

**ACCESSIBILITY RECOMMENDATIONS – HEALTH CENTRE****QSTAPA CAMP - ERBIL – DECEMBER 2014****TO PROMOTE INCLUSION OF PERSONS WITH DISABILITIES, INJURIES AND OTHER VULNERABILITIES**

Access to health is a right for all persons, including those with temporary limitations or permanent disabilities. Persons with disabilities usually represent at least 15% of the population and this is often higher in emergency and conflict settings<sup>1</sup>. Access to camp health centres should be promoted through physical barrier-free features as well as a positive attitude towards encouraging adults with disabilities to use these facilities.

Below we have noted some barriers existing in the current primary health centre set-up and for solutions to overcome them. HI will be able to support the funding of modifications, upon acceptance of the Department of Health (DoH) to these recommendations and a commitment to include persons with disabilities in their services.

Recommendations for better service to persons with disabilities: There is an ambulance available to transport persons from camp areas to the health centre. However, there have been some reports from persons with disabilities that when they have called the ambulance service, that sometimes they are asked to try to come to the health centre themselves and staff do not follow-up with request for support. These reports have yet to be confirmed. However, if they are true, a strong complaint procedure will need to be put in place (to avoid such incidence) or some sensitization to staff of health centre, that many people do indeed have issues to mobilize to health centre when they have disability or are very ill, and that such requests such be taken seriously.

<sup>1</sup> WHO and World Bank, 2011



BARRIER AND DIFFICULTIES	PICTURE	Potential Solution
Entrance of IMC health centre has a concrete ramp, but it is a bit too steep for PWD to self-propel, it is 280 cm long for 40cm of height (1:7 ratio)		<p>Ensure ramp entrance of IMC is extended to respect 1:12 ratio of ramps (for every increase of HEIGHT by 1 cm, need 12 cm of LENGTH of ramp, or minimum 10cm length). See example of ramp later in report, can angle ramp as needed (but need platform for any angling).</p> <p>Also need to install a grab rail (see picture below) between day (large gate) and night entrance (small door) of PHC.</p>

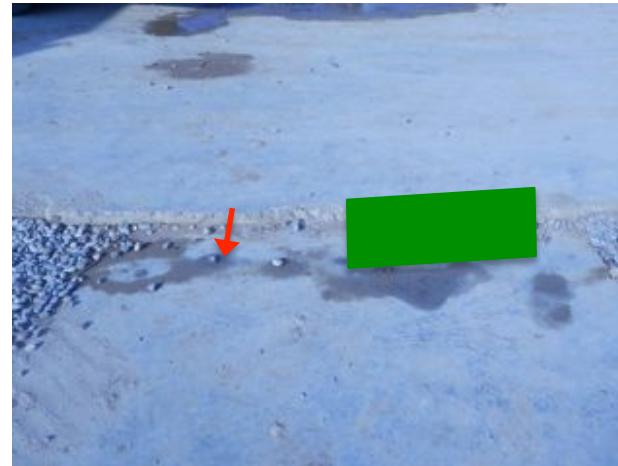


Night entrance of IMC PHC is a good width, but at times has barrier blocking the way, also ramps is too steep and rocky.



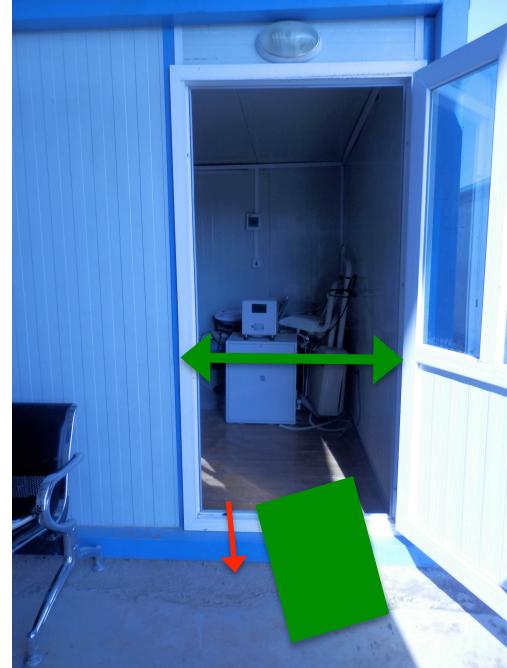
Must ensure night entrance is kept barrier free and that metal door does not block it. Ramp to entrance to be fixed for entire area (night and day entrance) to be 1:12 in ratio.

Some paths of PHC have a small step that can cause falls in elderly or persons with visual impairments



Try to smooth over these steps, with small ramp.



<p>Paved path and rocky path have no clear division for elderly or persons with visual impairments, so they may walk on rocky path by accident and lose balance.</p>		<p>Paint yellow strips on edge of paved path to demarcate changes in terrain, or raise edge of path so person can feel.</p>
<p>Containers used for examination have small rise and no ramp, not accessible for persons using wheelchairs, persons with leg prosthetic and person with mobility issues.</p>		<p>Build small ramp to overcome step (1:12 ratio). May need to cut out the bottom of white door frame to reduce step height, may also need small ramp on other side of door. Choose which containers/rooms in PHC are most IMPORTANT to make accessible, if not all compound can be made accessible. Door width is adequate at 90cm and open outwards which is good as it provides room on inside for person using wheelchair/crutch to move around.</p>



<p>No markings on any of the PHC doors for persons with communication or intellectual problems (deaf/mute) to recognize which rooms to visit.</p>		<p>Put clear signage and pictures on consultation room (bottom left picture) and pharmacy (bottom right picture) for those with communication problems, memory problems, etc. HI can provide pictures.</p>
<p>Waiting area chairs too low (40cm high) for persons with mobility impairments to be able to use easily and will have difficulty standing and sitting.</p>		<p>Have 1-2 chairs that are higher in height, so persons with mobility problem can use. Necessary chair height is 50cm high. Chairs with arm support on both sides will be more helpful for persons</p> 



<p>Concrete pathways should be obstacle free and the column supporting building are cutting into width of pathway.</p>		<p>The pathways should be a minimum of 150cm (excluding blue columns) to be accessible to wheelchair users or PWD and their carers.</p> <p>Remember to mark any path edges with yellow paint for those with visual difficulties.</p>
<p>Last point of consideration is the 'accessible' toilet that was done by the PHC is not fully accessible. Points to consider are:</p> <ul style="list-style-type: none"> <li>- With current set up, wheelchair user has to enter bathroom backwards (floor space too small - set-up needs to be altered – change door/toilet placement as per drawing on the right)</li> <li>- Not enough space to the right of toilet for person to park their wheelchair and transfer onto toilet, MUST have big space next to toilet for person to transfer safely, or for caregiver to be able to help the person from the side.</li> <li>- Grab bars are not secured tightly (nails came off when I put my body weight on it today)</li> <li>- Grab bars are too far forwards and</li> </ul>		<p>Consider redoing ramp on side of building as per discussion with DRC and respecting 1:12 or at least 1:10 incline ratio.</p> <p>Put concrete slab under toilet to raise it to 55cm.</p> <p>Secure grab rails more tightly with proper backing.</p> <p>The bottom frame of the door needs to be cut out to not block wheelchair or to not trip the person.</p> <p>Consider turning the toilet 90 degrees and putting the door on the left side of the current toilet structure (side of building), see picture on the left.</p>

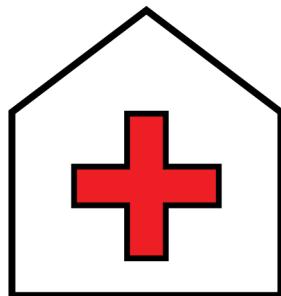


- need to be put back (see diagrams with drawings later in report)
- Toilet is too low at 40cm, should be 55cm so person can stand and sit independently.
- Ramp too steep and person cannot use independently (does not respect 1:12 ratio of accessibility)

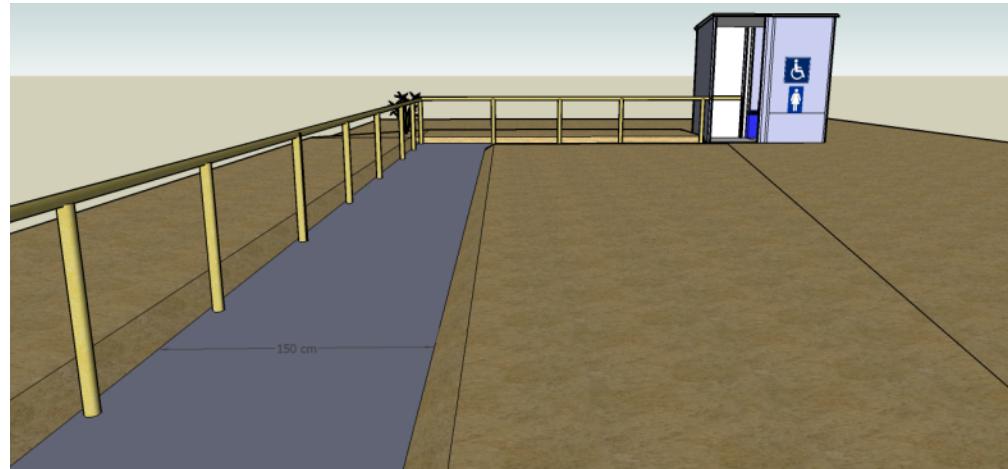
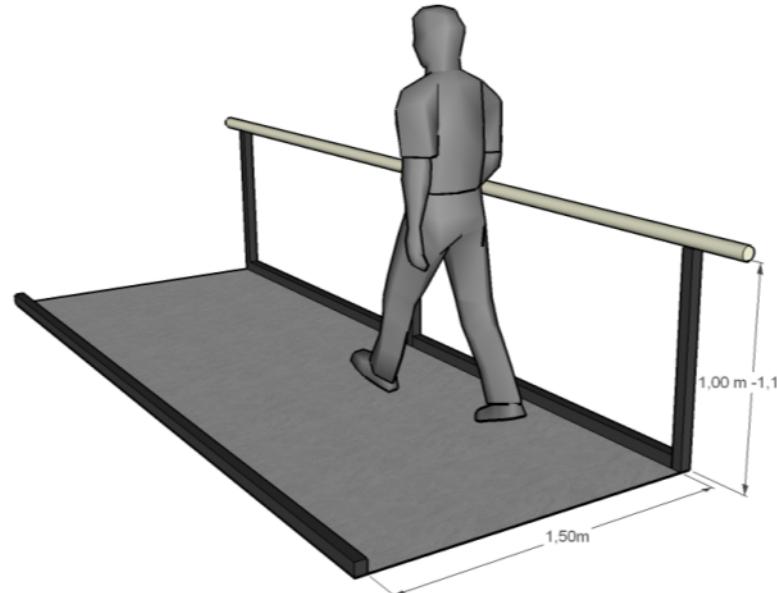


**OTHER GLOBAL CONSIDERATIONS:**

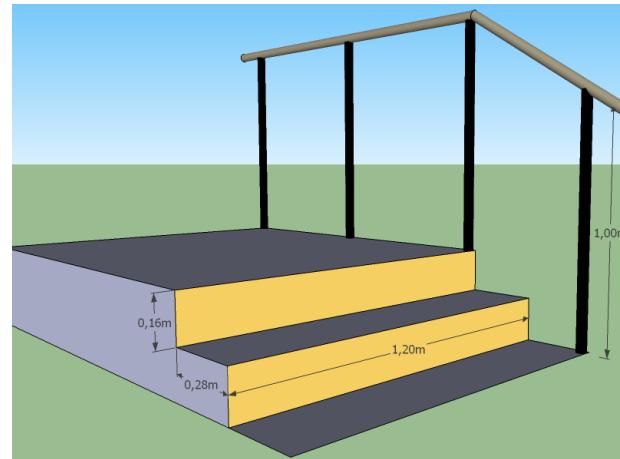
- Ensure Health facilities are clearly marked with large, simple accessibility symbols (left sign with red cross).
- Implant symbols all along the accessible pathway (avoid steps, holes and difference in height)
- Ensure all hazardous areas are marked as well and fenced.
- Use universal pictograms in order to ensure comprehension by all:



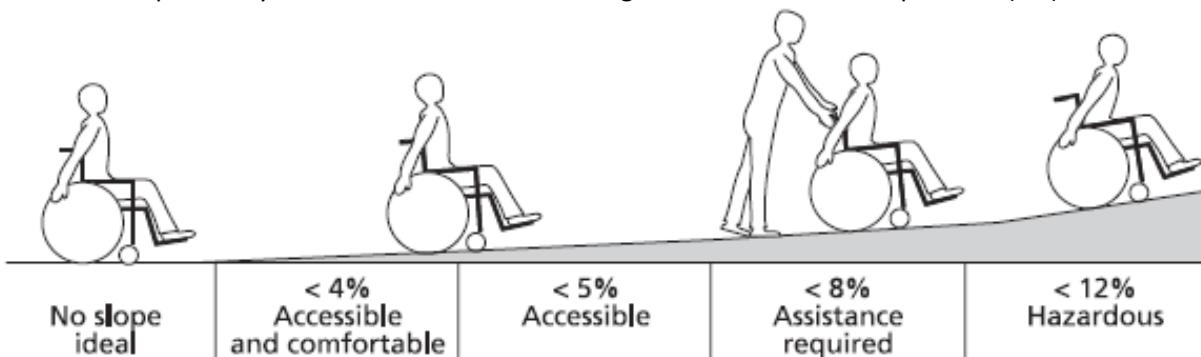
- Ensure all information is disseminated using appropriate and various communication means to consider people with visual, hearing, intellectual and mental impairments. (e.g. Large print, using loudspeakers / radio announcements, using simple, language, sketches and diagrams etc).
- Information should be communicated ideally **24 point size Arial font**, black on yellow paper provides good contrast.
- Any pathway should be at least 1,50 m in width. Public pathways should be clear of obstructions and using non-slip materials (rubber or high friction strips).
- In general, health facilities should be built in an accessible place (not at the end of the camp, lengthy distance for persons to travel), the way to access must be as level as possible in order to avoid any obstacle (trunks, branches, holes...)
- If possible, a handrail should be build from the beginning of the access path. It will help persons with visual impairment and persons with balance issues to walk up to the accessible facility.
- **Good lighting along the health centre pathway, especially for night time.**



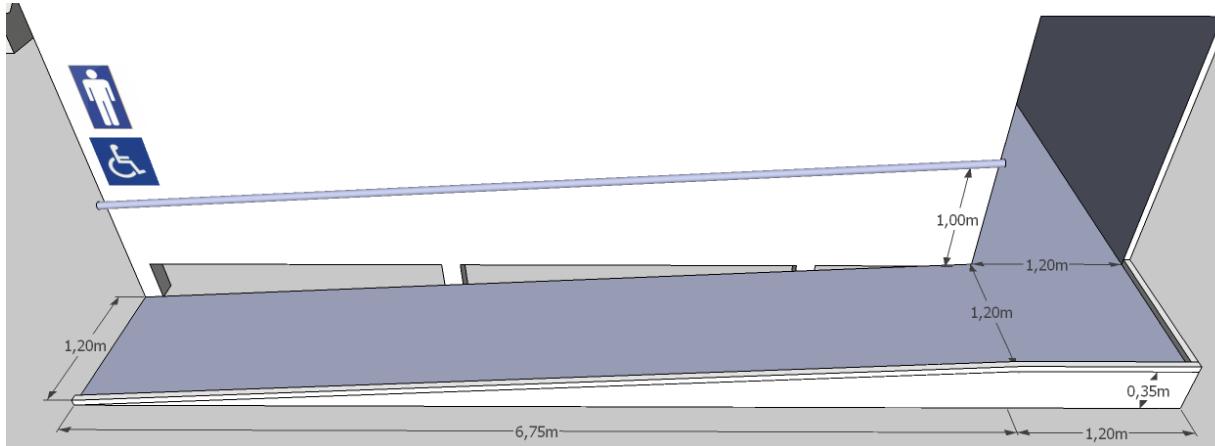
- **Preferably no steps** but if you build stairs, makes sure they are not more than 16cm high and at least 28cm in depth.
  - For each stair build, a handrail should accompany it.



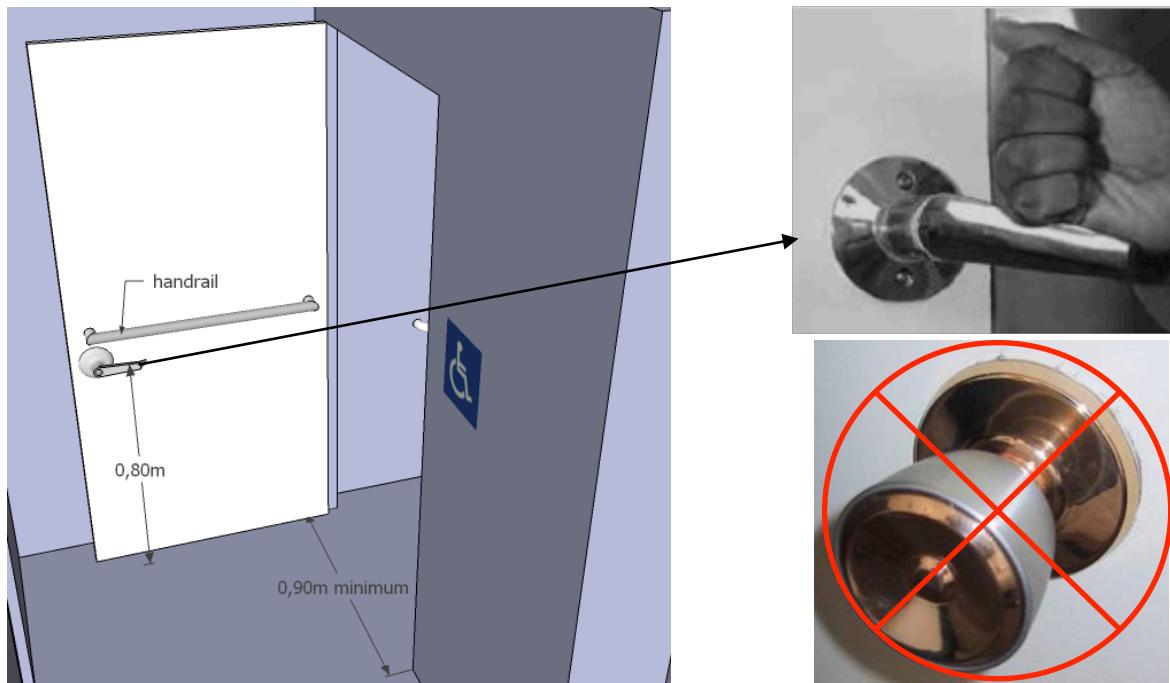
- A ramp is always better than stairs, the ideal gradient should be five per cent (5%) and it should have a smooth and non-slip surface.



- There should be a level space at the end of the ramp to allow the person to stop and turn.



- Door's width should be minimum 90cm.
- Doors should open outwards to increase usable space inside.
- Doors' handle should be easy to use (no knob-round handle)





- The door's lock should be under the handle.
- The door's lock should be also easy to handle for people with problems of grip. An adaptation of the handle could be done on the existing locks.

**D. Hand wash facilities****References:**

- "Prise en compte de l'accessibilité dans les camps de réfugiés" – Handicap International – Eric PLANTIER – ROYON – Juillet 2006
- "Promoting Universal Access to the Built Environment - Guidelines" – Christoffel Blind Mission – 2005
- "Shelter, Public Infrastructure, Water and Sanitation : A Guide for Including People with Disabilities and Injuries" – Handicap International
- "Water and Sanitation for Disabled People and Other Vulnerable Groups", Hazel Jones, Water and Engineering Dept, Loughborough University, 2005
- "The Sphere Project 2011" - Practical Action Publishing



## TOILET AND SINK:

