



GESI checklist to monitor quarantine facilities

This checklist is developed and disseminated by the Ministry of Women, Children, Senior Citizens (MoWCSC) in cooperation with UN Women

In every crisis, women and girls are affected differently than men and boys, and that vulnerabilities are often exacerbated by other factors such as age, disability, sexual orientation and gender identity, caste, ethnicity, or religion. Pre-existing societal structures, social norms, discriminatory and harmful practices as well as gender roles create or contribute to heightened risks for some members of the community—such as children, persons with disabilities, sexual and gender minorities, people living with HIV/AIDS, adolescent girls, single women, members of female-headed households, pregnant women and lactating mothers, senior citizens, Dalit women, women from religious and ethnic minorities and indigenous women. Gender inequalities and discrimination can also undermine the ability of women, girls and gender minorities to access basic services, information, economic livelihoods and meaningful representation in planning and decision making. Further, they are often at increased risk of sexual and gender-based violence (SGBV).

Purpose of the checklist: The checklist is a practical tool to assess the safety, dignity and service provisions of quarantine centres for women, girls, children, persons with disabilities, LGBTIQ members and other vulnerable and excluded groups.

Monitoring Team Composition: To undertake a GESI monitoring, a dedicated monitoring team should be established. The team composition should have representatives from local government, women's group, gender experts, women rights defenders, human rights agencies, representatives of vulnerable and excluded groups network, local representatives of human rights commission and women's commission. Onsite, as well as virtual monitoring (through phone, mobile, online) is recommended, followed by meetings to discuss the outcome of the monitoring.

Further, recommendations should be shared with the respective Federal, Provincial or Local Government, UN agencies as well as the MoWCSC (Joint Secretary Manamaya Pangeni manamayapangeni@gmail.com; and Sita Niroula niroula.sita2014@gmail.com). Based on the monitoring reports, follow-up actions will be planned in cooperation with UN Women and the Humanitarian Inter-cluster team.

Name of centre

Location

Province

Date of monitoring



CHECKLIST	Yes (available)	No (absent)	Needs improvement
1. Data, record-keeping, and information			
1.1. Is the centre maintaining disaggregated data broken down by sex, age, gender, diversity?			
1.2. Does the centre have detailed information in place for all people who have taken services from the centre?			
1.3. Do the records reflect background details of vulnerable and excluded groups? (e.g. caste, ethnicity, age, disability status, gender and sexual minorities, single women, mothers with infants, separated children, people living with HIV/AIDs, returning migrants, single father etc).			
1.4. Does the centre provide standard information to all persons? (e.g. guidelines related to the quarantine centre and information about the COVID-19 prevention and response, information about services provided by the government including testing, information materials related to health, hygiene, accommodation, feeding support for pregnant women and new-born babies, precaution measures for infection prevention and control, prevention of sexual exploitation, abuse and sexual harassment etc.).			
1.5. Is the information accessible and displayed?			
1.6. Does the centre provide contact information of hospitals, doctors, counselling, psychotherapy, legal support, hotlines (NWC-1145, child helpline (1098), police-100), officials in charge of the quarantine centre etc. Is the information displayed?			
1.7. Does the centre provide information about monsoon flooding and landslide preparedness (e.g. how the area has been impacted in the past, which allocated areas to reach if the centre is hit by heavy rainfall, flooding, landslides in the area).			
1.8. Is information on awareness of safe drinking water to combat water-borne diseases like diarrhoea, cholera, dysentery, skin diseases, and how to protect oneself from viral disease transmitted by mosquitoes (dengue) shared?			
1.9. Are the personnel including volunteers working in the quarantine centres identified by a uniform or name badge?			
1.10. Does the centre provide information about zero tolerance against any form of discrimination (e.g. discrimination against people from different caste, discrimination against menstruating women, pregnant, single women, people living with disabilities, LGBTIQ persons people infected or, suspected of having COVID-19)?			
1.11. Does the centre provide information to all people on ways to reduce anxiety, fear and stress, taking care of oneself, staying connected when physically isolated, staying informed about what is going to happen and the next steps?			
2. Provision of hygiene kits and supplies			
2.1. Are women, girls, gender and sexual minorities provided with sufficient hygiene kits and necessary supplies including sanitary pads soaps, masks, water purification tabs, hand-sanitizer, toiletries, including other dignity kits and recreational kits for children etc.?			



2.2. Does the centre have adequate mosquito nets/coils/ repellent, umbrellas and raincoats in light of the upcoming monsoon?			
3. Adequate and nutritious food			
3.1. Are women, children, people from excluded groups, people with special health needs provided with nutritious, hygienically cooked food, and at least two-time full meals and snacks?			
3.2. Do pregnant women, lactating mothers, infants, and young children (especially children 6-23 months of age) have adequate access to an appropriate standard dietary intake in terms of quantity and quality?			
3.3. Are infants born by mothers with suspected, probable, or confirmed COVID-19 provided care according to standard infant feeding guidelines, while applying necessary precautions for infection prevention and control?			
3.4. Is breastfeeding counselling, basic psychosocial support, and practical feeding provided to all pregnant women and mothers with infants and young children?			
4. WASH and infrastructure facilities			
4.1. Are separate rooms, toilets and wash facilities for men, women, LGBTIQ allocated?			
4.2. Where a separate room is not possible, are separated areas with curtains or other dividers provided? Are the toilets adequately lit at night?			
4.3. Is the centre accessible for pregnant women, women with disability, women living with HIV and AIDS and people with health complications and LGBTIQ persons?			
4.4. Is there access to clean water, proper place for washing clothes, disposing used tissues and pads to maintain hygiene?			
5. Logistic/transportation support			
5.1. Are people in the centre provided with transportation facilities to and from the centre (i.e. going back to their respective homes after discharge)?			
5.2. Does the centre have necessary logistics such as PPE, medical equipment, thermal thermometer, stethoscope, BP machine, masks, sanitizer, gloves, hypochlorite etc.?			
6. Security and safety			
6.1. Is there adequate lighting at the entrance to the shelter, as well as lighting in the nearby street areas?			
6.2. Is the security adequate?			
6.3. Are unaccompanied children and adolescents provided with adequate protection and care by quarantine centre staff and is contact with parents or caregivers facilitated?			
6.4. Are safety and accessibility measures put in place for persons living with disabilities?			
6.5. Does accommodation, toilet and wash areas have sufficient lights, security locks and privacy i.e. safe conditions (with inside latches, internal and external locks; lockable windows, proper management for menstrual hygiene, managing wash space for			



infants. Women's toilets are not close to or bypassing men's accommodation or toilets, bathing space with closed roof or see-through walls)?			
6.6. Are bathrooms situated at the closest distance to the accommodation or inside the accommodation?			
6.7. Does the centre receive services from female security officials, female health workers, female staff, and security guards in the quarantine centre?			
7. Physical distancing			
7.1. Are people in the center maintaining physical distance (1-2 meter) in the communal areas area as well as in the rooms?			
8. Discrimination, efforts for overcoming stigma			
8.1. Have cases of discrimination against persons in the centre on the basis of caste, age, gender, ethnicity, or other vulnerabilities i.e. single women, persons with disabilities, people living with HIV/AIDS, people from gender and sexual minorities, pregnant women, lactating mothers, women and girls having their menstrual period, or COVID-19 suspected/ infected been reported?			
8.2. Are mitigation measures in place?			
8.3. Is the service providers treatment of women, girls, and vulnerable groups satisfactory ?			
9. Social support resources/recreational areas			
9.1. Does the center provide recreational areas, reading materials, indoor activities, yoga, dancing, television, and radios with equal access to women, girls and children while maintaining physical distance?			
10. Preventing gender-based violence, sexual harassment, exploitation, and abuse			
10.1. Does the centre have a code of conduct on preventing gender-based violence, sexual exploitation, abuse, and harassment?			
10.2. Have the staff agreed to the Code of Conduct and have basic knowledge on the prevention of gender-based violence, child abuse, sexual exploitation and, sexual abuse?			
10.3. Is there information material (leaflets, posters etc.) available in Nepali and another relevant local language with the phone numbers of hotlines and helplines?			
10.4. Does the centre have the contact numbers of UN focal points on Gender-Based Violence and Preventing Sexual Exploitation and Abuse? (applicable for quarantine sites supported by the UN and their implementing partners)			
10.5. Are centre staff familiar with confidentiality and survivor-centred approaches, including proper referral and protection mechanisms?			
10.6. Are staff well-oriented about who to report for cases of sexual exploitation or abuse, and where to avail other necessary services?			