MISSING BILLION

Missing Billion Toolkit – Example Facility Level Assessment Output

September 2023

FLA interventions categorized in four tiers depending on facility disability inclusion

Principles of categorization

1 **Foundational interventions** (to score 1) **are the least mature**, **advanced interventions** (to score 3) are **most mature**

2 **"Critical" interventions are a subset of foundational** and are those necessary for a person to access the facility at all, or pose a danger if not met

Action plan

- Critical interventions (subset of foundational)
- Interventions to reach foundational
- Interventions to reach intermediate
- Interventions to reach advanced
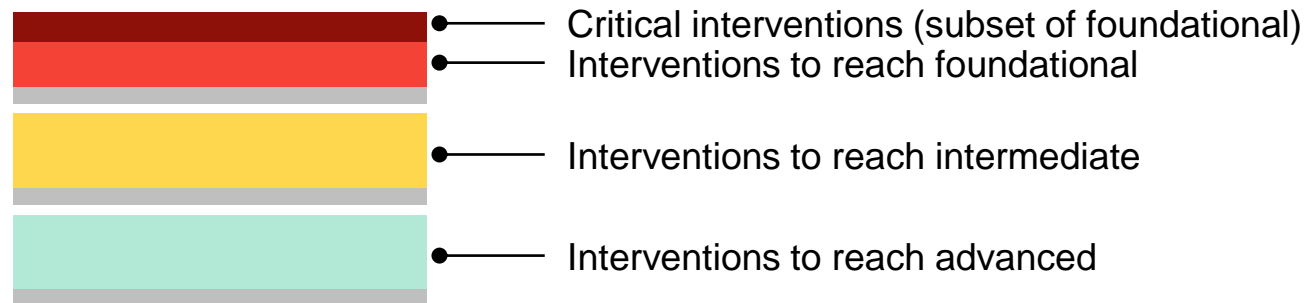
Critical interventions are a subset of the foundational interventions

- **Necessary to enter and receive any service in the facility,** e.g.,
  - 2.3: Set up ramps to enter building with width of at least 120cm

- **Dangerous for people with disabilities if not met,** e.g.,
  - 2.9 Alarm: Install and test alarms with visual and audible signals (i.e., flashing light, alarm)

Snapshot of FLA: maturity level of facility for each indicator is assessed and corresponding intervention is proposed

Category	Example indicator	Maturity level	Foundational intervention	Intermediate intervention	Advanced intervention
Entrance to services	2.1 Journey to facility with public transport	0 - Closest public transport with suitable drop off is over 1km, or no public transport is available 1 - Distance 300 - 999m from public transport drop off to accessible entrance with accessible pathway (no obstructions), with pathway surface flat firm and non slippery Drop off: area should be at least 360 cm wide Pathway: surface flat firm and non slippery 2 - Distance < 300 m from public transport drop off to accessible entrance with accessible pavement 3 - Free shuttle from public transport drop off to accessible entrance or home pick-up/subsidized taxi service	Distance: Work with public transport providers to ensure drop off is less than 999m away from accessible entrance, e.g., bus companies have an additional stop near facility. Drop off: Ensure the drop off area for the public transport site is accessible, i.e., at least 360 cm wide Pathway: Ensure a pathway is maintained from public transport stop to accessible entrance that is firm, flat, non-slippery	Distance: Work with public transport providers to ensure drop off is less than 300m away from accessible entrance, e.g., bus companies have an additional stop near facility. Drop off: Ensure the drop off area for the public transport site is accessible, i.e., at least 360 cm wide Pathway: Ensure a pathway is maintained from public transport stop to accessible entrance that is firm, flat, non-slippery	Free shuttle: Offer subsidized taxi service for home pick up for people with disabilities, or free shuttle from nearest public transport station
	2.2 Accessible parking	0 - Number of allocated disability parking slots, or number of allocated parking slots less than 2 or less than 2% of total parking spaces 1 - Number of allocated disability spaces: greater than 2% of the aggregated parking, with a min of 2 per facility for all Ticket vending machines: (if used) All functionality is positioned between 0.75-1.2m above floor level Size: Minimum size is 2.40m x 5.00m Signs: accessible parking signs on bay 2 - Size: Minimum size is 3.20m x 5.00m Distance: 30m of accessible entrance Surface: of the car park is flat, firm and non-slippery. 3 - Surface of pathways: Tactile paving strips on pathways, color contrast with the rest of the pavement.	Number of allocated disability space: Ensure allocation of disability spaces in carpark of 2% (minimum of 2) Ticketing vending machines: Set up accessible ticket machines, with all functionality accessible between 0.75m-1.2m from the floor Size: Ensure all disability parking slots are at least 2.40m x 5.00m Signs: Display clear signs with universal sign of disability on bay	Distance: Ensure the spaces that are allocated are within 30m of entrance Size: Ensure the slots are at least 3.20m x 5.00m Surface: Apply a surface to the carpark that is flat, firm and non-slippery. Avoid surfaces such as gravel or sand for the carpark	Surface of pathways: Lay tactile paving strips on pathways with color contract with the rest of the pavement

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Snapshot of FLA: a detailed assessment of the facility across each indicator is conducted with resulting potential improvements

Category	Example indicator	Outcome	Example healthcare center	Score	Potential improvement
Entrance to services	2.1 Journey to facility with public transport	0 - Closest public transport with suitable drop off is over 1km, or no public transport is available 1 - Distance 300 - 999m from public transport drop off to accessible entrance with accessible pathway (no obstructions), with pathway surface flat firm and non slippery Drop off: area should be at least 360 cm wide Pathway: surface flat firm and non slippery 2 - Distance < 300 m from public transport drop off to accessible entrance with accessible pavement 3 - Free shuttle from public transport drop off to accessible entrance or home pick-up/subsidized taxi service	Distance: Drop off area is 650 m and 700 m Pathway: Flat pavement Drop off: Drop off area wider than 360 cm Free shuttle: No free shuttle from public transport but a potential home service if needed	1	Distance: Work with public transport providers to ensure drop off is less than 300m away from accessible entrance, e.g., bus companies have an additional stop near facility. Drop off: Ensure the drop off area for the public transport site is accessible, i.e., at least 360 cm wide Pathway: Ensure a pathway is maintained from public transport stop to accessible entrance that is firm, flat, non-slippery
	2.2 Accessible parking	0 - Number of allocated disability parking slots, or number of allocated parking slots less than 2 or less than 2% of total parking spaces 1 - Number of allocated disability spaces: greater than 2% of the aggregated parking, with a min of 2 per facility for all Ticket vending machines: (if used) All functionality is positioned between 0.75-1.2m above floor level Size: Minimum size is 2.40m x 5.00m Signs: accessible parking signs on bay 2 - Size: Minimum size is 3.20m x 5.00m Distance: 30m of accessible entrance Surface: of the car park is flat, firm and non-slippery. 3 - Surface of pathways: Tactile paving strips on pathways, color contrast with the rest of the pavement.	Number of allocated disability spaces: 2 out 30 (~6%) of parking in designated parking area Ticket vending machines: No ticketing system Distance: Distance from accessible parking to main entrance is 12-17m Surface: Flat, firm and non slippery, No tactile paving strips, there is painted color contrast for space around the area Size: 4.7 m x 5.3 m Signs: Accessible parking signs on bay printed on each accessible space and vertical signs	2	Surface of pathways: Lay tactile paving strips on pathways with color contract with the rest of the pavement

Example output: the tool provides users with an overview of how inclusive a facility is
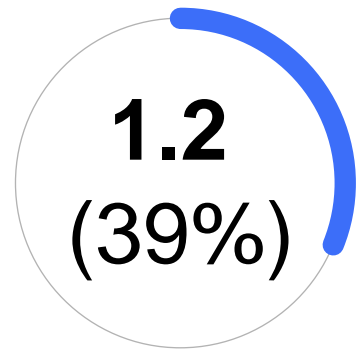
🔴 Below foundational <1   🟡 Foundational 1-2   🟢 Intermediate 2-3   🟢 Advanced 3

Overall score[1]

**1.2
(39%)**

Healthcare Centre average score per category

1.3 Communications pre arrival

1.4 Entrance to facility

1.4 Reception, corridors, and rooms

1.3 Reasonable accommodation: communication and assistance

0.3 Engagement with healthcare staff

1.4 Receive treatment and follow up care
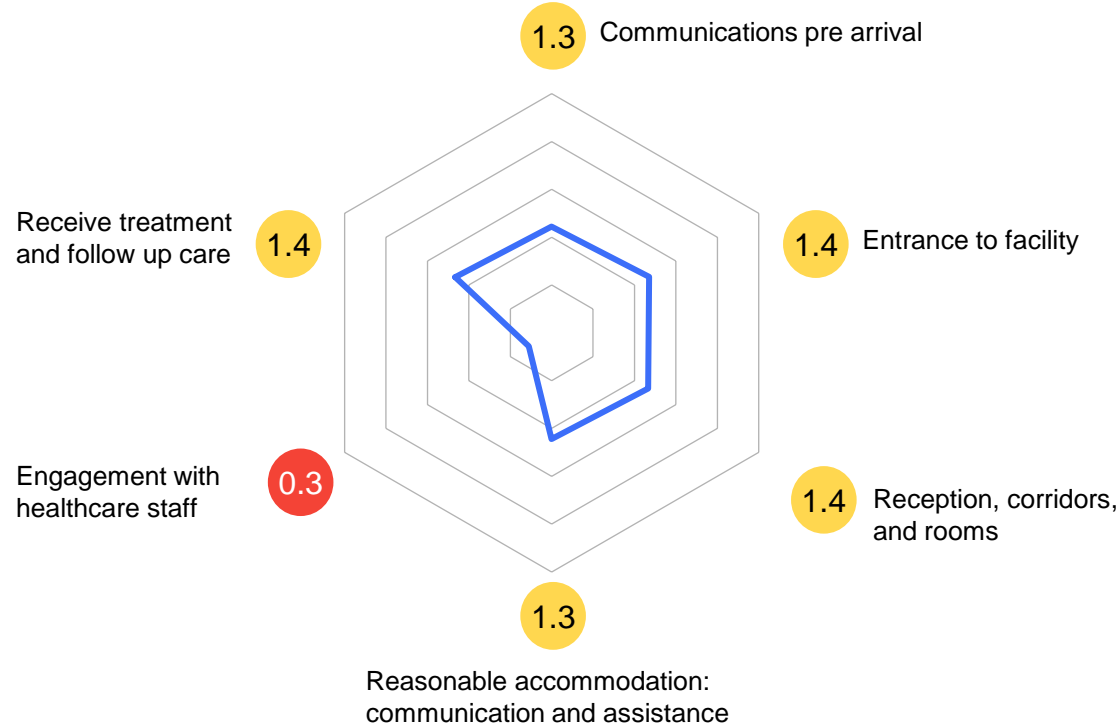
Engagement with healthcare staff has the greatest potential for improvement of the patient journey at Healthcare Center 1

However, all other categories lack foundational interventions to promote inclusion

1. Average score across all indicators, maximum score of 3

Example output: The FLA sheds light on degree of disability inclusiveness across the patient journey

Breakdown of maturity level of each step of patient journey, % of indicators

Legend:
- Below foundational (red)
- Foundational (yellow)
- Intermediate (light green)
- Advanced (green)

Pre arrival	In the facility				Aftercare

Communication pre arrival to the facility
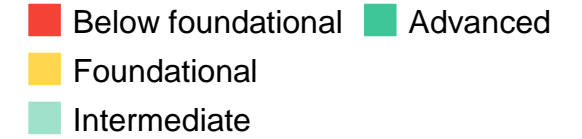- Intermediate: 67%
- Below foundational: 33%

Entrance to services
- Intermediate: 60%
- Foundational: 20%
- Below foundational: 20%

Reception, corridors and rooms
- Advanced: 20%
- Intermediate: 30%
- Foundational: 20%
- Below foundational: 30%

Reasonable accomodation: communication and assistance
- Advanced: (green)
- Intermediate: 17%
- Foundational: 50%
- Below foundational: 17%

Healthcare worker training
- Intermediate: 17%
- Below foundational: 83%

Receive treatment and follow up care
- Advanced: (green)
- Intermediate: 17%
- Foundational: 50%
- Below foundational: 17%

Example output: The FLA also gives a detailed breakdown of maturity by each indicator in the tool

Legend: 🔴 Below foundational 🟡 Foundational 🟢 Intermediate 🟢 Advanced

Communication pre arrival at facility	Maturity level
1.1 Information about the facility	Below foundational
1.2 Booking platform	Intermediate
1.3 Appointment reminders	Intermediate

Entrance to facility	Maturity level
2.1 Journey to facility with public transport	Foundational
2.2 Accessible parking	Intermediate
2.3 Building access	Below foundational
2.4 Exterior door (entrance/exit)	Intermediate
2.5 Reception desk	Intermediate

Reception, corridors and rooms	Maturity level
2.6 Corridors	Intermediate
2.7 Accessible Toilets	Foundational
2.8 Directions in key areas (E.g., lifts, signposts)	Foundational
2.9 Emergency evacuation (routes & alarm)	Below foundational
2.10 Floors (room, corridor)	Intermediate
2.11 Multi-story buildings/lifts	Advanced
2.12 Waiting area	Intermediate
2.13 Prayer room	Below foundational
2.14 Accessible rooms	Intermediate
2.15 Equipment in examination rooms (Examination table, scales)	Below foundational

Reasonable accommodation	Maturity level
3.1 Communication with healthcare workers during appointments	Advanced
3.2 Health information for after appointments	Foundational
3.3 Informed consent forms accessibility	Foundational
3.4 Medication boxes	Foundational
3.5 Availability of functional assistive devices for temporary use (wheelchairs, crutches, walkers, buggies), guide dogs and other disability-related supports	Below foundational
3.6 Accessible complaint system and patient satisfaction surveys	Intermediate

Training of healthcare staff	Maturity level
4.1 Disability etiquette or sensitization training for all members of staff	Below foundational
4.2 Supporting emergency evacuation for people with disabilities	Below foundational
4.3 Basic sign language interpretation and Braille signage	Intermediate
4.4 Interrelationship between disability and sexual and reproductive health and rights (SRHR) and gender-based violence (GBV)	Below foundational
4.5 Disability-related violence (e.g., name-calling, taking away of assistive devices)	Below foundational
4.6 Training on how to screen for and identify disability (E.g., mental, intellectual, physical, hearing and visual) for healthcare workers	Below foundational

Receive treatment and follow up care	Maturity level
5.1 Intake forms	Foundational
5.2 Screening tools to identify impairments for children and adults (E.g., physical, mental, visual, hearing, intellectual)	Intermediate
5.3 Referral pathway to disability services providing assistive devices	Foundational
5.4 Referral pathway to rehabilitation services (E.g., Occupational Therapy, Speech Therapy, Audiology, Physiotherapy)	Advanced
5.5 Referral pathway to mental healthcare providers/services accessible to people with disabilities	Foundational
5.6 Collaboration with organizations for people with disabilities	Below foundational

Based on the assessment, interventions proposed can be prioritized with respect to potential for impact and feasibility

Prioritization matrix

Increasing impact (vertical axis)

Increasing feasibility (horizontal axis)

- C — Big shifts (top left)
- A — Quick wins (top right)
- D — Incremental improvement (bottom left)
- B — Low effort gains (bottom right)

Impact

1. **Foundationally important** – necessary to create an environment where disability inclusion is on the agenda
2. **Change opportunity** – there is a large opportunity for improvement
3. **Number of people with disability affected** – many people will feel the benefits of the intervention
4. **Time to impact** – first impact to people with disability is felt within near future of implementation (e.g., <1 year)
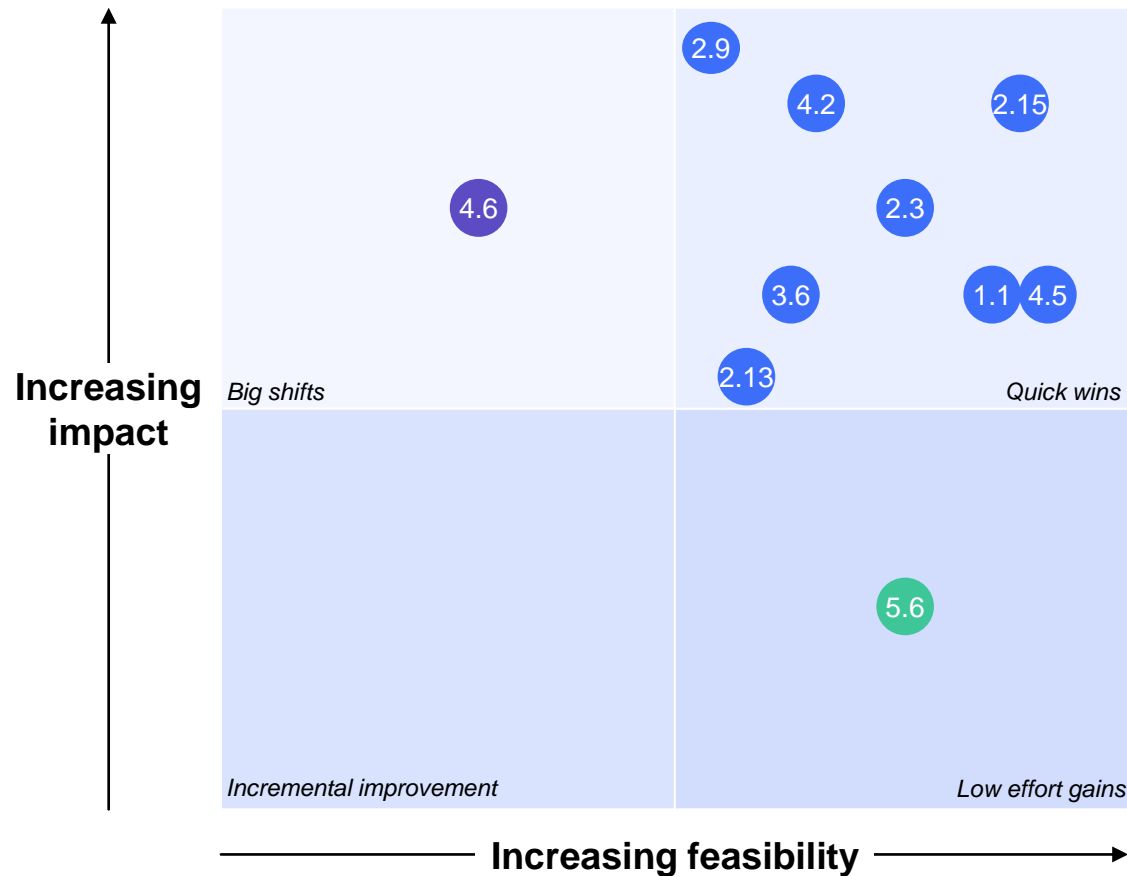
Feasibility

5. **Timeframe –** implementation can take place and be completed with in near future (e.g., <1 year)
6. **Cost** – budget and resource requirements are not prohibitive for the country
7. **Stakeholder complexity** – Easy to gain necessary buy in from stakeholders
8. **Technical complexity** – Easy to implement with existing foundations and expertise

Example output: Facility-specific, 'below foundational' interventions are prioritized to focus inclusivity efforts

Prioritization matrix, *examples of interventions*

Increasing impact (vertical axis)

Increasing feasibility (horizontal axis)

Quadrant labels: *Big shifts* (top-left), *Quick wins* (top-right), *Incremental improvement* (bottom-left), *Low effort gains* (bottom-right)

Bubbles: 2.9, 4.2, 2.15, 4.6, 2.3, 3.6, 1.1, 4.5, 2.13, 5.6

Intervention suggested

1.1 Information about the facility: provide facility info page in accessible format (e.g. webpage, leaflet, etc.)

2.3 Building access: make sure facility is accessible (ramps with the appropriate width and gradient)

2.9 Emergency evacuation: install audible and visual evacuation alarms, easy-to-perceive exit signs, and provide evacuation chairs on all floors

2.13 Prayer room: ensure the prayer room is accessible to all persons with disabilities (wheelchair-accessible, firm and non-slippery floor)

2.15 Equipment in examination room: install adjustable bed(s) and chair weighing chair(s) in accessible room

3.6 Accessible complaint system: develop complaint system (e.g., braille, easy-to-read, phone)

4.2 Emergency evacuation training: training staff on supporting emergency evacuation for people with disabilities

4.5 Disability-related violence sensitivity training: Training on disability-related violence (e.g. name-calling, taking away of assistive devices) for healthcare workers

4.6 Screening for disabilities: Training on how to screen for and identify disability for healthcare workers

5.6 Collaboration with organizations for people with disabilities