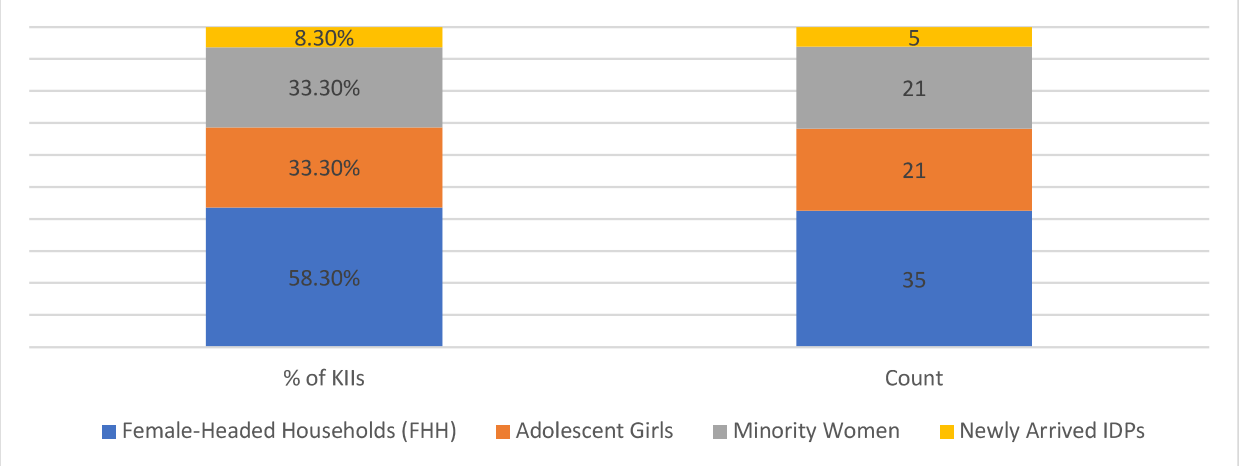


**Table 5.3 – Vulnerable Groups ( x = 60)**

| Group | % | Count |
|---|---|---|
| Female-Headed Households (FHH) | **58.3%** | **35** |
| Adolescent Girls | **33.3%** | **21** |
| Minority Women | **33.3%** | **21** |
| Newly Arrived IDPs | **8.3%** | **5** |

Female-headed households were identified as the most at-risk groups. Their vulnerabilities stem from mobility challenges, economic dependency, and a lack of clan-based protection. Adolescent girls and minority women were also frequently mentioned, reflecting their limited autonomy and marginalized status. Newly arrived IDPs scored lowest, but are still vulnerable due to unfamiliarity with the settlement layout and weak social networks.

## 5.4 Availability of GBV-Related Services

Perceptions of available services highlight significant gaps in access to survivor-centred support.

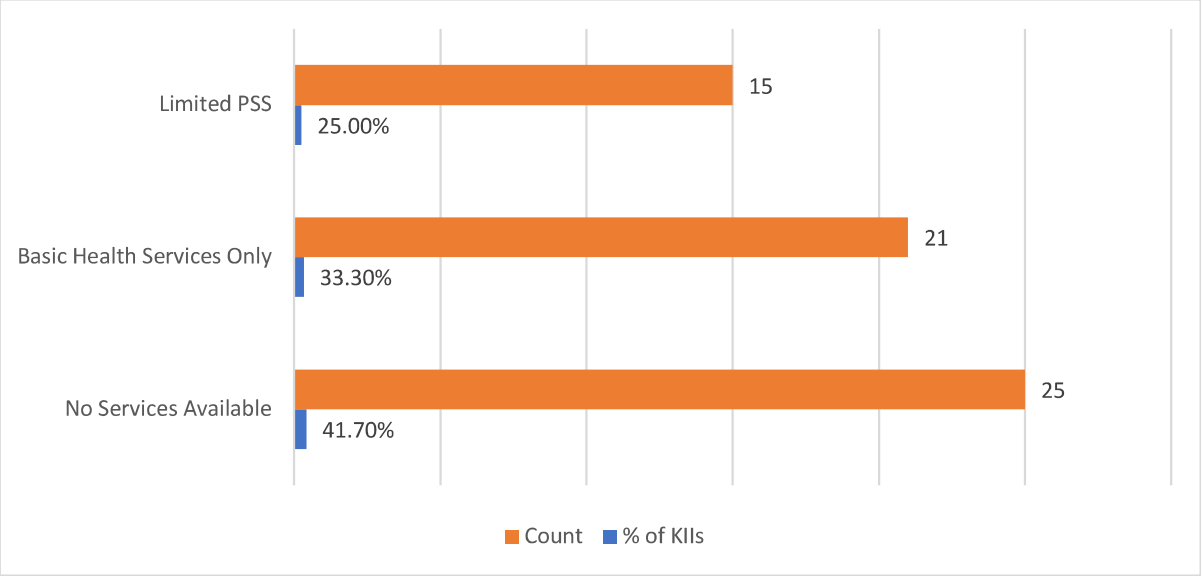



**Table 5.4 – Service Availability (x = 60)**

| Service Availability | % | Count |
|---|---|---|
| No Services Available | **41.7%** | **25** |
| Basic Health Services Only | **33.3%** | **21** |
| Limited PSS | **25.0%** | **15** |

A substantial portion of interviews reported the absence of structured GBV services within the settlements. Where services exist, they are largely limited to general health posts, with no dedicated

caseworkers, safe spaces, or confidential consultation rooms. This aligns with broader Gedo-region infrastructure constraints.

## 5.5 Service Gaps Identified

Across all sites, critical systemic limitations hinder safe disclosure and response.

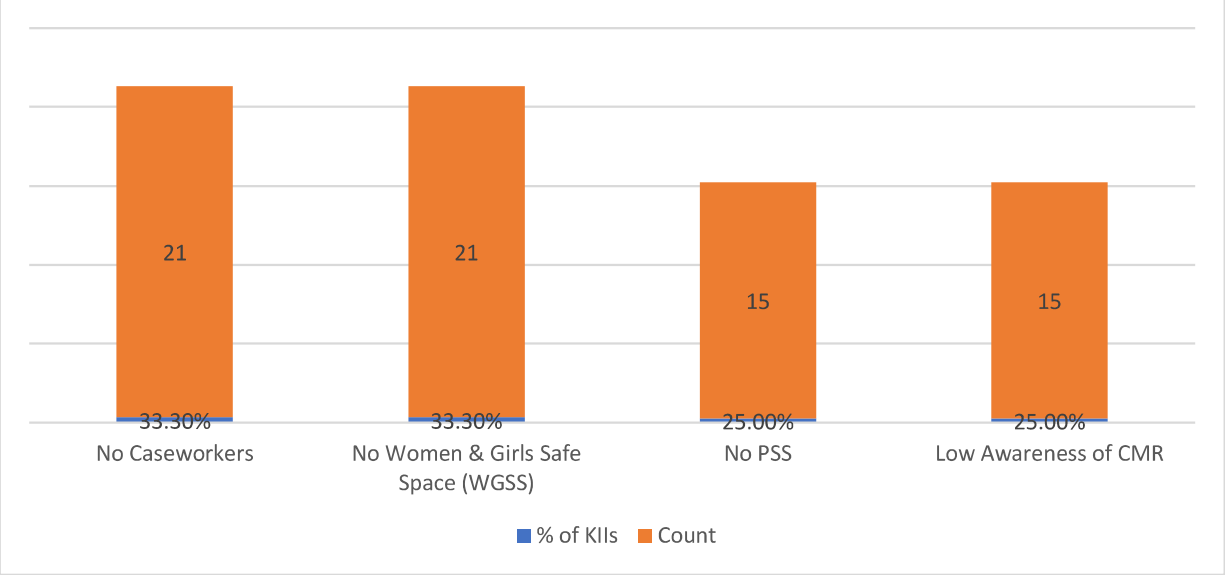



**Table 5.5 – Service Gaps (x = 60)**

| Gap Identified | % | Count |
|---|---|---|
| No Caseworkers | **33.3%** | **21** |
| No Women & Girls Safe Space (WGSS) | **33.3%** | **21** |
| No PSS | **25.0%** | **15** |
| Low Awareness of CMR | **25.0%** | **15** |

Without trained female personnel, survivors are unlikely to seek assistance. The absence of WGSS and caseworkers reinforces the lack of safe entry points for disclosures, while limited CMR awareness indicates weak information pathways between communities and health facilities.

# 6. Site-Level Findings

This section summarizes key findings for each of the six assessed displacement settlements: **Akara, Busley, Duyacley, Kulmiye, Naf iyo Maal, and Wadajir**. Each site analysis integrates FGD perceptions, KII insights, individual interview themes, and direct observation results. Tables are included to highlight factual, structured elements identified through the tools.

## 6.1 Akara

Women and girls in Akara reported persistent fears related to movement after dark, driven by the absence of lighting and the location of communal facilities. Participants expressed concern about harassment and exposure to GBV in unmonitored areas, particularly near latrines and waterpoints. KIIs highlighted limitations in available support services, with unclear referral options and a lack of

female service providers contributing to low help-seeking. Social norms emphasizing silent resolution of problems further deter reporting.

**Table 6.1. Akara – Key Observations**

| Thematic Area | Findings |
|---|---|
| Safety | Strong night-time safety concerns; unlit movement routes |
| GBV Risks | Harassment, IPV concerns, risks near WASH facilities |
| Service Awareness | Low awareness; limited clarity on referral pathways |
| Environmental Gaps | No pathway lighting; latrine security inconsistent |
| Vulnerable Groups | Adolescent girls, minority women, FHH |

## 6.2 Busley

Participants consistently described Busley as unsafe during evening hours. Adolescent girls in particular feared movement around firewood collection zones, unlit pathways, and latrine areas. KIIs noted challenges linked to traditional practices, including early marriage pressures. Service awareness was low, and community members were unsure where to seek help confidentially. Barriers such as stigma and movement restrictions affected women's ability to access support.

**Table 6.2. Busley – Key Observations**

| Thematic Area | Findings |
|---|---|
| Safety | High insecurity at night; unsafe bushy areas |
| GBV Risks | Harassment, early marriage concerns |
| Service Awareness | Low; limited understanding of support pathways |
| Environmental Gaps | Lack of lighting; limited privacy in WASH facilities |
| Vulnerable Groups | Adolescent girls, minority groups |

## 6.3 Duyacley

Duyacley showed repeated references to insecurity related to firewood collection routes and isolated pathways. Women and girls expressed limited autonomy in movement, restricting access to services. KIIs pointed to gaps in community awareness and insufficient safe spaces for women and girls. Observations reinforced that environmental conditions—particularly the absence of lighting and secure WASH facilities—worsened night-time risks.

**Table 6.3. Duyacley – Key Observations**

| Thematic Area | Findings |
|---|---|
| Safety | Unsafe routes to WASH and firewood areas |
| GBV Risks | Harassment, IPV concerns, movement-related risks |
| Service Awareness | Unclear; lack of structured information |

| | |
|---|---|
| Environmental Gaps | Unlit pathways; weak latrine security |
| Vulnerable Groups | Women, adolescent girls, PWDs |

## 6.4 Kulmiye

FGDs in Kulmiye reflected moderately better perceptions of day-time movement, though fear persisted after dark due to limited lighting and isolated latrine placement. KIIs observed that community-based protection mechanisms exist informally but lack coordination. Interviews revealed confidentiality concerns and social norms discouraging disclosure. Environmental observations identified restricted privacy in service areas and inconsistent locking mechanisms in communal latrines.

**Table 6.4. Kulmiye – Key Observations**

| Thematic Area | Findings |
|---|---|
| Safety | Some sense of safety during day; unsafe at night |
| GBV Risks | IPV, harassment, nighttime movement risks |
| Service Awareness | Low; concerns about confidentiality |
| Environmental Gaps | Insufficient lighting and inadequate locks |
| Vulnerable Groups | Adolescent girls, new arrivals |

## 6.5 Naf iyo Maal

Women and girls reported constraints on movement, particularly during evening hours. Safety concerns centered on unlit WASH facilities and long distances to essential services. KIIs pointed to cultural norms affecting disclosure and referral follow-up. Limited knowledge of available support options and concerns about stigma influenced help-seeking behavior. Observations indicated weak disability access and absence of designated safe spaces.

**Table 6.5. Naf iyo Maal – Key Observations**

| Thematic Area | Findings |
|---|---|
| Safety | Restricted mobility; high night-time insecurity |
| GBV Risks | Harassment, IPV, risks near communal facilities |
| Service Awareness | Low confidence in referral pathways |
| Environmental Gaps | No lighting; distance to health points |
| Vulnerable Groups | FHH, minority women, PWDs |

## 6.6 Wadajir

Wadajir exhibited some of the highest safety concerns across the assessment. Women and girls avoided using latrines at night due to the complete absence of lighting and lack of secure locks. KIIs highlighted the absence of structured GBV support services and significant barriers linked to stigma

and fear of retaliation. Observations confirmed that confidential service areas and Women & Girls Safe Spaces were not present.

**Table 6.6. Wadajir – Key Observations**

| Thematic Area | Findings |
|---|---|
| Safety | Severe night-time insecurity; unsafe WASH facilities |
| GBV Risks | Harassment, exploitation risks, IPV concerns |
| Service Awareness | Limited; unclear pathways for assistance |
| Environmental Gaps | No lighting; no WGSS; weak privacy |
| Vulnerable Groups | Girls, minority women, PWDs |

# 7. Cross-Cutting Conclusions

The assessment across the six displacement settlements in Luuq District reveals a combination of **environmental risks**, **social barriers**, and **service limitations** that collectively heighten GBV vulnerability for women, adolescent girls, minority communities, female-headed households, and persons with disabilities. Although each site presents its own nuances, several themes emerged consistently across tools, demonstrating system-wide gaps in protection and service access.

Across all FGDs, night-time insecurity was notably higher than daytime insecurity, reflected in the consistently elevated unsafe night averages (ranging from **65.67% to 76%** across sites). This pattern highlights the influence of environmental factors—particularly lighting, infrastructure design, and WASH placement—on the daily safety of women and girls. Observations confirmed that essential areas such as latrines and pathways generally lack lighting and secure features, reinforcing perceptions of risk.

Interviews and KIIs illustrated a shared understanding that GBV risks stem from both **interpersonal dynamics** (such as intimate partner violence and harassment) and **site-level conditions**. Limited availability of structured GBV services, weak awareness of referral pathways, and constrained movement autonomy further restrict survivors' ability to access support. Several respondents noted that issues are often handled informally within households or community networks, reducing opportunities for confidential or survivor-centered assistance.

Cultural norms and expectations continue to shape the way GBV is viewed and managed. Silence around sensitive topics and stigma associated with reporting were commonly referenced across sites. These norms contribute to delayed help-seeking and reinforce acceptance of certain forms of violence. Adolescent girls face additional vulnerabilities, often linked to early marriage pressures, movement restrictions, or lack of safe spaces where they can access information or support.

Environmental assessments also indicated inconsistent or absent disability-access features, compounding the challenges faced by persons with disabilities. The distance to health services in some sites adds another layer of difficulty, particularly in emergencies requiring timely medical intervention.

**Key Cross-Cutting Conclusions**

- **Night-time insecurity is widespread**, with unsafe perceptions consistently above **65%** across all sites.
- **Environmental factors significantly elevate GBV risks**, especially where lighting and lockable WASH facilities are lacking.
- **GBV risks commonly mentioned across tools** include harassment, intimate partner violence, exploitation vulnerabilities, and risks in isolated or poorly lit areas.
- **Awareness of GBV services is low**, with community members often unsure where to seek help confidentially.
- **Social norms discourage disclosure**, reinforcing silence and internal conflict resolution rather than formal reporting.
- **Vulnerable groups—including adolescent girls, minority women, FHHs, and PWDs—face compounded risks**, both socially and environmentally.
- **Absence of safe, confidential GBV service points** (such as WGSS or private counseling areas) limits access to survivor-centered care.

Overall, the assessment emphasizes that women and girls in these settlements navigate daily environments characterized by restricted movement, inadequate infrastructure, and limited access to prioritized GBV services. Addressing these systemic gaps will require coordinated action across sectors, focusing on improving environmental safety, strengthening referral networks, and enhancing community-level awareness and protective structures.

PHOTOS: