Kabgayi Eye Unit, Comprehensive Accessibility Audit Report

2014

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23rd – 25th June 2014

Table of Contents

1. Acknowledgements.....3

2. Introduction. 4

3. About Kabgayi /eye Unit.....4

4. Rwandese legislation on Accessible environments. 5

5. Scope of the audit.....6

6. Objectives of the accessibility audit.....6

7. Methodology.....6

8. Findings.....7

8.1 Accessing the Hospital.....7

8.2 Parking bay at KEU 9

8.3 Paths around buildings 11

8.4 Ramps at Kabgayi Eye Unit 13

8.5 Main Entrances to Buildings 15

8.6 Inside the Buildings 17

8.7 Doors inside the building 19

8.8 Equipment control and uses 21

8.9 Services 23

8.10. Sanitary facilities 25

8.11 Security facilities 27

9. Inclusive Practices at KEU. 28

10. Management Response.....30

1. Acknowledgements

I hereby, with bountiful humility and many thanks, acknowledge the God almighty, whose inspiration and guidance saw the success of this accessibility audit.

Secondly, I extend my thanks to the Kabgayi Eye Hospital Management and

staff for the unwavering support that they accorded the audit team from Nairobi. Thank you Franciscah Cherotich for her guidance before and after the conduct of the accessibility audit exercise. Many thanks Cosmas Lang'at for ably being able to support in the accessibility audit exercise.

To all of you, I wish you many bountiful blessings.

2. Introduction

CBM is an International Christian Development organization committed to improving the quality of life of persons with disabilities in the poorest countries of the world, mainly through advocating for inclusive development practices.

Inclusive development means that persons with disabilities ought to be accepted as equal partners in development and therefore included in all activities of development, including equal access to eye care services. Accessibility is a prerequisite for inclusion; without access to buildings, transportation, social services and information, participation and full inclusion of persons with disabilities cannot be ensured in the health sector. Furthermore accessibility should not be seen as an option, but rather as an essential human right as spelt out in Articles 3 and 9 of the UN Convention on the rights of persons with disabilities.

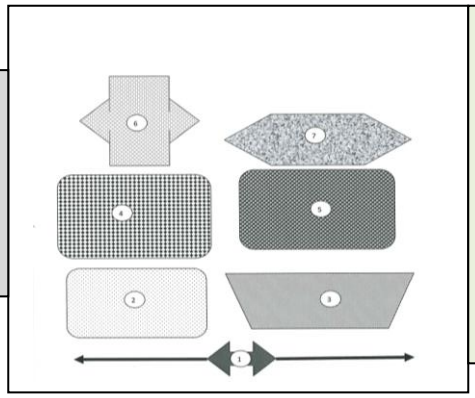
Stemming from the Inclusive Eye Health Workshop for AFC ophthalmologists held in Kinshasa in November 2013, Dr. Piet Noe requested from the Regional Office an accessibility audit of the Kabgayi Eye Unit. This accessibility audit for Kabgayi eye unit has thus a response by the AFC Regional Office to this request.

3. About Kabgayi /eye Unit.

Kabgayi Eye Unit hospital, which is a unit within the larger Kabgayi Hospital, is one of the CBM Partners in Africa Central (AFC) since 1993. The hospital is located about 75 kilometres from Kigali, to the north of Butare, and near Muhanga town.

This project is one of the main referral eye care centres in Rwanda and covers a population of approximately 1.2 million people in the Southern Province of Rwanda and some from Burundi and the Democratic Republic of Congo. It has a bed capacity of 78.

Sketch map of Kabgayi Eye Unit



1. The gate.
2. Guest House/restaurant and ophthalmic workshop.
3. Parking area.
4. General wards and theatre.
5. Administration block, LV unit, private wards and refraction area.
6. Stores and laundry.

Kabgayi eye Unit has a total of 50 members of staff: 22 medical and paramedical, 8 administrative staff and 20 support staff.

4. Rwandese legislation on Accessible environments.

The Rwandese law is very clear on accessibility of the built environment for persons with disabilities. Specifically:

- ***Article 4***: of the Rwandese constitution 2003 states that: Centres or associations which cater for disabled persons are obliged to fulfil the conditions to enable the disabled persons to have a decent living in matters relating to security and health. The centres and associations are required to have ***sufficient capacity and equipment*** in order to be able to integrate disabled persons into the social life and to have a role in the development process.
- Further **Chapter VI** on the rights of a disabled persons in matters related to transport and communication and access to infrastructure, **Article 25** of this chapter states that 'Buildings in which various services meant for residents are conducted are required to be built in a way such that they facilitate the disabled persons to acquire access to such services. An order of the Minister in charge of infrastructure shall determine when and how it shall be conducted.'

Hitherto, some ministerial orders relevant to the accessibility audit of Kabgayi eye Unit have been issued as follows:

- Ministerial order n° 01/cab.m/09 of 27/07/2009 Determining the modalities Of constructing buildings Providing various public Services to ease the access Of persons with disabilities: ***Article 3***: **Building facilities for persons with disabilities**: All buildings shall be equipped with the necessary facilities to enable persons with disabilities have access to services therein. In particular whether a public or private building meant to provide services to the public, must provide passage ways for persons with disabilities so as to have easy access to services being offered. Buildings constructed prior to the publication of this Order in the Official Gazette of the Republic of Rwanda must conform to the requirements stipulated under paragraph one of this Article.

  Notably however, despite these ministerial orders, Rwanda does not have known standards to the accessibility of the built environment. In the absence of these, the Principles of Universal designs as well as CBM guidelines to the built environment were used as reference points for this audit.

5. Scope of the audit.

This first accessibility audit of the Kabgayi Eye Units covered the ***built environment***, ***accessible service delivery*** as well as **staff attitudes towards persons** with disabilities.

6. Objectives of the accessibility audit.

The general objective of the Kabgayi Eye Unit accessibility audit was to suggest to the administration of the hospital some measures to reasonable accommodation in order to ensure full inclusion of persons with disabilities within the facility.

Specific objectives of the accessibility audit were:

a) To assess whether persons with disabilities are able to reach the health facility either walking or on public transport.
b) To assess whether persons with disabilities are able to enter the hospital buildings with ease.
c) To gauge the ease with which persons with disabilities can circulate vertically and horizontally within the hospital premises.
d) To evaluate the usability of the facilities of Kabgayi eye unit by persons with disabilities.
e) To assess measures put by the KEU administration for persons with disabilities to reasonably access services at the facility.

7. Methodology.

In order to achieve the above mentioned objectives, the following methods were used:

- ***Sensitization*** of key staff of what this accessibility audit is all about.
- Undertaking a ***physical surve***y of all parts of the eye unit.
- ***Measuring*** aspects that are thought to be obstacles and inaccessible.
- Taking ***photographs***.
- ***Interviewing*** management staff on disability inclusion issues.
- ***Observing*** patients with disabilities accessing the services of the eye unit.

8. Findings

8.1 Accessing the Hospital

Concerned persons with reduced mobility							
X	X	X	X	X	X	X	X

8.1.1 Observations

Clockwise: 1. *KEU signage,* ***2.*** *Taxi dropping a patient,* ***3****. Motorbike transport.*

1. The Kabgayi Eye Unit (KEU) is served by public transport as it is only 700m from the Muhanga-Kigali Main road. Further, the hospital is accessible via public and private transport as well as by walking.
2. The Hospital is very well indicated by a visible and legible signpost.
3. The gate is wide enough and accessible for persons with reduced mobility.
4. There is an accessible curb outside the gate.
5. There is no organised parking space outside the gate.

8.1.2 Norms and standards

1. Should be accessible by public transport.
2. The building should be clearly marked at the entrance.
3. Any road crossings and or bus stops should be clearly marked as such.

8.1.3 Recommendations and Management's comments							
Key to symbols	**Degree of urgency**			**Cost estimate**			
	Not Urgent	*Urgent*	*Most urgent*	*No cost*	*Cheap*	*Costly*	*Very costly*
	n.u	u	m.u	0	1	2	3
Recommendations	**Urgency**			**Cost**			
1. Consider offering courtesy shuttle services from the main road.	n.u			3			
2. Make the gate colour to be more contrasting to the background colour of the hospital.	u			1			
3. Consider a different colour for the pedestrian small gate for better identification.	u			1			
4. Reduce the gradient of the slope outside the gate to a gradient equal to or less than 5%. It is currently at 7%.	n.u			1			
5. Construct a zebra crossing on the road with speed bumps.	n.u			2			

8.2 Parking bay at KEU

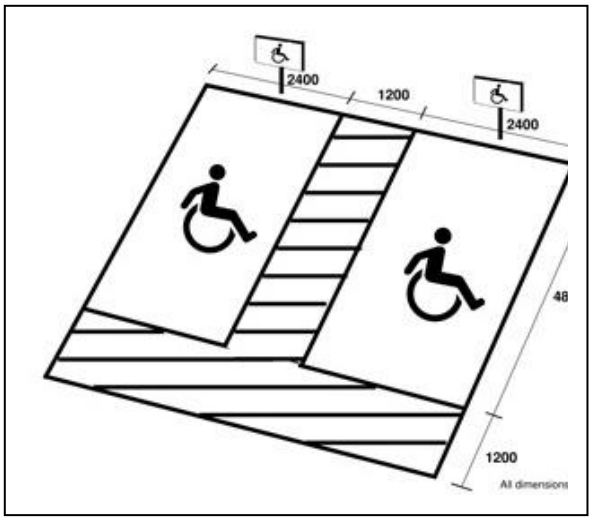
Concerned persons with reduced mobility							
X	X	X	X	X	X	X	X

8.2.1 Observations

***Clockwise: 1**. Main parking, **2**. Side parking, **3**. Outside parking.*

1. The eye unit does not have a clearly marked and designated accessible parking area for persons with disabilities.
2. The main parking **(1)** is already too congested.
3. There is no designated parking area outside the gate **(3)**
4. The slope at the parking is rather steep: 13%.
5. The parking ground is hard enough and the texture is appropriate for wheelchair movement.

8.2.1 Norms and standards



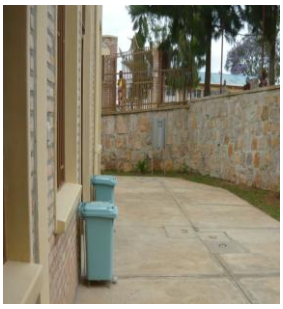
1. Should be located near the building.
2. There should be an accessible sign height at 1,200mm.
3. Accessibility sign should be painted at the floor 1000mm x 1000mm.
4. Transfer zones at the rear and side should be 1200mm.

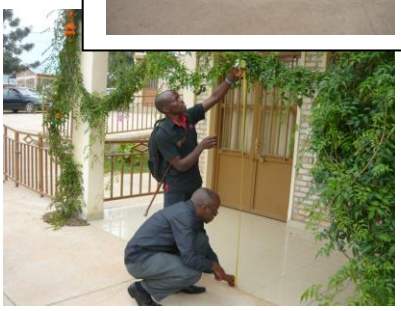
8.2.1 Recommendations and Management's comments							
Key to symbols	**Degree of urgency**			**Cost estimate**			
	Not Urgent	*Urgent*	*Most urgent*	*No cost*	*Cheap*	*Costly*	*Very costly*
	n.u	u	m.u	0	1	2	3
Recommendations	**Urgency**			**Cost**			
1. Decongest the main parking area by constructing a parking area outside the gate of the hospital one of which should be an accessible parking for persons with disabilities, opposite the road to the main hospital.	u			2			
2. Convert the side parking (2) to a disability accessible parking.	m.u			1			
3. Mark the main parking clearly, in yellow.	u			1			
4. Consider having a map of the hospital (both visual and tactile at the parking area.	u			2			

8.3 Paths around buildings

Concerned persons with reduced mobility							
X	X	X	X	X	X	X	X

8.3.1 Observations





***Clockwise**: **1.** A gutter covering, **2**. Outside ramp, **3**. Shrubs on pathway, **4**. Pathway along the guest house.*

1. No single path within the hospital has a kerb.
2. The paths around the guest house have obstacles in form of dustbins and sewer covers with protruding wire handles.
3. The path along the front of the guesthouse has bushes protruding to the path and 1.60m high.
4. The grill covers near the waiting area have holes of 4cm while those at the pharmaceutical store have 6cm gaps.
5. The path along the consultation unit is restrained by strings only.

8.3.2 Norms and standards

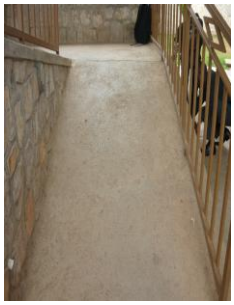
1. Paths should be clear of obstructions.
2. They should not be less than 1,500mm in width.
3. Slopes should not have a gradient of more than 5%.

8.3.3 Recommendations and Management's comments							
Key to symbols	**Degree of urgency**			**Cost estimate**			
	Not Urgent	*Urgent*	*Most urgent*	*No cost*	*Cheap*	*Costly*	*Very costly*
	n.u	u	m.u	0	1	2	3
Recommendations	**Urgency**			**Cost**			
1. Make kerbs around the paths and colour them yellow/blue.	m.u			**2**			
2. Remove all obstacles form the paths around the building. This includes the bins and wire protrusions of sewer covers around the guest house as well as the fire extinguisher near the low vision unit.	u			**1**			
3. Trim the bushes around the front of the guest house and tie them up to be more than 2m high.	m.u			**0**			
4. Narrow the spaces between the grills near the waiting area and the pharmaceutical store to less than 2cm.	u			**1**			
5. Secure the edges of path along the low vision unit with appropriate grills|: lower ones 70cm and upper ones 90 cm both with a diameter of 4cm	m.u			**2**			
6. Make the path towards private accessible wards smoother and enlarge it to make it ≥1.5m in width, and then secure it with appropriate grills.	m.u			**2**			
7. Make the small operable gate to the guest house contrast in colour with the grill.	u			**1**			

8.4 Ramps at Kabgayi Eye Unit

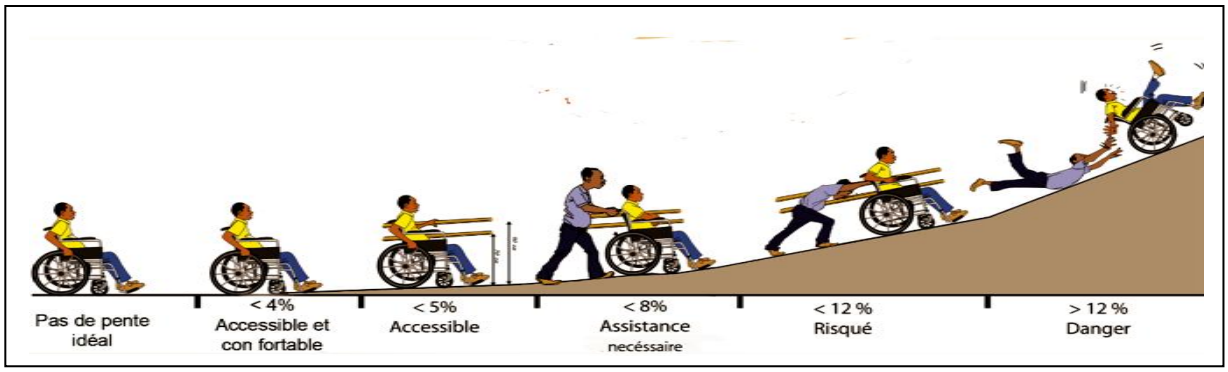
Concerned persons with reduced mobility							
X	X	X	X	X	X	X	X

8.4.1 Observations



1. The hospital is situated on a hilly slope and the management has built enough ramps.
2. All ramps at KEU are found outside the buildings.
3. Most of the ramps are above the recommended gradient of 5%:
   - Gradient of the ramp outside the gate is 7% (ok).
   - Gradient of the ramp after the gate to the parking is 13%.
   - Gradient of the ramp towards the guest house is 8%.
   - Gradient of the ramp between the parking to the waiting area is 28%.
4. Most ramps do not have appropriated handrails.
5. Most ramps do not have appropriated kerbs.

8.4.2 Observations



- **Slope**: the gradient of the path should be as low as possible and should respect the minimum requirements.
- **Handrails**: height 90cm and 70cm for slope > 4%
- **Up stand**/wheel guard on both sides.

8.4.2 Recommendations and Management's comments							
Key to symbols	Degree of urgency			Cost estimate			
	Not Urgent	*Urgent*	*Most urgent*	*No cost*	*Cheap*	*Costly*	*Very costly*
	n.u	u	m.u	0	1	2	3
Recommendations	**Urgency**			**Cost**			
1. Provide appropriate handrails on both sides of the ramps.	u			2			
2. Ensure that all ramps are equal to or less than 5% in slope.	n.u			3			
3. Provide kerbs on all ramps.	m.u			2			
4. Provide appropriate landings for all ramps. .	n.u			2			
5. Avoid sharp corners at the ramps leading to the general ward.	u			3			
6. Paint the handrails of the ramps with a contrasting colour to the hue of the ramp itself.	m.u			1			

8.5 Main Entrances to Buildings

Concerned persons with reduced mobility							
X	X	X	X	X	X	X	X

8.5.1 Observations

Clockwise:
- Entrance to the ophthalmic lab.
- Entrance to the guest house.
- Patient registration window.

1. Consultation/Admin Block.
- No signage at the waiting area or back entrance.
- Height of the reception, registration, pharmacy and cashier windows is 93cm each.
- Width of the front entrance is 1.80m while that to the back is 1.40cm.
- Slope to the front entrance is 8%
- Colour of both entrances not properly contrasted with the walls.

2. Guest House.
- No signage at the front entrance or and the one at the back is placed at 3m.
- The front entrance door directly leads to stairs without a threshold.
- The ophthalmic workshop reception table has a height of 66cm and a width of 65cm. Ok.

3. Main Ward.
- Distance between the ramp drop and the door is 3.72m.
- The width of the door to the entrance of the general ward is 1.15m.

N.B:
- Colour of all entrances to the buildings is not properly contrasted with the walls.
- No map posted at the entrance of the buildings.

8.5.2 Norms and standards

1. Furnishings should contrast with the floor and the surrounding walls.
2. Low (below knee-height) items such as coffee tables should not be used in public buildings.
3. The height of tables should be between 0.75 m and 0.90 m with a minimum depth of 0.60 m under the table to suit wheelchair users.
4. Public seats should be approximately 0.45 m above floor finish and have backrests.
5. A selection of chairs with and without armrests should be available.
6. In case of seating arrangements that are fixed to the ground, designated spaces for wheelchair users (1.50 m x 1.50 m each) have to be integrated.

8.5.3 Recommendations and Management's comments							
Key to symbols	**Degree of urgency**			**Cost estimate**			
	Not Urgent	*Urgent*	*Most urgent*	*No cost*	*Cheap*	*Costly*	*Very costly*
	n.u	u	m.u	0	1	2	3
Recommendations	**Urgency**			**Cost**			
1 There should be an acoustic calling system at the waiting area.	u			1			
2 Consider having a different colour of medical cards for the deaf.	u			1			
3 Make the height of The height of reception windows/tables to be between 0.75 m and 0.90m with a minimum depth of 0.60m under the table to suit wheelchair users.	u			3			
4 Designate two places at the waiting area for patients on wheelchairs.	m.u			0			
5 Properly contrast the doors to the colour of the walls.	u			1			

8.6 Inside the Buildings

Concerned persons with reduced mobility							
X	X	X	X	X	X	X	X

8.6.1 Observations

Top: Stairs inside admin block.

Bottom: Beds in the general ward.

1. Consultation/Admin Block.

- Stairs on the administrative block do not have side rails. They have a width of 100cm, height of 30cm and a depth of 16cm.
- The corridors also are a bit dark.
- Signage for offices is at a height of 1.94m.
- There are obstacles on the corridor of the block upstairs.
- The patient's consultation area is quite accessible.

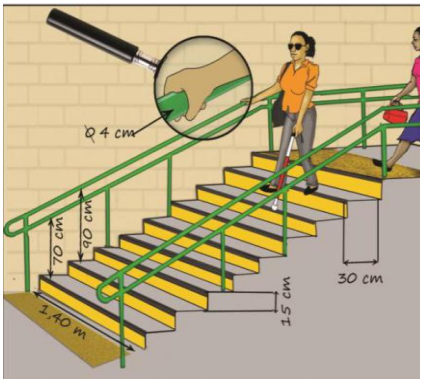
2. Guest house.

- Circulation within the guest house is quite accessible safe for the lack of a ramp to move upstairs.

3. General ward unit.

- The distance between opposite beds is 182cm.
- The distance between adjacent beds is 90cm.
- The height of the beds is 75cm.
- Corridor width is 150cm.
- The benches to the surgery waiting room do not have backrests and the place is rather congested.

8.6.2 Norms and standards



- The unobstructed width of a public corridor should be minimum 1.50 m, preferably 1.80 m to allow easy passage of two wheelchair users or 180° turns for one wheelchair user.
- Obstacles such as drinking fountains or resting facilities must be located outside the main circulation path, in cul-de-sacs or alcoves.
- Clearances of at least 2.10 m should be provided to prevent people with visual impairments from hitting overhanging signs.
- Benches should allow a minimum of 1.20 m adjoining space for wheelchair users.
- The floor should be slip-resistant, easy to maintain and clean.

8.6.3 Recommendations and Management's comments							
Key to symbols	**Degree of urgency**			**Cost estimate**			
	Not Urgent	*Urgent*	*Most urgent*	*No cost*	*Cheap*	*Costly*	*Very costly*
	n.u	u	m.u	0	1	2	3
Recommendations	**Urgency**			**Cost**			
1. Ensure the stairs are ≥1.50m	n.u			3			
2. Ensure that all signage is at a height of 1-1.5m.	u			1			
3. Consider having a few accessible beds within the hospital.	m.u			2			
4. Place benches with backrest in the surgery waiting area.	u			2			
5. There is need to have a slip resistant floor in the administration and consultation block as well as the guesthouse.	n.u			3			

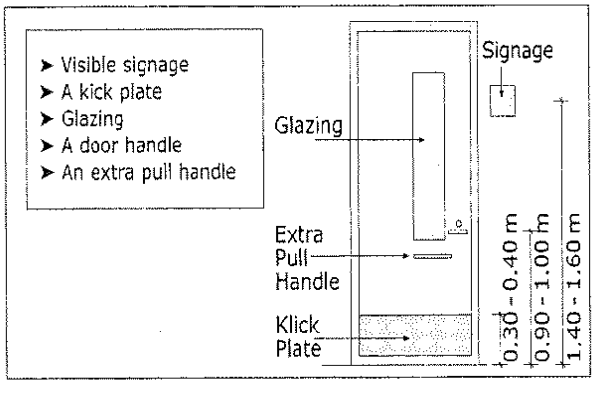
8.7 Doors inside the building

Concerned persons with reduced mobility							
X	X	X	X	X	X	X	X

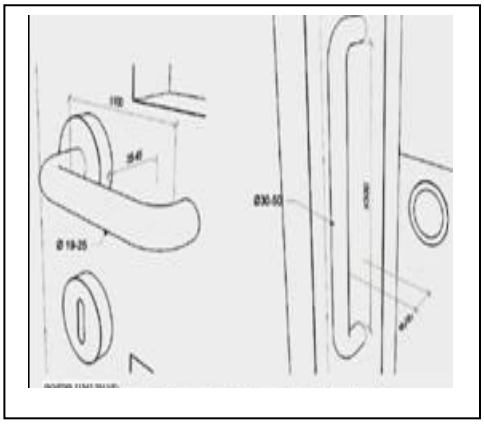
8.7.1 Observations

1. Most of the doors open inwards.
2. Almost all the doors within the unit have a clear width of 80 – 100cm.
3. Most handles to the door are located at a height of more than 1m.
4. All the doors inside the building are contrasting to the walls of the wall.
5. Majority of the doors have a glazed part to see through.
6. Signage is placed above the doors.

8.7.2 Norms and standards



1. For exterior doors, a minimum width of 0.90m is recommended.
2. For interior doors, a minimum width of 0.80 m is recommended.
3. A clear height of 2.10 m to 2.20 m is recommended for all doors.

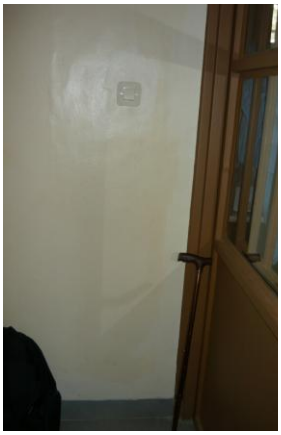


8.7.3 Recommendations and Management's comments							
Key to symbols	Degree of urgency			Cost estimate			
	Not Urgent	*Urgent*	*Most urgent*	*No cost*	*Cheap*	*Costly*	*Very costly*
	n.u	u	m.u	0	1	2	3
Recommendations	**Urgency**			**Cost**			
1. Consider having doors that open outwards or sliding doors.	u			2			
2. Doors should have D or vertical levers located at least 1m from the floor level.	m.u			2			
3. Have a glaze on all doors at height of 0.40m minimum to allow peeping through.	n.u			2			
4. To ensure **visibility of signage** even when doors are open, the signage should be placed on doorframes or adjoining walls, not on doors themselves, at a height of 1.4 – 1.6m.	m.u			1			

8.8 Equipment control and uses

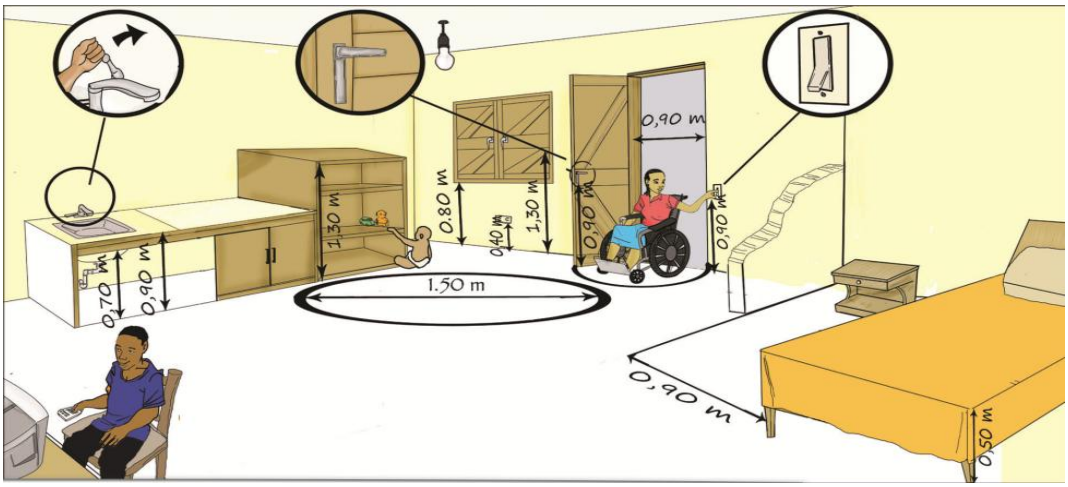
Concerned persons with reduced mobility							
X	X	X	X	X	X	X	X

8.8.1 Observations



1. Power sockets are located at a height of 45cm from the ground.
2. The power sockets and switches are not properly contrasted form the colour of the wall (white on a cream background.
3. Almost all switches are located at a height of 134cm from the ground.
4. The windows have a height of 93cm above the ground.
5. The opening and closing mechanisms of the windows are 150cm above the ground.
6. The opening and closing mechanisms of the windows cannot be operated with a closed fist.

8.8.1 Norms and standards



8.8.1 Recommendations and Management's comments

Key to symbols	**Degree of urgency**			**Cost estimate**			
	Not Urgent	*Urgent*	*Most urgent*	*No cost*	*Cheap*	*Costly*	*Very costly*
	n.u	u	m.u	0	1	2	3
Recommendations	**Urgency**			**Cost**			
1. Ensure sockets and switches are not 40cm and 100cm from the ground respectively.	n.u			2			
2. Properly contrast or indicate the switches and the sockets.	m.u			1			
3. Ensure that the windows closing mechanisms are at most 1m from the ground.	n.u			2			
4. Ensure that the windows opening and closing mechanisms can be opened and closed with a closed fist.	n.u			2			

8.9 Services

Concerned persons with reduced mobility							
X	X	X	X	X	X	X	X

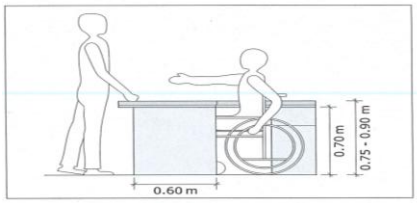
8.9.1 Observations

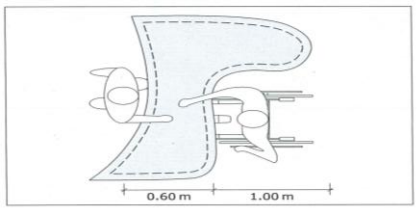
1. Most services in the establishment are not accessible to persons on wheelchairs without assistance, namely admin, registration cash payments and pharmacy.

2. Laboratory services are offered outside the precincts for KEU, at the main Kabgayi Hospital.

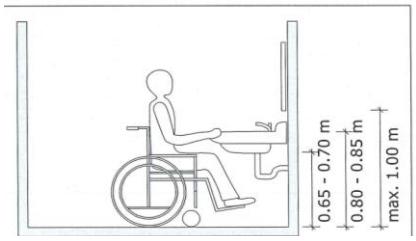
3. There is a restaurant located on the ground floor of the guest house. This is not however properly signposted and
   - Circulation way between tables is 100cm, Height of the space under the tables is 80cm, and Width between the legs of the table is 100cm.
   - Washbasin in the restaurant is 86cm high, hand driers 98cm high and the mirror 120 cm high.
   - The door to the cafeteria opens on the inside.

8.9.2 Norms and standards





- Washbasins should be installed firmly as considerable pressure might be placed on them.



8.9.3 Recommendations and Management's comments							
Key to symbols	**Degree of urgency**			**Cost estimate**			
	Not Urgent	*Urgent*	*Most urgent*	*No cost*	*Cheap*	*Costly*	*Very costly*
	n.u	u	m.u	0	1	2	3
Recommendations	**Urgency**			**Cost**			
1. Consider lowering the hand driers and the mirrors to a maximum of 1m from the floor finish.	u			1			
2. Wash basins should be fitted with a single hot and cold water lever.	n.u			2			
3. Windowsills that also act as receptions desks should be lowered to a minimum height of 0.70m and should have a depth of at least 0.60m.	u			3			
4. Consider easing the distance moved and the bureaucracy involved at the referral laboratory at the main hospital.	m.u			1			

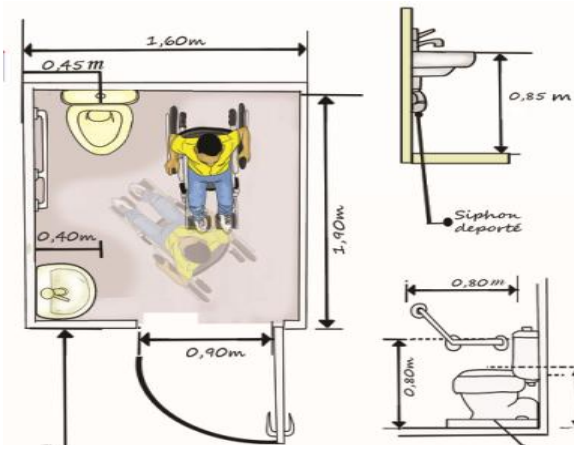
8.10. Sanitary facilities

Concerned persons with reduced mobility							
X	X	X	X	X	X	X	X

8.10.1 Observations

1. KEU does not have any completely accessible toilet and bathroom in any of its buildings.
2. The doors to the washroom of the 'accessible' private ward are wide enough.
3. The signage on the doors of all washrooms is too high (1.95m)

8.10.2 Observations



8.10.2 Recommendations and Management's comments							
Key to symbols	Degree of urgency			Cost estimate			
	Not Urgent	*Urgent*	*Most urgent*	*No cost*	*Cheap*	*Costly*	*Very costly*
	n.u	u	m.u	0	1	2	3
Recommendations	**Urgency**		**Cost**	**Management's comment**			
1. Make at least one washroom accessible in each building for persons with mobility challenges.	m.u		2				
2. Have the signage of the washrooms lowered to a height of 1 – 1.5m	m.u		0				

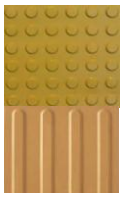
8.11 Security facilities

Concerned persons with reduced mobility							
X	X	X	X	X	X	X	X

8.11.1 Observations

1. There are a few fire extinguishers at outside and inside any building.
2. There are no designated fire exit points especially on the upper floors of the storeyed buildings.
3. There is no designated fire assembly point within the compound of the hospital.
4. There are no fire alarm systems installed in the building.
5. Floors and walls do not have tactile warning blocks.

8.11.2 Norms and standards



8.11.2 Recommendations and Management's comments

Key to symbols	**Degree of urgency**			**Cost estimate**			
	Not Urgent	*Urgent*	*Most urgent*	*No cost*	*Cheap*	*Costly*	*Very costly*
	n.u	u	m.u	0	1	2	3

Recommendations	Urgency	Cost
1. Have well signed fire exit points.	m.u	1
2. Use tactile guides for persons with visual impairments.	u	2
3. Have a fire assembly point.	m.u	1
4. Have accessible and signed exits within the building.	m.u	1

9. Inclusive Practices at KEU.

Most of the observations in this section were generated from interview with the Eye Unit's Administrative staff. The recommendations are however views of the accessibility auditors based on the the existing norms and standards for inclusion of persons with disabilities.

Area of Inclusion	Observations
1. Data on disability	- The hospital's data is not disability desegregated. - It is however gender disaggregated.
2. Support systems for patients with disabilities	- Many patients are unaccompanied and KEU has put in place a mechanism for their support. - The Unit's services are quite affordable as the National Health insurance caters for most of the expenses. - Children with retinoblastoma are fully supported by the hospital. - The restaurant provides food for patients who cannot afford it and the Eye Unit pays for it. - No member of staff knows sign language but some of them are trained on sighted guide techniques.
3. Staff awareness on disability issues.	- Most staff know about the interventions of eye problems and not about inclusion (medical model) - There are some monthly sensitization sessions during meetings for paramedics and for the rest of staff once a year.
4. Focal person for inclusion.	- There is no focal person for inclusion at KEU.
5. Partnerships with PwDs and DPOs.	- KEU partners with two Schools for the visually impaired. The staffs of the hospital visit them regularly and for treatment as well as offering them glasses and low vision equipment. - The hospital also has some connections with the Rwanda Union of the blind.
6. Inclusive policies	- The hospital mainly relies on policies and guidelines from the Ministry of Health, a regulator for all medical services in Rwanda.
7. Budgeting	- There is no budget for reasonable accommodation for persons with disabilities at the unit.

Recommendations and Management's comments							
Key to symbols	**Degree of urgency**			**Cost estimate**			
	Not Urgent	*Urgent*	*Most urgent*	*No cost*	*Cheap*	*Costly*	*Very costly*
	n.u	u	m.u	0	1	2	3
Recommendations	**Urgency**			**Cost**			
1. Disaggregate data by gender and children.	u			1			
2. Make the hospital more accessible to persons with disabilities to minimise individual caretaking of patients with disabilities.	u			2			
3. Plan for periodic and systematic sensitizations of member of staff on disability inclusion, child protection and gender.	m.u			0			
4. Consider having a focal person for inclusion and another one for child protection as well.	u			0			
5. Consider formalising the partnership with the Rwanda Union for the Blind.	n.u			1			
6. Domesticate the Ministry of Health guidelines and policies in line with inclusion, gender and child protection.	u			1			
7. Consider having a budget line, *'reasonable accommodation'* in the free budget application.	m.u			0			
8. Consider bringing the administration office downstairs for easy accessibility by clients.	m.u			0			

10. Management Response

Audit Recommendations *(Description)*	**Recommendation** *(Y/N or NO please explain reasons)*	**Action steps**	**Date of implementation**	**Responsible Persons**
1. *Consider offering courtesy shuttle services from the main road.*				
2. *Make the gate colour to be more contrasting to the background colour of the hospital.*				
3. *Consider a different colour for the pedestrian small gate for better identification.*				
4. *Reduce the gradient of the slope outside the gate to a gradient equal to or less than 5%. It is currently at 7%.*				
5. *Construct a zebra crossing on the road with speed bumps.*				
6. *Decongest the main parking area by constructing a parking area outside the gate of the hospital one of which should be an accessible parking for persons with disabilities, opposite the road to the main hospital.*				
7. *Convert the side parking (2) to a disability accessible parking.*				
8. *Mark the main parking clearly, in yellow.*				

9. *Consider having a map of the hospital (both visual and tactile at the parking area.*				
8. Make kerbs around the paths and colour them yellow/blue.				
9. Remove all obstacles form the paths around the building. This includes the bins and wire protrusions of sewer covers around the guest house as well as the fire extinguisher near the low vision unit.				
10. Trim the bushes around the front of the guest house and tie them up to be more than 2m high.				
11. Narrow the spaces between the grills near the waiting area and the pharmaceutical store to less than 2cm.				
12. Secure the edges of path along the low vision unit with appropriate grills|: lower ones 70cm and upper ones 90 cm both with a diameter of 4cm.				
13. Make the path towards private accessible wards smoother and enlarge it to make it ≥1.5m in width, and then secure it with appropriate grills.				
14. Make the small operable gate to the guest house contrast in colour with the grill.				

15. Provide appropriate handrails on both sides of the ramps.				
16. Ensure that all ramps are equal to or less than 5% in slope.				
17. Provide kerbs on all ramps.				
18. Provide appropriate landings for all ramps.				
19. Avoid sharp corners at the ramps leading to the general ward.				
20. Paint the handrails of the ramps with a contrasting colour to the hue of the ramp itself.				
21. There should be an acoustic calling system at the waiting area.				
22. Consider having a different colour of medical cards for the deaf.				
23. Make the height of the height of reception windows/tables to be between 0.75 m and 0.90m with a minimum depth of 0.60m under the table to suit wheelchair users.				
24. Designate two places at the waiting area for patients on wheelchairs.				
25. Properly contrast the doors to the colour of the walls.				
26. Ensure the stairs are ≥1.50m				

27. Ensure that all signage is at a height of 1-1.5m.				
28. Consider having a few accessible beds within the hospital.				
29. Place benches with backrest in the surgery waiting area.				
30. There is need to have a slip resistant floor in the administration and consultation block as well as the guesthouse.				
31. Consider having doors that open outwards or sliding doors.				
32. Doors should have D or vertical levers located at least 1m from the floor level.				
33. Have a glaze on all doors at height of 0.40m minimum to allow peeping through.				
34. To ensure visibility of signage even when doors are open, the signage should be placed on doorframes or adjoining walls, not on doors themselves, at a height of 1.4 – 1.6m.				
35. Ensure sockets and switches are not 40cm and 100cm from the ground respectively.				
36. Properly contrast or indicate the switches and the sockets.				
37. Ensure that the windows closing mechanisms are at most 1m from the ground.				

38. Ensure that the windows opening and closing mechanisms can be opened and closed with a closed fist.				
39. Consider lowering the hand driers and the mirrors to a maximum of 1m from the floor finish.				
40. Wash basins should be fitted with a single hot and cold water lever.				
41. Windowsills that also act as receptions desks should be lowered to a minimum height of 0.70m and should have a depth of at least 0.60m.				
42. Consider easing the distance moved and the bureaucracy involved at the referral laboratory at the main hospital.				
43. Make at least one washroom accessible in each building for persons with mobility challenges.				
44. Have the signage of the washrooms lowered to a height of 1 – 1.5m.				
45. Have well signed fire exit points.				
46. Use tactile guides for persons with visual impairments.				
47. Have a fire assembly point.				
48. Have accessible and signed exits within the building.				

49. Disaggregate data by gender and children.				
50. Make the hospital more accessible to persons with disabilities to minimise individual caretaking of patients with disabilities.				
51. Plan for periodic and systematic sensitizations of member of staff on disability inclusion, child protection and gender.				
52. Consider having a focal person for inclusion and another one for child protection as well.				
53. Consider formalising the partnership with the Rwanda Union for the Blind.				
54. Domesticate the Ministry of Health guidelines and policies in line with inclusion, gender and child protection.				
55. Consider having a budget line, 'reasonable accommodation' in the free budget application.				
56. Consider bringing the administration office downstairs for easy accessibility by clients.				