

Introduction

Articles 9 and 25 of the United Nations Convention on the Rights of Persons with Disabilities recognise that states must develop national accessibility standards and people with disabilities have the right to enjoy the highest attainable standard of health.

Accessibility standards, however, are lacking or not implemented in many countries, and limited accessibility of health infrastructure represents a major barrier preventing individuals with physical, sensory, intellectual, psychosocial or other impairments from equitably accessing health facilities in low and middle income settings.

Methods

Sightsavers developed an accessibility standards and audit pack to be used in health facilities in low and middle income settings. The toolkit was piloted and refined through a participatory approach involving disabled people’s organisations. The toolkit can be used to:

- assess the accessibility of existing health infrastructure and provide recommendations to make improvements;
- guide the development of new health infrastructure, ensuring accessibility is embedded throughout from the design stage;
- develop or revise national accessibility standards.

The pack comprises:

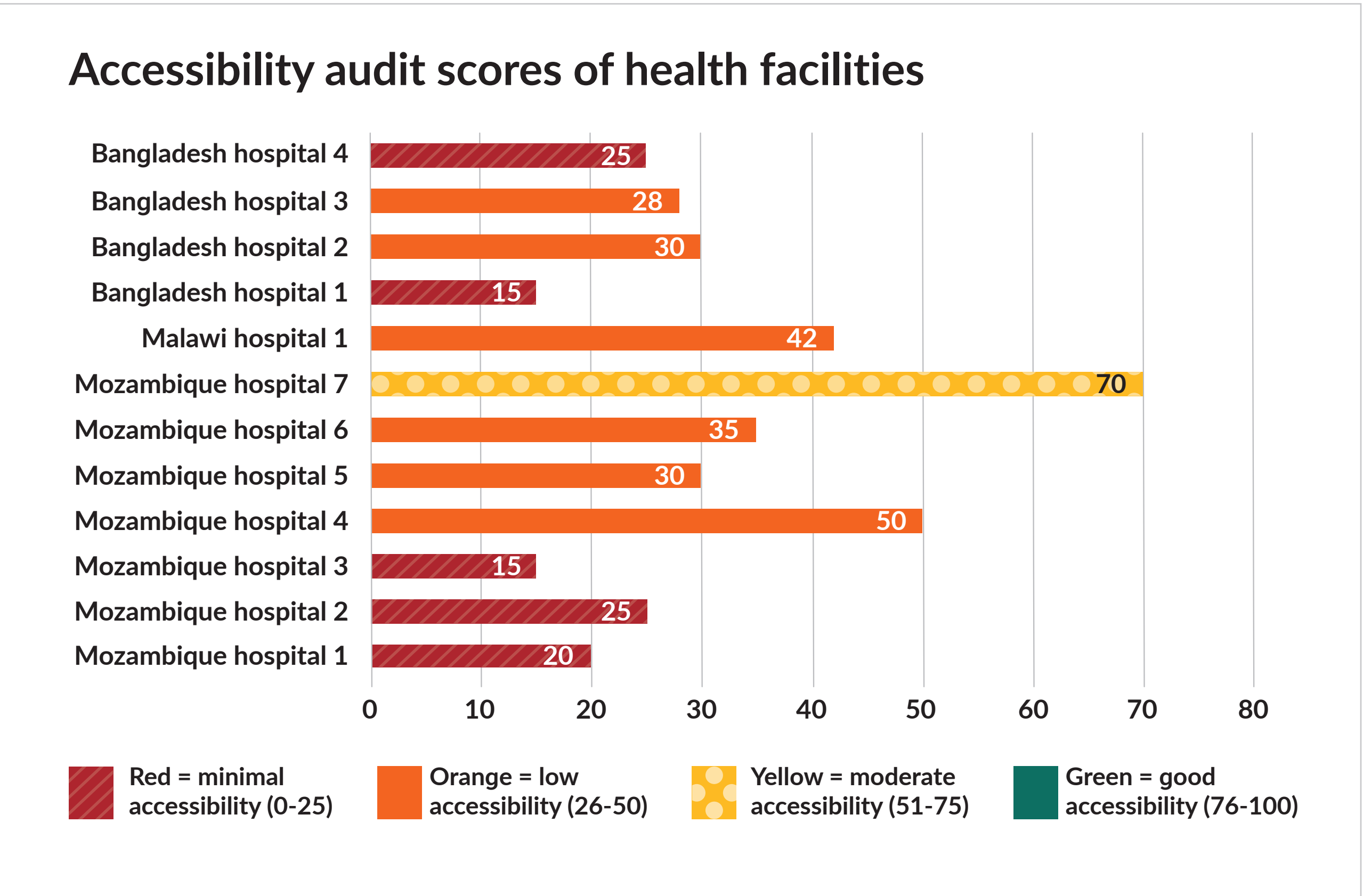
- training materials
- accessibility standards for health facilities
- accessibility audit checklist
- bespoke tape measure, including visual information on key measurements
- report, scoring and costing templates

Working with representatives of disabled people’s organisations and local health providers, Sightsavers conducted accessibility audits in 12 hospitals across Bangladesh, Malawi and Mozambique. The scoring methodology was revised and adapted to the local circumstances of each country through a participatory approach, and a score was assigned to each facility at the end of the audit process.



Results

Common barriers identified during the audits across the three countries include inaccessible counters, lack of accessible toilets, steep ramps, limited colour contrast, and lack of information materials in accessible formats. Five hospitals scored minimal accessibility (0-25); six scored low accessibility (26-50); one scored moderate accessibility (70).



Reports were compiled for each hospital by the audit teams, and action plans were developed in collaboration with the management team at each health facility. Hospital renovations are currently underway, and accessibility audits will be re-conducted at the end of the process to assess progress against baselines.

Conclusions

Experience from this initiative demonstrates that the accessibility audit toolkit is an effective instrument to assess the accessibility of health facilities in low and middle income settings and support planning of infrastructural renovations through a participatory process involving people with disabilities and health providers.



The accessibility standards and audit pack is available to other organisations in the development sector. Please visit: www.sightsavers.org/accessibility-standards