MISSING BILLION

# Missing Billion Toolkit – SAMRC/MBI Facility Level Assessment

September 2023

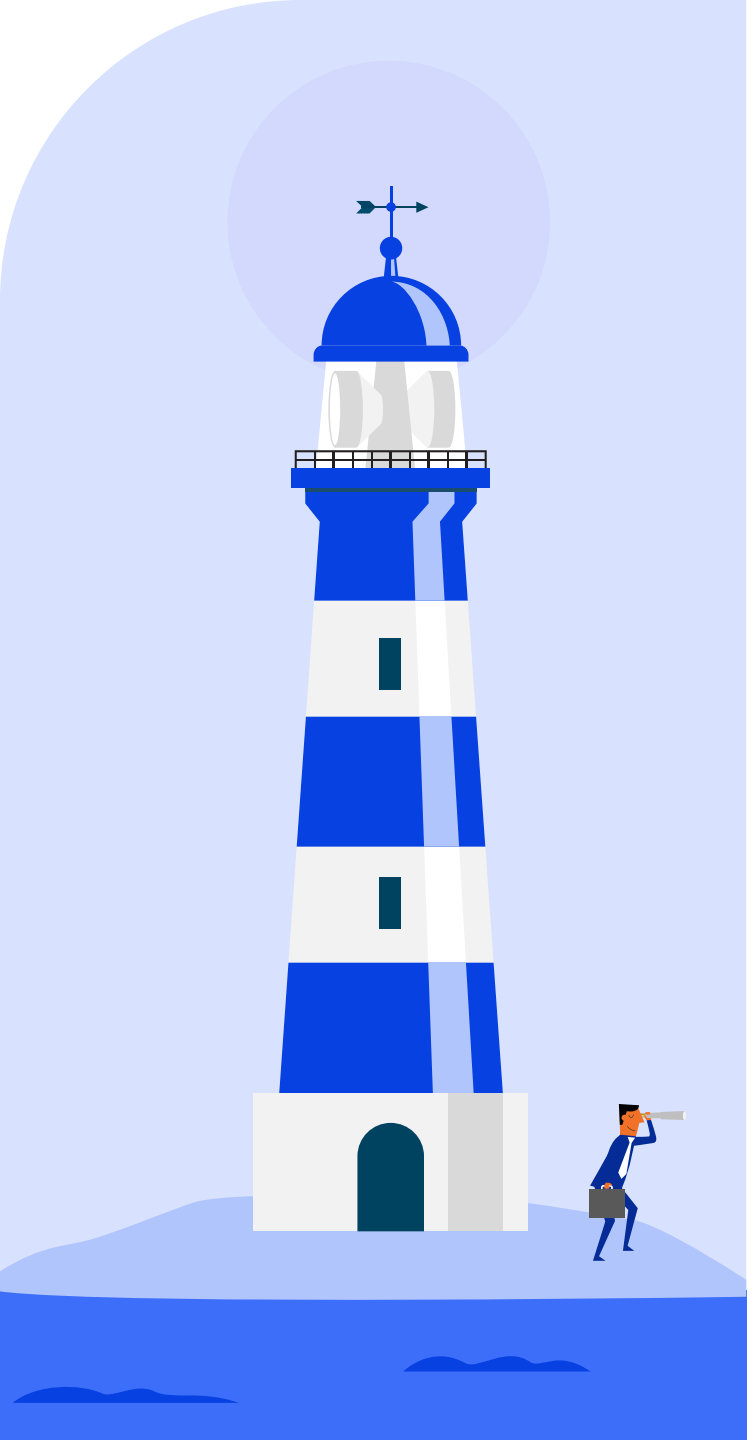
# Contents


Background 3

High level overview of the FLA & its outputs 4

How to apply the FLA tool 8

# Background



# We are collaborating with governments to build world-class lighthouses for inclusion

B Focus of document

## What is a lighthouse use case?

A country collaboration at system and facility level, to transform the care system to best-in-class inclusive healthcare

### Diagnostic (Months 1-3)

- A **Run system level assessment:** identification of governance and financing opportunities
- B **Run facility level assessment:** identification of opportunities to improve the service delivery
- C **Run healthcare worker training survey:** identification of training needs
- D **Run focus group discussions** with patients within lighthouse country, and OPDs: identification of key barriers, and desired interventions

### Implementation (Months 4-6)

- E **Implement a set of prioritized interventions at a system level**, tailored to health system maturity
- F **Implement a set of prioritized interventions at a facility level**, tailored to the facility level maturity
- G **Develop and deliver healthcare worker training** according to identified needs

### Scale up (Months 7- )

- E **Develop a blueprint to disability inclusive healthcare,** leveraging the knowledge and insights built
- F **Roll out to many facilities in the country,** refine blueprint across diverse facilities
- G **Scale to additional lighthouse countries over the next 5 years,** across a range of high- and low-income countries across all regions

# The Facility Level Assessment is key in our efforts to build world-leading lighthouses

X Focus on accessibility and universal design

## The tool measures the strength of 6 thematic areas, each with ~5 indicators, of a disability inclusive health facility across patient journey

1. Communication pre-arrival to the facility
2. Entrance to services
3. Reception, corridors and rooms
4. Reasonable accommodation: communication and assistance
5. Engagement with healthcare staff
6. Treatment and follow up care

## The facility level assessment is designed for health facilities and health system operators

**FLA is meant to be used by ministries and departments of health**

**A facility is assessed by filling in information on each indicators** as an input to the tool

**Indicators are then scored from 0 to 3** based on a list of criteria

**Each section is then given an average score**, which then produces an overall facility score

## A list of prioritized and costed interventions to improve accessibility

**The Missing Billion has drawn from global best practices** to develop a list of indicators and interventions

**Each intervention is costed within the context of the lighthouse country**

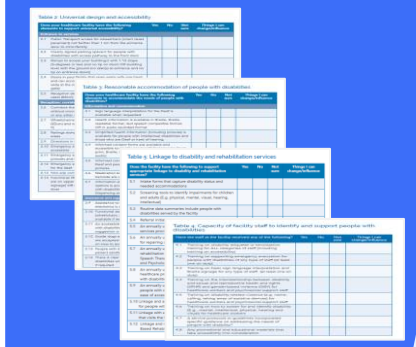
**Interventions prioritized based on level of maturity, feasibility, and impact**

1. Source: Missing Billion Inclusive Health Framework

# The Disability Awareness Checklist (DAC) was used to develop the Facility Level Assessment

## Starting point

**Existing healthcare facility assessment tools were identified and compared. The SAMRC Disability Awareness Checklist (DAC) was selected as a starting point to the work** due to its focus on non-physical and physical aspects of inclusion, its simple and action orientated approach (direct link to interventions) and adaptability for local context.



## Changes made

- **Refined components and indicators:**
  - Added data inputs to capture whole patient journey, including extending the question set within the original DAC thematic areas (Accessibility, Universal Design, Reasonable Accom, Staff capacity, Service linkage)
  - Added indicators that are specific to the lighthouse use case geography and are relevant to the assessment, e.g., prayer room, waiting room, lighting
  - Consolidated indicators to become disability agnostic
  - Cross-referenced with country-level accessibility standards
  - Adjusted scoring from binary elements (which allowed low-cost solutions) to fixed graded scoring system
- **Developed a detailed intervention matrix**
  - Mapped interventions to the components at each maturity level
  - Identified the intervention type for each component (e.g. physical/ communication)
  - Determined high-level cost of each intervention
  - Developed prioritization method for interventions (based on feasibility and impact)
- **Added a scoring of 0-3** to assess the maturity of each indicator
  - Defined an foundational, intermediate and advanced maturity for each indicator

**The changes were informed by other assessment tools and facility information**

Sightsavers accessibility audit checklist

Middle Eastern DoH facility guidelines

Philips Inclusive Design for health facilities

House of Disabled People's Organizations

McKinsey experts

## Output

**A new facility-level assessment and package of costed interventions for disability inclusion**

## Implementation

**Ran facility level assessment across two healthcare facilities in 2023:**

- Identified key areas of improvement when it comes to the facilities' inclusion efforts
- Proposed interventions that address facilities' inclusion gaps

1. The UN Convention on the Rights of Persons with Disabilities

Source: House of Disabled People's Organization,

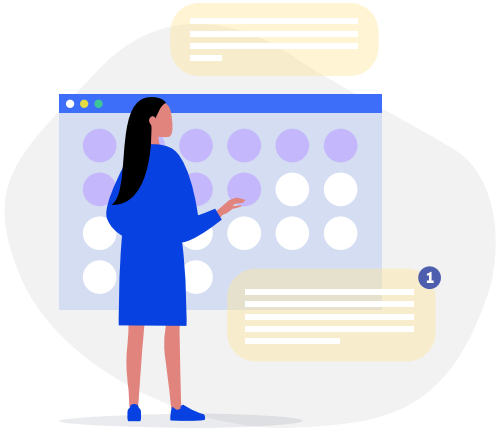
# The Facility Level Assessment has four clear objectives

## Gather data on degree of facilities' disability inclusiveness

Gather data about a specific healthcare facility to measure its degree of inclusivity of people with disabilities

## Identify interventions that drive disability inclusion

Identify interventions the facility could leverage to become more inclusive of people with disabilities



## Track progress of lighthouses

Monitor progress over time as the facility strives to become part of the lighthouse network

## Establish system-facility feedback loop

Feed facility level outputs into System Level Assessment and vice versa (e.g., HCW training, public transport)

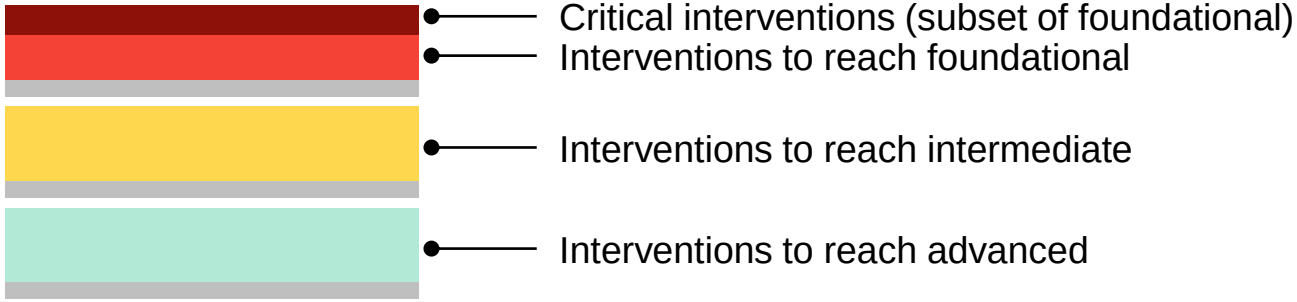
# High level overview of the FLA & FLA outputs

# 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 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<br><br>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<br><br>Drop off: area should be at least 360 cm wide<br><br>Pathway: surface flat firm and non slippery<br><br>2 - Distance < 300 m from public transport drop off to accessible entrance with accessible pavement<br><br>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.<br><br>Drop off: Ensure the drop off area for the public transport site is accessible, i.e., at least 360 cm wide<br><br>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.<br><br>Drop off: Ensure the drop off area for the public transport site is accessible, i.e., at least 360 cm wide<br><br>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<br><br>1 - Number of allocated disability spaces: greater than 2% of the aggregated parking, with a min of 2 per facility for all<br><br>Ticket vending machines: (if used) All functionality is positioned between 0.75-1.2m above floor level<br><br>Size: Minimum size is 2.40m x 5.00m<br><br>Signs: accessible parking signs on bay<br><br>2 - Size: Minimum size is 3.20m x 5.00m<br><br>Distance: 30m of accessible entrance<br><br>Surface: of the car park is flat, firm and non-slippery.<br><br>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)<br><br>Ticketing vending machines: Set up accessible ticket machines, with all functionality accessible between 0.75m-1.2m from the floor<br><br>Size: Ensure all disability parking slots are at least 2.40m x 5.00m<br><br>Signs: Display clear signs with universal sign of disability on bay | Distance: Ensure the spaces that are allocated are within 30m of entrance<br><br>Size: Ensure the slots are at least 3.20m x 5.00m<br><br>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 |

## Key takeaway:

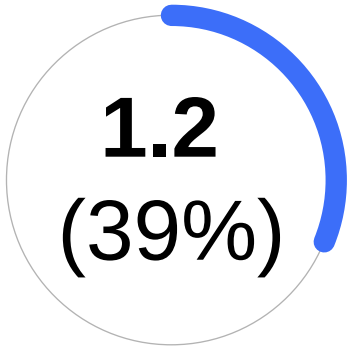
**The snapshot seen here is simply one page of from a highly granular scoring matrix** that we have developed to assess the degree to which a facility is inclusive of people with disabilities

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

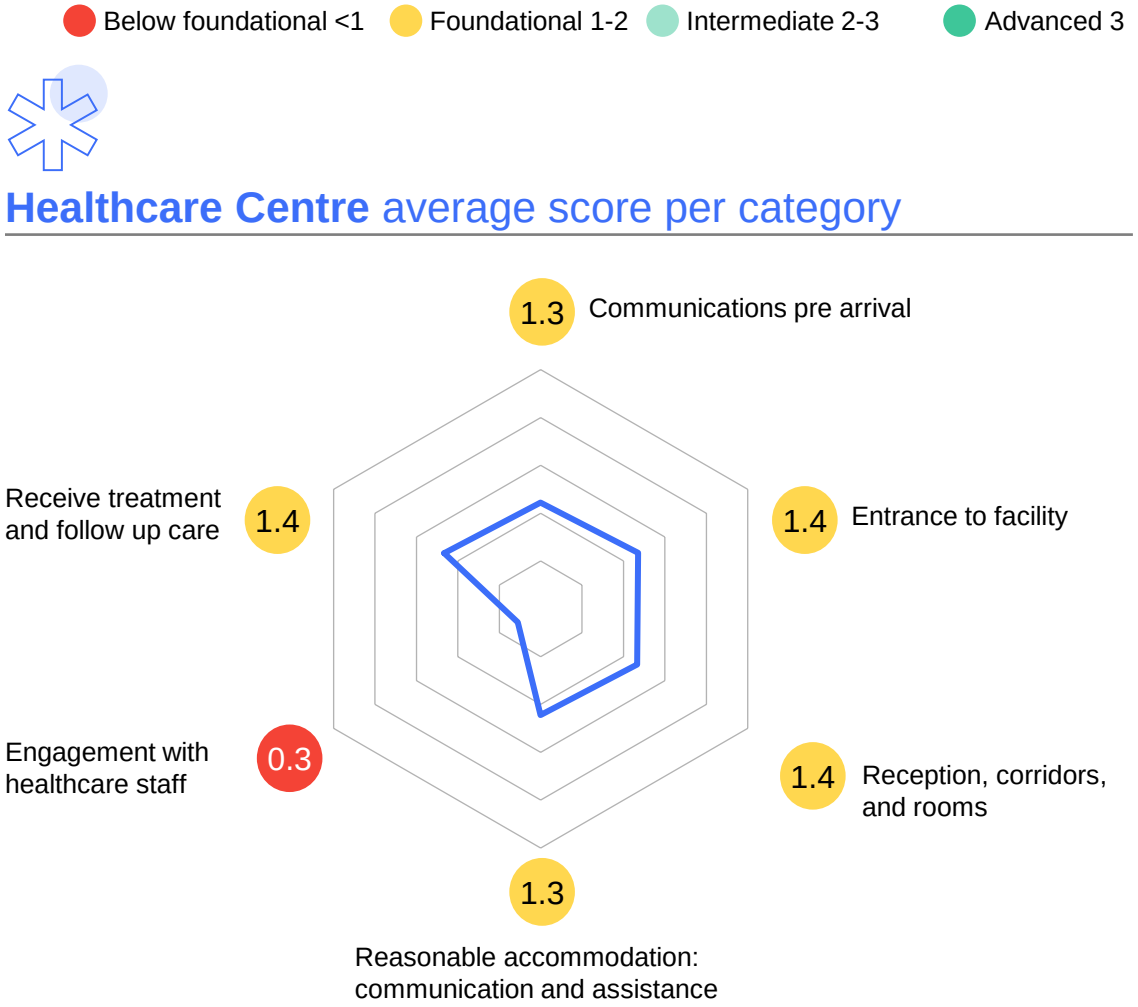
| Category | Example indicator | Outcome | Example healthcare center | Score | Potential improvement |
|---|---|---|---|---|---|
| Entrance to services | 2.1 Journey to facility with public transport | 0 - Closest public transport with suitable drop off is over 1km, or no public transport is available<br>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<br>Drop off: area should be at least 360 cm wide<br>Pathway: surface flat firm and non slippery<br>2 - Distance < 300 m from public transport drop off to accessible entrance with accessible pavement<br>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<br>Pathway: Flat pavement<br>Drop off: Drop off area wider than 360 cm<br>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.<br>Drop off: Ensure the drop off area for the public transport site is accessible, i.e., at least 360 cm wide<br>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<br>1 - Number of allocated disability spaces: greater than 2% of the aggregated parking, with a min of 2 per facility for all<br>Ticket vending machines: (if used) All functionality is positioned between 0.75-1.2m above floor level<br>Size: Minimum size is 2.40m x 5.00m<br>Signs: accessible parking signs on bay<br>2 -<br>Size: Minimum size is 3.20m x 5.00m<br>Distance: 30m of accessible entrance<br>Surface: of the car park is flat, firm and non-slippery.<br>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<br>Ticket vending machines: No ticketing system<br>Distance: Distance from accessible parking to main entrance is 12-17m<br>Surface: Flat, firm and non slippery, No tactile paving strips, there is painted color contrast for space around the area<br>Size: 4.7 m x 5.3 m<br>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

## Overall score[1]




## Healthcare Centre average score per category



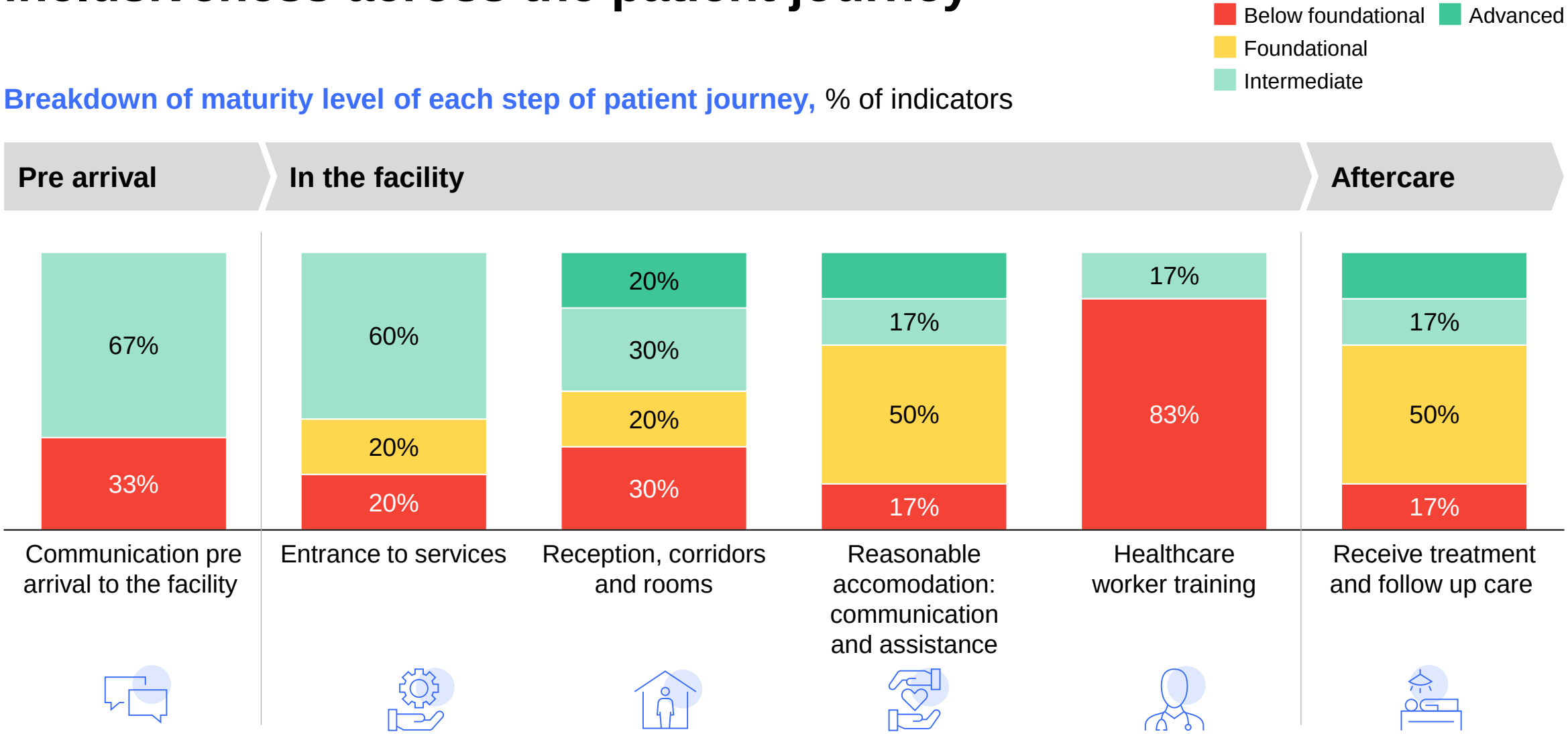

**Engagement with healthcare staff** has the greatest potential for improvement of the patient journey at Healthcare Center 1

**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



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

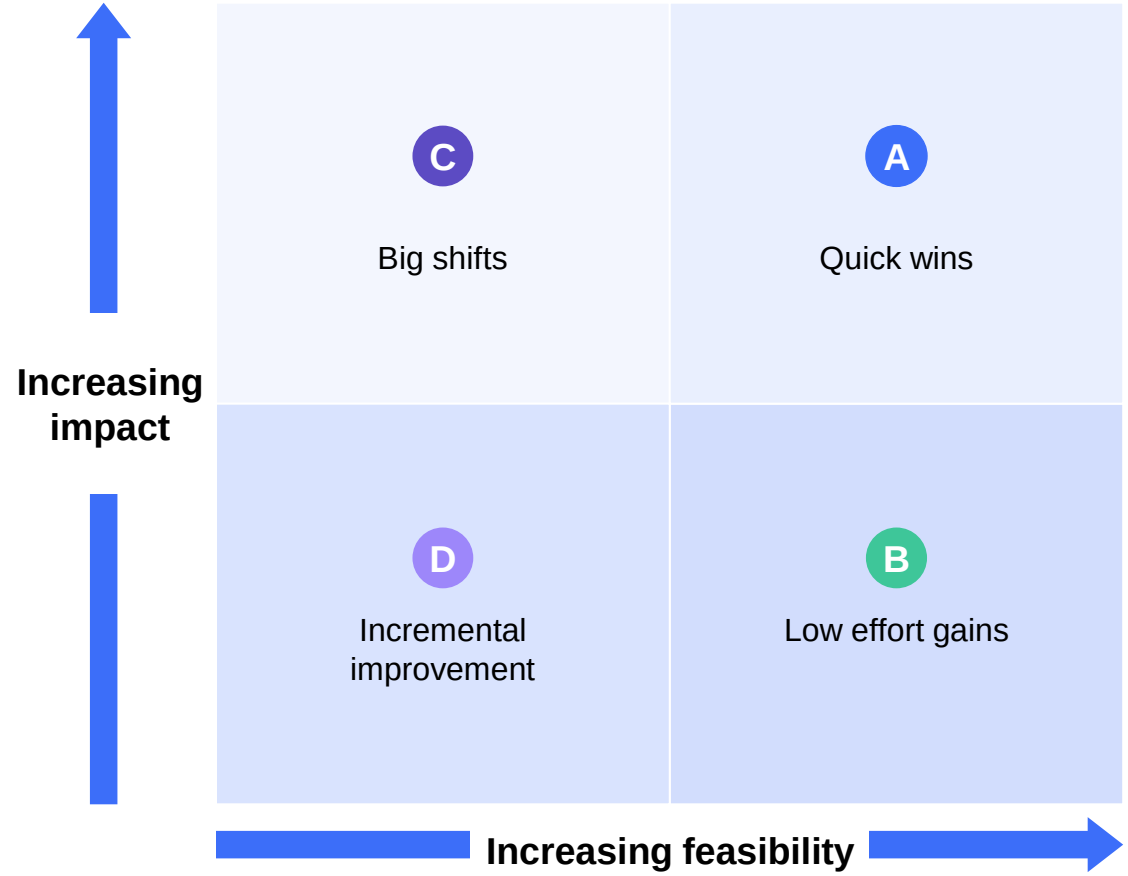
Below foundational · Foundational · Intermediate · Advanced

| Communication pre arrival at facility | Maturity level |
|---|---|
| 1.1 Information about the facility | |
| 1.2 Booking platform | |
| 1.3 Appointment reminders | |
| **Entrance to facility** | |
| 2.1 Journey to facility with public transport | |
| 2.2 Accessible parking | |
| 2.3 Building access | |
| 2.4 Exterior door (entrance/exit) | |
| 2.5 Reception desk | |
| **Reception, corridors and rooms** | |
| 2.6 Corridors | |
| 2.7 Accessible Toilets | |
| 2.8 Directions in key areas (E.g., lifts, signposts) | |
| 2.9 Emergency evacuation (routes & alarm) | |
| 2.10 Floors (room, corridor) | |
| 2.11 Multi-story buildings/lifts | |
| 2.12 Waiting area | |
| 2.13 Prayer room | |
| 2.14 Accessible rooms | |
| 2.15 Equipment in examination rooms (Examination table, scales) | |

| Reasonable accommodation | Maturity level |
|---|---|
| 3.1 Communication with healthcare workers during appointments | |
| 3.2 Health information for after appointments | |
| 3.3 Informed consent forms accessibility | |
| 3.4 Medication boxes | |
| 3.5 Availability of functional assistive devices for temporary use (wheelchairs, crutches, walkers, buggies), guide dogs and other disability-related supports | |
| 3.6 Accessible complaint system and patient satisfaction surveys | |
| **Training of healthcare staff** | |
| 4.1 Disability etiquette or sensitization training for all members of staff | |
| 4.2 Supporting emergency evacuation for people with disabilities | |
| 4.3 Basic sign language interpretation and Braille signage | |
| 4.4 Interrelationship between disability and sexual and reproductive health and rights (SRHR) and gender-based violence (GBV) | |
| 4.5 Disability-related violence (e.g., name-calling, taking away of assistive devices) | |
| 4.6 Training on how to screen for and identify disability (E.g., mental, intellectual, physical, hearing and visual) for healthcare workers | |
| **Receive treatment and follow up care** | |
| 5.1 Intake forms | |
| 5.2 Screening tools to identify impairments for children and adults (E.g., physical, mental, visual, hearing, intellectual) | |
| 5.3 Referral pathway to disability services providing assistive devices | |
| 5.4 Referral pathway to rehabilitation services (E.g., Occupational Therapy, Speech Therapy, Audiology, Physiotherapy) | |
| 5.5 Referral pathway to mental healthcare providers/services accessible to people with disabilities | |
| 5.6 Collaboration with organizations for people with disabilities | |

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

## Prioritization matrix




## 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)

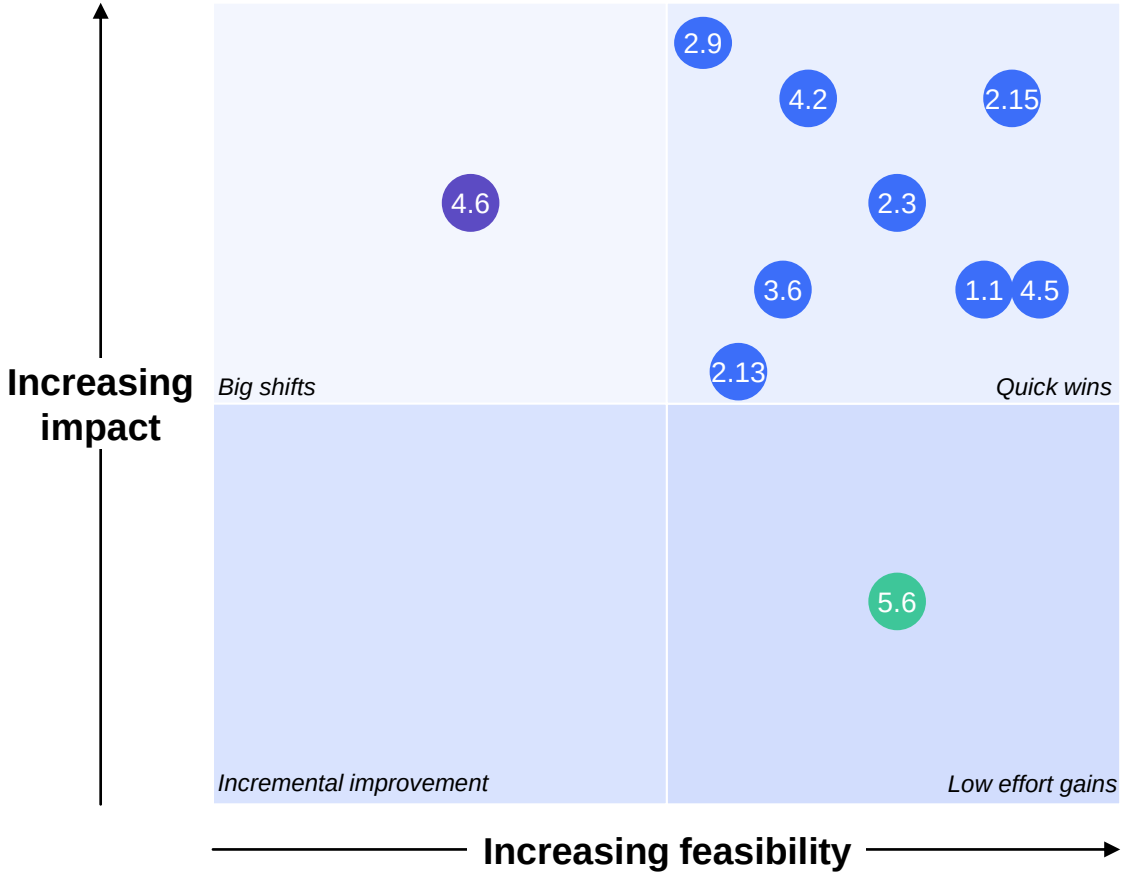
## Feasibility

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

x.x Indicator number

## Prioritization matrix, *examples of interventions*




## 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**

# How to apply the FLA tool

# There are six considerations when selecting a healthcare facility to conduct the FLA on

### Facility leadership

**Facility leadership expresses initial interest** in conducting the FLA at their facility

### People with disabilities served

**Facilities that serve many people with disabilities** to optimize their care journey

### Facility traffic

**Large facilities (e.g., flagship government facilities)** that serve a large and varied group of patients can benefit from the FLA

### Funding access

Funding is typically required to action interventions proposed by the FLA, so **facilities with some room for discretionary spending**

### Variation by geography

**The FLA should ideally be conducted in facilities that vary in their location** e.g., rural versus urban areas

### Variation by facility type

**Facilities' type (e.g., legacy, flagship, specialty, etc.) should be varied** to understand how type drives FLA outcomes

# Who should lead the assessment process?

## Assessment lead

Ideally, a **disability-focused unit within the national Ministry of Health[1] or large-scale private healthcare provider will lead the FLA**, with close coordination with facilities' management

The lead will establish a task team and consult with relevant stakeholders throughout the process

## Meaningful participation of persons with disabilities

Throughout the assessment, **it will be important to ensure the active involvement of people with disabilities** in the planning, decision-making and monitoring related to the assessment.

## Task team

**A task team should be established and should report to the assessment lead.**

The team should ideally include representatives from facility management, persons with disabilities and organizations of persons with disabilities, technical and NGO partners and donor representatives.

1. If no such unit exists in the MOH, then the FLA may be led by the unit responsible for primary care, equity, or vulnerable populations

# What is the process of conducting the FLA?

## Pre-assessment: ~2-3 weeks

- **Map key stakeholders:** identify organizations, governmental bodies, and technical or strategic partners that will be engaged at various points of the FLA
- **Mobilize support:** engage key stakeholders and financial backers of the facility to ensure all requisite support is provided
- **Kick-off workshop:** gather assessment lead, task team, and supporting stakeholders to officially kick off FLA and plan for the assessment (e.g., dates of pre- and post-intervention assessments, who will conduct site visit etc.).

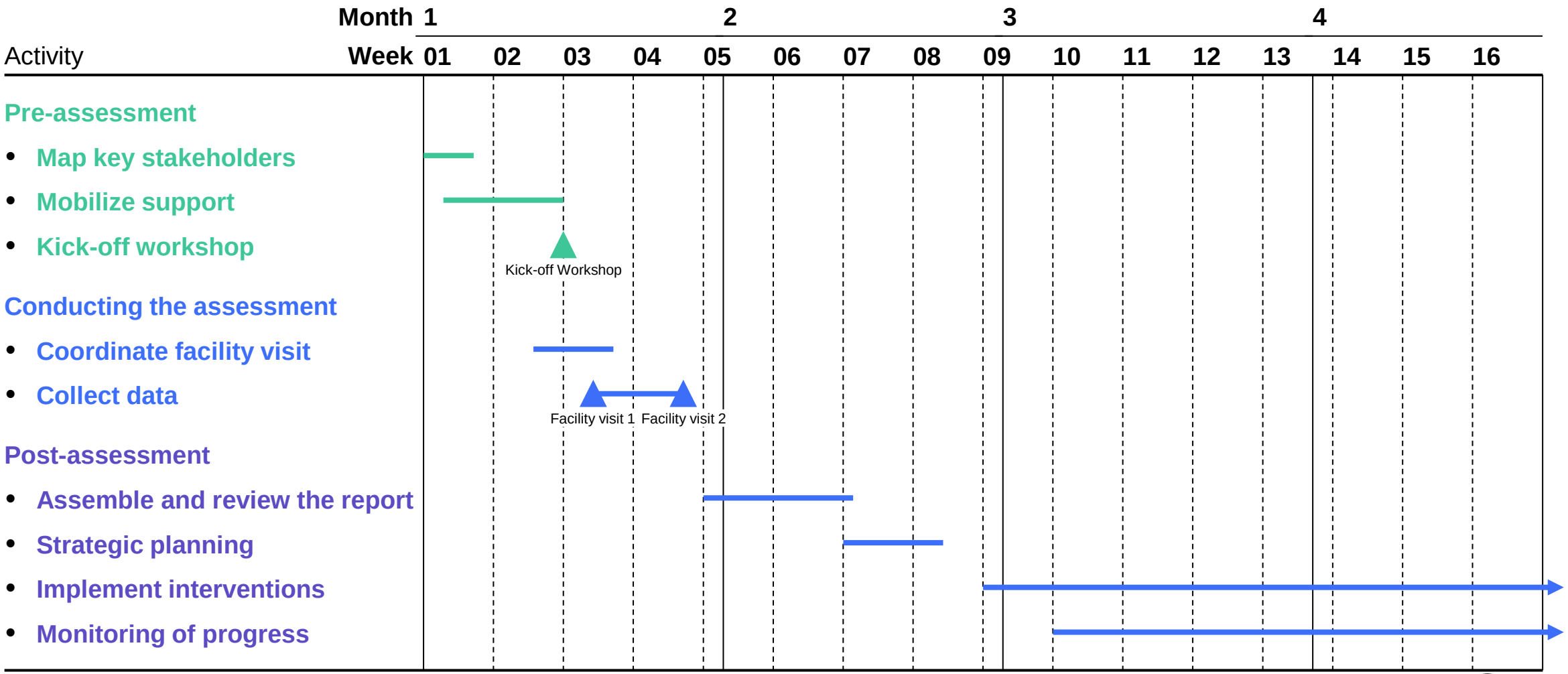
## Conducting the assessment: ~1 week

- **Coordinate facility visit:** task team should align on date for facility visit with facility management and ensure all accessibility requirements for task team are met to the best standard possible
- **Collect data:** task team to visit facility and collect all relevant data points needed as inputs for FLA (e.g., door sizes, form of weight scales, training of staff, etc.). May be performed in more than one visit depending on facility size, availability of task team and facility management, however, should be timely

## Post-assessment: ~2-3 months

- **Assemble and review the report:** the task team members assigned or contracted consultants or institutions should produce a draft report of the findings. Once the report is developed, bring the task team together for a one-day workshop to review and discuss the report
- **Strategic planning:** prioritize three to four interventions in the short term, cost interventions and determine/engage sources of funding including facility budget, health ministry, and/or donors
- **Implement interventions:** stage-gate launch of interventions, beginning with prioritized quick-wins and foundational interventions
- **Monitoring of progress:** subset of task team to continue monitoring progress of intervention implementation

# The FLA process is designed to take approximately three months but varies depending on facility in question



# How to work with us

If you are interested in applying The Missing Billion Facility Level Assessment, please reach out to us. **We will provide you with the requisite tools and support**, including:

- **A Microsoft Excel tool** that contains the detailed FLA framework and scoring sheet
- **Support on applying the FLA**, best practices in the FLA process, **and support in planning the implementation** of interventions
- **Guidance and support in compiling results and communicating them** effectively to assessment lead

Throughout the FLA, **we ask that you support** the The Missing Billion Initiative **by**:

- **A focal  point in your FLA task team** to coordinate with The Missing Billion Initiative
- **Results of the FLA** so that we may compile and draw learning from assessments of healthcare facilities globally
- **Not changing or contextualizing the assessment** to maintain comparability of results across geographies


Thank you!