



CHECKLIST- TRANSIT CENTRE

GENERAL PROFILE		
NAME	1. Transit centre name	
ADDRESS	2. Transit centre address (Include GPS)	
SITE ADMINISTRATION (LOCAL AUTHORITY) IN CHARGE OF THE FACILITY		
SITE ADMINISTRATION	3. Name of the local government/department/institution responsible for the administration of the site	
	4. Contacts of the site administrator (name, mobile, email address)	
SITE MANAGEMENT AND SUPPORT		
SITE MANAGEMENT	5. Name of the site management and support agency (CCCM)	
	6. Site management and support focal point contacts (name, mobile, email address)	
	7. Is there a registration system in place for new arrivals? (yes/no)	
	8. Agency in charge of registration (name; NGO, local administration etc)	
	9. Population data available at household level with gender and age data breakdown (yes/no)	
	10. Modality in use for registering population (manual, electronic systems; name)	
	11. Is there a designated space for crowd management and registration of people upon arrival? (yes/no)	
	12. If yes, is the reception space located indoors or outdoors? If outdoors, is the space shaded?	
	13. Planned capacity of the facility in case of an overnight stay (50, 100, 200 individuals etc)	
	14. Are communal spaces and access designed for people with limited mobility? (yes/no)	
	15. Heating system in place (in the private rooms, communal spaces)? (yes/no), if yes, mention the type, i.e, electric, gas, solid fuel, etc	
	16. Is lighting adequate in all spaces? (yes/no)	
	17. Is there a back-up generator and power banks in case of outages? (yes/no)	
	18. Is there an individual referral mechanism in place for services? (yes/no)	
	19. Is there a referral mechanism for people in need of accommodation to collective sites? (yes/no)	
20. Who is responsible for the referral mechanism listed above? (name the agency/ entity, contacts)		
21. Are hotline numbers/ services provided and displayed at the facility to create awareness? (yes/no)		
22. Is there an information desk for inquiries, services, or a transfer desk? (yes/no)		
23. Complaint and feedback mechanisms in place for confidential reporting? And are people informed about and accessible? (yes/no)		
HEALTH		
HEALTH SERVICES	24. Closest medical facility (mention distance in miles/kms)	
	25. Is there an OTC (Over The Counter) Kit available at the TC? (yes/no)	
	26. Is a health partner/agency/entity identified to support the facility (yes/no)	
SHELTER		
SHELTER , NFI, NON-STANDARD NFI	27. Is it the entire building or specific floors designated as a transit centre? (entire building/specific floors)	
	28. Are private rooms available? (yes/no), if yes, how many rooms?	
	29. Are common sleeping spaces partitioned? (yes/no)	
	30. Does the building, sleeping spaces and communal areas require refurbishment? (yes/no). If yes, small-scale or large-scale refurbishment? (mention observations)	
	31. Does individual shelter/sleeping space allocation prioritize individuals with specific needs? (yes/no)	
32. Are beds, bed linens, mattresses, pillows, and blankets available at the reported capacity? (yes/no)		
33. Are non-standard NFIs (cooking stoves, fridges, washing machines, etc.) available? (yes/no)		
WASH		
WATER AND SANITATION SERVICES	34. Is safe drinking water available on site in sufficient quantities (SPHERE minimum — 2.5 litres/person/day)? (yes/no)	
	35. Are toilets and handwashing facilities located OUTSIDE the facility? If yes, how distant (in meters)? (# of toilets outside / distance in meters)	
	36. Are sanitation (toilets?) spaces located INSIDE the facility? (# of toilets inside)	
	37. Number of functional toilets? (# inside / # outside)	
	38. Number of functional handwashing points? (# inside / # outside)	
	39. Number of functional showers? (# inside / # outside)	
	40. Are the toilet facilities safe, private and separated for men and women? (yes/no)	
	41. Are the shower facilities safe, private and separated for men and women? (yes/no)	
	42. Are WASH facilities designed for elderly persons and persons with disabilities? (yes/no)	
	43. How many latrines are available for elderly persons / persons with disabilities (# of inclusive latrines)	
	44. How many showers are available for elderly persons / persons with disabilities (# of inclusive showers)	
	45. Do the WaSH facilities have hot water? (yes/no)	
	46. Is there a designated space for laundry services? (yes/no)	
	47. Number of functioning washing machines? (# of washing machines)	
	48. Number of functioning dryers? (# of dryers)	
49. Are cleaning services available (provided) in the toilets and showers? (yes/no)		
50. Frequency of cleaning activity (daily, once a week etc)		
51. Is there a sufficient number of trash bins in the restrooms? (# of bins inside)		
52. Are there external solid waste collection containers with an established schedule of disposal services? (yes/no)		
FOOD SECURITY AND LIVELIHOODS (FSL)		
FSL	53. The facility has a kitchen space? (yes/no)	
	54. Is the kitchen space communal/shared? (yes/no)	
	55. Is cooking happening on-site, or are ready meals delivered? (on-site cooking/ ready meals only)	
	56. Hot meals provided upon arrival or reception? (yes/no)	
	57. Frequency of hot meals provided (3x a day, 2x a day, 1x a day)	
	58. Is there a designated dining space/area in the site (yes/no)	
	59. Are food markets close by? (yes/no), if yes, mention distance in (miles/kms)	
GENERAL PROTECTION, SAFETY AND SECURITY		
GENERAL PROT, SAFETY AND SECURITY SERVICES	61. Is there a designated Child-Friendly Space (CFS) on site? (yes/no)	
	62. Is there a designated private room for counseling /MHPS activities? (yes/no)	
	63. Are there humanitarian social workers who can regularly visit the centre and refer for specialized services?	
	64. Are there state social workers available to conduct individual assessments for care services?	
	65. Are fire alarms /systems in place (yes/no)	
	66. Is there an evacuation plan in place? (yes/no)	
	67. Is there a bomb shelter available? (yes/no). If yes, what is the capacity? i.e, 50,100,200 individuals etc	
	68. Site has Shatter-Resistant Film (SRF) installed? (yes/no)	
	69. Are there visible and evident nearby military installations in the proposed /TC location? (yes/no), (provide any observations)	
	70. Is there any sign of military presence / mixed use of the proposed location/facilities? (yes/no)	
71. Was the facility/location used previously by the military? If so, when, how long for, what purpose, etc?		
Annexes- for site management and support (CCCM Cluster)		
SERVICE MAPPING TOOL	Annex1: Refer to the Cluster service mapping tool- to help track services provided in the site (see attached) (update weekly)	
EVACUATION TRACKING TOOL	Annex2: Refer to the Cluster referral and escalation tool- for inter-sectoral referrals as identified	