## MULTIPURPOSE COMMUNITY CENTRE (MPCC)

**Gender Equality and Social Inclusion (GESI) Checklist**

Developed by Women Friendly Disaster Management Group/Media Advocacy Group

with support from UN Women

**Introduction:**

The Women Friendly Disaster Management (WFDM) Group, together with UN Women, has supported the International Organization for Migration (IOM) in implementing the Project, ‘People to People Support for Building Community Resilience through Recovery and Reconstruction in Nepal’. Along this line, the GESI Checklist for the Multipurpose Community Centre (MPCC) was developed with technical assistance from WFDM and UN Women, through a series of consultations with municipality-level stakeholders in seven municipalities of Province 3.[[1]](#footnote-1)

MPCC is a service centre dedicated to the people impacted by disasters.[[2]](#footnote-2) In every humanitarian crisis, women and girls are affected differently than men and boys, and vulnerabilities are often exacerbated by other factors, such as age, disability, sexual orientation and gender identity, caste, ethnicity or religion.[[3]](#footnote-3) It is important that these excluded and vulnerable groups[[4]](#footnote-4) have equal opportunities and benefits in times of disasters, and for that, they need targeted assistance.[[5]](#footnote-5) During times of crisis, they may face increased discrimination, prejudice, stigma, and exposure to violence, difficulty accessing humanitarian services and the risk of being overlooked. Thus, it is crucial to promote MPCC as a protected space where women, children, persons with disability, LGBTIQ+ and other vulnerable and excluded groups may stay temporarily. The active participation and leadership of women, children, persons with disabilities, LGBTIQ+ and other excluded and vulnerable groups in centres should be facilitated and they should assess the safety, dignity and service provisions of MPCC;[[6]](#footnote-6) thereby promoting transformative individual and societal change. To be most effective, MPCC’s plans must be understood by everyone and must be developed in consultation with local level stakeholders especially with women, children, people with disability, LGBTIQ+ and vulnerable and excluded groups. GESI perspectives should be incorporated in all activities of MPCC, including gender balance and diversity in stakeholders’ meetings, assessments, relief distribution, and training of staff and volunteers. Individuals receiving services from the MPCC should feel safe (both physically and emotionally[[7]](#footnote-7)), feel comfortable, enjoy the freedom to express themselves without the fear of judgment or harm and also feel empowered. The services should be accessible for people living with disabilities and those from the LGBTIQ+ community.

**Objectives of the MPCC**

1. Provide shelter support.
2. Provide all basic services that include water supply, sanitation and hygiene (WASH), health, shelter, food, education, nutrition, logistics, protection and access to information.
3. Make available referral services to access safe and non-stigmatizing multi-sectoral GBV response services (psychosocial, legal and medical)
4. Ensure protection and empowerment of all vulnerable and excluded groups affected by disasters.
5. Maintain disaggregated data of all service seekers.
6. Provide context-specific relevant skills (income generation, life skills).
7. Provide information on issues related to gender equality, women’s empowerment, social inclusion and services provided by various government and non-government organizations.
8. Develop linkages with other service providers for assistance.
9. Socialize and re-build people’s social networks in different environments.
10. Develop leadership skills of women and other vulnerable and excluded groups

The MPCC should also have access to services like referral pathways for multi-sectoral support; information on on-going humanitarian response; training on multiple livelihood skills and income generation activities; counseling services; information sharing and awareness raising; access to socio-economic support, shelter, safe sleeping space for women and children; outreach activities through women human rights organizations and women pressure groups; and physical and emotional support to disaster victims to enhance safety and security.

The National Reconstruction Authority, in its Post- Disaster Recovery Framework (PDRF),[[8]](#footnote-8) has undertaken several measures to address the needs of women and other vulnerable groups, such as those living with disabilities, to ensure social inclusion. This includes women, vulnerable and marginalized groups who are directly engaged in designing, planning, implementation and monitoring of the reconstruction and recovery programs. In the current situation of COVID- 19, the gendered impacts are visible, such as the women constituting a bulk of frontline healthcare workers, and their increased burden of care work. Further, as the health sector gets overwhelmed due the COVID response, access to family planning services and to modern contraceptives may be limited, potentially leading to a rise in unwanted pregnancies. Women engaging in short-term, part-time and other precarious employments/contracts, which offer poorer social insurance, pension, and health insurance schemes, along with heightened risk of sexual and gender-based violence (SGBV) at home and shelters,[[9]](#footnote-9) are other critical concerns. Thus, the integration of a GESI approach in all stages of the COVID-19 response and recovery process, including preparedness, is critical. In particular, the effort should ensure equitable access to, and benefit from, relief, services and information. Women, sexual and gender minorities, especially those from marginalized and vulnerable groups,[[10]](#footnote-10) who are disproportionately impacted and in need of targeted assistance, should receive sufficient attention and support.

It is very important that this checklist is implemented and monitored in coordination with relevant stakeholders, including the government (federal, provincial and local level), national/local NGOs/CSOs and humanitarian stakeholders/agencies, and members of humanitarian cluster. Efforts should be taken to avoid duplication and ensure compliance and alignment with the overall humanitarian response within the cluster system. Coordination with municipal and ward level government administrators, relevant gender machineries, social development ministry, women and children department must be ensured while managing the MPCC.

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| **What should be the guiding principles of a MPCC?*** Promote the leadership, participation and empowerment of women and girls and people from vulnerable and excluded groups.
* Engage women and girls in all aspects and activities of the centre.
* Be safe and accessible for all women and girls, people living with disability, gender and sexual minorities.
* Be adapted to the local context and be integrated within existing community systems.
* Be inclusive by consulting and serving all people especially for women and people from vulnerable and excluded groups in each community.
* Ensure safe and ethical data collection and management
* Ensure the sustainability of the MPCC – including feasible and concrete transition and exit strategies aligning with government plans.
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| **How should MPCC transform when context changes?**Once the context in a certain disaster-affected country and province shifts from emergency response to the early recovery and reconstruction phase, the activities of the MPCC should also be modified accordingly by integrating additional key elements including the following:* Promote the leadership and participation of women and vulnerable and excluded groups’ in community groups, systems, and decision-making bodies in the local and district levels.
* Implement disaster risk reduction and preparedness measures at the community level.
* Promote the economic empowerment and livelihood enhancement of women and vulnerable and excluded groups.
* Develop the capacity on early warning systems and other preparedness measures.
* Strengthen early recovery and community reconciliation efforts.
* Consider possible community spread of COVID and ensure that the centre can also serve as: (a) quarantine or isolation centre; (b) women-led and managed relief storage facility for the community; and (c) other uses as per the needs of the community.
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| **What should be included in the exit strategy for MPCC if the structure is not in the ownership of government?** * It should be discussed and agreed with community-level groups including with agencies of vulnerable and excluded groups, women’s groups and local government units in order to ensure a smooth transition of MPCC when the disaster is over.
* Communicate the exit plans to all relevant stakeholders.
* Identify and develop the capacity and agency of local women’s groups, vulnerable and excluded groups by explaining how the continuation of activities will be done after the disaster.
* Consult with concerned community members and beneficiaries: The MPCC exit plans should be communicated openly with the concerned communities and beneficiaries to ensure they are aware of the plans and the way forward.
* Hand over certificate and activities letter: a formal handover certificate should be drafted between the MPCCs managing agency and relevant local government stakeholders.
* Come up with an official letter from MPCC managing agency on handover and continuation of activities and other management provisions.
* The main activities will be continued through different stakeholders; Human resources for MPCC continuation, Funds allocation for MPPC continuation, technical support from local government for MPCC continuation and developing linkages with local development plans for financial support. Monitoring: Request the local women’s group, agencies of vulnerable and excluded groups to continue monitoring the MPCC and provide feedback to the local government in charge of the MPCC.
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| **GESI Considerations on Basic Services at the MPCC** |
| **Infrastructure including Non-food relief items (NFRIs)** | * Ensure gender balance and diversity in the centre management structures, including nomination of women, vulnerable and excluded groups, as shelter focal points;
* Ensure detailed record keeping with sex, age, disability, diversity information of the people taking service from the centre;
* Ensure that the centres have separate room/s or privacy partitions with locks for women, which are accessible to pregnant women, women with disability, women living with HIV and AIDs and lactating mothers in consideration to menstrual hygiene;
* Navigate inter-sectionalities and overlapping vulnerabilities for individuals with special needs. For example, women with disabilities may face challenges in accessing relief and relocating from the centre. They may be abandoned by families during disaster and be entirely reliant upon external support;
* Guarantee that women and vulnerable groups are included in the preparation and distribution of emergency/dignity kits. The dignity kits should include: reusable sanitary pads, underwear, two sets of clothing according to local context, toiletries, water purifier tabs, umbrella, mosquito net, flashlight/solar light, portable radio, batteries, shampoo, nail cutter, five meters of fabric, sewing kit, bath and clothes washing soap, towel and whistle;
* Ensure the centre has post-exposure prophylaxis (PEP) kits and other hygiene items like provision of sanitizers, gloves and masks;
* Procure additional items into the kits for specific groups as needed: visually impaired persons: a white cane; pregnant women: razor blade or scissors to cut an umbilical cord, string to tie it, plastic gloves, sheeting for hygiene, five meters of fabric and brief instruction manual with photo-based instructions for how to safely deliver a baby; women with infants: baby food; women with disabilities: wheel-chair;
* Ensure that the centre has good coordination with shelter cluster during and post disaster;
* Ensure that shelter cluster has a code of conduct for SGBV and Protection Against Sexual Exploitation and Abuse (PSEA) and the focal points are trained and deployed;
* Ensure the availability of reproductive health kits which includes clean delivery kits, post-rape treatment kits, oral and injectable contraceptives, drugs for the management of sexually transmitted infections, birthing supplies, intrauterine devices, drugs for miscarriage management and other equipment; and
* Appoint staff and volunteers for routine checks and community consultations and provide the necessary training on women’s empowerment and resilience and gender specific vulnerabilities, needs, including SGBV; organize routine spot checks and community consultations by women’s groups as part of the efforts to prevent SGBV.
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| **Health** | * Recognize and address specific health needs of women, gender and sexual minorities considering their unique reproductive and sexual health needs;
* Ensure that women, adolescent girls and sexual and gender minorities are represented in health-related decision-making and consultation forums and in leadership positions;
* Preposition hygiene and WASH kits, as well as water purification tablets to ensure access to safe drinking water and prioritize distribution to women;
* Provide for the specific needs of persons with disabilities, including those suffering from chronic illnesses and elderly persons;
* Ensure distribution of electrolyte-rehydration salts, anti-diarrhea, and snake bite medicine;
* Ensure that all health response-related data gathered is sex, age, diversity and disability disaggregated, and captures pregnancy status;
* Ensure that referral pathways and access also meet the specific needs and priorities of women, sexual and gender minorities and excluded groups, when access to health care is negotiated;
* Facilitate the development and dissemination of targeted messaging on preventive, protective and care-seeking behaviors and on available health resources responsive to the different contexts and concerns of women, men, boys and girls; ensure that any targeted programming does not exacerbate potential stigmatization or discrimination due to gender, age, citizenship status, disability, sexual orientation and identity, and other factors; take into consideration LGBTIQ individuals who face higher rates of physical and mental health concerns; ensure their needs and access to health services;
* Provide messaging that pregnant women and girls should continue with their natal care and seek out assisted deliveries. Such messaging should also advise them on precautionary measures they must take relating to their pregnancy. These messages should be conveyed by health care workers and social mobilizers;
* Ensure continuity of care for reproductive health services as well as clinical management care for GBV survivors in both COVID-19 affected areas and non-affected areas, where most health care workers have been pulled into the COVID-19 response and many health services/facilities have been abandoned;[[11]](#footnote-11) and
* Ensure the availability of clinical management of rape services and availability of rape kits in clinics, including the availability of rape kits in health posts, hospitals and clinics.
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| **Food security**  | * Develop guidelines on food distribution prioritizing women and girls. Involve women and vulnerable groups in the development of the guidelines and dissemination of these packages;
* Ensure that food assistance is designed, delivered and monitored with the engagement of the diverse women, men, girls and boys in the affected populations;
* Ensure messaging on safety (including storing food/essential non-food items/documentation) to be prepared and directed to both women and men;
* Incorporate special food items in food relief packages for pregnant and lactating mothers, infants, children and elderly people, giving priority to the use of local food items;
* Target women and girls, including older women, pregnant and nursing women and girls, in all household types, in malnutrition prevention and response initiatives;
* Ensure that food security and nutrition-related responses understand and address the unpaid care and domestic work of women and girls;
* Ensure that employment, made available through food distribution, are allocated based on gender parity;[[12]](#footnote-12)
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| **Nutrition** | * Ensure adequate, nutritious and hygienically cooked food, at least two full meals and snacks. Pregnant women, lactating mothers, infants, and young children (especially children 6-23 months of age) should have adequate access to an appropriate standard dietary intake in terms of quantity and quality.
* Ensure different dynamics are considered in nutrition interventions; different groups are more vulnerable to disease and malnutrition, such as infants, small children, pregnant and lactating women, older people, and people with chronic illnesses. Older people, infants and women may forego eating in order for children to eat, and this can make their malnutrition worse;
* Recognize the special nutritional needs of women and girls, in particular those vulnerable to disease and malnutrition, such as small children, adolescent girls, pregnant and lactating women, older people, HIV-affected people, people living with disabilities or people with chronic illnesses; these special needs can include iron, vitamins and other micronutrients; provide special and additional food and drinking water allocation for pregnant and lactating women, since they need additional nourishment;
* Ensure the use of most recent data collected, including on the number of pregnant women, women having given birth recently or any other data to determine the amount of food to distribute;
* Ensure that nutrition and food distribution guidelines is aligned with the dietary patterns of the local community; and
* Establish a multi-sector mobile team to address the special needs of women and girls by including nutrition actors to address needs of the elderly and women.
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| **Protection** | * *Prepare, adopt and disseminate GESI guidelines on behavior and actions to take, as well as a code of conduct on gender-based and sexual violence for volunteers and staff working on disaster response; this should also be made available/accessible for those with different kind of disabilities;*
* *Develop referral mechanisms on legal, information support, sexual and gender-based violence, human trafficking, child marriage and other relevant risk for women and sexual and gender minorities, and ensure their availability, accessibility and the knowledge by the whole community;*
* *Establish psycho-social support system, first aid and trauma counselling for survivors of violence, women separated from families and children, and children separated from parents;*
* *Ensure families have bags or other means to secure their documentation, including identity documents;*
* *Ensure sensitive data collected is stored with protection and access to such information is according to policy*
* *Preposition dignity kits for women and girls;*
* *Establish safe spaces for children, adolescent girls and women-friendly spaces;*
* *Establish teams to regularly monitor distribution and shelter sites to ensure protection against gender-based and sexual violence; a focal person for SGVB and PSEA can be appointed for monitoring;*
* *Provide separate toilets for women with adequate lighting that provide privacy, have locks on the inside and are in sites;*
* *Distribute behavior change messaging for men and boys to ensure and maintain separate toilet and additional facilities for girls and women including LGBTIQ and women with disabilities;*
* *Expand and strengthen SGBV Watch Group/women’s organizations and engage them in relief, recovery, reconstruction and preparedness;*
* *Promote women’s involvement in ‘cash for work’ activities; and*
* *Establish information desks/centres for women that help them seek necessary support and find lost family members; a suggestion box can be placed where women can put their suggestions; the PSEA focal point can take charge of this.*

*\*Hotline numbers- 100, 1114, 1113 (Nepal Police Hotlines), 1145 (NWC), 1660-013-3666 (Mental Health Helpline Nepal), 9840021600 (TUTH Suicide Hotline), 01-4338094 (Red Cross),01-4256701 (National Women Commission),01-4414745 (Women, Children and Senior Citizen Service Directorate), 9851289111 (Metropolitan Police GBV Rescue Van), 01-4412748, 981298198 (CICU), 01-5543111 (LACC), 01-5186073 (WOREC), 01-5537103 (SAATHI), 01-4253276 (PrasutiGriha),+16600199999 (Maiti Nepal), 01-4233524 (FWLD), 01-4424082 (TPO Nepal), 01-4373900 (CVICT Nepal), 01-4102037 (CMC Nepal), 01-5190103 Koshish Nepal), 01-5172644 (Forum for Protection for People’s Rights), COVID-19 – 1115, 9851255837, 9851255834 (Ministry of Health and Population)* |
| **Water, Sanitation and Hygiene (WASH)** | * Ensure clean toilet and bathroom facilities located in safe areas with separated toiles for women, men and other genders. Where a separate room is not possible, curtains or other dividers should be arranged. The centre’s wash and infrastructure facilities should be accessible for pregnant women, children, women with disability, women living with HIV and AIDS and people with health complications and LGBTIQ+ persons. It should have access to clean water and proper place for washing clothes, disposing used tissues and pads to maintain hygiene. There should be sufficient lights, security locks, privacy and safety measures;
* Install easily readable message for all to ensure and maintain separate toilet facilities for men, women and people with disability or special needs;
* Maintain and monitor safe and clean sanitation facilities for all addressing gender needs;
* Ensure incineration areas and proper solid waste management plan in the MPCC; and
* Prioritize setting up of separate toilets and bathrooms at the closest distance to the accommodation or inside the accommodation; ensuring accommodation has lights and hygienic and safe conditions (with inside latches, locks; proper management for menstrual hygiene, managing wash space for infants, not close to or bypassing men’s accommodation or toilets);
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| **Cash Based Interventions (CBI’s)** | * Ensure use of gender analysis and preparedness data and/or IASC (Inter-Agency Standing Committee) Gender with Age Marker to guide the design and monitoring of CBIs;
* Ensure development of feedback mechanisms for women, girls, men, and boys of diverse groups as part of CBI programs;
* Develop programs in such a way that CBIs will be used to prevent and respond to SGBV in humanitarian context;
* Develop CBIs to contribute to the gender equality outcome (focusing increased participation of women and LGBTIQ’s engaging in CBIs, them being the transfer recipients, transfer related decision making, and CBIs being used for protection/ gender-based violence);
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| **Logistics** | * Allocate women logisticians, where available, to perform their functions in situations, which would require exploring and meeting women’s needs;
* Consider the most appropriate time and location for the distribution of relief items to ensure no beneficiary are inhibited from attending a distribution event;
* Ensure separate lines for women and men respecting local culture, as well as priority lines for vulnerable groups or home delivery voluntary services in case of extreme vulnerability (persons with disabilities, single women, elderly, children and women in advance stages of pregnancy);
* Follow PSEA best practices and guidance[[13]](#footnote-13) during distribution of relief material;
* Ensure compensation is included in the porter system to be used across sectors for the elderly, children headed and women-headed households.
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| **Communication with Communities**  | * Ensure that early warning messaging are tailored to the needs of women, girls, boys and men, and other disadvantaged groups ensuring gender sensitivity and inclusion;
* Provide information in a variety of ways to ensure greater outreach while engaging with a broad range of relevant stakeholders to provide easily comprehensible and relevant information; considering different gender groups trust different sources of information and rely on different mediums for information;
* Ensure different gender groups understand the trustworthiness and value of the particular mode of communication to be used as multiple modes of communication are impossible;
* Distribute radios to women, elderly and youth groups to disseminate information widely;
* Create volunteer groups that are gender balanced and inclusive for messaging on emergency issues; and
* Prepare strategies that recognize, reduce and redistribute the unpaid care and household responsibilities assigned to women and girls; awareness and message on SGBV (by GBV/ PSEA focal point); safeguard their dignity and also enable their access to innovative technology.
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| **Need Assessment and Analysis** | MPCC should commission assessment and analysis, together with local government, women’s organizations and human rights organizations.[[14]](#footnote-14) * Ensure that the different situations, needs, risks, priorities and capacities of women, men girls, boys and LGBTIQ populations and of those exposed to multiple vulnerabilities and exclusions, are addressed in assessments;
* Conduct studies to identify needs of single women, elderly women, adolescent girls, women with disability, ethnicity and caste-based women’s groups, including Dalit women and LGBTIQ group;
* Ensure use of GESI, preparedness data and or IASC Gender with Age Marker to guide the design and monitoring;
* Ensure establishment of mechanisms for the collection, analysis, use and dissemination of data disaggregated by sex, age and diversity;
* Use gender equality glossary to know the concepts and definitions with gender perspective;[[15]](#footnote-15) and
* Use gender with age marker[[16]](#footnote-16) to analyze if the programming is relevant, effective and based on analysis and that the programming is at a minimum gender- and age-sensitive and responsive, transformative and intersectional.

\*Use information from updated gender profile and province level factsheet on women, (<https://un.org.np/resources/reports>).(The need assessment and analysis report will clearly mention what type of activities and support services are needed in the MPCC within the main themes of: psychosocial counselling and trauma assistance, awareness raising and information dissemination, integration into early recovery and social groups and referral mechanisms). Based on this information, a clear ToR should be developed for the MPCC, and detailed activity plans should be developed for each theme. In order to continuously monitor and ultimately evaluate the effectiveness of the activities in the MPCC in serving its targeted communities, a robust M&E framework must be developed.) |
| **Inclusion and Representation** | * Ensure representation of diverse groups in response, preparedness, planning, consultation and decision making;
* Ensure equitable access to relief, services and information for affected population of all ages and diversities;
* Ensure the leadership and meaningful equal representation and participation of women and marginalized groups in the overall preparedness, response, reconstruction and disaster risk reduction; and
* Ensure women, girls and representatives from all marginalized groups are well represented in all disaster related decision making, structures and monitoring also in centre-related decision making and consultation forums and in leadership positions.
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| **Mental Health and Psychosocial Support** | * Ensure counselling services, legal help desks,referral pathways to access multi- sectoral support, physical and emotional support to disaster victims to enhance safety and security for women, gender and sexual minorities, elderly and people living with disabilities;
* Make arrangement for counseling services in the MPCC and keep in mind the discriminatory practices which may inhibit access and use of facilities; and
* Ensure all healthcare workers are trained to safely handle disclosures of SGBV, abuse of minorities, disabled and elderly people, and be familiar with existing support mechanisms to be able to refer those in need to the right pathway for psychosocial support, health and legal assistance, and case management.[[17]](#footnote-17)
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| **Monitoring** | * Ensure monitoring mechanism by gender expert/women rights defenders/ human rights agency, women’s commission to access the safety and provisions of quarantine area for women, children, people with disability, LGBTIQ and other vulnerable and excluded groups;
* Guarantee the provision of feedback mechanisms to individuals and families for improvement of the shelter; and
* Consider the use of the GESI monitoring checklist[[18]](#footnote-18) for quarantine centres developed under joint collaboration with the Ministry of Women, Children and Senior Citizens (MoWCSC) if the centre is being used as quarantine centre.
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| **Human Resources** | For the day-to-day running of MPCC during disaster, the below are the suggested human resource requirement. The selection of human resources should be done in transparent and consultative manner, and adhere to a standard. Female, male, LGBTIQ, people from vulnerable and excluded groups should have equal opportunity to manage and contribute to the centre. It is very crucial to have gender balance in human resources. The human resource (permanent staff or volunteers) should be well trained and oriented to manage and run the centre. They should be properly trained on preventing gender-based violence, sexual exploitation, abuse and harassment (PSEA) and should sign code of conducts on preventing sexual exploitation and abuse. Ensure that MPCC has: MPCC coordinator, psychosocial counselor- responsible for indoor and outdoor psycho-social counselling and trauma assistance; community mobilizers who would be responsible for community mobilization, information dissemination, community orientation of activities and support to outdoor counseling activities. * Ensure support staff for safety and security of MPCC and support for refreshment and other office work.
* Ensure that staff codes of conduct and ethical guidelines are oriented and signed by each of the staff members, management committee and volunteers; and
* Orient and train staff, volunteers and aid workers on GESI addressing gender-based violence on preventing sexual exploitation, abuse and sexual harassment.
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| **Access to Information**  | * Ensure that people in the centres receive consistent guidance and communication materials/information in terms of health, hygiene, accommodation safety, protection from violence and sexual abuse, counseling provisions, feeding guidance for pregnant women and new-born babies, precaution measures for infection, prevention and control;
* Ensure equal access to information related to different messages (health, hygiene, security etc.) in multiple languages (Bhojpuri, Mathili, Tamang, Newari, Tharu and others), including sign and indigenous people’s languages, accessible formats, and easy-to-read and plain languages. This must be conveyed using traditional and non-traditional mediums as many women and excluded groups lack access to basic information;[[19]](#footnote-19)
* Ensure information-sharing and awareness-raising initiatives on various issues, such as GBV, health, hygiene, psychosocial wellbeing, information about various forms of discriminations, mitigation measures, preventing gender-based violence, sexual harassment, exploitation, and abuse and other outreach activities through women’s protection teams. Also ensure adequate outreach and orientation to communities to encourage women, vulnerable and excluded group to participate in centre activities and seek support from the centre when needed; and
* Ensure availability of the contact number of female security officials and health workers in the centre.
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| **Data, record keeping and information in the MPCC**  | * The centre should maintain disaggregated data by sex, age disability, gender and diversity.
* It should have detailed information in place for all people who have taken services from the centre. For example: 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 and single father).
* The centre should provide standard information to all persons and should be readily accessible and displayed (e.g. guidelines related to the centre and information about the disaster/crisis prevention and response, information about services provided by the government, 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).
* The centre should provide contact information of hospitals, doctors, counselling, psychotherapy, legal support, hotlines (NWC-1145, child helpline (1098), police-100), officials in charge of the centre.
* The centre should also provide information about frequently ongoing disasters like landslides, monsoon and health pandemic.
* Information on awareness of safe drinking water to combat water-borne diseases like diarrhea, cholera, dysentery, skin diseases, and how to protect oneself from viral disease transmitted by mosquitoes (dengue) should be shared.
* Personnel, including volunteers working in the centre, should be identified by uniform or name badge.
* The centre should 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)
* The centre should provide information to all people on ways to reduce anxiety, fear and stress, taking care of oneself, staying connected with what is going to happen and the next steps.
* The centre should have a code of conduct on preventing gender-based violence, sexual exploitation, abuse and harassment.
* The centre should have contact numbers of UN focal points on GBV and preventing sexual exploitation and abuse (this is important if UN funds have been used for MPCC).
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GESI consideration for Multipurpose Community Centre (MPCC)

**Developed by Women Friendly Disaster Management (WFDM)/ Media Advocacy Group with support from UN Women, Nepal**

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| **Introduction** | The Women Friendly Disaster Management (WFDM) Group together with UN Women has supported International Organization for Migration (IOM) ‘People to People Support for Building Community Resilience through Recovery and Reconstruction in Nepal’ project providing technical support through development of GESI Checklist for the Multipurpose Community Centre (MPCC) through a series of consultations with municipality level stakeholders in seven municipalities of Province 3.[[20]](#footnote-20)  |
| **Why GESI consideration is important in functioning of MPCC?** | 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). |
| MPCC is a service centre dedicated for the people impacted by disaster. It is crucial to promote MPCC as the protected space where women, children, person with disability, LGBTIQ members and other vulnerable and excluded groups access safety, dignity and service provisions of MPCC and can enjoy their freedoms, feel safe, receive quality services, develop leadership and become empowered.  |
| The active participation and leadership of women, children, persons with disabilities, LGBTIQ members and other excluded and vulnerable groups in decision making at the center should be facilitated, thereby promoting transformative individual and societal change. |
| To be most effective, MPCC’s plans must be developed in consultation with local level stakeholders specially with women, children, people with disability, LGBTIQ members and vulnerable and excluded groups and understood by everyone.  |
| Gender equality and social inclusion (GESI) perspectives should be incorporated into all activities of MPCC, including gender balance and diversity in stakeholders’ meetings, assessments, relief distribution, and training of staff, volunteers. |
| **What should be the objective of MPCC?** | * Provide shelter support
* Provide all basic services – e.g. Wash, health, shelter, food, education, nutrition, logistics, protection, access to information
* Make available referral services to access safe and non-stigmatizing multi-sectorial GBV response services (psychosocial, legal, medical)
* Ensure the protection and empowerment of all vulnerable and excluded groups affected by disasters
* Maintain data of all the service seekers
* Provide context-specific relevant skills (income generation, life skills)
* Provide information on issues related to gender equality, women’s empowerment, social inclusion, services provided by various government and non-government organizations
* Develop linkages with other services providers for assistance
* Socialize and re-build their social networks in different environment
* Develop leadership skills of women and other vulnerable and excluded groups
 |
| **People taking service from the MPCC should**  | Feel safe (physically and emotionally)- absence of trauma, excessive stress, violence (or fear of violence), harassment or abuse.  |
| Feel comfortable  |
| Enjoy the rights of freedom to express themselves without the fear of judgment or harm |
| Feel empowered  |
| Have services that are accessible for people living with disabilities.  |
| Have access to multi-sectoral services * information on on-going humanitarian response.
* referral pathways to access multi-sectoral support.
* training on multiple livelihood skills and income generation activities.
* counselling services.
* information-sharing and awareness-raising initiatives.
* access to socio-economic support, shelter, safe sleeping space for women and children.
* outreach activities through women human rights organization, women pressure groups.
* physical and emotional support to the disaster victims to enhance safety and security.
 |
| **What should be the guiding principles of a MPCC?** | * Promote the leadership, participation and empowerment of women and girls and people from vulnerable and excluded groups.
* Engage women and girls in all aspects and activities of the centre.
* Be safe and accessible for all women and girls, people living with disability, gender and sexual minorities.
* Be adapted to the local context and be integrated within existing community systems.
* Be inclusive by consulting and serving all people especially women and people from vulnerable and excluded groups in each community.
* Ensure safe and ethical data collection and management.
* Ensure the sustainability of the MPCC – including feasible and concrete transition and exit strategies aligning with government plans.
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| **Data, record keeping and information in the MPCC**  | * The centre should maintain disaggregated data broken down by sex, age disability, gender and diversity.
* It should have detailed information in place for all people who have taken services from the Centre, including 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).
* The centre should provide standard information to all persons and should be readily accessible and displayed (e.g. guidelines related to the centre and information about the disaster/crisis prevention and response, information about services provided by the government, 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).
* The centre should provide contact information of hospitals, doctors, counselling, psychotherapy, legal support, hotlines (NWC-1145, child helpline (1098), police-100), officials in charge of the centre.
* The centre should also provide information on frequently ongoing disasters like landslides, monsoon and health pandemic.
* Information on awareness of safe drinking water to combat water-borne diseases like diarrhea, cholera, dysentery, skin diseases, and how to protect oneself from viral disease transmitted by mosquitoes (dengue) should be shared.
* Personnel, including volunteers working in the centre, should be identified by uniform or name badge.
* The centre should 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).
* The centre should provide information to all people on ways to reduce anxiety, fear and stress, taking care of oneself, staying connected with what is going to happen and the next steps.
* The centre should have a code of conduct on preventing gender-based violence, sexual exploitation, abuse and harassment.
* The centre should have contact numbers of UN focal points on GBV and Preventing Sexual Exploitation and Abuse. This is important if UN funds have been used for MPCC.
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| **What service should be made available by the MPCC?** | * Adequate and nutritious and hygienically cooked food at least two-times full meals and snacks. Pregnant women, lactating mothers, infants, and young children (especially children 6-23 months of age) should have adequate access to an appropriate standard dietary intake in terms of quantity and quality.
* Food assistance should be designed, delivered and monitored with the engagement of the diverse women, men, girls and boys in the affected populations.
* Kitchen accessories and utilities.
* Women and vulnerable groups are included in the preparation and distribution of emergency/dignity kits.
* Hygiene kits and supplies (sanitary pads soaps, masks, water purification tabs, hand-sanitizer, toiletries, including other dignity kits and recreational kits for children, books and recreational tools, mosquito nets/coils/repellent, umbrella, raincoats and torch.
* Reproductive health kits should be provided, which includes clean delivery kits, post-rape treatment kits, oral and injectable contraceptives, drugs for the management of sexually transmitted infections, birthing supplies, intrauterine devices, drugs for miscarriage management and other equipment.
* Wash and Infrastructure facilities- Clean toilet and bathroom facilities located in safe areas with separated toiles for men, women, other genders. Where a separate room is not possible, curtains or other dividers should be arranged. Toilet should be with adequate lights at night. The centre’s wash and infrastructure facilities should be accessible for pregnant women, children, women with disability, women living with HIV and AIDS and people with health complications and LGBTIQ persons. It should have access to clean water, proper place for washing clothes, facility for disposal of used tissues and pads to maintain hygiene. There should be sufficient lights, security locks, and privacy and safety measures.
* Recognizing and addressing specific health needs of women, gender and sexual minorities considering their unique reproductive and sexual health needs.
* First aid box with orientation handouts on its use.
* Referral mechanisms on legal, information support, sexual and gender-based violence, human trafficking, child marriage and other relevant risk for women and sexual and gender minorities, and ensure their availability, accessibility and the knowledge by the whole community;
* Counselling services, legal help desk, referral pathways to access multi-sectoral support, physical and emotional support to the disaster victims to enhance safety and security.
* Information-sharing and awareness-raising initiatives on various issues e.g. GBV, health, hygiene, psychosocial wellbeing, information about various forms of discriminations, mitigation measures, preventing gender-based violence, sexual harassment, exploitation, and abuse and other outreach activities through women’s protection teams etc**. It** should ensure adequate outreach and orientation to communities to encourage women, vulnerable and excluded group to participate in centre activities and seek support from the centre when needed.
* Leadership and meaningful equal representation and participation of women and marginalized groups in the overall preparedness, response, reconstruction and disaster risk reduction.
* Inclusion and representation of women, girls and representatives from all marginalized groups are well represented in all disaster related decision making, structures and monitoring also in centre-related decision making and consultation forums and in leadership positions.
* Different gender groups understand the trustworthiness and value of the particular mode of communication to be used as multiple modes of communication.
* Access to socio-economic support.
* Training on empowerment, multiple livelihood skills and income generational activities.
* Child friendly spaces.
* Needs-based support should be adjusted according to needs assessments and community feedback within the scope of MPCC.
* Community feedback mechanisms with a focus on women and people from vulnerable and excluded groups.
* Monitoring mechanism by gender expert/women rights defenders/ human rights agency, women’s commission to access the safety and provisions of quarantine area for women, children, people with disability, LGBTIQ and other vulnerable and excluded groups.
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| **Human Resource for MPCC** | For the day-to-day running of MPCC during disaster, the below are suggested human resources required. The selection of human resource should be done in transparent and consultative manner with properly adhering to a standard. Male, Female, LGBTIQ, people from vulnerable and excluded groups should have equal opportunity to manage and contribute to the centre. It is very crucial to have gender balance in human resources. The human resource (permanent staff or volunteers) should be well-trained and oriented to manage and run the center. They should be properly trained on preventing gender-based violence, sexual exploitation, abuse and harassment (PSEA) and should sign code of conducts on preventing sexual exploitation and abuse. During the time of disaster, the Centre should have the following human resources:* MPCC coordinator
* Psychosocial counselor- Responsible for indoor and outdoor psycho-social counselling and trauma assistance.
* Community mobilizers- Responsible for community mobilization, information dissemination, community orientation of activities and support to outdoor counseling activities.
* Support staff for safety and security of MPCC and support for refreshment and other office work.
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| **How should MPCC transform when the context changes?** | Once the context in a certain disaster affected country and province shifts from emergency response to the early recovery and reconstruction phase, the activities of the MPCC should also be modified accordingly by integrating additional key elements including:* Women and vulnerable and excluded groups leadership and participation in community groups, systems, and decision-making bodies in the local and district level.
* Implementation of disaster risk reduction and preparedness measures at the community level.
* Women and vulnerable and excluded groups economic empowerment and livelihood enhancement.
* Capacity development on early warning systems and other preparedness measures.
* Early recovery and community reconciliation efforts.
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| **Need Assessment and Analysis** | * The MPCC should commission assessment and analysis together with local government, women’s organizations and human rights organizations. The purpose of the assessment and analysis would be to know the real situation of the targeted affected communities, including their needs, vulnerabilities, gaps, capabilities, and preferences, in order to design targeted needs-based interventions. The need assessment and analysis is very important and must be conducted before the work of the MPCC can be initiated in every after math of the disaster. The assessment/analysis includes: demographic information (including geographical locations, total number of affected population (sex, age, diversity, disability disaggregated data, vulnerability mapping, current needs, gaps, capabilities and preferences, availability of human resources on the ground, community stakeholder mapping), develop findings and recommendations for targeted interventions (e.g. MPCCs and the provision of NFIs).
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| **Development of Terms of Reference and Workplan of MPCC** | * The need assessment and analysis report will clearly mention the type of activities and support services needed in the MPCC within the main themes of: psychosocial counselling and trauma assistance, awareness raising and information dissemination, integration into early recovery and social groups and referral mechanisms). Based on this information a clear terms of reference should be developed for the MPCC, and detailed activity plans should be developed for each theme. In order to continuously monitor and ultimately evaluate the effectiveness of the activities in the MPCC in serving its targeted communities, a robust M&E framework must be developed.
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| **Coordination with relevant Local Government, CSOs, humanitarian cluster system**  | * + Coordination with relevant stakeholders including the government (federal, provincial and local level), national/local NGOs/CSOs and humanitarian stakeholders/agencies, members of humanitarian cluster is very important to avoid duplication and to be in compliance and align with the overall humanitarian response within the cluster system. Coordination with municipal and ward level government administrators, relevant gender machineries, social development ministry and women and children department must be ensured while the MPCC is functioning.
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| **GESI and Covid-19** | * + The MPCC should address GESI considerations in the context of current and future pandemics like COVID-19.
	+ The center should provide post-exposure prophylaxis (PEP) kits; other hygiene items like provision of sanitizers, gloves and masks, especially in situations like the COVID-19 pandemic.
	+ The continuity of care should be insured for reproductive health services as well as clinical management care for GBV survivors in both COVID-19 affected areas and non-affected areas, where most health care workers have been pulled into the COVID-19 response and many health services/facilities have been abandoned.
	+ Considering the possible community spread of COVID, ensure that the center can also serve as quarantine centers, isolation center; the center can also serve as a women-led and managed relief storage facility for the community and as per the other needs of the community.
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| **What should be included in the exit strategy for MPCC if the structure is not in the ownership of government?**  | * + It should be discussed and agreed with community-level groups including with agencies of vulnerable and excluded groups, women’s groups and local government units in order to ensure a smooth transition of the MPCC when the disaster is over.
	+ Communicate the exit plans to all relevant stakeholders.
	+ Identify and develop the capacity of local women’s group, agency of vulnerable and excluded groups by explaining how the continuation of activities will be done after the disaster.
	+ Consult with concerned community members and beneficiaries: The MPCC exit plans should be communicated openly with the concerned communities and beneficiaries to ensure they are aware about the plans and the way forward.
	+ Handover certificate and activities letter: a formal handover certificate should be drafted between the MPCCs managing agency, and relevant local government stakeholders.
	+ Official letter from MPCC managing agency on handover and continuation of activities and other management provision.
	+ Main activities will be continued through different stakeholders; human resources for MPCC continuation, fund allocation for MPPC continuation, technical support from local government for MPCC continuation and developing linkages with local development plans for financial support. Monitoring: Request the local women’s group or agencies of vulnerable and excluded groups to continue monitoring the MPCC and provide feedback to the local government which is in charge of MPCC.
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<https://un.org.np/sites/default/files/doc_publication/2021-01/Checklist%20for%20GESI%20in%20Disaster_Emergency%20Preparedness_May2020_0.pdf>

1. Kathmandu, Lalitpur, Bhaktapur, Dhading, Rasuwa, Sindhupalchowk and Dolakha. [↑](#footnote-ref-1)
2. The MoHA disaster data archives maintain loss and damage data for a total of 16 kinds of active disasters in Nepal. These disasters in alphabetic order are, asinapani (heavy rainfall with hailstones), avalanche, boat capsize, cold wave, drowning, earthquake, epidemic, fire, flood, heavy rainfall, high altitude, landslide, lightning, snow storm, wind storm, excluding the “other” category. Extracted from Nepal Disaster Report 2017: The Road to Sendai; <http://drrportal.gov.np/uploads/document/1321.pdf> [↑](#footnote-ref-2)
3. See Footnote 4. [↑](#footnote-ref-3)
4. Excluded and vulnerable groups include single women, female-headed households, persons living with disabilities, pregnant and lactating women, adolescent girls, Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ) groups, older persons, children, and caste and ethnic minorities. [↑](#footnote-ref-4)
5. <https://nfdn.org.np/towards-greater-inclusion-in-disaster-risk-reduction-in-nepal-realizing-all-of-society-commitment-through-meaningful-participation-of-persons-with-disabilities/> [↑](#footnote-ref-5)
6. On 7 January 2020, the Chinese government confirmed the identification of a novel coronavirus from a cluster of pneumonia cases of unknown etiology in the city of Wuhan, Hubei province. The coronavirus disease 2019 (COVID-19) outbreak was declared a public health emergency of international concern on 30 January 2020. On 11 March 2020, the World Health Organization (WHO) declared the outbreak of COVID-19 a pandemic and called for a comprehensive, all-of-society strategy to prevent infections, save lives and minimize impact. [↑](#footnote-ref-6)
7. Absence of trauma, excessive stress, violence (or fear of violence), harassment or abuse [↑](#footnote-ref-7)
8. Post Disaster Recovery Framework GOVERNMENT OF NEPAL NATIONAL RECONSTRUCTION AUTHORITY KATHMANDU MAY 2016 2016 – 2020. [↑](#footnote-ref-8)
9. See Footnote 4. [↑](#footnote-ref-9)
10. See Footnote 3. [↑](#footnote-ref-10)
11. See Footnote 4 [↑](#footnote-ref-11)
12. See Footnote 4 [↑](#footnote-ref-12)
13. <https://emergency.unhcr.org/entry/32428/protection-from-sexual-exploitation-and-abuse-psea> [↑](#footnote-ref-13)
14. The purpose of the assessment and analysis would be to know the real situation of the targeted affected communities, including their needs, vulnerabilities, gaps, capabilities, and preferences, in order to design targeted needs-based interventions. The need assessment and analysis is very important and must be conducted before the work of the MPCC can be initiated in every after math of the disaster. The assessment/analysis includes: demographic information (including geographical locations, total number of affected population (sex, age, diversity, disability disaggregated data, vulnerability mapping, current needs, gaps, capabilities and preferences, availability of human resources on the ground, community stakeholder mapping), develop findings and recommendations for targeted interventions (e.g MPCCs and the provision of NFIs). [↑](#footnote-ref-14)
15. <https://trainingcentre.unwomen.org/mod/glossary/view.php?id=36&mode=&hook=ALL&sortkey=&sortorder=&fullsearch=0&page=3> [↑](#footnote-ref-15)
16. <https://iascgenderwithagemarker.com/en/home/> [↑](#footnote-ref-16)
17. See Footnote 4. [↑](#footnote-ref-17)
18. <https://mowcsc.gov.np/uploads/uploads/w6zktY8PZq5imcjW2Nc4IYwjpp2coT22R0wIzPYs.pdf> [↑](#footnote-ref-18)
19. Charter of Demands- COVID-19 <https://www2.unwomen.org/-/media/field%20office%20eseasia/docs/publications/2020/04/np-charter-of-demand-gesi-responsiv-eng.pdf?la=en&vs=2744> [↑](#footnote-ref-19)
20. Kathmandu, Lalitpur, Bhaktapur, Dhading, Rasuwa, Sindhupalchowk and Dolakha. [↑](#footnote-ref-20)