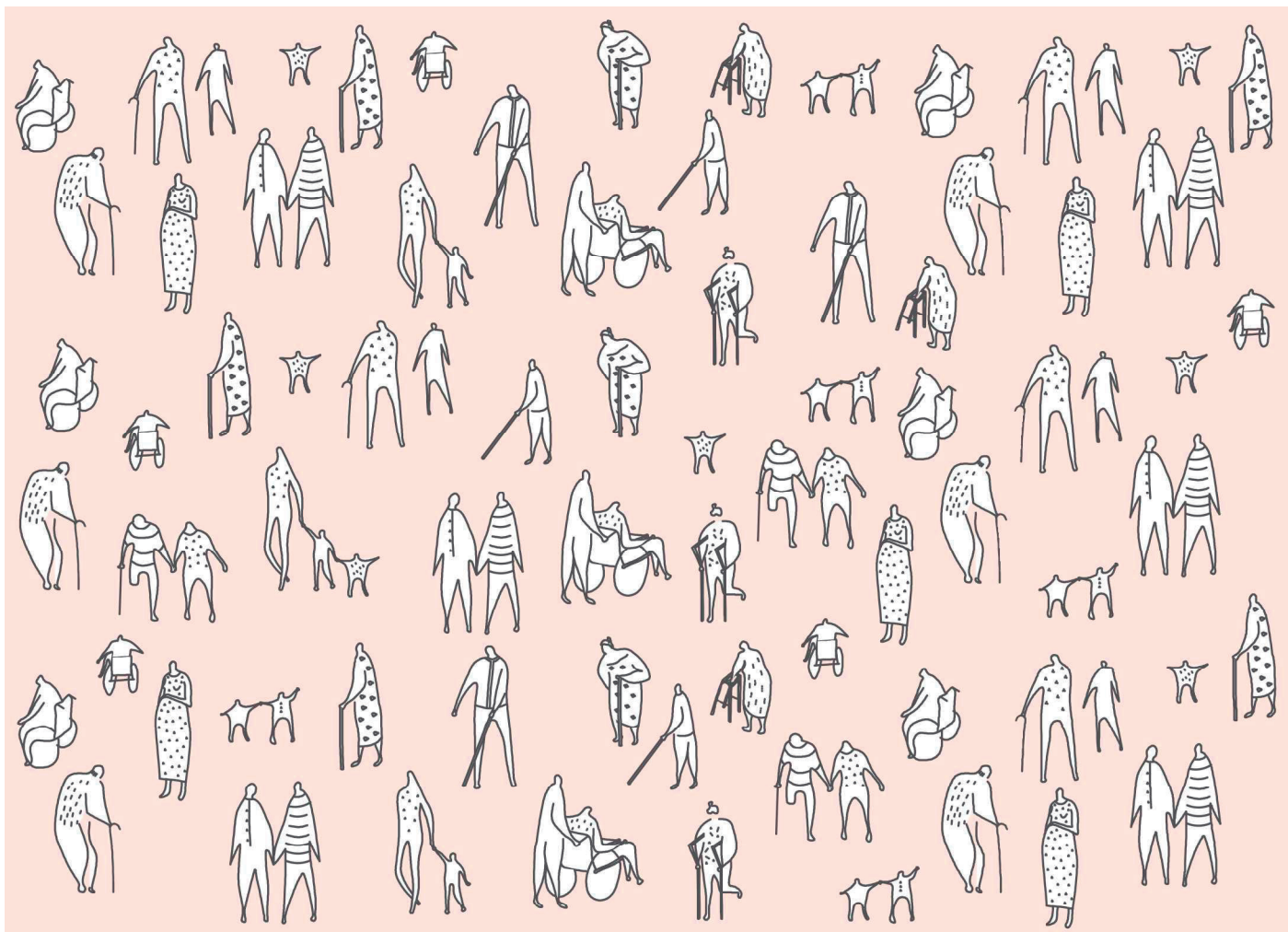


ACCESSIBLE AND INCLUSIVE DESIGN HANDBOOK

Logistics department MSF OCBA



SCOPE OF USE

This document is a practical tool for the design of facilities which are user friendly for everyone, independently of their functional capacities. It defines the principal requirements to ensure our health care facilities are accessible to all. It is recommended the use of these international standards in countries where there are no standards on accessibility or existing gaps in these.

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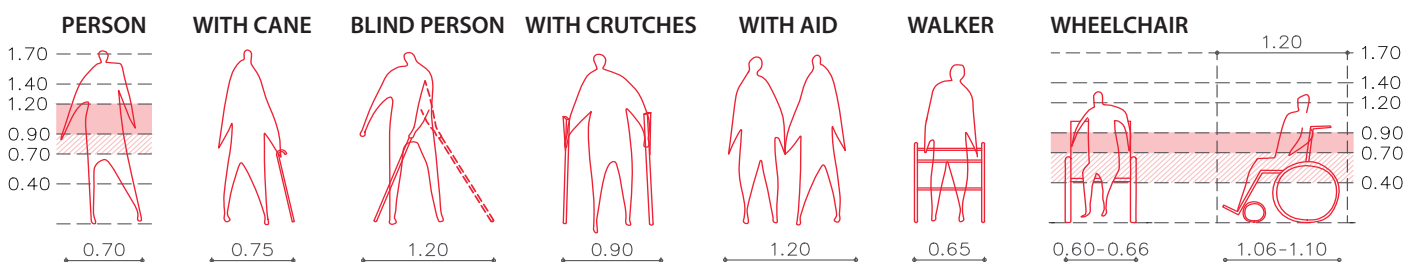
ACCESSIBLE AND INCLUSIVE DESIGN HANDBOOK

EXAMINE AND IDENTIFY

- To have a design which is accessible to all, the **population diversity** must be taken into account: elderly, children, infants, pregnant women, people with functional, sensory, or cognitive diversities, etc. It is important to remember that the facilities and their access must be **safe and comfortable**.

- It is recommended that the logisticians, healthcare workers and the population, examine and identify the possible barriers and obstacles in accessing facilities, and come up with appropriate solutions together.

- For all designs, it is important to take into account the following anthropometric and range parameters for people with reduced mobility:



BASIC PARAMETRES FOR ACCESSIBLE ELEMENTS AND SPACES

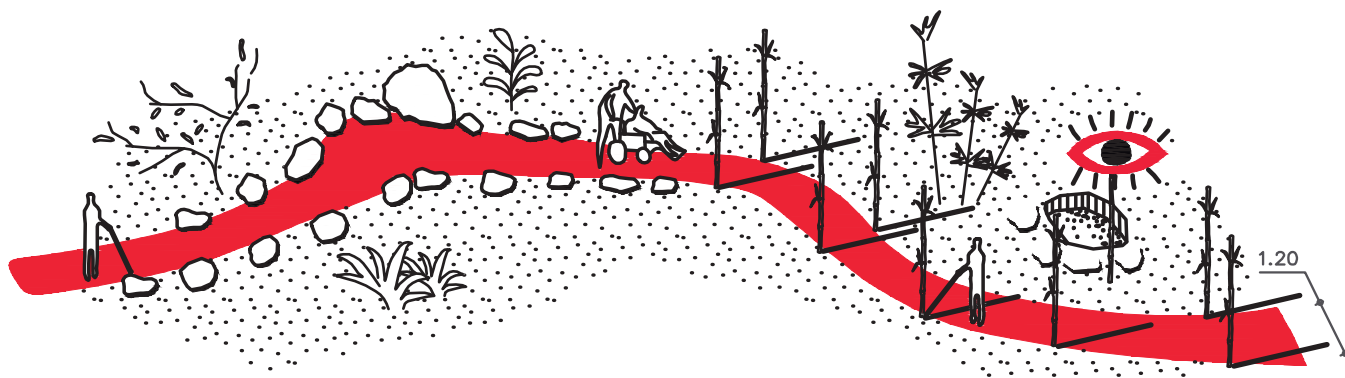
> GETTING TO THE FACILITIES

Itineraries

- The pathways should be kept clear and level all the way from the healthcare structures to the latrines/toilettes, showers and/or water points, with a minimum width of 1,20m to ensure the adequate passage of all people.

- It is important to have routes and access points marked clearly; elements such as stones, ropes and posts can be used and painted in a light colour to increase visibility.

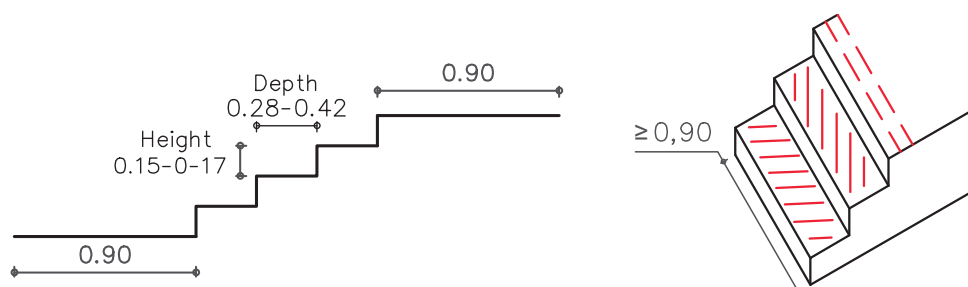
- Information must be easily understood by all. Dangerous zones must be indicated and fenced off.



Accessible stairs

- Stairs may be necessary in areas where there are large changes in floor level, but an alternative route by ramp must also be provided for people in wheelchairs or those with difficulty walking.

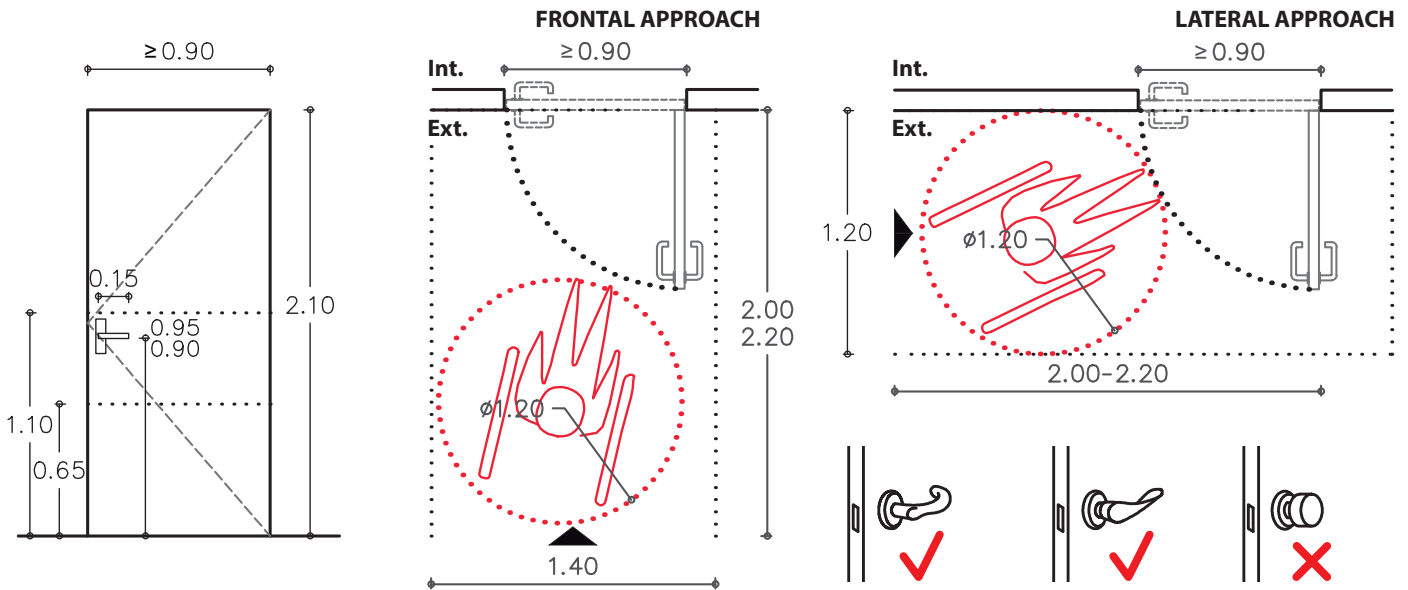
- Non slippery paving/flooring is recommended (ex. concrete steps with finishing marks). The starting and ending points of the pavement should be differentiated by easily distinguished markings. The balustrade at a height of about 75cm. The step should be between 28-42 cm and the riser 15-17cm, maintaining the same height and depth for all steps.



Doors

- Minimum width of 0,90cm. A 1m space can be used if it makes using the door easier.
- Ideally sliding doors should be used, if this is not possible, the doors must always **open swinging towards the exterior**.

- Enough space must be left in front of the door, allowing wheelchairs to manoeuvre around easily when approaching the door both head on and laterally.
- Handle at a height of 0.90cm-1.00m, it can vary from 0.65-1.10m. Lever or type D handles can be used.

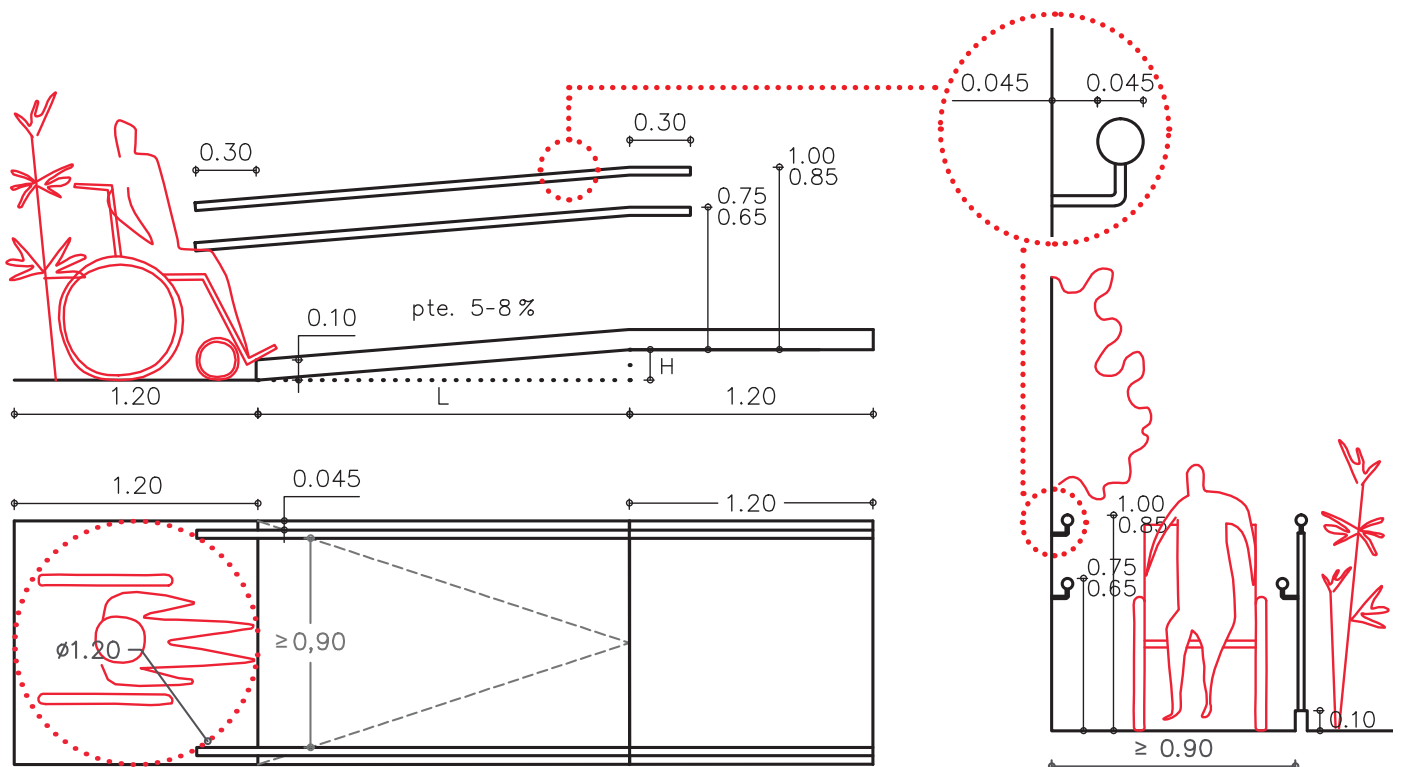


Ramps

- Slope $\leq 5\%$ is recommended. If there is insufficient space the maximum slope allowed is 8-10%.
- **Width $\geq 0,90m$, ideally width of 1,20m.** Obstal-free ramp path and non-slip pavement.
- Lateral rails $>10cm$ to avoid falling. They can also be lightly coloured to increase visibility.
- Preferably, the ramp should be built in place, if this is not possible, it can be made of wood or another material which allows for a flat surface.

Balustrade and handrails

- For stairs, ramps, pathways, and walkways.
- Should be placed at two levels: one about 65-75cm from the floor and the other at about 85cm-1m.
- Extended a minimum of 30 cm at the start and end of the ramp or stairway.
- Circular cross-section of 40-45mm. Rigid and strong material (ex. metal, timber or plastic).
- If they are fixed on walls, separation of at least 45 mm.



> ENTRY AND USE OF FACILITIES

Accessible and safe latrines

DOORS

- Minimum width of 0,90cm. Doors opening towards the exterior but ideally sliding doors should be used.

INTERIOR SPACE

- Assess the condition of the person who will be using it: adequate dimension for **wheelchair users is of 1,80 x 1,50m**, for those on **crutches/with an assistant 1,50 x 1,20m**. An **unobstructed circumference of 1,50m** is required for a wheelchair to turn fully with ease.

SEAT

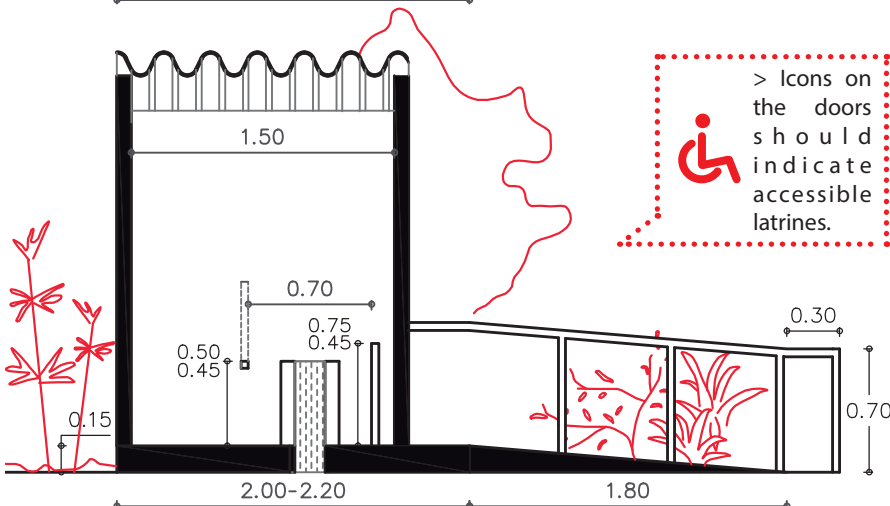
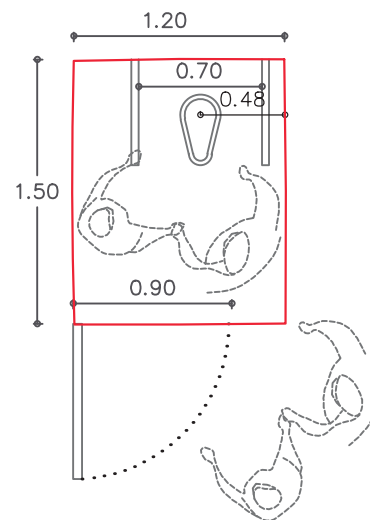
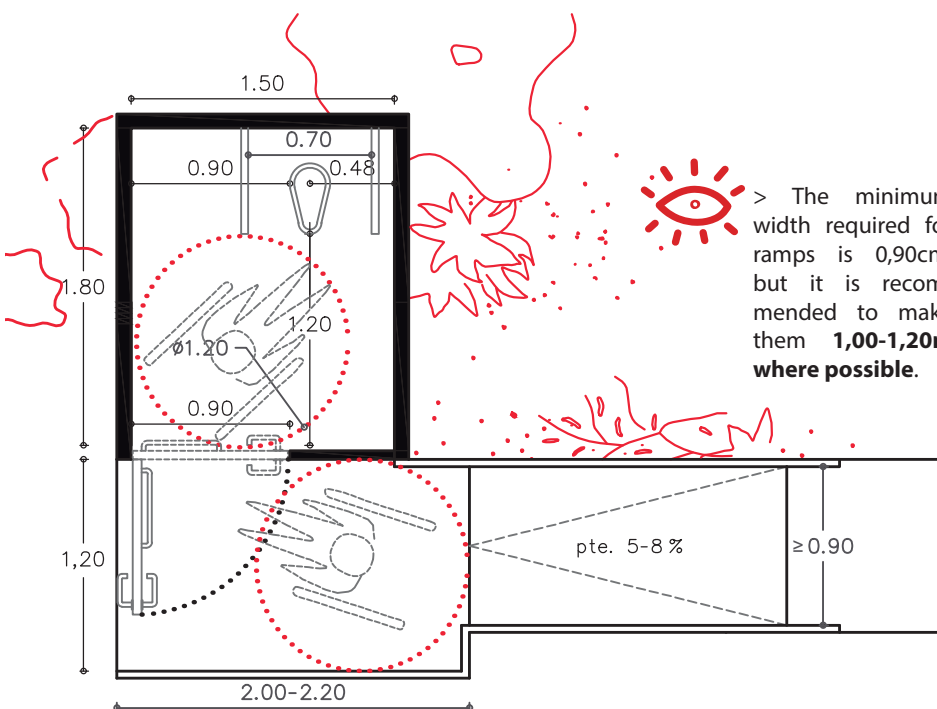
- A fixed seat (ex. concrete) is recommended. If it is impossible to build it in place, objects can be found and adapted for use (i.e. chair with a hole, etc.).
 - Recommended height of 45-50cm.
 - Elements which provide higher comfort can be incorporated if they can be easily cleaned and disinfected.

GRAB BARS

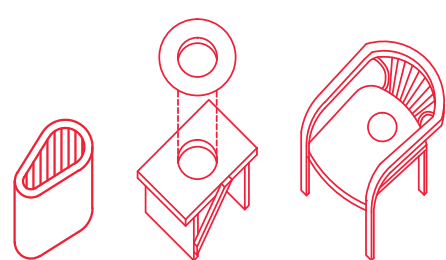
- 40 to 45mm diameter, fixed to the adjacent walls and floors, sufficiently resistant.
 - For Wheelchair Users: ideally a movable bar (U type) 45-50cm from ground on transfer site and L type bar at 50-75cm fixed on the wall side to get adequate support during transferring the body weight.
 - For others: depends on the condition. Ideally situated on both sides, fixed and at a height of 45-75cm

HANDLES AND LOCKS

- Accessible handles, preferably **lever or type D**. The circular type must never be used. They should be at a height of 0,90 to 1,00m but depending on the person this can vary between 0,65-1,10m.
 - Accessible elements for closing the door from the inside (i.e. a cord or a horizontal bar).
 - Sliding lock made of metal or wood to ensure privacy.



> Analyse in each case what accessible latrines are required.
 > Keep in mind at least **15%** of latrine must be accessible.
 > There must always be at least **1 accessible latrine**.




* Possible options for latrine seats. Use materials which are easy to clean and disinfect.

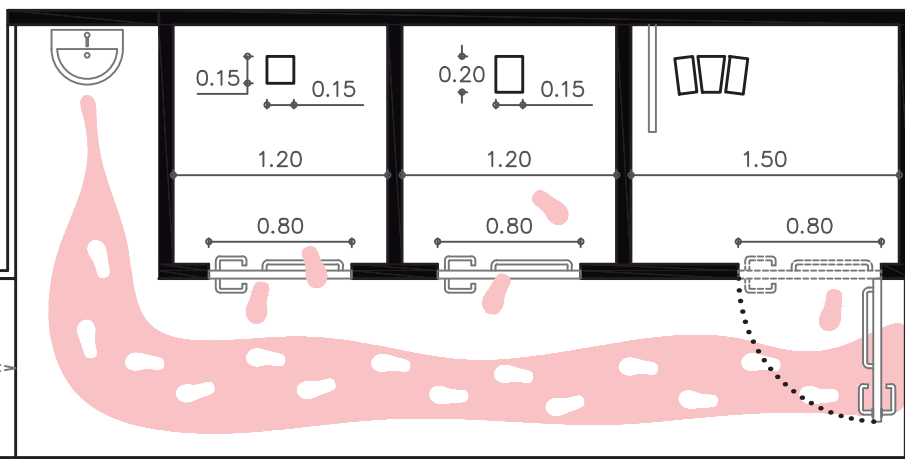
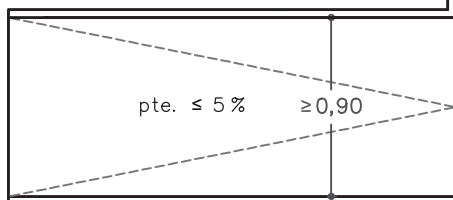
Accessible and safe latrines for children

An inclusive latrine design for children means they are **accessible and safe** for all children, this includes infants, female adolescents, and children with a functional diversity. It is important to have a friendly and funny design which attracts users. **Windows, night lights, pictures, and hand washing points** are all recommended. The wall height can be low so the parent/responsible can look over. The dimensions for the latrine hole must be smaller, some 20x15cm and some 15x15cm for the youngest children.

THERE MUST BE AT LEAST 1 CUBICLE/SPACE WITH:

- Additional space (a minimum of 1m² extra).
 - A larger door (minimum width of 80cm).
 - Hand rails fixed to the floor or wall at a height of 50-65cm.
 - Elevated seat at a 30-45cm height, preferably fixed. It can be round for extra comfort.
 - An access ramp. Ideally with a 5% incline, if space is limited this can go up to 8%.
- * Not always require separate cubical with locked doors, but consider always a space for handicap child.

 > Consider **context**, religious beliefs, customs and sanitary habits of the local population for the construction typologies of the toilets / latrines and for gender differentiation.

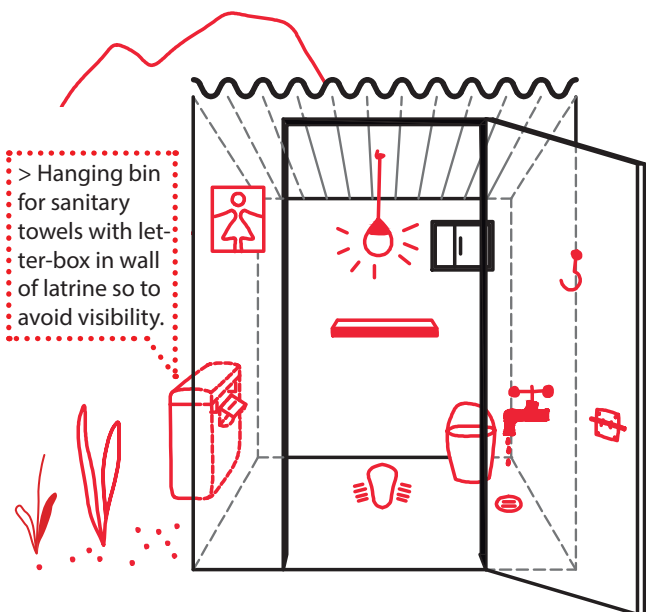


* Footprint path to mark the way to hand washing.


Menstrual Hygiene

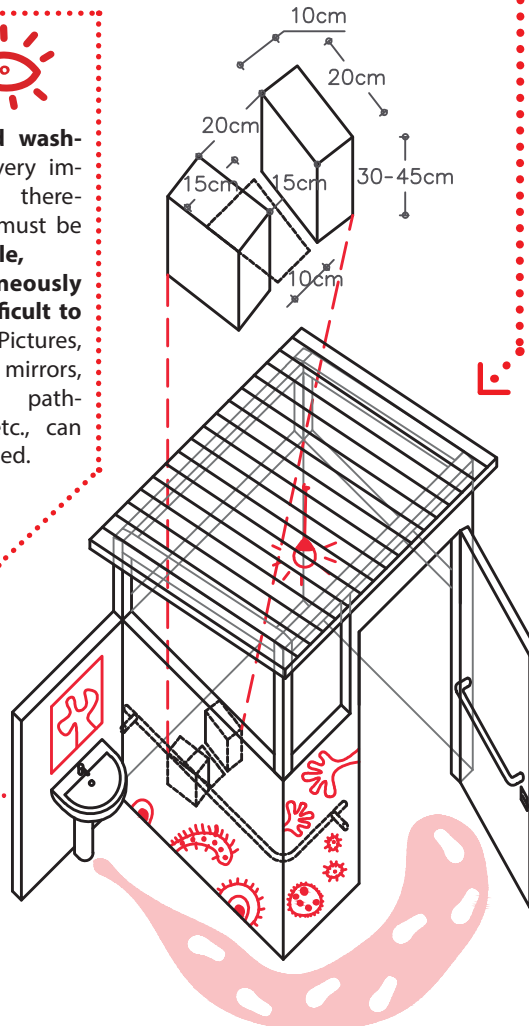
Private and safe toilets must be provided to facilitate menstrual hygiene, including:

- A private and safe space to change, clean and dry menstrual products, even at night. Incorporate lights, locked interiors, dustbins and shelves/hangers for clothes and toiletry bags.
- A place to perform handwashing privately with soap and water after changing menstrual materials. Incorporate interior water points.
- A private and safe space to shower, normally once a day.
- Incorporate hygiene promotion messages.



EXAMPLE OF ACCESSIBLE CHILD LATRINE:

 > **Hand washing** is very important; therefore, it must be **desirable, spontaneously and difficult to avoid**. Pictures, signs, mirrors, marked pathways, etc., can all be used.



Water points

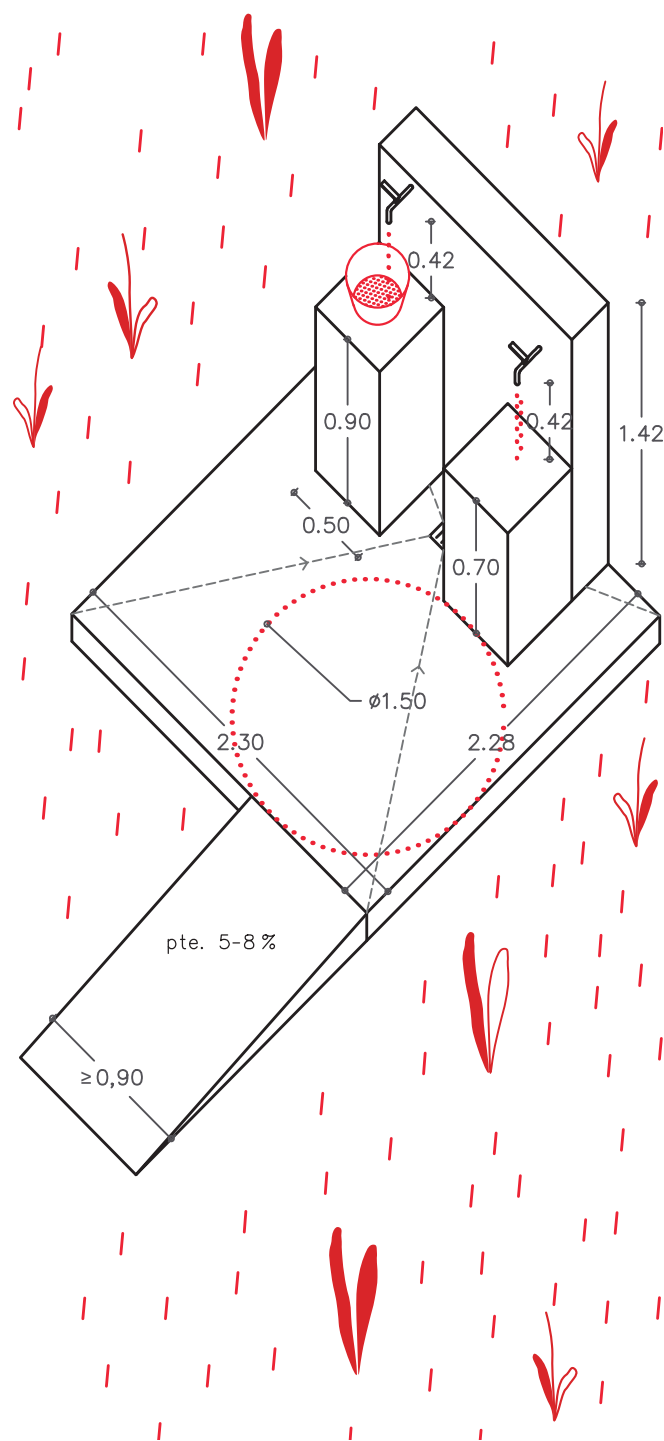
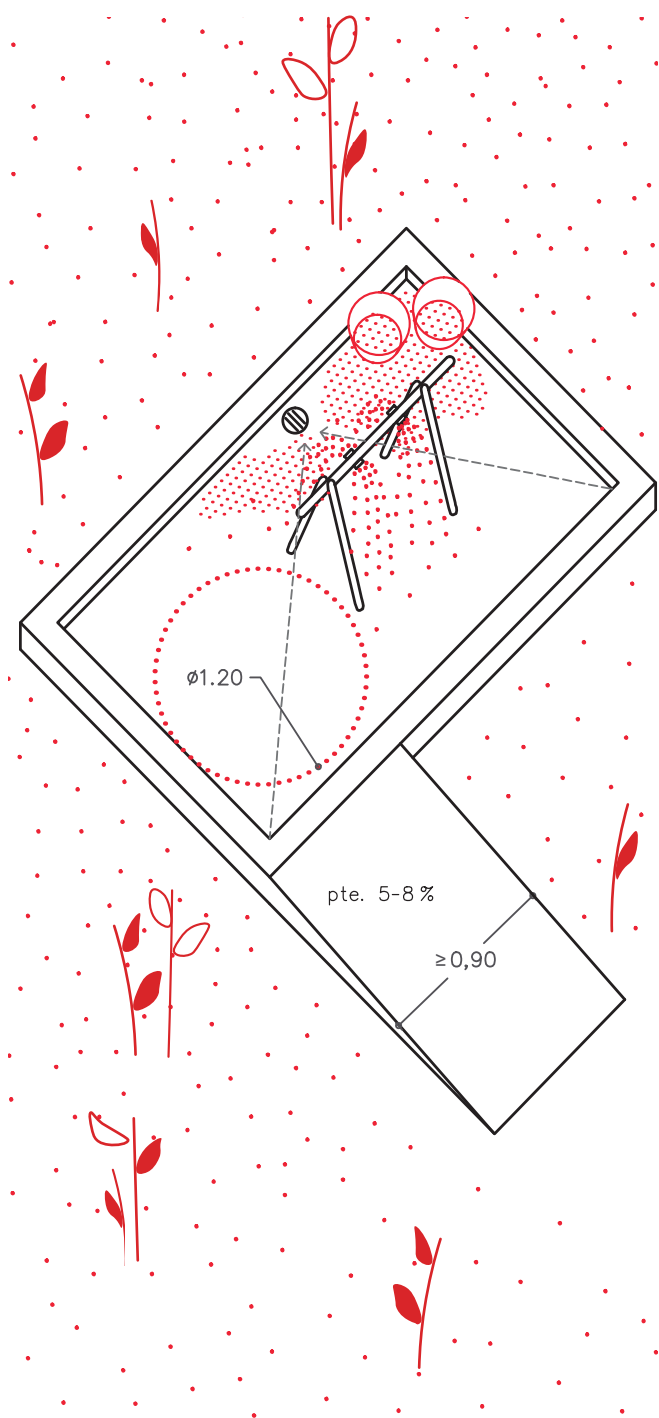
There should be no barriers to accessing water for people with functional diversities, therefore these areas must drain water without creating inundated zones and should have an elevated platform to avoid water contamination. If possible, the following should be included:

- An access ramp with a width of $\geq 0,90\text{m}$ and an incline of $\leq 5\%$. If there is not enough space, an incline of 8-10% is allowed. The surface must be smooth, not slippery, and always kept dry. Balustrades can be incorporated (at 75cm approx.) and edges/borders can be incorporated to prevent falls.

- It is recommended to provide an elevated platform in order to reduce loading efforts. Water points can be installed at different heights so that those with reduced mobility can reach them easily. Ideally at 0,65-0,75m (for wheelchair users) and another at 0,85-1,00m.

- Wherever possible, it is recommended to leave an unobstructed circumference of $\varnothing 1,50\text{m}$ so that a wheelchair can easily turn around completely.

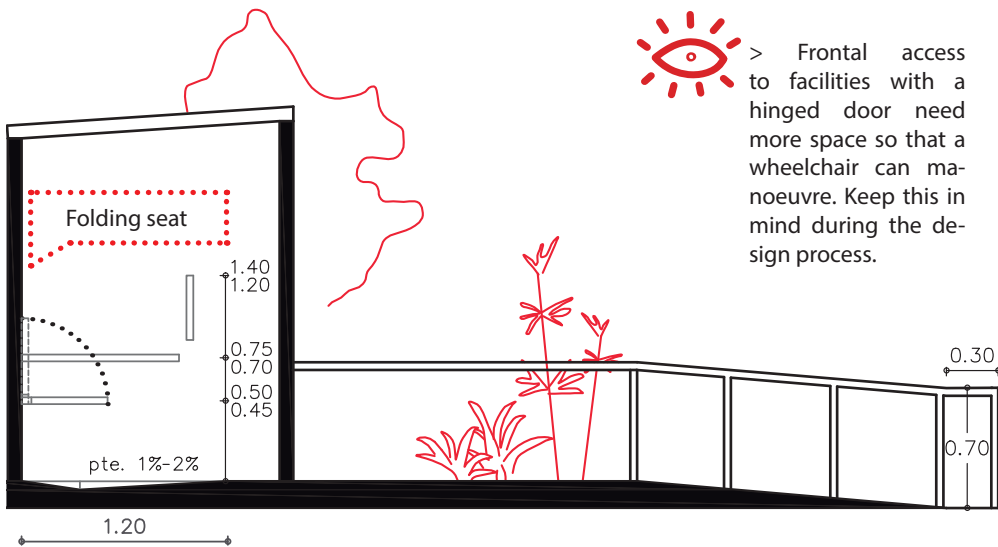
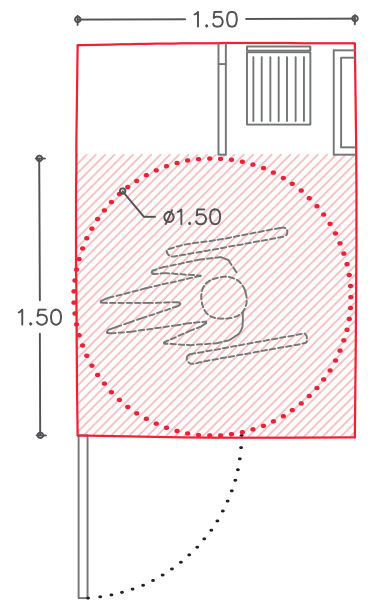
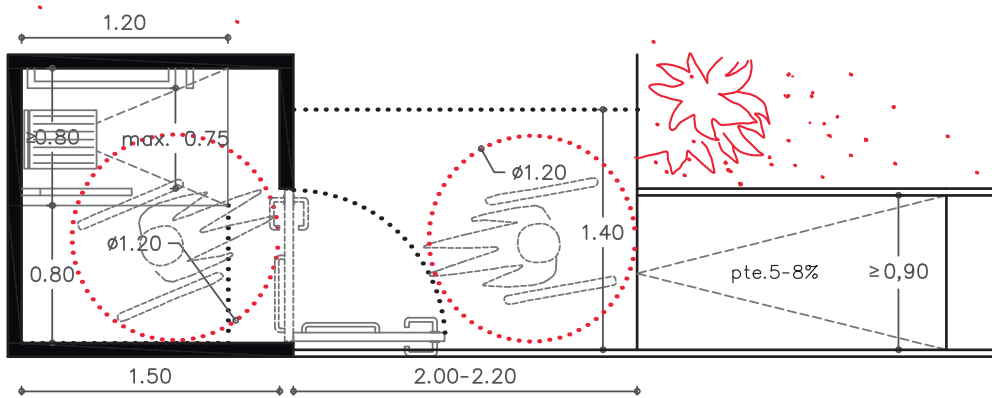
If there is not enough space, try at least to maintain a circumference of $\varnothing 1.20\text{m}$ free of obstacles so that a wheelchair can maneuver.



Showers

- The showers and bucket showers must be designed with the same characteristics as latrines: easy access, manoeuvring space, and space for an aid.
- Having a 0,80 x 1,20m space is recommended for the shower and a 0,80 x 1,20m space for the transfer in the case of wheelchair users. ideally a circumference of $\phi 1,50\text{m}$ should be left for wheelchairs to turn easily. If this is impossible due to space constraints, the minimum circumference is $\phi 1,20\text{m}$.
- The cabin paving must be continuous and levelled with the rest of the pavings, without borders, without level differences, and not slippery.

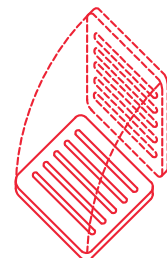
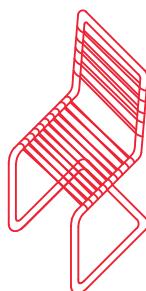
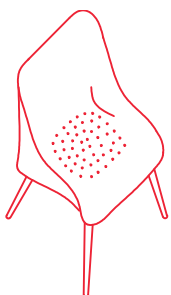
- There must be handrails to facilitate wheelchair transfer to the shower and to stay upright in the shower. Ideally a mobile bar on the transfer side at a 45-50cm height and another fixed onto the wall at 70-75cm.
- In most cases it is recommended to incorporate a seat at a height of 45-50 cm. It can be foldable or fixed and local elements or chairs can be used, preferably made of plastic material.
- Sometimes simple modifications to existing showers ensure that people with disabilities can manage their hygiene with dignity bringing them a greater independence.



> Frontal access to facilities with a hinged door need more space so that a wheelchair can manoeuvre. Keep this in mind during the design process.

> If any facilities require a wheelchair to turn 360° easily, it is necessary to leave an unobstructed circumference of $\phi 1,50\text{m}$ for this.

> Possible options for elevated seats in showers.



REINFORCEMENT GOOD PRACTICES



RAISE AWARENESS: Educate and inform the staff and community about the rights of the elderly, people with functional diversities and/or reduced mobility, to safely access water points, sanitations facilities, and medical infrastructure. Adequately notify of any changes to the facilities before they are carried out. Not only is it important to make the facilities accessible but also inform about their use and proper upkeep. Awareness raising activities must be carried out with a health promoter.



CONSULT AND INVOLVE: Jointly analyze and identify (patients, relatives, health personnel and technical personnel) the possible barriers that may exist to access the facilities and involve people with functional diversity or reduced movement in the design and decision making. Identify the capacities of each and consult their practices with regards to water, cleaning, and hygiene.



REVISE: Carry out regular maintenance work on all healthcare facilities, toilettes, showers and/or water points to ensure they are accessible to all users and kept clean, usable and pleasant to use.

> **Practical activity**, easy to carry out:

Organise small groups of 2 to 3 people (including the patients, health-care workers, logisticians) and do a route around the facilities (around 30 min). Verify the sections from this document and take note of complicated and easy access areas. Finally have a collective group discussion to propose ideas.



CULTURAL CONTEXT: Keep in mind the cultural context of the project's whereabouts, the typical practices of each place, and the target population. The design must be adapted to the different situations in which you are working.



MEDICAL PROGRAMME: Keep the medical programme and patient circuit in mind and adapt to these. Consider that even in the isolation zone, accessible facilities may be needed. Talk to the IPC manager, the logistics and if is possible with the Higiene Committe, to reach to the most appropriate solution together and to ensure the project runs smoothly.



LOGISTICS COORDINATOR: Contact the Logistics Coordinator or a WaSH if in doubt or in need of further support at any point in the project.

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