Oxford Policy Management

Gender-Responsive Health Infrastructure

A GUIDE

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List of abbreviations

ANC	Antenatal care
ANM	Auxiliary Nurse and Midwife
ASHA	Accredited Social Health Activist
BTSP	Bihar Technical Support Project
CHC	Community Health Centre
DH	District Hospital
FRU	First Referral Units
IEC	Information, education, and communication
IPC	Infection prevention and control
IPD	Inpatient department
IPHS	Indian Public Health Standards
LAQSHYA	Labour Room Quality Improvement Initiative
LDR	Labour-recovery-delivery
MOHFW	Ministry of Health and Family Welfare
NQAS	National Quality Assurance Standards
OPD	Outpatient department
OPM	Oxford Policy Management
PLHIV	People living with HIV
PNC	Postnatal care
PPE	Personal protective equipment
RMNCAH+N	Reproductive, Maternal, Newborn Child Adolescent Health plus Nutrition
SNCU	Special Newborn Care Unit
TSU	Technical Support Unit
WHO	World Health Organization

Glossary

Client/ Patient

Use of the term 'patient' has recently been debated, as compared with alternatives, including 'consumer', 'care-seeker', and 'client'.' A scoping review published in 2019 reports that, overall, healthcare recipients appear to prefer the term 'patient', with few preferring 'consumer'. However, the report also discusses the term 'client' and its use in the public health literature and research contexts (Costa DSJ, Mercieca-Bebber R, Tesson S, et al.). Therefore, for the purpose of this document, we use the label 'patient/client'. In places where citations have been taken directly from the literature, we retain the terminology used by its authors.

Gender Equality

'Gender equality refers to the equal rights, responsibilities, and opportunities of women and men and girls and boys. Equality does not mean that women and men will become the same but that women's and men's rights, responsibilities, and opportunities will not depend on whether they are born male or female. Gender equality implies that the interests, needs, and priorities of both women and men are taken into consideration, recognizing the diversity of different groups of women and men. Gender equality is not a women's issue but should concern and fully engage men as well as women. Equality between women and men is seen both as a human rights issue and as a precondition for, and indicator of, sustainable people-centred development'. (UN Women)

Gender Intentionality

Gender intentional/intentionality means identifying and understanding gender inequalities, gender-based constraints, and inequitable norms and dynamics, and taking steps to address them (McKague et al., 2021). It is an approach in which an understanding of gender roles, inequalities, gaps, and barriers is intentionally placed at the forefront of all decisions (Bill & Melinda Gates Foundation).

Gender Neutral

'The term "gender-neutral" means that something is not associated with either women or men. It may refer to various aspects such as concepts or style of language'. (EIGE)

Gender Norms

'Gender norms are a subset of social norms that relate specifically to gender differences. They are informal, deeply entrenched and widely held beliefs about gender roles, power relations, standards or expectations that govern human behaviours and practices in a particular social context and at a particular time. They are ideas or "rules" about how girls and boys and women and men are expected to be and to act'. (UNICEF)

Gender Responsive

Gender-responsive means addressing the 'different situations, roles, needs, and interests of women, men, girls, and boys in the design and implementation of activities, policies, and programs' (INEE). It means taking specific actions to address/reduce gender inequalities.

Gender Sensitive

This refers to the ability to recognise gender issues and especially the ability to recognise women's different perceptions and interests arising from their different social locations and different gender roles. Gender sensitivity is considered the beginning stage of gender awareness.

Preface and Acknowledgements

Oxford Policy Management (OPM), with the support of a Bill & Melinda Gates Foundation grant, is implementing the project **'Adaptive Learning for Gender-Responsive Health Systems'**. The key purpose of this project is to provide robust learning exchange opportunities and need-based technical support to the foundation and its Technical Support Unit (TSU) partners in their gender intentional programming efforts in Uttar Pradesh and Bihar. As part of this project, OPM facilitates GenderCollab, an active gender and health system learning network and a Gender Support Desk, to offer technical assistance, evidence generation, and learning resources to the foundation and its TSU partners.

As part of technical assistance extended to the Bihar TSU, OPM has developed this document to guide the process of making health facilities more gender intentional.

To develop this document, Bihar TSU facilitated a two-day field visit for OPM to two health facilities: a Community Health Centre (CHC) in Bihiya and a District Hospital in Arrah. The visit was instrumental in highlighting significant gaps in these facilities, including a lack of privacy and amenities for nurses,

inadequate toilets for female staff, poor crowd management, and insufficient safety provisions. Following discussions with the Bihar TSU, OPM has attempted to develop a comprehensive checklist that can be used to ensure health facilities are gender intentional, drawing on OPM's field experiences in Bihar and a review of existing national and international guidelines on infrastructure and quality of care for health facilities in low- and middle-income countries.

The document was developed by Dr Priya Das, Riya Rajesh, Shruti Negi and Dr Dipti Bapat from Oxford Policy Management. We extend our sincere gratitude to Dr Kaveri Mayra, Dr Kavita Chauhan, Dr Prabir Ranjan Moharna, and Dr Rakhi Ghoshal for their meticulous review of the document and their invaluable contributions in sharing insightful perspectives.

Gender-responsive health systems and the role of infrastructure

The World Health Organization (WHO) recognises that health systems are not gender-neutral and that structures and processes of oppression and discrimination that exist in society are reproduced in health systems. WHO also acknowledges that universal health coverage can only truly be achieved if gender and other drivers of inequalities within health systems are actively considered and addressed. Gender-responsive health systems are therefore essential to address the specific health needs and challenges faced by women and girls. WHO recognises that gender influences people's experience of and access to healthcare. When health services are not designed with a gender-responsive approach, they can inadvertently perpetuate gender inequalities and discrimination, leading to adverse health outcomes for women and girls.

Some areas of health systems are more commonly understood to be influenced and affected by gendered norms and social relations than others. Health facilities, which are the cornerstone of health service delivery, are places where women, men, girls, and boys access critical preventive health services and treatment that has a significant impact on individual, family, and community social and health outcomes (UN Women).

The UN Women's Guide on Integrating Gender into Infrastructure Development in Asia and the Pacific emphasises that gender-responsive health facilities, through addressing accessibility and safety concerns, can empower communities by promoting equal access to available resources, services, and opportunities. Furthermore, such facilities that offer inclusive and high-quality care to women and vulnerable groups have the potential to affect other aspects of private and public life. By encouraging women, men, girls, boys, and gender-based marginalised populations (such as sex workers and LGBTQIA+ individuals) to seek appropriate care, gender-responsive health facilities contribute to shifting gender norms and traditional beliefs about healthcare services while improving health outcomes.

A health facility's overall service delivery environment is influenced by its basic infrastructure. This includes the physical structure (buildings) and supporting systems and services (such as power, electricity, water and sanitation, and telecommunications) that comprise the fundamental operating system required for care. As UNOPS describes, healthcare infrastructure is gender-responsive if it addresses the needs related to privacy, hygiene, and safety of those of all gender identities. When the design of health facilities fails to address the specific needs of women, it may result in women not making use of the facility.

Good design of health facilities is important to support both the healing processes that take place inside them, and for the health, well-being, and safety of those who work in them (NSEA). Good infrastructure also enhances patients' health-/help-seeking behaviour, and their experience before healing process begins. Patients in a UK study found that the hospital environment significantly impacted their comfort, sense of normalcy, and overall well-being. They emphasised the importance of various factors, such as clear signage, adjustable lighting and temperature, privacy, reduced noise levels, access to nature, safety, children's play areas, visitor accommodation, on-site amenities, 24/7 catering, and pleasant landscapes with seating and gardens.

Gender-responsive infrastructure for health facilities enables more inclusive and safe provision of health services for all (UN Women). Addressing concerns around harassment, sexual assault, corruption, discrimination, and violence is paramount in order to mitigate the risks that are often faced by women and other vulnerable groups when accessing healthcare services. S egregated private spaces in facilities improve safety and protection, and reduce incidents of gender-based violence. Infrastructure can also support the reduction of stigma and discrimination, especially for services such as HIV testing and counselling and gender-based violence services (UN Women).

Considering the long life of infrastructure, a report published by UNOPS highlights the dangers and missed opportunities, including limiting access to quality services, inherent in not incorporating gender considerations throughout the lifecycle of infrastructure, potentially locking in gender inequalities for decades.

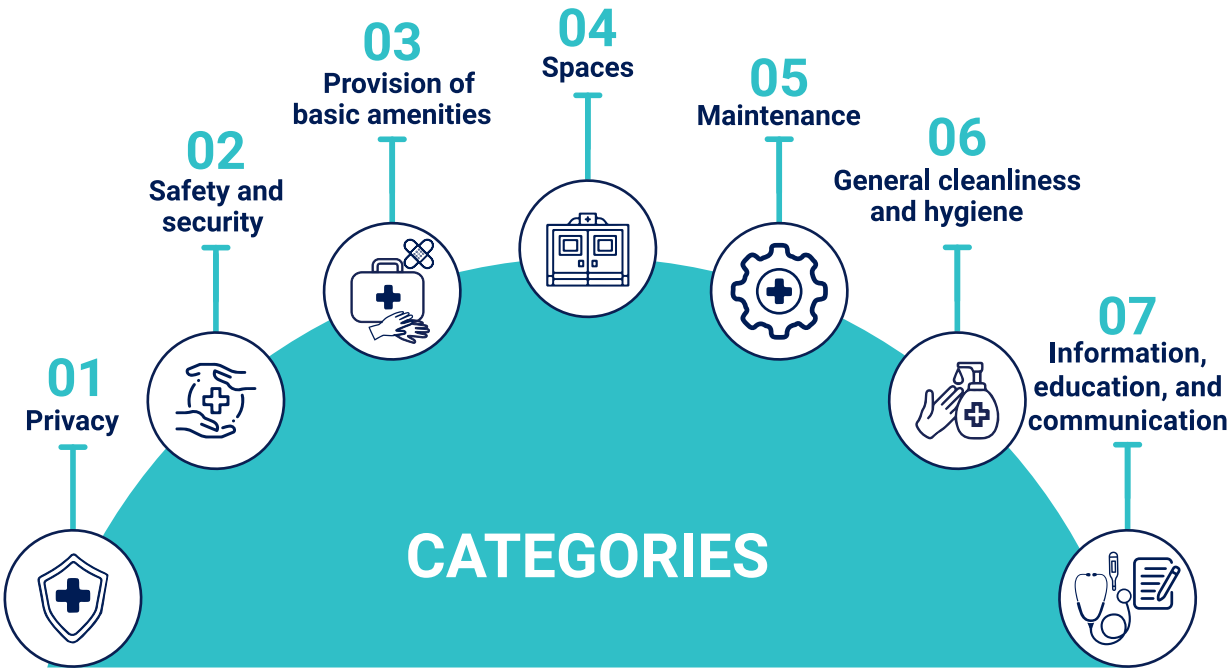
Gap

We, the authors of this document are committed to represent a range of diverse perspectives in our work. This includes persons of the LGBTQIA+ communities. During our work on this document, we have tried to identify literature and research within the intersection of health and infrastructure including gender diverse perspectives. Regrettably, we have not found any. Thus, and while fully acknowledging and respecting the rights of persons with non-binary, genderqueer, and other gender identities, this document focuses primarily on gender as a binary concept. We do see this as a limitation and acknowledge the need for more comprehensive research that encompasses the experiences and needs of all gender identities.

Key focus areas for gender-responsive health infrastructure

This document aims to provide fundamental guidelines for public health facilities in India on creating gender-responsive infrastructure that benefits both service providers and clients. It identifies seven priority areas for establishing such infrastructure, encompassing direct physical infrastructure-related interventions to enhance gender intentionality. Where necessary, we also highlight additional measures, such as required human resources, policy support, and management, that are integral to achieving gender intentionality in relation to infrastructure.

This document provides inputs on gender-responsive infrastructure relating to the following seven categories:



The document is divided into two sections. The first section provides guidelines on various aspects of gender responsiveness in infrastructure across the seven categories. The second section builds upon the first by presenting three sets of checklists: the first two are tailored checklists for CHCs and District Hospitals, while the third checklist focuses on labour rooms. These checklists can be utilised to analyse the gender intentionality of a specific health facility at a given time by using/adapting the scoring index provided with the checklists.

It is essential to acknowledge that the majority of existing guidelines primarily approach health facility infrastructure from a clinical standpoint, which may not fully cover all of the concerns and perspectives of both providers and users. While the focus of the present document is on outlining infrastructure aspects that have greater relevance for women providers and patients/clients, it also outlines a few points that are universally applicable to all users (male and female staff/clients), as they are essential in order to meet basic needs and ensure comfortable working conditions. Given that women constitute 67% of the global healthcare workforce (WHO), the emphasis on these aspects is crucial because shortcomings in health infrastructure disproportionately affect women.

Focus notes

In this document, 'focus notes' serve as supplements to the main content. While the primary focus of the document is on infrastructure, these focus notes are strategically placed throughout the document to offer additional context and perspectives. Some showcase detailed case studies, shedding light on real-world applications of the infrastructure discussed, while others explain specific operational or managerial aspects that are necessary as a complement to the physical infrastructure, to ensure it is gender responsive.

Applicability

This document has been created with a focus on public health facilities. The guidelines provided by the Government of India for public health facilities have played a central role in shaping the content of this document.

The aspects listed here are a comprehensive list of what is ideally desirable. However, we are aware that in many settings, and particularly in low-resource settings, it may not be possible to incorporate everything. However, the list can serve as an aspirational standard.

In this document, the use of terms like 'adequate', 'sufficient', and 'required' in relation to specific aspects, such as the number of beds or toilets, implies strict adherence to the national guidelines. These guidelines establish norms for healthcare facilities, taking into account various factors, including the facility's level (whether primary, secondary, or tertiary), its location (whether in a rural or urban setting), and the expected case load (refer to Annexure 1). By using these terms, we seek to ensure that healthcare facilities not only meet basic standards but also tailor their resources and infrastructure to the specific needs and demands of their respective contexts. This approach ensures that healthcare services are delivered effectively and efficiently, addressing the unique requirements of each facility.

Methodology

The infrastructure guide and checklists for healthcare facilities were developed using a mixed-methods approach comprising a literature review and field visits. This review followed the following four steps:

STEP 01 Field visits were conducted to two government healthcare facilities in Bihar: a CHC in Bihiya and a District Hospital in Arrah. During these visits, OPM engaged with healthcare providers to gather their insights into the shortcomings in the infrastructure as regards having a conducive work environment. In this document, these learnings have been inputted as 'field observation'.

STEP 02 OPM drew on its field experience from the learning and evaluation of Bihar Technical Support Project Phase I (2016–17) (BTSP-I) and Bihar Technical Support Project Phase II (2018–2021) (BTSP-II), including the findings of the ethnography it conducted in respect of two CHCs. In this document, these learnings have been inputted as 'field observation'

STEP 03 OPM reviewed existing national and international guidelines on healthcare infrastructure, with a specific focus on the guidelines published by the Government of India, such as the National Quality Assurance Standards (NQAS), the Kayakalp guidelines, and the Labour Room Quality Improvement Initiative (LaQshya).

STEP 04 OPM reviewed relevant literature, including peer-reviewed journal articles, reports from international organisations and research institutions, as well as grey literature, with a focus on gender responsiveness and quality of care, particularly within low- and middle-income countries. The review applied specific inclusion and exclusion criteria and included certain factors beyond just physical infrastructure, such as management and human resources required for the effective use of infrastructure that contributes to the immediate improvement of the gender responsiveness of health facilities. However, it excluded high-level interventions, such as policies, systemic changes, human resource policies, and behavioural change campaigns that could enhance facilities' gender responsiveness. The key search terms included 'gender-responsive infrastructure' or 'gender-sensitive infrastructure' or 'gender equality in health facilities' or 'physical infrastructure in health facilities' AND 'accessibility' or 'access to healthcare' AND 'female healthcare providers' or 'working conditions for healthcare providers'.

It is worth noting that although these guidelines are comprehensive, they are not exhaustive. This document is intended as a resource to help practitioners and planners identify gaps and areas of improvement in regard to promoting gender intentionality in health facilities.

01 Privacy

The right to privacy is a fundamental right which is acknowledged and safeguarded by many international and national legal frameworks and treaties, including the Universal Declaration of Human Rights. The WHO (1994), in a declaration on the promotion of patients' rights in Europe, states that 'patients have the right to be treated with dignity'. Within these frameworks, an individual's privacy is deemed to be a fundamental aspect of their human dignity.

Dignity is a core concept in health care and maintaining patients'/clients' dignity is critical to their recovery and overall experience of care. **Measures to maintain dignity in care provision include maintaining a patient's bodily privacy, providing spatial privacy, giving patients sufficient time, treating patients as a whole person, and enabling patients to have autonomy** (Yea-Pyng Lin, Yun-Fang Tsai, 2011).

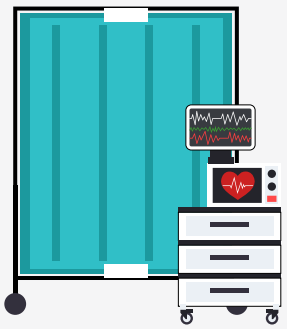
Privacy and confidentiality of care and information make women and families feel respected at all times, protect them from any stigma associated with their health conditions, and build trust in healthcare providers (WHO, 2016). However, according to a report published by Scope Impact, in collaboration with the Bill and Melinda Gates Foundation, in many low-resource settings, hospital wards lack sufficient space to ensure privacy and these spaces are often not designed with privacy in mind: they fail to provide visual and acoustic barriers precisely when patients/clients are at their most vulnerable.

Given that women's needs in regard to healthcare infrastructure are often overlooked, and given the consequent lack of provisions for women-specific needs, such as private spaces for breast-feeding mothers, childcare creches, and an adequate number of screens or curtains in wards/operating theatres, this section of the document outlines the gender-specific needs in regard to infrastructure that must be addressed in order to cater to the privacy needs of both patients/clients and healthcare providers.

PROVISIONS AND CONSIDERATIONS FOR MAINTAINING PRIVACY

	TO CONSIDER	GENDER RELEVANCE

SCREENS & CURTAINS



01.

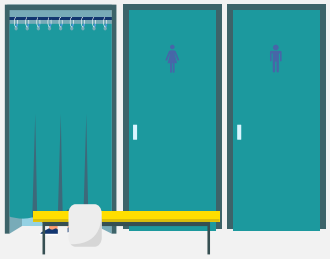
Curtains / frosted glass should be provided for the windows of labour rooms, outpatient departments (OPDs), inpatient departments (IPDs), and wards, etc., [NQAS].

02.

All patients/clients, whatever their age or sex, should be seen in a private room for examination, away from the view of other patients/clients (and other people in the healthcare setting) and out of the hearing range of others [Health Policy Project, and CHC_IPHS, 2022].

Privacy is important for female patients/clients and patients/clients to feel comfortable sharing their concerns with their healthcare provider and can help in reducing stigma and discrimination [Health Policy Project, UN Women].

These guidelines pertain to all patients/clients, but they are also extremely important for women in particular.

	TO CONSIDER	GENDER RELEVANCE
CHANGING ROOMS & TOILETS 	**03.** Segregated changing rooms should be provided for male and female patients/clients and for health professionals [UN Women]. **04.** Private and sex-segregated bathrooms should be accessible, without requiring providers, patients/clients, or visitors to pass through other facilities_ [UNOPS].	This is required for improving women's safety and privacy and reducing incidents of gender-based violence [UNOPS].
VICTIMS OF VIOLENCE & STIGMATISED AILMENTS 	**05.** Patient/client care areas offering services such as HIV testing and counselling and gender-based violence counselling and response should be comfortable and private, and away from the view of other patients/clients and out of the hearing range of others [UN Women]. **06.** There should be a demarcated area for the assessment and examination of medico-legal cases, such as cases involving rape/sexual assault survivors, in OPDs/linkages with emergency_ [NQAS].	The majority of survivors and patients/clients in these cases are likely to be women. Privacy is key in order to foster trust, and to encourage survivors to seek help. Offering privacy and being discreet can help to reduce stigma and discrimination [UN Women]. Offering privacy also provides individuals with anonymity.

	TO CONSIDER	GENDER RELEVANCE
	Examination of sexual violence survivors: The history-taking and examination should be carried out in complete privacy in a special room within the hospital. This room should have adequate space, sufficient lighting, a comfortable examination table, and all of the equipment required for a thorough examination, and should be equipped with the Sexual Assault Forensic Evidence (SAFE) kit [MoHFW, 2014]. Note: The proforma for medico-legal examination of survivors/ victims of sexual violence issued by Ministry of Health and Family Welfare (MoHFW) should be utilised by the examining doctor.	

WARDS AND BEDS

07.

For inpatients, separate and adequate male and female wards, and children's wards, should be provided, depending on the case load, with each containing private lavatories, ensuring patients/clients do not need to access one ward by passing through another [UN Women, IPHS_CHC, 2022].

This is required to improve women's safety and privacy and to reduce incidents of gender-based violence [UNOPS].

See also Focus Note 1.

08.

Male and female beds should preferably be located in separate rooms but if they are in the same room, partitions should be provided [CHC_IPHS, 2022].

	TO CONSIDER	GENDER RELEVANCE
	09. Partitions separating men and women in wards should be robust enough to prevent casual overlooking and overhearing [NQAS].	
MATERNITY WARDS AND LABOUR ROOMS 	10. There should be a separate designated labour room located out of the hearing range of others [Health Policy Project], with sanitation facilities.	Maternity clinics that do not have separate sanitation facilities and designated labour rooms located out of hearing range of others may fail to attract expectant mothers, due to their fears for their safety and privacy. In such cases, women may choose to give birth at home, which can increase the risk to their health, as well as the health of their newborns [UNOPS]. *It is acknowledged that in low-resource settings ensuring that the labour room is located out of hearing range of others is difficult. However, it is necessary that, for sensitive cases, audio privacy is maintained.
	11. There should be screens/partition at labour tables in labour rooms. Screens/partitions should be provided on three sides of the labour table or cubicle, to ensure visual privacy [LaQshya]. The screens and curtains should be drawn at all times.	Women feel more comfortable giving birth in a facility if the labour room offers privacy. Due to fears for their safety or privacy, women may choose to give birth at home, which can increase the risk to their health, as well as the health of their newborns [UNOPS].

	TO CONSIDER	GENDER RELEVANCE
	12.  In maternity operating theatres, visual privacy should be maintained between two operating theatre tables. Preferably, there should be only one operating theatre table in each theatre, but if this is not possible because of high case loads, adequate visual privacy should be provided by using screens if multiple patients/ clients are present in the same operating theatre [NQAS].	
	13.  The birth companion should be female. In facilities where privacy protocols are followed in the labour room, the husband of the pregnant woman should be allowed to attend as a birth companion [MoHFW_PIB_2016].	
	14.  There should be provision for inpatients/clients to store their belongings securely [M4ID].	It is important to provide adequate closed storage space in which patients/clients can keep their personal belongings. This contributes to ensuring patient privacy, which is an important aspect of patients'/clients' comfort and safety [M4ID].
	15.  There should be a private designated room for antenatal, postnatal, and family planning services [Health Policy Project].	

	TO CONSIDER	GENDER RELEVANCE
	16.  Depending on the case load in the facility, there should be an adequate number of beds in the labour rooms [NHM 2016].	Maternal health services that preserve privacy make women feel more comfortable, and hence encourage future visits [Health Policy Project]. In labour rooms, a lack of privacy and a peaceful atmosphere also interferes with breast-feeding and mothers' bonding with the newborn [M4ID]. Additionally, bed-sharing and a free flow of visitors also increases the risk of infection, so it should be avoided [M4ID]. Consequently, it is important to ensure the availability of an adequate number of beds (in line with estimated case loads for facilities) is not compromised.
	17.  There should be a dedicated infant and young child feeding counselling centre or room [NQAS].	
	18.  Special Newborn Care Units (SNCUs) should have a system in place to call mothers for feeding their babies and they should have a demarcated mothers' area for expressing breast milk and breast-feeding, as well as a gowning and handwashing area [NQAS].	
	19.  In the paediatric ward there should be a breast-feeding corner, which should be demarcated clearly, with curtains for privacy and an appropriate seating arrangement [NQAS].	A lack of privacy and a peaceful atmosphere also interferes with breast-feeding and mothers' bonding with the newborn [M4ID].

	TO CONSIDER	GENDER RELEVANCE
	20. Kangaroo mother care: There should be a dedicated space near the SNCU, postnatal ward, or neonatal ward/ Newborn Stabilisation Unit which is furnished with comfortable reclining chairs and cots, which provides privacy for expressing breast milk, and which is equipped with a storage facility for expressed breast milk [NHM, 2014]. Privacy should be ensured in the kangaroo mother care area through the use of screens or curtains.	
RECORDS AND INFORMATION 	**21.** Patient/client records should be kept in a secure place beyond the access of general staff/visitors and no information regarding patients'/clients' identity and details should be displayed unnecessarily [NQAS]. Access controls should be in place that assign a unique name and/ or number for identifying and tracking user identity and that establish controls that permit only authorised users to access electronic health information. Ideally, only clinical care providers should have access rights in regard to individuals' clinical records [MoHFW_EHR_2016].	In busy facilities, patient/client admissions occur in various locations and through different practices, limiting patients'/clients' privacy and causing stress. Additionally, in maternity clinics, low antenatal care (ANC) adherence and/or missing records complicate admissions due to limited background data on the woman and her pregnancy [M4ID].

	TO CONSIDER	GENDER RELEVANCE
	Note: There should be a dedicated custodian for medico-legal cases, as prescribed by national guidelines [MoHFW, 2014].	

CROWD CIRCULATION

22. 

The facility layout should ensure that the general traffic of visitors does not pass through the indoor area (including maternity wards) and critical patient/client care area [NQAS].

23. 

The facility should have provision for restricting the access of visitors in patient/client areas. [NQAS]

Privacy is important for patients/clients to feel comfortable sharing their concerns with their healthcare provider and can help reduce stigma and discrimination [Health Policy Project, UN Women]. It helps to maintain the patient's/client's anonymity.

See Focus Note 2.

01 Focus Note — Enhancing patient/client privacy – complementing infrastructure with required resources

Maintaining privacy can be ensured largely through physical infrastructure (spatial planning, the use of screens, segregated toilets, etc), but efforts need to be complemented with resource availability at the facility. For instance, facilities should ensure that sufficient and clean linen (including drapes, draw sheets, cut sheets, bedsheets, and gowns) is always available. This is essential not only to cover patients undergoing examinations and medical procedures but also during routine transfers from wards to operating theatres and other locations within the facility. The availability of clean linen not only promotes physical comfort it also addresses the emotional and psychological well-being of patients, reaffirming their sense of respect and privacy during moments in which they may feel vulnerable. Similarly, pregnant women should be provided with a clean delivery gown and newborns should be provided with sterile drapes [LaQshya, 2017].

02 Focus Note

Enhancing healthcare: privacy measures in facilities – an example

A study conducted in South Africa and Zambia in 2019 (Bond V, Nomsenge S, Mwamba M, et.al, 2019) emphasises the importance of reducing stigma to improve care-seeking behaviour among people living with HIV (PLHIV). The study highlights the impact of 'being seen' at healthcare facilities and how spatial organisation can either promote or reduce stigma. PLHIV often express concerns about the fear of being observed by others while seeking care at health facilities, which can negatively impact their engagement in care and adherence to anti-retroviral treatment.

In both countries, anti-retroviral waiting areas were evaluated as having a dual effect, as they offered both comfort and discomfort. These areas facilitated interaction among PLHIV, provided privacy, and had specialised staff. However, the long queues and waiting times in these spaces increased the likelihood of PLHIV 'being seen'.

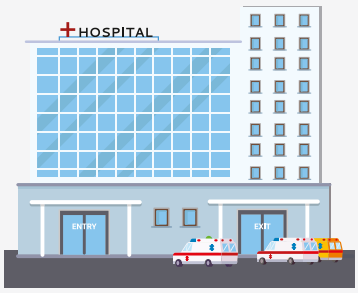
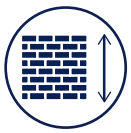
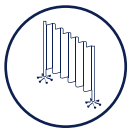
To provide PLHIV with more privacy, HIV services can be organised differently. This includes making entry and access less visible, such as locating these services at the rear of the main clinic, arranging benches to face inward towards the building, and ensuring that the spaces are not overly crowded. These adjustments allow for one-on-one consultations and opportunities for PLHIV to interact with other clients. Implementing these spatial organisational changes within HIV services has the potential to enhance the overall experiences of PLHIV in healthcare facilities.

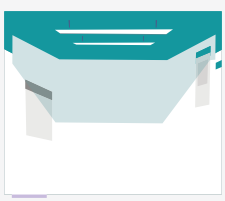
02 Safety and security

According to WHO, health workers are vulnerable to harassment and violence all over the world. Between 8% and 38% of health workers suffer physical violence at some point in their careers, while many more are subjected to threats or verbal aggression (WHO). Most violence is perpetrated by patients/clients and visitors. Women are more prone to experiencing sexual exploitation, abuse, and harassment in the workplace than men. For instance, in the United States, 20% of female medical academics reported instances of sexual harassment, whereas only 4% of their male counterparts did so (WGH, 2020). Among the healthcare workforce, female care providers, such as nurses and other staff directly involved in patient/client care, emergency room staff, and paramedics, are the most vulnerable. Violence against health workers not only has a negative impact on the psychological and physical well-being of healthcare staff, it also affects their job motivation. Consequently, this violence compromises the quality of care provided, puts healthcare provision at risk (WHO), and leads to a culture of non-compassion. By addressing accessibility and safety concerns within the infrastructure of the health facility, women and vulnerable groups can better take advantage of available resources, services, and opportunities (UN Women).

Building control measures in health facilities can work towards preventing/reducing such violence. These include installing barrier protection, metal detectors, and security alarm systems, allocating conducive patient/visitor areas, and providing clear exit routes (Lim, Mei Chinga; et.al, 2022). Some other immediate measures that can be incorporated to improve patient/client and provider safety in health facilities are listed in the table below.

STRATEGIES AND KEY CONSIDERATIONS FOR ENSURING SAFETY AND SECURITY IN HEALTHCARE FACILITIES

	TO CONSIDER	GENDER RELEVANCE
OVERALL SECURITY OF HEALTH FACILITIES 	1.  The boundary wall of the facility should be intact and should be of an adequate height [IPHS_CHC, 2022]. 2.  The facility should also have at least two functional gates for entry and exit [IPHS_CHC, 2022]. 3.  The windows in the facility should be secured with grills and/or wire mesh [Kayakalp_NHM, 2015]. 4.  The facility premises should not be used as a 'thoroughfare' by the general public [Kayakalp].	Violence/gender-based violence/ sexual exploitation, abuse, and harassment in the healthcare sector have a significant impact on the delivery of healthcare services, including causing a decline in the quality of care delivered, increased absenteeism, and health workers deciding to leave the field [Mei Ching Lim, et al., 2022]. Key to protecting employees and patients/clients is inspecting all work areas, including exterior building areas and parking areas, as well as evaluating security measures [OSHA]. Fear of violence affects employees' performance and reduces their response to care needs, especially in emergency situations [NSEA tool | BMC Nursing].

	TO CONSIDER	GENDER RELEVANCE
	5. The facility should have security systems in place at patient/client care areas and there should be set procedures for handling mobs and violence in emergencies. The security system should include surveillance systems, such as CCTV [NQAS, LaQshya, Kayakalp].	Fear of violence affects employees' performance and reduces their response to care needs, especially in emergency situations [NSEA tool | BMC Nursing]. To avoid interruptions to the provision of care, female staff should be able to rely on security systems. Surveillance systems in health facilities can also help deter harassment and gender-based violence. Installing CCTV will help deter and monitor crime in facility areas. **See also Focus Note 3.**
	6. There should be no unauthorised occupation within the facility, and/or encroachment on facility land. Hospital premises and access roads should not be encroached on by vendors, unauthorised shops/ occupants, etc [Kayakalp].	Key to protecting employees and patients/clients is inspecting all work areas, including exterior building areas and parking areas, as well as evaluating security measures [OSHA]. Removing or preventing unauthorised occupants within the facility is crucial for crowd control and security. This will ensure the safety of patients/ clients, and healthcare providers especially women and children, and keep them safe from harassment.
LIGHTING FOR SAFETY 	**7.** Portable emergency lights and generators/inverters/solar panels should be available for power back-up/back-up lighting [IPHS_DH, 2022].	Lighting is a basic amenity that improves the experience of all users in the facility, and it plays a crucial role in making a woman feel safe and secure in a space. Having back-up lighting/a back-up energy source helps to avoid gender-based violence on the facility premises.

	TO CONSIDER	GENDER RELEVANCE
	8. Toilets, in particular, need to be well lit, especially when located in an isolated corner of the facility (field observation).	
MANAGEMENT OF CROWDS AND PATIENT/ CLIENT FLOW 	9. The facility should have a sound security system to manage overcrowding during OPD hours. There should preferably be a digital public calling system for patients/clients, or a procedure for the systematic calling of patients/clients one by one [IPHA_CHC, 2022, MusQan].	Overcrowding in OPDs causes poor access to services, difficulty in making appointments, long waiting times, and patients/clients' and employees' dissatisfaction. Some of the negative effects of overcrowding include employee burn-out and dissatisfaction, nosocomial infections, mortality, negative patient outcomes, patient discomfort, increased medical errors, and a reduction in patient safety [Mohammadkarim Bahadori, et.al, 2017].
	10.  There should be a robust crowd management system in the labour room to ensure that there is no overcrowding. Entry to the labour room should be allowed only for the pregnant woman, her birth companion, the doctor, the nurse/ Auxiliary Nurse and Midwife (ANM) on duty, and other support staff. Cleaning staff should be allowed periodic entry as per the standard operating procedures and protocols for cleaning [NHM_2016].	The lack of floor management in labour rooms often leads to crowding of more family members and Accredited Social Health Activists or ASHAs than are permitted, which affects the decision-making process of the nurses on duty (field observation). Moreover, a free flow of visitors increases the risk of infection [M4ID].

	TO CONSIDER	GENDER RELEVANCE
11. 	An adequate security system should be available at the entrance of the maternity ward (field observation).	Having security in place protects patient/client privacy and helps keep the general atmosphere calm [M4ID]. It prevents outsiders and unauthorised family members crowding the facility. Overcrowding and the free flow of visitors can compromise privacy. In such situations, due to fears for their safety or privacy, women may choose to give birth at home, which can increase the risk to their health, as well as the health of their newborns [UNOPS]. Overcrowding inside labour rooms can also be caused by healthcare providers, such as when a team of providers is in attendance or a batch of students is present during vaginal examinations (field observation). In a recent WHO multi-country study, more than half of women reported an uncomfortable experience during vaginal examination while being admitted for childbirth, with about 60% not being informed or consenting to being examined [Adu-Bonsaffoh K, Mehrtash H, Guure C, et al, 2020]. Such public examinations can constitute an invasion of privacy and serve as a deterrent to seeking out an institutional birth.
12. 	Maternity wards should have female security guards to manage family members, particularly women family members (CHC_IPHS, 2022).	Trained female security guards are required to manage visitors and potential security threats. Having male security guards in labour rooms causes discomfort for women and compromises their privacy and dignity (field observation).

03 Focus Note

Security and sexual exploitation, abuse, and harassment at health facilities

Ensuring security in hospitals requires a multifaceted approach. While careful planning and design can mitigate risks related to overcrowding and can enhance patient flow, it is equally crucial to establish strong management systems and policies within the facility. The synergy between well-designed infrastructure and effective policies forms the backbone of a secure healthcare environment. Health facilities should ensure the following two crucial aspects are in place:

- **The security personnel at the facility should be trained and fit to perform their duties respectfully (field observation).**

Security guards control access and safeguard institutions by checking visitor appointment cards and ensuring they enter the right facility. They also play a crucial role in maintaining safety by intervening when patients or their companions pose a threat to themselves, staff, or others, and by using physical restraint or de-escalation measures when necessary [Lindokuhle Shongwe,et.al, 2023]. Over-age, untrained security personnel, coupled with the absence of accountability mechanisms, pose a threat to the safety of healthcare staff in facilities, especially women staff, who are often left to fend for themselves in situations of violence or emergencies (field observation)

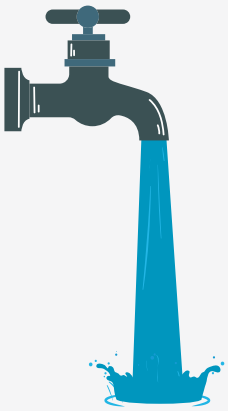
- **The facility should have established measures or protocols to ensure the safety and security of female staff [MusQan]: for instance, the constitution of Internal Complaints Committees, as mandated by POSH Act, 2013. Measures/protocols such as work site analysis for hazard identification, safety and health training, and hazard prevention and control should be adopted according to the needs of the environment, following the available guidelines and recommendations by WHO, International Labor Organization (ILO), national guidelines, and evidence-based research.**

Perpetrators of abuse can exploit amenities like changing areas and overnight duty rooms that may cater to men's requirements but do not ensure women's safety. Women healthcare workers face a heightened risk of sexual exploitation, abuse, and harassment when hospitals and clinics lack adequate night-time security and proper illumination, or are located in isolated areas. Workplace facilities and protocols must explicitly prioritise the safety of women [WGH, 2022]. Women health workers in many contexts have no mechanism whereby they can report abuse by a senior male colleague and not attract retaliation. Women victims of sexual violence in some contexts may fear stigma, shame, divorce, and even prosecution, if they report the case [WGH, 2022]. Workplace violence can lead to caregiver fatigue, burn-out, injury, and stress, which can lead to a higher risk of medication errors and patient infections, and can also result in people leaving the healthcare workforce [OSHA].

03 Provision of basic amenities

A report published by Scope Impact in collaboration with the Bill & Melinda Gates Foundation states that spatial aspects of facilities, such as lighting and useable space, as well as the availability and efficacy of care products, electricity supply and commodities directly influence care provision. Access to, and the quality of, basic infrastructure services (e.g., electricity, water, sanitation, and public toilet facilities) are essential for women's and girls' safety and satisfaction of their basic needs: in particular, related to menstrual hygiene and perinatal care (UNOPS, 2020). The table below highlights some of the most basic amenities such as toilets, clean drinking water, and reliable electricity, all of which must be given due consideration to ensure the well-being and dignity of women and girls in health facilities.

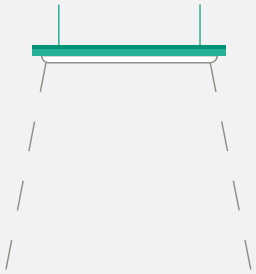
REQUIRED AMENITIES TO ENSURE WOMEN'S COMFORT AND SAFETY IN HEALTH FACILITIES

	TO CONSIDER	GENDER RELEVANCE
AVAILABILITY OF WATER 	**1.** There should be a consistent supply of safe drinking water available on site at all times [WHO, 2016]. This provision should be made available at multiple points in the facility. **2.** Hospitals should ensure that water is available on a 24/7 basis and is readily available at all points of use [Kayakalp].	Due to a lack of access to water and sanitation women can be further discouraged from seeking institutional births, and they can delay seeking health advice [UNICEF]. These services are especially critical for vulnerable populations, including pregnant mothers, newborns, and children [UNICEF].
AVAILABILITY OF TOILETS 	**3.** Separate and dedicated functional toilets should be available for staff and patient/clients, segregated into male and female toilets. **4.** Toilets should be functional, with running water, and are to be maintained regularly [IPHS_CHC, 2022].	Ensuring healthcare workers have the basic water, sanitation and hygiene necessities to keep themselves, their patients, their families, and their children safe is imperative [UNICEF]. If patients feel the toilets at a healthcare facility are in an unacceptable condition, they may avoid using them or choose not to visit the facility at all [WHO, UNICEF, 2019]. A lack of adequate sanitation in healthcare facilities leads to a high incidence of maternal and neonatal sepsis, which also has a high fatality. [UNICEF].

	TO CONSIDER	GENDER RELEVANCE
		Sex-segregated toilets are required for improving women's safety and privacy and reducing incidents of gender-based violence [UNOPS].
5. 	Toilets should be accessible to the intended users (field observation).	Often, toilets remain locked and are not maintained by the cleaning staff in the facility due to various administrative reasons related to hospital management, rendering them inaccessible to the intended users (field observation). It was observed in the field visits that the male service providers used their authority and power over the female staff to usurp the available rest rooms.
6. 	Menstrual hygiene management facilities should be available in toilets, such as functional sanitary pad dispensers, separate waste bins for disposing of sanitary pads, regular waste collection, and clean waste bins [UN Women].	Poor menstrual hygiene can pose serious health risks, like leading to reproductive and urinary tract infections, which can result in future infertility and birth complications. Lack of means for hygienic management of menstruation can cause discomfort and psychological stress. It adds to the shame, stigma, anxiety, and sometimes depression that women and girls experience because of menstruation-related taboos and stigma [World Bank].
7. 	Proper doors with functional locking systems should be in place (based on observations during field visits).	Sex-segregated toilets with functional locks are required for improving women's safety and privacy and reducing incidents of gender-based violence [UNOPS].

	TO CONSIDER	GENDER RELEVANCE

LIGHTING



8.

The facility should provide adequate illumination and/or natural light in the facility, including in patient care areas, in work stations, in circulation areas, around the facility, and in auxiliary areas [IPHS_CHC, 2022, Kayakalp].

Illumination should specifically be ensured inside toilets for both providers and patients/clients, in wards, and in auxiliary areas.

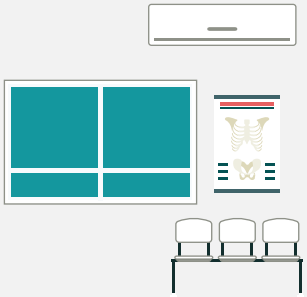
In particular, the nurse's station should have a window to provide natural light. There should be correct lighting in the nurse's station to allow nurses to perform tasks efficiently [Mokarami et al., 2021].

Proper lighting at nurse's stations reduces eye tension and greatly improves visual conditions. Minimising glare from bright sunlight, reflection on screens and shiny surfaces is also relevant [NSEA tool | BMC Nursing].

Additionally, for patients/clients, lighting also plays a role in the quality of care. Research has shown that by adjusting light and providing a dimmed labour and birthing space the production of melatonin is increased, which in turn increases the production of oxytocin [M4ID].

Also see Focus Note 4.

HEATING, VENTILATION AND AIR CONDITIONING



9.

The facility should ensure a safe and comfortable environment for service providers and patient care areas /waiting rooms, through temperature control and ventilation in doctor's rooms, the nurse's station, the duty room, the changing and resting room. This can be done using fans, air conditioning, heating, exhausts, and ventilators, as per the environmental conditions and requirements [NQAS].

This will ensure a safe and comfortable environment for patients [NQAS] and improve the quality of care.

It is known that the relationship between physical design, work processes, technology infrastructure, and the organisational culture in a nurse's station underpins nurses' job satisfaction and retention, work-related stress, and patient safety and care [NSEA tool | BMC Nursing]. Thus, it is crucial to provide the optimum working conditions for healthcare staff.

	TO CONSIDER	GENDER RELEVANCE
	In particular, it should be ensured that the temperature of the nurse's station is adjustable and can be maintained at a comfortable level [Mokarami et al., 2021].	
	10.  Natural ventilation should be maintained at the hospital premises. All windows should be operable, and the facility should take full advantage of prevailing cross ventilation [Kayakalp].	Natural air flow also reduces the risk of bacteria remaining within the facility [M4ID].

04 Focus Note

Lighting is important to make women feel safe and secure in a space – an example

In a rural renewable energy project in Sierra Leone implemented by UNOPS, they aimed to improve energy access for rural communities and rural health centres, including maternal health clinics. The benefit of the project was expected to reach up to 360,000 people living in remote and rural areas. The project addressed the critical need for electricity in health facilities, allowing for the proper refrigeration of medicines, the operation of medical equipment and a reliable, continuous electricity supply to provide 24-hour medical services. It was found that the provision of stable lighting led to an increased number of women visiting antenatal and community health clinics to give birth in a safer environment, reducing the risk to them and their children.

04 Spaces

Creating a well-functioning gender-sensitive space, as described by Scope Impact, requires considering the activities and people who use the space. Although most spaces and provisions in health facilities are gender-neutral in theory, certain areas may have a greater impact on female users (patients/clients and staff). For instance, spaces like nurse's stations, wards, restrooms, and changing rooms are predominantly used by female providers. Similarly, it is crucial to ensure that OPDs, wards, and waiting areas are adequately and comfortably designed, especially if they offer Reproductive, Maternal, Newborn Child Adolescent Health plus Nutrition (RMNCAH+N) services, as women and girls form a significant portion of the clientele. Paying attention to gender intentionality in these facilities is essential for the well-being and satisfaction of both patients/clients and providers. Ultimately, this approach enhances overall comfort, well-being, and the quality of care experienced during consultations, examinations, and procedures. It is important to note, as discussed in the following sections, that the availability and adequacy of space to meet gendered needs can be as much about the physical infrastructure as about its management and maintenance **(see Focus Note 5).** Additionally, we find that often there is a created space shortage due to existing gender dynamics among staff and the lack of gender sensitivity in the management of health facilities.

05 Focus Note: Usability of available spaces: maintenance and management are key

Created shortage: Even where adequate space is available, poor supervision and maintenance, coupled with a lack of consideration of other factors on which service provision depends (such as human resources), can result in space shortages being created, and can negatively impact the quality of the care being offered.

For instance, in a study conducted by OPM, in one of the facilities the washroom meant for women in labour remained locked and unutilised. As a result, the women were assisted to another washroom located at a distance from the ward. The washroom was perpetually locked despite repeated requests to the management to unlock it and have it cleaned. This burdened the other washrooms and compromised the quality of care given to women in labour.

On another floor of the facility, there was a general ward with 25 beds meant to be used for emergency cases or for women in labour who are not ready to be taken to the labour room and for women who have undergone family planning sterilisation operations. It was found that this ward remained largely unused except for a few post-operation sterilisation patients.

Further investigation revealed that the electricity line for the general ward was non-functional, washrooms near it were locked, and there was no schedule for supervision or monitoring by nursing staff for that floor. The non-functional electricity line was a result of the non-payment of dues to the outsourced vendor due to irregularities in billing. The washroom remained locked and was not maintained by the cleaning staff in the facility. The hospital management seldom came on their rounds to this floor and there was no supervision unless they anticipated a monitoring visit by the district authorities. In brief, there was complete neglect of an entire spacious floor meant to streamline service delivery and spread the patient flow.

As a result, women in labour avoided the first floor and instead crowded the area around the ANC ward on the ground floor along with their family members. This resulted in crowding in one part of the facility though there was space for the patients in another section. Despite needing additional observation, emergency patients were asked to go home, and a few post-operation sterilization patients stayed for a short while. This illustrates the use and disuse of spaces in the facility.

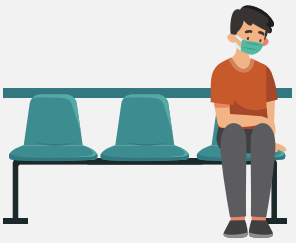
4.1. Spaces for patients/clients

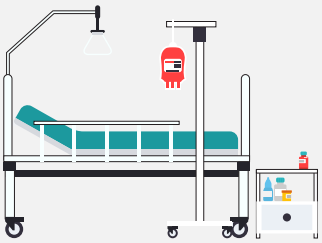
Well-designed healthcare facilities have measurable positive outcomes, helping patients/clients to recover sooner, improving patients/client and visitor experiences, and increasing staff effectiveness in their care [OVGA, 2019]. Patient/client care standards are also met by understanding the needs of the staff that care for them. In OPM's observations and studies, it has been noted that even when the necessary space is available, inadequate supervision and maintenance can lead to a shortage of useable space (what we refer to as 'created shortage')

and can diminish the quality of the care being offered.

In recent studies, it is evident that the interplay of relational dynamics, gender, and power impact the mandated allocation of spaces, shape their actual use, and affect service delivery (Das P, Ramani S, Newton-Lewis T, et.al, 2022).

SPATIAL CONSIDERATIONS TO ENSURE THE COMFORT AND SAFETY OF WOMEN PATIENTS/ CLIENTS

	TO CONSIDER	GENDER RELEVANCE
WAITING AREAS FOR PATIENTS/ CLIENTS 	**1.**  A spacious patient waiting area should be available which is adequate for maintaining physical distancing [IPHS_DH, 2022] and is well-ventilated, with proper seating.	A large and spacious waiting room will help increase patients'/clients' perceptions of care quality and comfort, as well as their overall satisfaction [Yi Qi et al., 2021]. Personal space, especially when patients/clients may feel vulnerable due to illness, is crucial to ensure women feel comfortable and safe when sitting with strangers.
	2.  Male-friendly waiting rooms should be provided in areas providing maternal and neonatal care to facilitate male involvement in pre- and postnatal services, as well as birthing [UN Women].	Health facility factors, including a lack of privacy, comfort, and lack of confidentiality can contribute towards men's involvement during labour (Lwanga, H., Atuyambe, L., Sempewo, H. et al., 2017). Waiting rooms that acknowledge the importance of male partners and fathers in the pregnancy journey are crucial to enhance the willingness of male partners to participate and help in making the delivery process bearable for the spouse and make decision-making quicker **(also see Focus Note 6).** By promoting their active involvement in supporting

	TO CONSIDER	GENDER RELEVANCE
		sexual and reproductive health, these spaces increase their sense of ownership and community engagement. This can improve health outcomes for both women and men [UN Women].
	3. Functional and well-maintained creche and breast-feeding corners should be available in the facility and accessible to patients/ clients [Kayakalp, UN Women and Maternity Benefit Act].	These amenities are vital for female users of the facility (patients/clients), enabling women to attend to personal needs within the facility, without staying at home. It helps maximise positive impacts and avoid negative impacts on the ability of women and girls to access services [UNOPS, UN Women].
PATIENT/ CLIENT CARE AREAS AND BEDS 	4. There should be sufficient space between two beds [NQAS_CHC].	This is crucial to provide healthcare staff space for bedside care and movement [QA_CHC]. This will help nurses and other health care providers to effectively do their job, while ensuring privacy for patients/clients. The space is also required to improve women's safety and privacy and to reduce incidents of gender-based violence [UNOPS].
	5. Patient/client care areas/spaces should not be used for any other purpose [QA_PHC].	Compromising patient/client care areas by utilising them for other needs causes 'created space shortages' and negatively impacts the quality of the care being offered (field observation). It can also affect the sense of safety, confidentiality, and security of female patients/clients.

	TO CONSIDER	GENDER RELEVANCE
ACCESSIBILITY 	**6.**  The facility should be accessible from the community and be located close to the community [IPHS_CHC, 2022].	The accessibility of hospitals is of paramount importance as it ensures that healthcare services are readily available and easily reachable for all individuals, especially women. This is crucial for women in particular, as they tend to avoid seeking medical care due to long distances or dependency on male family members for transportation.
	7.  The name of the facility and a list of services available there should be displayed prominently. The name board of the facility should be well-illuminated and visible at night [Kayakalp].	This will help in improving the visibility of the facility and the services provided, encouraging women to access the facility for their medical needs at all hours.
	8.  There should be sufficient lighting around the facility and at the entrance of the facility (field observation).	Lighting around the facility and at the entrance of the facility will ensure that women feel comfortable and safe seeking care at night.
	9.  There should be ramps at the entrance of the facility building and handrails should be provided for ramps and stairs [UN Women, IPHS_DH, 2022 and	The ramps, elevators, wheelchairs, and stretchers will enable users, especially pregnant women and/or women with physical disability, to navigate the facility comfortably.

	TO CONSIDER	GENDER RELEVANCE
	NQAS_CHC]. Facilities should provide ramps/ elevators for patients/clients who cannot use the stairs. The elevators provided should be of the dimensions prescribed for hospitals and should be able to accommodate stretchers (field observations).	
	10.  Facilities should have wheelchairs or stretchers available for easy use/access [UN Women] [IPHS_DH, 2022].	
	11.  Examination tables should have footsteps [NQAS]. On the other hand, professionals recommend substituting the labour tables with shorter, wider, and more comfortable tables or beds for ease of access and use, rather than utilising step-stools for examination beds.	This will help pregnant patients/ clients to easily access beds and/ or examination tables.

4.2. Spaces for women healthcare providers

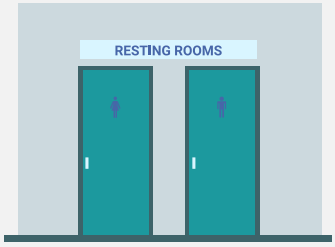
In the BTSP work OPM undertook it was evident that the distribution of formal and informal sources of power in facilities intersects with gender and other factors to mean space is given to certain actors over others. The study also demonstrated that the use of authority and multiple sources of power, in an environment where male members of the facility management are accorded more respect than the nurse-midwives, leads to a constant contestation between them. Consequently, women healthcare workers often are not able to claim space within a facility, despite being the majority in number **(see Focus Note 7)**. Giving women healthcare workers space within the facility instils a feeling of belongingness and more importantly improves their safety, privacy, and convenience, enabling them to perform their duties more efficiently.

Note:
In 2018, the Government of India initiated the formation and institutionalisation of a new staffing cadre: the 'Nurse Practitioner in Midwifery' (UNFPA, 2022). It is envisaged that 'Midwifery-led Care Units' will be established at LaQshya-certified high case load public health facilities and candidates trained under the midwifery programme will be posted at these units to provide 24/7 delivery services. However, the guidelines do not mention any infrastructure requirements for this cadre specifically. Therefore, all requirements outlined below equally apply to midwifery functions operating within health facilities.

SPATIAL CONSIDERATIONS FOR COMFORT AND SAFETY OF HEALTHCARE PROVIDERS

	TO CONSIDER	GENDER RELEVANCE

STAFF DUTY ROOMS AND RESTING ROOMS

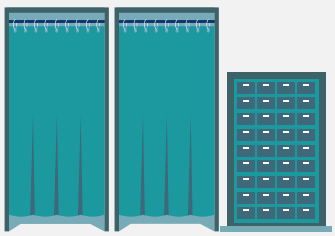


1.

There should be a separate room allocated for lady Medical Officers (field observation).

Only designated individuals should use the Medical Officer rooms and they should be regularly cleaned to ensure hygiene and safety (field observation).

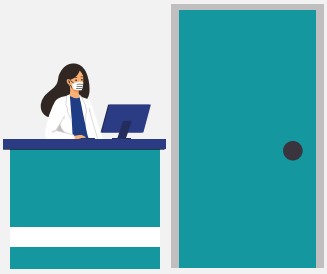
Female Medical Officers can be hesitant to take on duties in facilities due to the absence of basic facilities, such as a dedicated room and a clean functional toilet. This not only disregards female healthcare providers' needs but also hampers the quality of care of patients/clients since they are denied access to female healthcare providers (field observation).

	TO CONSIDER	GENDER RELEVANCE
	2. There should be an adequate and clean staff duty room available in the facility [NQAS_CHC].	Dedicated rooms for nursing staff are important to ensure that they have space to work and rest during their long shifts. This will improve the work efficiency and consequently the quality of care.
	3. There should be a designated room for MAMTA's in the maternity ward, with designated toilets (field observation). Note: MAMTAs are contract health workers based in the facilities for care of newborn babies and their mothers (Neogi, Sutapa B; Chauhan, Monika; Sharma, Jyoti; et al., 2016).	A lack of dedicated rooms increases the tendency to loiter in labour rooms. Additionally, giving them a dedicated space within the facility instils a feeling of belongingness, which will further improve their dedication and quality of care.
CHANGING ROOMS AND LOCKERS 	4. Segregated changing rooms should be provided for male and female patients/clients and health professionals [UN Women]. There should be provision for lockers to keep their personal belongings in [NHM, 2022]. Experts have suggested that these changing rooms should be accessible to all healthcare providers. Additionally, toilets should be co-located with changing rooms.	Required to improve women's safety and privacy and reduce incidents of gender-based violence [UNOPS]. Given the strict hierarchy, unless clear policies and provisions are in place, it is not inevitable that high-ranking cadres will allow low-ranking cadres to use the designated changing rooms. Co-locating toilets near changing rooms allows for privacy and safety.

	TO CONSIDER	GENDER RELEVANCE
	5. Lockers should be provided for healthcare workers to keep their personal belongings and clothes in, separately for men and women [ILO].	Healthcare staff need to take care of themselves to be able to provide the best care for others. Staff can focus better on their work if they know their personal belongings are secure.
COOKING FACILITIES 	6. Cooking and heating facilities (pantries) should be available within health facilities, especially for healthcare workers on night duty or in rural areas (based on observations during field visits).	Healthcare workers, especially women, who work late shifts find it difficult to arrange for their meals either due to unavailability or inconvenience (field observation).
	7. There should be provision for a separate, clean, comfortable, and hygienic place for having meals, separate from the work area [ILO].	Without nursing rooms or dining areas, the healthcare workforce is often forced to have their meals in some unused unclean corners of the facility, in storage rooms, etc. Providing them with a dedicated space not only gives them dignity, but also improves their work performance (field observation).
FUNCTIONAL AND WELL-MAINTAINED FEEDING CORNERS 	8. Functional and well-maintained and breast-feeding corners should be available in the facility and accessible to service providers [Kayakalp, UN Women and Maternity Benefit Act]. Note: It should be ensured that there are dedicated staff to manage/ run the creche.	These amenities are vital for female users of the facility (both patients/ clients and providers), enabling women to attend to their personal needs within the facility, without staying home. It helps maximise positive impacts on the ability of women and girls to access services and economic opportunities [UNOPS, UN Women].

	TO CONSIDER	GENDER RELEVANCE

NURSES' STATIONS



9.

There should be separate nurses' stations for each ward (i.e., ANC, PNC, C-Section wards – depending upon wards available for maternity cases) [NQAS].

Nurse's stations are one of the primary units for supporting the effective functioning of any hospital. They are important working environments and it is necessary for them to adhere to known ergonomic principles for the well-being of both staff and patients [NSEA tool | BMC Nursing].

10.

A dedicated nurse's station in proximity to the labour room should be provided. It should be well-ventilated, with ample lighting and enough space [NQAS_CHC].

This should also apply to midwifery stations where applicable.

Proximity facilitates both privacy and clinical supervision [M4ID].

11.

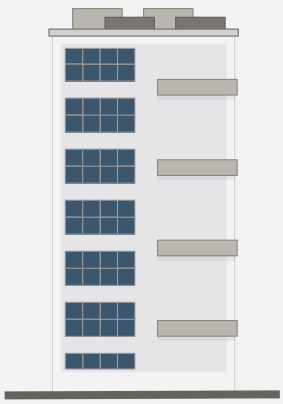
The nurse's station should ensure the safety and security of the staff, including nurses [Mokarami et al., 2021].

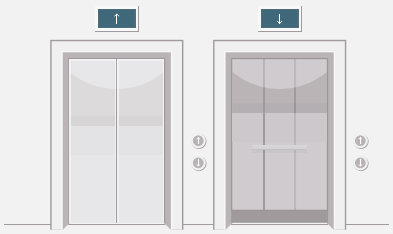
- At critical times, staff should be able to easily enter and exit the nurse's station.
- Security measures should be in place to prevent unauthorised people entering the nurse's station.

The relationship between physical design, work processes, technology infrastructure, and organisational culture in a nurse's station underpins nurse job satisfaction and retention, work-related stress, and patient safety and care. [NSEA tool | BMC Nursing].

The layout and location are important to maximise care time and minimise the time taken to reach patients [NSEA tool | BMC Nursing].

	TO CONSIDER	GENDER RELEVANCE
	• The nurse's station should include facilities to maintain the health and safety of nurses. A duct should be used to cover all wires and cables in the nurse's station. • The furniture (shelves, counters, etc.) in the nurse's station should be securely fixed and suitable for the load they support and should adequately meet the needs, including a separate space for the charting system (Mokarami et al., 2021).	
NURSE'S STATION COUNTERS 	**12.** The dimensions of the nurse's station should be proportional to the space, facilities, and equipment, and the number of nurses and physicians per shift [Mokarami et al., 2021]. **13.** The nurse's station should allow the choice of working, sitting, and standing [Mokarami et al., 2021].	Nurse's stations are one of the primary units for supporting the effective functioning of any hospital. They are important working environments and it is necessary that they adhere to known ergonomic principles for the well-being of both staff and patients [NSEA tool | BMC Nursing]. The nurse's station should have the necessary amenities to facilitate work efficiency [Mokarami et al., 2021]. The relationship between physical design, work processes, technology infrastructure, and organisational culture in a nurse's station underpins nurse job satisfaction and retention, work-related stress, and patient safety and care [NSEA tool | BMC Nursing].

	TO CONSIDER	GENDER RELEVANCE
	14. The design of the nurse's station counter should ensure that the seat has an adjustable width and depth, to suit nurses' anthropometric features [Mokarami et al., 2021].	To account for the different anthropometrics of all users of a nurse's station. Musculoskeletal disorders resulting from the use of ill-fitting furniture can lead to the prolonged absence of the staff and are associated with increased nursing errors. **See Focus Note 8.**
	15. The design of the nurse's station counter should ensure that under the counter surface there is enough space for nurses to move their feet and that they are able to rest their feet on the floor or another support when sitting behind the counter [Mokarami et al., 2021].	
RESIDENTIAL QUARTERS 	**16.** Residential quarters or accommodation should be provided for essential medical staff and allied health professionals so that Essential staff is available 24x7_ [IPHS_CHC, 2022]. This is especially crucial for healthcare workers on night duty or in rural areas (field observation).	A lack of amenities in line with the load of the facility often results in poor working conditions for healthcare workers. Often, healthcare providers are assigned duties in facilities far from their base station. In the absence of residential quarters, women staff often have to rely on male relatives to be picked up from and dropped off at the facility. Moreover, due to the lack of facilities, healthcare providers often shy away from providing their

	TO CONSIDER	GENDER RELEVANCE
		services and can be delayed in reaching healthcare facilities due to the added travel time, which is an additional challenge for female healthcare providers if they are required to travel at odd hours (field observation)
ACCESSIBILITY 	17. Facilities should provide separate elevators for the patients/clients and healthcare staff (based on observations during field visits).	Elevators help healthcare staff, especially nurses, who have to move between different floors to report to doctors and tend to patients/clients.

06 Focus Note

The need for male-friendly waiting rooms

Space dedicated for kangaroo mother care (see Section 1) should be gender neutral to encourage fathers and male partners to provide kangaroo mother care to the newborns. They can help the mother, replacing her in providing skin-to-skin contact with the baby so that she can get some rest.

There is a range of evidence from low- and middle-income countries and high-income countries that male partners who are present often feel left out during ANC, PNC, and birth. The experience of many men can be characterized as 'not-patient and not-visitor', which situates them in an undefined space, both physically and emotionally (Marina Alice Sylvia Daniele, 2021).

07 Focus Note
Gender power relations impact the availability of designated spaces

While the spaces within a facility can be made gender responsive, access to these spaces can be quite gendered. In a study conducted by OPM, it was found that the distribution of formal and informal sources of power in the studied facility intersected with gender and other factors to give access to space to certain actors over others.

For example, in a facility OPM visited, it was observed that the Block Community Mobiliser occupied a room meant for family planning counselling; there was an operation theatre in place of the PNC ward and instead of a triaging room next to the labour room there was a storeroom that remained locked. Consequently, this led to early discharge of women after delivery in the absence of a PNC ward, and an improper triaging process in the ANC ward instead of a separate room, leading to further crowd mismanagement and the absence of family planning counselling since the room was already occupied.

Access can also be limited due to a lack of maintenance (see Section 5).

08 Focus Note
Ergonomics in healthcare

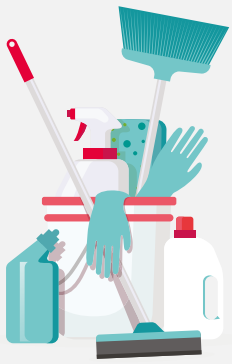
In a medical setting, ergonomics is incredibly important for both patients and healthcare providers. Patients, whether in surgery, recovery, or undergoing procedures, should have their comfort and well-being prioritised. Healthcare providers, who often work long shifts, are mostly on their feet or in uncomfortable positions. For their personal well-being and for the sake of their patients, health facilities ought to consider ergonomics for their staff as well.

Like many products, furniture and equipment in healthcare facilities are also designed based on a reference man. For instance, personal protective equipment (PPE) is designed for men and, according to a survey by Women in Global Health, only 14% of women wore PPE fitted exclusively to them. Gowns and other body coverings are not modelled for women's physique and although PPE may be manufactured in a range of sizes, large will often be the only size procured, on the assumption that it will fit [BMJ 2022].

05 Maintenance

The maintenance and upkeep of infrastructure is often a significant challenge in resource-poor countries. It is commonly overlooked due to insufficient funds, inadequate training, a shortage of maintenance staff, and a prevailing disregard for maintenance practices. As a result, the condition of assets is often rather poor, leading to a low overall quality of healthcare services (Scholz, S., et al., 2015). This is especially concerning in healthcare facilities offering RMNCAH+N services. Poorly maintained health facilities can lead to low utilisation rates due to loss of trust, low income (in the form of healthcare fees) for the hospitals, and demotivated healthcare personnel (GTZ). **Also see Focus Note 5.**

KEY CONSIDERATIONS FOR THE MAINTENANCE AND UPKEEP OF INFRASTRUCTURE



TO CONSIDER	GENDER RELEVANCE
1. In general, walls and ceilings should be well plastered and painted. There should be no seepage, dampness, cracks, or chipping of plaster, especially in the interiors of inpatient areas and spaces for service provider cadres – toilets, changing rooms, and nurse's stations [NHM, 2014].	Inadequate maintenance not only causes inconvenience to patients/ clients and overburdening of spaces currently being utilised for other services, but it also affects the provider spaces and their ability to function efficiently. Regular maintenance prevents nosocomial infections in critical areas like operating theatres and labour rooms. Healthcare staff work for long shifts; having access to a neat and well-maintained room offers them a clean space for their breaks, resulting in better quality of care.
2. Facilities should have a policy of removing condemned junk materials as outlined in the national guidelines [LaQshya and Kayakalp]. This will contribute towards enabling a safe and secure environment for both patients/ clients and providers. Some related measures are the following: • Requiring that a storage area be provided for each department. • There should be a demarcated area and secured space for collecting and storing condemned junk material before its disposal.	Removal of junk and ensuring ample storage areas will contribute to easy cleaning and maintenance routines, improving efficiency while avoiding disruption to health work and patient/client privacy (and helping to prevent accidents) [M4ID]. In addition to ensuring physical safety and ease of working, it also avoids staff/nurse restrooms being repurposed as storage areas (field observation).

	TO CONSIDER	GENDER RELEVANCE
	• No junk material, unused equipment, or condemned articles should be kept in patient/client care areas, critical service areas, open areas, corridors, or stairs. • No unused/condemned articles and outdated records should be kept in nurse's stations, OPD clinics, wards, etc. or labour rooms, operating theatres, injection rooms, dressing rooms etc.	
	3.  All furniture in the nurse's station, staff room, administrative office, duty room, etc. should be maintained by painting, polishing, and cleaning it. It should not be broken [Kayakalp].	Healthcare providers, such as nurses, are not given priority when allotting furniture. Providing them with inadequate or broken-down furniture will hamper their efficiency by compromising their comfort. The allotment of basic infrastructure and resources required for staff to perform their functions should not be discriminatory.
	4.  Facilities should ensure the safety of electrical infrastructure in the facility. The labour room should not have temporary connections or loosely hanging wires. [NQAS_CHC]. **5.**  The physical condition of buildings should be safe for providing patient/client care. The floors of the ward should be non-slippery and even [IPHS_DH, 2022].	A safe space for women, especially for those in labour and at birth, is a basic requirement in any facility.

	TO CONSIDER	GENDER RELEVANCE
	6.  Facilities should ensure fire safety measures are in place, including firefighting equipment. The labour room should have functional fire extinguishers located at strategic places across the facility [IPHS_ DH, 2022].	
	7.  Spaces assigned for healthcare staff should be well maintained [Kayakalp]. These include the staff duty rooms and ASHAs/ MAMTA workers' rooms.	Often, the distribution of formal and informal sources of power in the facility intersects with gender and other factors such that certain actors are given access to space over others. Although female service providers are engaged in multiple roles, such as assisting births and immunisation, they seldom have supervision and management roles in the facility. This leads to neglect or non-prioritising of spaces occupied by female service providers.
	8.  Handwashing units should be functional at all points of service delivery and patient/client care (field observation).	When handwashing units outside of wards are not well-maintained, healthcare providers use the handwashing units in the labour room or ward (field observation). To avoid breaches of the privacy of patient/clients, especially in areas of maternal health services, it is important to ensure that all handwashing units are functional and well-maintained. This also promotes hygiene among patients/ clients, companions, and healthcare staff, preventing the spread of infections.

06 General cleanliness and hygiene

Good hygiene is crucial for the prevention of infections and pathogen transmission in hospitals (Hausemann, A. et al., 2018). Environmental contamination plays a role in the transmission of healthcare-associated infections. Hygiene and cleanliness are not just important for IPC, but also to ensure healthcare providers feel they have dignity in their workplace. It is important that cleaning staff are also made to feel that they are a part of a team and their duties, such as cleaning and disinfecting surfaces, are a crucial part of patient care (Hausemann, A. et al., 2018). **See Focus Note 9.**

While cleanliness and hygiene are critical aspects of a health facility that is important for both female and male users, any shortcomings in this disproportionately affect women as they form the majority of the health workforce. Ensuring the overall hygiene of the facility is mandatory; this includes measures like preventing waterlogging in open areas, making facility buildings vector-breeding proof, addressing faulty drainage and pipe leakages, and removing items like tyres or flowerpots that can lead to the accumulating of stagnant water [Kayakalp]. However, in addition to these essential aspects, some more subtle details are often overlooked and deserve attention.

09 Focus Note

Vital protocols for maintaining hygiene and cleanliness in healthcare facilities

While not technically considered part of infrastructure, it is essential to guarantee that the spaces provided remain consistently clean and well-kept. All healthcare professionals must be knowledgeable about the procedures for reporting unsanitary conditions, such as in restrooms or water supply areas. As part of routine maintenance, a sufficient number of cleaning personnel should be stationed at the facility to respond promptly to a need for cleaning or maintenance. Additionally, particular care should be taken to ensure that only female cleaning staff enter female wards and labour rooms (field observation).

KEY CONSIDERATIONS FOR GENERAL CLEANLINESS AND HYGIENE IN HEALTH FACILITIES

	TO CONSIDER	GENDER RELEVANCE

1. 

Hand hygiene facilities should be provided at every point of use [Kayakalp_NHM].

- There should be a wash basin available near the point of use, with running water and antiseptic soap and/or handrub.
- Handwashing sinks should be wide and deep enough to prevent splashing and retention of water.

Hand hygiene is crucial to prevent life-threatening infections in critical areas like operating theatres and labour rooms. Better hygiene increases the uptake of services. It also reduces healthcare costs because it reduces healthcare-associated infections (which are costly to treat). It saves time as health workers do not have to search for water for hand hygiene [UNICEF]. If adequate facilities are not provided to healthcare providers (largely the nurses and those below them), either they will need to walk long distances to access it or compromise on hygiene – both of which are detrimental to the quality of care and the care providers' health and safety.

	TO CONSIDER	GENDER RELEVANCE
	2.  All areas, especially patient/ client care areas, including floors, walls, and furniture, should be clean and hygienic (Kayakalp_NHM and IPHS_DH, 2022).	Perceptions of cleanliness are subjective, but facilities should follow prescribed standards [WHO, UNICEF, 2019]. This will prevent life-threatening infections in critical areas like operating theatres and labour room.
	3.  Facilities should have a system for the safe disposal of general waste (NQAS and IPHS_DH, 2022). **See Focus Note 10.**	This will ensure that there are no piles of garbage around the facility and will help prevent life-threatening infections in critical areas like operating theatres and labour rooms. A clean hospital environment will encourage patients/clients of all genders to seek care.

10 Focus Note: Waste management in health facilities

Effective waste management is critical in order to prevent the spread of infections and diseases. Proper disposal of medical waste, including hazardous materials, reduces the risk of contamination, protecting both healthcare workers and patients/clients.

Health facilities generate various types of waste, such as biomedical waste, liquid waste, electronic waste, and general waste. The Government of India has issued specific guidelines and rules for the handling of each waste category. For instance, biomedical waste must adhere to the latest Bio-Medical Waste Management Rules, ensuring meticulous protocols for collection, transportation, treatment, and disposal. Each healthcare facility is mandated to maintain a designated central waste collection room on its premises, managed by a responsible individual and securely locked. Strict adherence to the disposal of human anatomical waste, soiled waste, and biotechnology waste within 48 hours is needed, as part of timely and secure waste management practices in healthcare institutions. These measures collectively contribute to a safer healthcare environment for everyone involved.

07 Information, education, and communication

Displaying information, education, and communication (IEC) materials in hospital settings is very important, as it serves as a crucial means of empowering and educating patients/clients, their companions, and healthcare providers. Improving the communication and informative materials that are available helps patients/clients have a better understanding and prepares them for upcoming assessments. For instance, pregnant women arriving at a facility can feel fearful, vulnerable, and uninformed about the process that awaits them. To make women feel welcomed, health facilities should ensure that a woman knows where to go and what to do, as soon as she arrives at the facility [M4ID].

Similarly, communication tools can be used to support discussions between nurses and patients/clients and their accompanying person [M4ID]. This facilitates effective communication, fosters respectful patient/client-centred care, and promotes a safe, positive, and respectful environment. Displaying IEC materials helps patients/clients, and their companions make informed decisions, understand their rights and responsibilities, learn about critical processes and timelines, and gain knowledge about key health practices, ultimately enhancing ovwerall healthcare experiences and outcomes.

KEY PROVISIONS IN IEC WITHIN HEALTH FACILITIES FOR EDUCATING AND EMPOWERING WOMEN HEALTHCARE PROVIDERS AND PATIENTS/CLIENTS.

TO CONSIDER	GENDER RELEVANCE
1. The dignity of women and other socially excluded groups should be respected in all areas – including installing signage, in marketing and company materials, and in internal communications [UN Women].	Provides a sense of acceptance and inclusion and promotes medical care-seeking.
2. Details of grievance redressal mechanisms should be displayed prominently in local language [NQAS_CHC]. Helpline numbers should be displayed prominently in various places in the facility. **See Focus Note 11.**	When women healthcare staff or patients/clients face gender-based violence, this will help them obtain help.
3. The contact details of fire, police, and ambulance services should be displayed prominently in local languages [IPHS_DH, 2022].	Nurses, who comprise the majority of the healthcare workforce, are key members during emergency situations. Prominently displaying emergency contacts and plans will

	TO CONSIDER	GENDER RELEVANCE
		help them navigate the situation better in cases of distress or emergencies.
	4.  The citizen charter should be displayed at the facility in local languages [NQAS and IPHS_CHC, 2022]. It should include the following: • citizens'/patients' rights and responsibilities; • the cycle time for critical processes; and • the reproductive rights of patients/clients in the facility. Note: The WRA charter for RMC could be used as is, or as a reference for IEC for these purposes. Further it should also emphasise: • the importance of patients'/clients' consent; and. • women's rights and entitlements related to any RMNCAH+N services.	This informs patients/clients, especially women, of their rights while accessing the facility, and prevents discrimination; and it also highlights the various steps involved in several critical medical procedures, which they are generally unaware of. This will educate/inform patients/clients, especially women, about their reproductive rights and enable them to access services without discrimination and make reproductive decisions without coercion.
	5.  Facilities should have IEC regarding the importance of maintaining hand hygiene, the use of toilets, hygiene and water sanitation, displayed in hospital premises in local languages [Kayakalp].	The visible handwashing station and hygiene information reminds staff, patients/clients, and their companions about handwashing routines [M4ID]. This will prevent life-threatening infections in critical areas like operating theatres and labour rooms. **Note:** When designing IEC materials for OPDs and labour rooms, prioritise

	TO CONSIDER	GENDER RELEVANCE
		visual elements over excessive text. This is vital to address potential literacy barriers, especially among women residing in rural areas of Bihar and Uttar Pradesh.
	6.  Relevant IEC materials should be displayed in wards on breast-feeding, kangaroo care, care of newborns, immunisation schedules, family planning etc (pictorial and chart) in circulation areas, in local languages [QA_CHC].	This will sensitise and educate patients/clients and visitors on postnatal care of the mother and baby. Note: Typically, the IEC materials utilised in healthcare facilities lack inclusivity and can potentially lead to feelings of exclusion. It is essential that the images and content in these materials are considerate and accurately reflect the demographic served by the healthcare facility.
	7.  There should be a charter for respectful behaviour towards nurses, displayed in prominent locations. Further, it should emphasise the consequences of violent behaviour towards healthcare staff.	This will ensure that nurses and female cadres feel respected and will sensitise patients/clients and families towards them.

11 Focus Note

Grievance redressal at health facilities

Grievance redressal mechanisms, such as a help desk at the facility, a calling centre with a toll-free number (at state level), and a web portal with online forms for complaints (at national level), should be provided as per the national guidelines (NHM, NHSRC).
As per the national guidelines, a five-member ASHA grievance redressal committee is to be established at the district level to address the grievances of ASHAs (NHM, NHSRC).

Checklists

In the previous sections, using both national and international guidelines/literature on health infrastructure, we have highlighted the gender-responsive aspects of facility-based infrastructure. In this section we provide three checklists: a) a checklist for CHCs; (b) a checklist for District Hospitals; and (c) a checklist for labour rooms. These checklists draw on the structure of the Indian Public Health Standards (IPHS) guidelines (infrastructure for clinical services) for CHCs and District Hospitals, and set out the gender-responsive aspects that have been highlighted in the previous sections. It is important to note that these checklists focus only on the core areas for building gender responsiveness, as identified in the previous section. They are not exhaustive lists but are intended to provide a list of questions that will help improve the gender intentionality of facilities; they can be adapted based on each facility's needs and resource availability.

Please note, as explained earlier, wherever terms like 'adequate', 'sufficient', or 'required' etc are used in relation to specific aspects, this need to be assessed as per the established norms of the national guidelines applicable to the facility in a given context (refer to Annexure 1).

Scoring

The scoring mechanisms for the infrastructure checklists have been modelled based on the NQAS scoring mechanism. The gender intentionality score of the facility can be calculated using the checklists by evaluating all the points of assessment listed in the checklist and marking the level of compliance as per the index given in Table below.

Note: All statutory and regulatory standards relevant to a particular facility should be followed and adhered to in accordance with the latest national/state guidelines, rules, and regulations. For instance, if the facility is an urban CHC and has a case load of 200, then as per the IPHS- CHC guidelines, there should be 100 beds. In this case, facilities having 60 beds should be marked as partially compliant (as per the scoring index given below).

COMPLIANCE AND SCORING INDEX

Compliance requirements	Score
• All requirements in the point of assessment are met. • Point of assessment is in complete alignment with the prescribed national guidelines for the facility (such as IPHS – CHC/District Hospital, LaQshya). • Intent of the point of assessment is met.	2 marks for full compliance.
• Some of the requirements in the point of assessment are met. • Point of assessment is in partial alignment with the prescribed national guidelines for the facility (such as IPHS – CHC/District Hospital, LaQshya). • Intent of the point of assessment is partially met.	1 mark for partial compliance.
• Most of the requirements in the point of assessment are not met. • Points of assessment are not in alignment with the prescribed national guidelines for the facility (such as IPHS – CHC/District Hospital, LaQshya). • Intent of the point of assessment is partially not met.	0 marks for non-compliance.

While scoring, it is crucial to understand that meeting the 'intent' of a point of assessment implies a situation where the prescribed equipment, space, or provision might be absent, but the intended purpose is still fulfilled. For instance, if a facility lacks a private consultation room, as prescribed in the guidelines, but still provides separate consulting spaces for male and female patients/clients that ensure visual privacy, it can be categorised as 'partially meeting the intent of the point of assessment'.

Weightage and score calculation

All the points of assessment have equal weightage, to keep scoring simple. Once scores have been assigned to each point of assessment, the total gender intentionality score for the facility can be calculated. The final score should be given as a percentage, so it can be compared with other facilities if required.

The calculation of the percentage is as follows:

$$\frac{\text{score obtained X 100}}{\text{total no. of assessment points in the checklist X 2 (i.e., the maximum score for full compliance)}}$$

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Note: Refer to Annexure 2 for a detailed example.

01 CHC CHECKLIST

Checklist to assess gender responsiveness of CHCs

Methods of inspection: Observation (OB), patient/client interviews (PI), staff interviews (SI).

ACCESSIBILITY

	Score	Method of Inspection	Action Required
Is the facility accessible/close enough from the community?			
Are the name of the facility and a list of the services available there displayed prominently?			
Are there ramps for the entrance of facility building?			
Are there ramps inside the facility building?			
Are there handrails provided with ramps/stairs?			
Are there wheelchairs and stretchers available for clients/ patients, especially elderly people, pregnant women and women with physical disability?			

OVERALL SAFETY AND SECURITY IN THE FACILITY

	Score	Method of Inspection	Action Required
Is the CHC boundary wall intact and of adequate height to prevent unwarranted entry?	○	○	○
Does the CHC have a functional gate at the entrance?	○	○	○
Are the facility premises secure and not being used as a 'thoroughfare' by the general public?	○	○	○
Is there any unauthorised occupation/ encroachment within the facility?	○	○	○
Are all windows in the CHC secured with grills and wire mesh?	○	○	○
Is there a security system and protocol in place for handling mass situations and violence in an emergency (CCTV, alarms, physical barriers, security guards)?	○	○	○
Are the helpline numbers displayed prominently in various places in the facility?	○	○	○
Has the facility established any measures for the safety and security of female staff (e.g., constitution of Internal Complaints Committees as mandated by POSH Act, 2013)?	○	○	○
Are the details of the grievance redressal mechanism displayed prominently in local languages in the facility?	○	○	○

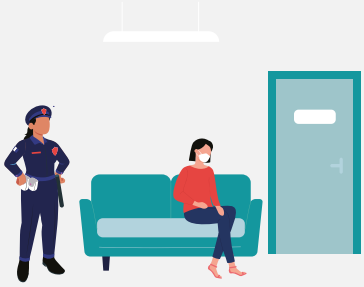
	Score	Method of Inspection	Action Required
Are portable emergency lights, generators/inverters/solar panels available in the CHC for power back-up?			
Is there adequate lighting in and around the facility so that it is well-illuminated at night time?			
Are the patient/client records kept in a secure place beyond access to general staff and visitors?			
Is there a dedicated custodian for medico-legal cases, as the guidelines prescribe?			

OVERALL AVAILABLE AMENITIES

Is water available on a 24/7 basis in the facility and is it readily available at all points of use?			
Does the facility ensure a safe and comfortable environment for service providers and patients/clients through temperature control and ventilation?			
Is there a well-maintained creche (not mandatory) and breast-feeding corner in the facility, accessible to both patients/clients and staff? Note: It is to be ensured that there is a dedicated staff to manage/ run the creche.			

	Score	Method of Inspection	Action Required
Are all areas, especially patient/ client care areas, clean and hygienic?	○	○	○
Does the facility have a policy of removing condemned junk material?	○	○	○
Is the facility well-maintained (walls and ceilings well plastered and painted, no seepage or cracks, or chipping of plaster, especially the interiors of inpatient areas and spaces for the service provider cadres – toilets, changing rooms, nurse's stations etc.)?	○	○	○

CROWD CONTROL



Is the general traffic routed away from indoor and critical areas?	○	○	○
Is there a provision for restricting visitors in patient/ client care areas?	○	○	○
Are trained security guards stationed at strategic points (including elevator entrances and wards)?	○	○	○

REGISTRATION AREA

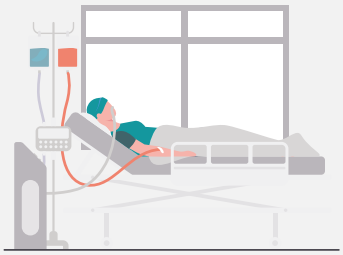
Are there dedicated counters for women, the elderly, and the differently abled?	○	○	○

	Score	Method of Inspection	Action Required

WAITING AREA

Are there separate clean, accessible, and functional toilets for men and women?	○	○	○
Are proper doors with latches in place in the toilets?	○	○	○
Are menstrual hygiene products available in the women's toilets?	○	○	○
Is clean drinking water available in the waiting area?	○	○	○
Is there a charter for respectful behaviour towards nurses and other healthcare providers, which is displayed prominently?	○	○	○

OPD



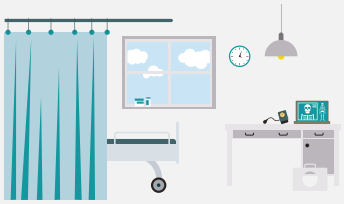
Is there any digital public calling system for patients/clients or a procedure for systematic calling of patients/clients one by one?	○	○	○
Are there curtains for, or is frosted glass used in, windows in the patient/client care areas?	○	○	○
Are all patients/clients, whatever their age or sex, seen in a private room away from the view of other patients/clients and out of the hearing range of others?	○	○	○
Are hand hygiene units provided in the OPD?	○	○	○
Is any junk material (unused/ condemned articles, and outdated records) kept in the OPD/ patient/client care areas?	○	○	○

COUNSELLING ROOM

	Score	Method of Inspection	Action Required
Is there a demarcated area for the assessment and examination of medico-legal cases, such as rape/sexual assault survivors?	○	○	○
Is there adequate space, sufficient lighting, a comfortable examination table, and all the equipment required for a thorough examination?	○	○	○
Is there a sexual assault forensic evidence (SAFE) kit, as prescribed by MoHFW?	○	○	○
Is the proforma issued by MoHFW utilised for the medico-legal examination of survivors/ victims of sexual violence?	○	○	○
Are there curtains for, or is frosted glass used in, windows?	○	○	○
Are all patients/clients, whatever their age or sex, seen in a private room away from the view of other patients/clients and out of the hearing range of others?	○	○	○
Are relevant IEC materials displayed in the counselling room on maternal health and family planning services, respectful behaviour towards healthcare staff, and the consequences of violent behaviour?	○	○	○
Do these IEC materials feature minimal text and more pictorial elements?	○	○	○

	Score	Method of Inspection	Action Required
Are the IEC materials inclusive and representative of the demographic they serve?	○	○	○

INPATIENT WARDS



Are there separate wards for men and women?	○	○	○
Are the partitions separating men and women robust enough to prevent casual overlooking and overhearing?	○	○	○
Are there curtains for, or is frosted glass used in, windows?	○	○	○
Are there separate clean, accessible, and functional toilets for men and women?	○	○	○
Are there proper doors with a latch in place in the toilets?	○	○	○
Are menstrual hygiene products available in the women's toilet?	○	○	○
Is a consistent supply of safe drinking water available in the wards?	○	○	○
Are hand hygiene units provided in the wards?	○	○	○
Is there a breast-feeding corner in the women's ward?	○	○	○
Is a storage facility provided to patients/clients to store their personal belongings?	○	○	○

	Score	Method of Inspection	Action Required
Is any junk material (unused/ condemned articles, and outdated records) kept in the wards?	○	○	○
Is relevant IEC material displayed in wards on breast-feeding, kangaroo care, care of newborns, immunisation schedules, family planning etc in circulation areas (in local language)?	○	○	○
Does these IEC materials feature minimal text and more pictorial elements?	○	○	○
Are the IEC materials inclusive and representative of the demographic they serve?	○	○	○
Are there female security guards in the front of female wards?	○	○	○

LABOUR ROOM

Is there a separate designated labour room located out of the hearing range of others?	○	○	○
Are there curtains for, or is frosted glass used in, windows?	○	○	○
Is there an attached clean and functional toilet in the labour room?	○	○	○
Are there proper doors with a latch in place in the toilets?	○	○	○
Is there a changing room available for patients/clients?	○	○	○

	Score	Method of Inspection	Action Required
Are there hand hygiene units provided in the labour room?	○	○	○
Is there a provision for inpatients/clients to store their belongings?	○	○	○
Are labour room tables provided as per case load at the facility?	○	○	○
Is there a screen/partition at labour tables in the labour room to ensure visual privacy for the patient/client and their birth companions?	○	○	○
Is there a robust crowd management system to ensure that there is no overcrowding in the labour room?	○	○	○
Is there a provision to restrict visitors in the labour room (except for the birth companion)?	○	○	○
Are there trained female security guards in the maternity units and labour room?	○	○	○
Is there a designated room for antenatal, postnatal, and family planning services?	○	○	○
Is there a dedicated infant and young child feeding counselling room?	○	○	○
Is any junk material (unused/ condemned articles, and outdated records) kept in the LR?	○	○	○

	Score	Method of Inspection	Action Required
Are relevant IEC materials displayed in the labour room on different birthing positions, the role of companions, etc displayed prominently, in local languages?	○	○	○
Is there a charter for respectful behaviour towards nurses and other healthcare providers, which is displayed prominently?	○	○	○
Is there a charter for respectful care towards woman and newborns, which is displayed prominently?	○	○	○
Are IEC materials regarding the importance of maintaining hand hygiene, use of toilets, hygiene and water sanitation displayed in the labour room in local languages?	○	○	○
Do these IEC materials feature minimal text and more pictorial elements?	○	○	○
Are the IEC materials inclusive and representative of the demographic they serve?	○	○	○

OPERATION THEATRE

Are there curtains for, or is frosted glass used in, windows?	○	○	○
Are there segregated theatre changing rooms for male and female health professionals and patients'/clients' attendants/ relatives?	○	○	○

	Score	Method of Inspection	Action Required
In the maternity room, is there a screen between two operating theatre tables?	○	○	○
Is any junk material (unused/ condemned articles, and outdated records) kept in the operating theatre?	○	○	○
Is there a charter for respectful behaviour towards nurses and other healthcare providers, which is displayed prominently?	○	○	○

MINOR OPERATING THEATRE/ DRESSING ROOM/ INJECTION ROOM/ EMERGENCY

Are there curtains for, or is frosted glass used in, windows?	○	○	○
Is any junk material (unused/ condemned articles, and outdated records) kept?	○	○	○

LABORATORY

Is there sufficient space, with workbenches and separate areas for collections and screening?	○	○	○
Is the furniture provided in the laboratory ergonomic?	○	○	○
Is there adequate internal lighting in the laboratory for efficient working?	○	○	○

STAFF SPACES

	Score	Method of Inspection	Action Required
Is there a dedicated Medical Officer's room? If a female Medical Officer is present, is there a separate Medical Officer room designated for her?	○	○	○
Is there a dedicated staff duty room for nurses?	○	○	○
Is there a dedicated room for MAMTAs?	○	○	○
Is the furniture at the staff duty room, Medical Officer room, etc maintained by painting, polishing, and cleaning?	○	○	○
Are there curtains for, or is frosted glass used in, windows?	○	○	○
Is any junk material (unused/ condemned articles, and outdated records) kept in the staff duty room?	○	○	○
Are lockers (separate for men and women) provided for healthcare workers to keep their personal belongings and clothes in?	○	○	○
Are there segregated changing rooms for male and female health professionals?	○	○	○
Is there a separate, clean, comfortable, and hygienic place for meals for healthcare staff, separate from the work area?	○	○	○

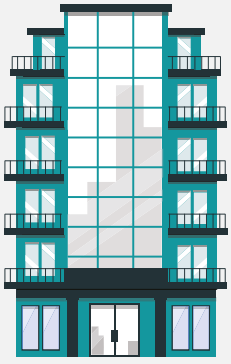
	Score	Method of Inspection	Action Required
Is any cooking facility/pantry available within health facilities (especially for healthcare workers on night duty or in rural areas)?	○	○	○
Are there separate clean and functional toilets for men and women?	○	○	○
Are there proper doors with a latch in place in the toilets?	○	○	○
Are menstrual hygiene products available in the women's toilet?	○	○	○

NURSE'S STATION AND COUNTERS

Are there separate nurse's stations for each ward?	○	○	○
Are the nurse's stations well-ventilated, with ample lighting?	○	○	○
Are there security measures to prevent non-authorised members entering the nurse's station?	○	○	○
Are the dimensions of the nurse's station proportional to the space, facilities, equipment, and the number of nurses and physicians per shift?	○	○	○
Is there adequate furniture and space in the nurse's station to support their work?	○	○	○
Is the furniture at the nurse's station maintained by painting, polishing, and cleaning?	○	○	○

	Score	Method of Inspection	Action Required
Does the nurse's station allow a choice of working sitting down or standing?	○	○	○
Does the nurse's station counter offer a seat with an adjustable width and depth, to suit the nurses' anthropometric features?	○	○	○
Does the nurse's station counter ensure that under the counter surface there is enough space for nurses to move their feet and allow them to rest their feet on the floor or another support when sitting behind the counter?	○	○	○
Is any junk material (unused/ condemned articles, and outdated records) kept?	○	○	○

RESIDENTIAL ACCOMMODATION



Is there availability of residential quarters as per load for staff including: • doctors • nursing staff • paramedic staff, technicians, others	○	○	○
Are there proper doors with a latch in place in the toilets?	○	○	○

A. Total obtained score: _____

B. Maximum score for full compliance: 119 x 2 = 238

C. Total gender intentionality score of the CHC: A X 100 / B

02 DISTRICT HOSPITALS

Checklist to assess gender responsiveness of District Hospitals

Methods of inspection: Observation (OB), patients/clients interviews (PI), staff Interviews (SI)

NURSE'S STATION AND COUNTERS

	Score	Method of Inspection	Action Required
Is the facility accessible/close enough to the community?			
Are the name of the facility and a list of the services available there displayed prominently?			
Are there ramps for the entrance of the facility building?			
Are there ramps/elevators inside the facility building?			
Are there handrails for ramps/ stairs?			
Are wheelchairs and stretchers available for clients/patients, especially elderly people, pregnant women, and women with physical disability?			

OVERALL SAFETY AND SECURITY IN THE FACILITY

Is the District Hospital boundary wall intact and of adequate height to prevent unwarranted entry?			
Does the District Hospital have a functional gate at the entrance?			
Are the facility premises secure and not being used as a 'thoroughfare' by the general public?			

OVERALL SAFETY AND SECURITY IN THE FACILITY

	Score	Method of Inspection	Action Required
Is there any unauthorised occupation/encroachment within the facility?	○	○	○
Are all windows in the District Hospital secured with grills and wire mesh?	○	○	○
Is there a security system and protocol in place for handling mass situations and violence in an emergency (CCTV, alarms, physical barriers, security guards)?	○	○	○
Has the facility established any measures for the safety and security of female staff (e.g., constitution of Internal Complaints Committees as mandated by POSH Act, 2013)?	○	○	○
Are the helpline numbers displayed prominently in various places in the facility?	○	○	○
Are the details of the grievance redressal mechanism displayed prominently in local languages in the facility?	○	○	○
Are portable emergency lights, generators/inverters/solar panels available in the District Hospital for power back-up?	○	○	○
Is there adequate lighting in and around the facility so that it is well-illuminated at night time?	○	○	○

OTHER BASIC AMENITIES

	Score	Method of Inspection	Action Required
Are the patients/client records kept in a secure place beyond access to general staff and visitors?			
Is there a dedicated custodian for medico-legal cases, as the guidelines prescribe?			
Is water available on 24/7 basis in the facility and is it readily available at all points of use?			
Does the facility ensure a safe and comfortable environment for service providers and patients/ clients through temperature control and ventilation?			
Is there a well-maintained creche and breast-feeding corner in the facility, accessible to both patients/clients and staff? Note: It is to be ensured that there is a dedicated staff to manage/ run the creche.			
Are all areas, especially patient/ client care areas, clean and hygienic?			
Does the facility have a policy of removing condemned junk material?			
Is the facility well-maintained (walls and ceilings well-plastered and painted, no seepage or cracks, or chipping of plaster, especially interiors of inpatient areas and spaces for the service provider cadres – toilets, changing rooms, nurse's stations etc.)?			

	Score	Method of Inspection	Action Required

CROWD CONTROL

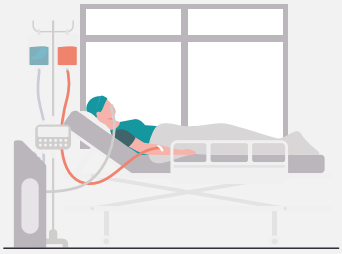
Is the general traffic routed away from indoor and critical areas?	○	○	○
Is there a provision for restricting visitors in patient/ client care areas?	○	○	○
Are there trained security guards stationed at strategic points (including elevator entrances and wards)?	○	○	○

WAITING AREA

Are there separate clean, accessible, and functional toilets for men and women?	○	○	○
Are there proper doors with a latch in place in the toilets?	○	○	○
Are menstrual hygiene products available in the women's toilets?	○	○	○
Is clean drinking water available in the waiting area?	○	○	○
Is there a charter for respectful behaviour towards nurses and other healthcare providers, which is displayed prominently?	○	○	○

REGISTRATION AREA

Are there dedicated counters for women, the elderly, and differently abled?	○	○	○

	Score	Method of Inspection	Action Required
OPD			
			
Is there a digital public calling system for patients/clients or a procedure for systematic calling of patients/clients one by one?	○	○	○
Are there curtains for, or is frosted glass used in, windows in all patient/client care areas?	○	○	○
Are all patients/clients, irrespective of age or sex, seen in a private room away from the view of other patients/clients and out of the hearing range of others?	○	○	○
Are hand hygiene units provided in the OPD?	○	○	○
Is any junk material (unused/ condemned articles, and outdated records) kept in the OPD/patient/client care areas?	○	○	○
CONSULTATION ROOM			
			
Are there curtains for, or is frosted glass used in, windows?	○	○	○
Are all patients/clients, whatever their age or sex, seen in a private room away from the view of other patients/clients and out of the hearing range of others?	○	○	○
EXAMINATION ROOM			
			
Are there curtains for, or is frosted glass used in, windows?	○	○	○
Are all patients/clients, whatever their age or sex, seen in a private room away from the view of other patients/clients and out of the hearing range of others?	○	○	○

	Score	Method of Inspection	Action Required
Is there a screen/partition for patient/client examination?	○	○	○
Is there an attached toilet with the OBGYN services?	○	○	○

COUNSELLING ROOM

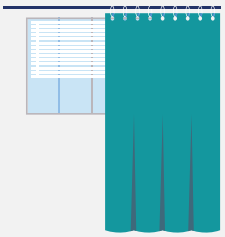
Are there curtains for, or is frosted glass used in, windows?	○	○	○
Are all patients/clients, whatever their age or sex, seen in a private room away from the view of other patients/clients and out of the hearing range of others?	○	○	○
Are relevant IEC materials displayed in the counselling room on maternal health and family planning services, respectful behaviour towards healthcare staff, and the consequences of violent behaviour?	○	○	○
Do these IEC materials feature minimal text and more pictorial elements?	○	○	○
Are the IEC materials inclusive and representative of the demographic they serve?	○	○	○

EMERGENCY CARE

Are the partitions separating men and women robust enough to prevent casual overlooking and overhearing?	○	○	○
Is there a demarcated area for the assessment and examination of medico-legal cases, such as rape/ sexual assault survivors?	○	○	○
Is there adequate space, sufficient lighting, a comfortable examination table, and all the equipment required for a thorough examination?	○	○	○

	Score	Method of Inspection	Action Required
Is there a sexual assault forensic evidence (SAFE) kit as prescribed by MoHFW?			
Is the proforma issued by MoHFW utilised for the medico-legal examination of survivors/victims of sexual violence?			
Are relevant IEC materials displayed in the counselling room on respectful behaviour towards nurses and other healthcare staff, and the consequences of violent behaviour?			
Do these IEC materials feature minimal text and more pictorial elements?			
Are the IEC materials inclusive and representative of the demographic they serve?			

CRITICAL CARE



Are there curtains for, or is frosted glass used in, windows?			
In the SNCU, is there a system in place to call mothers of babies for feeding, with space for mothers' expression of breast milk/breast-feeding, a gowning area, and a handwashing area?			

LABORATORY

Is there sufficient space with workbenches and separate areas for collections and screening?			
Is the furniture provided in the laboratory ergonomic?			
Is there adequate internal lighting in the laboratory for efficient working?			

OPERATION THEATRE COMPLEX

	Score	Method of Inspection	Action Required
Are there curtains for, or is frosted glass used in, windows?			
Are there segregated theatre changing rooms for male and female patients/clients and health professionals?			
Is any junk material (unused/ condemned articles, and outdated records) kept in the OT?			

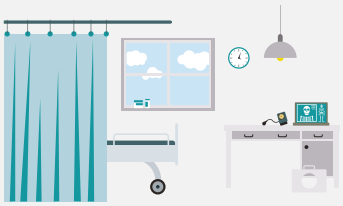
LABOUR ROOM COMPLEX

Is there a separate designated labour room located out of the hearing range of others?			
Are labour tables provided as per case load at the facility?			
Are there curtains for, or is frosted glass used in, windows?			
Is there a screen/partition at labour tables in the labour room to ensure visual privacy for the patient/client and their birth companions?			
In maternity operating theatres, is visual privacy maintained between two operating theatre tables?			
Are there segregated theatre changing rooms for male and female health professionals and patients'/ clients' attendants/relatives?			
Is a changing room available for patients/clients?			
Is there a provision for inpatients/ clients to store their belongings?			
Are hand hygiene units provided in the LR?			

	Score	Method of Inspection	Action Required
Is there an attached clean, accessible, and functional toilet in the labour room?	○	○	○
Are there proper doors with a latch in place in the toilets?	○	○	○
Is there a private designated room for antenatal, postnatal, and family planning services?	○	○	○
Is there a dedicated Infant and young child feeding counselling centre or room?	○	○	○
In the labour wards, are relevant IEC materials displayed on breast-feeding, kangaroo care, care of newborns, immunisation schedules, family planning etc., in circulation areas (in local languages)?	○	○	○
Do these IEC materials feature minimal text and more pictorial elements?	○	○	○
Are the IEC materials inclusive and representative of the demographic they serve?	○	○	○
Is there is a robust crowd management system to ensure that there is no overcrowding in and around the labour room?	○	○	○
Is there a charter for respectful behaviour towards nurses and other healthcare providers, which is displayed prominently?	○	○	○
Is there a charter for respectful care towards woman and newborns, which is displayed prominently?	○	○	○

	Score	Method of Inspection	Action Required
Is there a provision for restricting visitors in the labour room (except for the birth companion)?	○	○	○
Are there trained female security guards in the maternity units and labour room?	○	○	○
Is any junk material (unused/ condemned articles, and outdated records) kept in the labour room?	○	○	○

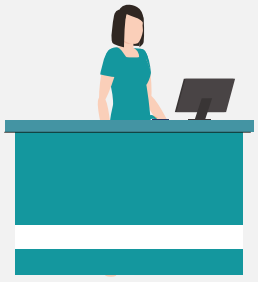
INPATIENT SERVICES



Are IPD services provided in a manner that is sensitive to gender (male and female beds in separate rooms, or partitions are provided if they are located in one room)?	○	○	○
Are the partitions separating men and women in the IPD wards robust enough to prevent casual overlooking and overhearing?	○	○	○
Are there curtains for, or is frosted glass used in, windows?	○	○	○
In paediatric wards, is a breast-feeding corner available, along with curtains for privacy and seating arrangement?	○	○	○
Are there separate clean, accessible, and functional toilets for men and women?	○	○	○
Are there proper doors with a latch in place in the toilets?	○	○	○
Are menstrual hygiene products available in the women's toilet?	○	○	○
Are there segregated changing rooms for male and female patients/clients?	○	○	○

	Score	Method of Inspection	Action Required
Is any junk material (unused/ condemned articles, and outdated records) kept in the wards?			
Is a storage facility provided to patients/clients to store their personal belongings in?			
Is relevant IEC material displayed in wards on breast-feeding, kangaroo care, care of newborns, immunisation schedules, family planning etc (in local language)?			
Do these IEC materials feature minimal text and more pictorial elements?			
Are the IEC materials inclusive and representative of the demographic they serve?			
Are there female security guards in front of female wards?			

NURSE'S STATION



Is there a common nurse's station in the OPD complex?			
If yes, is it well-ventilated, with ample lighting and with enough space?			
Are there separate stations for high case load OPDs (such as OBGY, immunisation, and family planning services)?			
If yes, is it well-ventilated, with ample lighting and enough space?			
Are there security measures to prevent non-authorised members entering the nurse's station?			

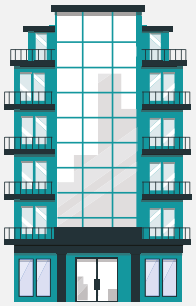
	Score	Method of Inspection	Action Required
Are the dimensions of the nurse's station proportional to the space, facilities, and equipment, and the number of nurses and physicians per shift?	○	○	○
Is there adequate furniture and space in the nurse's station to support their work?	○	○	○
Is the furniture at the nurse's station maintained by painting, polishing, and cleaning?	○	○	○
Does the nurse's station allow the choice of working sitting down or standing?	○	○	○
Does the nurse's station counter offer a seat with an adjustable width and depth, to suit the nurses' anthropometric features?	○	○	○
Does the nurse's station counter ensure that under the counter surface, there is enough space for nurses to move their feet and allow them to rest their feet on the floor or another support when sitting behind the counter?	○	○	○
Is any junk material (unused/ condemned articles, and outdated records) kept in the nurse's station?	○	○	○

STAFF SPACES

	Score	Method of Inspection	Action Required
Are there adequate and dedicated staff duty rooms?			
Is the furniture at the staff duty room, Medical Officer room, etc maintained by painting, polishing, and cleaning?			
Are there curtains for, or is frosted glass used in, windows?			
Is any junk material (unused/ condemned articles, and outdated records) kept in the staff duty room?			
Are lockers (separate for men and women) provided for healthcare workers to keep their personal belongings and clothes in?			
Are there segregated changing and resting rooms for male and female health professionals?			
Is there a separate, clean, comfortable, and hygienic place for meals for healthcare staff, separate from the work area?			
Is any cooking facility/ pantry available within health facilities (especially for healthcare workers on night duty or in rural areas)?			
Are there separate clean, accessible, and functional toilets for men and women?			
Are there proper doors with a latch in place in the toilets?			
Are menstrual hygiene products available in the women's toilets?			

Score	Method of Inspection	Action Required

RESIDENTIAL QUARTERS



Is there an availability of quarters as per load for staff including:

- doctors
- nursing staff
- paramedic staff – pharmacists, technicians, others

A. Total obtained score: _____

B. Maximum score for full compliance: total no. of assessment points in the checklist x 2 = 126 x 2 = 252

03 LABOUR ROOM

According to a report by Scope Impact, the growing demand for health services has led to higher rates of preventable maternal and perinatal mortality and morbidity in health facilities. Poor quality of care is a major obstacle to reducing these risks. Overcrowding, inadequate IPC, and a lack of essential infrastructure contribute to unsafe and uncomfortable birth experiences. As more births occur in health facilities worldwide, it is crucial to ensure that maternity wards are well-equipped to provide high-quality care. The report states that 'a woman's physical surroundings during childbirth can affect her perception of how easy or difficult it is to give birth'. A healthcare facility should appear capable of providing respectful and good-quality care. Poor physical surroundings may not seem welcoming and may not inspire confidence that the healthcare providers are capable of handling births, especially if the patients/clients are particularly vulnerable. Considering a woman's overall childbirth experience, including the physical environment and available services, has the potential to improve maternal and newborn health outcomes. In the BTSP study conducted by OPM, it was observed that the labour room floor sees a constant contestation between service providers and family members, and between providers and external players that may audit, monitor, or supervise. This directly affects the labour room floor and the fine, calibrated clinical service provision, especially in terms of timing and attention.

While the Government of India has established various standards, such as LaQshya and NQAS, for the improvement of quality of care in labour rooms and maternity operating theatres, these are largely from a clinical perspective. The checklist below draws from these guidelines and builds on other literature that focuses on creating gender-responsive facilities. Its purpose is to act as a guide for public health facilities, enabling them to create a gender-responsive environment that meets the specific needs of pregnant women.

Checklist to assess gender responsiveness in labour rooms

Methods of inspection: Observation (OB), patient/client interviews (PI), staff interviews (SI).

	Score	Method of Inspection	Action Required
To make women feel accepted and welcomed, is the entrance door of the maternity ward clearly marked and made accessible for everyone, including disabled patients/clients? [M4ID]	○	○	○
For emergencies, to ensure patient/client privacy and to keep the general atmosphere calm, is there a different entrance to facilitate direct access to care? [M4ID]	○	○	○
Is there a dedicated security personnel at the entrance to ensure safety and to provide accurate information to patients/clients and visitors? [M4ID]	○	○	○

	Score	Method of Inspection	Action Required
Are there trained female security guards in the maternity units and labour room?			
To keep the general atmosphere calm and less chaotic, is there a dedicated reception/registration area and waiting area at the entrance of the labour room complex (with registration/reception desk and adequate seating arrangement for people in waiting area)? [NQAS, LaQshya]			
Is the reception desk low enough to create an open environment for interactions between the woman and the nurse/midwife? [M4ID]			
Are seats available next to the desk for the women to sit and rest during the interview and registration process? [M4ID]			
Does the height of the desk and seat align to allow communication at eye level between the receptionist and the patient/client while seated? [M4ID]			
Have informative colours been applied to the floor, signage, furniture, and textiles to enhance the overall understanding of the physical space? [M4ID]			
To ensure privacy, is there a dedicated triage and examination area/ room with two examination beds for segregating high- and low-risk patients/clients? [NQAS, LaQshya]			
Is there easy access to a toilet for the convenience of patients/clients, including privacy for collecting urine samples if needed? [M4ID]			
Are the handwashing stations (in different parts of the facility, including the examination area and labour room) and hygiene information clearly visible to staff, patients/clients, and companions? [M4ID]			
To provide privacy, are there any measures in place to ensure that only the pregnant woman, her birth companion, the doctor, nurse/ANM on duty, and support staff are allowed in the labour room when it is in use? [NQAS]			
Is the labour room and its associated services arranged according to the labour-delivery-recovery (LDR) concept, with each LDR unit comprising four labour beds, a dedicated nurse's station, and a newborn corner? [NQAS]			
Are there dedicated and attached toilets for the labour room, with Western style toilet seats, to enable women to access toilets comfortably? [NQAS]			

	Score	Method of Inspection	Action Required
Is there sufficient space in the labour room to enable patients/clients to move around and interact with the obstetric bed and also to allow the birth companion to support the woman in labour on different sides of the bed and to adjust the bed according to her needs and wishes? [M4ID]			
In the wards, is there adequate space as per patient/work/case load with sufficient spacing between beds? [NQAS]			
Are the wards designed to provide a secure, clean, and adequate space for expectant and postpartum mothers to sleep, and rest in, with a welcoming space for expectant fathers to support their partners? [UN Women]			
Is there an outdoor area connected to the labour space to promote walking in fresh air, enabling patients/clients to freely move around during labour? [M4ID]			
Is there a common dedicated nurse's station for the conventional labour room? If the LDR concept is followed, is there a dedicated nurse's station for each unit? [NQAS, LaQshya]			
Is there a separate nurse's station for each ward- ANC, PNC, and C-Section ward (depending upon the wards available for maternity cases). [NQAS]			
Is there a private room to allow the mother and newborn to rest and take time for skin-to skin contact and initiation of breast-feeding before moving to the postnatal space? [M4ID]			
Are there personal recovery rooms for patients/clients whose condition requires more private and secured space in case of infection, pre-eclampsia, or recovering after a stillbirth or caesarean birth? [M4ID]			
Are there pictures on the walls of the labour room or other informative tools illustrating different ways in which a companion can help the patient/client during labour, such as different positions to alleviate labour pain? [M4ID]			
In the examination area, are there pictures or graphics on the wall illustrating the care services provided, different stages of labour, and other general guidance assisting patients/clients and their companions to better understand the childbirth process and prepare for the next stages? [M4ID]			
Is there a charter for respectful care towards women and newborns, which is displayed prominently?			

A. Total obtained score: _____
B. Maximum score for full compliance: total no. of assessment points in the checklist x 2 = 26 x 2 = 54
C. Total gender intentionality score of the labour room: A X 100 / B

Annexures

Annexure 1:
Adherence to national guidelines and standards in interpreting 'adequate', sufficient', and 'required' in the checklists

The standards for essential requirement and services for CHCs and District Hospitals are specified in the national guidelines (NHM IPHS, 2022), based on population size, case loads, and location (whether it is in an urban or a rural area). These guidelines provide the norms and benchmarks for the quality of infrastructure, human resources, and services to be delivered from public health facilities based on its classification. While using the checklists provided in this document, it is important to keep in mind the prescribed standards in the national guidelines.

The guidelines for the infrastructure requirements of various public health facilities often exhibit variations in their recommendations and calculations for the different categories of facilities. These recommendations and calculations can be broadly categorised into three types.

01. Prescribed norms as per the classification of the public health facility

In the guidelines, the norms and benchmarks for essential requirements and services for CHCs and District Hospitals in different districts/cities is influenced by its population, time to care, geographical need, local epidemiology and burden of disease, community requirements, and health-seeking behaviour of the population. For instance, the number of beds at a particular CHC is flexible and will be influenced by individual state policy, taking into account the estimated facility case load, the local burden of disease, access to healthcare, and local demand (IPHS-CHC, 2022). As an example, Table below depicts the prescribed number of beds and services based on the classification of CHCs in rural and urban areas.

Categories of CHC

Type of facility	Population	Essential requirement/ services*
First Referral Units or FRU (rural)	80,000 (in hilly and tribal areas) and 1,20,000 (in plains)	30 beds, maternity and surgical services
First Referral Units or FRU (rural)		30 beds
FRU (urban)	5 lakh and above and population of 2.5 lakh in non-metro cities	50 beds, maternity and surgical services
	Metropolitan cities/ cities with population of more than 10 lakhs	100 beds

02. Prescribed specifications/units for compliance

For many provisions in the guidelines, the specification for equipment, space, or provision is outlined. For instance, where the guidelines recommend adequate lighting at workstations or consultation rooms, it should follow the illuminance prescribed by the IPHS guidelines in various spaces in the facility, as shown in the table below.

Illumination at CHCs/Urban Community Health Centres

	Department	Illumination (lux)		Department	Illumination (lux)
1.	Reception and waiting room	150	4.	Laboratories	300
			5.	Radiology	100
2. 2a. 2b.	Wards General Beds	 100 150	6.	Laborat Casualty and OPDs ories	150
3. 3a. 3b.	Operating theatre General/minor operating theatre Tables	 300 Shadowless lighting	7.	Stairs and corridor	100
			8.	Dispensaries/ medicine store	300

03. Per-unit calculations prescribed for compliance

Instead of prescribing fixed numbers, some guidelines provide the per-unit calculations to guide the infrastructural requirements for a given facility. For instance, for waiting areas, the general rule of thumb is that 1 sq. ft/per average daily patient/client with minimum 400 sq. ft of area is to be provided (CPWD, 2019). That is, if the OPD attendance of a Primary Health Centre (PHC) is 200 per day, 200 sq. ft of floor space should be available as a waiting area.

Similarly, while providing water closets at a facility, it is important to note that the prescribed quantity differs not only depending on the case load but also from male to female, as shown in the table below.

Water supply requirements at CHCs/Urban Community Health Centres (CPWD, 2019)

Fitments	Hospital for inpatients' wards (male and female)	Hospital with outpatients		Admin building	
		Male	Female	Male	Female
Water closet	One for every six beds	One per 100 persons	Two per 100 persons	One for every 25 persons	One for every 15 persons
Urinals	One per 20 persons	One per 50 persons	-	One/20 persons add one per additional 20 persons. From 101 to 200 persons add at 3% and over 200 persons add 2.5%	-

Source: CPWD, 2019

Annexure 2:
Scoring for checklists

To illustrate the scoring of checklist, refer to the table below:

S no.	Point of assessment	Score obtained	Maximum score possible during full compliance
1	Are there separate clean, accessible, and functional toilets for men and women?	2	2
2	Are there proper doors with a latch in place in the toilets?	1	2
3	Are menstrual hygiene products available in the women's toilets?	0	2
4	Is clean drinking water available in the waiting area?	0	2
5	Is there a charter for respectful behaviour towards nurses and other healthcare providers, which is displayed prominently?	0	2
		Total score obtained	Total score possible
		3	10
	Total gender intentionality score in percentage (score obtained X 100 / total no. of assessment points in the checklist X 2)	3 x 100 / 10	30%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